

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

TWENTY-SIXTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

September 6, 2013

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
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STEVEN RAY GREEN AND ASSOCIATES
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P A R T I C I P A N T S

(alphabetically)

BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
CLAPP, RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRAD, DEPARTMENT OF VETERANS AFFAIRS, COMPENSATION
SERVICE
FORRESTER, TINA, ATSDR, DIVISION OF COMMUNITY HEALTH
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IKEDA, ROBIN, ATSDR, ACTING DIRECTOR
KAPIL, VIK, CHIEF MEDICAL OFFICER AND ACTING DEPUTY
DIRECTOR
MARKWITH, GLENN, NAVY MARINE CORPS PUBLIC HEALTH CENTER
PARTAIN, MIKE, COMMUNITY MEMBER
RAGIN-WILSON, ANGELA, ATSDR, DIVISION OF TOXICOLOGY AND
HUMAN HEALTH SCIENCES
RUCKART, PERRI, ATSDR
STALLARD, CHRISTOPHER, CDC
TOWNSEND, TOM, CAP MEMBER (via telephone)
WALTERS, DR. TERRY, VA (via telephone)

1 addressing the recommendations that came out of that
2 2005 scientific expert panel.

3 So why do we need a facilitator? You know, this
4 is the bridge between science, data, and the process
5 that that takes, and the community members who are
6 affected, and whose family members and former
7 colleagues are affected, in trying to bridge those two
8 worlds of emotion and science, if you will. So a
9 facilitator helps to the degree that you allow me to
10 help moderate tension, conflict, disagreement. And so
11 I can't do that unless you allow me. And I thank you
12 thus far for the permission you've given me to serve
13 in this role.

14 So what we have are guiding principles that we
15 all ascribe to that keep us moving forward in a
16 positive manner. But I've been asked first of all to
17 say, most importantly, we're the federal government
18 and we have deadlines and we have to close out our
19 business here, so those of you who have vouchers to
20 submit, please do so as soon as possible.

21 All right, this is a public meeting. We're being
22 streamed live. There are members of Congress, there
23 are members of the community, we have no idea who
24 might be on, members of the press. As such that's why
25 we conduct ourselves in a professional demeanor. I

1 know it might sound grade-schoolish, but what does
2 that mean? It means professional decorum, no cussing,
3 kicking, screaming, biting, scratching, you
4 understand.

5 **MR. ENSMINGER:** What are you looking at me for?
6 Bob Barker.

7 **MR. STALLARD:** Okay. All right. So as a public
8 meeting, that means we have audience members here from
9 the public in the room. And we're pleased that you're
10 able to join us; however, your role in this is to
11 listen and, if called upon by members of the CAP to
12 speak at a time in the agenda when it is appropriate,
13 you'll be asked to come and speak.

14 Please, everyone in the room, cell phones off or
15 silent so that we do not have any distracting noise or
16 conversations. If you have to take a call, please
17 take it outside the room. That's why we ask that we
18 have no sidebar distracting conversations. One
19 speaker at a time. It is important for the court
20 reporter to be able to identify, for the record, who's
21 speaking.

22 Keep focused on the topic relevant to why this
23 CAP exists, and that are -- those are the studies that
24 are currently ongoing, those that are being proposed
25 and issues related to those topics. This is not the

1 forum to bring outside interests about the CAP and any
2 activities or legal actions that are outside the
3 purview of this CAP. Okay? Are there any other
4 questions or guidelines that I've missed? We've been
5 doing this six, seven years now. Did I miss anything?

6 **MR. ENSMINGER:** You've been doing it for six
7 years; you ought to know.

8 **MR. STALLARD:** Well, well, I know but I need your
9 input. It's not just my guiding principles, it's --
10 they're yours. All right, so we're going to move down
11 into the agenda now, and what I would like to do is
12 ask first of all those who are on the phone, to
13 introduce themselves, and then we'll go and do the
14 room, okay? So whom do we have on the phone?

15 **MR. TOWNSEND:** Tom Townsend.

16 **MR. STALLARD:** Oh, hey, Tom, welcome.

17 **MR. TOWNSEND:** How are you?

18 **MR. STALLARD:** I'm pretty good, thanks.

19 **MR. TOWNSEND:** CAP member, Idaho.

20 **MR. STALLARD:** Welcome. What time is it there?

21 **MR. TOWNSEND:** Six o'clock.

22 **MR. STALLARD:** Six o'clock in the morning.

23 **MR. TOWNSEND:** Yes, unfortunately.

24 **MR. STALLARD:** All right. Well, welcome, Tom.

25 Okay.

1 **MR. TOWNSEND:** Thank you.

2 **MR. STALLARD:** Is there anyone else on the phone?
3 Whom were we expecting?

4 **MS. RUCKART:** Terry Walters and Sandra.

5 **MR. STALLARD:** Terry?

6 **MS. RUCKART:** And Sandra.

7 **MR. STALLARD:** And Sandra? I don't hear her.

8 Okay.

9 **MS. BRIDGES:** There were supposed to be four when
10 I came on.

11 **MR. STALLARD:** Oh, you're on now, Sandra, okay.

12 **MS. BRIDGES:** (Indiscernible).

13 **MR. STALLARD:** All right, well, I'd like to
14 remind you too, those of you on the phone, when you're
15 not speaking, please keep your phones on mute. Terry,
16 are you on the phone? Apparently not. All right.
17 Let's start here.

18 **MS. BLAKELY:** Mary Blakely, the CAP.

19 **MR. STALLARD:** Thank you.

20 **DR. FORRESTER:** Tina Forrester, Division of
21 Community Health Investigations.

22 **MR. MARKWITH:** Glenn Markwith, Navy/Marine Corps
23 Public Health Center.

24 **DR. BOVE:** Frank Bove, ATSDR.

25 **DR. KAPIL:** I'm Vik Kapil, I'm Chief Medical

1 Officer and Acting Deputy Director.

2 **DR. IKEDA:** Good morning, Robin Ikeda, Acting
3 Director for NCEH/ATSDR.

4 **DR. RAGIN-WILSON:** Good morning, Angela
5 Ragin-Wilson, Division of Toxicology and Human Health
6 Sciences.

7 **MS. RUCKART:** Perri Ruckart, ATSDR.

8 **DR. CLAPP:** Dick Clapp, the CAP.

9 **MR. PARTAIN:** Mike Partain with the CAP.

10 **MR. STALLARD:** And on his behalf is Jerry
11 Ensminger from the CAP.

12 **MS. BLAKELY:** Yeah, he's out in the hall talking
13 on the phone.

14 **MR. STALLARD:** On the phone. He'll be right
15 back. All right, so we're right on track. Angela,
16 we'd like to move into your updates at this time, if
17 you'd like.

18 **ACTION ITEMS FROM PREVIOUS CAP MEETING**

19 **DR. RAGIN-WILSON:** Good morning. We have a full
20 agenda today so let's get to the first action item on
21 the agenda, and these are action items from the May 3rd
22 CAP meeting. The Veterans Administration report that
23 was provided to Senator Burr's office showing the
24 breakdown for the diseases on the claims was to be
25 sent to ATSDR. And Terry Walters, I'm not sure if

1 Terry or Brad is on the phone, I would like to have
2 them respond to them.

3 **MR. PARTAIN:** I saw Brad in the front as we were
4 walking away.

5 **MR. STALLARD:** Oh, here he comes right now.
6 Perfect timing. All right, ladies and gentlemen, Brad
7 Flohr from the Veterans Administration. Here's a seat
8 for you over here. So let's get things moved to --

9 **DR. RAGIN-WILSON:** Yes, I can come back to that
10 action item. The second action item is the follow-up
11 on the carbon chloroform extract, which is the CCE
12 testing, to determine if CCE tests would indicate the
13 presence of organic contaminants in water and to
14 determine if the U.S. Marine Corps conducted the
15 testing. Glenn, would you like to provide an update,
16 please?

17 **MR. MARKWITH:** Yeah, we sent the formal response.
18 My role on the CAP is to attend these meetings and
19 observe and report back to the Marine Corps subject
20 matter experts. So what we did was we sent the
21 information to them and we asked them to respond, and
22 they sent a formal report to -- I actually forwarded
23 it to Perri on the 8th of July. And I can read the
24 formal response if you'd like me to do that.

25 **DR. RAGIN-WILSON:** Sure.

1 **MR. MARKWITH:** On the CAP question number 1: Did
2 the Marine Corps conduct historical CCE testing and
3 does the Marine Corps have any historical CCE
4 analytical data, yes or no? And the response that we
5 got back from the Marine Corps for the CAP states that
6 the Marine Corps spent many hours and significant
7 resources in search of older records that may be
8 relevant to this issue. The substantial amount of
9 records that resulted from our efforts have been
10 consolidated, preserved and shared with others such as
11 ATSDR, and the electronic versions can be found at the
12 Senate Judiciary Committee website. However, these
13 documents that might be relevant to the question may
14 no longer be maintained by the Marine Corps or the
15 Department of the Navy in accordance with records
16 management policies.

17 A cursory review of more than 8,000 documents
18 that have been produced did not yield any CCE
19 analytical results; however, the absence of records 50
20 years later is not an indication that an action was or
21 was not taken; only that no records are available.

22 **MR. PARTAIN:** So they're on the Senate judiciary
23 site that you're saying there that there are numerous
24 documents that are redacted and unable to be viewed by
25 the public even though they're on the site so it'd be

1 nice to be able to see those documents.

2 **MR. MARKWITH:** I can certainly take that back for
3 action to the Marine Corps.

4 **MR. PARTAIN:** And it'd be nice to, you know, if
5 we have a question like this and there's an answer,
6 you mentioned the subject matter experts, it'd be nice
7 for them to come visit and talk to us, you know, so we
8 can ask questions and not wait three, four months down
9 the road to hear, you know, a complete answer.

10 **MR. ENSMINGER:** They used to come to the
11 meetings.

12 **MR. PARTAIN:** Yeah. So we extend the invitation
13 for the Marine Corps to come back to the CAP meeting.
14 It'd be nice to have them back.

15 **MR. MARKWITH:** I will relay that information.
16 Thank you, Mike.

17 **DR. RAGIN-WILSON:** The next action item, Mary
18 Blakely requested the CD with the files with the fetal
19 deaths, and that action item was completed May 3rd,
20 2013. Mary, can you confirm?

21 **MS. BLAKELY:** Whether I got the CDs? Yeah, I
22 believe I did; I don't know.

23 **DR. RAGIN-WILSON:** The next action item, the U.S.
24 Marine Corps was to submit a copy of the muster rolls
25 to ATSDR. Glenn, again, have you followed up with

1 Scott Williams?

2 **MR. MARKWITH:** I didn't have the muster rolls for
3 action. I know Scott has been working on that. I'll
4 have to get an update from Scott. I will get an
5 update on that.

6 **MR. ENSMINGER:** It's the historical records,
7 rolls of -- by unit of who was at Camp Lejeune all the
8 way back to the 40s, out of the National Archives.

9 **DR. RAGIN-WILSON:** The next action item, Jerry
10 Ensminger and Mike Partain requested an index of the
11 documents that are being used to assess vapor
12 intrusion. Dr. Forrester?

13 **DR. FORRESTER:** We will discuss those in the soil
14 vapor discussion today. We don't have the complete
15 list yet. We have just received many of the documents
16 which we're currently going through and identifying
17 what we have.

18 **MR. STALLARD:** Do you want to go back to Brad?

19 **DR. RAGIN-WILSON:** Yes. I'm just -- is Terry
20 Walters on the phone? There are a list of action
21 items for Terry.

22 **MR. STALLARD:** I don't know. Dr. Walters? No, I
23 don't believe she's on. Okay, so when she joins us
24 maybe we can go back and create a segue for her to
25 provide an update.

1 **DR. RAGIN-WILSON:** Yes. Mike Partain requested
2 ATSDR to determine whether the Hadnot Point area had a
3 geological feature that permitted a rapid recharge
4 which allowed fuel to get deep into the aquifer. And
5 I believe Dr. Forrester sent responses to the CAP,
6 August 29th, 2013?

7 **DR. FORRESTER:** Did you all receive an email? It
8 was two sets of questions, one that was generated from
9 our informal session from our understanding of the
10 questions you had, and then the second set of
11 questions based on the questions Mike submitted to us
12 on the recharge issue. I'm sorry, Morris is not here
13 today; he's celebrating a religious holiday. But we
14 will have opportunities in other forums to discuss
15 some answers to the questions.

16 **DR. RAGIN-WILSON:** The next action item, ATSDR is
17 to provide the CAP with the papers on two studies that
18 worked with a large number of cancer registries, and
19 this was in response to Jerry Ensminger proposal that
20 ATSDR conducts a cancer incidence study. And I
21 believe Frank Bove has those articles to give to you
22 today. Jerry?

23 **MR. ENSMINGER:** What?

24 **DR. RAGIN-WILSON:** You requested papers on two
25 studies that work with a large number of cancer

1 registries, and Frank has those papers, and Frank?

2 **MR. ENSMINGER:** We had two visitors that were
3 supposed to have been taken care of two days ago and
4 they weren't. They're down at the visitors' center
5 and they won't let them in so Frank had to go down and
6 take care of them.

7 **DR. RAGIN-WILSON:** We'll come back to that one.
8 And I don't believe Dr. Walters is on the phone yet
9 so, Chris, can we come back to her action items at the
10 end of the day? I believe the action items for the VA
11 are all for Dr. Walters.

12 **MR. STALLARD:** All right.

13 **DR. RAGIN-WILSON:** I'll just go through them
14 quickly. Jerry Ensminger requested a call with the
15 Veterans Administration and congressional leaders to
16 discuss the Janey Ensminger Act, Section 102, and to
17 learn how the VA will provide care.

18 The other action item for Dr. Walters, the
19 Veterans Administration report that was provided to
20 Senator Burr's office showing the breakdown of
21 diseases on the claims, was to be sent to ATSDR.

22 And also Jerry Ensminger requested a timeline on
23 the process for getting the healthcare law
24 implemented, and we can revisit these action items
25 once Dr. Walters is on the phone.

1 **MR. STALLARD:** Absolutely. So Frank, when you
2 stepped out your name came up on the updates about
3 documents related to --

4 **MR. FLOHR:** Which disease? Which claims?

5 **DR. RAGIN-WILSON:** The report that was provided
6 to Senator Burr's office showing the breakdown of
7 diseases on the claims, that was requested by ATSDR.

8 **MR. FLOHR:** I thought we provided that already.

9 **DR. RAGIN-WILSON:** You provided it to --

10 **MR. FLOHR:** Did I send it to you, Perri?

11 **MS. RUCKART:** I thought this was an item that
12 actually was requested by you, Jerry.

13 **DR. RAGIN-WILSON:** Did you receive it, Jerry?

14 **MR. ENSMINGER:** What?

15 **DR. RAGIN-WILSON:** The report to Senator Burr's
16 office showing the breakdown of diseases on the
17 claims?

18 **MR. ENSMINGER:** Yeah. I had it before you did.

19 **DR. RAGIN-WILSON:** We can revisit -- Dr. Walters
20 isn't on the phone right now. We can revisit --

21 **MR. FLOHR:** That's actually my item.

22 **MR. ENSMINGER:** You got updated the info that --

23 **MR. FLOHR:** Yes.

24 **MR. ENSMINGER:** -- for this month?

25 **MR. FLOHR:** I do.

1 **MR. ENSMINGER:** Oh, okay.

2 **MR. STALLARD:** And that's next up on the agenda.
3 I'd like to remind those who are on the phone, please,
4 to, if you have the capability, please mute your
5 phones.

6 **DR. BOVE:** What was the --

7 **MR. STALLARD:** The question came up -- Angela,
8 what was the question for Frank?

9 **DR. RAGIN-WILSON:** The articles that you were to
10 provide to the CAP.

11 **DR. BOVE:** Oh, yeah. Yeah, I have two different
12 articles, I passed the first one around, for CAP
13 members only and Glenn. The first one is an article
14 about how researchers were working with cancer
15 registries and the issues they face in getting
16 cooperation and other issues that arose.

17 And the second paper I'm sending around now is a
18 study done of a VA population, a Gulf War study, where
19 the cancer registry data also was used as an example
20 of how one might be done. So that's -- I promised to
21 send them to you, I think, a CAP meeting or two ago,
22 and so here they are in hard copy. If you need
23 electronic, I can also send that to you.

24 **MR. STALLARD:** Are there any key points with
25 that?

1 **DR. BOVE:** Some of these we discussed the
2 previous CAP meeting, which there are difficulties in
3 working nationwide with all the cancer registries
4 given that there's no national registry. But each
5 state has their own requirements. As for the Gulf War
6 study, they were able to work with quite a number of
7 registries but not all of them, not even a majority, I
8 think, with de -identified data. So that's a possible
9 strategy. There are difficulties. It was easier for
10 them to do it because they just had yes/no, Gulf War.
11 We would have a couple of categories of exposure, and
12 that might add complexity to it but it's one example
13 of how one could be done.

14 **MR. STALLARD:** Okay. All right.

15 **MR. ENSMINGER:** This is Jerry Ensminger. I have
16 a question. You know, here we are at the CDC, the
17 Centers for Disease Control, we're discussing the
18 difficulties that everybody has in doing a cancer
19 incidence study because of the lack of a centralized
20 cancer registry in this country.

21 Now, I hear every politician that ever gets into
22 office step up to the microphone and say that one of
23 their goals is to defeat cancer within their own
24 lifetime. The only way science is going to be able to
25 defeat cancer is when the researchers have all the

1 tools that they need. And right now they don't have
2 that because they are subjected to the idiosyncrasies
3 of 50-plus different damn cancer registries. They
4 need a one-stop shop where, with the people with the
5 need to know, can go and get the information they need
6 to do their research. Why can't the CDC take care of
7 this? Why are we sitting back here saying, well,
8 these 50-plus cancer registries, it's making it so
9 difficult? Well, hell, do something about it.

10 **MR. STALLARD:** I do believe I will defer to
11 others who might know more but it's -- I'm sure it's
12 extremely complicated.

13 **MR. ENSMINGER:** I know it is but, you know, you
14 need a federal law. You need somebody pushing to have
15 it done. Nothing's gonna get done if everybody just
16 sits back and says, well, it's too hard. You know,
17 I've been up against a lot of stuff that's been hard
18 in my life. But I'm still here and I'm still kicking
19 and I'm still pushing.

20 **DR. RAGIN-WILSON:** Well, we are exploring the
21 feasibility of conducting the cancer incidence study.
22 We have noticed there are a number of difficulties, as
23 you point out, such as approval and consent, and we
24 are exploring some of the feasibility of conducting
25 the cancer incidence study. And we plan to keep the

1 CAP informed on our progress.

2 **MS. BLAKELY:** We can't hear you.

3 **MR. STALLARD:** Yeah. Where's the AV guy? Okay,
4 so just to confirm, we're all coming unplugged here.
5 Okay, so Jerry, your point is well-taken about the
6 need for it.

7 **DR. BOVE:** By the way, I misspoke a minute ago.
8 The Gulf War study used 28 registries, so they had a
9 majority, a small majority.

10 **MR. ENSMINGER:** Yeah, yeah.

11 **MR. STALLARD:** For those of you who -- if you can
12 hear me, those of you on the phone, we're trying to
13 fix a little audio challenge at the moment. That is
14 why you might --

15 **DR. WALTERS:** This is Dr. Walters. I'm on the
16 phone if anybody has any questions about the Camp
17 Lejeune law implementation.

18 **MR. STALLARD:** Well, as a matter of fact I think
19 we do have some questions. Welcome, Dr. Walters.

20 **MR. ENSMINGER:** She might not be able to hear
21 you.

22 **MR. STALLARD:** Can you, can you hear me,
23 Dr. Walters?

24 **DR. WALTERS:** I can barely hear you; it's kind of
25 faint.

1 **MR. STALLARD:** I know. I would have to shout up
2 to the microphones on the ceiling. All right, Angela
3 will ask you some questions; thank you.

4 **DR. RAGIN-WILSON:** Thank you, Dr. Walters, for
5 joining us. We have them --

6 **DR. WALTERS:** I'm sorry that I couldn't be there
7 this time but I had a conflict.

8 **DR. RAGIN-WILSON:** We had a few action items for
9 you, Dr. Walters. One, and I think this item has been
10 completed but I'll repeat it again. The Veterans
11 Administration report that was provided to Senator
12 Burr's office showing the breakdown of the diseases on
13 the claims was to be sent to ATSDR, and I will stand
14 corrected, it was to be submitted to the CAP, and that
15 was completed already.

16 Jerry Ensminger requested a call with the
17 Veterans Administration and congressional leaders to
18 discuss the Janey Ensminger Act, Section 102, and to
19 learn how the VA would provide care. Would you like
20 to provide an update on that for us today?

21 **DR. WALTERS:** Surely. So first let me -- I'm
22 getting a little bit of feedback so it may be
23 difficult. The veteran -- I'm going to start with the
24 regulations first. The veteran regulation has been
25 accepted by OMB and will be published in the Federal

1 Register in the next week or two and will be available
2 for a 30-day public comment period. We will then take
3 all those comments after the 30-day public comment
4 period, revise the regulation to make it a final
5 regulation and then publish -- go back to OMB and
6 after OMB blesses off on that, the veteran regulation
7 will be published.

8 The family member regulation, which is a separate
9 regulation, is nearly com -- is nearly ready to go to
10 OMB. We have asked OMB for -- to make it an interim
11 final. What this means is that the public can comment
12 on it but while it is being commented on, VA can
13 implement so we don't have to wait for the public
14 comments and the review again and then the re-review.
15 And we're asking for that because we want to implement
16 the program as quickly as possible.

17 We have made some changes on our website and
18 provided information to family members that they
19 should collect their bills and what documentation they
20 should collect to prove that they were at Camp Lejeune
21 and that they have one of the 15 conditions.

22 We have also been very active in people -- a lot
23 of people have signed up for updates to our website,
24 and we have seen a real surge in, as we make changes
25 to the website, people getting those changes via

1 social media.

2 We have -- we're nearing completion of the
3 financial services center, which is a part of VA that
4 will actually pay the bills. But we have to make a
5 lot of computer changes; we have to hire clinicians to
6 review claims. We're well underway. The plan is, the
7 current timeline is, if the regulation goes as we
8 hope, that we will be able to start accepting people
9 into the program and pay claims by the end of the
10 year. We will pay back to the start of the
11 appropriation, which, I believe, was March of this
12 year.

13 Let me see, what else. I think that's about it
14 right now. Of course I can -- I'll answer your
15 questions as you have them.

