

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

convenes the

TWENTY-SECOND MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

APRIL 2, 2012

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
Conference Room B, Atlanta, Georgia, on
April 2, 2012.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
404/733-6070

C O N T E N T S

April 2, 2012

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS PERRI RUCKART, LANDER STODDARD	5
DISCUSSION WITH DR. PORTIER DR. CHRISTOPHER PORTIER	11
CAP UPDATES/COMMUNITY CONCERNS LANDER STODDARD AND CAP MEMBERS	45
MALE BREAST CANCER STUDY EDDIE SHANLEY, FRANK BOVE, PERRI RUCKAR	63
UPDATES ON HEALTH STUDIES: MORTALITY STUDY	105
HEALTH SURVEY	119
FRANK BOVE, PERRI RUCKART	
Q&A SESSION WITH THE VA WENDI DICK, BRAD FLOHR	129
UPDATES ON HEALTH STUDIES: BIRTH DEFECTS, CHILDHOOD CANCERS	171
ADVERSE PREGNANCY OUTCOMES FRANK BOVE, PERRI RUCKART	
WATER MODELING UPDATE MORRIS MASLIA	183
COMMUNICATION PLAN FOR RELEASING RESULTS OF HEALTH STUDIES JANA TELFER	212
WRAP-UP LANDER STODDARD	222
COURT REPORTER'S CERTIFICATE	232

TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (ph) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" denotes a spelling based on phonetics, without reference available.

-- "^" represents unintelligible or unintelligible speech or speaker failure, usually failure to use a microphone or multiple speakers speaking simultaneously; also telephonic failure.

P A R T I C I P A N T S

(alphabetically)

AKERS, PAUL, CAP MEMBER
BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR
DAVIS, DR. DEVRA, CAP MEMBER
DICK, WENDI, VA, OFFICE OF PUBLIC HEALTH
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRAD, DEPARTMENT OF VETERANS AFFAIRS, COMPENSATION
SERVICE
FORREST, MELISSA, NAVY MARINE CORPS PUBLIC HEALTH CENTER
MASLIA, MORRIS, ATSDR
PARTAIN, MIKE, COMMUNITY MEMBER
PORTIER, DR. CHRISTOPHER, DIRECTOR NCEH/ATSDR
RUCKART, PERRI, ATSDR
STODDARD, LANDER, CDC
TOWNSEND, TOM, CAP MEMBER (via telephone)

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

1
2 **MS. RUCKART:** Good morning. It's actually
3 9:00 o'clock even though that clock says five after
4 9:00, but it's 9:00 and we're going to start
5 streaming. So I want to just welcome everyone. Today
6 we have with us, Lander Stoddard. Our regular
7 facilitator, Chris Stallard, had a family emergency,
8 so we were very lucky and very grateful for Lander to
9 come step in. Some of you may recognize him; he has
10 helped us out before, so I just wanted to introduce
11 Lander and then turn it over and we'll start our
12 meeting. Thanks.

13 **MR. STODDARD:** Thank you, Perri. A bit of
14 administrivia, there's sign-in sheet circulating
15 around, if everybody would sign in, if you could,
16 please.

17 Let's start with introductions. I'm Lander
18 Stoddard, I subbed in a couple years ago for Chris;
19 unfortunately he couldn't be here. I work here at CDC
20 and I do meeting group facilitation. Let's go around
21 the -- why don't we start remotely. Who do we have
22 remotely? Who's on the phone?

23 **MS. BRIDGES (telephonically):** Sandy Bridges.

1 **MR. STODDARD:** Thank you, Sandy. Anybody else on
2 the phone?

3 **MR. ENSMINGER:** There was supposed to be three.

4 **MS. RUCKART:** Well, one is the court reporter.
5 Yeah, that's probably us, the court reporter and Sandy
6 that's three.

7 **MR. STODDARD:** Okay, and the court reporter. All
8 right? And who's on video?

9 **MS. BRIDGES:** Tom Townsend won't be on this
10 morning. He, he just won't be on this morning.

11 **MR. STODDARD:** Okay, thank you, Sandy.

12 **MS. BRIDGES:** May be on later on but not right
13 this -- right now.

14 **MS. RUCKART:** It's not an interactive video --

15 **MR. STODDARD:** Thank you, Sandy. That's the web
16 stream?

17 **MS. RUCKART:** Yes, that's the stream, it's not
18 interactive.

19 **MR. STODDARD:** Okay. So just in case everybody
20 knows, this session is being streamed live across the
21 internet.

22 **MS. BRIDGES:** I can't get it on mine.

23 **MR. STODDARD:** Not yet?

24 **MS. BRIDGES:** No.

25 **MR. STODDARD:** Would you let us know when you do

1 get it?

2 **MS. BRIDGES:** Okay, I'll do that.

3 **MR. STODDARD:** Thank you.

4 **MS. RUCKART:** Can you try -- Sandy, try
5 refreshing your screen. It's 9:01, you might need to
6 refresh to have it come up.

7 **MR. ENSMINGER:** Better ask her if her computer's
8 on.

9 **MR. STODDARD:** All right, well, let's go around
10 the room. Who'd like to start?

11 **MR. ENSMINGER:** I'm Jerry Ensminger and I'm a
12 member of the Camp Lejeune, North Carolina CAP.

13 **MR. STODDARD:** Okay, thank you.

14 **MR. BYRON:** I'm Jeff Byron and I'm also a member
15 of the CAP.

16 **DR. AKERS:** Paul Akers, also a member of the CAP.

17 **MR. PARTAIN:** Mike Partain, also a member of the
18 CAP.

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

20 **MR. FLOHR:** Brad Flohr, Department of Veterans
21 Affairs, Compensation Services.

22 **DR. PORTIER:** Chris Portier, Director of
23 ATSDR/NCEH.

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

25 **MS. FORREST:** I'm Melissa Forrest from the Navy

1 Marine Corps Public Health Center. I'm here for
2 Maryann Simmons, who's retired as of today, so...

3 **MR. ENSMINGER:** Oh, good.

4 **MS. FORREST:** I'm the transitional
5 representative. You will have a full-time
6 representative at the next meeting.

7 **MS. BLAKELY:** Mary Blakely. Mary Blakely, the
8 CAP.

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

10 **DR. DAVIS:** Devra Davis, CAP.

11 **DR. DICK:** Wendi Dick, VA Office of Public
12 Health.

13 **MR. STODDARD:** Okay, thank you. And we have our
14 court reporter, recorder. Thank you.

15 I've forgotten, it's been awhile since I've been
16 here. Can you remind me of what your ground rules
17 are?

18 **MR. BYRON:** Tackle everybody, take no prisoners.

19 **MR. STODDARD:** Okay. That's one perspective.

20 **MS. BLAKELY:** Say whatever you want.

21 **MR. STODDARD:** Whatever you want? I understand
22 you do have some official written-down ground rules.
23 Does anybody remember what those are? Perri?

24 **MS. RUCKART:** Well, I'll just remind everybody
25 what we've agreed to in the past. They're basically

1 just what we consider like kindergarten rules.
2 They're just some basics tenets: everyone treat each
3 other with respect, no personal attacks, one person
4 speak at a time and the audience is here to just
5 witness the proceedings; however, if anyone on the CAP
6 would like to address the audience and have a question
7 for an audience member, then they can be invited to
8 participate.

9 **MR. STODDARD:** Okay. Thank you.

10 **DR. DAVIS:** It might be helpful to know who's in
11 the audience.

12 **MR. ENSMINGER:** Yeah.

13 **MR. STODDARD:** You'd like to know who's in the
14 audience? Is that a normal procedure?

15 **MS. RUCKART:** No, but we can do that if Devra
16 would like.

17 **DR. DAVIS:** I'd just like to get an idea.

18 **MR. STODDARD:** Okay, so if, folks in the
19 audience, if you would stand up, give your name and
20 what your affiliation is.

21 **DEBORAH TRESS:** Hi, I'm Deborah Tress, I'm with
22 the General Counsel's Office for CDC and ATSDR.

23 **KENYA FORD:** I'm Kenya Ford, I'm also with the
24 General Counsel's Office.

25 **VANESSA BERTKA:** Vanessa Bertka with Bell Legal

1 Group.

2 **JACKIE HUNEAULT:** Jackie Huneault with Bell Legal
3 Group.

4 **LYNN RIVARD:** Lynn Rivard, invited by Mike
5 Partain and Jerry Ensminger.

6 **BARBARA ELLIS:** Barbara Ellis, CDC.

7 **REGINA SIDER:** Regina Sider, CDC.

8 **SHEILA STEVENS:** Sheila Stevens, CDC.

9 **VERONICA KENNEDY:** Veronica Kennedy, CDC.

10 **KEVIN WILKINS:** Kevin Wilkins, I'm just here to
11 watch.

12 **CAROLYN HARRIS:** Carolyn Harris, ATSDR.

13 **EDDIE SHANLEY:** Eddie Shanley, CDC.

14 **BILL CIBULAS:** I'm Bill Cibulas with ATSDR.

15 **VIK KAPIL:** I'm Vik Kapil with NCEH and ATSDR.

16 **ROBIN LEE:** Robin Lee with ATSDR.

17 **STEVE DEARWENT:** Steve Dearwent, ATSDR.

18 **CAROLINE MCDONALD:** Caroline McDonald, ATSDR.

19 **ED MURRAY:** Ed Murray, ATSDR.

20 **CAROL ALIOSIO:** Carol Aliosio, NCEH and ATSDR.

21 **MR. BYRON:** One minute. I really didn't catch
22 what group you all are with?

23 **MR. ENSMINGER:** Bell Legal Group.

24 **MR. BYRON:** Bell Legal Group, okay, thank you. I
25 didn't hear it, sorry. Allergies.

1 meeting, and I'll be back after lunch.

2 **MR. STODDARD:** Could you pull the mike a little
3 closer?

4 **DR. PORTIER:** I'll be back after lunch until the
5 very end.

6 I just wanted to talk to you about two things
7 real quickly this morning. The first is the
8 reorganization of ATSDR. Since ATSDR is doing the
9 Camp Lejeune studies, I thought you would like to know
10 a little bit about how I've restructured the
11 organization.

12 Currently it's a proposed structure but we're
13 operating under that proposed structure while it goes
14 through formal clearance here at CDC and the
15 Department of Health and Human Services.

16 ATSDR used to be in four separate divisions. I
17 felt that the four divisions was not exactly the
18 proper structure for where we wanted to take the
19 organization so we've collapsed the organization down
20 into two divisions. The first division, which is
21 Community Health Investigations, is the division that
22 goes out to communities, does our investigations, does
23 the public health assessments and reports those back.
24 That's where Morris and his group are. They're in
25 that particular group. That group is made up of what

1 was formerly DHAC, the Division of Health Assessment
2 and Consultation, and the division of regional
3 operations. Those are now both in one group, and
4 that's being run now by Tina Forrester.

5 The other groups were the Health Studies Group
6 and the Toxicology and Environmental Medicine Group.
7 Those have been collapsed into one group, and I can't
8 remember its name at this point, so I won't tell you
9 what that name is. But that division is where Frank
10 and Perri are both located. They're now under Steve
11 Dearwent, who is here, within his branch.

12 Everything should be the same as it was before.
13 Those studies are still ongoing and there shouldn't be
14 any, hopefully, change in any of those operations.
15 The focus of this reorganization was to strengthen the
16 science of ATSDR by bringing epidemiology, toxicology
17 and environmental medicine all together under one
18 roof; to do the, the science support for ATSDR and to
19 strengthen our ability to work in the communities by
20 taking all of our community operations under one
21 division and making it better coordinated.

22 The new divisions, the new division of community
23 health investigations is broken into three geographic
24 regions of the United States, southeast, west and
25 central. And then within those regions there are

1 three or four regional offices that are located out in
2 those regions of the United States and co-located with
3 the EPA's regions. So that covers that issue.

4 The other issue I wanted to cover was the Chapter
5 B report and the redaction from the Chapter B report.
6 I know you have some concerns about that. You've
7 expressed them to me very clearly.

8 I wanted to walk you through my thought processes
9 for what we did there and why we did it, and explain
10 to you where we stand with this at this point. Just
11 prior to our release of Chapter B, months ago, the
12 Navy had asked us to avoid putting in the exact
13 locations of active drinking water wells in the
14 Chapter B report. But they'd only done it verbally
15 and we've been after them for months to give us a
16 formal written request for it. The day before we were
17 going to release Chapter B, they sent us the formal
18 written request. When I looked at the request, and we
19 had spent some time looking at what other agencies
20 did, most notably EPA and the U.S. Geological Survey,
21 both of the other two agencies do not report locations
22 of active water wells. The reason they do this is
23 because they feel they are a -- they are a terrorist
24 threat, and they do not want to sort of make it
25 easier. That's a simple way to put that.

1 But those two requests and the request from the
2 Department of the Navy, we decided that the most
3 prudent approach was to redact the information,
4 release the report rather than wait to release the
5 report while we thought a long time about this issue,
6 and then move on from there.

7 Now, it was clear at the time that we redacted
8 the information from the report that the Navy had not
9 matched the legal requirement for a FOIA override with
10 what they had told us. That was quite clear to us at
11 the time. The choice, and it was my choice, to redact
12 was based upon several things. The first is that the
13 main purpose of that document was to provide the
14 history of the aquifer on which Camp Lejeune sits, to
15 be able to show where the plume existed, and at one
16 time it existed there.

17 **MR. ENSMINGER:** Plume?

18 **DR. PORTIER:** The plume, the toxic chemicals in
19 the water. It's called a plume.

20 **MR. ENSMINGER:** Plumes. Plural.

21 **DR. PORTIER:** Plumes. Yeah, multiple plumes.
22 And it -- knowing the exact location of the wells did
23 not reflect upon that particular purpose of this
24 particular document.

25 The second was that we had used all the

1 information in developing the document and in
2 developing the water model so whether I put that
3 information in this report or not, it did not affect
4 the scientific integrity of our work.

5 Now the downside of that, I've been told, is that
6 no one can reproduce this work without knowledge of
7 those well locations. So to solve that problem, we
8 have put into place a process whereas anyone wanting
9 to reproduce this can have access to those well
10 locations. We will send them to them under a
11 confidentiality agreement and they are welcome to
12 reproduce our work with all of the information that we
13 have. So there's no restriction there.

14 In the meantime, we have received FOIA requests
15 on the Chapter B redacted version. That FOIA request
16 now triggers a legal issue that is in the hands of our
17 Office of General Counsel between -- of whether or not
18 we can release the unredacted Chapter B report. We
19 are working with the Department of the Navy to get the
20 necessary documentation, if they do not want us to
21 release that information, but we have yet to resolve
22 that issue.

23 That basically covers the Chapter B. I'll be
24 happy to answer any questions for you but that's where
25 we stand with Chapter B.

1 Chapter D is currently in review, on its way.
2 There will be no redactions from Chapter D as far as
3 we know and it should be fine. Thank you very much.

4 **MR. ENSMINGER:** So you've adopted EPA and USGS's
5 FOIA policies.

6 **DR. PORTIER:** It's not a FOIA policy the USGS and
7 EPA have. It's really just an internal policy, and I
8 suspect that if they were FOIA'd on the issue, that
9 would require them to think long and hard about the
10 policy. They're just using that as a guidance at this
11 point and that's what we are doing as well; we are
12 writing a guidance for ourselves on what type of
13 information we do release about vulnerable assets like
14 water wells.

15 **MR. ENSMINGER:** Well, there's only one big
16 difference here between the EPA and the USGS. I do
17 believe that ATSDR was mandated by Congress to do
18 human exposures and health effects at NPL sites.

19 **DR. PORTIER:** That is correct.

20 **MR. ENSMINGER:** And your mission is different.
21 Your mission affects lives and impacts lives. The EPA
22 and the USGS do, to some degree, but not to the extent
23 that your work does here. And when you got a polluter
24 who's dictating to the investigating body what they
25 can and can't use, the only term I got for that is

1 bullshit, okay? That's what it is. Now what year was
2 9/11?

3 **DR. PORTIER:** 2001.

4 **MR. ENSMINGER:** Okay, now all of a sudden in 2012
5 the Department of the Navy has concerns about the
6 safety of their people? They want to protect these
7 well sites and locations and, oh, my God, how are we
8 going to mask those hundred-and-some-foot-tall towers?
9 Have y'all developed a cloaking device over there at
10 the Department of the Navy for that?

11 **MS. FORREST:** I can't speak to that.

12 **MR. ENSMINGER:** I mean, they're big red and white
13 checkered tanks stuck in the middle of barracks and
14 the middle of housing areas. This is bull. You got
15 drinking water supply wells right out along Highway
16 24, and the only protection around them is a
17 chain-link fence and a locked door (unintelligible).
18 This is nothing more than CYA for the Department of
19 the Navy and the Marine Corps. I'm sick of it. And
20 it's about time somebody that's supposed to be looking
21 out for public health gives a little bit of push-back.
22 That's all we expect. You're serving us. We didn't
23 ask to be poisoned but we were.

24 **MR. PARTAIN:** Dr. Portier. In regards to all
25 this scurrying that's been going about redacting and

1 what have you from -- at the request of the Department
2 of the Navy, I'd like to know, and doing all this both
3 on the website, the reports and what have you, has an
4 investment of time. What effect has this work done on
5 the water modeling, the Chapter B reports and anything
6 that is upcoming for Camp Lejeune? Are we adding more
7 delays to what we -- you know, the answers that we're
8 patiently waiting for? And number two, I want to
9 point out, you know, like Jerry said, about the
10 cloaking device with the red and white checkered
11 towers. Please consider that this is an active
12 military base. I for one, if I was to go to the main
13 gate with malicious desires to the base, I would be
14 stopped and I would be turned around. And if I tried
15 to charge past the main gate, I would be shot because
16 there are armed guards. The base is a military
17 installation. It does not have the free public access
18 for people to go in there unless as a terrorist I went
19 and paradropped in the middle of the night, and I'm
20 quite sure the Marine Corps would see that too. So
21 anyways, what about delays?

22 **DR. PORTIER:** So let me assure you there are
23 no -- this causes no delays, certainly that I am aware
24 of. The redactions that we have done, and let me
25 repeat about them, the only thing redacted in Chapter

1 B's report are the exact locations of active drinking
2 water wells. That's all that was redacted; oh, and
3 pumping station and some other parts of the water
4 system.

5 **MR. ENSMINGER:** Yeah, the towers.

6 **DR. PORTIER:** That's all that was redacted.

7 **MR. PARTAIN:** So all the closed wells, like for
8 example, well 602 --

9 **DR. PORTIER:** All the closed wells are there
10 exactly where they are with their exact location.
11 It's only the active drinking wells which have been
12 redacted.

13 **MR. PARTAIN:** Let me ask you, has the Marine
14 Corps or the Department of the Navy made any other
15 additional requests about redacting information or
16 preventing ATSDR from releasing documents or what have
17 you in regards to this Chapter --

18 **DR. PORTIER:** It's Chapter B.

19 **MR. PARTAIN:** Yes.

20 **DR. PORTIER:** Not that I'm aware of. There is
21 one particular document which they have it marked, I
22 forget the exact wording on the document, that
23 basically said this is for official use only. In fact
24 I think that's what it was marked as. And I believe
25 my staff followed up with them. I don't know what the

1 outcome of that is, whether they would allow us to
2 release it or not. But that was their designation.

3 **MR. PARTAIN:** Are you referring to the 1977
4 (unintelligible) report?

5 **DR. PORTIER:** I would have to check with my
6 staff.

7 **MR. ENSMINGER:** Correct me if I'm wrong but
8 didn't they classify all of the documents as FOUO now?

9 **DR. PORTIER:** Not that I'm aware of.

10 **MR. ENSMINGER:** Yeah, they did.

11 **MR. BYRON:** What's FOUO?

12 **MR. PARTAIN:** For official use only.

13 **MR. ENSMINGER:** For official use only.

14 **DR. DAVIS:** Is your staff here? You can clarify
15 that.

16 **DR. PORTIER:** Morris would be one.

17 **MR. PARTAIN:** We'll follow up with Morris after
18 lunch.

19 **MR. ENSMINGER:** You take the O's out and it's FU.

20 **MR. PARTAIN:** Dr. Portier, I'm, with the --

21 **DR. PORTIER:** Let me finish.

22 **MR. PARTAIN:** Okay, go ahead.

23 **DR. PORTIER:** We have security on the Marine
24 base. We've made this clear in multiple statements to
25 the press and other groups, the security of our Marine

1 Corps base Camp Lejeune is not our concern; it is the
2 Marines' concern, and we will listen to their concerns
3 and act accordingly. There is a legal requirement for
4 a FOIA request that they must respond to, and that is
5 something they have to do at this point. But as far
6 as the security of that base goes, especially the
7 infrastructure on the base, we will follow their
8 request almost certainly.

9 **MR. BYRON:** This is Jeff --

10 **MR. PARTAIN:** And to follow up --

11 **MR. BYRON:** Go ahead.

12 **MR. PARTAIN:** On follow-up on the documents and
13 the FOUO. Is it ATSDR's intention that once these
14 chapters are published and the documents are cited in
15 the chapters, that these documents be published in
16 their entirety for, you know, so people in the public
17 and other people can follow up and research? For
18 example, when the 2007 Tarawa Terrace report was
19 released, there were accompanying DVDs with the CERCLA
20 library and documents supporting the research that you
21 all did.

22 I am concerned that the opening salvo in this
23 latest game of the Department of the Navy and the
24 Marine Corps concerning the terrorist threat and
25 security concerns, that we're going to start to see

1 heavy redactions in documents to where they're going
2 to be worthless to myself, Jerry and anyone else that
3 wants to go through and research this, and verify what
4 you guys are finding and what you're saying, and also
5 checking on the conclusions. To me access to that
6 information is critical and it's part of your task as
7 ATSDR to make sure that we understand what happened to
8 us.

9 **MS. BLAKELY:** I have a concern too. You say that
10 people will be able to access that information if they
11 sign a form saying they won't share it? Isn't that
12 the main problem of this whole thing, no sharing? Was
13 it hard to find people that would agree to do the
14 study with you? People that are affected? If this
15 information is hard to get to, people won't know about
16 it, just like they still don't know about it.

17 **MR. BYRON:** Yeah, this is Jeff Byron. I'll be
18 honest with you, I got a call from a North Carolina
19 news agency, wanting my opinion on the redactions.
20 Well, I didn't give an opinion because I have read
21 about it, you know, I wasn't really up on it. To be
22 honest with you, being a former Marine and my son
23 being a Marine, I think, you know, what's best for the
24 society and culture at hand.

25 I don't have a problem with the redactions. What

1 I got a problem with is like in 1983 when the Beirut
2 bombing hit, they locked down my base. They had gate
3 guards at all the base housing. Did they test the
4 water? If they're so concerned about a terrorist
5 threat? Okay? And right after that, one of the --
6 first off, you may get on base, okay, without being
7 shot because a news agency at the same time packed a
8 van full of cardboard and parked it right in front of
9 headquarters right after that. So I'm not real sure,
10 okay?

11 But as a Marine, former Marine, what, those
12 former Marines -- but as a, you know, as a father to a
13 Marine, I want the Marines safe. But can you tell me
14 that I'm drinking poisonous water now? I doubt that.
15 And I don't know if I believe it, to be honest with
16 you. It sounds like you're kind of giving away the
17 farm a little here and there.

18 **DR. PORTIER:** Well, we --

19 **MR. BYRON:** Slowly but surely.

20 **MR. ENSMINGER:** We just had a congressional --
21 several congressional staffs had a meeting with the
22 Office of the Secretary of Defense, his counsel and
23 representatives from Headquarters Marine Corps about
24 this issue. And Senator --

25 **MR. BYRON:** Can you tell me when Congress is

1 going to act? They've known for, let's see now, well,
2 I was there in 2000. What're they waiting on? I
3 guarantee it, y'all really already know half the
4 results. You see the documentation and the data, and
5 I've yet to hear anyone say these kids were exposed
6 and their illnesses are caused by what happened at
7 Camp Lejeune. And I'll tell you I want to hear the
8 results in the next meeting, and I'm probably not
9 going to be very, yeah, I'll hold my tongue 'til the
10 end but I'm going to pretty much bash every department
11 of the government because I -- the judicial branch has
12 done nothing. It basically all boils down to
13 everybody gets a check from Uncle. 'Cause like I'm
14 the skeptic still here. I was a skeptic the day you
15 met me; I'm still the skeptic. And there's reasons,
16 because our families are suffering. There's now a
17 cancer in my family for the first time ever that I
18 know of, okay? I'm not going to say which family
19 member but I'm very upset because you guys are taking
20 seven years of my time up. Twelve years since you
21 notified me. And not one result has come out of this?

22 And I'll tell you right now, I'm pretty much
23 requesting that the Secretary of Health and Human
24 Services be here at the final meeting as far as these
25 results of these studies, which I hope is the next

1 meeting. And if she can't make it, by God I can go to
2 Washington so that we can arrange our schedule around
3 hers. Because for somebody to sit up in the Supreme
4 Court for three days and listen to healthcare for the
5 whole nation when 12 million of us here aren't even
6 citizens, okay? Where is she in this situation? Why
7 hasn't she been at this meeting? This is the largest
8 toxic water spill in the nation and by God you know
9 what they say in the Marine Corps? What rolls
10 downhill? Well, I'm at the damn bottom as a victim.
11 And I want to look up and see who's rolling it on me.
12 I'm pretty sure it's the administration, just like
13 every previous administration. But I want her at the
14 meeting if that's at all possible. And if she can't
15 make it, then we adjust our schedule to be in
16 Washington to meet her. But I'd like to hear where
17 it's going from, after this, right from her. What
18 recommendations, if any, will be made to Congress for
19 the help of these kids, and for family members and for
20 the veteran Marines who are sick.

21 **MR. ENSMINGER:** Like I was saying, Senator
22 Nelson's representative at this meeting asked a very
23 pointed question of the representative from the I and
24 L, Installations and Logistics, from Headquarters
25 Marine Corps, he's a retired colonel. He said, well,

1 do you have any contractors working on these water
2 systems down in Camp Lejeune? He said, oh, yeah,
3 yeah, we just got done installing a whole bunch of new
4 pipeline and new valves, the whole works. And he
5 said, well, can you provide me a list of the employees
6 that work for that contractor? No. Have you
7 recovered the blueprints from the contractor who
8 installed all that? No. Come on. These, these
9 concerns are bullshit. I'll say it again, okay?