16 **MS. BLAKELY:** I have one. This is Mary Blakely.
17 So the funding for the dependents has come in; is that
18 what you're saying? I don't understand.

19 **DR. WALTERS:** Yeah, it was part of the March
20 appropriation. There are questions though, and this
21 is tied to, you know, whether the debt ceiling and
22 Congress and all that mess is, is this a new program.
23 If it's a new program, we may have issues with a
24 continuing resolution.

25 **MS. BLAKELY:** Well, I have a concern that

1 pertains to the financial end of funding for the
2 dependents and the veterans, and it might bring up a
3 problem, so I would request that I be allowed to fully
4 state my question and concern without interruption.

5 **DR. WALTERS:** Go ahead.

6 **MR. STALLARD:** Well, go ahead. What is it?

7 **MS. BLAKELY:** Excuse my way of doing things. I
8 have a learning disability, as y'all know, and so I
9 don't do things quite like other people or explain
10 myself quite like other people.

11 **MR. STALLARD:** That's okay, Mary. Do you have
12 your question ready?

13 **MS. BLAKELY:** Yes, do. I'm -- yeah.

14 **MR. STALLARD:** Okay.

15 **MS. BLAKELY:** I'm gonna read it.

16 **MR. STALLARD:** Okay.

17 **MS. BLAKELY:** I asked in the conference call last
18 week with the ATSDR, August 26th, 2013, but I'll
19 repeat it for those of you who are here who couldn't
20 make that meeting.

21 **MR. STALLARD:** Wait a minute, wait a minute. Is
22 this related to Dr. Walters right now? I mean, the
23 question --

24 **MS. BLAKELY:** Well, that's why I asked if I could
25 fully read this before I started.

1 **MR. STALLARD:** Is it --

2 **MS. BLAKELY:** So in order for me to do this
3 right, because of my disability, please, I beg for
4 your tolerance.

5 **MR. STALLARD:** Well, I need to ask you: Is this
6 related to Dr. Walters' presentation about funding --

7 **MS. BLAKELY:** Yes.

8 **MR. STALLARD:** -- for the regulation --

9 **MS. BLAKELY:** Yes, yes, it is, because it's a
10 true concern for everybody.

11 **MR. STALLARD:** Okay.

12 **MS. BLAKELY:** It pertains to my position as a
13 seated member of this CAP, so I am not asking this for
14 any other reason than that. It is a concern for the
15 exposed population of Camp Lejeune including the
16 dependents, the veterans and the civil service workers
17 who help run and maintained the base.

18 My concern is due to my own personal experiences
19 since learning about my family's exposure to the toxic
20 water: my mother's death being a potential result of
21 that, my learning disabilities and short-term memory
22 deficit were most probably caused by being exposed as
23 a very young child. As most Americans, my first
24 response was to sue the hell out of anybody and
25 everybody involved.

1 **MR. STALLARD:** Mary, what is the question?

2 **MS. BLAKELY:** I'm not done.

3 **MR. STALLARD:** What is the question?

4 **MS. BLAKELY:** That's why I asked if I could read
5 it fully, because this is the way I do things and I,
6 I'm sorry. This is how I am able to explain myself in
7 a way that others can understand.

8 I spent days on the computer searching for
9 information and joined The Few, The Proud, The
10 Forgotten website. I was invited by mail -- is my mic
11 on? I was invited by mail, a mailed letter April 12,
12 2010, and from the office of J. Ryan Heiskell, and
13 signed by -- Esquire, and signed by Vanessa C. Bertka,
14 the paralegal for Bell Legal Group, to an
15 informational meeting on Saturday, May 1st, 2010. It
16 also stated that Bell Legal Group LLC had combined
17 with Larcade and Heiskell, PLLC, located in Raleigh,
18 North Carolina. It had emailed through link on The
19 Few, The Proud, The Forgotten site --

20 **MR. STALLARD:** Mary --

21 **MS. BLAKELY:** I have to read it fully or nobody
22 will understand what I'm trying to say. I'm sorry.
23 It also told me to --

24 **MR. STALLARD:** All right --

25 **MS. BLAKELY:** -- encourage additional military

1 families I know --

2 **MR. ENSMINGER:** All right, she needs to be -- she
3 needs to be removed.

4 **MS. BLAKELY:** -- that they may benefit also to
5 attend.

6 **MR. ENSMINGER:** She needs to be --

7 **MS. BLAKELY:** The speakers were Jerry Ensminger
8 and Mike Partain. There were also attorneys from
9 Larcade and Heiskell, Raleigh's office. Vanessa
10 Bertka, Ryan Heiskell from Bell Legal Groups, their
11 South Carolina office, on September 27, 2010. The
12 Department of the Navy, Office of the Judge Advocate
13 General in Washington Navy Yard, DC, received my
14 Marine Corps Base Camp Lejeune water contamination
15 claim equaling \$160 million.

16 **MR. STALLARD:** Mary, I have to ask you to,
17 please --

18 **MS. BLAKELY:** For all five of my --

19 **MR. STALLARD:** -- to ask a question.

20 **MS. BLAKELY:** -- children, myself and my mother
21 for a wrongful death suit. I noticed several mistakes
22 in the paperwork in the claims, most notably that my
23 three youngest children from my current marriage were
24 the children of my first husband, Carl Champion
25 Singer, a Camp Lejeune Navy brat, a retired Navy

1 corpsman, Sydney S. Champion, a Korean and Vietnam War
2 veteran.

3 My husband was a civil service worker in the
4 print shop on the base when I got pregnant with my
5 first daughter, Courtney. We had an older son, Carl
6 Champion, Jr. He and Courtney were our only two
7 children. My youngest three children, who are all
8 still minors, are the children of my current husband,
9 Michael D. Blakely, an 82nd airborne veteran, who
10 served ^ board at Fort Bragg in North Carolina and
11 never stepped foot on Camp Lejeune during the nine
12 years he served.

13 I tried multiple times to have these and other
14 mistakes corrected with Bell Legal Group, Larcade and
15 Heiskell, through the paralegal, Vanessa Bertka --
16 almost done. On multiple phone call messages left,
17 once in person, when she attended one of these staff
18 meetings; they were never corrected.

19 I was concerned because it clearly printed on the
20 claim, standard form 95, prescribed by Department
21 Justice 2-BCFR-14 criminal penalty for presenting
22 fraudulent -- is my mic on? Fraudulent -- I'm getting
23 to it. I'm getting to it. Claims of making false
24 statements, fine, imprisonment or both.

25 The problem with the misinformation was -- wait a

1 minute. There is also more painful examples
2 regarding -- am I still on?

3 **MR. STALLARD:** Yes.

4 **MS. BLAKELY:** Okay, 'cause I don't hear myself.
5 Examples regarding my father, U.S. Marine Corps Master
6 Sergeant James J. Leak, retired Marine Corps veteran
7 of the Vietnam War and a lifer who died on
8 January 5th, 2012 of Agent Orange-related lung cancer.
9 When my dad died, I decided I wanted to drop my claims
10 because I realized who I am; I'm the daughter of a
11 Marine. And because of the work I did with the
12 infants, having to read each and every death
13 certificate. I realized that there is no price you
14 can put on any of their lives; they're priceless. Or
15 my mother. They were personal sacrifices made by the
16 dependents, just as the sacrifices are made by the
17 Marines and those who serve this country. I'm almost
18 done.

19 **MR. STALLARD:** What is the question?

20 **MS. BLAKELY:** I called Bell Legal Group, Vanessa
21 Bertka, about dropping my claims. She casually
22 mentioned my dad's claim. I was shocked because my
23 dad reluctantly provided permission for my mother's
24 wrongful death suit and had voiced that he wanted it
25 put in his will that nobody was to take out a claim

1 regarding his health or death.

2 She said Bell, Larcade and Heiskell had legal
3 documents with his signature on them regarding that
4 very thing. I told her that any documents that were
5 supposedly signed by my father regarding his health
6 and death were forged and were not signed by him. Her
7 response was that his file had been closed.

8 **MR. STALLARD:** Okay, excuse me --

9 **MS. BLAKELY:** I'm almost done. I am worried. I
10 am -- this is the point. This is the point, this is
11 the point.

12 **MR. STALLARD:** What is the question?

13 **MS. BLAKELY:** That is my question.

14 **MR. STALLARD:** What is the question?

15 **MS. BLAKELY:** Okay.

16 **MR. STALLARD:** We're going to break, Mary. We'll
17 take a break.

18 **MS. BLAKELY:** I am concerned about the funding
19 for the dependents because if -- I have to read the
20 full statement.

21 **MR. STALLARD:** No, no. No, you don't. We're
22 gonna, we're gonna break. What is the question?

23 **MS. BLAKELY:** Okay, my question is: How are
24 these dependents gonna be taken care of if lawsuits
25 are allowed to be pushed through? Not just regarding

1 Camp Lejeune but other military bases all across this
2 country and around the world, that lawyers are
3 currently reaching out to the victims of and
4 encouraging to sign up for lawsuits. If one of those
5 claims goes through, there won't be money for funding
6 for anything including the dependents from Lejeune
7 because the budget will be gutted.

8 **MR. STALLARD:** Okay --

9 **MS. BLAKELY:** I don't know much about math but
10 that's common sense.

11 **MR. STALLARD:** Thank you. We're going to take a
12 break right now. Dr. Walters, that question was posed
13 to you. I don't think it was related, though, to the
14 area of expertise you're involved in, and so what I'd
15 like to do right now is take a ten-minute break and
16 we're going to get back to Jerry, okay? Ten minutes,
17 please.

18 (Break, 9:40 a.m. until 9:50 a.m.)

19 **MR. STALLARD:** All right, so Dr. Walters is back
20 on the phone. She did address one -- when you all --
21 when we took a recess, that money has been
22 appropriated for this year and is expected to be for
23 next year to pay claims that arise out of the family
24 members and veterans, so that answers in part the
25 specific question Mary was getting to, where's the

1 money coming from.

2 **DR. WALTERS:** Now, this --

3 **MR. STALLARD:** So --

4 **DR. WALTERS:** Tom, can I say this is for medical
5 care. It's not compensation dollars; it's medical
6 care only.

7 **MR. STALLARD:** Correct.

8 **DR. WALTERS:** For those 15 conditions covered by
9 the law.

10 **MR. ENSMINGER:** So when do you see family members
11 beginning to see the benefits of this?

12 **DR. WALTERS:** Okay. They will be able to apply
13 for the program hopefully in late this year, early
14 next year. They will -- they're supposed to be paid
15 retroactive to the date of the appropriation.

16 **MR. STALLARD:** Did you hear that? You faded out
17 there, Dr. Walters. Retroactive to the date of?

18 **DR. WALTERS:** The appropriation.

19 **MR. ENSMINGER:** And the money was appropriated
20 what month?

21 **DR. WALTERS:** I think it's March, but I'd have to
22 go back and look on that.

23 **MR. ENSMINGER:** And is this money that was
24 appropriated for this year, which is not being used
25 because you don't have the regulations finished yet,

1 is that money going to be rolled over to the next
2 budget?

3 **DR. WALTERS:** The VA document is on a two-year
4 cycle.

5 **MR. ENSMINGER:** So what year are we in on your
6 budget cycle?

7 **DR. WALTERS:** You're getting into finance here.
8 I can't, I can't answer --

9 **MR. ENSMINGER:** Is this the first or second year
10 of your budget cycle?

11 **DR. WALTERS:** I don't know.

12 **MR. STALLARD:** Okay, so that's an outstanding
13 clarifying question in terms of what year we're in in
14 the two-year budget cycle. Right, does that answer
15 your question?

16 **MS. BLAKELY:** Wouldn't it be this year,
17 March 2013, since you said that it would be
18 retroactive from March 2013?

19 **MR. ENSMINGER:** Budget years go by October 1st.

20 **MS. BLAKELY:** Oh.

21 **MR. FLOHR:** VHA is on a different funding than
22 the VBA and the rest of the VA is. They have like
23 a -- they're funded at the beginning of each year or
24 two years, whatever it is.

25 **MR. ENSMINGER:** You talking fiscal year or

1 calendar year?

2 **MR. FLOHR:** I think fiscal year.

3 **MR. ENSMINGER:** Okay.

4 **MR. STALLARD:** All right, so thank you, that
5 pretty much brings us on the agenda to the updates.
6 We did want to briefly address Jerry's question about
7 the importance and the need and desire for a national
8 cancer system.

9 **MR. ENSMINGER:** Registry.

10 **MR. STALLARD:** Registry.

11 **DR. RAGIN-WILSON:** I just want to point out that
12 ATSDR has been exploring the feasibility of conducting
13 a cancer incidence study, and a number of difficulties
14 have been identified and they have to do with, as you
15 pointed out, approval and consent. Obtaining
16 approvals from each state cancer registry will be an
17 extremely lengthy process and some states may
18 ultimately refuse to grant approval. So we are aware
19 of a lot of the difficulties and we're still exploring
20 the feasibility as well as other scientific issues
21 that may prevent us from conducting a study. Our
22 current studies are our top priority right now, and
23 we're focused on completing those studies, and I'll
24 show you that we are still exploring the feasibility
25 of conducting an incidence study.

1 **MR. ENSMINGER:** The cancer incidence study -- oh,
2 I'm sorry.

3 **DR. IKEDA:** I was just going to talk about the,
4 you know, the desirability of a national cancer
5 incidence registry or a national cancer registry, and
6 certainly we share that desire. We would like nothing
7 better than to have a national registry here at CDC
8 and the researchers would be delighted. We're always
9 talking about how we wish we were Sweden because they
10 have the ability to do those national-type studies.

11 But just to remind folks, and I know you all know
12 this, but we're not a regulatory agency here at CDC
13 and we don't issue any mandates. We influence the
14 recommendations and guidance and suggestions, and
15 that's how we, you know, work in the national level.

16 I will say that, you know, the other thing to
17 remember is of course the sovereignty of the states so
18 there's not only, as Chris was talking about, how
19 difficult it would be and some of the feasibility
20 issues that Angela was talking about but we need that
21 political will too from the 50 states to participate
22 in something that's national. And so just --

23 **MR. FLOHR:** Sounds like someone needs to propose
24 legislation to do that --

25 **MR. ENSMINGER:** Absolutely.

1 **MR. FLOHR:** -- for a member of Congress to create
2 a national cancer registry.

3 **MR. ENSMINGER:** Well, I mean, I mean, the need
4 for that, I mean, especially with the CDC, because
5 cancer is a plague. I mean, it has -- I'll bet it's
6 touched every person in this room's family in one way
7 or another.

8 **DR. IKEDA:** And one thing that perhaps might be
9 useful for our next meeting is to bring someone from
10 our national cancer registries here at CDC so they can
11 talk in more detail about the challenges and whether,
12 you know, working with partners to propose legislation
13 might be an appropriate step.

14 **MR. ENSMINGER:** But for going back to the cancer
15 incidence study for Camp Lejeune, if we had the
16 cooperation of 28 states or 28 registries, like they
17 had for the Gulf War, would be better than what we've
18 got now, which is nothing, because the health survey,
19 which is due out next year, only had a 27 percent
20 participation rate. And it was a self-reporting so
21 trying to track down all these people and verify what
22 they put on their surveys would be -- it would take
23 forever. You only have 27 percent participation so
24 you're missing a lot. If we had 28 cancer registries,
25 that's over 50 percent, and we have a cohort

1 identified.

2 The expert panel in 2005, February 2005,
3 recommended, above and beyond the in utero study that
4 was already taking place, that a mortality study and a
5 cancer incidence study be conducted on the populations
6 if, if a feasible cohort could be identified. That
7 cohort was identified and you have gone forward with
8 the mortality study, all right?

9 But we're only getting half the picture because
10 treatment protocols have improved over the years and
11 medical advancements, and everybody that's being
12 diagnosed with cancer is not dying. They're
13 surviving. So they're not showing up on your
14 mortality study, okay? And we're only getting half
15 the picture of what happened at Camp Lejeune if we
16 don't capture that other snapshot of how many of these
17 people in that cohort actually contracted cancer and
18 what kinds of cancers.

19 I mean, we're doing this for the betterment of
20 science. You have a laboratory here; let's take
21 advantage of it. Not dig our heels in and say, hey,
22 we want to get the hell away from Camp Lejeune so
23 we're not doing any more studies. That ain't going to
24 get it, okay? I'm here to cooperate with you. I'm
25 here to advance science's knowledge about what happens

1 to people when they're exposed to these contaminants.

2 I'm not happy with the National Academy of
3 Sciences. I never have been. In my opinion they're
4 nothing more than scientific hired guns that will
5 write a report for the highest bidder. The CDC should
6 not be that way; they're not. But we've got to go
7 forward with what we have available, and we've got a
8 cohort, a good sized one, that would have a meaningful
9 report and outcome. And that study needs to be done
10 and it won't involve contacting a soul, personally.
11 It'll all be done by computers.

12 **DR. RAGIN-WILSON:** Well, Jerry, we, as I said, we
13 are exploring the feasibility of conducting the study
14 and that's conversation we can have, continue the
15 discussion on the conference calls or at perhaps the
16 next CAP meeting but our priority now is completing
17 our current studies, but it is something certainly
18 that's on our radar and we have time to discuss
19 internally, if you keep the CAP involved on our
20 updated progress on the study during the conference
21 calls.

22 **MR. ENSMINGER:** And what is the CDC and the
23 Department of Health and Human Services doing about
24 pushing for a national cancer registry? I understand
25 all this crap about sovereignty of the individual

1 states, but when it comes to something that is
2 affecting the health like cancer is of our entire
3 nation, then sometimes the states got to take a back
4 seat and federal, federal -- and common sense has got
5 to take over and say, hey, this is a tool we need. We
6 need to stop this. Or has cancer become so profitable
7 for certain people that they don't want to approach
8 this?

9 **DR. IKEDA:** And again, I think, you know, we can
10 take this up at the next CAP meeting, we can invite
11 our partners from the cancer registries here at CDC,
12 'cause they know the ins and outs of what's going on,
13 what's been proposed, what has worked, what hasn't and
14 much, you know, better versed than we are in terms of
15 how to implement such a national system.

16 **MR. ENSMINGER:** Well, I'll look forward to that,
17 then, that conversation.

18 **MR. STALLARD:** Yeah, me too. Dr. Clapp.

19 **DR. CLAPP:** I'd like to just add to this.
20 There's a group called POGO, Project on Government
21 Operations that has actually got their own site, that
22 is drafting some legislation for what we're talking
23 about here, a national -- either a national cancer
24 registry or a way that the national program of cancer
25 registries at CDC could make available data for

1 researchers on a national basis, so they might be
2 worth contacting and adding to the conversation next
3 time or if not, when they're proposed legislation is
4 ready.

5 **MR. STALLARD:** So, we have that as an action item
6 for the next meeting.

7 **MR. ENSMINGER:** But it would be nice to, when
8 this legislation is advanced and starts moving
9 forward, to have the backing and support of the CDC
10 and the Department of Health and Human Services, that
11 will have you guys step up to the mic and say, yeah,
12 this is something we need. We definitely need this.
13 Or is everybody afraid to do that?

14 **DR. IKEDA:** You know, you -- we can't advocate
15 for a specific legislation so it puts us in an
16 awkward --

17 **MR. ENSMINGER:** No, but you can advocate for a
18 cancer registry, not for legislation.

19 **DR. IKEDA:** Right but we can -- right, but we can
20 talk about the general positive aspects of having that
21 kind of data and work with partners to get the message
22 across.

23 **DR. KAPIL:** And Jerry, I believe that, you know,
24 on an individual basis, there's probably nobody in
25 this room that would argue with you. The program has

1 the cancer registries program and chronic disease
2 center, I'm virtually certain, has raised these issues
3 in the past about the deficiencies in the current
4 system. I think it would be very valuable for the CAP
5 to hear from the program itself 'cause they have so
6 much expertise and experience in dealing with these
7 issues and all that falls, and the challenges that
8 they face on a daily basis, because they are dealing
9 with 30-some different states and territories, trying
10 to collect this data, so it's as difficult for them as
11 it is for anybody who's trying to do this kind of
12 work. So I think having that discussion maybe at the
13 next CAP meeting, if everybody's agreeable to that, in
14 inviting them to come and maybe give a presentation so
15 you could ask some of these questions would probably
16 be pretty helpful for all of us.

17 **MR. STALLARD:** It really would. So we have that
18 for an agenda item for the next meeting. And we'll
19 talk at the end of today's meeting on scheduling of
20 the next meeting.

21 **MR. ENSMINGER:** And to be honest with you, I'm
22 the one that approached POGO about a national cancer
23 incidence -- or national cancer registry, and
24 thankfully they've taken that up and they contacted
25 Dr. Clapp because Dr. Clapp's been fighting for this

1 for a lot longer than I have. But, you know, I'm
2 prepared to advance the issue and push it into
3 Congress. I mean, and I know there's going to be
4 people that have special interests that are supporting
5 them that aren't gonna go along with that but we'll
6 flush them out of the closet.

7 **MR. STALLARD:** Well, we know if can be done if
8 there's political will to do so.

9 **MR. ENSMINGER:** I got it.

10 **MR. STALLARD:** Okay. Brad, I think we had you
11 next on the agenda on VA updates, if you have any
12 additional ones to offer.

13 **VA UPDATES**

14 **MR. FLOHR:** Just some basic information for you.
15 We continue of course to process claims in our
16 Louisville office, based on Camp Lejeune, as well as
17 claims from all veterans. We undertook a very
18 aggressive project, if you want to call it, I'll just
19 say project, earlier this year to start working our
20 oldest claims, in particular claims that were over two
21 years old. And we -- a lot of people said we couldn't
22 do it but we did complete working all those claims
23 over two years old in March of this year. And then we
24 started on claims over one year old and are now
25 currently working on all those to get those worked. A

1 lot of those claims of course are from Camp Lejeune
2 veterans. So we're working really hard with VHA to
3 get examinations and medical opinions to get those
4 completed.

5 My current data, I don't have August data yet;
6 I'll have that probably next week. And I'll be happy
7 to send that to Perri and she can share it, put it on
8 your -- or send it to someone.

9 **MS. RUCKART:** We can talk about that later.

10 **MR. TOWNSEND:** I have a question.

11 **MR. STALLARD:** Yes, go ahead, Tom. Go ahead,
12 Tom.

13 **MR. TOWNSEND:** My claim has been with the VA for
14 over six years, so why, why this long delay?

15 **MR. FLOHR:** Mr. Townsend, I called you the other
16 day and left a message, didn't get you. I left one on
17 your voicemail. But I can't answer -- of course I've
18 never seen your claims file so I don't know what is in
19 there or what's been going on but I cannot talk about
20 your individual claim in this public forum. I'll be
21 glad to talk to you next week, one-on-one. I'll be in
22 the office Monday, Tuesday, Wednesday, if you're going
23 to be home but in a public forum, I cannot talk about
24 your claim.

25 **MR. TOWNSEND:** Give me a call, please, at my home

1 phone number.

2 **MR. FLOHR:** Okay, I'll do that.

3 **MR. STALLARD:** Tom, and you don't need -- and you
4 don't need to give that out over the airwaves right
5 now. We have it, all right?

6 **MR. TOWNSEND:** Thank you.

7 **MR. STALLARD:** All right, Tom.

8 **MR. FLOHR:** We have, as of the end of July, we've
9 granted service connection for almost 800 individual
10 issues. Of course all of those, generally all of
11 those are cancers, and the grant rate has been pretty
12 good and consistent with over 50 percent granted for
13 like bladder cancers and 51 percent of kidney cancers,
14 almost 50 percent for leukemias/lymphomas and
15 Parkinson's disease, so the majority of claims is
16 denied. The majority of the issues, individual
17 issues, have been denied because they're miscellaneous
18 type things. Subjects claiming their arthritis was
19 caused by -- or their hearing loss. We get those
20 claims all the time. So like I said, we continue to
21 work on those, and we can try to get them all done as
22 soon as we can. Any questions?

23 **MR. ENSMINGER:** Have you provided a breakdown of
24 these claims recently?

25 **MR. FLOHR:** Not -- no one has asked for them

1 recently. We provided a breakdown to Senator Burr's
2 staff two months ago, I think.

3 **MR. ENSMINGER:** Yeah, but no, it was longer than
4 that.

5 **MR. FLOHR:** Yeah. We haven't gotten any requests
6 since then.

7 **MR. ENSMINGER:** Yeah, okay. All right, thank
8 you.

9 **MR. FLOHR:** Okay.

10 **MR. PARTAIN:** Brad, are you guys keeping track of
11 like the call -- number of calls from people
12 inquiring? Is there any type of data being collected
13 on that?

14 **MR. FLOHR:** No, I don't believe so. We have
15 national call centers and we get millions of calls.

16 **DR. WALTERS:** Yeah, well, on the, on the VHA
17 side, we do have a sort of poll about the
18 implementation of health law. We had about 800 family
19 members contact VHA and about 4,400 veterans. Of that
20 approximately 70 percent of the veterans are already
21 eligible for VA care.

22 **MR. STALLARD:** Did that answer your question?

23 **MR. PARTAIN:** Yes.

24 **MR. STALLARD:** Okay.

25 **MR. PARTAIN:** Thank you.

1 **MR. STALLARD:** All right. Any other business
2 with Brad and the VA?

3 **MR. ENSMINGER:** Well, I would just mention,
4 again, that Brad, I hear from veterans every day of
5 every week and I'm still hearing complaints by
6 veterans when they go to their local VAs. Their local
7 VAs act like they've never heard about Camp Lejeune.
8 And it -- I mean, perhaps a reinforcing training
9 letter to go out to these folks and say, hey, you
10 know, what's the deal here?

11 **MR. FLOHR:** I think Dr. Walters and the folks at
12 public health have put pamphlets and things like that
13 in every VA medical center where they have an
14 occupational exposure specialist there to handle those
15 questions. Terry, is that right?

16 **DR. WALTERS:** Yeah, we recently had a train the
17 trainer champion training in Salt Lake City, where we
18 briefed over 40 environmental health specialists on
19 Camp Lejeune, and in the end of September we're going
20 to be briefing another 50 in Albany.

21 **MR. FLOHR:** I attended the -- I was at the
22 training in Salt Lake City and will be in Albany as
23 well, talking about the claims process and asking the
24 occupational health commissions what we can do at VBAs
25 to make their job easier and giving them information.

1 **MR. ENSMINGER:** Okay. But, you know,
2 Dr. Walters, I have a veteran sitting in this room
3 right now that you provided him four different people
4 at Louisville who were their environmental specialists
5 at the Louisville, the veterans' center, and the
6 veteran went there with this list of four names, and
7 they denied that they had anybody that was an
8 environmental specialist on their staff.

9 **DR. WALTERS:** I hear you, Jerry, and it's a
10 continuing problem in terms of the VA is a very
11 decentralized organization.

12 **MR. ENSMINGER:** Is a what?

13 **DR. WALTERS:** And I have no -- decentralized.
14 And I have no control over separate divisions or
15 separate VA medical centers.

16 **MR. ENSMINGER:** Well, wouldn't it be nice to
17 have central command or control? I mean, it's just
18 like the military, you've got to have command and
19 control. Somebody's got to have control.

20 **DR. WALTERS:** Well, that, I do not have that but
21 I do encourage and educate.

22 **MR. ENSMINGER:** Wow. Okay. You're answering
23 some question -- this is starting to draw a picture
24 for me here. Thank you.

25 **MR. STALLARD:** What was your assumption, that it

1 was a command-driven, from the top down throughout the
2 clinics?

3 **MR. ENSMINGER:** My assumption is that nobody's in
4 charge and these, these regional offices are running
5 willy-nilly and nobody's got control of the reins.
6 Basically the horse is running away.

7 **DR. WALTERS:** Well, I don't think that's
8 (telephonic static) but in terms of environmental
9 (telephonic static), I do not (telephonic static) the
10 resources. These resources (telephonic static) by the
11 chief who's running the individual (telephonic
12 static).

13 **MR. ENSMINGER:** Okay.

14 **MR. STALLARD:** All right, the issue is trying to
15 ensure that the word continues to filter down to the
16 appropriate level where clinicians are seeing
17 veterans, that those veterans from Camp Lejeune are
18 getting the same treatment and care throughout the
19 nation. So I think that seems to be a continuing
20 challenge to ensure that communication filters down to
21 the right level.

22 **DR. WALTERS:** And I pledge my efforts to continue
23 getting the word out and doing the best we can.

24 **MR. ENSMINGER:** Well, yeah, I -- I'll just repeat
25 that every day I hear from somebody that's gone to a

1 regional veterans VA center and they're told by the
2 people at the reception desk that they haven't even
3 heard of Camp Lejeune. I mean, they must have been
4 living under a rock for the last five years but, you
5 know, whatever.

6 **MR. STALLARD:** Okay, so part of -- I think what
7 we may consider is even with the good intentions and
8 efforts of communication, what other approaches might
9 we consider to employ to ensure that there is
10 consistency of the message down to the level it needs
11 to get to? If it could be done, how would we do it?
12 I just offer that out, that we hear the concerns
13 raised and from assistance perspective are looking at
14 how best to ensure awareness, understanding and
15 compliance.

16 **MR. ENSMINGER:** And another thing that the VA --
17 you know, the Secretary, Secretary Shinseki has the
18 capability of declaring an issue, a presumptive issue.
19 Now, we've got a bill that was signed into law, the
20 Caring for Camp Lejeune Veterans and Families Act.
21 That law only provides healthcare to the veterans and
22 then ultimately, hopefully soon, the family members
23 that qualify. In short, that law is an admission. I
24 mean, how can you say we're gonna provide healthcare
25 to you veterans that were on active duty at Camp

1 Lejeune, and you were poisoned? There is no ifs, ands
2 or buts about it, you were poisoned. We're going to
3 provide you healthcare but we're not providing you the
4 rest of the benefits. You have to jump through all
5 the hurdles just like everybody else. That ain't
6 right. This should be --

7 **MS. BLAKELY:** Well, maybe if there weren't all
8 the lawsuits that they're facing, they could do that.

9 **MR. STALLARD:** Mary, Mary, please.

10 **MS. BLAKELY:** Sorry. Sorry.

11 **MR. STALLARD:** Nothing to do with lawsuits.

12 **MS. BLAKELY:** It's the funding.

13 **MR. STALLARD:** Mary.

14 **MS. BLAKELY:** The funding for the bill has to be
15 there. You have to have money to fund it.

16 **MR. STALLARD:** Mary. Frank? Okay, message sent,
17 message received?

18 **MR. ENSMINGER:** Yeah. Let's make this a
19 presumptive issue, at least for the 15 items that are
20 already listed in the law.

21 **MR. PARTAIN:** And Brad, the VA requires -- and
22 I'm not an expert, a legal expert, but my
23 understanding is they've got to have -- what's the
24 terminology? It's escaped my brain. That is more
25 than reasonable.

1 **MR. FLOHR:** Or at least as likely as not.

2 **MR. PARTAIN:** Yeah, at least as likely as not.

3 And the -- so, you know, roughly just over
4 50 percent is given.

5 **MR. FLOHR:** Or equal to 50 percent --

6 **MR. PARTAIN:** Okay. My understanding --

7 **MR. FLOHR:** Not more than.

8 **MR. PARTAIN:** 50.0001 but -- so it's 50 percent.
9 So if veterans are required to provide 50 percent
10 evidence to support their case to be considered for VA
11 benefits and such, and Jerry's point, we have a law
12 that names 15 specific conditions. And we --

13 **DR. WALTERS:** But I would point out that this law
14 has, right in the first paragraph, it says: If
15 eligible for hospital care and medical services for
16 any of the following illnesses or conditions,
17 notwithstanding the insufficient medical evidence to
18 conclude that such illnesses or conditions are
19 committable to such service. That's what makes the
20 ATSDR study so important, to provide that evidence.

21 **MR. ENSMINGER:** Absolutely. And but then that's
22 why I'm pushing for these cancer incidence studies to
23 go forward, which I haven't had any luck with thus far
24 but maybe we will. I mean, that's a very good point,
25 Dr. Walters, because that shows the people sitting in

1 this room how important the work that we're, we're
2 proposing is to people's lives.

3 **MR. FLOHR:** Yeah, and once those studies are
4 complete, then we in Washington and the VA will get
5 together and we'll review them, and if we believe
6 there should be a presumptive, we'll make that
7 recommendation to the Secretary.

8 **MR. STALLARD:** Okay. We're going to take a
9 break. I wanted to just clarify that not only is the
10 work being proposed and the studies important but the
11 work that has been achieved and accomplished to this
12 point I also think equally important.

13 **MR. ENSMINGER:** Before we take the break, I would
14 like to make one announcement, please. I've got two
15 new prospects for the CAP, for membership of the CAP,
16 to replace Jeff Byron and Dr. Akers, who passed away.

17 **MR. STALLARD:** Right.

18 **MR. ENSMINGER:** Got Kevin Wilkins who's been
19 going from Kentucky on his own dime to these meetings
20 sitting over here and Lori Freshwater, the daughter of
21 Mary Freshwater, who recently passed away this year
22 from two types of leukemia.

23 Those of you that don't know who Mary was, she
24 was in the documentary. She was the lady that got up
25 at a meeting and explained and discussed the death of

1 her two infant children, sons. It was very heart-
2 wrenching. But Lori and Kevin, I'm willing to propose
3 them and to nominate them to become active members of
4 this CAP. That's it.

5 **MR. STALLARD:** Thanks, can we take that up?
6 What's that? Oh, yeah. I'm reminded, this is
7 important administrative detail. Make sure that you
8 have signed in, please, over here. There's a sign-in
9 sheet for when you come in. So let's take a
10 ten-minute break, please. And then we'll resume and
11 then we are back on agenda. Thank you very much.

12 (Break, 10:20 a.m. until 10:33 a.m.)

13 **MR. STALLARD:** All right, folks, welcome back.
14 Let's please resume. I just wanted to point out to
15 those of you who are on the phone, we have no way of
16 muting your conversations so anything you talk about
17 amongst each other while we're on a break, if you
18 remain on the phone, will be widely dispersed
19 throughout the universe. Okay.

20 So I wanted to address briefly the process of
21 Jerry having nominated two individuals to fill the two
22 vacancies on the CAP. And those two individuals are
23 in the room today. So our process will be that we
24 will allow other members to nominate, if there are
25 others. I don't know if you talked amongst yourselves

1 and that would have been an unanimous recommendation
2 from Jerry or if there are other CAP members who are
3 on the phone who wish to self-nominate, but the fact
4 is that there are two vacancies and that there has
5 been a motion to fill those two seats and we have two
6 nominations, and we will -- pardon me? And we will
7 fill those nominations either with those two at the
8 next CAP call or, if there are more than two, we'll
9 have to take a voting process to identify, of those
10 nominated, which two will fill those seats. Does that
11 seem reasonable and fair to all those affected and
12 involved? So we're going to vote on the next CAP
13 call. Because there may be those who wish to
14 self-nominate, who didn't know about it, who are
15 listening in right now, so who do they communicate to?

16 **MS. RUCKART:** People could submit to the Camp
17 Lejeune email box. We have an email box that we can
18 check. It's atsdrcamplej@cdc.gov, and people can send
19 their recommendations and nominations there.

20 **MR. STALLARD:** Okay, we're losing the lights
21 again. What's up with that?

22 **MS. RUCKART:** So people can send in any
23 nominations till the end of this month, September, and
24 then we can vote in --

25 **MR. ENSMINGER:** Wait, we lost it.

1 **MR. STALLARD:** No, that doesn't work. Shouting
2 does not work. I've learned that. Okay, so for those
3 of you who are on the phone, we're --

4 **MR. ENSMINGER:** They're on now.

5 **MR. STALLARD:** Okay, we are all wired for sound.
6 Ready to go?

7 **MR. ENSMINGER:** For the moment.

8 **MR. STALLARD:** No, we're good. It was a loose
9 plug. All right. Ready to get with the -- did you
10 have anything else?

11 Okay, so are we clear on the nomination process
12 to fill the two vacant seats? We have two standing
13 nominees. If there are others who wish to nominate,
14 send them to the Camp Lejeune mail box.

15 **DR. RAGIN-WILSON:** And if they have any questions
16 they can call me, and it's Angela Ragin-Wilson.

17 **MR. STALLARD:** Okay.

18 **MR. ENSMINGER:** Now, because we lost
19 communication while Perri was making the -- giving the
20 information about the website, go ahead and give that
21 information again.

22 **MS. RUCKART:** Right, so I was just saying that we
23 can keep the nomination process open 'til the end of
24 this month. Requests can be sent to
25 atsdrcamplej@cdc.gov, that's the email address for our

1 Camp Lejeune mailbox, and then we can vote, if
2 necessary, at the October meeting -- at the October
3 conference call, I'm sorry.

4 **MR. STALLARD:** Good.

5 **MR. ENSMINGER:** And Lori and Kevin, today, before
6 we depart here, why don't you write down all your
7 pertinent information, your contact information and
8 everything so we have that, okay?

9 **MR. STALLARD:** Great, and thank you for being
10 here today. Okay. Here we are. Hey, Tom, what's up?

11 **MR. TOWNSEND:** I don't have -- I'm not on the
12 internet so you have to send me some stuff.

13 **DR. RAGIN-WILSON:** Tom, we have your -- we'll get
14 your address and we'll send the information via postal
15 mail.

16 **MR. TOWNSEND:** Whatever postal process I need.

17 **MR. STALLARD:** Okay. That would include any of
18 the handouts and presentations that we're talking
19 about next coming up, which we're going to get to
20 forthwith. That's the public health assessment
21 updates. And so we're going to turn it over to
22 Dr. Forrester.

23 **PUBLIC HEALTH ASSESSMENT UPDATES**

24 **DR. FORRESTER:** Okay. Thank you very much. I
25 want to hand out the attachment I sent on the email

1 regarding the answers to the informal and the formal
2 questions regarding the karst geology. Can you pass
3 these around to the CAP members to make sure everybody
4 has those? And you all also had a request to me about
5 data sets and I want to make sure this is what you
6 wanted. I'll just read you what it is. The analysis
7 of groundwater flow contaminant fate and transport
8 distribution of drinking water at Tarawa Terrace
9 and --

10 **MR. PARTAIN:** The three-disc set?

11 **DR. FORRESTER:** Yes. Is this it?

12 **MR. ENSMINGER:** Yes.

13 **DR. FORRESTER:** But we also have the hard copy
14 with the disc. So which did you want? These are...

15 **MR. ENSMINGER:** Give me the whole set.

16 **DR. FORRESTER:** Okay, so how many of these do you
17 need?

18 **MR. ENSMINGER:** Two.

19 **DR. FORRESTER:** They're both -- and everything?

20 **MR. ENSMINGER:** Yeah.

21 **DR. FORRESTER:** Okay, we'll get you one more of
22 these. And I have plenty of these discs in case.

23 **MR. ENSMINGER:** You can pass that first one right
24 back there to Lori. Kevin, we'll get you yours next.

25 **DR. FORRESTER:** Okay, we would have a discussion

1 today about three things: One is the revision of the
2 health assessment; two is to talk about the parameters
3 that we're using in the drinking water evaluation; and
4 three, to start a preliminary discussion about the
5 soil vapor intrusion evaluation.

6 I've formed a multidisciplinary team in our
7 division. I have all walks of expertise: health
8 assessors, modelers, environmental health scientists,
9 toxicologists, experts in vapor intrusion, groundwater
10 to move forward with this process of updating the
11 health assessment.

12 So to get started with the first slide, ATSDR
13 does plan to revise the 1997 public health assessment
14 based on available data and community input. This
15 will include specifically an updated section
16 evaluating the drinking water pathway based on the
17 water modeling and a new section completely evaluating
18 the vapor intrusion pathway. I do understand that
19 there are corrections needed to be made in the
20 document based on new evaluations, new data. We will
21 entertain and take comments and concerns on those and
22 make those corrections in the documents as needed.
23 The revised public health assessment and the new
24 sections will undergo peer review and will be placed
25 for public comment. And as we go through the process,

1 we would be glad to get your input in order to make
2 the correct assumptions. In the end, ATSDR will post
3 the revised PHA to the website for the public.

4 In 1997 the public health assessment at Camp
5 Lejeune examined exposures for ten different pathways
6 including drinking water, surface water, sediments,
7 fish and shellfish in several creeks and soil at
8 several different locations at Camp Lejeune. The
9 document was prepared based on the data and science
10 available in 1997. Therefore the soil vapor intrusion
11 pathway was not evaluated. It was not until 2002
12 there was adequate guidance developed by EPA to
13 actually evaluate the pathways so correct sampling
14 strategies were incorporated to evaluate the pathway.

15 We had identified some issues that I think are
16 important in the PHA: the exposures to lead in the
17 drinking water, the potential for exposure through
18 ingestion of fish, the identifying past public hazard
19 pathway for the drinking water based on VOC
20 contamination.

21 I do understand there's concern about how the no
22 apparent and the apparent public health categorization
23 is written in the document. It does appear confusing.
24 There definitely was a public health hazard to
25 exposure to drinking water from VOCs, and that was

1 documented in the document as a past public health
2 hazard based on exposure up to 1985. It is confusing
3 because the area that discusses the no apparent is in
4 concluding that there is no public health hazard to
5 drinking water after 1985, and that's confusing. It
6 also doesn't take in account the soil vapor intrusion
7 pathway from exposure to VOCs in ground water, which
8 would need to be corrected throughout the document.

9 Based on those discussions and reviews in that
10 health assessment, some important things were done.
11 The lead abatement and education occurred across the
12 base, fish advisories were issued and fencing of some
13 areas of soil contamination occurred.

14 There was discussion in August of 2009 that ATSDR
15 leaders should agree to revisit the drinking water
16 pathway in the PHA. The new information related to
17 volatile organic compounds, including benzene, in the
18 drinking water at Camp Lejeune needed to be added and
19 it was agreed that the 1997 PHA would be removed from
20 the ATSDR website -- yes? Can you hear me? Okay, to
21 reduce confusion about the findings of the drinking
22 water pathway while water modeling results were
23 completed. Currently we have been working on
24 developing a new section for the PHA based on the
25 water modeling results.

1 We understand that you have many concerns about
2 the PHA, and I wanted to list a few that have received
3 through email. I know this is not an all-inclusive
4 list but we wanted to make sure that we are getting
5 the items of concern. You don't have to give me
6 everything today. Obviously this is a discussion that
7 we can carry on into our monthly calls as well as we
8 plan to have an informal meeting around the January
9 CAP. And I'm having real trouble reading that.

10 **MR. STALLARD:** Here, let me help with that.

11 **DR. FORRESTER:** Okay, the first item, let's see.

12 **MR. STALLARD:** How close do you need it to be?

13 **DR. FORRESTER:** That's good, that's good, that's
14 good. With the vapor intrusion pathway and the first
15 concern that I received was the pathway was not
16 included in the analysis, and we do plan to do that.
17 The drinking water pathway needed to be redone based
18 on the water modeling, and that is another area that
19 we planned to evaluate and put in the new PHA.

20 There was a question about the inclusion in the
21 RCRA sites and its evaluation in the original 1997
22 PHA. I do have an answer to that question. It
23 appears that RCRA sites were evaluated, and there is
24 some cross-confusion about the defense installation
25 restoration program in RCRA sites. The defense

1 installation restoration program is an overall
2 umbrella to address the CERCLA and the RCRA sites. We
3 did look in a number of RCRA sites, CERCLA sites, lead
4 and copper rural sites and also other areas included
5 in regulatory programs including the fishing
6 advisories on the site.

7 I can give you a list of a number of sites that
8 were RCRA that were evaluated in this assessment. I
9 can read them off now or we can talk about these
10 later. If you went to the back of the old health
11 assessment, there was a list of sites including the --
12 I'll just give you a few of them: Transformer storage
13 site, industrial area, white ash dump, storage lot
14 231, the mercury dump site and there's -- let's see 1,
15 2, 3, 4, 5 -- I think five or six more that -- no,
16 actually there's 11 more that were evaluated in the
17 initial PHA, and I'll be glad to give you the list of
18 those.

19 **MR. ENSMINGER:** What about site 22?

20 **DR. FORRESTER:** Site 22. It'll take me a minute
21 to find it.

22 **MR. GILLIG:** Page 82-4 of the Appendix.

23 **DR. FORRESTER:** Okay. Am I looking right at it,
24 the first one? Industrial area truck farm? I don't
25 see where y'all --

1 **MR. ENSMINGER:** Tank farm.

2 **DR. FORRESTER:** Tank farm. Oh, I'm sorry, I'm
3 sorry, I'm sorry. Yes, it is circled, yes.

4 **MR. ENSMINGER:** Read the evaluation.

5 **DR. FORRESTER:** Okay. I'm sorry, I can't read
6 it, the type's too small.