10 **MR. BYRON:** I might as well (indiscernible) this.
11 Here's the other thing I'm worried about that is my
12 concern.

13 What I see in the studies -- this is Jeff. What
14 I see in -- are we on here?

15 **MR. ENSMINGER:** They shut you off.

16 **MR. BYRON:** Well, I'll speak loud enough so
17 everyone can hear me.

18 **DR. DAVIS:** No, it has to be recorded, Jeff.

19 **MR. BYRON:** My other concern in these studies is,
20 is we're studying the land and the water just fine.
21 Okay.

22 **DR. DAVIS:** We have, we have a problem --

23 **MR. BYRON:** Hold on a minute, I'm talking.

24 **MR. ENSMINGER:** Wait, your mike.

25 **DR. DAVIS:** We have a problem hearing. That's

1 what I'm trying to tell you. There's a problem.

2 **MR. ENSMINGER:** It won't get recorded.

3 **MR. BYRON:** I don't care if this gets recorded or
4 not, personally. What I'm more concerned with is how
5 about the children? I'll be honest with you, you're
6 conducting these, this study for the children in utero
7 how long ago? Where's the follow-up? I don't know of
8 any doctors called my house. I don't know of
9 anybody's requested a physical from my daughters or my
10 grandson or me or my wife, being the exposed personnel
11 that were on base. I mean, even rats get checked
12 after they're exposed to see what illnesses they come
13 down with, don't they?

14 **MR. ENSMINGER:** And monkeys.

15 **MR. BYRON:** Huh? Well, what's up? All your care
16 about's the land? I know that's all the government
17 cares about 'cause they'll just trash it again later
18 anyway.

19 **DR. PORTIER:** So there were a lot of questions in
20 there. Let's hope I can remember them all.

21 **MR. BYRON:** Let's start with the Secretary.

22 **DR. PORTIER:** Duly noted. I've written down that
23 you'd like to meet with the Secretary of Health. I
24 will pass that on.

25 **MR. BYRON:** I'd like her to be at the meeting and

1 explain where it's going from here.

2 **DR. PORTIER:** Well, like, I don't do security
3 phases, I don't schedule for the Secretary, I can't
4 guarantee she will be here but we will ask.

5 **MR. BYRON:** Can't even get (unintelligible) here.

6 **DR. PORTIER:** Mike, I can't give you a blanket
7 promise that every single document we used to develop
8 the report will be released. I can't do that; that's
9 not possible. Certain of those documents do indeed
10 belong to the Department of Defense or the Department
11 of the Navy or the Marine Corps, and we don't release
12 their documents if they tell us not to. It's just not
13 our responsibility to do that nor do we actually have
14 the authority to do that.

15 If they refuse to release it themselves or won't
16 let us release it, then the only legal action we have
17 is through FOIA, Freedom of Information Act. And they
18 then have to make a case for why they are not
19 releasing the document. Have I got that right, Deb?
20 Yes, okay.

21 **MR. PARTAIN:** Well, Dr. Portier on that note,
22 though, I mean, ATSDR is supposed to be doing a health
23 study for the effects, what happened to us. And
24 you're investigating a national priority listed site,
25 Camp Lejeune. The polluter, the Marine Corps and the

1 Department of the Navy, holds these documents so they
2 control the information and as you know the axiom, who
3 controls the information controls knowledge and truth.
4 If you're using documents to develop a report, those
5 documents need to be out.

6 Now, if there's something security-wise, like the
7 Navy's brought up the locations of the towers and
8 active water wells, then redact that information. But
9 the other reports, I mean, I can't understand how you
10 can complete your mission and give the public and the,
11 you know, the families and the service personnel at
12 Camp Lejeune a viable report without providing the
13 documentation to support that report. I mean, that,
14 to me that's not possible. And we saw a good example
15 of that is the 1997 Public Health Assessment that your
16 agency produced. It was a POS. And one of the clear
17 indicators at the beginning was where were the
18 references? They evaporated. So the question I have
19 is, you know, there was a reason why it evaporated.
20 You know, we have our suspicions; of course, there's a
21 different, several different versions from ATSDR why
22 that documentation for that public health assessment
23 went away.

24 **MR. ENSMINGER:** Fell off a truck.

25 **MR. PARTAIN:** Yeah. My question would be, well,

1 there's a lot of different ways you can construe that.
2 If you're doing your report and you come across
3 something that the Marine Corps and the Navy does not
4 want to release, we'll just -- we just won't sign it.
5 So that information disappears. We don't know about
6 it. That is why, you know, it's imperative that your
7 agency identify the key documents, site them in the
8 report and get those available to the public,
9 otherwise we're not going to know. And this is not
10 right.

11 **MR. ENSMINGER:** Well, while we're discussing
12 this, before you respond to that, the Department of
13 the Navy and the Marine Corps came out with a new
14 version of their question and answer booklet on the
15 16th of March. Melissa, I'm speaking directly to you.
16 They continue to put out obfuscated information in
17 that question and answer booklet and omissions, big
18 ones. Like the regulations pertaining to drinking
19 water back at the time these, this contamination took
20 place.

21 I discovered one of your own documents two months
22 ago. It's titled P-5010-5, dated August of 1963,
23 which clearly the Department of the Navy adopted the
24 public health service, service's recommendation for
25 carbon chloroform extract method of testing for total

1 organics in drinking water. They issued the BUMED
2 instruction the month following the issuance of the
3 NAVMED, which set a limit of 200 parts per billion of
4 total organics in the finished drinking water. That
5 was in 1963, September.

6 Every one of the chemicals that was discovered in
7 Camp Lejeune's drinking water is an organic substance.
8 Had they been doing those tests like they were
9 required to, they would have discovered this
10 contamination decades earlier.

11 In 1972, they reissued the BUMED, in December of
12 1972, 6240.3C, and they lowered the standard from 200
13 parts per billion to 150. Now, the Department of the
14 Navy's latest stance through their lawyers is, well,
15 just because we can't locate the analytical result
16 sheets for those tests doesn't mean we didn't do them.
17 Give me a break.

18 In 1980, when they were told that they had these
19 contaminants that were interfering with the THM
20 testing, and they didn't take those wells offline;
21 they didn't even bother testing the wells for five
22 years, that's proof. They weren't doing their ^
23 testing that they were required to be doing for total
24 organics.

25 So why is the Secretary of the Navy and the

1 Commandant of the Marine Corps putting their names on
2 a booklet that's full of lies and omissions? Their
3 coin phrase in there is, there weren't any regulations
4 for TCE, PCE and benzene at that time. No, you have a
5 damn standard for all of them. Don't worry about it.
6 Just write it down and take it back to your superiors
7 and say, hey, we're, you know, this is not true.

8 **MS. FORREST:** Can you repeat what you said, it
9 was PE50 or?

10 **MR. ENSMINGER:** P-5010-5, dated August of 1963.
11 It's a NAVMED-issued document.

12 **DR. DAVIS:** Perhaps, Jerry, if you have a copy
13 you could provide it.

14 **MR. ENSMINGER:** Oh, yeah, I would.

15 **DR. DAVIS:** They may not be able to find it.

16 **MR. ENSMINGER:** These microphones are spotty.

17 **MR. PARTAIN:** Now they're cutting out on you.
18 Well, the Navy apparently doesn't understand their own
19 documents because they refer to them as --

20 **MR. ENSMINGER:** Mike.

21 **MS. BLAKELY:** That's been said off the record.
22 It needs to be on the record.

23 **DR. AKERS:** I talk loud enough that I think I can
24 be heard. I want to speak to something Jeff --

25 **MR. STODDARD:** Hold, hold on, Paul. Just a

1 second. Let's get this mike issue fixed.

2 (pause for microphone repair)

3 **MS. RUCKART:** Hey Sandra, can you see us? Are we
4 streaming now?

5 **MR. ENSMINGER:** She didn't hear you.

6 Hey Sandy?

7 **MR. PARTAIN:** If we don't have the mikes, she
8 can't hear you.

9 **MS. BRIDGES:** Yes, I can -- it's streaming, yes.

10 **MS. RUCKART:** Thank you.

11 **MS. BRIDGES:** You're welcome, and thank you.

12 (pause for microphone repair)

13 **MR. STODDARD:** Okay, while we're trying to get
14 the mikes fixed, we can use the hand-held mike, pass
15 it around.

16 **DR. AKERS:** What I was going to say, I'd like to
17 speak to something Jeff had mentioned. As far as I
18 can tell I'm the only person in this room who was
19 exposed to the contaminants as a child.

20 **MS. BLAKELY:** No, I was.

21 **DR. AKERS:** We were there for nine years. We
22 played under these infamous water towers. The ground
23 was wet. We played baseball at the other end of
24 Tarawa Terrace, Tarawa Terrace one. We all went to
25 school at one site.

1 There's only, there are only three cases of
2 cancer in my family: my mother and my sister and
3 myself. They're both deceased, okay? When is bench
4 work going to be done to prove that we were victims of
5 contamination? We do water models, and I appreciate
6 statistics but I want to know when somebody's going to
7 sit down at the bench and do some hard science to
8 determine can these agents cause what we're being
9 diagnosed with. I mean, we can do large trends, of
10 course. I want -- I would like for someone to sit
11 down and say yes, PCE can produce non-Hodgkin's
12 lymphoma. Hard science.

13 **MR. BYRON:** Like I say, even the rats get checked
14 once in a while.

15 **DR. PORTIER:** All right, so to finish up. So
16 Mike, I really agree with you but just because I
17 philosophically agree with you that all of the
18 information should be put in the public domain for all
19 of the, all of what we do on behalf of the U.S.
20 government and behalf of the people of the United
21 States, I don't control all the rules and I don't
22 control all the regulations. I cannot break law just
23 to make something -- just for my own philosophical
24 satisfaction. We must follow the letter of the law
25 and the letter of the law won't allow me to release

1 documents that don't belong to my agency. So that --
2 I can't make you a promise other than to say if we own
3 it, it's going to be out there.

4 **MR. PARTAIN:** But doesn't the fact that you're,
5 when you cite these documents, it's part of your
6 report?

7 **DR. PORTIER:** Go ahead. I'll repeat the
8 question.

9 **MR. PARTAIN:** Because your agency is citing and
10 using these documents as part of your report, in
11 essence they do become part of what ATSDR is doing.
12 Now I understand if you want to talk about legal
13 ownership being for the Marine Corps and the
14 Department of the Navy, but there is also a legal
15 requirement that the Department of the Navy and the
16 Marine Corps release these documents under CERCLA,
17 under the 50-year record retention. So in essence
18 they are a part of the public domain, and your work is
19 part of the public domain and the documents therein
20 cited are public domain.

21 **DR. PORTIER:** So if you didn't hear, Mike's
22 question was, since we've cited the documents, doesn't
23 that ultimately fall under public domain on our
24 ownership, and because these are CERCLA records, one
25 of their legal mandates that require these CERCLA

1 records to be released.

2 I don't know the answer to the second part about
3 CERCLA records all being able to be released, but the
4 answer to the first question is the same one I've
5 given you before: just because we've cite -- just
6 because we've used it does not put it into the public
7 domain. We can do things under, for our eyes only,
8 and allow us to use some documents. We've done it
9 before in other situations and we will certainly end
10 up doing it again at some point. So that's not a
11 precedent.

12 **MR. PARTAIN:** And that would be the same for a
13 private polluter like Monsanto, DuPont?

14 **DR. PORTIER:** In fact, one of the first cases I
15 had here was the case of a private polluter who had
16 given us some information confidentially before I came
17 here, and we weren't allowed to release the
18 information, which annoys me to no end. But yes, the
19 answer is that there are cases where they have, the
20 agency has accepted confidential information and not
21 let it go.

22 Finish quickly with the last few questions and
23 then hopefully I'm done. You asked if the water was
24 safe to drink at this point. By law the Marines have
25 to follow the Safe Drinking Water Act which was

1 enacted, and they are indeed, like every other
2 municipal water supply in the United States, they must
3 test their water on a routine basis and report those
4 tests to the Environmental Protection Agency, so
5 technically they are as safe as anywhere else in the
6 United States. And I think that covers the questions.

7 **MR. BYRON:** Environmental Protection Agency
8 didn't tell me for 15 years. The Environmental
9 Protection Agency didn't tell me about this exposure
10 for 15 years, and I'm supposed to trust them? Who am
11 I supposed to trust? You guys? You're getting a
12 check from Uncle too, okay?

13 **MR. ENSMINGER:** Jeff.

14 **MR. BYRON:** What? I'll give it to you in a
15 minute. But they knew for 15 years. They knew from,
16 maybe not 15 -- no, North Carolina EPA knew in 1982,
17 according to the record. Where were they? The Marine
18 Corps knew in 1980. They talk about security in the
19 Marines and they just let a half a million of them --
20 I take that back. They probably didn't know 'til '80.
21 After '80 they knew. They let my family be exposed
22 for no reason at all. I lived on base. They had to
23 be off base. They never stopped it. I don't trust
24 them. I wouldn't trust the government now; I wouldn't
25 trust the Marine Corps and the base water now. If it

1 was me, there should be some regulations, some laws
2 passed through Congress and your buddies that stop
3 this, and say somebody's going to follow up on this
4 that has no connection to the military, no connection
5 to the government, at every single base. That's the
6 only way it's going to stop.

7 **DR. DAVIS:** Jeff and Jerry, you're addressing
8 some issues that have not been resolved really since
9 the beginning of this country. It has to do with what
10 is a trade secret and unfortunately, and I would
11 invite counsel here to clarify this, but it can be a
12 trade secret that what you've done has produced a
13 product that has killed somebody. And settlement
14 agreements are signed with the condition of agreement
15 to secrecy. That's the way our legal system works.

16 Now my question is whether there's a basis for
17 seeking to override that through, for example, saying
18 that anyone who wants to make a query about these data
19 can sign a nondisclosure agreement, which means that
20 you agree to use the information but not disclose
21 information that would be materially relevant to a
22 business.

23 But this is a very challenging issue in the law,
24 and it's really become a tremendous barrier to
25 research as well. 'Cause we can't get that

1 information about what's gone on because it's a,
2 quote, protected trade secret.

3 **MR. PARTAIN:** But this is not a trade secret.
4 The Marine Corps was not producing anything. They
5 weren't producing ^ . This is not a trade secret.

6 **MR. BYRON:** They were producing birth defects.

7 **MR. PARTAIN:** Yeah, producing death, mayhem and
8 destruction but...

9 **MR. ENSMINGER:** Okay. Let me -- I got a
10 question. The Marine Corps and Department of the Navy
11 love to make the statement that first and foremost let
12 us assure everyone that our drinking water meets all
13 drinking water standards of the day. Hell, that's
14 what they were saying when they were poisoning us.
15 Now, let me ask you this: where are the
16 toxological(sic) profiles on munition contaminants?
17 Those things disappeared in the early 1990s and
18 haven't resurfaced. RDX, HMX, TNT, where are they?
19 Where are the risk assessments for them? They had
20 been published on ATSDR's website for the first year
21 or so and then all of a sudden they just disappeared.

22 **DR. PORTIER:** Ed? You're better poised to answer
23 this than I am.

24 **MR. STODDARD:** Could you introduce yourself,
25 please?

1 **DR. MURRAY:** Ed Murray, ATSDR. I'm the Acting
2 Director for the Division of Toxicology and Human
3 Health Sciences.

4 We have a toxicological profile that's in the
5 final stages for release on RDX. We also have a
6 toxicological profile on TNT and other things like
7 that, so those documents are out there. And they
8 still are on our website.

9 **DR. PORTIER:** And we're just finalizing the
10 (inaudible) which is also used (inaudible).

11 **MR. ENSMINGER:** Yeah, I know. And unfortunately
12 we used it first. They did the risk assessments
13 after.

14 **MR. STODDARD:** Are there any other questions for
15 clarification or reactions to the redaction issue?

16 **MR. PARTAIN:** One other thing. Dr. Portier.
17 Dr. Portier, on, you know, I understand what you're
18 saying with the redactions issue. I'd just like to
19 bring up that one of the researchers working on the
20 reports for Camp Lejeune did put in writing their
21 concerns and their obje -- I would say contradictions
22 to what you were saying as far as the validity of the
23 report, and that brings concern to the community that
24 the very people working on the research are, and one
25 of them has at least put in writing that the

1 redactions requested by the Marine Corps and the
2 Department of the Navy will affect the validity of the
3 report. Can I have your thoughts on that, please?

4 **DR. PORTIER:** Difficult issue to easily explain.
5 That particular writer and I just plain disagree.
6 Scientific integrity of a work has to do with a lot of
7 different issues related to scientific integrity, but
8 one of the key issues is reproducibility. It's not
9 the only issue; it is one of the key issues, however,
10 in the scientific integrity of the report.

11 There is concern that if you do not have access
12 to the exact location of all the wells at Camp
13 Lejeune, then you cannot reproduce this report. I'm
14 still exploring this a little bit. I'm not actually
15 certain that that's the case. Modeling is my area of
16 expertise, and I'm still having a little bit of
17 trouble trying to understand why that's the case here.

18 Briefly the idea is that the wells, go down into
19 the water and they have this plume of poison running
20 through the water, and when it hits the well, that's
21 when the well starts pumping parts per billion of bad
22 stuff. So you do have to know the exact location of
23 all the wells that are in the poison -- or in the
24 included area, which is in the report. But the wells
25 that are pumping only clean water, it's still not

1 clear to me why we have to know the exact location of
2 those wells because I could easily pump clean water
3 from anywhere and that would still satisfy the
4 modeling. So we're still debating the question.

5 But let's say they're even right. If they're
6 right, that's why we put into place the ability for
7 someone to come in and get all the information so they
8 can reproduce what we do, which keeps the scientific
9 integrity of the report there.

10 **MR. ENSMINGER:** Well, I have a question about
11 that policy there that you just spoke of, about people
12 that want access to this thing, you know, they can
13 come in and request this stuff and you will provide
14 them with the -- what was it?

15 **DR. PORTIER:** It's basically, oh, sorry. It's
16 basically the same agreement that you signed when you
17 read the report, confidentiality --

18 **MR. ENSMINGER:** Well, you know, that doesn't make
19 any damn sense because if I'm a terrorist, I don't
20 give a shit about confidentiality, okay? I'm going to
21 get the information and I'm going to go kill millions
22 of people and then run up to the main gate and let
23 them kill me. I'll blow myself up. Okay? So that
24 doesn't -- that -- holy shit, I mean, I feel like I'm
25 in the *Twilight Zone* here.

1 **DR. PORTIER:** The key here is that you have to
2 have a reason for working a report and you have to be
3 qualified to use it to do what you want to do. Those
4 would be checked before you would be given the
5 information in there.

6 **MS. BLAKELY:** I have a question. So the only
7 reason people would want this report is to do
8 research? Is that what the ATSDR is supposed to do?

9 **MR. ENSMINGER:** That's the peer review.

10 **DR. PORTIER:** No, the report is still there.
11 It's the location of the active drinking water wells.
12 That's the only question being addressed. And the
13 active drinking water well locations are something
14 that we will be, we would be willing to share with a
15 researcher who wants to reproduce our results. But
16 they have to be a researcher and they have to have the
17 ability to reproduce the results, so they'd have to
18 have Morris's modeling capabilities. If they don't
19 have those two things, we wouldn't release the report
20 to them because they don't have a need to see the
21 information.

22 **MS. BLAKELY:** Well, at the end of all of this,
23 are you going to notify the affected community exactly
24 what they could possibly face or have faced?

25 **DR. PORTIER:** Yes, that's what our report's on.

1 **MS. BLAKELY:** And it'll be open?

2 **DR. PORTIER:** Yes.

3 **MR. ENSMINGER:** You know, I really have a hard
4 time understanding the Department of the Navy and
5 Marine Corps' recent concerns about the drinking water
6 all of a sudden. I mean, back in the 1980s when they
7 were told that they were poisoning us, they didn't
8 give a rat's ass. They didn't even test the wells.

9 So now they don't want anybody else to know where
10 the locations are of their wells and water treatment
11 plants and their hundred-and-some-foot tall red-and-
12 white-checkered water tank. What, they want to
13 reserve the right to poison their own people? They
14 don't want anybody else to do it? They want to keep
15 that right?

16 **MR. STODDARD:** Okay, any other questions or
17 reactions to the redaction issue?

18 (no response)

19 **MR. STODDARD:** Okay, we'll close that section of
20 the meeting and move on to the CAP updates.

21 **CAP UPDATES/COMMUNITY CONCERNS**

22 **MR. STODDARD:** Does anybody from CAP have an
23 update they want to share?

24 **MR. ENSMINGER:** I've been traveling all over the
25 United States and even all over the world, really,

1 with the film, the documentary, *Semper Fi - Always*
2 *Faithful*.

3 I've been to Capitol Hill quite a bit. A lot of
4 initiatives taking place on that side of the issue
5 that I can't discuss openly right now but we'll have
6 some information here shortly about an issue up there.

7 We were at Athens last weekend for a film
8 festival. There was an interview on C-SPAN last night
9 that was done the same week that I testified to the
10 Senate Judiciary Committee. There's recently been a
11 letter put out by the Civil Congressional Offices to
12 the Secretary of Defense, which was signed by both the
13 chairman and ranking member of the Senate Judiciary
14 Committee. Next week I go to North Carolina State
15 University for a screening of the film there. Their
16 university bought, their library bought the film for
17 inclusion into the film li -- or the university
18 library, and I'm going to go up and speak after they
19 screen it. Then that next weekend, the 13th, I got to
20 go to the RiverRun International Film Festival in
21 Winston-Salem for four days, two screenings.

22 And then the week following -- the weekend after
23 that I go to Bermuda for Bermuda Fest. And they're
24 going to do a screening at the film festival, and then
25 they are going to show the film to all five high

1 schools that are located on the Bermuda island chain,
2 and they've asked that I -- they twisted my arm and
3 asked me to stay additional days over there to go
4 speak after each screening at the schools. I
5 understand that they cut the F bombs out of the film
6 for the kids so... Kids, they're not going to like
7 the kiddie version but you know.

8 And then I fly back, straight back to Washington,
9 D.C., from there the film has won a very prestigious
10 award. I can't announce the name of it right now
11 because they haven't made their announcement so, but I
12 get to go give a speech to the National Press Club.
13 And then it just continues on from there.

14 **MR. BYRON:** This is Jeff.

15 **DR. DAVIS:** What was the letter about? You said
16 the Senate, they signed a letter, what was -- to whom,
17 about what?

18 **MR. ENSMINGER:** It was about the FOIA.

19 **DR. DAVIS:** And specifically what is -- all
20 right. Can you tell us what the letter says? Do we
21 have a copy of it? Just, I'd be interested to see.

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

23 **DR. DAVIS:** Okay. It's basically asking --

24 **MR. ENSMINGER:** It's on our website.

25 **DR. DAVIS:** Okay. I haven't seen it, Jerry;

1 otherwise I wouldn't be asking. Thank you.

2 **MR. BYRON:** Yeah, this is Jeff again, so I
3 haven't really been too active lately because I'm
4 getting ready to step back from this thing. And once
5 they give us the results of the mortality study and
6 the in utero study, the small for gestation. I
7 started a business recently and I won't have time to
8 put my efforts towards this as well as the medical
9 issues my family's facing.

10 But I'd like to see, I might make one last
11 effort, I'd like to see Jerry and Mike possibly go to
12 the International Council on Human Rights and show
13 them the documentary and explain what's going on.
14 Maybe you already have. I'll be honest with you, it
15 doesn't look like we're going to anywhere with this
16 government. Maybe we need somebody else to push on
17 them a little bit. Because I'll be honest, I think
18 I've stressed my disappointment and how this has gone,
19 and I suspect that they're pretty much going to tell
20 you guys that are all still be here (sic) that we're
21 going to do more studies, and that we can't make a
22 determination of why your children are sick or why
23 they're deformed or learning disabled, losing all
24 their teeth, they have cancer, or pass away even.

25 **MR. ENSMINGER:** Thank you for your service.

1 Shit.

2 **MR. BYRON:** Probably got a point there. So I'd
3 like to see Congress enact some laws where they can't
4 just say we did the testing and get away with it. So
5 that my son as a Marine or your son as being in the
6 Army, officer, enlisted man, whatever, you know, they
7 can go home at night or go off to combat and know that
8 their family isn't being poisoned while they're left
9 on base waiting for their loved one to come home from
10 combat. So that's my concerns; it's still going on.
11 Thank you.

12 **DR. AKERS:** I really haven't been particularly
13 active at this point; I hope to increase my level of
14 activity in the near future. But I have a question to
15 ask Dr. Portier. These documents belong to the
16 Department of the Navy, the U.S. Marine Corps and the
17 Department of Defense, correct?

18 **DR. PORTIER:** Some of them.

19 **DR. AKERS:** Some of them. I just,
20 philosophically it bothers me that the fox, who was
21 supposed to be guarding the hen house, is doing
22 exactly that. I mean, they're only going to give you
23 what they're willing to let you have; am I incorrect?
24 Or do you have free access to everything?

25 **DR. PORTIER:** As I understand the legal issues

1 involved here, they'd better have given us everything
2 at this point. We have maintained all copies of
3 everything we've gotten from them and we intend to
4 maintain those copies. So we're going to be guarding
5 the henhouse as well. It's just we can't release it
6 to everybody. We can only release it under certain
7 conditions to certain groups, but we will retain every
8 single document that we have.

9 **DR. AKERS:** Please correct me if I'm wrong but
10 I'm under the impression that, at least previously,
11 that some documents have been withheld, either
12 intentionally or inadvertently?

13 **DR. PORTIER:** I am under that impression as well.

14 **DR. AKERS:** I guess it's the fox in the henhouse.

15 **MR. ENSMINGER:** Well, you know what? The first
16 thing that's ever said about a community -- the first
17 thing that's ever said about a community that's been
18 poisoned or been exposed at anywhere, the first thing
19 that the investigators and the people doing the
20 studies, the first thing out of their mouth is, well,
21 to gain the trust of the people that were actually
22 affected, we've got to have full transparency. Give
23 me a break. I mean, that was the first thing that was
24 written on that chart, the first meeting we had.
25 Trust. Confidence. Transparency.

1 You know, here we are, representatives of the
2 affected community, the CAP, and we are cut out of all
3 of the discussions between ATSDR and Department of the
4 Navy and Marine Corps. We've never been allowed a
5 seat at the table. And we're the ones that have the
6 most to lose.