7 **MR. ENSMINGER:** All right, I'll read it, I'll
8 read it. This site was included in the original 22
9 priorities sites. A separate investigation of Hadnot
10 Point industrial area was conducted. Therefore this
11 site is not included in the operable unit installation
12 restoration program. Groundwater contamination,
13 benzene, et cetera was detected in base drinking water
14 supply well 602. That well has not been used since
15 1984. Groundwater contamination at this site is being
16 monitored and tracked under several base programs.
17 Why wasn't it include -- why wasn't it included in
18 this public health assessment?

19 **DR. FORRESTER:** I'm not sure. I will have to get
20 you the answer for that.

21 **MR. ENSMINGER:** Because both benzene -- all BTEX
22 was identified in that drinking water supply well and
23 TCE and PCE and vinyl chloride.

24 **DR. FORRESTER:** Okay.

25 **MR. ENSMINGER:** In a July 1984 sample. That well

1 was continued to operate until 30 -- well, no, I'm
2 sorry, 21 November 1984.

3 **DR. FORRESTER:** Okay.

4 **MR. ENSMINGER:** When it was taken out of -- just
5 on the normal rotation of wells. And then it was
6 retested again on 30 November of 1984, and then again
7 on 3 December, and then again on 7 December.

8 There were mixed contaminants in that drinking
9 water supply well, both BTEX and chlorinated solvents.
10 How the hell was this ever transferred from CERCLA and
11 put under, strictly under RCRA? I mean, that is a
12 fallacy in itself, which the EPA Region 4 needs to
13 answer. However, your health assessors knew this.
14 This information was available and outlined in all of
15 the remedial investigations and feasibility studies
16 for this site. Why was it left out of the public
17 health assessment? Why was it not assessed?

18 **DR. FORRESTER:** I'll have to get you the answer
19 to the question. We'll follow up on your concern.

20 **MR. PARTAIN:** Tina, a few minutes ago you said
21 all RCRA sites were evaluated. Site 22 is a RCRA site
22 and it was not evaluated.

23 **MR. ENSMINGER:** It was, it was --

24 **DR. FORRESTER:** No.

25 **MR. ENSMINGER:** -- transferred to RCRA in 1992.

1 **DR. FORRESTER:** There is a caveat in their
2 investigation. There were pathways where humans could
3 be exposed, and I don't know if that was the exception
4 to this one or not but I will find out the answer.

5 **MR. ENSMINGER:** And the 1988, May 5th, 1988
6 feasibility study, which is CERCLA document 428, it
7 was written -- that report was -- the final report was
8 written by the environmental science and engineering
9 firm out of Gainesville, Florida. Vapor intrusion,
10 ambient air quality was addressed as an interim
11 protective measure in that feasibility study. The
12 Department of the Navy and Marine Corps accepted those
13 recommendations from their contractor and announced
14 publicly, in what they called the TRC meeting, the
15 technical review committee meeting, which is -- was
16 the predecessor to the RAB, that they were going to
17 execute all of those protective measures into
18 protective measures. That was to avoid further human
19 exposures while the stuff was being cleaned up.

20 **DR. FORRESTER:** Okay.

21 **MR. ENSMINGER:** They announced that they were
22 going to do those ambient air samples. They even
23 identified the buildings that needed to be tested.
24 All the buildings that were located above or near
25 these big plumes of contamination in the industrial

1 area. You have requested those tests or the results
2 of them. Have you gotten them?

3 **DR. FORRESTER:** We'll talk about the data that I
4 have received in the soil vapor intrusion section; is
5 that all right?

6 **MR. ENSMINGER:** Yeah, but, I mean, that was a --
7 that was a known pathway and your assessors had access
8 to that report when they wrote this public health
9 assessment. Why wasn't that exposure pathway
10 addressed in this '97 health assessment?

11 **DR. FORRESTER:** Soil vapor intrusion?

12 **MR. ENSMINGER:** Yeah, it was identified in an
13 '88 report, feasibility study report, and we have
14 documents that the court recorded documents -- minutes
15 of a meeting where the Marine Corps announced publicly
16 that they were -- that they had taken those under
17 advisement, that they reviewed them and they were
18 going to execute them.

19 **DR. FORRESTER:** I'd probably tell you that until
20 2001-2002, were there guidance on how to evaluate the
21 soil vapor intrusion pathway. And I'm willing to go
22 through these reports and make sure that the data is
23 evaluated correctly.

24 **MR. PARTAIN:** Well, the point about the data or
25 not, whether it was 2001 or 1997 or 1988, is that

1 there -- while ATSDR was there conducting the health
2 assessment, the Marine Corps identified and stipulated
3 a health -- an exposure pathway and even talked about
4 what buildings to test, and nothing was done; it was
5 left out of the health assessment. And the same
6 site's responsible, the tank farm, site 22, it's
7 responsible for a missed exposure pathway in the
8 drinking water and a missed exposure pathway through
9 vapor intrusion, and, you know, oddly enough, fast
10 forward to 2000, what, about '3, '4? Several
11 buildings in the Hadnot Point industrial area around
12 the Hadnot Point fuel farm were closed because of
13 vapor intrusion.

14 **MR. ENSMINGER:** It was '97 -- no, it was '99.

15 **MR. PARTAIN:** '99? And ultimately demolished.
16 This is all missed in the public health assessment.
17 Now, you said earlier there's confusion. Is, you
18 know, is, is it confusion or is it the public health
19 assessment is incorrect?

20 **MR. ENSMINGER:** Now, let me point something else
21 out here.

22 **DR. FORRESTER:** Can I go back to one thing? I
23 want to make sure that we have this adequately
24 portrayed on this list.

25 **MR. ENSMINGER:** Yeah, okay.

1 **DR. FORRESTER:** So the concern is that we missed
2 the assessment on site 22, that we needed to evaluate
3 the drinking water and the soil vapor intrusion
4 pathway.

5 **MR. ENSMINGER:** What I want to bring up right now
6 is that it wasn't missed. If you look at the brown
7 copy, the February '95 version of the health
8 assessment, this statement at the end of this write-up
9 was conveniently left out of the '97 write-up. And
10 the last sentence in the '95 version says groundwater
11 contamination at this site contributes to ATSDR's
12 overall concern for potential human health hazards
13 from exposure to contaminated drinking water.

14 **DR. FORRESTER:** Okay, what page are you on?

15 **MR. ENSMINGER:** This is 82-3 of the brown copy.

16 **DR. FORRESTER:** Okay.

17 **MR. ENSMINGER:** The February '95. And from
18 '95 to '97, that concern just went away?

19 **DR. FORRESTER:** I'm sorry, I can't answer the
20 question. I wasn't in the chain of command or the
21 preparer of the document.

22 **MR. ENSMINGER:** Well, you'd have -- where are
23 they? Where is -- I mean, I sent an email the last
24 week requesting that Diane Jackson and Carol Hossom be
25 here.

1 **MR. STALLARD:** Okay, so the question, though, is
2 right now that '95 there was a -- there was a very
3 clear-cut concern raised about --

4 **MR. ENSMINGER:** Yeah, about contamination.

5 **MR. STALLARD:** About contamination.

6 **MR. ENSMINGER:** At that site.

7 **MR. STALLARD:** At that site.

8 **MR. ENSMINGER:** And it was a hazard.

9 **MR. STALLARD:** Clearly stated.

10 **MR. ENSMINGER:** Yeah, and then it was dropped off
11 the '97.

12 **MR. STALLARD:** Right. And so the question is why
13 was it dropped off if it was such a clear and
14 understood health hazard?

15 **MR. ENSMINGER:** I mean, and when you look at the
16 small for gestational age and adverse pregnancy
17 outcome study, that was written by a different person
18 who was working on her thesis, the write-up that she
19 did, the narrative, for these contamination sites on
20 that base, is the best one that ever came out of this
21 agency. It had some errors in it --

22 **MS. BLAKELY:** Excuse me, where'd you get that
23 from?

24 **MR. ENSMINGER:** I've had it for years.

25 **MS. BLAKELY:** Oh, really?

1 **DR. BOVE:** It's on the website.

2 **DR. FORRESTER:** Do you want a copy?

3 **MS. BLAKELY:** Yes, I would like a copy.

4 **MR. PARTAIN:** I'd also like to get a copy of the
5 '95 draft. I'd asked about it before and was told you
6 guys didn't have it, so.

7 **MS. BLAKELY:** And Jerry, if you have anything
8 else like that regarding the infants, do you?

9 **MR. ENSMINGER:** No.

10 **MS. BLAKELY:** That's all you got?

11 **MR. ENSMINGER:** Yeah.

12 **MR. STALLARD:** That's all you got.

13 **DR. FORRESTER:** And so there's three versions of
14 the health assessment in the process. There is a red
15 cover, brown cover, and blue cover. Are you all aware
16 of those different --

17 **MR. ENSMINGER:** Yeah.

18 **DR. FORRESTER:** -- stages of the document? Okay,
19 so Mike, you're referring -- you don't have a copy of
20 the --

21 **MR. PARTAIN:** All I have is the final copy. I'd
22 like to get the other two copies.

23 **DR. FORRESTER:** Okay. I'll get you --

24 **MR. ENSMINGER:** And there was a huge
25 metamorphosis that took place; you can see it.

1 **MR. STALLARD:** Okay.

2 **DR. FORRESTER:** I can tell you, in the stages of
3 preparation, there's data validation and there's
4 addressing a comments if the interpretation of the
5 data is not correct. And we do go back to the
6 provider of the data to, you know, verify that we
7 understood what the data samples represent.

8 **MR. ENSMINGER:** I mean, the author of the
9 small -- or volatile organic -- to the adverse
10 pregnancy outcome study, she even identified the
11 benzene contamination in well 602. Well 602 didn't
12 just have BTEX in it. It had organic solvents in it
13 too, chlorinated solvents. So it doesn't make any
14 sense why this last sentence was dropped out from
15 1995, and then when the final one was issued, the only
16 explanation for that was somebody was cooperating with
17 somebody.

18 **DR. FORRESTER:** I don't know the answer to that.

19 **MR. ENSMINGER:** I do.

20 **DR. FORRESTER:** I'm try --

21 **MR. ENSMINGER:** I'm showing you in black and
22 white.

23 **DR. FORRESTER:** Well, Jerry, I was not here in
24 the preparation. And --

25 **MR. ENSMINGER:** I understand that. But you're

1 here now --

2 **DR. FORRESTER:** I understand and I --

3 **MR. ENSMINGER:** Here it is in black and white.

4 **DR. FORRESTER:** I understand that there's a
5 difference in the documents. I will have to get you
6 the answer. I can't tell you that it was because
7 somebody was swayed. I think that there's good reason
8 that people change things and I'll try to get to the
9 bottom of that.

10 **MR. STALLARD:** So, what --

11 **MR. PARTAIN:** And well --

12 **MR. STALLARD:** Wait a minute, wait a minute, wait
13 a minute. What -- I guess the question I have is:
14 How does the omission of that and based on what we now
15 know, how does that influence the current planned
16 study for vapor intrusion, and I think that's what --

17 **DR. FORRESTER:** Well, it's influencing how we --

18 **MR. ENSMINGER:** How they rewrite the --

19 **DR. FORRESTER:** Rewrite the health assessment.

20 **MR. ENSMINGER:** Yeah. I mean, that poor guy
21 right there has been tasked with rewriting this mess.

22 **MR. PARTAIN:** This is the base file.

23 **DR. FORRESTER:** Let me clarify. There's a huge
24 team that's responsible for rewriting this document.
25 And there's many expertises that are going to be used

1 and many people's skills and abilities, so it's not
2 just one person.

3 **MR. PARTAIN:** Yeah, okay.

4 **MR. ENSMINGER:** He's sitting here.

5 **MR. PARTAIN:** Well, the thing -- and here's the
6 point with this public health assessment. It is a
7 baseline, it's an attitude of we have been fighting
8 since before I was on this CAP.

9 ATSDR has sat on their high horse. I remember
10 Tom Sinks sitting here telling us, there's no evidence
11 that benzene was ever in the drinking water. Yeah, it
12 was in the wells, never in the drinking water. And
13 we're not doing anything with it. We kept hearing
14 over and over again, we're not doing anything; we're
15 not changing it. And then we finally produce the
16 evidence that there was a pathway and lo and behold,
17 the public health assessment comes down.

18 Now, one of the things that we requested was to
19 have Carol Hossom here. She's the one that was
20 responsible for writing this. And Diane Jackson. She
21 can answer these questions. And there's some
22 documents that we're gonna show up here and talk
23 about, that paint a different picture, including a
24 document from the state of North Carolina pointing out
25 the very things that we're talking about.

1 Now, what I'd like to see, I mean, it is not
2 confusing on the document. If you guys made a
3 mistake, fine. Admit you made a mistake; that's the
4 baseline. But the baseline -- if the baseline is that
5 this document is fundamentally okay, it just needs to
6 be tweaked or needs to be revised, that is incorrect.
7 This document is significantly flawed for a number of
8 reasons. And it needs -- I mean, it, you know, it
9 needs to be looked at with fresh eyes and start with a
10 fresh mind with a fresh approach. And that's the
11 concern I have that, as a community member and a CAP
12 member, is what is ATSDR's attitude approaching this?
13 Are you going back and revising it or are you going
14 back and doing a correct -- admitting, oh, we didn't
15 get it right.

16 This whole thing about the vapor intrusion in
17 site 22? Okay, regardless that paragraph that Jerry
18 mentioned just a minutes ago that was conveniently
19 left off on the final document, someone may have come
20 back and said well, there wasn't supporting evidence
21 for that, there's no proof of that because the primary
22 source documents, a good majority of them, for the
23 public health assessment are gone. They're destroyed.
24 So how can you defend the document in the first place.

25 But the thing about this is these pathways that

1 are talked about, that we're bringing up, are
2 established and real people drank that water,
3 including me and my mother. Real people breathed the
4 air, like Sherry Tomlin who is now dead from multiple
5 myeloma. In these buildings that this vapor intrusion
6 leached up into the airway well after the 1997 public
7 health assessment was released. People have died and
8 been exposed to something that ATSDR missed. If you
9 made a mistake, admit the mistake and start from
10 ground zero and do it right.

11 **MR. ENSMINGER:** Well, to admit a mistake, it had
12 to be a mistake. And when people resist admitting
13 their mistakes, well, then, perhaps it wasn't a
14 mistake; it was done on purpose, okay?

15 **DR. FORRESTER:** Okay --

16 **MR. ENSMINGER:** Now, one thing you need to
17 understand that ATSDR and your health assessment
18 people need to understand when they're working on
19 military sites, the military is not like your normal
20 industrial sites out here in private industry. This
21 assumption was put in this public health assessment,
22 and it says: Before current established environmental
23 regulations, previously accepted hazardous material
24 handling and disposal led to environmental
25 contamination at several areas on the base. This is

1 right in the front of the book of the assessment under
2 the summary. They had their own regulations. The
3 military is not like your normal civilian and industry
4 site. They're a government amongst themselves. In
5 1950 Congress authorized the Department of Defense to
6 create and maintain its own judicial system, called
7 the Uniform Code of Military Justice. And when the
8 Congress did that, the military's orders and
9 directions and bulletins became their laws.

10 You can't make this assumption in the public
11 health assessment for a military base until you look
12 at all of their regulations. They had regulations for
13 organic solvents in the third version of a base order,
14 where they declared organic solvents as hazardous.
15 That order was dated June of 1974. And they cited in
16 that -- in the discussion of that order what would
17 happen, what could happen if improper disposal of
18 these hazardous substances was done improperly. Gee,
19 go figure, they put it right in black and white.
20 Contamination of drinking water. And your people put
21 in here previously accepted hazardous material
22 handling and disposal? Accepted by who?

23 **MR. STALLARD:** Well, evidently it wasn't accepted
24 if that was the process to be followed.

25 **MR. ENSMINGER:** We got the order right here.

1 It's in your -- it's in your documents. It's in these
2 documents right here. It's CLW-596.

3 **MR. PARTAIN:** 996.

4 **MR. ENSMINGER:** Nine -- I mean, I'm sorry, 5996.

5 **DR. FORRESTER:** Okay.

6 **MR. ENSMINGER:** And that order was canceled in
7 1976 because Congress passed the Toxic Substances
8 Control Act which did away with their ability to
9 maintain their own chemical dumps on these sites.
10 Then they had to handle this stuff differently and
11 have trained contractors come in and -- under contract
12 and remove this stuff from the base, okay? So when
13 you look at that -- when you look at that document,
14 that handwritten canceled at the top? It was only
15 canceled because the Toxic Substances Control Act came
16 out in 1976.

17 But there were two previous versions of that
18 order. That order is base order 5100.13-b. So there
19 was a 5100.13 alpha, and then there was -- the
20 original one was 5100.13, with no letter designation
21 following.

22 And I know for a fact that the administrator of
23 that chemical dump was assigned in writing in 1959.
24 And I know how the military works, having spent almost
25 25 years of my life in it. When they appoint somebody

1 in charge, they write orders for them to follow, okay?
2 That's automatic because if you don't -- if, if you
3 don't do your job right, and then they got these
4 orders to fall back on to hang your butt, okay?

5 **MR. STALLARD:** Performance management.

6 **MR. ENSMINGER:** Yeah, so.

7 **MR. STALLARD:** So?

8 **DR. FORRESTER:** So I understand there are many
9 concerns on the health assessment, and we'll be glad
10 to work with you to identify the areas that we need to
11 revisit and work diligently to address your questions.

12 **MR. ENSMINGER:** And I was talking to Angela
13 during the break. I mean, you guys work with
14 tribal -- on tribal -- on the reservations and stuff.
15 They're, they're separate --

16 **DR. FORRESTER:** Sovereign.

17 **MR. ENSMINGER:** Sovereign entities, okay? So you
18 can't go by all the federal regulations pertaining to
19 what your normal industrial sites would be held
20 accountable to.

21 **DR. FORRESTER:** Okay.

22 **MR. ENSMINGER:** So you gotta treat the military
23 almost in the same process that you treat tribal
24 sites.

25 **MS. BLAKELY:** I find that offensive; I'm sorry.

1 But the military is the iron that holds this nation
2 up, okay? They're more than just somebody that you
3 can sue and take to the friggin' floor over bull crap,
4 through private lawyers and stuff, Jerry.

5 **MR. ENSMINGER:** But the --

6 **MS. BLAKELY:** They are what make us strong.

7 **MR. ENSMINGER:** The Department of Defense --

8 **MS. BLAKELY:** You shouldn't attack -- I find it
9 offensive that you attack the --

10 **MR. ENSMINGER:** The, the --

11 **MS. BLAKELY:** -- them like that.

12 **MR. ENSMINGER:** -- United States Department of
13 Defense is our nation's largest polluter. They have
14 more superfund sites than any private entity in this
15 country.

16 **MS. BLAKELY:** Well, maybe if they didn't have to
17 worry about private lawyers --

18 **MR. STALLARD:** Mary --

19 **MS. BLAKELY:** -- suing them, they wouldn't have
20 to hide --

21 **MR. STALLARD:** Mary --

22 **MS. BLAKELY:** -- or so you say hide information.

23 **MR. STALLARD:** Mary, Mary. Mary. Okay, our
24 operating guidelines -- all right, let me remind you
25 all, we are here to talk about the issues pertaining

1 to the scientific integrity of data available, known
2 or unknown, regarding exposure at Camp Lejeune. That
3 is what we're here to talk about.

4 **MS. BLAKELY:** Right.

5 **MR. STALLARD:** Nothing else.

6 **MS. BLAKELY:** Okay, so no personal attacks,
7 right?

8 **MR. ENSMINGER:** Well, that's not a personal
9 attack.

10 **MS. BLAKELY:** Well, you're personally attacked me
11 previously.

12 **MR. ENSMINGER:** You are -- you are continuously
13 bringing up --

14 **MS. BLAKELY:** And you --

15 **MR. ENSMINGER:** -- private funding --

16 **MS. BLAKELY:** -- continue to attack me.

17 **MR. STALLARD:** All right, kids, do you want to
18 take it outside?

19 **MS. BLAKELY:** Sure, let's go, Jerry.

20 **MR. ENSMINGER:** No, I don't want to take it
21 outside; I want her outside.

22 **MS. BLAKELY:** Oh, yeah, I'm sure you do 'cause I
23 disagree with you and you can't handle that.

24 **MR. STALLARD:** We'll talk about --

25 **MR. ENSMINGER:** She's talking about things that

1 have no, no bearing on anything we're discussing here.
2 None.

3 **MR. STALLARD:** And I am asking you all to
4 honor --

5 **MS. BLAKELY:** Okay.

6 **MR. STALLARD:** -- the guidelines.

7 **MS. BLAKELY:** No, I will honor, just make him
8 honor also.

9 **MR. ENSMINGER:** Point the finger where it
10 belongs.

11 **MS. BLAKELY:** I know that's difficult for you to
12 honor.

13 **MR. STALLARD:** I'm not pointing any fingers.

14 **MR. ENSMINGER:** Okay. Go ahead, Tina.

15 **DR. FORRESTER:** Okay, all right, so we need to
16 move forward on gathering the concerns and getting
17 your input. There's an informal meeting each month,
18 and we plan to have an informal meeting before the CAP
19 in January because we need more time to discuss and
20 work on these issues. But the larger CAP is really
21 hard to do that and to get down to look at the data
22 and the analysis. So I appreciate your help on that.

23 **MR. PARTAIN:** Tina, on these -- I'm assuming
24 you're referencing the phone calls?

25 **DR. FORRESTER:** Yes.

1 **MR. PARTAIN:** Monthly phone calls? My concern
2 with that is, and the concerns that we're going to
3 bring up or discuss is how we -- sorry, how are we
4 going to preserve for the record what we've brought
5 up.

6 **DR. FORRESTER:** Okay.

7 **MR. PARTAIN:** That would be my concern on the
8 call. And also there are people who are listening to
9 the streaming, do read the transcripts. I get emails
10 all the time where people pulled our past transcripts
11 and read them and had questions and so forth. You
12 know, this is an opportunity for the community to be
13 involved, too, so what we're discussing needs to be
14 available to that community.

15 **MR. ENSMINGER:** I recommend that the people that
16 are working directly on the corrections for this
17 public health assessment and the rewrite, while I have
18 this here today is to take this and copy it but with a
19 color copier, because I've got every error, every
20 omission either highlighted or written.

21 **DR. FORRESTER:** Okay, these are your concerns on
22 the document, correct?

23 **MR. ENSMINGER:** Yeah, this is, this is --

24 **DR. FORRESTER:** Okay, I'll do that.

25 **MR. ENSMINGER:** -- I mean, everything that I have

1 identified in here, I have documents to support it, so
2 I mean, this isn't something I've just dreamed up.

3 **DR. FORRESTER:** No, I really appreciate your
4 input. If you'll provide me that, I'll get the copies
5 made and give you back your document before you leave
6 today. And I'll distribute it to the team and we will
7 go through it in our weekly meetings to work on the
8 document.