7 **MR. BYRON:** We're at the bottom of the hill,
8 dude. What's wrong with that?

9 **MR. ENSMINGER:** I mean, come on. Transparency?

10 **MR. STODDARD:** Mike?

11 **MR. PARTAIN:** And this is Mike Partain. As an
12 update we're at 77 men with male breast cancer from
13 the base, either as dependents, employees or Marines.

14 We have two more gentlemen that I am trying to
15 get a hold of. Their sister contacted me after seeing
16 the film, *Semper Fi*. She has breast cancer and her
17 two brothers have breast cancer as well, so they would
18 be 78 and 79 once I've talked to them. They were on
19 the base, their father was a chef, and they resided at
20 the base for about nine, ten years, I want to believe.
21 But I find it very interesting, this'll be the first
22 time I've run across two brothers with male breast
23 cancer exposed as children. So as soon as I find that
24 out, I will update the next CAP meeting on that.

25 Also as an update with the film, Jerry was

1 talking about traveling, one thing I want to -- like
2 to point out, and this is, you know, the cancers and
3 the things, the illnesses that we're seeing aren't
4 just in the past. They're ongoing. And a good
5 example is the lady in the film who was speaking in
6 front of the NRC in 2009 and holding up a blue jumper
7 of her dead son --

8 **MR. ENSMINGER:** No, sons.

9 **MR. PARTAIN:** Dead sons, well it was one son, and
10 then talking about her other son who died shortly
11 after, was recently diagnosed with not one but two
12 different forms of leukemia. And she's in the fight
13 for her life now. So Camp Lejeune in many ways is the
14 gift that just keeps on giving.

15 Finally touching on, and it just occurred to me
16 when Dr. Akers and Jerry were speaking about the
17 redaction issues and what you said about retaining a
18 library here of it, I'm assuming that ATSDR's been
19 retaining a document library of all unredacted
20 documents from the Marine Corps and the Navy.

21 One of the things here I'm just rolling around
22 the top of my head, you know, we do have a purpose.
23 We do have a reason. We are representatives of the
24 community, and I think we should be given access under
25 the confidence of that agreement to the complete

1 unredacted documents if we need them. Like Jerry
2 said, we have never had a seat at the table. I think
3 it's time that we get that seat and we become an
4 active party and participant in this issue, and
5 nothing else is satisfactory.

6 **DR. PORTIER:** I'll just, to your last point,
7 Mike, I'll check into it and I'll see if we can do
8 that.

9 **MR. ENSMINGER:** Yeah, they won't come to the
10 meetings if we're there.

11 **MR. PARTAIN:** Well, they don't come anyway, so.

12 **MS. BLAKELY:** Mary Blakely. I've been dealing
13 with my father's death. He died -- he was diagnosed
14 with Agent Orange-related lung cancer in April of last
15 year, and he died on January 5th of this year. And so
16 I've been dealing with that, and I actually brought a
17 couple of my files of the infant deaths and infant
18 death certificates that I scanned from the
19 Jacksonville's Register of Deeds and I wanted to give
20 them to Frank. I have all the years from 1950 through
21 part of 1966, and then I have '78 and '79. I tried to
22 look on the computer but I have a learning disability
23 and memory deficit, and doing those types of things is
24 a great challenge to me, and so I decided just to
25 print them out and so that's what I've done. And if

1 you would like to have them.

2 **DR. BOVE:** Sure.

3 **MS. BLAKELY:** And I would, I would really like to
4 hear your opinion.

5 And I also wanted to state that now my father is
6 buried with my mother on Lejeune, and they both died
7 for this country, and they lie in a graveyard across
8 the street from another graveyard where hundreds of
9 babies lie. When is justice gonna come for us?

10 **DR. CLAPP:** I'm Dick Clapp. Hard to follow that.
11 The only things I worked on in the last -- since the
12 last meeting are I attended a class at Princeton
13 University that was organized by the editor of the
14 film, *Semper Fi - Always Faithful*, and in the audience
15 it was a typical powerful showing to his class as well
16 as staff that attended. One of the people that
17 attended was somebody who works at Princeton
18 University but was the mother of a small for
19 gestational age child and one that we know at Camp
20 Lejeune. So it just, again, it sort of brought home
21 the fact that the legacy is still with us.

22 There's another showing of the film in Boston, in
23 Needham, Massachusetts on Wednesday. I think that
24 Pete Devereaux was one of the male breast cancer
25 patients who actually has been compensated, who was at

1 Camp Lejeune, is one of the speakers, and I will be
2 answering questions with him on the panel.

3 And then I'm looking forward to the updates on
4 the health studies, actually. That's perhaps where I
5 can have the most useful input and we're still waiting
6 for that. I'm looking forward to seeing where we're
7 at. I looked at Mary's field deaths and mortality
8 birth (indiscernible) last night and (indiscernible).

9 **DR. DAVIS:** And I would just add having looked at
10 Mary's, that one of the things that one should do is
11 that the local funeral home and the registrar of the
12 death certificates should be contacted because -- yes.

13 **MS. BLAKELY:** I've spoken with the funeral --
14 I've actually gone to two graveyards. There's another
15 graveyard where some babies are. And I spoke with the
16 director of the one graveyard, it's Onslow Memorial, I
17 believe. And she's really willing to work with me. I
18 can -- I have access to all of the, all of her
19 records, but the way that they have them set up is
20 they don't have them, the babies, listed as
21 individuals. They have them under their parents. And
22 they have a wall of bios, a room really. And she said
23 you can go through it but I don't know how long it'll
24 take you.

25 **DR. DAVIS:** The point is, this could be a natural

1 project for the interns you're about to bring in
2 'cause it takes, as you know, a lot of time, a lot of
3 labor to do this, and it's obviously, Mary's put her
4 heart and soul into this, and I'm very impressed,
5 particularly given the disabilities that you have,
6 that you were able to put it together. But it just,
7 as you know, it takes a lot of just shoe leather time.
8 And I know you're about to get a number of really
9 bright -- the best and the brightest of interns coming
10 in here. This might be an appropriate series of
11 projects, including the enumeration of the male breast
12 cancer cases. I know that there's -- we'll talk about
13 that later on today, but there's a tremendous amount
14 of work that has to be done here, and it can't be done
15 just by one person. So it might be a good thing to
16 do, since Jacksonville isn't that far away, one could
17 figure out a way, particularly with electronics, to
18 take advantage of the horsepower that you're going to
19 have.

20 **MR. STODDARD:** Devra, did you have any other
21 comments?

22 **DR. DAVIS:** I'm sorry?

23 **MR. STODDARD:** Do you have any other updates?

24 **DR. DAVIS:** No, not really.

25 **MR. STODDARD:** Okay.

1 **DR. DAVIS:** Nothing that I can talk about right
2 now. Some plans for some ready projects that we're
3 developing.

4 **MR. STODDARD:** Okay. Thank you. Sandra, do you
5 have anything?

6 **MS. BRIDGES:** Well, I, yeah, I'd like to say I
7 concur with Jeff. I believe that the children are,
8 that were conceived, carried and born at Lejeune, they
9 were naturally, everyone should agree, I think, that
10 they were susceptible and they were affected. Why
11 aren't there studies on those children? If they were
12 conceived at Lejeune, carried and delivered at
13 Lejeune, they were, they got it in every direction.
14 Why aren't there studies on those, the ones that we
15 know have had, that have it? That have the --
16 received the toxins. And there's no doubt. And
17 especially if they've gone through the hospital and
18 been an inpatient, and they didn't know why at the
19 time. Why aren't those being studied?

20 **MR. BYRON:** This is Jeff.

21 **MS. BRIDGES:** It results in them.

22 **MR. BYRON:** This is Jeff. I'd like to kind of
23 know the same thing. Why isn't there more follow-ups?
24 I mean, there's no way this is over. This won't be
25 over for my family, ever. My grandson can't have

1 children. Or they're telling him not to 'cause he has
2 a chance of passing on his chromosome deletion. I
3 know there's people in here that probably disagree
4 that that came from the water. You can disagree all
5 you like. I know my family history. I know there's
6 not one single cancer in my family 'til just now.
7 Okay?

8 **MS. BRIDGES:** Yeah.

9 **MR. BYRON:** I know that nobody has lost all of
10 their teeth in my family until this issue, okay?

11 **MS. BRIDGES:** Right.

12 **MR. BYRON:** So if you really want to know what's
13 going on, you ask guys like Mike, how's your health?

14 **MS. BRIDGES:** Right.

15 **MR. BYRON:** You ask Mary how's your health? All
16 these kids who were born under it, and especially the
17 ones you've identified for the study. So that's all I
18 have to say on that.

19 **MR. STODDARD:** Thank you. Any other CAP updates?

20 **MS. BRIDGES:** Yeah, can we hear a response from
21 anyone on that? Do they think it's a good idea or
22 not?

23 **MR. STODDARD:** Frank?

24 **DR. BOVE:** We included all the births as well as
25 the parents that were in that earlier survey that were

1 part of the birth defects of childhood cancer study.

2 **MS. BRIDGES:** I never heard of anything, Frank.

3 **DR. BOVE:** We included them in the survey, the
4 health survey.

5 **MS. BRIDGES:** Yes, but initially. That was ten
6 years ago when they first notified us.

7 **DR. BOVE:** No, the current --

8 **MS. BRIDGES:** I haven't heard anything else about
9 my particular son.

10 **DR. BOVE:** The current health survey went out,
11 was mailed to all the --

12 **MS. BRIDGES:** Yeah.

13 **DR. BOVE:** -- the people who were part of that
14 earlier survey.

15 **MS. BRIDGES:** Right. Not one, not a study has
16 been done.

17 **DR. BOVE:** Well, everyone --

18 **MS. BRIDGES:** -- of children that were conceived,
19 carried and delivered out there at the base.

20 **MR. ENSMINGER:** The study's not done yet.

21 **MS. BRIDGES:** Not one has been done on them, and
22 we know they were --

23 **MR. PARTAIN:** As Jerry just said the studies
24 are --

25 **MS. BRIDGES:** -- contaminated. We know that they

1 know that it's been contaminated.

2 **MR. PARTAIN:** Sandra. What Frank's trying to say
3 is that that's -- the recent health survey is
4 including children, that is not complete. We don't
5 have an answer on it yet.

6 **MR. ENSMINGER:** No. The in utero study's still
7 underway too.

8 **MR. PARTAIN:** And also the in utero study, which
9 I'm a part of, is not complete as well. But one thing
10 I do want to segue into Sandy's point in question
11 here --

12 **MS. BRIDGES:** We're not the only ones. How many
13 more have we heard of, the same thing?

14 **MR. PARTAIN:** I'm getting questions and feedback,
15 especially after the showing of *Semper Fi* on national
16 TV.

17 **MS. BRIDGES:** Yeah?

18 **MR. PARTAIN:** People who have received their
19 health study and health survey were skeptical about
20 it, had reservations because of the natures of the
21 questions and what have you, and they have not turned
22 them in. And that's what this is directed towards,
23 Frank, Sandy.

24 **MS. BRIDGES:** Okay.

25 **MR. PARTAIN:** Can those people still turn their

1 surveys in? Can those people still, you know, respond
2 to it? And I mean, it just -- that was a concern that
3 I was getting from several people in emails and phone
4 calls.

5 **MS. BRIDGES:** Right.

6 **MS. RUCKART:** Well, all of these things that
7 you're talking about are things that we can talk about
8 in depth later when we go into the studies because I
9 do think that we need to move on now.

10 Let's talk about the male breast cancer. Jerry
11 requested that we do that while we have Dr. Portier
12 here. Eddie Shanley, who's working on male breast
13 cancer, is also present, but all of these issues that
14 you're bringing up, we have some updates later on on
15 our studies, and we can get into that and anything
16 else that comes out of those discussions. We can
17 provide you some information.

18 **MS. BRIDGES:** Okay. Thank you.

19 **MR. STODDARD:** Okay, we're going to be adjusting
20 the agenda a little bit again. We've moved up the
21 breast cancer study report. First we'll have a
22 presentation on it from Eddie Shanley.

23 **MR. ENSMINGER:** Why don't we take our break
24 before he gets into this because we're only five
25 minutes off from that?

1 **DR. DAVIS:** Yeah.

2 **MR. SHANLEY:** Hello, my name is Eddie Shanley,
3 and I had started work on the male breast cancer --

4 **MR. STODDARD:** Hold on a second, Eddie. Dr.
5 Portier, what time do you have to leave?

6 **DR. PORTIER:** 11:00.

7 **MR. STODDARD:** You have to leave at 11:00?

8 **DR. PORTIER:** Yep.

9 **DR. DAVIS:** Well, maybe we should return.

10 **MR. STODDARD:** Okay, we have a request that we go
11 ahead and take our break.

12 **DR. PORTIER:** I'll be back at 1:00 if you want to
13 shift this section to the afternoon.

14 **DR. DAVIS:** I think it might -- why don't we
15 start it now? I think we should start it now. If you
16 want to take a five-minute break, ten-minute break, we
17 can start it now. I'm just...

18 **MS. RUCKART:** Earlier when we were having the
19 issue with the microphones, I mean, we're still having
20 it, but when we were becoming aware of it, we were
21 told that they could try to fix that during the break
22 but I think we would need more than five minutes, so
23 if we want them to fix the microphones during the
24 break, we should take maybe 15 minutes or we can --

25 **MR. ENSMINGER:** Ten. We'll go from right now

1 'til 25 of, and then --

2 **DR. DAVIS:** On that clock.

3 **MR. ENSMINGER:** Yeah. And kick off again.

4 **DR. DAVIS:** All right, let's give it a try.

5 **MR. STODDARD:** Ten minutes?

6 **MR. PARTAIN:** Yeah, ten minutes.

7 **MR. STODDARD:** Okay, ten-minute break.

8 **MR. ENSMINGER:** Okay, techies, let's go.

9 (Break taken from 10:25 a.m. to 10:38 a.m.)

10 **MR. STODDARD:** All right, if everybody can move
11 their chairs, we'll go ahead and get started again.
12 We will continue while the technicians are trying to
13 get these table mikes working again.

14 (pause)

15 **MR. STODDARD:** All right, we'll go ahead and get
16 started now. As I was saying before, we'll have a
17 presentation by Ed Shanley, and then we'll do -- I'd
18 like to do it in a sort of organized format so if we
19 could address questions in three ways: First, ask
20 questions for clarification, so let's keep everybody
21 clear about the facts first; then we'll get your
22 reactions; and then we'll get your suggestions for
23 improvement. Does that make sense to you all? Okay?
24 So Eddie, you have the floor.

25 **MALE BREAST CANCER STUDY**

1 **MR. SHANLEY:** Thank you. So just to get started,
2 to give you guys a brief overview of where we've been.
3 I know it's been previously mentioned in past meetings
4 about the male breast cancer study. We have been
5 working on utilizing a case control study which --

6 **MR. ENSMINGER:** Speak up, Eddie.

7 **MR. SHANLEY:** All right.

8 **MR. ENSMINGER:** You're a big guy. Come on.

9 **MR. SHANLEY:** We've been working on a case
10 control study to identify the association between
11 male -- high risk male breast cancer and exposure to
12 (unintelligible). In order to do that we had to try
13 to identify cases of male breast cancer and in doing
14 so we were looking at using the VA Cancer Registry,
15 it's VACCR for short.

16 From those numbers, we are going to also pull the
17 controls and being -- cases being those individuals
18 that are identified with male breast cancer. Controls
19 are those individuals that are identified with a
20 cancer that's not related to the VOC exposure, and we
21 have a list of, I have a list here, of the number of
22 those cancers.

23 We will then look at your exposures based on
24 residence and the water modeling data. And based on
25 that information, then we should be able to determine

1 if there is an association there. That's in general,
2 the general overview.

3 We currently have 186 cases of male breast cancer
4 from VACCR. That number is being verified as we
5 speak.

6 **MR. ENSMINGER:** 186, what kind of cases?

7 **MR. SHANLEY:** Again, unfortunately I don't have
8 access to the data yet. As soon as we --

9 **MR. STODDARD:** Are they Marine?

10 **MR. SHANLEY:** Yes, sir.

11 **MR. ENSMINGER:** A hundred and -- that's what I
12 was getting at. It was 186 Marines, right?

13 **MR. SHANLEY:** Yes, sir.

14 **MR. ENSMINGER:** Okay.

15 **MR. SHANLEY:** So those individuals were
16 identified between 1995, when the VACCR registry
17 began, and December 1st of 2011, when we did our data
18 inquiry. We are trying right now to get an update on
19 those numbers and asking for the clarification
20 shortly.

21 Based on those numbers, we've been able to do
22 some power calculations to determine that this type of
23 study is actually (inaudible). We've also been
24 working with individuals from within the center to
25 develop the methodology moving forward, to make sure

1 that we are looking at all the variables and making
2 sure that the study that's being done is a feasible
3 study.

4 **MR. ENSMINGER:** It looks like you can use your
5 table mike now. You don't have to hold that thing.
6 Just pull it back to you.

7 **MR. SHANLEY:** Sure. So there are some
8 limitations to the cases that we'll be looking at. We
9 will be limiting the cases to those that were born
10 prior to 1969. Given that you were born after that
11 date, you would be 17 years old by 1985 and therefore
12 would most likely not have been exposed if you were an
13 enlisted service member.

14 Some of the other criteria that we're looking to,
15 or data we're looking to gather is also from the
16 patient treatment files.

17 The VACCR records, they hold medical information
18 regarding cancer and cancer-related information.
19 There are some different types of diagnoses that are
20 associated with male breast cancer, and we want to
21 make sure that we include those as possible cofounders
22 in the study, and so we're also pulling information
23 from the VA's patient treatment file. And so we're
24 going to be combining multiple sources of data in
25 order to conduct the study.

1 **MR. STODDARD:** Are you -- hold on.

2 **MR. ENSMINGER:** So you -- you found a hundred --
3 well, they got 186 Marines identified on their cancer
4 registry for breast cancer?

5 **MR. SHANLEY:** Yes. Unfortunately at this time we
6 do not have a clear picture of those cases because we
7 have not been able to access that data but we hope to
8 have that by the end of the month.

9 **MR. ENSMINGER:** Well, how long ago were these
10 identified?

11 **MR. SHANLEY:** This would have been December of
12 2011.

13 **MR. ENSMINGER:** December.

14 **DR. BOVE:** Up to December.

15 **MR. SHANLEY:** Up to.

16 **DR. BOVE:** Starting in '95 up to 2011.

17 **MR. ENSMINGER:** So then what I'm getting at, how
18 long have you had this information? How long did
19 ATSDR have that?

20 **MR. SHANLEY:** Well, in December, when we arranged
21 for conference calls with members from the VACCR group
22 and the VA to talk about moving forward, from that
23 point forward.

24 **MR. ENSMINGER:** So that was what, four months
25 ago?

1 **MR. SHANLEY:** This would have been in -- we had
2 those conference calls in December and in January of
3 this year. We've been moving forward since then.

4 **MS. RUCKART:** Eddie, why don't you tell them
5 about the plans to go to NPRC, where other work is
6 needed, why there are some additional steps that we're
7 looking to do.

8 **MR. SHANLEY:** Sure, sure.

9 **DR. DAVIS:** I have a question, I have a question
10 just to clarify methodology. So the plan is to
11 compare your cancer cases of male breast cancer with
12 other cancer cases. Could you give us your case
13 definition of these other cancer cases as excluding
14 all potential solvent-related cancers and what that
15 category of potential solvent-related cancers will be
16 that you will be excluding in your controls?

17 **DR. BOVE:** Yeah, we have a preliminary list of
18 cancers, at least cancers that --

19 **MR. STODDARD:** Frank, could you pull the mike to
20 you?

21 **MS. RUCKART:** Well, I have the --

22 **DR. BOVE:** You have the list?

23 **MS. RUCKART:** The list is right here. These are
24 the cancers that we talked about previously. This is
25 not set in stone. We have not actually written the

1 protocol. Eddie is going to be talking about some
2 work that he needs to do to gather some information so
3 we can make sure this is feasible, this is going to
4 work. So this is what we have identified right now.
5 Like I said, it still needs to be reviewed by our CDC
6 Institutional Review Board. But the cancers that we
7 are targeting at this point that are not related to
8 solvents are mesothelioma, buccal cavity, larynx,
9 pharynx, stomach cancer, melanoma and bone cancer.
10 These are the ones that we have discussed.

11 **DR. DAVIS:** I'm very concerned to see you include
12 bone cancer given the data on benzene and multiple
13 myeloma. And leukemias --

14 **MR. BYRON:** Yeah, really. My daughter got
15 aplastic anemia.

16 **DR. DAVIS:** I think that that should be
17 reconsidered.

18 **DR. BOVE:** It's a preliminary list.

19 **DR. DAVIS:** Oh, no, that's fine. I'm giving you
20 the feedback that I think you should take it off.

21 **DR. BOVE:** Right.

22 **MS. RUCKART:** Yeah, like I said, this is just our
23 initial thoughts. We haven't gone through any review
24 process so feedback is welcome.

25 **MR. PARTAIN:** Going back to what Jerry was

1 talking about a few seconds ago, at the last CAP
2 meeting, Frank, you told us that there were 185 men,
3 Marines, with male breast cancer from the base, and
4 that there was another -- no number. Not from the
5 base but Marines, I'm sorry, correct. And then there
6 was another group out there that you were still trying
7 to track down to get a number of what they were and
8 what have you. And correct me if I'm wrong, Jerry,
9 but that was December and you're -- now you're sitting
10 here telling us in April that you still have 185, 186
11 Marines but you don't know whether they're from Camp
12 Lejeune or not? I'm a little lost. I thought that
13 was being addressed in December, and at the CAP
14 meeting in December you were supposed to be going out
15 to Louisville to get the answer to where these Marines
16 were from. And here we are four months later and
17 nothing's happened. Is that what I'm hearing?

18 **MR. SHANLEY:** We've had -- so in regards to the
19 additional cases that were mentioned at the previous
20 meeting in trying to identify, at the time we were
21 told where these unknown cases -- we asked the
22 individuals that are managing the VACCR registry to
23 look into that. They have -- those individuals that
24 are -- that were then classified as unlinked were
25 actually non-veterans that utilized the VA medical

1 facilities, and so when they were treated at the VA
2 medical facility, they were then captured by the VA
3 Cancer Registry.

4 **MR. ENSMINGER:** Non-veterans at VA medical
5 facility? What, what, what's the deal with that?

6 **DR. DICK:** I'm by no means an expert on the
7 medical side of VA but I do know from the VA Central
8 Cancer Registry, which Eddie refers to as VACCR, the
9 acronym, the woman who's in charge of that, apparently
10 there are some non-veterans who get cancer care at VA
11 facilities because they're located in areas where, I
12 guess the VA facility has a cancer center or cancer
13 care, but there may not be a non-VA facility, and so
14 apparently, you know, there are a lot of VA medical
15 facilities, you know, over 100, and apparently some of
16 them have agreements to provide some treatment or care
17 for non-veterans. Now I believe some of these may be
18 spouses of veterans but I can't speak to any more
19 specifics than that. But, but that's what we
20 understand there are some actual non-veterans who, by
21 special local agreements, get care at a VA medical
22 facility, and I believe it's a small number but it's
23 still important, as Eddie explained, to exclude those
24 from this, this case study.

25 **MR. ENSMINGER:** Well, I understand that this was

1 not a small number. This was like 30 percent of the
2 breast cancers listed.

3 **MS. RUCKART:** Not the breast cancers, overall.
4 We asked the VACCR to give us information on cancers
5 and then to get very specific for the male breast
6 cancer, and then there were about 38, 37 percent of
7 all the cancers in the VACCR that were not linked to
8 branch of service. And initially we thought maybe it
9 was because they just hadn't gotten to linking those
10 yet. There was maybe -- there were newer cases, but
11 in further discussions we found out about this issue
12 of them seeing non-veterans. So it's not 30 percent
13 of the breast cancers.

14 **MR. ENSMINGER:** Okay. Okay. But getting back to
15 Mike's point and what I was initially just starting to
16 drill down into, where -- how are you going to verify
17 these cases, that have been identified, the 186
18 Marines? How are you going to verify that yea, they
19 were at Lejeune or nay, they were never at Lejeune?
20 When's that process going to start, Eddie?

21 **MR. SHANLEY:** Well, it has. We are looking right
22 now at using the DMDC data.

23 **MR. ENSMINGER:** Uh-huh.

24 **MR. SHANLEY:** That's available electronically for
25 individuals from 1975 to current. Our concern is that

1 for the individuals prior to 1975, in order to access
2 that information we would have to go back and look at
3 the hard copy.

4 **MR. ENSMINGER:** Manually.

5 **MR. SHANLEY:** Manually. In order to access that
6 information we want to make sure that we have all the
7 other pieces lined up. So that way when we go down
8 and start doing these manual searches, we make sure
9 that we gather all the information that we're needing
10 to gather and we're looking at the data that we
11 requested. So these hard copy data, there's, the way
12 I'm told, is that there is a number of different
13 shoeboxes of paperwork that you can request, and so
14 the, if you're requesting the medical files or the
15 personnel files and so forth, those all need to be
16 cleared. And so that's the process we are working in
17 now and hope to have that done -- or will have that
18 done by the, probably the middle of this month.

19 **MR. ENSMINGER:** Who's helping you with this?
20 Perri.

21 **MR. SHANLEY:** Frank and Perri are assisting me.
22 But they both are really busy.

23 **MR. ENSMINGER:** I mean, are you working directly
24 under them?

25 **MR. SHANLEY:** Yes. And for Steve Dearwent as

1 well.

2 **DR. DAVIS:** Again, what about the interns? You
3 need -- you could use a lot of help here. This is a
4 big, big job, really. And so I hope you're planning
5 to capture some of those interns.

6 **DR. BOVE:** Yeah, I mean, we're talking about
7 interns, we're talking possibly about students from
8 the University of Georgia. We're also discussing
9 whether to get -- if the records in St. Louis are
10 good, to get it for everyone, not just for those who
11 started before '75, as a check on the DMDC data that
12 we have. 'Cause we're basing the mortality study,
13 even the health survey was based on the DMDC data, and
14 the notification was based on the DMDC data. And it
15 would be good to see how good that data is with some
16 independent objective records.

17 **MR. ENSMINGER:** So when are we going to start
18 seeing some movement, Eddie? Some numbers?

19 **MR. STODDARD:** Could you be more specific, moving
20 on?

21 **MR. ENSMINGER:** Well, these 186 breast cancer
22 cases that have been identified as Marines. I want to
23 start seeing some numbers. How many of them were at
24 Camp Lejeune? What years were they there? What units
25 did they serve with? You know, I mean, I can sit here

1 and somebody can spout me off a unit that they served
2 with, their company and their battalion and their
3 regiment, and I can tell you where they were at at
4 Camp Lejeune. I mean, but, you know, I want to know
5 when we're going to start seeing some of these
6 numbers. Have you run this stuff through the DMDC,
7 these 186 names?

8 **MR. SHANLEY:** We don't --

9 **MR. ENSMINGER:** Huh?

10 **MR. SHANLEY:** No, sir. We don't have that data
11 yet.

12 **MR. ENSMINGER:** What data?

13 **MR. SHANLEY:** The 186 from the cancer registry.

14 **MR. ENSMINGER:** Where in the hell is it?

15 **MR. SHANLEY:** We are, in order for, in order for
16 us to access that data requires our protocols to all
17 be in place, and that's currently what I'm working on.
18 And right now they are ready to go, they simply
19 (unintelligible). That's what I've been working on.

20 **DR. BOVE:** What we have to do is find out how
21 good this data is in St. Louis. Once we find out how
22 good that data is in St. Louis, which means taking a
23 field trip there and spending a day or two going
24 through the records and seeing how good they are, then
25 we write the protocol immediately and submit it to our

1 IRB and to the VA's IRB, and go from there. We have
2 to go through certain hoops with any cancer registry
3 and that's the hoop that they have for us.

4 **MR. ENSMINGER:** So now you're just waiting to
5 make a trip?

6 **DR. BOVE:** We need to make the trip to see if,
7 just what kind of data we have in St. Louis, yes.

8 **MS. RUCKART:** The one thing Frank said that we
9 would start the protocol, we have the protocol well
10 underway just pending this missing piece, when we find
11 out how good the data are in hard copy. So we are
12 well far along in that process.

13 **MR. ENSMINGER:** What do you need, money for bus
14 fare or what?

15 **MR. PARTAIN:** This is what was told to us in
16 December and my point. You guys said you were going,
17 and here we are in April and no one's gone, and we're
18 being told someone's going to go. Now we're going to
19 hear at the next CAP meeting, oh, well, yeah, we
20 didn't have money for bus fare, like Jerry pointed
21 out?

22 And also, going back to your protocols and stuff,
23 are we looking at just male breast cancer or are we
24 also including breast tumors, 'cause there are a lot
25 of reports of, you know, men with breast tumors, and

1 growing tumors.

2 **DR. BOVE:** What's in the VA Cancer Registry.

3 **MR. PARTAIN:** Okay, I mean, would that capture
4 breast tumors as well, as far as the cancer, like a
5 precancerous tumor? And then second --

6 **DR. BOVE:** No, this is the only, no, we also have
7 a survey. We were trying a number of approaches to
8 get at this issue. One was using the VA data 'cause
9 it's there. And the other is using the health survey.

10 **MS. RUCKART:** And the mortality study.

11 **DR. BOVE:** The mortality study, unfortunately,
12 there are so few male breast cancer deaths. This is a
13 young --

14 **MR. PARTAIN:** You don't need breasts to survive.

15 **DR. BOVE:** Right. So --

16 **MR. PARTAIN:** It's typically not fatal.

17 **DR. BOVE:** Right. That's right. And so the
18 mortality study's not as useful for this purpose. The
19 only things that are useful are the VA data right now
20 and the health survey. If we wanted to explore, and
21 we discussed this in the past and maybe we'll discuss
22 it in the future, some other approach that may involve
23 other state cancer registries, then we can explore
24 that. But let's see if we can use the VA data first
25 and see if it can answer this question.

1 **MR. PARTAIN:** Also another thing, a number of the
2 men on the list that I've accumulated over the past
3 five years now have VA claims and at least four of
4 them that I know have been awarded VA benefits for
5 male breast cancer, and there have been -- several
6 have been denied, which we'll talk about when we get
7 to the VA. But as a check on what you're doing and
8 the numbers you're getting, I would like to get those
9 things to you so you can make sure that what you're
10 capturing from the VA, that they're represented as
11 well.

12 **MS. RUCKART:** Were they treated at VA?

13 **MR. PARTAIN:** Yes, they were treated at -- some
14 of them were treated at VA facilities.

15 **MR. ENSMINGER:** Only about seven out of the
16 70-something that Mike and them had found. Only about
17 seven would be on the VA roll.

18 **DR. BOVE:** We're limiting it to the VA Cancer
19 Registry, so they wouldn't be in there if they weren't
20 --

21 **MR. PARTAIN:** But if they're actively treating, I
22 know some of them were treating through a VA facility;
23 I want to make sure they're captured, and it's a way
24 to check and make sure you're getting your data too.

25 **MR. STODDARD:** Okay. Devra?

1 **DR. DAVIS:** I want to make sure I just understand
2 what you're saying, so forgive me. Seven of the
3 cases, Mike, that are in your database are going to be
4 in the VA database, only seven out of 70 --

5 **MR. ENSMINGER:** That's what they should be.

6 **MR. PARTAIN:** Well, we think so. I mean, like I
7 said --

8 **DR. DAVIS:** Okay.

9 **MR. PARTAIN:** -- a lot of the veterans have
10 reported, you know, that they've turned in VA claims.
11 But from what I understand from what Frank's saying,
12 that they would only be captured in the VA Cancer
13 Registry if they were actively treating at a VA
14 facility.

15 **DR. DAVIS:** So that means --

16 **MR. PARTAIN:** So not all the guys on the list are
17 actively treating on -- at VA facilities.

18 **MR. ENSMINGER:** And you got dependents in there
19 too.

20 **DR. DAVIS:** Okay, so that means that we are
21 talking potentially, --

22 **MR. STODDARD:** Would you turn your mike on?

23 **DR. DAVIS:** I'm sorry. That means we are
24 potentially talking about your 75-plus --

25 **MR. ENSMINGER:** Seventy-eight.

1 **DR. DAVIS:** Seventy-eight plus the one, the
2 170 --

3 **MR. ENSMINGER:** 186.

4 **DR. DAVIS:** 186 that you've identified and
5 there's only overlapping of 70? So that's a lot of
6 male breast cancer.

7 **DR. BOVE:** Right. Yeah, and this is the problem
8 we had -- this is the problem with using VA data. I
9 mean, it's good data but VA doesn't serve that many of
10 the veteran population.

11 **MS. RUCKART:** But it's not, plus we're not
12 overlapping very completely with Mike's data because
13 Mike's data is among people who were not eligible to
14 be served by the VA, the dependents and also civilian
15 employees so it's kind of like two different groups.
16 The VACCR's just the former active duty and then Mike
17 has --

18 **MR. ENSMINGER:** But it still doesn't matter.
19 There's still individual cases of male breast cancer.
20 The only thing is, only seven of those cases that Mike
21 has found will show up on the VA's records, on their
22 cancer registry, and out of the 186 that the VA has
23 identified on their cancer registry, not all of those
24 people would have been at Camp Lejeune now. I mean,
25 we gotta -- we've got to verify whether or not they've

1 been at Lejeune and what units they would have served
2 in and what, what their exposures would have been and
3 when, okay? I mean, to go along with the water model.
4 Okay? So you're looking at -- I can guarantee you out
5 of the 186 people on the VA's records, these Marines,
6 I'll bet you 75 percent or more of them served at Camp
7 Lejeune.

8 **DR. DAVIS:** Well, you know, that's the good thing
9 about data you can actually -- you don't have to vet,
10 we need to get the data so the next and final question
11 is, who is the VA epidemiologist with whom you're
12 collaborating 'cause they do have epidemiologists
13 there, and I think that, again, as someone who used to
14 direct research programs at the National Academy of
15 Sciences and the universities, you need more horses.
16 I mean, I don't need to tell you that. I'm just
17 saying my advice to ATSDR is that you get more horses
18 here and get them assigned to you through FTEs
19 assigned from DOD, DOE, VA, et cetera; that there
20 ought to be an interagency team of epidemiologists all
21 of whom are working on this, not just that we sit here
22 and point at you guys. Because the more people you
23 can assign to this, the faster you can get this done.
24 I would guess it's -- you're going to be lucky to do
25 four cases a day once you get ready to go. And if

1 it's only one person doing it and you guys presumably,
2 I know you have other work to do. So is this your
3 full-time and the only thing you're working on?

4 **MR. SHANLEY:** No.

5 **DR. DAVIS:** It's not. Okay. So you don't
6 even -- so what's your FTE assigned to this task?

7 **MR. SHANLEY:** It is my priority.

8 **DR. DAVIS:** I understand that but I mean how --
9 what's the total number, I'm asking. What's the total
10 FTE in the budget, perhaps this is an appropriations
11 issue and you need more money appropriated to this,
12 and maybe that's something the friends up on the Hill
13 could address.

14 **MR. ENSMINGER:** Well, I --

15 **DR. DAVIS:** You know, you can't, you can't do
16 this if you don't --

17 **MR. ENSMINGER:** How did you get appointed this?
18 This is your Ph.D., right?

19 **MR. SHANLEY:** Correct. Correct.

20 **MR. ENSMINGER:** Okay, so who assigned you this?

21 **MR. SHANLEY:** This was a collaborative decision
22 that we made -- that I made with ATSDR leadership,
23 with Frank and Perri, with Tom Sinks.

24 **MR. ENSMINGER:** Sinks.

25 **DR. DAVIS:** And I'm just saying you need more

1 resources. Okay? And you need them committed because
2 it really, you know, it takes time and money and
3 people. And so I don't want to -- I'm not trying to
4 be -- I'm trying to create a situation where you get
5 more resources, and my advice, which I hope the CAP
6 would share, Jerry, is that they don't have -- they
7 need more resources and people whose responsibility it
8 is so that the next CAP meeting we say well, where's
9 the results.

10 **MR. ENSMINGER:** I don't know anything about the
11 funding of this. I don't even know how the hell this
12 came about. I mean, it's a mystery to me, I mean, I
13 know Eddie's working on his Ph.D.

14 **DR. DAVIS:** With all due respect, one Ph.D.
15 dissertation, that's important for you, but the
16 reality is this is a lot of work. This is a
17 tremendous quantity of work.

18 **MR. ENSMINGER:** Where's the funding coming from?

19 **DR. DAVIS:** And you might need more funding and
20 more resources committed, and it might be the role of
21 the CAP to advise you to get that. So can you please
22 clarify what the funding is for this?

23 **DR. BOVE:** Well, first of all, let me backtrack a
24 little bit, the amount of work that it would entail.
25 The major part of the work is going to St. Louis and

1 going through --

2 **MR. ENSMINGER:** Sounds like he's getting there.

3 **DR. BOVE:** 180-some or maybe more male breast
4 cancer victims and we're using four times as many
5 controls. So that's another 800 in that set. So
6 we're talking close to a thousand people that we need
7 to get hard copy records from St. Louis on. So that's
8 the key piece and also the labor intensive piece.
9 Okay?

10 So as I said, we were exploring using students
11 and interns and whatever else we can do to do that.
12 If it turns out that we need to have more resources
13 than that, then that's something that we can pursue
14 within the Navy, like any other project, okay.

15 And so the good news is that the cancers are
16 verified, so that's not a big issue. The other data's
17 electronic, the cancer registry data's electronic, the
18 patient treatment file's electronic, the DMDC data is
19 electronic, the housing records at Lejeune are
20 electronic, with some difficulty and some problems,
21 but that's electronic too. So that part is a lot
22 easier, okay. We're, Perri and I are committed to
23 help Eddie as much as possible on this project given
24 the fact that we have the other studies we're
25 analyzing as well. But we will help Eddie and we'll

1 have to see just how much additional resources we'll
2 need. Okay.

3 **MS. RUCKART:** Well, every year around this time,
4 we begin to think about budgeting for the next fiscal
5 year, and that process is about to start and once we
6 hear more about what Eddie finds when he looks at the
7 hard copy records, that'll inform us as to what kind
8 of resources we need and then we can put it in our,
9 it's called the Annual Plan of Work, the APOW, and
10 then we can present that to the DOD and request funds.
11 So we just need this information to decide what we
12 need to have to ask for.

13 **DR. BOVE:** Okay, if the hard copy records turn
14 out not to be useful, then we'll have to rethink what
15 we're going to do.

16 **DR. AKERS:** From a personal standpoint, I just
17 received a letter from a lady at the Bureau of
18 Personnel, the records in St. Louis?

19 **DR. BOVE:** Mm-hmm.

20 **DR. AKERS:** She proceeded to tell me she couldn't
21 find the records of my father at the Portsmouth Naval
22 Hospital. He passed away at Portsmouth Naval
23 Hospital; I know he was there. So the records are not
24 complete.

25 **DR. BOVE:** We know that. That's exactly why we

1 have to go down there and see what we have. Even for
2 the people who have records, we want to see exactly
3 what's in that shoebox.

4 **DR. AKERS:** I mean, she was supposed to be onsite
5 and couldn't find any record of him having been in
6 Portsmouth.

7 **DR. BOVE:** Right, but studies have been done
8 using these records. Gulf War studies have been done,
9 Agent Orange studies have been done using these
10 records, okay. We just have to see what we have here.

11 **MR. STODDARD:** Can we take a brief minute and let
12 Dr. Portier speak before he has to leave.

13 **DR. PORTIER:** Yes, I do have to run. You got my
14 attention. We don't have to wait for the Navy to add
15 resources. If this needs more resources, I'll make
16 sure it gets it. Thanks.

17 **MR. ENSMINGER:** If you're going for a lunch
18 meeting with Dr. Frieden, why don't you take me along?
19 I'd like to meet him.

20 **DR. PORTIER:** It's not one of those, Jerry.

21 **MR. ENSMINGER:** Oh.

22 **DR. PORTIER:** This one you don't want to be at.

23 **MR. ENSMINGER:** Oh, yeah I would.

24 **MR. PARTAIN:** Going back to your work here and
25 your study, one of the early methods of looking at NPL

1 sites was identification of -- or the identification
2 and realization that there were people, groups of
3 people, reporting similar cancers, and, you know, one
4 thing I do want to point out with the male breast
5 cancer issue, it's not the only cancer and we all
6 recognize that. I know it's getting a lot of
7 attention because it's so unusual. At one point
8 female breast cancer was unusual. At one point, you
9 know, leukemia was unusual, and as you hear about it
10 in the media, you come to be desensitized to it and
11 oh, well, it's increasing now. Well, male breast
12 cancer is in that opening phases where it is extremely
13 unusual, and especially in younger men, and we're
14 seeing it in Lejeune in young, you know, as young as
15 18 years old.

16 And I was one -- you know, the term that was
17 generated to describe these unusual cancer incidences
18 was a cluster. Now that has become a boogeyman word
19 and no one wants to talk, oh, this cluster here, and
20 we've heard it and, you know, the media
21 (unintelligible) it had been recognized as a cluster.
22 My question to you, Frank, is, at what point does the
23 occurrence and the -- I mean, as far as I'm aware of,
24 this is the largest single collection of male breast
25 cancer that has ever been identified. But no one has

1 used the word cluster to term and define that. What
2 is the ATSDR calling us?

3 **DR. BOVE:** Well, in an interview with CNN, I
4 called it a potential cluster that needed to be
5 investigated, and that's exactly what we're doing. So
6 we're taking it seriously as a potential cluster. And
7 if the state health departments see a potential
8 cluster or even identify a cluster, we would hope the
9 next step they would take is to actually take it
10 seriously and investigate it, so we're trying to do
11 that.

12 We had several different ideas about how we would
13 approach it, so we've been taking it seriously all
14 along. We really recognize the work you did and have
15 been trying to come up with something that makes sense
16 here. And we pursued a couple of ideas, and we
17 presented them to you at a couple of CAP meetings
18 before.

19 And I mean, the best way to investigate this
20 issue would be to use all 50 state cancer registries,
21 and I brought that up several times. It's never been
22 done. It would be useful, not only for male breast
23 cancer but for all the other cancers that we're
24 interested in as well. Okay. So that's something,
25 you know, again, never been done, a lot of

1 difficulties, maybe someday we can discuss that more
2 seriously once we get the rest of our work done.

3 Other approaches were to try to figure out what
4 the denominator is. In order to figure out what a
5 cluster is, you have to know what the denominator is.
6 What was thrown out to the media was that there was a
7 lifetime male breast cancer risk and someone, I won't
8 say who, said well, there are about 400,000 men or
9 whatever number they came up with, and therefore you
10 would expect, I don't know how many, male breast
11 cancers were expected. And of course that's
12 inappropriate, and we said so.

13 **MR. ENSMINGER:** That was the Marine Corps trying
14 to cover their ass.

15 **DR. BOVE:** Right.

16 **MR. PARTAIN:** Yeah, and that's the thing here --

17 **DR. BOVE:** So, so so, so --

18 **MR. PARTAIN:** Okay.

19 **DR. BOVE:** Okay, the proper way to do this, this
20 is what the cancer registries do, they have a
21 denominator. The denominator is the population in a
22 town, a county, census tract, with an age and sex
23 distribution, a race distribution, to actually
24 calculate what you'd expect, based on that, and they
25 calculate whether there is a cluster.

1 We don't have a denominator. I don't know but we
2 can come up with assumptions about what the age, race,
3 sex distribution is among the males, veterans or
4 males, any or any male who walked on that base during
5 a certain time period. We have to make various
6 assumptions 'cause we have no data, okay? And I don't
7 want to play that game because I can make assumptions
8 either way and make that cluster disappear or appear.
9 So I don't want to go there.

10 All I wanted to say and what I said to the media
11 was, that it's a potential cluster that needs to be
12 investigated. We're going to try to investigate it
13 with whatever data we have available. So that's what
14 we're doing with the VA. We used to -- we saw the VA
15 data as an opportunity to pursue it, and we saw two
16 articles, which we gave to you when the VA had looked
17 at male breast cancer and we were tearing our hair out
18 that they hadn't looked at service in either study,
19 and we wanted to follow that up with trying to look at
20 service, and then beyond that, using the information
21 we have on exposure again.

22 So that's, I don't know if that answers your
23 question, but that's -- so I consider it like any
24 other cluster, something that needs to be
25 investigate -- or even a potential cluster, that

1 something that needs to be investigated with any data
2 you have at your hand, at hand to answer your
3 question.

4 **MR. PARTAIN:** And going back to the email you
5 mentioned, the email was sent after I testified to the
6 Senate Veterans' Affairs Committee in October 2009,
7 and it was sent to CNN by Major Eric Dent from Marine
8 Corps Public Affairs. And in that email he said that,
9 you know, according to the occurrence rate they have,
10 there should be 400 cases of male breast cancer at
11 Camp Lejeune based on our number of 400,000 men.
12 Okay, and I understand and respect your point that you
13 don't have a denominator. I -- and just like
14 Representative Stupak in the hearing, I have a hard
15 time believing the Marine Corps can't tell you and us
16 how many men went through the gates at Camp Lejeune.

17 **DR. BOVE:** They can't.

18 **MR. PARTAIN:** Okay, I mean, they may have a hard
19 time doing that with the dependents but here, we're
20 doing with service men. And you got muster rolls, I
21 mean if you go back and you look at history, and my
22 degree's in history, you go back and when you're doing
23 research on battles and you're doing research on
24 engagements and everything, they can go back and look
25 at the muster rolls, find the pay, you know, that's

1 usually how you track people, how they're paid, you
2 keep records of that, and you can establish head
3 counts and how many people participated in battles
4 that occurred 150 years ago or 200 years ago. But yet
5 we can't pull a number out of our, you know, out of
6 the records of the Marine Corps that give a
7 denominator of how many men were exposed? You know,
8 in Jerry's illustrious words this morning, that's
9 bullshit.

10 And an email from Major Dent? That is a
11 violation of the public trust. The Marine Corps took
12 it upon themselves to do your job and try to diffuse
13 an issue that's coming up because one of the things
14 they keep saying over and over in the media is oh,
15 there is no scientific link to anything that may have
16 affected our Marine family, but yet when issues come
17 up, such as this male breast cancer issue, which is an
18 unusual cancer, and it is in my opinion a cluster,
19 they do everything to diffuse it including pulling
20 numbers out of their butt and saying this is what
21 happened.

22 **DR. BOVE:** All right. Well, first of all, we did
23 challenge that number, okay, that they put out. The
24 number, that 400,000, is a seat of the pants number.
25 I know it is because I did a similar exercise several

1 years ago and stated that anywhere from 500,000 to a
2 million might have been exposed to Camp Lejeune, and
3 that got picked up by the media and it said that it
4 was up to a million. And I basically just looked at
5 the DMDC data from '75 to '85 that we had, and
6 projected back. As simple as that. That's what I
7 did, okay. A couple of years later the Marine Corps
8 tried their own exercise on this, they had one or two
9 other different sources but really they didn't have
10 any hard data either, and they came up with the same
11 figures again. Okay, so that's, that's where that
12 400,000 men come from.

13 **MS. RUCKART:** Those numbers include women? The
14 total number?

15 **DR. BOVE:** The final number, to me, includes
16 anybody.

17 **MR. PARTAIN:** Yeah, dependents and Marine.

18 **DR. BOVE:** The 400,000 males is another estimate,
19 again, based on what I just told you, DMDC data and
20 maybe some other information they had on school
21 records, just a general number of people going through
22 the schools and stuff, okay?

23 **MR. PARTAIN:** But we can agree that was
24 irresponsible of the Marine Corps to do that?

25 **DR. BOVE:** We said that it was an inappropriate

1 number because just what I said, it's a lifetime risk
2 and we're nowhere near the lifetime of these people.
3 This is a very young cohort -- and that's why we're,
4 you know, the mortality study, for example, would have
5 to be revisited because it's a young cohort; they're
6 younger than me. Okay.

7 **MR. PARTAIN:** Well, the occurrence rate is
8 actually, I mean, what they're quoting is a
9 (unintelligible) percent chance of risk of --

10 **MR. STODDARD:** Mike, Mike, your mike's not on.

11 **DR. BOVE:** But let me continue.

12 **MR. PARTAIN:** But I mean, going back to the point
13 that was -- it's one in 100,000, not one in one
14 thousand. They're two different risk factors.

15 **DR. BOVE:** Let me address that, too. Okay? I
16 think I've said to you before, the one in 100,000 is
17 an average, okay, over all age groups. Okay? All
18 right? And it's similar to taking an average of
19 people who are seven feet tall and people who are four
20 feet tall and coming up with this is the average. I
21 mean it's meaningless because there's a big group and
22 a small group and an average doesn't really capture
23 what's going on there.

24 Similarly here, you have, for people under 35,
25 okay, the rate is one per million, not one per

1 100,000, okay. So it's ten times less -- no, ten
2 times more -- yeah, ten times less. And it slowly
3 goes up in each age group until you get to one per
4 100,000, which is in the 45 to 54 age group, roughly,
5 okay.

6 So if you're going to do this right, you have to
7 know the age distribution of the people you're talking
8 about. You need to be able to figure out how much
9 person time, we call it, they spend in each in these
10 age groups to figure out what the expected is. And we
11 don't have that information. That's how you do it
12 right. That's what cancer registries do, okay?

13 **DR. DAVIS:** Just a point of clarification, 'cause
14 I think this is an important point, Frank, and I just
15 want to say I appreciate that it's difficult for one
16 agency to comment critically about another, and the
17 fact that you called out the Marine Corps when they
18 issued the statement was a good thing.

19 The reality is that we don't have the information
20 that we need about how much life years each different
21 group's spent. But my recollection is that the
22 average age of diagnosis for male breast cancer is in
23 the 50s so that, you know, your average case is
24 supposed to be in their 50s, and there's many young
25 cases, another way to look at this cohort. And I

1 think it may be a cohort, by the way, would be to ask
2 what's the average age of diagnosis, and that might be
3 a very simple thing for you to determine very quickly.
4 That would, you know, once you start your spreadsheet,
5 just what's the average age. If you're average age of
6 your diagnosis of these Marines that are all in the VA
7 system happens to be even 45, that's going to give you
8 a big clue 'cause I think --

9 **DR. BOVE:** But by the time we do that --

10 **DR. DAVIS:** Yeah?

11 **DR. BOVE:** We're already way beyond just
12 determining whether there is a cluster, and we're on
13 the road to determining whether the water
14 contamination can explain the cluster, and that's
15 really where we want to get. The idea that we want to
16 say there's a cluster doesn't tell you much. You
17 still don't know why, right?

18 **MR. ENSMINGER:** Hell, I know why.

19 **DR. BOVE:** It could be chance, there could be
20 other reasons. You don't know why. The -- what we
21 want to --

22 **MR. ENSMINGER:** We do.

23 **DR. BOVE:** What we want to get to, what we want
24 to get to though, is why. We want to try to answer
25 that question, and that's what we are going to try to

1 do with using the VA data. There are limitations to
2 the VA data. They don't serve most of the veterans,
3 that's one limitation. Although there are enough
4 cancer cases here to have pretty good --

5 **MR. ENSMINGER:** Cohort.

6 **DR. BOVE:** -- statistical power, okay. So it's
7 not that bad. The only question we have in our minds
8 right now, and again we won't know 'til we have the
9 data, is how many of these male breast cancers
10 occurred to people who would have been at Lejeune or
11 some other Marine base after the contamination
12 occurred for example. So they wouldn't be exposed.
13 We don't know the answer to that question. We'll find
14 out when we get the data, okay?

15 So that -- my guess is that most of these cancers
16 will be of people who were of the proper age, so that
17 they would have been at Camp Lejeune, if they were at
18 Camp Lejeune, during the time the water was
19 contaminated so that's -- but until we see the data we
20 won't know. But I do think that -- we can go through
21 this exercise of trying to determine whether it's a
22 cluster or not, but I think at the end of the day we
23 really should move quickly beyond that to determine
24 what the answer is, at least what the VA data tells us
25 the answer is. That's what we're trying to do.

1 **MR. STODDARD:** Any other questions for
2 clarification on this study?

3 **MR. PARTAIN:** So next CAP meeting we'll have some
4 numbers?

5 **DR. BOVE:** It's a priority to this agency.