9 **MR. STALLARD:** Angela?

10 **DR. RAGIN-WILSON:** I just wanted to address
11 Mike's concern. The conference calls, we do take
12 notes on the conference calls and they are posted on
13 our website along with any other documents.

14 **MR. ENSMINGER:** I saw that. They're on there.

15 **MR. STALLARD:** Yeah, and it's more about -- it's
16 more about working together, like remember how we got
17 together for the water modeling, smaller working
18 group, to really spend the time to address your
19 questions and issues that come up and progress made,
20 so let's go.

21 **DR. FORRESTER:** Okay, let's move on to the next
22 section, and this is regarding the drinking water and
23 parameters around the ingestion rates. And we did
24 understand from you previously that there are
25 different post -- individuals on the base with

1 different activities with different ingestion rates
2 that are not covered standardly by our methodology.

3 We have been talking to Frank about how the
4 analysis was done for the health study. We are
5 concerned that we pick up every kind of person that
6 was exposed and have the ingestion rates correct, so I
7 have asked Rob to come today and talk with you about
8 our assumptions, and we're open to some guidance or
9 other additions that we may need to consider.

10 **MR. ENSMINGER:** Well, I mean, and in the
11 '97 public health assessment they based their
12 calculations on two liters of water a day? Really?

13 **DR. FORRESTER:** Okay, we understand there are,
14 there are people on the base that consumed large
15 quantities of water because of their activities from
16 training and drills and other things and --

17 **MR. ENSMINGER:** PT, physical training.

18 **DR. FORRESTER:** Yes. We want to talk about those
19 with you.

20 **MR. ENSMINGER:** I mean, and it's -- and Camp
21 Lejeune is hot and humid. And then you have folks who
22 work around water on a constant basis, like people,
23 the cooks and bakers and the folks in the naval
24 hospital that are constantly washing their hands, plus
25 drinking and stuff.

1 **DR. FORRESTER:** So we'd like to go over some of
2 the different parameters we've come up with, and then
3 let's discuss all of these things and see what we need
4 to add.

5 **MR. ROBINSON:** Yeah, you'll see how we've handled
6 the different exposure populations and the ones we
7 have for this current evaluation.

8 **MR. ENSMINGER:** And then also something else in
9 the '97 public health assessment, they based the
10 exposure on four days out of the seven. Where in the
11 hell was I supposed to be the other three days of the
12 week?

13 **MR. ROBINSON:** That'll be addressed as well.

14 So I guess move back one side, please. My
15 name -- my name is Rob Robinson. I am the author of
16 the revised drinking water evaluation.

17 **MR. ENSMINGER:** Lucky you.

18 **MR. ROBINSON:** It's not just me, it's also Mark
19 Johnson, who's a senior toxicologist and risk
20 assessor, with us. He will be making significant
21 contributions to this document as well.

22 **MR. ENSMINGER:** Well, and now that you brought
23 that up, ATSDR's website still classifies TCE as a
24 suspected human carcinogen. Why?

25 **DR. FORRESTER:** We do not make the cancer

1 classifications.

2 **MR. ENSMINGER:** No, the EPA does.

3 **DR. FORRESTER:** That's right.

4 **MR. ENSMINGER:** And the EPA has already
5 classified TCE as a known human carcinogen, so has
6 IARC. But my understanding is that ATSDR is now
7 waiting on the NTP at the NIEHS.

8 Now, the law states that only substances, and
9 this is in CERCLA, only substances that the EPA and
10 ATSDR do not have enough information on to classify,
11 then that substance will be taken to the NTP and
12 evaluated, and the assessment will come out from them.
13 Now, that's only substances that don't have enough
14 information to be classified or put up in a
15 classification by ATSDR. You have that. The EPA has
16 classified TCE as a known human carcinogen, and so has
17 IARC, the International Agency for Research on Cancer.
18 So why hasn't ATSDR followed suit on your website?
19 Your website still has it as reasonably anticipated.

20 **DR. FORRESTER:** We have a person from our
21 division of toxicology.

22 **DR. MURRAY:** Hello, my name is Edward Murray, I'm
23 the Acting Director for the Division of Toxicology and
24 Human Health Sciences.

25 I think you raised a good issue here. If you go

1 to the web portal there, on that page that comes up,
2 you know, it does use the NTP classification that you
3 mentioned. In fact if you go into the document
4 itself, we have all three there. But since you have
5 mentioned this, and we've -- you know, we've
6 considered it, we're gonna refine the language on the
7 website, and we're going to include all three of
8 those.

9 **MR. ENSMINGER:** Why?

10 **DR. MURRAY:** Why? Well, I think that it needs to
11 be -- you know, there are three organizations that
12 classify or categorize, and we don't do it. But we
13 do, at least in our profiles, list how they are
14 classified agency by agency. So we're gonna put that
15 information out there.

16 Now, you mentioned that IARC, it designates the
17 TCE is probably carcinogenic to humans.

18 **MR. ENSMINGER:** They posted an article in their
19 magazine where they came out and said that it was a
20 known human carcinogen. What's the name of that
21 magazine again?

22 **DR. BOVE:** It came out in "The Lancet".

23 **MR. ENSMINGER:** Yeah, "The Lancet".

24 **DR. BOVE:** Yeah, I was at the meeting. The
25 decision was made to call it a human carcinogen there.

1 They published an article in "The Lancet" a month
2 later, and the monograph hasn't come out yet as far as
3 I know. I keep checking their website to see. But
4 "The Lancet" article clearly states their position,
5 which is it's a known human carcinogen, and I have the
6 references. We actually referenced it in the
7 mortality study.

8 **DR. MURRAY:** And you are correct, the EPA does
9 classify it as carcinogenic to humans. So we have
10 three different categories here, which is confusing.

11 **MR. ENSMINGER:** Yeah, I mean, and especially when
12 you click on TCE and the first thing that comes up is
13 highlighted right there --

14 **DR. MURRAY:** Right.

15 **MR. ENSMINGER:** -- as reasonably anticipated.

16 **DR. MURRAY:** Right. Typically we use the NTP
17 classification 'cause it is a sister agency.

18 **MR. ENSMINGER:** Don't get me started on sister
19 agencies.

20 **DR. MURRAY:** So, but yeah, we're gonna refine
21 that language.

22 **MR. ENSMINGER:** Okay. Thanks. Sorry, but you --
23 I have another -- I mean, it's like a snowball, this
24 thing. I mean, it's just like an onion, every time
25 you peel off one layer, it gets more rotten.

1 **MR. STALLARD:** Or you get your answers, as you
2 just did.

3 **MR. ENSMINGER:** Yeah, yeah, thanks, and I
4 appreciate that.

5 **MR. ROBINSON:** So, the two main objectives of the
6 drinking water evaluation are to ensure that Camp
7 Lejeune -- to take a look at lead and make sure
8 they're still mitigating lead exposure to protect all
9 those on base because it was identified as a past
10 public health hazard.

11 **MR. ENSMINGER:** And as the most important one.
12 In the public health assessment it was -- in the -- it
13 was listed as number 1, as the most important. And
14 there was only a couple buildings that had deep sink
15 rooms where you washed your swabs out and filled your
16 swab buckets. And they classified, you know --

17 **MR. ROBINSON:** There were --

18 **MR. ENSMINGER:** -- intermittent lead -- huh?

19 **MR. ROBINSON:** There were significant levels of
20 lead found at the tap.

21 **MR. ENSMINGER:** Yeah, in a few buildings. That's
22 it, a few buildings.

23 **DR. FORRESTER:** We all note your comment; we do
24 have concern about lead exposure because of the
25 (indiscernible) of children, and we want to move on to

1 the parameters, please.

2 **MR. ENSMINGER:** But the lead contamination on the
3 base wasn't affecting children; it was in buildings
4 where kids weren't at. They were in barracks and
5 office buildings, I mean. Really?

6 **DR. FORRESTER:** We'll note your comment.

7 **MR. ENSMINGER:** Okay.

8 **MR. ROBINSON:** And we're also using the
9 historical reconstruction model concentrations that
10 ATSDR developed to evaluate past exposures to VOCs.

11 **MR. ENSMINGER:** Okay, good.

12 **MR. ROBINSON:** And then we're going to do a
13 full -- a full exposure analysis using those numbers.
14 And as noted earlier and as denoted by the text box,
15 we would like your input on the exposure parameters on
16 the following slides.

17 Now this slide shows a comparison of the -- some
18 of these different parameters using the '97 PHA and
19 the current evaluation. So there was less information
20 available in the '97 document. But thanks to both
21 your efforts and to ATSDR's data mining, we now know
22 that exposure was continuous. We had previously
23 thought it was intermittent, and that's denoted by the
24 exposure frequency column, the four days per week that
25 you spoke of earlier. So now we are going to look at

1 it in a continuous way, of seven days a week.

2 **MR. ENSMINGER:** All right.

3 **MR. ROBINSON:** It also denotes in the exposure
4 route column, we're looking at dermal absorption. And
5 this is just kind of an example of how the evolution
6 of science has been a factor in our analyzing things
7 today. Now, we can look at the inhalation pathway and
8 how a chemical absorbs through the skin using
9 chemical-specific models. In '97 it was the accepted
10 practice to simply double the ingestion rate to
11 account for inhalation.

12 **MR. ENSMINGER:** They didn't do that in '97?

13 **MR. ROBINSON:** I believe they didn't, sir.

14 **MR. ENSMINGER:** The maximum was two liters a day.
15 They did not add the --

16 **MR. ROBINSON:** -- the exposure dose after it's
17 calculated. So after the exposure dose and -- I'm
18 sorry, after the ingestion rate is multiplied by the
19 concentration, by the availability factor and divided
20 by body weight, that would be the exposure dose number
21 that they would double to account for inhalation.

22 **MR. ENSMINGER:** Now, I mean, I --

23 **MR. ROBINSON:** But those -- and it was referenced
24 in the document and that was the accepted practice.

25 **MR. ENSMINGER:** I hate to say this but I sweated

1 and voided more than two liters of water a day while
2 under Camp Lejeune, okay?

3 **MR. ROBINSON:** Sure, and we'll discuss that on
4 the next slide and we'll see if you're in agreement
5 with the -- and we would value your input for the
6 ingestion rates for the active Marine population that
7 we'll show.

8 And -- well, one item -- go back, please. One
9 item on this slide that we would like your input of,
10 because you have first-hand knowledge there, is the
11 long-term workers. We feel that 20 years is a fairly
12 conservative assumption for how long a civilian
13 employee would have spent their career at Camp
14 Lejeune, and we could use Bureau of Labor statistics
15 numbers but that would have been a shorter duration.
16 But we realize that federal workers tend to stay at
17 their jobs a little bit longer, so.

18 **MR. ENSMINGER:** And you have available to you the
19 defense manpower data center records for the civilian
20 employees from 1973 on?

21 **MR. ROBINSON:** Yes.

22 **MR. ENSMINGER:** And that should be able to give
23 you some kind of idea how long these people actually
24 worked there.

25 **DR. BOVE:** Yeah. Actually we have it from '72 to

1 '87. That's the period we have. The data is not
2 great on that field.

3 **MR. ENSMINGER:** Oh, really?

4 **DR. BOVE:** Yeah, unfortunately. So I could tell
5 if someone was in there -- December of '72 and they're
6 still in there '87, okay that's -- we know that they
7 were there at least that long. But we can use that --
8 we can try to use that variable. It's problematic,
9 unfortunately. A lot of the DMDC data, especially
10 back then, has its problems.

11 But the question, I guess, Rob is asking, though,
12 is 20 years reasonable, and based on what I've seen in
13 the data, I think it is, but again, we're throwing it
14 out to you.

15 **MR. ENSMINGER:** Oh, I mean, some people stayed
16 there longer. I mean, some people --

17 **DR. BOVE:** Yeah.

18 **MR. ENSMINGER:** -- worked 30 years.

19 **DR. BOVE:** You know, this is a worst-case
20 scenario we're doing.

21 **MS. RUCKART:** Frank, there's a way we can address
22 this, I think. We can look at the surveys for people
23 who were civilians who responded, and see when they
24 first started working on the base, and see if they
25 were still there in '87, and that would give us more

1 information.

2 **DR. BOVE:** Yeah, that could help, and we're going
3 to get that data in a couple of weeks or so from the
4 survey. So if, to the extent that we have long-term
5 workers in that survey, then we'll look at that too.
6 But we'll go revisit this and see if I can tease out
7 from that field anything different from the 20-year
8 figure. Again, that --

9 **MR. ENSMINGER:** Well, I mean, even using your
10 DMDC data and looking if that person was there in '72,
11 if they were still there in '87, that's 15 years. So
12 who the heck was gonna quit with five years to go from
13 their retirement? Nobody. Unless you're, you know.

14 **MR. STALLARD:** And they were under the civil
15 service retirement system which was a different
16 retirement (indiscernible) and eligibility. I think
17 at 50 years and 20 years of service.

18 **MR. ENSMINGER:** I think 20 among service people
19 and the time would count toward their retirement.

20 **MR. STALLARD:** So does -- I guess the question on
21 the table: Is 20 years' exposure duration, in your
22 view and experience, is that a number we can work
23 with?

24 **MR. ENSMINGER:** It's a number you can work with
25 but I think, to keep yourself off the skyline and

1 being -- saying that you're fudging that too far, I
2 would think that you might be safer saying 15.

3 **DR. FORRESTER:** We could always do a range and
4 calculate the two exposure in 15 to 20 years.

5 **MR. ENSMINGER:** Yeah.

6 **DR. FORRESTER:** We could do that.

7 **MR. ENSMINGER:** I mean, don't leave yourself open
8 for, you know.

9 **MR. ROBINSON:** Okay, great.

10 **MR. ENSMINGER:** Because you know it's coming.

11 **MR. ROBINSON:** Next slide, please. Now this
12 slide continues to show the exposure parameters from
13 '97 to how we're looking at it currently. And overall
14 we took a -- or we're taking a conservative approach
15 to our exposure analysis. The ingestion rates and
16 body weights are reasonable maximum exposures, based
17 on 2011 EPA exposure factor handbook. And these are
18 95th percentile numbers so what that means is if you
19 look at the adult ingestion as 3.1 liters per day. So
20 for the population surv -- that EPA surveyed,
21 approximately 95 percent -- they believe 95 percent of
22 adults consumed less than 3.1 liters a day.

23 But as was stated earlier, we realize that an
24 active Marine would consume more water than that, and
25 so we have -- we are seeing the current U.S. military

1 fluid replacement guidelines, and we feel that nine
2 liters per day, which is about the equivalent of 2
3 point -- two and a quarter gallons. We feel that
4 that's a fairly conservative number.

5 **MR. ENSMINGER:** Is this including bathing vapor?

6 **MR. ROBINSON:** Yes.

7 **MR. ENSMINGER:** And you're going with nine?

8 **MR. ROBINSON:** Well, that's just for ingestion.
9 We will evaluate -- that is taking to account in the
10 inhalation, the shower models that we'll be doing to
11 account for inhalation. So this is just ingestion.
12 So water replacement --

13 **MR. ENSMINGER:** We all took at least two showers
14 a day. I mean, we had PT in the morning.

15 **MR. ROBINSON:** Yes.

16 **MR. ENSMINGER:** When you got done PT-ing, which
17 was mandatory, it was organized, you had organized
18 calisthenics around the table, and then after
19 calisthenics, we went out for runs, in formation a lot
20 of times. And then when you got done PT-ing, you came
21 back to the barracks and you got showered, you got
22 your clothes on and you went to chow, and then you had
23 formation, and then you went to work. And then at the
24 end of the day, hopefully you came back to the
25 barracks after you worked all day and took a shower.

1 I mean, I know I did. And if you didn't, you were a
2 crud and you got a GI shower.

3 **DR. FORRESTER:** And how many days per year would
4 you be doing this kind of active drilling?

5 **MR. ENSMINGER:** PT -- organized PT was done at a
6 minimum it was three times a week.

7 **DR. FORRESTER:** For your whole tour of duty?

8 **MR. ENSMINGER:** Oh, yeah. I mean, that's
9 standard practices. Organized athletics in the
10 mornings is done three times.

11 **DR. KAPIL:** Jerry, it's kind of -- it's probably
12 a dumb or naive question but would you typically have
13 been drinking beverages other than water? I mean, if
14 you look today at people's ingestion, it --

15 **MR. ENSMINGER:** A beer.

16 **DR. KAPIL:** -- okay, I mean, let me rephrase the
17 question. If you look at people's liquid consumption
18 today, a lot of it is not water. You know, people
19 drink all kinds of bottled beverages and stuff. In
20 your experience, were other than bottled beverages or
21 other than tap water commonly used as a beverage or
22 was it almost all tap water?

23 **MR. ENSMINGER:** At the time frame that we're
24 discussing, a lot of these bottled beverages that we
25 have today -- I mean, we only knew about bottled water

1 back in the 80s and the 70s, 60s. You had Coke. But
2 Coke, if you drink a soda, it doesn't quench your
3 thirst; it makes you thirsty. I mean --

4 **MS. BLAKELY:** And back then it was cans and glass
5 bottles --

6 **MS. BRIDGES:** Can I say something?

7 **MR. STALLARD:** Yeah, just a moment, please.

8 **MR. PARTAIN:** Another thing too is you gotta
9 factor in the restaurants and things that were on base
10 and things like soda fountains which were mixed with
11 tap water from the base.

12 **MR. STALLARD:** Okay, we have a question, yes,
13 Sandra, go ahead.

14 **MS. BRIDGES:** Okay. You know, I'm (telephonic
15 static) years old, okay? (Telephonic static) and I
16 remember the commissary. Each commissary had all the
17 (telephonic static) up there. I mean, the cases were
18 stacked up on top of each other as you were going out
19 the door. (Telephonic static) really had so much
20 money. We budgeted our money. Why would anyone spend
21 money on water? It was not -- didn't make sense.

22 **MR. STALLARD:** So you don't have --

23 **MS. BRIDGES:** Don't tell me no one knew about
24 that water. (Telephonic static) that water
25 (telephonic static).

1 **MR. STALLARD:** So, Sandra, what you're saying --

2 **MS. BRIDGES:** (Unintelligible) if there was no
3 reason for it.

4 **MR. STALLARD:** Sandra, thank you very much, so
5 what you're saying is that even back then there was
6 access to bottled water.

7 **MS. BRIDGES:** Exactly, exactly.

8 **MR. STALLARD:** Okay. All right, well, great.
9 Thank you for sharing that.

10 **MR. ENSMINGER:** And back in the 70s, a sergeant,
11 a married sergeant in the Marine Corps, an E-5,
12 qualified for food stamps because of the pay scales
13 were so bad. So to elaborate on what Sandy just said,
14 you had a limited budget of how much you could spend
15 on food and stuff. I mean, you really had to pinch
16 your pennies.

17 **MS. BRIDGES:** Yes.

18 **MR. ENSMINGER:** And it was like -- it was like
19 God opened the sky and sent you to heaven if you got
20 assigned to base housing because it really helped. I
21 mean, housing stayed full back then.

22 **MS. BRIDGES:** (Unintelligible).

23 **MR. ROBINSON:** Along those lines another question
24 that -- where your input would be valuable on: Was
25 water used from Hadnot Point water treatment plants

1 for field exercises?

2 **MR. ENSMINGER:** Yes.

3 **MR. ROBINSON:** Okay, it was?

4 **MR. ENSMINGER:** There was -- now, what you gotta
5 remember is the New River splits Camp Lejeune in two
6 sides. You had your K ranges over on the Verona side,
7 the far side from Hadnot Point, and then you had all
8 your other ranges and training areas that were on the
9 Hadnot Point side.

10 Now, they had a water point established with
11 overhead pipes that came overhead, hoses, pieces of
12 cotton, like fire hose, that were attached to the ends
13 of these things where you could pull water tankers and
14 water buffaloes, the trailer-mounted tanks, up under
15 there. You stuck the hose into the lid on the top and
16 you filled your -- and took that out to the field.

17 **MR. ROBINSON:** Okay.

18 **MR. ENSMINGER:** There were water points there.
19 If they were training on the other side, they were
20 getting their water from either the air station or
21 from Camp Geiger, so on the other side. But, you
22 know, who the heck knew where you were training? I
23 mean, we --

24 **MR. ROBINSON:** And that's what we --

25 **MR. ENSMINGER:** And back in the 70s, they still

1 had ITR, 60 -- 50s, 60s and 70s, ITR took up all the
2 training areas over in the K ranges, so all of your
3 regular units that were stationed at main side, they
4 trained over on the Hadnot Point side of the river
5 because all of those other training areas were for
6 training for new Marines coming in the Marine Corps.

7 **MR. STALLARD:** Can I interject here, just for a
8 moment?

9 **MS. BRIDGES:** Can I say something else?

10 **MR. STALLARD:** No, not right now, Sandra.

11 **MS. BRIDGES:** Not now, okay.

12 **MR. STALLARD:** This is precisely the --

13 **MS. BRIDGES:** (Unintelligible) the water and the
14 (unintelligible).

15 **MR. STALLARD:** Hold on just a moment, Sandra.

16 **MS. BRIDGES:** That bad water. Those kids, those
17 babies that drank that water and mixed it with the
18 formula.

19 **MR. ENSMINGER:** All right, all right.

20 **MS. BRIDGES:** They drank that water with the
21 Similac formula.

22 **MR. ENSMINGER:** Hey, Sandy? Sandy, this is
23 Jerry. Time out for a minute.

24 **MS. BRIDGES:** Okay.

25 **MR. STALLARD:** We got it. This is precisely --

1 **MS. BRIDGES:** I'll be quiet, I'm sorry.

2 **MR. STALLARD:** Sandra, can you hear our voices?

3 **MS. BRIDGES:** No, not very well.

4 **MR. STALLARD:** All right, that is abundantly
5 clear to me at the moment. Okay, we're going to -- I
6 want to make a few points and then get us on track to
7 be able to close this session by noon. This is
8 precisely the level of detail, background information,
9 historical knowledge that we want to engage in the
10 separate meeting about this issue, correct?

11 **MS. BRIDGES:** Yes.

12 **MR. STALLARD:** That we're talking about, so.

13 **MS. BRIDGES:** All right. Sorry.

14 **MR. STALLARD:** No worries, thank you. So what
15 I'd like to do is invite -- to go through the rest of
16 the presentation with the parameters --

17 **MS. BRIDGES:** Yes.