6 **MR. PARTAIN:** Once again, I can't stress enough
7 that I mean, we do hear a lot of women with breast
8 cancer and other cancers and, correct me if I'm wrong
9 but my, you know, yes, we are focusing with that study
10 with male breast cancer, being the importance of it is
11 that it's unusual and if there is a link and there is
12 acknowledgment of that link, then the other
13 questioning goes what about these other cancers we're
14 seeing: the leukemias, the non-Hodgkin's lymphomas,
15 liver cancers, the kidney cancers, the bladder
16 cancers, the Parkinson's disease, all these other
17 diseases we're seeing. 'Cause that is -- seems to be
18 the critical link, and the Marine Corps likes to dance
19 on that and say, well, science hasn't given us an
20 answer yet.

21 **DR. BOVE:** Yeah, well, some of these we can
22 answer with the mortality study actually, okay? We're
23 hoping with the survey we can answer some of these
24 questions, too.

25 Female breast cancer, the problem here is that

1 there are a large number in the VA Cancer Registry,
2 and even if we did a one-to-one comparison between
3 cases and controls, instead of four to one we're
4 talking with male breast cancer, that increases the
5 work load enormously.

6 **MS. RUCKART:** Well, Frank, there's another piece
7 there with a lot of those women, they probably were
8 there after '85. We don't know how many women would
9 be there for --

10 **DR. BOVE:** My guess would be that there -- even
11 if you cut those out, the workload would be immense.
12 Right now, as Devra's pointed out, that there are --
13 there is a huge workload just to get the male breast
14 cancer thing answered. My own feeling is that I'd
15 like to look at female breast cancer the same way.
16 But let's do the male breast cancer study first and
17 see if we -- see what kinds of resources it needed
18 because there's going to be more for female breast
19 cancer if we use the same data. And also see if we
20 can answer that question as well with the survey
21 because there will be more female breast cancers than
22 male breast cancers, a lot more, in the survey, we
23 think. We haven't had a chance to look at the data
24 yet on that.

25 We have to, you know, there's no -- I mean, for

1 scientific reasons it makes sense for the female
2 breast cancer. There's a Cape Cod study that found an
3 association. There are some -- a lot of similarities
4 between male and female breast cancer in terms of
5 epidemiology. It does come down to some extent to
6 resources in being able to look at female breast
7 cancer the same we were looking at male breast cancers
8 in the VA data. I'm being honest with you.

9 So but I do think -- let us try to finish looking
10 at the male breast cancer and answer that question,
11 and then we may want to pursue not only female breast
12 cancers but other cancers, you know, using the VA data
13 or some other approach. Based on what we see in the
14 mortality study and also the survey.

15 **MS. RUCKART:** But looking at the DMDC data
16 weren't there only about 8,000 women?

17 **MR. ENSMINGER:** Oh, yeah.

18 **DR. BOVE:** Seventy-five to 85.

19 **MS. RUCKART:** Right.

20 **MR. ENSMINGER:** Well, I mean, back in those years
21 there were much, there were much fewer women in the
22 service, especially in the Marine Corps.

23 **DR. BOVE:** Sure. So we don't, so for scientific
24 reasons I would like to look at female breast cancer
25 right now but our focus is on working on the male

1 breast cancer.

2 **MR. STODDARD:** Devra?

3 **DR. DAVIS:** When will we be able to see your
4 protocol?

5 **DR. BOVE:** Well, we, before -- we have to have
6 everything, peer reviewed, including our protocols.

7 **DR. DAVIS:** Well, are we part of that process?

8 **DR. BOVE:** Well, we have a process, we have a
9 process that our office of science --

10 **DR. DAVIS:** An internal, an internal review? You
11 have an internal review and then I assume you have
12 external reviewers?

13 **DR. BOVE:** Yeah, actually I'm not sure about the
14 internal review because I'm not sure we do that with
15 protocols, in terms of -- we have this new thing now
16 that was set up where a lot of our reports are
17 reviewed in a complicated internal process. I don't
18 think we do that with our protocol. We have the usual
19 internal process, and then we have -- sit down for an
20 independent external review for protocols. All our
21 protocols in the health studies are done that way.
22 And so after -- after that, I think --

23 **MS. RUCKART:** Previously the protocols that go
24 out for peer review before it even started the
25 clearance process here it would go to three to five

1 peer reviewers, you know, selected by the office of
2 science, then we address their concerns, and we have
3 to provide a written response, and then we submit it
4 for the internal clearance here with the peer
5 reviewers' comments and our responses.

6 **DR. DAVIS:** Well, I'm going to volunteer Dick
7 Clapp and me to be part of your external peer review
8 on behalf of the CAP to maybe speed it along so we
9 don't have -- 'cause I think the CAP's going to want
10 to see it and if we function as external peer
11 reviewers and as epidemiologists, that might help.

12 **DR. BOVE:** Sure. And we're telling you quite a
13 bit about what's in the protocol already.

14 **DR. DAVIS:** Yes.

15 **DR. BOVE:** And I have no problem with sharing
16 that with you. So, yeah, and we can work that out so
17 that you can be part of the peer review process. It
18 won't speed it along because we still have other -- we
19 have to have other peer reviewers as well but it'll
20 be -- it won't be impeded by your volunteering and
21 there's no reason --

22 **DR. DAVIS:** It might help the CAP.

23 **DR. BOVE:** Yeah, so we'll, we'll make that
24 suggestion to our office of science, all right, and
25 again, we have to go through IRB approval as well and

1 the VA will have some input as well, I'm sure.

2 **MS. RUCKART:** Right, the IRB approval comes, you
3 know, after.

4 **DR. BOVE:** We'll work it out. We'll try to do
5 this as quickly as possible, try to do things as
6 parallel as possible.

7 **MR. BYRON:** Okay, this is Jeff. Are we --
8 1:00 update? 'Cause that's where male breast
9 cancer --

10 **DR. BOVE:** Yeah, we moved it up.

11 **MR. STODDARD:** We moved it up.

12 **MR. BYRON:** Okay. Well, --

13 **DR. BOVE:** We moved it up because Morris's plane
14 got in.

15 **MR. STODDARD:** Just the breast cancer.

16 **MR. BYRON:** So I got a question for you, okay?
17 Mike found the male breast cancer. What have you
18 found other than male breast cancer? I mean,
19 information's coming in. Let's hear an update on
20 that. Are you seeing an increase in kidney cancers?
21 Are you seeing an increase in people that are losing
22 their teeth? Are you seeing an increase in aplastic
23 anemias? What, I want to hear the data.

24 **MR. STODDARD:** Can we hold that off 'til we get
25 to the health studies?

1 **MS. RUCKART:** Yeah, I was going to say one thing.
2 First of all, I don't think we need to do the recap
3 because I think we're past that point and so we can
4 take that out. I handed out the sheet about what we
5 discussed last time. We're building upon that now; I
6 don't think we should revisit it, but do we want to go
7 to the VA? I don't know if -- do you guys have
8 flights you need to catch?

9 **MR. BYRON:** I don't want to go to the VA. I want
10 to know what you're finding in the health survey.

11 **MS. RUCKART:** Well, I would -- we can discuss
12 this in a minute. I would like to find out if our VA
13 representatives need to leave, if we need to work them
14 in before they have a flight.

15 **MR. STODDARD:** Okay, so we're done with the
16 breast cancer study questions and suggestions?

17 **MS. RUCKART:** They're telling me that they're
18 indicating that they will be here, we can go into the
19 updates now, if that's what everyone was wanting.

20 **MR. STODDARD:** Okay. Thank you, Eddie. All
21 right, so we're moving to the -- we're skipping the
22 update of the last meeting -- the recap of the last
23 meeting and we're moving to the VA commentary. No?

24 **MS. RUCKART:** No. No, no. We're going to just
25 continue on with updating on our health studies and

1 then we can go to the VA after lunch because they
2 don't need to leave right away, so.

3 **MR. STODDARD:** Okay. Okay.

4 **MR. ENSMINGER:** Yeah, they want to stay down here
5 and play golf.

6 **MR. STODDARD:** So given the order we've got,
7 we're moving on with the health studies, the mortality
8 study first.

9 **UPDATES ON HEALTH STUDIES**

10 **MORTALITY STUDY**

11 **MS. RUCKART:** Okay, so I want to let everybody
12 know, I think we discussed this before but I just want
13 to remind you all of our work needs to be peer
14 reviewed. Once we actually have results and we write
15 reports, that needs to go through a peer review
16 process and approval process. We cannot share any
17 very specific results until those processes are
18 complete so everything that I'm going to, and Frank
19 will discuss with you today is more general and in the
20 aggregate, so unfortunately a lot of the answers that
21 you want, we cannot give you today. We can just let
22 you know where we are in the process and some more
23 initial data.

24 So as we have discussed with you in our mortality
25 study, we had, we're looking at the Marines and

1 sailors who were at Lejeune between the second quarter
2 of 1975 and the end of 1985, that was based on the
3 available data that we had electronically, and for the
4 active duty cohorts for the Camp Lejeune and Camp
5 Pendleton, there were 18,818 deaths. That's among
6 323,222 Marines and sailors from both bases. And it's
7 approximately similar numbers between each base so you
8 can basically say 50 percent of the 323,000 were at
9 Lejeune or at Pendleton.

10 Now of these deaths, there were 2,180 people with
11 the cancer that was the underlying cause of death, and
12 when you include underlying or contributing cause of
13 death, that turned out to be 2,317. And there were
14 16,638 deaths where they had other diseases besides
15 cancer as the underlying cause. These deaths are
16 coded based on the National Center for Health
17 Statistics, 113 codes for diseases.

18 So for the civilian employees, we're looking at
19 those separately, and there were 1,412 deaths among
20 the civilians at both Camp Lejeune and Pendleton from
21 the second quarter of 1974 to the end of 1985, again,
22 based on the availability of our DMDC data. That's
23 among 9,241 civilian employees, again, about equally
24 distributed between Camp Lejeune and Camp Pendleton;
25 not the deaths but just that total number that we were

1 looking at.

2 So of those 1,412 deaths, 457 people had a cancer
3 that was the underlying cause of death, and when you
4 include underlying or contributing, that becomes 494.
5 And there were 956 deaths where other diseases were
6 the underlying cause, again, based on that National
7 Center for Health statistics coding scheme.

8 Now previously we have reported to you that there
9 were a larger number of deaths identified in our
10 searches, and that is because the numbers I just gave
11 to you were the people who had to start active duty in
12 those years that I mentioned, so that we would have a
13 good idea of their exposure history. The DMDC data
14 unfortunately, the data that we have, doesn't really
15 tell you when somebody was exactly at Camp Lejeune
16 before 1975, when they began, second quarter of '75,
17 when they began tracking the Marines more closely.

18 So if we look at our whole larger group, people
19 that were there as of April 1975, started at any time
20 for the active duty, and as of October 1972 for the
21 civilians were there at the base, there were about
22 41,000 deaths. So as you can see we're focusing more,
23 our initial analyses on the 18,000 or so for the
24 active duty and the 1,400 or so for the civilians
25 because we know more about their exposure history, but

1 we will be looking at a secondary analysis including
2 all of these deaths.

3 And the reason why there's so many more deaths in
4 those who were there as of 1975 and 1972 is 'cause
5 those people are older. They didn't have to start as
6 recently as '75 or '72, they could have started much
7 earlier and they would be much older. So we're
8 currently beginning the analyses very specifically to
9 look at the cause of death. What I just gave to you
10 were the general aggregate numbers. But when we do
11 our analysis we'll be looking at each cause of death
12 separately because you can't really say much when
13 you're looking at everything together, so we'll be
14 doing our analyses to look at each cause separately,
15 determining if the contaminated water at Camp Lejeune
16 is associated with those deaths.

17 **MR. BYRON:** So there is an increase?

18 **MS. RUCKART:** I cannot say at this point --

19 **MR. BYRON:** Based on population?

20 **MS. RUCKART:** I would not say that -- we're at
21 that point yet.

22 **DR. DAVIS:** What you can say, look, one out of
23 every two men will hear the words, you have cancer, in
24 their lifetime because if by the time you die, that's
25 how common cancer's become. So we have to be really

1 careful to look at the age distribution of the people
2 you're talking about, that's number one.

3 Number two, although of course you're going to do
4 your analysis for each cancer separately, have you
5 thought about grouping the cancers so that you would
6 have a classification? Just as you're going to make
7 your classification for non-solvent-related cancers,
8 having a group of solvent-related cancers. So that
9 would also -- you would group together, which might
10 give you more power in your analysis.

11 **DR. BOVE:** Well, actually we have pretty good
12 power for a lot of the cancers, looking at them
13 individually. We can group, for example,
14 hematopoietic cancers together.

15 **MR. BYRON:** Speak English.

16 **DR. BOVE:** Without saying -- without giving away
17 anything, there are problems with doing that. And I
18 think that you have to be careful because, you know,
19 if you lump together cancers together based, you know,
20 based on a hypothesis, you may be lumping together
21 cancers that -- you may actually dilute the effect by
22 doing that, okay, as much as making clear. So you
23 have to be careful about that.

24 So what, we'll, right, right. Our priority is to
25 look at each individual cancer and do that, and then

1 we'll go beyond -- go, you know, if it makes sense, if
2 it looks like it makes sense -- I don't know how to
3 phrase this without saying anything. So I'll just say
4 we're going to look at each individual cancer first.
5 And then we'll do sensitivity analyses after that.
6 How's that? And we can't answer any question about
7 whether there's an excess at Camp Lejeune or at Camp
8 Pendleton or whether there's any connection with the
9 water until we go through this peer review process.
10 We just can't do that. And also for the scientific
11 credibility of the work, we have to do this.
12 Otherwise we would be attacked for lack of objectivity
13 and everything else, so we can't give you to that
14 detail results until we go through this peer review
15 process.

16 **MR. STODDARD:** Okay, any questions for
17 clarification on what was presented?

18 **MS. BLAKELY:** I have question for Frank. You're
19 doing the health studies and they include the
20 neurological effects of the water, correct?

21 **DR. BOVE:** For mortality we're looking at
22 Parkinson's, MS, Alzheimer's, we have a bunch of non-
23 cancers for the mortality study that we're looking at,
24 okay. In fact I just got some rates for those
25 particular ones I just mentioned, Parkinson's, ALS,

1 MS, that we can look and see if there's --

2 **MS. BLAKELY:** Comparisons.

3 **DR. BOVE:** Comparisons with the general
4 population as well as we'll do all our comparisons
5 between Lejeune and Pendleton, and then internally
6 with Lejeune, so there's a whole lot of analyses here
7 that we're talking about doing for the mortality
8 study. And so there's, again, one more time, we
9 compare them with the general population, we compare
10 both Pendleton and Lejeune with the general
11 population, we compare Pendleton with Lejeune because
12 of something we've talked about before called the
13 healthy veteran effect, and then we do an internal
14 analysis of Camp Lejeune as well, looking at,
15 specifically with the contamination data that Morris
16 is doing (unintelligible) on a monthly basis, so
17 there's a whole lot of analyses here. Okay?

18 **MS. BLAKELY:** So are the subjects that you're
19 using, are they all just Marines or are they
20 civilians, independents, also?

21 **DR. BOVE:** Okay, the mortality study is just of
22 Marines and civilian workers. That's the only data
23 that the DMDC has. There are no data on dependents
24 other than what we have from the case control study
25 that the earlier survey, and there are school records

1 on microfiche that we found, but it was disintegrated
2 so we can't even look at that so, other than that, I'm
3 not aware of any other data that the Marine Corps has,
4 at least that they've told us about, that could
5 identify dependents, so we're left with the -- our
6 survey that we did way back when, to identify and
7 survey dependents.

8 **MS. BLAKELY:** Well, the reason I ask about it,
9 and I'm concerned is I mentioned that I have learning
10 disability and memory deficit, and I was a child on
11 Lejeune, a young child, preschool, and there are
12 thousands of me out there who have struggled their
13 lives with learning disabilities gone undiagnosed and
14 I'm just concerned that we are being left out, and I
15 know you can't study everything, but when you do write
16 up your report, are you going to include anything
17 about us?

18 **MS. RUCKART:** I'd like to say something about it,
19 Mary. As you mentioned, you know, it's just not
20 possible to study everybody, and Frank mentioned some
21 difficulties we have. We have wanted to get some more
22 data on dependents and we had searched at several
23 sources and it just wasn't possible. So unfortunately
24 we couldn't do that, but we are looking at large
25 numbers of people, especially in the health survey,

1 and we can talk in a minute about how many responses
2 we're going to be including, and our feeling is, as
3 you say, we cannot sample everybody, we cannot survey
4 everybody, but if we're looking at a large enough
5 group of people, whatever results we find, we could
6 apply to those people who were not studied but still
7 have the same exposures, so I hope that that comforts
8 people to realize that even if you weren't studied, if
9 you have the same exposures as the people we study,
10 which there's no reason to believe you wouldn't, then
11 the results would also apply to you.

12 **DR. BOVE:** But what Mary's talking about is
13 learning disabilities, and there's not a very good way
14 of, of dealing with that even in a survey. And it's
15 difficult actually to deal with severe learning
16 disorders or developmental disorders, like
17 (unintelligible) for example, without a surveillance
18 system, and surveillance systems are in place now in a
19 number of states but it's still -- there hasn't been
20 much work done even on autism, which is a severe
21 developmental disorder, let alone other learning
22 disabilities. So we can't study it effectively.
23 That's the bottom line.

24 **MR. BYRON:** So we get no answers on that.

25 **DR. BOVE:** If we can't study it effectively, how

1 can we get an answer?

2 **MR. BYRON:** I don't understand it, what the
3 health survey is for if you can't ask what's your IQ
4 level, or what are your children's IQ level, or does
5 your child -- are they able to get a driver's license
6 at the age of 27, okay? Or -- you get what I'm
7 saying?

8 **DR. BOVE:** Yeah.

9 **MR. BYRON:** I mean, that's why I was asking
10 earlier this question of what're you going to -- what
11 information are you going to give us, unless there is
12 none, okay, that's fine by me too, but if there's an
13 increase in kidney cancers, just come out and say,
14 yeah, looks like there's an increase and we'll find
15 out and the study will be done and peer reviewed and
16 everything else, but it's like pulling teeth here.
17 Okay, and I've just had one done so I know what I'm
18 talking about right now.

19 **DR. BOVE:** Jeff, we've been through this.

20 **MR. BYRON:** The only reason I think we're at the
21 male breast cancer is that it's been identified is
22 because Mike took the effort and found 77 guys, or
23 would we even be talking about male breast cancer
24 right now?

25 **DR. BOVE:** Probably not. Probably not.

1 **MR. BYRON:** Would you have found them?

2 **DR. BOVE:** Would I have found them?

3 **MR. BYRON:** Would the ATSDR have found the 77
4 cases with the health survey or any other --

5 **DR. BOVE:** No, not the -- no, not through the
6 mortality study. We would not have (unintelligible).
7 Okay? Only through the survey. That's why we're
8 looking at the VA data.

9 **MR. BYRON:** Well, let me ask you this then.

10 **DR. BOVE:** But let me, let me say something,
11 Jeff. We've told you over and over again that we need
12 to get the water modeling results done before we can
13 actually make the link between these diseases, okay,
14 and drinking water contamination.

15 **MR. BYRON:** You have the water modeling done at
16 TT.

17 **DR. BOVE:** We don't have the --

18 **MR. BYRON:** It's been done for years but you
19 won't give us the results until you haven't heard the
20 whole point.

21 **DR. BOVE:** We don't have the water modeling done
22 for Hadnot Point, okay. And it's important to do
23 that.

24 **MR. BYRON:** How long will it take?

25 **DR. BOVE:** We're almost done. We're at --

1 **MR. BYRON:** Are we going to get results the next
2 meeting we're at?

3 **DR. BOVE:** Yes.

4 **MS. RUCKART:** Well, not.

5 **MR. BYRON:** I don't know.

6 **MS. RUCKART:** On that -- let me say something.

7 **MR. BYRON:** We're going to back it up again?

8 **MS. RUCKART:** Later on, we need to discuss when
9 the next meeting will be. I don't think we can say
10 we'll give it the next meeting. It depends when we
11 decide to have the next meeting --

12 **DR. BOVE:** Right, right.

13 **MS. RUCKART:** So --

14 **DR. BOVE:** I mean, that would be --

15 **MR. BYRON:** When, when you have the results is
16 when we should have the next meeting and hopefully it
17 won't be eight months from now.

18 **DR. BOVE:** All right, well, this is
19 (unintelligible).

20 **MR. BYRON:** And I would like the Secretary of
21 Health and Human Services to be there.

22 **DR. BOVE:** It may make sense to have the next
23 meeting to discuss the water modeling results and then
24 the next meeting after that to talk about the actual
25 results from the studies, that may be -- or we may

1 want to combine the two at the next meeting. That's
2 another discussion. But just let me say this, that we
3 needed to finish the water modeling, and we're
4 analyzing the data now, okay, so we're not trying to
5 delay anything.

6 **MR. BYRON:** I don't mean you.

7 **DR. BOVE:** No, all right, --

8 **MR. BYRON:** (Unintelligible).

9 **DR. BOVE:** The agency's not trying to delay
10 anything. We need to finish pieces of the study in
11 order to finish the study. We can't do part of the
12 study and then, you know, you just can't do that.

13 **MR. BYRON:** Okay. Well, let me ask you this, are
14 all the health surveys out now?

15 **MS. RUCKART:** Okay, you want to talk about the
16 health surveys?

17 **MR. BYRON:** I just want to know if they're all
18 out.

19 **MS. RUCKART:** Let me tell you about the health
20 survey.

21 **MR. BYRON:** 'Cause my daughter didn't receive
22 one.

23 **MS. RUCKART:** Okay.

24 **MR. STODDARD:** Let's wrap up the mortality. Does
25 anybody else have anything on the mortality study?

1 (no response)

2 **MR. STODDARD:** Okay. So we're ready to move to
3 the health study.

4 **DR. AKERS:** Let me ask you a question about --
5 Frank, you mentioned the schools and the microfiche
6 and disintegration, are there no other hard copies of
7 the records on children that attended the base
8 schools?

9 **DR. BOVE:** Not that we know of. That's it. They
10 stored them in a place that the community got to.

11 **DR. AKERS:** And how about something simple like
12 going back and tracking through yearbooks?

13 **MR. BYRON:** They tried that.

14 **MS. RUCKART:** We explored that also. That was
15 something we thought about a long time ago and it's
16 just not really possible. There's no, you know,
17 complete collection.

18 **DR. AKERS:** I've got some from '63-'64.

19 **MS. RUCKART:** But it's not the complete
20 collection.

21 **DR. AKERS:** No, I agree but it would be a
22 starting point once you find it. It has to be found.

23 **MR. PARTAIN:** Frank, you mentioned that there
24 were a handful of cases in the mortality study with
25 male breast cancers, if I heard you correct. Any way

1 of, you know, I know between what you're doing with
2 the VA, my list and everything, I know you can't
3 release the names and everything, but for record
4 purposes, to get a count and keep the count going, can
5 we cross-check my list, VA list and the mortality
6 names and make sure -- and have you guys have a
7 compiled list of names of male breast cancer and a
8 number?

9 **DR. BOVE:** I don't see why not. But we need to
10 get the VA data and then we need to see your data.

11 **MR. PARTAIN:** Yes, I'll get that to you.

12 **DR. BOVE:** But that was done at a later date.

13 **MR. PARTAIN:** I want to keep, 'cause I understand
14 I can't see the names in the VA list 'cause I'm a
15 private citizen, I'm not working for ATSDR and so
16 forth, but I think it's important that ATSDR take what
17 I've done and add to it and keep an accurate number
18 'cause as I said at the beginning, it's an unusual
19 cancer, and when you have a large number of unusual
20 cancers, especially with exposure, an established
21 exposure, that's indicative of a problem. And in my
22 opinion further establishes that there is a cluster of
23 at least one unusual cancer at Camp Lejeune.

24 **MR. STODDARD:** Back to the health study?

25 **MS. RUCKART:** The health survey, yes.

1 **MR. STODDARD:** Or survey.

2 **HEALTH SURVEY**

3 **MS. RUCKART:** The health survey, okay, we sent
4 out health surveys from June to December. We sent out
5 283,967, and I'll talk about your daughter in a second
6 here.

7 **MR. BYRON:** You don't have to talk about my
8 daughter.

9 **MS. RUCKART:** I mean, the situation of why she
10 hasn't received it. I will talk about a separate
11 group in a minute. Let me just focus on this for a
12 second here.

13 So that's about seven months of mailings and even
14 though the last surveys were sent out in December, we
15 still kept the data collection period open 'til
16 February 16th. That's about -- and when I say the last
17 surveys, that's the last contact. You know we had a
18 series of repeated contacts. The last first survey
19 was sent out in October. So we left the data
20 collection period open for quite a bit of time after
21 that to get in as many surveys as possible.

22 And we're kind of in this rock and a hard place
23 now because we want to move forward, we need to move
24 forward, we have to have a completion date for closing
25 out receipt of surveys to go to the next phase.

1 However, some people may still want to send them in
2 but if we want to move forward with being able to
3 confirm what's reported, we have to pick an end date.
4 So your question, can we still take surveys? I'm
5 sorry, if surveys were not received by February 16th,
6 we can't include that because we need to move on with
7 the next phase.

8 However, we have about 77,000 surveys that were
9 turned in. So we have a lot of material to work with
10 here. And the response rate overall -- I'm sorry it's
11 76,026, so I said 77,000, 76,000; and the overall
12 response rate was 27 percent. Now that just includes
13 the very basic response rate: we sent out this many,
14 we got this many back. It doesn't factor in some
15 situations where maybe it never got to the right
16 person or maybe it couldn't be delivered, and so there
17 are some different ways to calculate a cooperation
18 rate that takes in some of these factors. And when
19 you look at that, reasons why it possibly didn't reach
20 the intended party, there's some different estimates
21 you can use. For those that aren't returned, you can
22 estimate, maybe 25 percent didn't really get it, maybe
23 10 percent didn't really get it. When you look at
24 that, the cooperation rate is about -- it could be as
25 high as 37 percent. But regardless we have 76,000

1 surveys to work with.

2 And we had similar response rates from the former
3 active duty at Lejeune and Pendleton. Twenty-six
4 percent at Lejeune, 24 percent from Pendleton, active
5 duty. I think that is very encouraging. Of course,
6 it doesn't say whether things are biased or not but
7 that is still very encouraging. It's not like 50
8 percent Lejeune, 5 percent Pendleton. I think that's
9 good news that they were reporting similarly from
10 Lejeune and Pendleton.

11 Then among the civilian employees from Lejeune
12 and Pendleton, those rates were slightly higher than
13 the former active duty: 42 percent from Lejeune and
14 34 percent from Pendleton. And we talked a lot about
15 the dependents, how are we going to get at those. As
16 Frank mentioned, we have the people who were in our
17 case control study of the birth defects and childhood
18 cancers and the larger group from which they came, the
19 survey to identify those people. And we had a
20 response rate of 32 percent, so higher than the former
21 active duty, lower than the civilian employees. Put
22 all that together, you get 27 percent.

23 And about 75 percent were completed in hard copy
24 and 25 percent online. The overall refusal rate is
25 about 3 percent. That is an active refusal. That

1 means somebody actually took the time to say I don't
2 want to participate, either by calling in to the help
3 desk or filling out the non-response postcard that
4 came with the last mailing. As mentioned, you know,
5 all these surveys that didn't get returned, what is
6 the reason, did it not get delivered or whatever,
7 probably a lot of those are more what we call passive
8 refusals, people who did not want to participate but
9 didn't want to actually say they didn't want to
10 participate. That is something we'll never really
11 know.

12 But as of the people who let us know by filling
13 out the postcard why they didn't want to participate,
14 I have some information from the first 901 refusal
15 postcards received. Thirty-six percent, they said
16 they don't have health problems; 33 percent don't want
17 to provide personal information; 21 percent, waste of
18 government money; 10 percent, it would take too much
19 time and effort; 9 percent, don't remember the
20 details, it's been so long I've forgotten where I
21 lived; and 7 percent did not feel it was important.
22 And so take that for what it's worth.

23 Now, Jeff's question about, you know, his
24 daughter registered, why did she not receive her
25 survey. If you recall the surveys went out in waves.

1 We were sending out, trying to send out approximately
2 300,000 surveys so we sent them out in batches every
3 three weeks or so, just to, for some logistical
4 reasons, and waves one through six were the people who
5 were in our study group, the morbidity study, not the
6 registrants, and they went out from east coast to west
7 coast. That was deemed to be the most efficient way
8 to send them out, and the registrants were going to be
9 wave seven. Some registrants have received surveys,
10 they did receive them in 2011.

11 The way the contract was awarded, the contractor
12 ran out of money to send surveys to all of the people
13 who had registered by the end of June 2011. Recall we
14 had to set a cut-off for when people registered to
15 send the survey so that the contractor had enough time
16 to get their mailing ready.

17 **MR. BYRON:** And I shouldn't be upset?

18 **MS. RUCKART:** We are planning to send surveys to
19 the rest of the people who registered by June 30th,
20 2011.

21 **MR. BYRON:** Okay.

22 **MS. RUCKART:** As the contractor did with waves one
23 through six, they sent it out geographically east
24 coast onward, so in Ohio they were not able to get the
25 surveys; the money ran out halfway through Florida.

1 So starting with the lowest ZIP codes, that would be
2 somewhere up in, you know, New England, going all the
3 way down to central Florida, surveys were sent out.

4 This other wave we're calling it wave eight, it's
5 the additional registrants, we are planning to send
6 those out. We're having some internal details we need
7 to work out. Unfortunately the contractor has shut
8 down their help desk because their, you know, official
9 study portion of the survey is over, and we need to
10 work out some internal details about how these phone
11 calls that are going to come in are going to be
12 handled, and this is taking up some time and once we
13 resolve these issues, we are going to be sending out
14 the wave eight.

15 So if you look at our website, you'll see we say
16 something about all the surveys being sent out;
17 however, for the morbidity study, we know that some
18 registrants have not received it, and it will continue
19 in 2012. As everyone has heard us say before, the
20 people who are registrants only will be analyzed
21 separately and handled separately in the morbidity
22 study, so we're still moving forward with the
23 morbidity study. We had to cut it off in February so
24 that we can move forward with the confirmation of the
25 cases. The contractor has an 18-month period,

1 starting in March, goes until September 2013, so it's
2 just necessary to do that.

3 It's a trade-off. You know, getting it done
4 sooner versus keeping the, you know, receipt process
5 for getting surveys in longer. So this is what we
6 decided was the best way to go.

7 We still have 76,000 surveys. That's a lot to
8 work with there. We're in the phase now of beginning
9 to confirm the cases that requires developing a lot of
10 materials that will be sent out to the survey
11 participants to get information about what doctors
12 treated them or what hospitals they were seen at or
13 what state they lived in when they were diagnosed with
14 the cancer. All our materials need to be approved.
15 So we're in the process right now of developing final
16 materials to send for approval and then everyone who
17 reported diseases of interest in the confirmation
18 process will be receiving some further contacts from
19 us.

20 **MR. BYRON:** Okay, but like I said, can you see
21 why I'm frustrated? I mean, I think the people out
22 here can. I can kind of tell that, but I mean I
23 understand you guys are moving along. I'm not mad at
24 you guys. I'm mad at how long it's taking the Marine
25 Corps to give the information. This has taken seven

1 years of my life, and actually 12. And when you go
2 back to when I served in the Marine Corps, I've been
3 dealing with this since the day I went into the Marine
4 Corps, or since the day my children were born. And
5 you know, we're looking at 30 years now. And we're
6 experiencing more health effects. I'm trying to give
7 you the victim's perspective. I don't know that
8 that's really all I can give you, okay, and that's why
9 the next meeting's going to be my last so that you can
10 get somebody in this seat who can give you more or try
11 to give you more ideas. I'm done with ideas. Now
12 it's criticism time. Sorry.

13 **MS. RUCKART:** I understand that you're very
14 frustrated. We certainly can recognize that and
15 understand that it has taken a long time. As Frank
16 mentioned, we were waiting on the water modeling,
17 there was not much we could do. And now we have
18 received that and we are working on analyzing the
19 studies and as you know we have a lot of levels of
20 review, like approval process, we're working within
21 the confines of the organization but we are -- I hope
22 you know we are doing our best. We're working on
23 this; this is our full-time job. Eddie says this is a
24 priority but this is --

25 **MR. BYRON:** I do know that. I know you guys are

1 working hard but I want you to realize I'm a
2 businessman, and when there's a problem I don't go to
3 any underlings. I'm going to the top dog and that's
4 why I am requesting the Secretary of Health and Human
5 Services to be here and I don't want this brushed off.
6 In other words when I leave here today, I kind of want
7 an answer. Is she interested in attending our
8 meeting? Because if she's not, she shouldn't be
9 Secretary of Health and Human Services. I can't think
10 of a more critical issue in America today than the
11 largest toxic water spill in the nation. Okay? If
12 she's not interested in that but she's interested in
13 giving healthcare to 12 million non-Americans? I got
14 a problem with that, a major problem. And not that
15 I'm willing to lead the revolution but if one occurs,
16 you bet I'm participating. Sorry.

17 **MR. STODDARD:** Are there any question -- thank
18 you, Jeff. Any other questions for clarification on
19 the health survey?

20 (no response)

21 **MR. STODDARD:** Okay. Let's take -- let's break
22 for lunch.

23 **MS. RUCKART:** Well, should we just update on our
24 other studies? That won't take that long and then
25 we'll be finished with our --

1 **MR. STODDARD:** Let's break for lunch.

2 **DR. DAVIS:** I've got a lot of questions about the
3 birth defects.

4 **MS. RUCKART:** That's fine.

5 **MR. STODDARD:** Let's let everybody catch their
6 breath. Okay, we'll reconvene at 1:00.

7 (Lunch break, 11:55 a.m. until 1:05 p.m.)

8 **MR. STODDARD:** All right. You all ready to get
9 started? So we've finished with the health survey and
10 we're ready to move onto birth defects, childhood
11 cancer's up then. Perri?

12 **MS. RUCKART:** Well, Devra said she had some
13 questions about that. Is she on her way to the
14 meeting room?

15 **MS. BLAKELY:** Yeah, she's finishing lunch.

16 **MS. RUCKART:** Okay. Because my update will be
17 about two minutes and then if she has questions. But
18 I don't know if we should just wait for her?

19 **MR. STODDARD:** You want to go to --

20 **MS. BLAKELY:** You want me to go get her?

21 **MR. STODDARD:** Or do you want to go to the VA and
22 then we can come back?

23 **MR. ENSMINGER:** That's fine.

24 **MR. STODDARD:** Go to the VA? Okay. All right,
25 Q&A, who's got questions? Do you have anything to

1 report, Brad?

2 **Q&A SESSION WITH THE VA**

3 **MR. FLOHR:** Well, I can report on things we've
4 been doing, that we've been doing for quite some time
5 now. First of all I want to say that Jerry and Mike,
6 the documentary was really well done. It was really
7 excellent. And it was interesting last night I walked
8 into the Marriott and who's there on the TV but Jerry.
9 You know, they got the big TV in the lobby. So that
10 was good too.

11 We have -- there's a lot of interest in Camp
12 Lejeune everywhere right now. A lot of that is
13 because of your efforts. People have seen the
14 documentary. A lot coming from Capitol Hill. Wendi
15 and I are going to be briefing the acting director of
16 one of the subcommittees in the H-VAC this coming
17 week, who's new, Disability of Memorial Affairs
18 Subcommittee. So it's really an informational
19 briefing. She just doesn't know about the issue. I
20 keep frequently writing updates to Senator Burr's
21 staff as well as the S-VAC and the H-VAC, and our
22 leadership.

23 Louisville's been consistent in the last 14, 15
24 months now that they've been working claims. Results
25 are consistently there are approximately 25 percent of

1 individual veterans' claims have at least one
2 condition that is being granted -- that has been
3 granted. Continue to work those. We, for budget and
4 other type of concerns, (unintelligible) concerned
5 with all the environmental exposures and the level of
6 input and support we get from DOD. So Dr. Dick's
7 office actually prepared a spreadsheet tracking all of
8 the exposures that we are working on, not just Camp
9 Lejeune but also burn pits in Iraq and Afghanistan,
10 exposure to hexavalent chromium and (unintelligible)
11 in Iraq, the incinerator fire, Atsugi in Japan. All
12 these issues -- particulate matter, which is a big
13 issue also when we're (unintelligible). And we
14 created a spreadsheet for the Secretary, and he's
15 really concerned about what level of support we're
16 getting from DOD as we work through these issues.
17 That's something we may hear about more in the future.
18 We don't know at this time.

19 **MR. BYRON:** Is that with all of the, sorry Brad,
20 is that with all of the situations you just spoke
21 about or are you talking about Camp Lejeune on that?

22 **MR. FLOHR:** All the situations.

23 **MR. BYRON:** All the situations.

24 **MR. FLOHR:** Yeah. Including also I worked with
25 the DOD last fall, three-day conference on radiation

1 exposure at Fukushima, the nuclear power plant there
2 following the earthquake last year. The DOD is
3 actually developing a registry of everyone who was
4 there, every service member, every civilian, DOD
5 employee or contractor. They're going to have all the
6 information. They had streaming. On a daily basis
7 they streamed information about levels of radiation
8 for people who were badged and people who were near
9 people who were badged. All that will help the VA in
10 the future 'cause we'll get claims. At some point in
11 time somebody will file a claim saying I've got X, Y
12 or Z and I was in Japan when the radiation exposure,
13 and we'll be able to get the information we need very
14 quickly as opposed to now.

15 So a lot of things we're tracking. There's a lot
16 of still Agent Orange going on. Residue in C-123 some
17 50 years later that's been raised of Agent Orange, in
18 the planes that we used to spray it. A lot of
19 assumptions. But we're also trying to update, and
20 Dr. Dick's office is really working to provide
21 information in a source on Camp Lejeune and on other
22 exposures so that when someone walks into a VA medical
23 center and says I was at Camp Lejeune and I have this
24 and I have that, they won't get a blank stare, as
25 sometimes happens unfortunately, so maybe Wendi, you

1 want to talk a little bit about that?

2 **MR. BYRON:** Could I ask you a question, please?

3 **MR. FLOHR:** Sure.

4 **MR. BYRON:** Well, because all of us here, well,
5 we're not all veterans but we're all connected to
6 veterans. Me and Jerry are veterans. Just as a for
7 instance this tooth issue, should I just stop in the
8 VA and then just, you know, tell them the situation
9 and have them take a look and then, because if I start
10 losing teeth like crazy, I'm going to be making a
11 claim for sure. I want them to see before, if I
12 suspect it. I don't -- is there any advice you can
13 give us there versus -- I mean, I don't know. It just
14 seems kind of -- they call it thinking ahead but I
15 mean, I don't want to fight you. I don't want to have
16 to fight with the VA six years from now saying my
17 teeth fell out and they say well, you know, prove it
18 or whatever. Obviously you can open your mouth and
19 prove it. But you know that my teeth were good five
20 years ago and I suspect Camp Lejeune had something to
21 do with it. And I'm not saying that because I lost a
22 tooth, that's it, but if I start losing more, I'm
23 going to be very suspicious.

24 **MR. FLOHR:** Right. Right. I don't know. Wendi,
25 what do you think?

1 **MR. BYRON:** And not just teeth.

2 **MR. FLOHR:** Any disability, at a VAMC, will they
3 know that he's a Camp Lejeune veteran?

4 **DR. DICK:** You should identify yourself,
5 definitely. Definitely tell them what you're
6 concerned about and, you know, if they're not aware of
7 Camp Lejeune, you -- you know -- I'm sure you will --

8 **MR. BYRON:** They know about it.

9 **DR. DICK:** Let them know and they should be aware
10 of...

11 **MR. BYRON:** Sorry.

12 **DR. DICK:** And we always, I'm sure -- VBA's the
13 Veterans Benefits Administration is the same, that if
14 somebody is concerned about an environmental exposure
15 that they had while they were in the military, and
16 they think that they have a health problem that's
17 related to that, they, you know, should discuss that
18 when they're seen, what, where they were, how long
19 they were there, what they think they were exposed to,
20 what health problems that they're having, and they
21 can, you know, make, make a claim. They can submit a
22 claim.

23 **MR. BYRON:** I guess what I'm saying is even in
24 lieu of submitting claims, say, you know, well first
25 off, I do suspect that my tooth loss was from it,

1 okay, 'cause I've never heard of internal absorption.
2 They did explain to me how it can happen in instances
3 but I guess what I'm saying is it's kind of a
4 precursor, you know. I kind of want to head off a
5 battle. Okay? If I had to go to the VA ten years
6 from now because I come down with male breast cancer
7 and I'm losing my teeth, I kind of want to walk in
8 there and say here's my health today at 55 years old,
9 you know? Pretty physically fit and I should not be
10 losing teeth that way.

11 **DR. DICK:** Well, you definitely want to get
12 attention before, you know, it gets worse, and whether
13 you're getting your first opinion or whether you're
14 getting your -- you know, just a second opinion, your
15 health is always important and you don't to let it
16 get --

17 **MR. BYRON:** Right, right.

18 **DR. DICK:** -- deteriorate too much if there is
19 something they can do to, you know, to help you or
20 slow it down even.

21 **MR. BYRON:** Yeah, as far as I'm aware the rest of
22 the teeth are fine but if now all of a sudden they
23 take x-rays again and one's bad, then I'm going to be
24 very, you know, like suspecting that it came from
25 Lejeune. So what I'm asking is if I was to go to the

1 VA today, would they give my a physical based on the
2 fact I was at Camp Lejeune? And check an overall
3 health or would you just take your medical records
4 into them and let them have that?

5 **DR. DICK:** Well, I think it'd be based on what,
6 you know, what symptoms you're --

7 **MR. BYRON:** You're dealing with?

8 **DR. DICK:** -- you're complaining about, and I
9 don't know if the health survey, is that looking at
10 even dental? Is it querying that? Or is it --

11 **MS. RUCKART:** We have specific conditions that
12 we're asking about but we do have a general question
13 where people can report anything that wasn't
14 specifically asked about.

15 **DR. DICK:** Okay. And we're also always doing
16 outreach and education efforts with VA providers so
17 that they stay aware of environmental exposures
18 because there are new ones that arise or there's new
19 information about old exposures, and we know that
20 about 25 percent of veterans who come to the VA for
21 care, they have a concern about an environmental
22 exposure from their, you know, military service. So
23 some of the things we're doing right now involve
24 pocket cards that doctors can keep in their white coat
25 that many of them, you know, wear in the office,

1 keeping our public website updated and also having
2 regular ongoing phone calls where we talk about hot
3 issues, ongoing issues and allow time for questions.

4 We have a pocket card that's specifically on
5 environmental exposures, so it clues providers in to
6 hey, there's certain, you know, chemicals of concern
7 or, you know, smoke from burn pits, those sorts of
8 things, so ask, you know, prompting the veteran to
9 tell them what their concern is and where they were
10 and what they think they were exposed to and what
11 health problems they're having.

12 And this pocket card is being tested right now
13 just to get feedback from doctors, how it could be
14 more useful. It'll be finalized in the next few
15 months. It'll be posted on our public website so
16 anybody can download it.

17 They've also incorporated information into a
18 pocket card that they give to doctor trainees and
19 medical students who rotate through the VA. And it's
20 hard to get a medical degree these days without
21 spending time at a VA, which is really, really good,
22 but most of those medical students and residents, they
23 don't end up working for the VA so it's nice, you can
24 educate them about the military and military exposures
25 even if they go into private practice and never, you

1 know, take care of a veteran again.

2 And we have a website that we keep updated, and
3 we try to keep it at a level that isn't overly
4 scientific or, you know, that's just easy to read and
5 easy to find and people can sign up so that, I've done
6 it too, so that sometimes I don't know when there's an
7 update that, oh, yep, that was posted. So that
8 there's no information and you will get an email so
9 that you don't have to constantly be checking.

10 And then we've had ongoing calls quarterly, so
11 four times a year every VA medical facility has an
12 environmental health clinician so oftentimes it might
13 be a family doctor or someone in primary care, and
14 they've been given extra, you know, education about
15 environmental health exposures so that when other
16 doctors in the VA have somebody, they see somebody
17 with an exposure and they don't really know what
18 they're dealing with, they can call this environmental
19 health clinician and consult with them or send the
20 patient to them. And we have nearly a hundred
21 providers who participate in these calls.

22 And we talk about Camp Lejeune, it's always on
23 the agenda. And, you know, sometimes we answer the
24 same questions every single call, and that's okay
25 because it takes people time to really, you know,

1 understand some of the issues, and once they start
2 seeing patients from a certain area, then it prompts
3 more questions, and so we'll be addressing this for as
4 long as, as long as we need to.

5 **MR. FLOHR:** But Jeff, to answer your specific
6 question, if you walk into a VAMC today and say I was
7 at Camp Lejeune and I'm having these problems, can you
8 get examined? I don't know.

9 **MR. BYRON:** Okay.

10 **MR. FLOHR:** I will go back and I will talk --

11 **MR. BYRON:** I appreciate it.

12 **MR. FLOHR:** -- with the people involved with the
13 examinations and see what the possibilities are.

14 **DR. AKERS:** I have some input in that regard. A
15 number of my colleagues work at the VA in Columbia,
16 South Carolina, and I queried two of them, and they
17 responded. I said, suppose I walked in, I said I was
18 at Camp Lejeune. He said their immediate response
19 was, they'd send me to the regional office, which is
20 on the back of their VA campus. That was through the
21 ER so they're being referred, at least the two guys I
22 talked to, to a regional evaluation site, and what
23 goes on there I don't know but I mean --

24 **MR. FLOHR:** You mean, for filing a claim?

25 **DR. AKERS:** Well, for being examined. For having

1 a problem and being seen by a provider.

2 **MR. FLOHR:** Oh.

3 **DR. AKERS:** Along that same line I have a
4 question about the training letter?

5 **MR. FLOHR:** Yes.

6 **DR. AKERS:** Chemical abstracts? That was what a
7 reference that was supposed to be readily available to
8 any provider who had a patient present who they
9 suspected was having a -- had been chemically exposed,
10 and their reference was to the chemical abstracts,
11 from the American Chemical Society, I believe.

12 **MR. FLOHR:** I'm not aware -- I'm not familiar
13 with what you're --

14 **DR. AKERS:** Well, my point being, again, I
15 queried the same number of individuals, which included
16 three VA ER physicians. One VA -- and some of these
17 people overlapped. One fellow who was -- who had
18 worked the clinics at the VA, four urgent care
19 physicians and one former army green shirt -- in other
20 words she'd been in the Army and was an internist,
21 every one of them said if they had to come up with
22 some answers for a patient, they would much rather
23 have the MSDS than the chemical abstracts. And I was
24 just curious why the VA selected chemical abstracts as
25 their reference source.

1 **MR. FLOHR:** I would have to look at that. I
2 don't -- it's not familiar to me in terms of our
3 training letter. I don't know chemical abstracts as
4 something --

5 **DR. AKERS:** Chemical abstracts from the American
6 Chemical Society.

7 **MR. FLOHR:** As a link maybe?

8 **DR. AKERS:** Well, that was supposed to be the
9 reference source. If you had a question you were to
10 go to the chemical abstracts to obtain your answer.
11 What symptoms they would present with, what your
12 treatment should be, the particulars regarding this.

13 **MR. FLOHR:** I'll have to look at that. That's
14 unfamiliar to me.

15 **DR. AKERS:** Dr. Dick --

16 **MR. FLOHR:** And I wrote the letter. So I would
17 know.

18 **DR. AKERS:** I have a question about the
19 nonveterans that utilize the VA, how could that
20 happen? How does that happen because I was under the
21 impression one of the big objections to Senator Burr's
22 bill was that there was some opposition from veterans'
23 groups who didn't want nonveterans to use the VA
24 system.

25 **DR. DICK:** I don't know. I can look into that

1 and talk about at the next meeting.

2 **DR. AKERS:** Well, how does one access I guess the
3 VA if you're a non-veteran? Is it on a humanitarian
4 basis that you -- the example you used was those
5 individuals who needed an oncologist or --

6 **DR. DICK:** Just anecdotally from the cancer
7 registry, the woman who's in charge of that, she
8 mentioned that oftentimes the nonveteran who's getting
9 care at a veteran -- at a VA facility may be the
10 spouse of a veteran. And I will need to verify that.

11 **MR. BYRON:** More of that was based on -- from
12 what I got that you said, it was more based on the
13 availability of the care in the region so like if your
14 hospital can't take care of a certain illness and the
15 VA does, then that might -- it's probably --

16 **DR. DICK:** That might be --

17 **MR. BYRON:** -- farmed out to them basically.

18 **DR. DICK:** Yeah, it might be a special service
19 for spouses but I do not know. I'm not the authority
20 on that at all. I will have to check with the people
21 who can tell me exactly more about that because, you
22 know, --

23 **MR. FLOHR:** I think the VA would see people who
24 have been injured severely and they're in critical
25 condition, and that's the closest place to take them.

1 But also spouses and dependent children, those who
2 have children, are entitled to any healthcare if the
3 veteran himself is rated totally disabled.

4 **DR. DICK:** So it depends on, you know,
5 different --

6 **MR. BYRON:** That's my understanding, even with
7 the other healthcare (unintelligible) as a veteran I
8 can walk into the VA and get services. I don't have
9 to -- I mean, I know guys that do and I don't
10 personally because, you know, I don't want to tax the
11 system that's needed for wounded warriors. And I'm
12 not a wounded warrior. So but my understanding is is
13 if I was injured and couldn't pay for healthcare, I
14 can walk into any VA facility 'cause I'm a veteran and
15 get care. Is that correct? I imagine it is. I don't
16 see why not. That's what it's for.

17 **MR. FLOHR:** Yeah.

18 **MR. PARTAIN:** Brad, you mentioned that
19 Louisville's kind of getting, I guess in colloquial
20 term, their act together as far as their reviews and
21 stuff. Do you have a date of when we should stop
22 seeing --

23 **MR. FLOHR:** Did I say they were getting their act
24 together?

25 **MR. PARTAIN:** Well, I thought you -- you

1 mentioned something earlier about that, you know, the
2 consistency from Louisville. I mean, is that as of
3 now, last month, December, November? I mean, when
4 is -- I know there was some inconsistency when we
5 talked at the last CAP meeting, you weren't here but
6 we were bringing up some issues.

7 **MR. FLOHR:** You know, inconsistency is a word
8 that's used a lot; I think it's misused. There may be
9 for example a veteran who was at Camp Lejeune who
10 developed kidney cancer, and there may be another
11 veteran who was at Camp Lejeune who developed kidney
12 cancer. That doesn't mean that both of them could be
13 granted service connection, and that doesn't make them
14 inconsistent, because one veteran may have had
15 exposure to a lot of other chemicals, may have had
16 exposure to benzene in another job outside the Marine
17 Corps, which would have been more perhaps, may have
18 had family history. So the decision's consistent
19 based on facts in the individual case. It doesn't
20 mean that one granted, one denied makes it
21 inconsistent.

22 **MR. PARTAIN:** Now what degree -- to what degree
23 is the NRC report in 2009 still being used in VA
24 decisions?

25 **MR. FLOHR:** As far as I know it's never been

1 used.

2 **MR. PARTAIN:** Okay.

3 **MR. FLOHR:** Except we reference it in our
4 training letter just for the 14 diseases that they
5 found limited or suggested evidence of the association
6 to TCE and PCE. All that does, all that we use that
7 for is we told our Louisville office, if a veteran
8 presents with one of those 14 conditions, you don't
9 need any other medical evidence. You can request a
10 medical opinion at that time. Okay? That's a good
11 thing.

12 **MR. PARTAIN:** Let me ask something of Dr. Davis,
13 Dr. Clapp, Dr. Bove something. Relations between
14 TC -- scientific knowledge between the relation of
15 TCE, PCE, benzene and bladder cancer, can you all want
16 to -- ever one of you comment or one of you all
17 comment about the scientific knowledge between the
18 links of that chemical and that disease?

19 **DR. CLAPP:** Yeah, it's strong.

20 **MR. PARTAIN:** Was it -- when you say strong,
21 what's it based? What, how do you think --

22 **DR. CLAPP:** Studies of dry cleaners for example,
23 workers within the dry cleaning industry have gotten
24 excess bladder cancer. Studies of solvent
25 manufacturing workers.

1 **MR. PARTAIN:** So there is a scientific knowledge
2 out there that there is a link between exposure to
3 TCE -- PCE, TCE, benzene, whatever, the chemicals we
4 have at Camp Lejeune and --

5 **DR. DAVIS:** Not necessarily for all of them. You
6 don't have to have all of them combined.

7 **MR. PARTAIN:** I understand.