18 **MR. STALLARD:** -- and make notes so that we can
19 follow up with the PHA. I have to beg your
20 indulgence, though, for one thing. I'm preparing for
21 an international trip; I have to run over to the
22 clinic right now to prepare. And so I'm going to be
23 gone for the next 20 minutes and am confident that you
24 all will be able to manage right up 'til
25 12:00 o'clock, and stay on track. And I'll be right

1 back.

2 **MR. PARTAIN:** To 12:30.

3 **MR. ENSMINGER:** 12:30.

4 **MS. BRIDGES:** (Unintelligible).

5 **MR. STALLARD:** I will be back momentarily and
6 looking forward to seeing everybody.

7 **MR. ENSMINGER:** You gotta get some shots, do you?
8 Good.

9 **MR. STALLARD:** So please continue on, and I defer
10 to Frank to be the moderator/mediator.

11 **MR. ENSMINGER:** Get up here, Frank.

12 **DR. FORRESTER:** Okay, we have a few more issues
13 on the water parameters.

14 **MR. ROBINSON:** Yeah, I suppose we'll iron out
15 those details at a later meeting. But I just wanted
16 to also say that one of our main goals about this
17 drinking water evaluation is we wanted to -- we wanted
18 to show the reader, as clearly as possible, what
19 concentrations they were exposed to, what their
20 increasing cancer risk was, what hazard index was.
21 And we worked with our data visualization team so that
22 we will develop a series of plots that'll make it
23 clear. So if a soldier was there from 1963 to 1967,
24 they'll be able to go on and look at that time frame
25 and just be able to identify exactly what was

1 pertinent to their particular time frame there.

2 But other than that, we can just go straight to
3 the timeline. So this is when the internal -- we
4 anticipate the internal review process to begin, when
5 the peer review process will begin --

6 **MR. ENSMINGER:** This is just drinking water now.

7 **MR. ROBINSON:** This is just --

8 **MR. ENSMINGER:** Okay.

9 **MR. ROBINSON:** Correct. And the public comment
10 period.

11 **DR. FORRESTER:** Okay, I just want to address one
12 thing. We wanted to move forward completing each of
13 these sections as we get done to get them cleared. We
14 don't want to wait 'til this whole huge document is
15 merged together. We want to get these products done.

16 **MS. BLAKELY:** So how are you gonna work that out?

17 **DR. FORRESTER:** One of the things we thought
18 about is calling these supplements to the public
19 health assessment, and then when the whole thing is
20 put back together, just merge them into the document
21 and call it public health assessment, just for the
22 review process.

23 **MS. BLAKELY:** So you're gonna do each study one
24 at a time and you're saying release each study one at
25 a time.

1 **DR. FORRESTER:** Yes, because we're working on
2 them in different time periods, and we'd like to get
3 them worked on and completed. I don't see any reason
4 to hold them up for another year or two. We just want
5 to get them done.

6 **MS. BLAKELY:** Okay.

7 **DR. FORRESTER:** All right, so let's go on to the
8 last pathway, probably the most difficult to analyze
9 of all of them. We received a petition in
10 February 2011 and this was requesting evaluation of
11 vapor intrusion pathway. We have a criterion for
12 accepting the petition: relevance to the agency's
13 mission and mandate, availability of data, extent of
14 exposures and potential public health impact.

15 Next slide. This request definitely met all of
16 those issues. There is adequate data, there is
17 evidence of exposure, and it's a large set of data to
18 evaluate. But as I was telling you it's very
19 difficult to evaluate soil vapor intrusion. There's
20 lots of lines of evidence that we need to evaluate
21 exposure: indoor air, sub-slab gas, soil gas, outdoor
22 air, monitoring well data, groundwater data.

23 We do have a guidance document for the
24 preferential steps for evaluating soil vapor intrusion
25 through the health assessment process; I'll be glad to

1 provide that to you. We would like multiple lines of
2 evidence to confirm our findings. I will tell you
3 that there are bits and pieces of this information at
4 different times for these data sets. And from 2001
5 forward, there's a lot more of this evidence than
6 there is prior to 2001.

7 Next slide. The objectives for the vapor
8 intrusion evaluation are to evaluate the risk to the
9 building occupants associated with contaminated
10 exposures from 2001 to the present; to evaluate the
11 post-mitigation data to ensure that completed
12 mitigation actions are health protective; and three,
13 to continue to assess whether appropriate data are
14 available to evaluate exposures from vapor intrusion
15 prior to 2001.

16 Next slide, please. ATSDR sent a letter on June
17 the 5th to the Department of Navy and the U.S. Marine
18 Corps, and we asked for documents, particularly
19 documents providing soil gas, sub-slab or indoor air
20 sampling results for VOCs collected between 2001 and
21 June 2013. We asked for documents pertaining to the
22 May 1988 feasibility study; documents describing
23 efforts to evaluate, identify and mitigate vapor
24 intrusion at Camp Lejeune since 2008; we asked for
25 Camp Lejeune's policies and SOPs for addressing soil

1 vapor intrusion including a summary of all vapor
2 intrusion issues not yet addressed, a listing of
3 buildings or impacted area that have been addressed,
4 chronology of all activities to address vapor
5 intrusion issues and air sampling results recommended
6 in the May '88 feasibility study.

7 **MR. ENSMINGER:** I have a question. Why are you
8 document -- requesting documents describing efforts to
9 evaluate, identify and mitigate vapor intrusion at
10 Camp Lejeune since 2008? Why, why are you putting the
11 date 2008 there when we know that there were issues
12 about vapor intrusion and ambient air quality, indoor
13 ambient air quality, since May of 1988?

14 **DR. FORRESTER:** Okay, just one second. Rick, you
15 want to address that?

16 **MR. GILLIG:** Jerry, we've received lots of
17 information from the Department of Navy and the Marine
18 Corps. And we have a lot of information prior to
19 2008, so we have information that goes back to actions
20 taken at Building 1101, which I believe is the first
21 building --

22 **MR. ENSMINGER:** Well, that was 1999.

23 **MR. GILLIG:** Correct. So we feel like we have
24 good data from '99 up to 2008. We were curious as to
25 what has taken place since 2008. So that's why this

1 request was so specific.

2 **MR. ENSMINGER:** Well, my question is, with your
3 vapor analysis, you've got soil gas readings dating
4 back into the 1980s, okay. All of this information,
5 the size of the plumes, the depth of the plumes, the
6 levels of contaminants in these plumes, was all
7 documented and recorded in the water models.

8 There is a lot of information in those water
9 models that needs to be utilized in this vapor
10 intrusion assessment. And I, for the life of me,
11 don't understand why you're not using that information
12 because you created an exposure dose reconstruction
13 program. And they're not just for water models;
14 they're multimedia. I mean, I've got pictures of
15 Morris and Professor Aral receiving awards for
16 multimedia. Why isn't your exposure dose
17 reconstruction program involved in this work for vapor
18 intrusion?

19 **DR. FORRESTER:** Actually, they are part of the
20 team.

21 **MR. ENSMINGER:** They are?

22 **DR. FORRESTER:** Yes.

23 **MR. ENSMINGER:** Okay.

24 **DR. FORRESTER:** Well, Jerry, I didn't bring
25 everybody in the division here today because, you

1 know, Morris is out on leave, Susan's out on leave. I
2 have Barbara helping, Rene; a bunch of people will be
3 helping with the project. Today we want to go over,
4 you know, our preliminary objectives where we are
5 thinking out the strategy to evaluate the exposures.
6 We don't have all the answers today. We're asking for
7 your input.

8 **MR. ENSMINGER:** Well, good. That's what I'm
9 doing, I'm giving it.

10 **DR. FORRESTER:** Okay, I agree.

11 **MR. ENSMINGER:** And I'm looking for answers as to
12 we have the water models and you've got all this stuff
13 already in computers. Let's use it.

14 **DR. FORRESTER:** We plan to use it in our
15 evaluation to the best of the ability that it answers
16 the question.

17 **MR. ENSMINGER:** Okay.

18 **DR. FORRESTER:** Okay, so we -- this was the
19 request made, and the next slide indicates the data --

20 **MR. ENSMINGER:** Oh, excuse me again. You told me
21 in one of the phone calls, not the one with
22 (indiscernible), but the one before, that you had
23 requested that the Department of the Navy/Marine Corps
24 provide you, in writing, yea or nay?

25 **DR. FORRESTER:** I have a statement for that. On

1 the 1988 data?

2 **MR. ENSMINGER:** Yeah.

3 **DR. FORRESTER:** Okay. Let me read you what they
4 said, and I want to quote them; I don't think it's
5 fair for me to paraphrase it. Okay, they said: We,
6 Department of Navy, have reviewed currently available
7 records and to date have not identified any sampling
8 results or any other records that definitively
9 indicate whether subsampling was or was not conducted.
10 And that's the statement that they provided me and
11 that's all I can tell you about that.

12 **MR. ENSMINGER:** So they didn't give you the rest
13 of their statement that just because this is so old
14 and their document retention period was only three or
15 five years, that that doesn't prove whether these
16 tests were done or not done.

17 **DR. FORRESTER:** This is the statement I asked --

18 **MR. ENSMINGER:** You read the entire statement
19 right then?

20 **DR. FORRESTER:** This is the statement I was
21 given. Correct, Chris? We verified with DOM and the
22 Navy.

23 **MR. ENSMINGER:** Because their document retention
24 period has no bearing on this because they were
25 declared a superfund site in October of 1989, which

1 requires the retention of these documents pertaining
2 to any contamination on that base. After they were
3 declared a superfund site for 50 -- at least 50 years,
4 okay? So if they don't have them and these tests were
5 done, they're in violation of CERCLA.

6 **DR. FORRESTER:** Okay. Okay, so we received in
7 this data set on July the 29th a list of all
8 potentially responsive documents, and I'll talk about
9 a few more that aren't listed here: two DVDs, 92
10 documents; about 17,000 pages; vapor intrusion
11 evaluation approach; decision tree for new
12 construction; an EPA letter dated August 28, 2012;
13 excerpts from the 2000 base-wide vapor intrusion
14 evaluation; excerpts from the CERCLA five-year
15 reevaluation work; excerpts from RCRA and underground
16 storage tank five-year reevaluation work plan;
17 modified recommendation table from Phase II vapor
18 intrusion evaluation report; buildings with vapor
19 intrusion mitigation systems and a chronological
20 summary of Camp Lejeune vapor intrusion activities.

21 And they indicated to us that in previous data
22 sent, that we have GIS data on the sites that were
23 cleaned up and building locations. We have some
24 industrial hygiene monitoring prior to 2000; we have
25 some industrial hygiene reports for Hadnot Point;

1 evaluate as part of Building 1101 vapor intrusion. We
2 have documents from -- 500 miscellaneous documents on
3 Building 1101 and evaluation spreadsheets from the CH2
4 (indiscernible) soil, gas and indoor air report. And
5 these are the documents that we have.

6 Next slide, please. Okay, so we are working on a
7 strategy to evaluate the soil vapor intrusion based on
8 our health assessment guidance for evaluating soil
9 vapor intrusion and the available data.

10 We're starting with the most recent time periods
11 and working our way back. To develop our strategy, we
12 do feel comfortable that from 2001 forward, that we
13 should be easily able to answer the question. There
14 are other lines of evidence that can indicate areas of
15 potential concern before that. If we cannot model an
16 answer or assess the pathways some other way, such as
17 records of building evacuations, mitigations, anything
18 else I'm forgetting, plume locations, et cetera.

19 **MR. ENSMINGER:** (Unintelligible).

20 **DR. FORRESTER:** Yes. So we need to continue
21 interaction on this pathway and we would like to have
22 an informal meeting before the January CAP to go in
23 detail about our approach -- or on the monthly calls,
24 we can talk about it either of these times, or both.
25 Do you have issues, concerns that you want to bring up

1 to us?

2 **MR. ENSMINGER:** Well, I asked Professor Aral to
3 come here today because Professor Aral is one of the
4 foremost leading experts on these issues, and I would
5 like to get Professor Aral up to the table and let him
6 give his view of what capabilities there are here.

7 **DR. FORRESTER:** Okay, that's fine.

8 **PROFESSOR ARAL:** Okay, Jerry, thank you for the
9 introduction. Those of you who don't know, Georgia
10 Tech's involvement in this, we have been involved in
11 the Camp Lejeune study from the beginning. And that
12 is on the water modeling side. We had lots of
13 contributions to that study. I think the water
14 modeling study in itself -- the water modeling study
15 in itself is a complete study in terms of
16 understanding the distribution of the contaminants in
17 the liquid phase at the site. But I also consider
18 that data collection for that study and also the data
19 analysis and the modeling results should be considered
20 as a prelude or a beginning of a vapor phase study.
21 I'm glad to hear that ATSDR has formed a team to look
22 into this and is going to use the water modeling study
23 outcome as an input parameter or an input
24 concentration distributions at the site to understand
25 the vapor intrusion in the buildings at that site.

1 I remember recommending the study when we did the
2 Tarawa Terrace analysis, which was, I think, about
3 three, four years ago, that the Tarawa Terrace
4 analysis also leads itself to a vapor intrusion
5 analysis but at that time the vapor pathway was not
6 considered to be in the radar screen of ATSDR, but I'm
7 glad to hear that now it is, and now, that you are
8 going to look at it.

9 **DR. FORRESTER:** And I have one statement
10 regarding that. In Tarawa Terrace, the water modeling
11 did identify a building of concern, and there was
12 indoor air sampling conducted, to answer that
13 question.

14 **PROFESSOR ARAL:** But the health study I'm
15 referring to --

16 **DR. FORRESTER:** Okay.

17 **PROFESSOR ARAL:** Was there a health study done
18 based on that information, that was what I was
19 proposing at least at that time.

20 So from a technical standpoint, the data that you
21 have, the geologic data, the information at the site
22 in terms of the way the buildings are used and
23 constructed, et cetera, which you have, should be
24 available and usable for the vapor intrusion study,
25 and I'm glad that you're going ahead with that study.

1 If you have any other specific questions, I will be
2 glad to answer.

3 **DR. FORRESTER:** I want to make sure this is
4 clear, we're not starting a study but we are using the
5 data from the water modeling to help us answer the
6 question.

7 **MR. ENSMINGER:** Okay, now --

8 **DR. FORRESTER:** I just want to make sure that's
9 clear.

10 **PROFESSOR ARAL:** Okay. That is a different
11 statement now. From what I understood from your
12 earlier statement, that a vapor intrusion study is
13 going to be conducted and the health assessment based
14 on that is going to be conducted. But now what you
15 just said is stating that that's not the case. Is
16 that correct or am I misunderstanding something?

17 **DR. FORRESTER:** I'm sorry I confused the issue,
18 but we're not starting a whole new study. We're going
19 to use information gleaned from the water modeling
20 study to help us with the vapor intrusion that we've
21 previously collected.

22 **MR. ENSMINGER:** Now, let's let the -- let's -- if
23 your vapor intrusion look and work for the public
24 health assessment indicates that there was an exposure
25 pathway that was completed, then would ATSDR consider

1 a study on vapor intrusion?

2 **DR. FORRESTER:** I would say that that's -- it's
3 not a decision that we can make at this time.

4 **MR. ENSMINGER:** Okay, well, let's just see what
5 the vapor intrusion evaluation -- what it comes out to
6 be.

7 **DR. FORRESTER:** Okay. I think there are other
8 lines of evidence to answer the question before you go
9 into an extensive modeling effort.

10 **MR. ENSMINGER:** Because -- let me clarify
11 something here. The American public at large and
12 mainly the people that were at Camp Lejeune, the
13 media, Congress, are under the misconception that
14 harmful exposures at Camp Lejeune ended in 1995 and
15 1987. We have documented proof that that is not the
16 case.

17 Now, ATSDR declared Camp Lejeune no apparent
18 health hazard when they issued the 1997 public health
19 assessment. Two years later, buildings had to be
20 evacuated because the vapors in those buildings had
21 reached the explosive levels for benzene and BTEX. So
22 your conclusion of no apparent health hazard was
23 wrong, and that's documented.

24 And the Department of the Navy and Marine Corps
25 in their literature have tried to blame heavy rainfall

1 amounts as the cause of those high levels of vapors in
2 those buildings. We have another document that was
3 created by a Navy contractor that said there had been
4 complaints about vapors in those buildings for years
5 prior to the evacuation.

6 I mean, you had over a million gallons of
7 gasoline floating around right under those buildings
8 in that one area. Now, there were other areas of the
9 base where chlorinated solvents were high.

10 **MS. BLAKELY:** So Jerry, are you asking her if she
11 can do -- they can do another study for the vapor
12 intrusion --

13 **MR. ENSMINGER:** No, no. No. What I want them to
14 do is a good evaluation of the vapor intrusion like a
15 model, and then after that comes out, if this model
16 does in fact show high levels of vapor intrusion, then
17 a study of those people needs to be conducted.

18 **MS. BLAKELY:** Okay, now I'm not being offensive,
19 but you understand that that takes funding, right?

20 **MR. ENSMINGER:** And the Department of Navy will
21 have to pay for that.

22 **MS. BLAKELY:** Okay, well, I'm not gonna bring it
23 up.

24 **MR. ENSMINGER:** Don't go there. Okay.

25 **MR. PARTAIN:** Well, now that we're on the subject

1 about the questions with -- you know, what Jerry's
2 brought up here and some of the things and concerns
3 that we have with the framework of the 1997 public
4 health assessment, what was done, what was concluded
5 and things like that, I do have some documents I would
6 like to go through and Jerry would like to go through
7 that we want to put up on the screen here in a second,
8 so.

9 **DR. FORRESTER:** All right. Do we need -- do you
10 all need some help? Mike?

11 **DR. BOVE:** Any other questions for Dr. Aral? If
12 not, thank you for coming and providing information.
13 We appreciate it.

14 **MR. PARTAIN:** And this is what Jerry was just
15 talking a few minutes ago. Shortly after the 1997
16 public health assessment was issued, this letter was
17 sent by ATSDR, August 4, 1997, to Brigadier General,
18 Commanding General, Camp Lejeune Marine Corps base in
19 North Carolina. If you just look at the highlighted
20 area: ATSDR has placed the U.S. Marine Corps Camp
21 Lejeune Military Reservation in the category of no
22 apparent public health hazard. Okay?

23 Now, Jerry had mentioned -- wanted to talk about
24 the public health assessment from 1995. This is an
25 excerpt talking about emergency backup water and

1 talking about the water transfer between Hadnot Point
2 and Holcomb Boulevard in 1985. Now, look at the draft
3 copy that Jerry's highlighted here. Emergency backup
4 water was then pumped for the VOC contaminant Hadnot
5 Point system into the Holcomb Boulevard distribution
6 lines. This is on the '95 health assessment.

7 **DR. FORRESTER:** It's out of the red cover?

8 **MR. PARTAIN:** The brown cover.

9 **DR. FORRESTER:** Brown cover, okay.

10 **MR. ENSMINGER:** February, '95.

11 **MR. PARTAIN:** And we're going to find that
12 '97 version. And this is the '97 version, same topic:
13 Emergency backup water was then pumped from the Hadnot
14 Point system, comma, whose VOC contamination was not
15 yet identified.

16 **MR. ENSMINGER:** Really?

17 **MR. PARTAIN:** And as we went through the
18 documents -- and these are documents that are, you
19 know, readily available through the, you know, in the
20 CLW and CERCLA files.

21 This is another letter from ATSDR dated
22 June 1997, to Rick Rames from Carole Hossom. And in
23 the highlighted part she says: I am requesting that
24 you look over, as an informal review, to be sure that
25 the factual information is correct and determine the

1 acceptance of ATSDR's recommendations.

2 Skip down to the second paragraph: Although such
3 a review at this phase of our public health assessment
4 process is not agency policy, I felt that too much
5 time has passed since the last release and
6 (indiscernible) information to the document. Then she
7 goes on to ask for a, quote, informal, unquote, comma,
8 you know, insinuating there was something else going
9 on there, and then she also asks that these comments
10 be given to her by phone rather than, you know, in
11 writing.

12 What's going on here? Now, put yourselves -- I
13 ask you guys, everyone here at ATSDR, put yourselves
14 in our shoes. You're getting documents where the
15 draft is being changed to something that's
16 inconclusive; you're getting letters here to the Navy,
17 to the Marine Corps, asking them to do an informal
18 review of your work. Was this done for us? Was this
19 provided to us? Were we given informal opportunities
20 to review your work? No.

21 And what was interesting, this is a 1995 letter
22 from the State of North Carolina. And we get down
23 here to catch up. And one of the comments about the
24 ATSDR's public health assessment from the State of
25 North Carolina reads as follows: This is basically

1 the same comment that was made on the previous version
2 of the document. Camp Lejeune has been on the
3 national priorities list since November of 1989, and
4 as a result a wealth of data and information is
5 available regarding the health and environmental
6 impacts of the various sites. A review of the
7 reference listed at the back of the document still
8 appears to indicate that vast majority of the NPL-
9 related documents were not used in the preparation of
10 this report. These NPL documents are in the public
11 domain and are available for review.

12 **MR. ENSMINGER:** Oh, let me point out that the
13 narratives for all the different drinking water
14 systems in the public health assessment, they listed
15 the references at the end of each sentence or each
16 paragraph. Every assumption that was made in those
17 narratives in that official public health assessment
18 were made from ATSDR interviews with representatives
19 of the responsible party, not the documents, not the
20 historical reports.

21 **MR. PARTAIN:** And those references were --

22 **MR. ENSMINGER:** They were written -- they were
23 written based on interviews from people who had a hand
24 in all this. And by the way, all of those interviews
25 are now gone. The dog ate them.

1 **MR. PARTAIN:** Now that -- those -- it would have
2 been interesting to see what those interviews
3 contained, especially, you know, to check them against
4 the historical documents. And ironically enough, this
5 was written in 1995, well before Jerry became
6 involved, well before I became involved or anyone else
7 in the community really knew about what was going on.
8 And the State of North Carolina pointed out to you all
9 that you guys were missing the boat.

10 Now, for the six years that I have been involved
11 in this now, one of the first things that I did was go
12 to the CERCLA files, the CLW files, and reconstruct
13 the history. We all know about the timeline that's on
14 the website and everything, and the research that we
15 did together and with other people in the community
16 pulling the information that we got, guess what we
17 did? We found out that ATSDR missed the boat. They
18 missed the benzene exposures, they missed the vapor
19 intrusions. Here you are, North Carolina's pointing
20 this out in 1995 and you guys didn't go through the
21 documents. It's quite clear. That's why I was
22 concerned earlier about the framework of what you all
23 were doing. The basic assumptions in the documents,
24 the way the document was constructed is fundamentally
25 flawed.