8 **DR. DAVIS:** What Dr. Clapp's referring to is that
9 there are actual surveys of highly exposed workers.
10 Workers who work in dry cleaning are known to have had
11 very high exposures to PCE and then, and TCE. Now in
12 addition to that, though, and I want to stress this, I
13 don't think we should get too hung up on the
14 epidemiologic data, as an epidemiologist. I think we
15 often are chasing statistical significance in human
16 studies where we don't need to do that at all. The
17 National Toxicology Program has a very impressive
18 program of assays where they've tested now over 400 --
19 how many? What's the number?

20 **DR. PORTIER:** Oh, about 700.

21 **DR. DAVIS:** Seven hundred, thank you -- chemicals
22 in animal assays, which involve short-term, long-term,
23 chronic studies, and a number of these solvents have
24 been shown to be very toxic to a number of different
25 organ systems, including but not limited to cancer,

1 but including neurodegenerative things, and necrosis
2 and degeneration of, in particular, the bladder and
3 the kidney. So, and the male rat kidney is a whole
4 subject, one that's written books about how to study
5 it.

6 My point in mentioning all this here is simply to
7 say that when you ask about evidence and causation of
8 bladder and other types of cancer for these exposures,
9 don't get into the trap of asking whether you have
10 enough human data. You really have had data on these
11 particular compounds now for more than 40 years that I
12 know of, showing in animal studies under controlled
13 conditions a whole spate of damage that's associated
14 with these exposures. So don't get snookered by the
15 notion that we may not have robust human studies. In
16 fact, I agree with Dr. Clapp.

17 **MR. PARTAIN:** Well, according to the Marine
18 Corps, Navy, and NRC, you know, the links between
19 animal studies and human, well that doesn't really
20 show anything, so.

21 **DR. DAVIS:** Well, that's the whole --

22 **MR. PARTAIN:** Well, going back -- I want to get
23 back to my point here 'cause I mean this is the crux
24 of the issue. I mean, we have a list of
25 diseases from the NRC report, if I -- correct me if

1 I'm wrong, Brad, 'cause I don't want to put words in
2 your mouth, that those diseases are looked at as --
3 that the NRC report is not the final say-so in the
4 decisions, and that according to the -- what was the
5 word you used about the list, the 12 conditions?

6 **MR. ENSMINGER:** Fourteen.

7 **MR. PARTAIN:** Fourteen?

8 **MR. FLOHR:** Fourteen. The NRC found that there
9 was limited or suggested evidence of an association
10 from TCE, PCE and those conditions.

11 **MR. PARTAIN:** Okay. I want to take a second
12 to -- I want to come back on this, and I'll come back,
13 Devra. I want to read an excerpt. I like to deal
14 with specifics and that's something that I have, you
15 know, you cannot deal in generalities or
16 hypotheticals. I'm going to read an excerpt from a
17 veteran's denial out of the Department of Veterans
18 Affairs, VA Louisville's regional office. I'm not
19 going to read his name or anything like that. This
20 was sent to me, his brother, they were brothers. They
21 both served at Camp Lejeune, one has male breast
22 cancer, the other one has bladder cancer. And pay
23 attention to the error, I kind of chuckled when I read
24 it the first time, but (reading) On VA examination of
25 January 3rd, 2012, the examiner reviewed your claim

1 file. The examiner opined that bladder cancer is less
2 likely than not caused by result of the exposure to
3 contaminated water at Camp Lejeune. The rationale,
4 from a review of the recent findings of a national
5 regulatory commission in 2011.

6 **MR. ENSMINGER:** That's --

7 **MR. PARTAIN:** Let me repeat that, from the
8 review --

9 **MR. ENSMINGER:** That's supposed to be nuclear
10 regulatory --

11 **DR. DAVIS:** Yeah.

12 **MR. PARTAIN:** Yeah, the national regulatory
13 commission in 2011 --

14 **DR. DAVIS:** That's a mistake. It's --

15 **MR. PARTAIN:** Well, obviously, I mean, it's
16 repeated throughout the letter though. But here's the
17 concerning part. (reading) There has been some
18 associations with certain latencies by the
19 contaminated water, the 14. However, this is a
20 conditional statement, this is not the same thing as
21 causation which is defined as resulting in a
22 particular issue. Currently there is no causation
23 that is proven -- that has been proven between the
24 contaminated water at Camp Lejeune and malignancies.

25 The veteran's private sector's physician notes,

1 who was an urologist, which I would call an expert,
2 were knowledge regarding the malignancies at Camp
3 Lejeune. However, their comments are observational
4 and not based on scientific studies. So, I mean it's
5 a fancy way of -- I mean this guy has bladder
6 cancer -- he's got prostate, bladder and colon cancer.
7 The bladder cancer is, I think, a stronger argument,
8 it's on the 14 list. And here they are citing
9 incorrectly, a report that didn't happen, but then I
10 know what they're referring to is the NRC report in
11 2009. And they're saying that that report is the
12 basis for his denial. I mean that -- something's
13 wrong. And his doctor, I mean, it doesn't -- his
14 doctor wrote: In my opinion there is a strong
15 possibility that the exposure to these chemicals did
16 contribute to his developing both bladder and prostate
17 cancer. And the fact that this man has had three
18 different malignancies would seem to indicate that
19 there was some source of underlying, underlying
20 causative effect for his condition, since it is quite
21 unusual to have multiple malignancies in the same
22 patient.

23 I mean, this guy's an expert but his, you know,
24 his conclusions, which, you know, are to a degree
25 backed by the 14 list from the NRC report are

1 dismissed as opinion. And then they come back, and
2 the concerning thing to me is this reviewer, you know,
3 granted he's citing a report that didn't happen, to an
4 agency or commission that didn't exist, is saying that
5 that report, which is the NRC report in 2009, is the
6 basis for this man's denial. That science hasn't
7 proven anything. But yet I just heard from Dr. Clapp
8 and Dr. Davis, science has a pretty good clear
9 understanding where, you know, I wouldn't -- I don't
10 want to say clear understanding, but I would say
11 science has a pretty good idea that there is a
12 causation and effect between bladder cancer and these
13 chemicals. But yet this reviewer, based on a
14 commission that didn't exist in a year that didn't
15 happen, and he's citing stuff that's totally
16 incorrect. That's inconsistent and that's what I mean
17 when I ask the question.

18 **DR. DAVIS:** Just want to add a point of
19 clarification, Mike. As I think you know, and just
20 for the record I want to make it clear, that it is the
21 position of the World Health Organization
22 International Agency for Research on Cancer, which
23 appears in every one of the prefaces to their
24 monographs, that where there's evidence on controlled
25 studies of carcinogenicity in animals, this is

1 considered as evidence per se of risk to humans, and
2 therefore anything that is known to cause cancer in
3 animals is assumed to cause it in humans. That's the
4 basis of the whole World Health Organization approach.
5 And that is an expert agency.

6 Now, urologists treat disease. They are not
7 experts in cancer, and that's one of the dilemmas that
8 we're facing here. You are over and over again
9 showing us that doctors are humans and they make
10 mistakes just like other people do; maybe perhaps even
11 more so because they come to expect that they aren't
12 going to be making mistakes, and that's part of the
13 problem in our training in physicians today. But the
14 reality is that animal evidence has to regard it;
15 otherwise, we are conducting experiments on people and
16 treating all of us like lab rats.

17 **MS. BLAKELY:** We can volunteer, can't we, guys?

18 **MR. ENSMINGER:** We already did.

19 **MR. PARTAIN:** We already did.

20 **MS. BLAKELY:** Yeah, I know. That's what I mean.

21 **MR. PARTAIN:** We didn't know about it.

22 **MR. ENSMINGER:** I didn't volunteer that.

23 **MR. FLOHR:** And Mike, each case is different, you
24 know, in that case you read, I don't know if how long
25 the individual was at Camp Lejeune, I don't know what

1 his family history other than two brothers and things
2 like that, how long he was there, where he lived when
3 he did. Physicians who provide opinions, this one, at
4 least he gave a pretty good explanation, reasoning.
5 They're not always going to be favorable but that's
6 the main reason the claims were denied is because we
7 don't get a favorable opinion. But we are working to
8 address that with people in charge of the examinations
9 in the Veterans Health Administration. They are
10 actually going to be developing a really good training
11 program for people who provide opinions, to really
12 make sure that they're on top with the latest
13 information and the latest that we know about Camp
14 Lejeune and these contaminants, and that's where we'll
15 be getting very soon.

16 **MR. PARTAIN:** But the problem is the foundations
17 for his denial are completely wrong and they go
18 contrary to what you said earlier.

19 **MR. FLOHR:** No, they don't go contrary to what I
20 said --

21 **MR. PARTAIN:** It's contrary --

22 **MR. FLOHR:** What I said was those 14 conditions,
23 they don't mean anything other than it provides us a
24 basis to request a medical opinion because there's
25 been some suggestion of an association by the NRC.

1 Didn't say that there was any causation, that it
2 caused it, just that there's some association.

3 **MR. PARTAIN:** I understand that but they, you
4 know, he's saying there's -- the reviewer there is
5 speaking on the knowledge of science in referring to
6 the NRC report and talking there is no scientific
7 evidence. That is fundamentally wrong. There is
8 scientific evidence linking it. I understand
9 everyone's individual, I understand that we gotta go
10 through and look at everything, and, you know, that's,
11 I passed over to you the gentleman's denial and you
12 can do with it what you want there and follow up with
13 the family, but the fact of the matter is, I mean, the
14 guy didn't even get the right name for the commission
15 (unintelligible) commission, couldn't get the right
16 year. I mean, the fundamental basis for what he was
17 saying was wrong, is screwed up. And then also --
18 well, they are, but and also not only that, to make a
19 statement that there is no scientific evidence to
20 support a causation is wrong.

21 **MR. FLOHR:** I'm not going to try and put --

22 **MR. PARTAIN:** I understand.

23 **MR. FLOHR:** What's in the examiner's review
24 because I don't -- I'm neither a scientist nor a
25 physician. Well, as Devra said, the possible

1 conditions that can result from exposure to benzene
2 and TCE has been known for a long time. But what is
3 missing, and what the water modeling result will show,
4 is how much in the individual is exposed to because
5 that plays a good part in it too.

6 **MR. PARTAIN:** I don't know how do you see
7 exposure (unintelligible) I mean, it could be one-time
8 exposure, it could be a lot more. If it's a
9 carcinogen, it's a carcinogen.

10 **MR. FLOHR:** Well, I don't know that. I don't
11 think --

12 **MR. PARTAIN:** Yeah, it's kind of like being dead.
13 You're dead once and you don't -- you're not mostly
14 dead or partly dead, you're dead. All right? The
15 same thing when you're exposed to a carcinogen.

16 **DR. DAVIS:** Just a point of clarification, and
17 the IARC system has different classifications for
18 level of evidence, and in the case of vinyl chloride
19 and benzene, they are confirmed human carcinogens. In
20 the case of TCE and PCE, they are probable human
21 carcinogens, and there's a ferocious fight about
22 whether it should be probable or definitive. But that
23 classification that I just mentioned is based in the
24 case of the Class I definitive human carcinogen of
25 definitive human evidence, but in the case of PCE and

1 TCE, it's based on a number of experimental studies
2 and some human epidemiologic studies. So there's a
3 lot of --

4 **MR. FLOHR:** Well, actually there was -- I'm sorry
5 there was, the EPA issued a report on TCE recently,
6 just in the last several months which elevated TCE to
7 a known human carcinogen.

8 **DR. DAVIS:** Thank you for that clarification, but
9 the point is there's been evidence around for a long
10 time, and you've pointed out an error that this person
11 made, and so the question I have to the VA is what
12 process will you have in place to correct this kind of
13 error? What is the routine appeal that can be set up
14 now so that they can get this right?

15 **MR. FLOHR:** Well, I can follow this and
16 participate with the decision.

17 **DR. DAVIS:** And I assume -- Mike --

18 **MR. PARTAIN:** (Unintelligible). I know.

19 **DR. DAVIS:** Right. And maybe there's some way we
20 can be encouraged that the process here because, you
21 know, it is, you know, you've got a lot of different
22 claims here.

23 **MR. PARTAIN:** But the lay person doesn't
24 understand what we do. I mean, it's taken me five
25 years to build my database and my knowledge on it. If

1 I'm a veteran who served four years and went home to
2 work at my job and live my life, I'm not going to know
3 this stuff. I mean it sounds correct unless you know
4 what you're talking about, and then the errors start
5 jumping out at you.

6 And I mean these -- how many people walk away
7 with legitimate cases for the VA because of errors
8 like this? And I mean, we recently -- Jerry told me a
9 couple weeks ago that one of the veterans he knows did
10 receive an award but the award was associated to his
11 exposures in the Gulf War, not Camp Lejeune.

12 **MR. FLOHR:** It actually was not. It was just a
13 typo error.

14 **MR. PARTAIN:** Typo error?

15 **MR. FLOHR:** It was a clerical error.

16 **MR. PARTAIN:** Okay, but they get classified in
17 the VA that way or -- I mean, typo -- I'll take your
18 word for that.

19 **MR. FLOHR:** No, they're going to fix it actually.

20 **MR. PARTAIN:** Good, 'cause I mean, that would,
21 you know, I hate to drop that data out of anything in
22 the future and scientific worth.

23 **MR. FLOHR:** I don't know that it would be, even
24 if it wasn't corrected because Louisville keeps its
25 spreadsheet on every claim that they grant and

1 petition which is granted. That's all of it. It's
2 available.

3 **MR. BYRON:** Okay, this is Jeff. I'll play nice
4 now. I guess the real question is all these guys are
5 going there for, you know, making a claim to the VA
6 and this information isn't even out yet, and they
7 could be being, you know, denied. And we really don't
8 even know the results. I mean, I imagine that list
9 will either get larger or smaller once the study's out
10 as far as the --

11 **MR. FLOHR:** Are you referring to the results of
12 the water modeling study?

13 **MR. BYRON:** -- the diseases and the cancers.
14 Yeah, once those results are out I mean anybody that
15 goes in there that's hurting now gets denied, and then
16 the information comes out that maybe they shouldn't
17 have been denied later --

18 **MR. FLOHR:** Well, then they can reopen their
19 claim.

20 **MR. BYRON:** They can reopen their claim?

21 **MR. FLOHR:** Absolutely.

22 **MR. BYRON:** Oh, okay. Okay, so even if they
23 appealed and lost the appeal, then after the
24 information comes out --

25 **MR. FLOHR:** Based on new studies would be new

1 evidence.

2 **MR. BYRON:** Okay. And then as you guys see the
3 studies' results, who adjusts that list? Is it you
4 all or is the NRC going to, I mean, what's that
5 process? I mean, obviously they didn't cover every
6 disease or they covered too many, it's one or the
7 other. But they didn't hit it dead on at 14, you know
8 that and I know that. So what -- how does that get
9 adjusted?

10 **DR. PORTIER:** So for -- let me touch on a couple
11 of things first to make some points clear and make
12 sure our expectations are clear.

13 I think the decision as to whether or not
14 veterans get healthcare from exposures at Camp Lejeune
15 should not rest solely upon our health studies. There
16 is a tremendous amount of evidence out there, as Devra
17 pointed out. Benzene is a known human carcinogen,
18 methylene chloride is a known human carcinogen. We
19 know something about the magnitudes of those chemicals
20 that cause cancer. We are estimating exposures to
21 this population, we will compare the two and make some
22 opinion as to whether we think this is affecting the
23 population.

24 The positive or negative aspects from the
25 epidemiologic study are driven by a lot of different

1 aspects. The magnitude of the response in the
2 population, other exposures the population has seen
3 can all make it very difficult to interpret clearly
4 the one study. We're going to try our hardest to make
5 an opinion that says something about the whole body of
6 evidence.

7 But to answer your question now, in the United
8 States for cancers, the definitive answer comes from
9 the National Toxicology Program in their report on
10 carcinogens. And both of these two, benzene and
11 methylene chloride are known human carcinogens. TCE
12 and PCE are reasonably anticipated to be human
13 carcinogens.

14 **MR. ENSMINGER:** TCE is.

15 **DR. PORTIER:** And TCE is -- might have been just
16 made a known human carcinogen within two -- I was
17 trying to find that.

18 **MR. ENSMINGER:** And vinyl chloride.

19 **DR. DAVIS:** Vinyl chloride is definitely a known.

20 **DR. PORTIER:** Known human carcinogen. In fact
21 when I was there, I tried to make all of the
22 chlorides, vinyl chloride, vinyl fluoride and vinyl
23 bromide, all of the human carcinogen 'cause the
24 evidence is pretty clear on all of them but I couldn't
25 get that through.

1 Now, so that's cancer only. ATSDR maintains our
2 tox profiles and in the tox profiles we do everything
3 else besides cancer, and so that is a summarization of
4 the other evidence that is out there. Even when the
5 ROC report on carcinogens does cancer, they also
6 summarize the other evidence, although they don't
7 categorize it, they don't classify it. IARC does also
8 summarize all the evidence it doesn't classify.

9 Everybody lives off all these lists. EPA has
10 lists as well. So when you're looking at something
11 like this, we look at all of it. But usually the real
12 definitive answer on these things comes from the NRC.
13 When it comes through VA and other groups, they like
14 to bring in the NRC to look at all of this evidence
15 and provide an opinion of association.

16 Sometimes the problem is that this is, this is
17 subtle language differences, but sometimes this is the
18 problem you see when looking at this. When you get a
19 group of scientists together and you tell them you
20 must reach a consensus, and you're looking at
21 something like causation for a chemical, even when
22 those scientists generally agree on things, if you
23 force consensus, if there's one person who feels like
24 it's not causative, then they can't say that. That
25 blocks consensus. So, but most of the groups do, like

1 IARC and the RT -- NTP and those groups, is they sort
2 of get to debate, then they do a vote and they go for
3 majority rule. But the NRC doesn't do that so
4 sometimes it's very difficult in the NRC to interpret
5 causality. But the VA usually uses association,
6 strong association as a good reason to act on
7 something so they know how to interpret this.

8 **MR. BYRON:** Okay, so real quick, once the studies
9 are done, say, some other cancer, brain cancer, needs
10 to be put on the list, or should be on the list or
11 suspected to be on the list, is it the NRC that
12 decides who -- if it goes on the list or will it be
13 the CDC?

14 **DR. PORTIER:** Well, in our papers, if we see a
15 significant increase in brain cancer, we will make
16 that clear in our publications.

17 **MR. BYRON:** Okay.

18 **DR. PORTIER:** Once we make it clear in our
19 publication, then that's going to signal a lot of
20 groups to look at this evidence and think about it
21 carefully. If it's strong enough, then the entity
22 will revisit their finding and see if that contributes
23 to their overall findings, and they might redo their
24 finding, and so would other groups.

25 **MR. PARTAIN:** Okay, 'cause we do see a lot of

1 brain cancers from Camp Lejeune including --

2 **MR. ENSMINGER:** Well, I wasn't bringing that out.

3 **MR. PARTAIN:** Yeah, just so -- I just want to
4 throw in a little historical point, one of the more
5 infamous brain cancers that was at Camp Lejeune was a
6 gentleman named Charles Whitman from south Florida.

7 **DR. DAVIS:** Oh, yes.

8 **MR. PARTAIN:** And who in the 1960s climbed a bell
9 tower with his rifle and snipered a bunch of people at
10 Texas University shortly after he was discharged from
11 two and a half years at Camp Lejeune.

12 **DR. DAVIS:** And actually he left a suicide note
13 that said please autopsy my brain; something's wrong.
14 And he, for months before he did this, he knew
15 something was wrong and he did not get medical
16 attention. I'm not sure that he sought it either but
17 I think that he did. He's been written up in a number
18 of books. His, Charles Whitman had a glioblastoma
19 multiforme and it was only diagnosed at autopsy after
20 he'd been on that rage and shot all those people.

21 **MR. PARTAIN:** And prior to Camp Lejeune he was an
22 Eagle Scout with an IQ of 139, I think.

23 **DR. DAVIS:** Right.

24 **MR. PARTAIN:** Kind of interesting but just throw
25 that in as a tidbit.

1 **MR. ENSMINGER:** Damn good shot too.

2 **MR. BYRON:** I used to beat those guys up.

3 **MR. PARTAIN:** There was a gentleman in the
4 audience that came up and asked me, he's had some
5 recent dealings with the VA and I'd like to give him a
6 couple minutes to just to address that. Would that be
7 all right?

8 **MR. ENSMINGER:** Our marksmanship training works.

9 **DR. DAVIS:** Please.

10 **MR. PARTAIN:** Anyway, would that be okay? All
11 right. Just give him like two minutes. That's all
12 I'm asking.

13 **MR. STODDARD:** Are you asking the whole panel?

14 **MR. PARTAIN:** No, I'm asking -- There's a
15 gentleman in the audience who wants to recognize the -
16 - talk about the VA, just wanted to state some of his
17 recent experiences in dealing with a VA hospital.

18 **MR. STODDARD:** So, are you asking him to come and
19 speak?

20 **MR. PARTAIN:** I'm asking if we could recognize
21 him to speak for a few minutes.

22 **MR. STODDARD:** So this is a question to the
23 group. Devra? We have a question to the group.
24 Would the group be willing to hear from this gentleman
25 in the audience regarding his experience with the VA?

1 **MR. BYRON:** Yeah, I'm okay with it.

2 **MS. BRIDGES:** Yeah, I'm okay with it also.

3 **MR. PARTAIN:** As long as we keep it to, you know,
4 two minutes or so.

5 **MR. STODDARD:** Two minutes? Two minutes? Okay,
6 and the person's name is?

7 **MR. PARTAIN:** Kevin.

8 **MR. WILKINS:** Kevin Wilkins.

9 **MR. STODDARD:** Could you come to, come to use the
10 mike, please?

11 **MR. ENSMINGER:** Go over there so we can throw
12 stuff at you.

13 **MR. STODDARD:** Okay, Kevin, you have two minutes.

14 **MR. WILKINS:** I won't even take that. I'm not
15 going to muddy what Mike's done. But as far as Jeff
16 and his experience with the VA, I'm from Louisville,
17 and if you walk into the Louisville Medical Center and
18 ask for the environmental person, she has no idea
19 what's going on with Camp Lejeune.

20 If you go to the regional office, tell them you
21 want to put in a claim about Camp Lejeune, they have
22 no idea what you're talking about. Now they may have
23 eight people down there assigned but they're not
24 spreading the information among the service officers,
25 you know, the DAV, the AMVETS, they're not spreading

1 out the information. So even when you go to see the
2 representative, they have no idea what your, what your
3 symptoms should be.

4 Now the VA put me on a non-service connected
5 pension in 1989. When I found out about Lejeune, I
6 was able to link my symptoms to the water, ask for
7 service connection and I got an answer just about like
8 Mike, and I felt like they just off the wall evaded,
9 just said well, it's not connected. And that's, like
10 I say, if you went to the VA expecting anything,
11 you'll get nothing.

12 **MR. BYRON:** I understand where you're coming
13 from. I've actually heard good news in the Cincinnati
14 area about the VA.

15 **MR. WILKINS:** Well, what was their flagship?

16 **MR. BYRON:** And I think part of that is is
17 because some of the newscasts that I've been in and
18 some of the people that I know, you know, one
19 gentleman, his wife works at the VA so they've had
20 their eye on us for years. So --

21 **MR. FLOHR:** Anyone who's represented by the
22 service organization, when a rating decision's done on
23 a claim, it goes to the VSO to review. So I can't
24 imagine that they don't know about it, and the fact
25 that there's, as of two weeks ago, there was 1,212

1 cases pending to be worked in Louisville. I can't
2 imagine the people in Louisville, outside of the group
3 that's just working those claims, don't know about it.

4 **MR. ENSMINGER:** Well, I got the same type of
5 report from my mentor in the Marine Corps who was one
6 of my former commanders. He's an officer. And he
7 gave me basically the same report about the Las Vegas
8 VA. Now when his stuff got transferred from Vegas up
9 to Reno, then he got a phone call from some guy in
10 Reno that actually knew about the Lejeune situation,
11 but down in Vegas, it's crickets. I mean they, they
12 don't even want to talk about Camp Lejeune.

13 **MR. FLOHR:** I don't know about that but, you
14 know, last year, last fiscal year, VA received
15 1.3 million claims, and that wasn't just -- that was
16 claims that require a rating decision based on medical
17 evidence and scientific evidence. That's not to
18 mention the millions of claims we get just to add
19 dependents, hospitalization, things that have to be
20 done, so 1,200 claims that we got last year from Camp
21 Lejeune compared to 1.3 million claims, sometimes they
22 won't be recognized right away.

23 **MR. BYRON:** Well, that's why we're here, right?
24 I mean, we're trying to make process so people know
25 about it, and the VA is -- are you continuing --

1 you're continuing the training?

2 **MR. FLOHR:** Absolutely.

3 **MR. BYRON:** I mean, I don't know what to tell you
4 back there as far as your experience. I don't know,
5 check again.

6 **MR. WILKINS:** I've been down front.

7 **MR. BYRON:** You been down front?

8 **MR. WILKINS:** I can tell you just what happens.

9 **MR. BYRON:** I might take a trip to Louisville
10 soon then because I'm close to there in Cincinnati.

11 **MR. WILKINS:** Come on down.

12 **MR. BYRON:** I will.

13 **DR. DAVIS:** When did this happen?

14 **MR. WILKINS:** I just got the, whenever that
15 meeting was in Pittsburgh, Jerry told me to ask for a
16 mammogram, ask for a radiation test, that's when I had
17 the experience with the environmental person, and then
18 they did the examines on me, and I just got the
19 decision about three weeks ago that said yeah, you've
20 got all this stuff but it's not service-connected.

21 **MR. PARTAIN:** That's November 2010 that he's
22 referring to.

23 **DR. DAVIS:** Yes.

24 **MR. FLOHR:** The Columbus meeting?

25 **MR. BYRON:** 2010 is when --

1 **MR. PARTAIN:** Well, Pittsburgh -- if it was the
2 meeting in Pittsburgh, that was November 2010.

3 **MR. BYRON:** When did you get -- I'm sorry, this
4 is Jeff. When did you get here, Brad? It was 2010,
5 wasn't it?

6 **MR. FLOHR:** Yeah.

7 **MR. BYRON:** I mean so this is -- to be honest
8 with you, the VA's just really gotten involved. I
9 mean I hate to say that. It's a shame. It should
10 have been involved for a decade now. But this man
11 doesn't -- I don't think he knew about it ten years
12 ago.

13 **MR. FLOHR:** Well, it sounds like Mr. Wilkins also
14 is referring, not having gone to the regional office
15 and people in the regional office not knowing about
16 it, he went to the VA medical center.