1 **MR. ENSMINGER:** The health assessment, the
2 '97 final health assessment, to put it into terms that
3 a layman can understand, is it was a document that was
4 written to make people feel good and to downplay the
5 actual exposures that took place on the base. It was.
6 No, keep moving, folks; nothing to see here. No
7 problem. And then ten or 20 years down the road they
8 got cancer. I mean, that's the problem with these
9 public health assessments.

10 **MR. PARTAIN:** Now, this is a 1987 document from
11 ATSDR and the letters contained as an attachment to
12 the letter, and it explains what the public health
13 assessment is supposed to be: An evaluation of data
14 and the information on the release of toxic substances
15 into the environment in order to assess any current or
16 future impact on public health, develop health
17 advisories or other health recommendations and to
18 identify studies or actions needed to evaluate and
19 prevent human health defects. That's y'all's notion
20 going into it. Now, Jerry was talking about -- oh,
21 well. And going one last -- coming back to Carole
22 Hossom here, this is a letter from -- or a memorandum
23 from the Marine Corps.

24 **MR. ENSMINGER:** That's from LANTDIV.

25 **MR. PARTAIN:** From LANTDIV, Kate Landman, which

1 is one of the ones that was talking to Carole Hossom.
2 And this memorandum: Per my conversation today with
3 members of your staff, Mary Ann Simmons and Harry
4 Etheridge, enclosed please find a copy of the draft
5 version of ATSDR's final health assessment report for
6 the Marine Corps base Camp Lejeune for your review and
7 comment. Ms. Carole Hossom of ATSDR provided this to
8 me and my -- and to staff at Camp Lejeune for an --
9 oh, guess what, the informal quotes are over here
10 again -- review prior to the formal issuance of the
11 report.

12 Once again, I ask you to place yourselves into
13 the shoes of the people who lived, worked, had their
14 families at Camp Lejeune and ask them -- ask yourself
15 how would you feel? One of the things that my father
16 always taught me was to be above and beyond all
17 reproach.

18 **MR. ENSMINGER:** Well, and let me ask this
19 question: Can anybody in this room honestly sit here
20 and tell me or tell anyone of us that it looks like
21 the PRP, the responsible party for the contamination,
22 had more of a hand in writing this public health
23 assessment than ATSDR did? Because it was -- the
24 information in the public health assessment, the
25 narratives and all that, were not written from the

1 file documents and the official reports; they were
2 written by their contractors.

3 I mean, when you take a look at the difference in
4 that statement and the Holcomb Boulevard system for
5 the emergency backup water in '95, they had it right
6 in '95. From the known VOC contaminated Hadnot Point
7 system, water was pumped into the Hadnot Point -- or
8 Holcomb Boulevard lines. And then in '97 they said,
9 oh, no, the VOC contamination at Hadnot Point had not
10 yet been identified. The contamination at Hadnot
11 Point had been identified in 1980, at least by 1980.

12 **MR. PARTAIN:** Now, the word that comes to my mind
13 when I read these, especially going through the
14 documents, is collusion. I mean, to sit there and see
15 these two letters and to read these documents and go
16 back and find historical documents that was readily
17 available, as the State of North Carolina pointed out
18 to ATSDR, not once but twice, 'cause the '95 version
19 that I was reading from said that they had previously
20 pointed this out to ATSDR before. No one bothered to
21 go back through the documents.

22 **MR. ENSMINGER:** And your folks from ATSDR that
23 went to Camp Lejeune on their fact-finding missions,
24 that were the authors of this, lived on the base,
25 lived in the VIP quarters at the officers' club. I

1 mean, really? Do you do this with IBM and Dow
2 Chemical or any of these other sites that you go to?
3 Do you accept lodging and transportation from the
4 responsible parties?

5 I mean, Lord knows what went on. I mean, the NRC
6 even, the National Academy of Sciences committee, when
7 they went to Camp Lejeune, accepted lodging from the
8 government, transportation from the government, meals
9 from the government. And then they were left -- the
10 committee was left to their own accord in the evenings
11 while they were down there, and they were -- some of
12 them went over to the bar at the Oak Club. Gee, do we
13 know that there weren't any of the Department of the
14 Navy's agents in there to sit down and talk these
15 things over with any of the committee members? No.
16 But the chance is there that they did.

17 I mean, when you go to these sites as an official
18 entity to do a report, you can't afford to put
19 yourself in a position where your work can be
20 questioned because of something you did.

21 **MR. PARTAIN:** Or didn't do.

22 **MR. ENSMINGER:** You jeopardized your integrity by
23 accepting lodging, transportation, meals.

24 **MR. PARTAIN:** Informal reviews.

25 **MR. ENSMINGER:** Yeah.

1 **MR. PARTAIN:** Now, about a month and a half ago I
2 began my work on a master's degree in history. The
3 thesis of my master's is going to be titled, or
4 something close to this: The Perfect Cover. The
5 making of -- semi -- or colon, The Making of the 1997
6 Public Health Assessment for Marine Corps Base Camp
7 Lejeune.

8 **MR. ENSMINGER:** It'd be a good read.

9 **MR. PARTAIN:** And, you know, it's -- you guys,
10 this is your chance to get it right. We weren't
11 watching in '95. We didn't know. I was a school
12 teacher. I relied on this agency to provide
13 information to protect my public health. And frankly,
14 you guys didn't do it.

15 **MR. ENSMINGER:** And what bothers me even more is
16 I know that it wasn't you people that are in this room
17 that did this; I know that. I want to make that
18 clear. But the people who were responsible for this
19 are still on your payroll and they're still in a
20 position to write public health assessments, and the
21 evidence is quite clear, these people should not be --
22 I know how hard it is to fire a government employee
23 but they should not be in the position to be able to
24 repeat what they did. They should not be writing
25 anymore public health assessments, none. If I had my

1 way they'd be in charge of the lavatories in this
2 complex, and that's what they'd be doing for the rest
3 of their career until they retired.

4 **MR. PARTAIN:** And finally Jerry's point about
5 Building 1101, this is part of a slide presentation
6 that was out from -- was it NEHAC, Jerry, that
7 presented -- put this together?

8 **MR. ENSMINGER:** No, that was a contractor, this
9 one.

10 **MR. PARTAIN:** Okay. And this is -- this slide
11 here is talking about 1101, and this is what Jerry was
12 referencing earlier. During the latter part of
13 November 1999, odors were detected in Building 1101.
14 And they go through and they talk about taking samples
15 and taking samples. They shut down and then they also
16 go through and they talk about -- here's the heavy
17 rains. You know, they had their own explanations
18 there, but they also mentioned that this had been a
19 problem well before.

20 And one of the things I would ask ATSDR to do to
21 make sure, so that we don't have another electronic
22 password-protected portal pop-up with vapor intrusion,
23 to make sure that the Navy/Marine Corps doesn't have a
24 specific file for vapor intrusion with information
25 dating back to May of 1988 when they were told that

1 there was a problem.

2 **MR. ENSMINGER:** You know, like they did with the
3 UST portal? They -- I mean, that information was not
4 even known by ATSDR, that they had that separate
5 portal. And it was discovered accidentally. A
6 low-level worker down in Camp Lejeune gave Bob Faye
7 the temporary password and access to that file, and
8 when Bob Faye got into it and started looking at it,
9 he says, oh, my God. What do we have here?

10 **DR. FORRESTER:** Mike, can we have that last
11 section emailed to us? I don't think I've seen this.

12 **MR. ENSMINGER:** Yeah, I sent you this.

13 **MR. PARTAIN:** Yeah, we sent you the report.

14 **DR. FORRESTER:** You sent me this?

15 **MR. ENSMINGER:** Yeah, I sent --

16 **MR. PARTAIN:** It's on this computer too if you
17 want to --

18 **MR. ENSMINGER:** Both of these slide
19 presentations.

20 **DR. FORRESTER:** Okay, that's the one we saw in
21 the last CAP meeting, then?

22 **MR. PARTAIN:** No, we didn't use it.

23 **MR. ENSMINGER:** We didn't use it.

24 **MR. PARTAIN:** But it's here on this computer and
25 I can give it to you.

1 **DR. FORRESTER:** Okay, thank you.

2 **MR. PARTAIN:** And I'll go back to it in a second
3 but I did want to ask one question, 'cause one thing
4 did come up, and I remember talking to Frank about
5 this at a CAP meeting a while ago, and Dr. Clapp can
6 probably jump in here and answer this too. And I'm --
7 you know, my pay grade is in history and I'm not a
8 scientist, so... Cancer slope factors. One of the
9 things that was a concern, or at least I had heard at
10 meetings, brought up in the past, is were -- was ATSDR
11 using the right cancer slopes in their public health
12 assessment to evaluate the risk for cancer? What are
13 you all doing to address that? I mean, are we -- do
14 we have the correct slopes? Frank, did you tell me
15 what the problem was in your opinion, and I don't know
16 if you recall the conversation. It was probably about
17 a year or two years ago. Well, it was actually when
18 we brought down the public health assessment in 2009.

19 **DR. BOVE:** My recollection is this, the -- at the
20 time EPA was reviewing TCE. So they came up with a
21 draft risk assessment. I think it was -- the draft I
22 saw was somewhere around 19 (unintelligible). It's
23 around the time -- a little bit after the health
24 assessment was written, so late 1999-2001 there was a
25 draft. There were some previous drafts that EPA also

1 had. I mean, they were working on this TCE risk
2 assessment back then. And then there was a hiatus for
3 many years, and then they finally published this.

4 So back then, there were a couple of different
5 cancer potencies floating around. There was one done
6 by California, for their public health goals. There
7 was one done by New Jersey, which I was familiar with
8 'cause I was at the health department when it was
9 evolved. There were -- so there were other potencies
10 out there. Then there was EPA's earlier potency, and
11 I think that that's probably the one that was used in
12 the health assessment but I may be wrong. I can't
13 remember.

14 **DR. FORRESTER:** Which one are you -- We used the
15 EPA one in the health survey?

16 **DR. BOVE:** That's what I, I think we did. We
17 used the earlier, not the -- because the two -- the
18 one in 1999 and 2001, around that period or maybe it
19 was even earlier, was much higher. One of the studies
20 that based it on was our New Jersey study of lymphoma
21 and leukemia, for example. And there were -- and
22 the -- of course the -- was it Germany, the study of
23 the kidney cancer, and then (unintelligible).

24 Anyway, so there was a debate back then as to
25 what kind of potency to use. You know, my opinion was

1 I -- one opinion -- someone else could have another
2 opinion back then as to what the proper potency was.

3 Since then, now, the EPA's done its risk
4 assessment and I'm sure you're using the cancer
5 potency -- so yeah, right so, so they're using the --
6 if that's the potency they're using, and it sounds
7 like that is, then that's the proper one to use.

8 **MR. PARTAIN:** And what would be the difference in
9 that cancer slope versus what was used in 1997?

10 **MR. ROBINSON:** I mean, I know it was more
11 conservative.

12 **DR. BOVE:** Yeah, I don't know how much. I don't
13 know by a factor of how much. But basically I never
14 really liked EPA's old one. I can't remember the
15 difference but this one is better. This one is the
16 best information that we have at this time,
17 scientifically. So I would go with the EPA one. NTP
18 is reviewing TCE. You can go to the website and you
19 can see it there. It's under review, and they'll
20 probably (unintelligible) the way EPA and IARC did,
21 but I -- you know, I think that EPA's the best one to
22 use. You know, so if that's what you're using, that's
23 the best to use.

24 **DR. FORRESTER:** Okay. We'll follow up on this.

25 **MR. ENSMINGER:** Now, your vapor intrusion

1 efforts, models that you're gonna embark upon, I want
2 to ask one more question about this. Are you going to
3 keep Georgia Tech involved in this? I mean, because
4 you've got expertise right down the street and to not
5 use it would be insane.

6 **DR. FORRESTER:** Okay, just to make it clear, all
7 the analysis does not rely on models because we do
8 have actual data to interpret the health risk. So for
9 all instances, we don't need a model, and those that
10 we do, I think that we have some staff that can
11 estimate the exposures.

12 **MR. ENSMINGER:** Yeah, but what validity is gonna
13 be behind these if you don't use cutting-edge science?
14 I mean, it's just -- this is a SWAG?

15 **MR. STALLARD:** That's an assumption, not
16 necessarily known as a fact right now.

17 We have about five minutes, we have to break. I
18 want to wrap up this session.

19 **MR. PARTAIN:** Yeah, this is the -- that's the
20 cover sheet for it. It's also on the vapor intrusion
21 timeline that's on our website.

22 **DR. FORRESTER:** Okay.

23 **MR. PARTAIN:** And we provided to y'all prior.
24 But that's the cover page for that. And I'll leave it
25 on this computer here so you can take it off there if

1 you want.

2 **MR. STALLARD:** I want to thank you all. This is
3 really interesting, it's the first time I've seen the
4 CAP members bring to us and show the documentation
5 that you've discovered and reviewed. It's right there
6 in black and white. It backs up the concerns that you
7 have expressed. It informs the way that the
8 PHA-related issues will be addressed moving forward.
9 So thank you for bringing that to us. It seems always
10 it's been the scientists trying to say where are we
11 today and you know, all the information flowing that
12 way. Now we're getting it coming this way. Thank you
13 very much for that.

14 So Robin, did you have something, and then we're
15 gonna go to break.

16 **DR. IKEDA:** Yeah, just some general comments. I
17 also want to say thank you for bringing that. It's
18 very painful for me to hear, and although I can't
19 speak to the past, it was very painful to see those
20 things up there in black and white.

21 I did want to say that, like I said before, we're
22 not a regulatory agency so our scientific integrity is
23 really all we have as an agency. And so anything that
24 calls that into question puts us all at risk here at
25 the agency, and so we work very hard to protect that.

1 I liked what you said, Mike, about that now we
2 have an opportunity to get it right. So I hope that
3 we can continue to work with you to get it right
4 moving forward. I did want to mention that, and Vik
5 may want to say in more detail, that there are some
6 things that were mentioned up there that are no longer
7 practices -- standard practices here, so this notion
8 of informal review doesn't exist.

9 **MR. PARTAIN:** Well, according to the documents,
10 it shouldn't have existed at that time either.

11 **DR. IKEDA:** I'm sure that's true too.

12 **MR. PARTAIN:** Okay.

13 **DR. IKEDA:** So we have a strict peer review
14 process now that we subject all our documents to, and,
15 you know, Vik, like I said, can speak to other things.
16 But again, just to say thank you and thank you for
17 your help in terms of moving forward and making it a
18 better process in the future.

19 **MR. ENSMINGER:** Well, and with -- on that point.

20 **MR. STALLARD:** All right, who's unplugged? All
21 right, we're good to go now.

22 **MR. ENSMINGER:** Up to that point, you know, this
23 issue with Camp Lejeune public health assessment, it
24 doesn't stop here. This should be a warning signal
25 for all of you just to go back and take a look at

1 these other public health assessments that were done
2 on other sites. If they did it there at Camp Lejeune,
3 they did it other places too, and that's something
4 you're going to have to take a look at. I mean,
5 that's a daunting task, I mean, to look at all those
6 public health assessments, because you more than
7 likely don't have people from those communities that
8 have the knowledge that the Camp Lejeune community
9 does now. But it's something that's got to be looked
10 at, for the, you know, just for your own peace of
11 mind.

12 **MR. PARTAIN:** And like Jerry said, the people who
13 did this and wrote this are still in -- they're still
14 in that department. So they're still producing this
15 type of work. That's a concern. That's why I --
16 Jerry asked for them to be here. I also put it in
17 writing and asked for them to be here. They're not
18 here. Okay.

19 **MR. ENSMINGER:** But then we didn't ask for them
20 to be here just specifically to attack them. No,
21 yeah, really. I mean, I want answers. I mean, how in
22 the world did this change from here to here?

23 **MR. STALLARD:** I think that's a -- that message
24 has been received. Questions to resolve. I think --

25 **MR. TOWNSEND:** Mr. Moderator?

1 **MR. STALLARD:** Tom, yeah, that would be me, Tom,
2 yes.

3 **MR. TOWNSEND:** Yeah, the -- I understood that
4 they, ATSDR, canceled out any further action quite a
5 long time ago on the other sites that had been
6 contaminated and reported. But the ATSDR backed out
7 of it.

8 **MR. STALLARD:** Well, I don't think we understand
9 the question quite clearly. What sites are you
10 talking about? I'm not aware of ATSDR --

11 **MR. TOWNSEND:** Are they NPL sites or whatever the
12 hell it's called, special priority list
13 (unintelligible).

14 **MR. ENSMINGER:** Are you talking about for
15 Lejeune, Tom?

16 **MR. TOWNSEND:** No, no. I'm talking about the
17 other -- (unintelligible).

18 **MR. ENSMINGER:** Oh, other Department of
19 Defense sites?

20 **MR. TOWNSEND:** NPL.

21 **MR. ENSMINGER:** Oh, yeah. Well, that's what we
22 were just discussing about going back and taking a
23 look at all those to see if some of this stuff was
24 done at those sites as well. I mean, we've already
25 addressed that. But I don't know whether they will or

1 not.

2 **MR. STALLARD:** All right, let me just remind you
3 that if we can help address the issues related to Camp
4 Lejeune, that's a huge step forward and noted in the
5 record that, based on your review of documents, it
6 questions the validity of other actions, but that is
7 not the purview of this CAP, okay?

8 So we're going to go to lunch now. Please take
9 one hour, be back. Those of you on the phone, please
10 disconnect and be back in one hour from now. Thank
11 you.

12 (Lunch break, 12:33 p.m. until 1:33 p.m.)

13 **MR. STALLARD:** Welcome back. It is time to
14 resume today's activities. Let me just please remind
15 those of you who are in the room to please put your
16 cell phone on silent or stun. It's as much for me as
17 it is for you.

18 Any other questions or outstanding issues before
19 we resume with the agenda for this afternoon's
20 session?

21 **MR. ENSMINGER:** I just want to know where my
22 health assessment's at. I sent it out to be copied
23 but I haven't gotten it back yet.

24 **DR. FORRESTER:** We're working on them. We do
25 promise you, you will get everything back.

1 **MR. ENSMINGER:** Okay.

2 **MS. BLAKELY:** Hey, Jerry, what is that infant
3 study you have over there? Because Tina was asking
4 what it was called.

5 **MR. ENSMINGER:** It is the Volatile Organic
6 Compounds in Drinking Water and Adverse Pregnancy
7 Outcome, dated August 1998.

8 **DR. BOVE:** Yeah, it's on our website. We're
9 going to be talking about the re-analysis -- we're
10 doing a re-analysis of that study, okay, so we'll be
11 talking about that a little later.

12 **MR. STALLARD:** All right. So there are some of
13 you -- we're scheduled, by the way, to go to 2:45. I
14 know that some of you need to leave around 2:30 in
15 order to make it to the airport on time, so if you
16 need to leave, please do so and safe journeys.

17 **MR. PARTAIN:** Well, Chris, before we do have to
18 leave, could we get a time, a moment to address the
19 next CAP meeting and the dates for that.

20 **MR. STALLARD:** Yes. We're going to do that at
21 2:00, right after this session. Let me remind you
22 once again, that we need your vouchers and that you'll
23 get your copy of the public health assessment as soon
24 as we get a copy made.

25 So, if we can move on, then, to the updates on

1 the health study. Frank, it looks like you're --

2 **MS. RUCKART:** No, that's what I was saying.

3 **MR. STALLARD:** Oh, that's what you were saying.

4 I'll need just a moment before we go on. Whom do
5 we have on the phone, please?

6 **MR. TOWNSEND:** Tom.

7 **MR. STALLARD:** Welcome back, Tom. All right.

8 Well, then, let's go.

9 **UPDATES ON HEALTH STUDIES**

10 **MS. RUCKART:** Okay. Well, good afternoon and
11 welcome back from lunch. So to give you some updates
12 on some of our health studies, and then Eddie will
13 also provide an update. So the case control study of
14 the birth defects and childhood cancers manuscript was
15 submitted to the journal and we're currently
16 addressing reviewer comments. We anticipate sending
17 the manuscript back to the journal by the end of
18 September and will notify the CAP when we do that.

19 As for the mortality study, the final report for
20 the former active duty personnel was submitted for
21 clearance and approval; it's still in that process.
22 And the final report for the civilian workers, that's
23 a separate publication than the active duty, was
24 submitted for independent review; that's the first
25 step in our extensive review process. And we received

1 the reviews and are responding to the comments on that
2 one.

3 The re-analysis of the adverse pregnancy outcome
4 study, Jerry was referring to the original document
5 that was released in 1998. That is on our website;
6 however, as we now know, that's flawed because a large
7 group of people that we thought were unexposed at that
8 time, it came to light that they were exposed so I'm
9 not sure how much, you know, time you want to spend
10 reviewing that document. It is up on the web. But we
11 are re-analyzing the data from that study, based on
12 the fact that we know that the exposure was wrong, and
13 also now that we have the model (indiscernible) that
14 just used exposed/unexposed, yes/no type of
15 categorization there. So the independent review and
16 the peer review process are completed for that study.
17 We're currently responding to the reviewer comments.
18 Once that's completed, then we'll start our internal
19 review and clearance process.

20 The health survey, really not much of a change
21 since last time, but I'll just remind everybody where
22 we are with that. We're actually finishing up the
23 process of confirming the diseases of interest that
24 were reported in the survey, confirming them through
25 the medical records and information from the state and

1 VA cancer registry.

2 Through that process we're trying to confirm
3 about 8,000 cancers and 14,000 other diseases in total
4 of about 16,642 people. These numbers could change
5 slightly as the contractor's working on some
6 reconciliation to QA/QC of the data. The cancers that
7 we're focusing on include bladder, brain, breast,
8 cervical, colon, esophagus, kidney, leukemia, liver,
9 lung, lymphoma, multiple myeloma, pancreatic, rectal,
10 small intestine, soft tissue, prostate, lymphatic,
11 laryngeal cancer, throat laryngeal cancer. I will say
12 it's a huge, long list but it has gone out to the CAP
13 before; it's not changed, so I'm just reciting that
14 for you but you do have that for your records there.

15 The diseases that we're focusing on include
16 kidney disease, liver disease, lupus, scleroderma,
17 Parkinson's, MS, ALS, aplastic anemia, persistent skin
18 rash with hepatitis, and fertility and endometriosis.
19 Again, we emailed those to you, no change.

20 **MR. PARTAIN:** Now, Perri, when you're listing --
21 when ATSDR is listing the diseases, with breast
22 cancer, and I know it sounds kind of stupid but I get
23 flack from this all the time, and I hear it kind of
24 both ways. Can you please put in there male and
25 female? Because sometimes I've heard, with medical

1 providers, (unintelligible) male breast cancer. And
2 then I hear from female breast cancer survivors, well,
3 what about us? Because I mean, for every man that's
4 getting breast cancer at Camp Lejeune, there's
5 probably five, ten females that might be exposed.

6 So it'd be nice in the literature if we could
7 have, if you can put breast cancer, in parentheses,
8 male and female, so that way it's being recognized as
9 both.

10 **MS. RUCKART:** That's fine. You know, when we are
11 analyzing the data, we're going to be looking at them
12 separately.

13 **MR. PARTAIN:** But just to show that you're --
14 it's --

15 **MS. RUCKART:** Yeah, I know.

16 **MR. PARTAIN:** 'Cause it is a phenomenon that's
17 kind of unique to Camp Lejeune that we have so many
18 men.

19 **MS. RUCKART:** Yeah.

20 **MR. STALLARD:** So, can they do that?

21 **MS. RUCKART:** Yes.

22 **MR. PARTAIN:** Yeah.

23 **MR. STALLARD:** Okay.

24 **MR. PARTAIN:** Thank you.

25 **MS. RUCKART:** Any other questions about those

1 studies?

2 **MR. ENSMINGER:** Let's not forget about the cancer
3 incidence study.

4 **MS. RUCKART:** Those were updates on the studies
5 that were --

6 **MR. ENSMINGER:** Yeah, I know. And any word on
7 the case control study, where that's at and date of
8 release?

9 **MS. RUCKART:** Well, as I mentioned to you, we
10 submitted it to the journal and got the comments and
11 we're working to address them and plan to submit it
12 back by the end of the month. So, I'm sure some of
13 our monthly calls, either this next one or one after
14 that, we'll have more information we can share.

15 **MR. ENSMINGER:** And where is the mortality study
16 right now? Where is it?

17 **MS. RUCKART:** In the review process. There's two
18 mortality studies: There's the active duty and
19 civilian. So the active duty one is very far along in
20 the approval process and the civilian worker one is
21 just starting that process. You have more
22 attention -- the higher priority was to do the active
23 duty study and get that out first.

24 **MR. STALLARD:** And what's the timeline, roughly,
25 of the approval process?

1 **MR. ENSMINGER:** Nobody knows. It's in the -- if
2 it's in the CDC, DHHS review process, that's why, I
3 jokingly call that the black hole, because nobody can
4 tell me what that process is.

5 **MR. PARTAIN:** Oh, we have to consult the Oracle
6 of Delphi.

7 **MR. STALLARD:** Oh, you're not alone, okay. There
8 are many of us who work in this environment. We have
9 a rather, you know, complex approval process.

10 **MR. ENSMINGER:** But you -- I still say that you
11 ought to put time limits on how long somebody has --
12 that they allow that thing to lay in their inbox or on
13 their desk.

14 **MR. PARTAIN:** Going back to, and I'll leave this
15 alone after this, but on the cancer incidence, I'd ask
16 Vik and Robin if we could get some type of timeline on
17 feedback rather than waiting for the next CAP meeting,
18 just doing a slow rollout. And, you know, it's
19 something that is important, Terry Walters brought up
20 in reading the bill and the VA's reliance on that.
21 There are people who are living and dying.

22 You know, Jerry and I have had to fight for
23 several individuals with the VA to get benefits who,
24 you know, didn't need the medical benefits 'cause
25 they're dying; they needed the benefits for their

1 spouse, for their family. And, you know, it does tell
2 the rest of the picture.

3 And when you talk about the mortality study, and
4 thank God I'm not a statistic in that; I'm a cancer
5 survivor. And there are a lot of people like me, and
6 in Tallahassee, before I moved, I knew five children
7 who were born at Camp Lejeune, like myself. Four of
8 us had cancer before we turned the age of 40, and the
9 other one had a neurological disease. Now, the four
10 of us that had cancer, we're not captured in the in
11 utero study because our cancers were diagnosed after
12 the age of 19. So we're lost statistics. Cancer
13 incidence study, we'll show up there.

14 **MR. ENSMINGER:** No, you won't.

15 **MR. PARTAIN:** Oh, yeah, that's the DMDC, I'm
16 sorry, that would be the (unintelligible). I stand
17 corrected; we're still that lost statistic. But, you
18 know, it needs to be done.

19 **MR. STALLARD:** Okay.

20 **MS. RUCKART:** I just want to let you know some of
21 those people would be in the current health survey,
22 though.

23 **MR. PARTAIN:** Yeah, but the health survey you
24 only had 26 percent participation rate?

25 **MS. RUCKART:** Right. I'm just saying that we

1 were able to capture some --

2 **MR. PARTAIN:** Some.

3 **MS. RUCKART:** -- of that.

4 **MR. ENSMINGER:** And it's self-reporting.

5 **MR. PARTAIN:** And self-reporting.

6 **MR. SHANLEY:** Hi, my name is Eddie Shanley and
7 I'm going to provide an update on the male breast
8 cancer study. I just want you to know that we are
9 continuing our efforts to obtain the data necessary
10 for the study. To date we've acquired the data from
11 the VA from both their cancer registry and patient
12 treatment file data sets. We are working with the
13 National Archives to obtain all the personnel records,
14 so we're currently pulling them as we speak.

15 **MR. PARTAIN:** So all the bills are paid?

16 **MR. SHANLEY:** All the bills are fine, yes.

17 The paperwork, those of you that aren't aware,
18 there was a slight delay in obtaining those records so
19 we now have all of that worked out. It's looking like
20 I should be traveling up to St. Louis to go and begin
21 collecting those records at the beginning of October.
22 So that's where we are on the study.

23 **MR. PARTAIN:** And I just want to note for the
24 record too, I did receive an email from ATSDR stating
25 that y'all will not be able to use the information

1 that I gathered with the 85 men or so, and I mean,
2 it's still -- if it's something that y'all need in the
3 future and stuff, then I'd like to, you know, it's
4 there if you want to put it together and when I talked
5 to these people, I said, look, you know, this --
6 (unintelligible). So disappointed that you can't do
7 anything with it but I just want to note that for the
8 record.

9 **MR. SHANLEY:** Thank you. Any questions?

10 **MR. STALLARD:** Frank, did you have anything in
11 this section?

12 **MS. BLAKELY:** So you're not going to speak about
13 the infant studies? The adverse pregnancy outcome
14 studies?

15 **DR. BOVE:** Perri mentioned that.

16 **MS. BLAKELY:** Oh, okay. Do you have anything
17 further about that?

18 **MS. RUCKART:** Well, that was the one where I said
19 was on the web and now is, we know, a partially or,
20 you know, inaccurate because the exposure information
21 for a large group of people was incorrect. So I was
22 saying that we re-analyzed the data and we started the
23 report for the initial approval process.

24 **MS. BLAKELY:** Okay.

25 **DR. BOVE:** Let me just go over quickly what we're

1 looking at. We're looking at what's called small for
2 gestational age, which is low birth weight given your
3 gestational age at birth, okay. Looking at term low
4 birth weight is just another way of getting at a
5 similar thing. We're looking at preterm birth. And
6 then we're looking at mean -- the average birth weight
7 for those who reached term, and again, comparing the
8 people with various levels of exposure with people
9 without in that same Lejeune cohort.

10 **MS. RUCKART:** Right, and just to remind you, we
11 looked at, you know, very specific birth defects and
12 then two childhood cancers in the other study, so we
13 have those, you know, group of outcomes for the in
14 utero population.

15 **MS. BLAKELY:** Okay, so you said that's on the
16 website?

17 **MS. RUCKART:** The one that was released in 1998
18 is on the website, and that's the one that we found
19 out, you know, a few years ago, was based on some
20 faulty information. So that's why we are re-analyzing
21 it, and then also adding the monthly levels, because
22 that was done before the water modeling and it was
23 based on -- we think this area of the base was
24 exposed, yes/no.

25 **MS. BLAKELY:** Okay.

1 **MS. RUCKART:** And now we have, you know, more
2 specific information, more detailed information.

3 **MS. BLAKELY:** Okay.

4 **DR. BOVE:** And I'll see if the records room has
5 a -- I don't have an extra copy myself and I don't
6 think you do either, Perri, right, so we'll see if we
7 can track down a copy for you.

8 **MS. BLAKELY:** Thank you.

9 **MR. STALLARD:** All right. Well, that, unless
10 there are any other questions, that would pretty much
11 capture the updates on the health studies.

12 **MR. PARTAIN:** One thing, any potential hiccups or
13 problems with the male breast cancer study that could
14 throw a delay like we had with the money? I mean is
15 all the paperwork signed, the Ts crossed, the Is
16 dotted? In triplicate.

17 **DR. RAGIN-WILSON:** We have all the paperwork, all
18 the approvals in. And effective -- we're now meeting
19 -- we'll be meeting next week as a group on Wednesday
20 to discuss the travel to St. Louis.

21 **MR. PARTAIN:** Okay, 'cause I know we're a little
22 bit behind on the timeline that we have for it so I
23 just want to make sure that we know about it
24 beforehand.

25 **DR. BOVE:** Eddie, you may want to just mention

1 also that some of our -- some of the records
2 (unintelligible).

3 **MR. SHANLEY:** Based on my initial assessment of
4 the military personnel records, there's approximately
5 ten percent of those records may be (indiscernible).
6 We're not quite sure yet the exact number and we won't
7 find out until the beginning of October when the
8 National Archives has pulled all those records. And
9 so -- but at that point, we'll be able to then travel
10 (unintelligible) so there might be a trip to St. Louis
11 (unintelligible).

12 And then just briefly mention, you know, the
13 patient treatment files from the VA, we've obtained
14 those as well as the cancer registry data from the VA,
15 so we do have that information that we're currently
16 working with.

17 **CAP UPDATES/COMMUNITY CONCERNS**

18 **MR. STALLARD:** We're good? All right, so this is
19 the part of the agenda where we offer the opportunity
20 for any as of yet unexpressed concerns from CAP
21 members to be shared. I think we've covered the
22 ground pretty well this morning in terms of
23 articulating your concerns around the PHA, correct?
24 Around the cancer incidence and the need, and that was
25 addressed by -- for the next meeting, and maybe even

1 in between, to engage with our cancer colleagues at
2 the agency. So are there any other concerns, issues,
3 achievements that you wish to share at this time?

4 **MS. BLAKELY:** Are you being honest or just
5 limited?

6 **MR. STALLARD:** What we're not going to talk about
7 is that thing that --

8 **MS. BLAKELY:** I'm not --

9 **MR. STALLARD:** -- that you were talking about
10 this morning --

11 **MS. BLAKELY:** I'm not talking about it.

12 **MR. STALLARD:** Okay? So if it's anything aside
13 from that.

14 **MR. ENSMINGER:** The documentary is -- was
15 nominated for an Emmy, the Emmy awards will be on 1
16 October in Manhattan. Just getting a nomination was a
17 great achievement for Rachel and Tony, the producers
18 and directors of the thing. So Rachel has been
19 working with Oprah Winfrey ever since a little shortly
20 after the film came out and premiered in 2011, she's
21 been employed full-time with Oprah Winfrey, and they
22 keep her -- I mean, she's going all the time. She's
23 either in Africa or Indonesia or the Middle East or
24 South America. She's all over the place.

25 **MS. BLAKELY:** And that has to do with the study

1 exactly what?

2 **MR. STALLARD:** That's a powerful documentary.
3 Remember, in past meetings it caused interesting group
4 dynamics. Anything else? We're done.

5 **WRAP-UP**

6 **MR. ENSMINGER:** Next CAP meeting.

7 **MR. STALLARD:** Yeah. So, I heard -- what is
8 your -- what collectively do you have in mind? Here
9 it is September 6th and normally we have a three-month
10 interlude in between, so what are your thoughts about
11 the next in-person meeting?

12 **DR. RAGIN-WILSON:** Based on the timeline, I think
13 we're proposing the third week in January.

14 **MR. ENSMINGER:** Why that late?

15 **DR. RAGIN-WILSON:** For the next CAP -- well, with
16 the holidays, you know, the Thanksgiving holiday, so I
17 think January, the third week of January will probably
18 be the most appropriate time to hold the CAP meeting.

19 **MR. ENSMINGER:** Why not the first week in
20 December? That's three months.

21 **DR. RAGIN-WILSON:** Well, given the schedules,
22 we've looked at schedules, room availability, and the
23 third week in January is the most appropriate to hold
24 the next CAP meeting. And we talked about this before
25 with scheduling and everything.

1 **MR. STALLARD:** And I know you don't depend on me
2 to be here, but I am out the first two weeks of
3 December, so.

4 **MR. ENSMINGER:** You know we can't have a meeting
5 without the Bob Barker of Camp Lejeune.

6 **MR. STALLARD:** I'm not sure how to take that.
7 I'm sure it's intended to be complimentary.

8 **DR. RAGIN-WILSON:** But between now and the next
9 CAP meeting, we do have some proposed dates for the
10 follow-up conference calls, and we can talk about
11 those now. We propose a call on September 30th,
12 Monday, September 30th.

13 **MR. ENSMINGER:** No. I won't be here; I'll be in
14 New York.

15 **MR. STALLARD:** Next?

16 **DR. RAGIN-WILSON:** Okay.

17 **MR. STALLARD:** Okay, so next CAP call is what
18 we're looking for, so 30 September is not good for
19 you?

20 **MR. ENSMINGER:** I'll be in --

21 **DR. RAGIN-WILSON:** Well, we have the October 21st.

22 **MR. STALLARD:** October 21st.

23 **DR. RAGIN-WILSON:** November 18th.

24 **MR. STALLARD:** November 18th.

25 **DR. RAGIN-WILSON:** December 16th.

1 **MR. STALLARD:** December 16th.

2 **DR. RAGIN-WILSON:** And these are all on Monday as
3 before, from 12:00 to 1:30.

4 **MR. ENSMINGER:** Right now those other dates look
5 fine.

6 **MR. STALLARD:** All right, so we are gonna go with
7 this one for now.

8 **DR. RAGIN-WILSON:** So the September 30th is --

9 **MR. STALLARD:** Well, I mean, that's the date that
10 you have. I guess Jerry, Jerry is unavailable and,
11 you know, I guess, what's the agenda for that one and
12 when are we going to have the public health assessment
13 working group meeting that you mentioned also.

14 **MR. PARTAIN:** One thing about these phone calls,
15 Angela, and I realize this is y'all's job but I do
16 have another job and I spend my vacation time coming
17 here, using my vacation time to travel here to be here
18 for these meetings, and it's taxing on me to take time
19 at work to make these calls. So the length of the
20 calls and Mondays, too, are -- it's hard. So keep
21 that in consideration. And Jerry's got the fortune of
22 being retired and the government's paying him to fight
23 the Marine Corps but, you know, I still have to earn a
24 living and plus I'm in school now too, so my already
25 limited time is more limited.

1 **DR. RAGIN-WILSON:** I think that we expressed that
2 by email and we can talk about time that is more
3 appropriate and days of the week that's more
4 appropriate for the entire crew.

5 **MS. BLAKELY:** I'm sorry, did you say that the
6 government is paying Jerry to fight the Marine Corps?

7 **MR. PARTAIN:** Mary, as he's on retirement, okay?
8 It was a little side joke --

9 **MS. BLAKELY:** Okay, I understand.

10 **MR. PARTAIN:** -- so you don't need to comment on
11 it, thank you.

12 **MS. BLAKELY:** I'm sorry, I'm sorry. You know, I
13 have a disability.

14 **MR. STALLARD:** Okay. But from my understanding,
15 have we not already identified several agenda items
16 for the next CAP call during our meeting this morning?

17 **MR. ENSMINGER:** If you're gonna go ahead with
18 that 30 September call, I can't be on that. I want to
19 be there for that call.

20 **DR. RAGIN-WILSON:** Well, we can -- yeah, I can
21 offer a different date. I mean, that's fine; it
22 doesn't have to be on the 30th.

23 **MR. STALLARD:** Could it be the 31st?

24 **MR. ENSMINGER:** No, there's no 31st.

25 **DR. RAGIN-WILSON:** We just normally had them on

1 Monday so we wanted to keep them on the third Monday
2 of the month. We can certainly change it to earlier
3 or maybe 1st of October?

4 **MR. ENSMINGER:** First of October would be --

5 **MS. RUCKART:** What about the 23rd, the Monday
6 before?

7 **DR. RAGIN-WILSON:** What about the 23rd?

8 **MR. ENSMINGER:** Twenty-third of?

9 **DR. RAGIN-WILSON:** October -- September.

10 **MR. ENSMINGER:** Yeah, that's fine.

11 **MS. RUCKART:** It's like two weeks. It's two
12 weeks from now though.

13 **MS. BLAKELY:** Well, what will we have by then?

14 **MS. RUCKART:** How about the 27th? The Friday
15 before that Monday maybe?

16 **MR. ENSMINGER:** Yeah, I can do that.

17 **MR. STALLARD:** Frank, does that impact you at
18 all?

19 **DR. BOVE:** No.

20 **MR. STALLARD:** Any time's fine?

21 **MR. PARTAIN:** Close to lunch time I just take my
22 lunch and listen on the phone call and eat lunch.

23 **DR. RAGIN-WILSON:** We can do that. Do you prefer
24 the lunch time calls?

25 **MR. PARTAIN:** Yeah, lunch time.

1 **MR. ENSMINGER:** When's your lunch time?

2 **MR. PARTAIN:** I can take lunch between 11:00 and
3 1:00.

4 **MR. STALLARD:** That doesn't mean he gets two
5 hours.

6 **MR. PARTAIN:** I get 30 minutes for lunch and I
7 can stretch it out to 45.

8 **MR. STALLARD:** Okay. Okay, so we're going to
9 with September 27th, that's Friday, and we're shooting
10 for 11:45 to 1:00 time frame, correct? That work?

11 **MS. BLAKELY:** 11:45?

12 **MR. STALLARD:** Or 11:30, whatever. We'll send
13 that information. You're available as of 11:30,
14 right?

15 **MR. PARTAIN:** Yeah, 11:30 to 1:00.

16 **MR. STALLARD:** All right, that takes care of
17 planning the next CAP conference call meeting. We
18 have January, third week, for the next in-person.

19 **MR. ENSMINGER:** Let's go with that.

20 **MR. PARTAIN:** What's -- when is the
21 anticipated -- what do y'all -- when do y'all think
22 the, you know, the case control study's gonna be
23 released? That's been pending for six months now?

24 **DR. RAGIN-WILSON:** That should be released in
25 time for the next CAP meeting. That's why we

1 propose --

2 **MR. PARTAIN:** All right.

3 **DR. RAGIN-WILSON:** -- the January time date.

4 **MR. PARTAIN:** All right. On the eve of the CAP
5 meeting or November and two months later CAP meeting
6 or what?

7 **DR. RAGIN-WILSON:** It should be much sooner than
8 that.

9 **MR. PARTAIN:** Huh?

10 **DR. RAGIN-WILSON:** It will be much sooner than
11 that.

12 **MR. PARTAIN:** Sooner as in like?

13 **MR. ENSMINGER:** How do you know?

14 **DR. RAGIN-WILSON:** It's up to the journal. It's
15 really up to the journal but we're safe to say that it
16 will be before the next CAP meeting.

17 **MR. ENSMINGER:** You're speaking real positively
18 here. I mean, you must know something.

19 **MR. STALLARD:** It's called eternal optimism.

20 **DR. RAGIN-WILSON:** That's what it's called.

21 **MR. STALLARD:** Anything else? Issues, concerns?
22 We've got the meeting scheduled, that's tremendous
23 progress from previous meetings.

24 **MR. TOWNSEND:** Mr. Moderator?

25 **MR. STALLARD:** Yes, Mr. Townsend, this is

1 Christopher.

2 **MR. TOWNSEND:** How are you today?

3 **MR. STALLARD:** I'm fabulous; how about you?

4 **MR. TOWNSEND:** Would you ask the -- one of the
5 presenters if neuropathy is on the list of possible
6 conditions?

7 **MR. STALLARD:** Peripheral neuropathy, if it is or
8 if it can be on the list of conditions that Perri
9 would have. It currently is not.

10 **MR. TOWNSEND:** Okay.

11 **MR. STALLARD:** And there might be sound
12 scientific reasoning for that.

13 **MR. TOWNSEND:** I doubt that. Okay. I'm still
14 pursuing it so let's move forward.

15 **MR. STALLARD:** All right, thank you. So anything
16 else, Tom? It looks like we're about to wrap up, if
17 you or Dr. Walters, if she's on the line, or Sandra
18 have nothing to offer in terms of concerns not
19 previously expressed today.

20 **MR. TOWNSEND:** (Unintelligible).

21 **MR. STALLARD:** All right. Thank you so much on
22 the phone. Mike, you good? Yes?

23 **DR. FORRESTER:** We promised some documents to
24 some folks and they're being copied as we speak, but
25 if they're leaving, I just -- I'll need to get -- to

1 make sure that they're fine with it.

2 **MR. STALLARD:** Yeah, for those of you who are
3 waiting on documents to be reproduced, we're waiting
4 for them. They'll be hot off the press so even if we
5 adjourn early, I ask that you remain here so that you
6 can take those documents with you. If you cannot stay
7 for that, please leave your name with Tina and
8 appropriate contact information so that we can send it
9 to you.

10 **MR. TOWNSEND:** Hey, Christopher?

11 **MR. STALLARD:** Yes, sir?

12 **MR. TOWNSEND:** I'd like -- I'd like the documents
13 sent to me, please.

14 **MR. STALLARD:** Okay.

15 **DR. FORRESTER:** I got him already.

16 **MR. STALLARD:** We have -- in fact we already have
17 one with your name on it here.

18 **MR. ENSMINGER:** I'd like to make a proposal. I
19 mean, we know that Tom is on the phone for every CAP
20 meeting. And he never comes in person to these
21 meetings; he never has since the CAP started. You
22 know in advance what handouts you're gonna have
23 prepared for these meetings; give them to him before
24 the meeting so he has them while we're going over this
25 stuff.

1 **MR. STALLARD:** Good point. Thank you, Jerry.

2 **MR. TOWNSEND:** Good point. Thanks.

3 **MR. STALLARD:** Yeah, that's what a team does,
4 support each other here. All right. Well, if there
5 are no other thoughts, concerns, issues, we are
6 adjourned. Safe travels. Make sure you pass in your
7 vouchers. So thank you all. We are officially
8 concluding right now.

9 (Whereupon, the meeting was adjourned, 2:02 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 6, 2013; and it is a true and accurate transcript of the proceedings captioned herein.

I further certify that I am neither relation nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of Oct., 2013.

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