17 **MR. WILKINS:** I've been to both.

18 **MR. BYRON:** So but I mean is it, was that pre --
19 not your fault that it would be premature that you
20 went there before they knew about it, would they more
21 than likely be more informed now, do you believe?

22 **MR. FLOHR:** I would hope so, Jeff.

23 **MR. ENSMINGER:** I would hope that they're reading
24 your training letters.

25 **MR. BYRON:** Yeah.

1 **MR. ENSMINGER:** You know that, that's a big
2 question. What do they do with your training letters
3 once they get them?

4 **MR. WILKINS:** Well, they didn't have the one for
5 11/03, the revised, they didn't have it posted on the
6 website, and I called a veteran service officer about
7 it. He said it's not on here so I faxed him a copy of
8 it. I picked it up off the internet.

9 **DR. DAVIS:** I know there's been a lot of
10 discussion about traumatic brain injury and training
11 for things like that. I would hope that the VA has
12 additional resources now to handle the additional
13 demand that the brain injuries are creating, and I
14 wonder, again, what the question I asked before:
15 what's the FTEs that you have for this? Is it a
16 question of giving you more resources for training?

17 **MR. FLOHR:** I'm sorry, training for what?

18 **DR. DAVIS:** For your intake people to understand
19 the science behind this issue.

20 **MR. FLOHR:** I think I mentioned earlier that the
21 head of our examination group in the Veterans Health
22 Administration is planning on doing training very
23 soon, to bring people up to date, people
24 (unintelligible).

25 **MR. STODDARD:** Okay. Can, can we wrap up the VA

1 questions now? We've got a little over an hour and
2 we've got three studies to review as well.

3 **MR. ENSMINGER:** We've got Morris. We've got
4 more.

5 **MR. STODDARD:** Is Morris -- Morris is here? Is
6 Morris ready?

7 **MR. MASLIA:** Yes, I'm -- I need a couple minutes
8 just to boot up the computer.

9 **MS. RUCKART:** So we can just briefly go over the
10 other studies.

11 **MR. STODDARD:** Okay, birth defects and childhood
12 cancers.

13 **BIRTH DEFECTS AND CHILDHOOD CANCERS**

14 **ADVERSE PREGNANCY OUTCOMES**

15 **MS. RUCKART:** Yeah, okay. With that, there's
16 really not too much to say other than we have the
17 water modeling data. It's not been finalized but as
18 we've been mentioning, we're using these results and
19 doing our analysis so that when we get the
20 confirmation that the water modeling has been approved
21 by the agency ^, that we will be ready to go.

22 If for some reason there's some tweaking that
23 needs to be done on that side, then we will
24 incorporate that into our analyses. So we have the 52
25 cases, 15 neural tube defects, 24 oral cleft defects

1 and 13 hematopoietic cancers, which is non-Hodgkin's
2 lymphoma and leukemia. And I'm well underway in
3 analyzing that, just finishing up some different
4 analyses.

5 I looked at the average exposure during the
6 critical exposure period, the first trimester for
7 birth defects and various time periods for the
8 cancers. I also looked at maximum exposure and for
9 cancer, the cumulative exposure. And for each of the
10 chemicals separately, looking at different ways to
11 distribute that, looking at the distribution of the
12 chemicals in the controls and as we stated earlier,
13 we're not able to share the results until things have
14 been peer reviewed, but Devra said she had some
15 questions about that study?

16 **DR. DAVIS:** No, this is the cancer study?

17 **MS. RUCKART:** The birth defects and childhood
18 cancers.

19 **DR. DAVIS:** No, you're talking about birth
20 defects and childhood cancer combined. So you looked
21 -- at the types of birth defects that you looked at --

22 **MR. STODDARD:** Could you turn your mike on,
23 Devra?

24 **DR. DAVIS:** I'm sorry. The types of birth
25 defects that you looked at would have been major

1 congenital anomalies, particularly cardiac or -- how
2 did you -- what was your database to get the birth
3 defects data?

4 **MS. RUCKART:** Well, we've talked about this
5 extensively in the past. I'll just briefly summarize.
6 There were no birth defects registries at the time
7 period that we're looking at, so we couldn't just go
8 and query them all. So we had to do a survey of those
9 who were at Camp Lejeune from 1968 to 1985. We
10 selected '68 because that's when the birth
11 certificates began to be computerized. We contacted
12 as many people as we could; we ended up with 12,598
13 people that we surveyed to find out if they had birth
14 defects. We cast a wide net, we were trying to look
15 at heart defects and some other birth defects, but
16 when all was said and done we were only able to move
17 forward with the study of the neural tube defects,
18 oral clefts and the cancers that I mentioned because
19 of the numbers that were self-reported to us.

20 **DR. DAVIS:** Okay, so, so that's my question
21 'cause as you know, things like cardiac defects
22 sometimes don't even show up for a while depending on
23 if they're major or minor. And is this the same
24 cohort that Sonnenfeld did in 2001?

25 **MS. RUCKART:** No, we used the birth -- hers was

1 based on the birth certificates of on-base births. We
2 used that as a starting point. There were also a
3 number of pregnancies where they were delivered
4 off-base, and there was a media and outreach campaign
5 to try and identify those, so about 80 percent or so
6 did come from that study and the rest came from the
7 outreach.

8 **MR. ENSMINGER:** The Sonnenfeld study was flawed
9 because they had incorrect water system data. They
10 were -- the ATSDR was provided water system data by
11 the United States Marine Corps that showed that the
12 Holcomb Boulevard water system had been online for the
13 entire study period, which was 1968 through 1985, when
14 in fact the Holcomb Boulevard water plant was never
15 constructed until 1972. So you had four years of some
16 of the biggest housing areas on Camp Lejeune that were
17 thought to have been on clean water.

18 **DR. DAVIS:** Even so they had a positive result
19 with it.

20 **MS. RUCKART:** Yes, so that's why we're going back
21 and re-analyzing that study. The priority was to
22 first analyze the birth defects study; we started that
23 in 2005. I have almost finished that. Frank is
24 analyzing the mortality data. We are both going to
25 work on analyzing the small for gestational age, the

1 Sonnenfeld study that you're referring to. And our
2 expected timeline is to finish those three studies
3 this summer. When I say finish those, I mean finish
4 them through our center's clearance. Then, as we
5 discussed, we have many other levels of review. We
6 are still hopeful that we can get those cleared in a
7 timely matter. There's obviously there are a lot of
8 eyes looking at this but -- do you want to say more
9 about that, Dr. Portier, what happens once we finish?

10 **DR. PORTIER:** Just to say that it's going to get
11 a priority. There's absolutely no doubt we want these
12 studies out the door, you know, because I'm pushing my
13 staff to clear it from my center. I'm also fairly
14 certain that the rest of the CDC would like to see
15 these studies out the door so they will probably clear
16 it quickly. If it has to go to the Department for
17 clearance, that could take longer. We just don't
18 know.

19 **MR. ENSMINGER:** Go where?

20 **DR. PORTIER:** The Department of Health and Human
21 -- to the Secretary's office.

22 **DR. DAVIS:** The Secretary's office.

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

24 **MR. PARTAIN:** Dr. Portier, you're talking about
25 the studies --

1 **MR. ENSMINGER:** If there's any findings, they
2 will.

3 **MR. PARTAIN:** When you talk about studies and the
4 registering the community and everything, and this has
5 been brought up before and it's come up again here, as
6 of December 2011, the Marine Corps is the steward of
7 the Camp Lejeune registry, of all the people that have
8 come in contact, and granted with the film and the
9 premier on national TV, there's been a lot of
10 attention. We've received a considerable amount of
11 emails, phone calls from people who were just still
12 finding out about Camp Lejeune. Matter of fact I
13 added three male breast cancers to the list from
14 Missouri, of all places, and I'd never heard from
15 there.

16 But anyways, as of December 2011, the Marine
17 Corps did bring us the problem with the registry, and
18 did not update and could not update their computer
19 sites up until recently. And there's a huge question,
20 especially with the community, is did the Marine Corps
21 actually capture all these people who called in?
22 'Cause according -- correct me if I'm wrong, Jerry, we
23 had around 170,000 registrants --

24 **MR. ENSMINGER:** 178.

25 **MR. PARTAIN:** In December -- huh?

1 **MR. ENSMINGER:** 178,000.

2 **MR. PARTAIN:** Well, now we have 178,000 --

3 **MR. ENSMINGER:** Well now it's only 179.

4 **MR. PARTAIN:** Okay, so we had 178,000 as of
5 December and in a four-month period only a thousand
6 more people have been added on.

7 And it goes back to what I brought up before with
8 the letter that you had in October 2010. The Marine
9 Corps is steward of the registry, and they have
10 clearly shown -- have abused their responsibility as
11 steward by not disseminating information and using it
12 to disseminate their propaganda. Once again now we've
13 got a problem where there's a huge hole of four months
14 when there was national exposure to Camp Lejeune on
15 national TV, when people conceivably would have been
16 pounding the phones to call and register or at least
17 get on there, and the Marine Corps, their server was
18 down. And they knew it was down in December, and it
19 took them four months to fix it.

20 Now the premier broadcast was February 24th, 2012,
21 on MSNBC of *Semper Fi*, right in the heart of this time
22 period. What else has to happen for ATSDR to, you
23 know, realize and take ownership away from -- of this
24 registry from the Marine Corps and put it where it
25 needs to be with you guys? They paid for it. You

1 guys, it's your responsibility to inform the community
2 and keep the community informed, to keep this
3 registry, that's part of what ATSDR was created for.

4 **MR. ENSMINGER:** That's what the R is.

5 **MR. PARTAIN:** Yeah, as Jerry pointed out the
6 other day, it's what the R in your name is. But yet
7 the Marine Corps has custody, stewardship and
8 responsibility of it, and evidently when they feel
9 like it, oh, they can turn it off, blaming it on a
10 technical glitch, and then turn it back on when the
11 danger's past.

12 **MR. ENSMINGER:** Well, Dr. Ozonoff made the
13 statement in our initial meeting, well, it was the
14 expert panel meeting, which subsequently created the
15 CAP from their recommendations, but Dr. Ozonoff was on
16 that panel, and he said, we'll just call you guys
17 ATSD.

18 **MR. PARTAIN:** And I would like, you know, if
19 possible, I would like some type of written response
20 from you on that, for the record. It just concerns
21 me, you know, I brought it up in 2010, Jerry's brought
22 it up and here we are dealing with the same problem
23 again, and it just, it casts a huge shadow on what you
24 guys are doing.

25 **DR. AKERS:** Perri, let me ask you a question

1 about --

2 **MR. STODDARD:** Hold on. Hold on a second.
3 There's somebody on the phone.

4 **MR. BYRON:** It's Tom.

5 **MR. STODDARD:** Tom? Are you on the phone?

6 **MR. TOWNSEND:** Yeah. Yes, this is Tom on the
7 phone.

8 **MR. STODDARD:** Do you have a question or comment?

9 **MR. TOWNSEND:** No, I just -- the comment I had, I
10 just saw the -- Jerry and, and the thing on CNBC last
11 night. I'm very pleased at the work that the ATSDR is
12 doing and that Jerry and crowd are doing. I'm wearing
13 out but I'm kind of still following it, and I hope you
14 guys keep whacking away at it.

15 **MR. STODDARD:** Thank you, Tom. Paul?

16 **DR. AKERS:** So my question was going to be your
17 source of information. You said those infants that
18 were born on the base and those who were born else
19 where, correct?

20 **MR. BYRON:** Onslow.

21 **DR. AKERS:** Was it just Onslow or were these
22 people that might have been part of their prenatal
23 care and then were transferred to Quantico or
24 Pendleton or wherever?

25 **MR. ENSMINGER:** Yeah, my daughter's one of them,

1 Janey.

2 **DR. AKERS:** Yeah, but I mean, that's what I'm
3 trying to find out.

4 **MS. RUCKART:** Yeah, it was just the eligibility
5 is the pregnancy was carried, conceived or delivered
6 on base, so anyone who we can identify as having met
7 those conditions was eligible if the pregnancy
8 occurred even overseas. I mean if the, you know,
9 part -- if the delivery occurred overseas, it didn't
10 matter as long as one of those three conditions were
11 met.

12 **DR. AKERS:** What prenatal visit qualified you
13 to -- are any prenatal visits?

14 **MS. RUCKART:** Not, not necessarily a prenatal
15 visit because some people might have conceived and
16 were transferred off the base before they even knew
17 they were pregnant and had a prenatal visit. That's
18 not a condition.

19 **DR. AKERS:** Well, I mean, it's my example.

20 **MS. RUCKART:** It's just --

21 **DR. AKERS:** I guess in my mind is if the person
22 was transferred in from say Pendleton.

23 **MS. RUCKART:** Yes.

24 **DR. AKERS:** And somebody shows up at the naval
25 hospital at Lejeune saying I'm in active labor, my

1 water's broken, et cetera, et cetera, would they be
2 included in your study?

3 **MS. RUCKART:** Anyone who was carried or conceived
4 or delivered on base who we could locate. So as long
5 as they met those conditions and we could find them,
6 then they were part of it.

7 **DR. BOVE:** But keep in mind how we had to
8 identify those who were born off base. There's no
9 records.

10 **DR. AKERS:** I know.

11 **DR. BOVE:** Okay? So the only way we -- the only
12 way that we can identify them is through word of
13 mouth, through the advertising and media campaign.
14 Other than that there's no -- we have no idea who they
15 are, okay. So that's how that's resolved.

16 **DR. AKERS:** Well, you have a partial idea because
17 if they were referred from the base in, if I mean I
18 don't know if it existed at the time but if there was
19 a higher risk pregnancy, would Lejeune take care of it
20 or would they ship it into Onslow?

21 **DR. BOVE:** If it's a high-risk pregnancy?

22 **DR. AKERS:** Yeah.

23 **DR. BOVE:** Well, we wouldn't have been aware of
24 it because --

25 **DR. AKERS:** That they would exist.

1 **DR. BOVE:** They wouldn't have been born yet.

2 **MR. PARTAIN:** If they lived on base, their birth
3 certificate would be --

4 **MR. ENSMINGER:** A high-risk pregnancy would have
5 been sent to Greenville.

6 **DR. BOVE:** Yeah. If they were born in the
7 county, because that's how we, we got all the data
8 from the county itself, okay. And then identified
9 those (unintelligible) so that's how Nancy's study was
10 done.

11 **MR. BYRON:** Both my daughters were born -- I'm
12 sorry, this is Jeff. Both my daughters were born at
13 Onslow Memorial. And the year that I was contacted
14 about the in utero study in 2000, I went to Camp
15 Lejeune, went down to Onslow Memorial, and they had
16 destroyed the records after seven years.

17 **DR. BOVE:** Yeah, that's not how we did it.

18 **MR. BYRON:** I mean, I know that. I was just
19 trying to inform him. I know you had some referred
20 record.

21 **DR. PORTIER:** We have one hour left so we'd
22 better be watching the time. Mike, yes, I'll get this
23 to you, Mike.

24 **MR. PARTAIN:** Thank you.

25 **MR. ENSMINGER:** All right, Morris.

1 **MR. STODDARD:** Okay, we're ready for Morris.

2 **MR. FLOHR:** Before Morris starts, Dr. Dick and I
3 are going to have to run off to the airport.
4 Appreciate being here again. Appreciate all of you
5 and good to see you.

6 **MR. ENSMINGER:** Thank you.

7 **WATER MODELING UPDATE**

8 **MR. MASLIA:** I appreciate everyone's indulgence
9 for allowing me -- yeah, to move my discussion to the
10 afternoon. I got in last night at 2:00 a.m., and it's
11 about almost bedtime, body time. So we'll do that.

12 But just while I was overseas -- and I'll go over
13 the reports right now. But just to show you where I
14 was, the desert's in bloom. I was in Israel. That's
15 the southern part of the country, the desert. They
16 had a record rainfall year in the northern part of the
17 country and so it's all in bloom.

18 And as a juxtaposition of all nations
19 historically in the Middle East, that's the top photo
20 there, right there is Gaza, about two miles there.
21 But everything is as white as --

22 **MR. BYRON:** The base is there.

23 **MR. MASLIA:** What?

24 **MR. BYRON:** That's why --

25 **MR. MASLIA:** No, the (indiscernible) Reservoir

1 actually is a fresh-water reservoir that -- what I
2 found interesting and I'll just -- in terms of water
3 resources which is why I brought these photos up, they
4 actually use - and it's color coded, the whole
5 country, that's first year-in treated water. By law
6 they're not allowed to use any processed water even no
7 matter how treated it is -- for potable water.
8 Potable water has to be original source of sea water,
9 surface water.

10 But tertiary treated water is used to irrigate
11 and they color code the pipes purple. The other ones
12 are brown. And so that's how they irrigate the desert
13 and all the farms over there, by reclaim -- they
14 reclaim about 90 to 95 percent of their water. That's
15 just a major pipeline, so I just found that
16 interesting from a professional standpoint.

17 That's the big canyon of the southern district,
18 and last year there was -- of course in the desert you
19 have flash floods, and they go kayaking in there.
20 There were people going kayaking for the day, and the
21 water main ran through there, so -- and sunset over
22 the mid craters.

23 That was my off-the-record trip, annual leave,
24 and now we'll get back to official business here.

25 We are working on finalizing the Chapter A

1 report, and rather than summary of findings, it's
2 summary and findings because it will now contain both
3 a summary of all the technical water modeling analyses
4 and findings, and as part, there's the title with the
5 authors, and as part of that, we will have on a DVD
6 supplemental information. It will be presented in
7 laid-out format like we do the other printed reports
8 that you have seen, and contain all the various
9 subject matters that would have been summarized and
10 would have been published separately. And that is
11 data in terms of water supply, well capacities and
12 histories that we needed obviously for the historical
13 reconstruction. The water level data and ground water
14 flow, the information that you need before you can do
15 a model. We developed, or our cooperators developed a
16 methodology to fill in the gaps where we did not have
17 operational data from the water supply wells to in
18 fact allow us to synthesize on a monthly basis how
19 those wells were operated. We had daily operations
20 from 1998 through 2008, and so they developed a method
21 to use that information and then reconstruct the
22 historical.

23 We'll discuss and present detail -- and all these
24 will present the detailed technical information.
25 Groundwater flow. We will also -- we also developed a

1 method to allow us to reconstruct concentrations in
2 selected water supply wells. This is at the HP-651,
3 without going through the very difficult and arduous
4 task of using a groundwater flow model that comes from
5 linear control theory.

6 And it matches quite well. In fact if we had
7 information for the industrial area, which we did not,
8 'cause we checked over and over again, we could have
9 not gone to the full-blown Rolls Royce fate and
10 transport model because what we're interested in is
11 not really the movement of the contaminants in the
12 aquifers but rather what the concentrations are at the
13 wells. But we were --

14 **MR. PARTAIN:** Morris, what data are you missing
15 between 651 and the industrial area that prevents you
16 from doing that?

17 **MR. MASLIA:** Everything.

18 **MR. PARTAIN:** Everything like?

19 **MR. MASLIA:** You have to have -- this method
20 calls for concentrations in the well in question, plus
21 observation wells around that, okay, with specific
22 measurements.

23 **MR. PARTAIN:** And the concentrations for 651 have
24 been (unintelligible).

25 **MR. MASLIA:** Yes, yes. We have -- and in fact in

1 our interim report, which we made a comparison between
2 what I would call the Rolls Royce approach, which is a
3 true full-blown fate and transport model and a linear
4 control theory, and it matches incredibly, okay. And
5 that is the approach we used for the Landfill model
6 for all the subsequent degradation products.

7 **MR. ENSMINGER:** Do you -- you didn't have any of
8 that stuff for Hadnot Point?

9 **MR. MASLIA:** No. No. No. You have to have --
10 you have to have monitor well information before
11 remediation starts, okay. Okay? We just happen to
12 have that at Landfill, okay? And so that's how they
13 developed it.

14 **MR. ENSMINGER:** Oh. So they started, they
15 started remediating, what, in '92 at the Hadnot Point
16 fuel farm?

17 **MR. MASLIA:** Right, right. Something like that,
18 yeah. But they had -- we had sufficient monitor well
19 information and historical concentration data in
20 HP-651 to demonstrate that the method works. Okay?

21 **MR. PARTAIN:** Well, what about the monitoring
22 data on industrial area between '86 and --

23 **MR. MASLIA:** We have a look at -- believe me, we
24 have looked at every single way of trying to do that.
25 Again, what you're doing is you're replacing a

1 mathematically correct, of the physics, with a
2 simplified method, okay? So it's a trade-off. But so
3 that's all I'm telling you is where we could, we tried
4 to use some simpler methods and still develop with
5 that. We're able to do that at the Landfill, okay.

6 **MR. PARTAIN:** I'm just trying to understand and
7 just see if, you know, understand what data was
8 missing for that.

9 **MR. MASLIA:** Well, I'm telling you everything is
10 missing at the industrial area.

11 **MR. ENSMINGER:** Wasn't that convenient.

12 **MR. MASLIA:** What? Well, no, I mean it's, it's,
13 you know, the method is based on, on, you know, one
14 other assumption is we're not -- it's a black box, the
15 simplified method is a black box. That's the linear
16 control. You have a certain input; you don't care how
17 it gets to the outside, and then you have the output,
18 okay?

19 **MR. PARTAIN:** Well, I'm just trying to understand
20 why you got the data in one place and not the other.

21 **MR. MASLIA:** Well, as you know at Camp Lejeune,
22 and I'm saying this not to be critical but to say the
23 facts are, is that in the early years, there was not
24 necessarily a comprehensive program to collect monitor
25 well data or any type of data.

1 In recent years there have been but in recent
2 years they're also pumping for remediation, for pump
3 and treat, and one of the criteria of the simplified
4 method is that you have the supply well pumping
5 historically, and then when that supply well shuts
6 down, it is just the monitor well with no remediation
7 pumping taking place. Okay, so we can't go in the
8 industrial area where they're pumping for pump and
9 treat, they're doing pump and treat and use that kind
10 of information 'cause it violates the method. Okay?
11 So anyway that's -- that'll be -- I can assure you
12 we've looked at every -- believe me, if I could have
13 used this in the industrial area, I would have.

14 Anyway, then we've got the fate and transport
15 using the full-blown, you know, modflow MT3DMS, the
16 numerical like we did with Tarawa Terrace models to do
17 epi, both at the industrial area and the landfill. We
18 have to do it at the landfill to see if the simplified
19 method worked, you know, was verified.

20 And then we've got the LNAPL analysis, this, for
21 the benzene or the fuel (unintelligible). That does
22 both calculation of the volumes, varying numerous
23 properties, and it does the migration of the floating
24 product as a source to the various supply wells in the
25 industrial area.

1 And finally we've got the field tests of the
2 water distribution system with the emphasis on the
3 intermittent transfers between Hadnot Point and
4 Holcomb Boulevard. And so each section will be, you
5 know, contained on the DVD, the figures will be done
6 according to cartographic standards, the data will be
7 presented. They will just not be hard published like
8 the other reports; it'll all be part of Chapter A.
9 The front part of Chapter A, the summary findings
10 where I may say, you know, for details refer to
11 supplement such and such, will be hard-printed like
12 the Tarawa Terrace chapter, Chapter A report. So
13 that's Chapter A. And let me just finish -- I got a
14 couple more and then I'll open up to questions.

15 The Chapter D report, which is basically the
16 above-ground and underground storage tank report, has
17 all reviewer comments have been addressed, and it is
18 now in the ATSDR clearance system, and going up
19 through the, you know, clearance protocol. And that
20 report will be the one that contains the DVD with the
21 releasable underground storage tank files from the
22 underground storage tank portal. And that'll be in
23 the Chapter D report. Our plans are to publish it
24 because it's a companion to the Chapter C report,
25 which Chapter C is the CERCLA sites and Chapter D is

1 the selective micro sites. And that's my report.
2 I'll be happy to take any questions anyone may have.

3 **MR. ENSMINGER:** Explain the application of FOUO
4 on the documents. The way we're understanding this,
5 that everything that was on the disk that you've
6 distributed for the Tarawa Terrace report, the CERCLA
7 and CLW documents are now being declared FOUO?

8 **MR. MASLIA:** I have no knowledge of that. That's
9 again a policy issue. All I know is we asked
10 permission when we did Tarawa Terrace, okay, and told
11 the Marine Corps -- at that time we dealt only with
12 Marine Corps, what documents we wanted to release,
13 they said okay, and we released it, and they did
14 not -- the documents that they told us were
15 releasable, like the CLW documents, they did review,
16 okay, and review whatever they wanted to review, and
17 gave us a list of what was releasable and what was
18 redacted, according to the (indiscernible) and their
19 final list but there was no, to my recollection, no
20 for official use only statement provided to us for
21 Tarawa Terrace. I want to make that clear, that was
22 for Tarawa Terrace.

23 **MR. ENSMINGER:** So now they're trying to claim
24 that those same CLW documents and CERCLA documents are
25 now FOUO?

1 **MR. MASLIA:** They have not communicated that to
2 me, okay. They've, on documents we have requested
3 for, say, Chapter D.

4 **MR. ENSMINGER:** Yeah.

5 **MR. MASLIA:** Or a chapter which underground
6 storage they call it, they do place and the Camp
7 Lejeune historic drinking water --

8 **MR. ENSMINGER:** Consolidated document report.

9 **MR. MASLIA:** Data repository, repository
10 documents, they do send that to us, even with a cover
11 statement that says for official use only, and we
12 produced Chapter D. We reference that statement in
13 the cite -- reference citation part as that's what
14 they have provided us.

15 **DR. DAVIS:** Well, is there someone else here that
16 can answer that question?

17 **MR. MASLIA:** I can't answer to the legal policy.
18 I'm just telling you what we're doing.

19 **MR. PARTAIN:** Morris, have you come across
20 documents that were, like for example you're talking
21 about Tarawa Terrace, which by the way, you know, you
22 mentioned Tarawa Terrace was approved by the Marine
23 Corps and Navy and released and the information was up
24 on ATSDR's website for a very long period of time. I
25 understand now they've gone back and redacted

1 information off that, the Tarawa Terrace --

2 **MR. MASLIA:** I have no knowledge of that.

3 **MR. PARTAIN:** When they -- the well locations and
4 stuff, and the same issue before, but my question was
5 have you come across any documents that were
6 previously held or maybe even used in the Tarawa
7 Terrace model that are now being FOUO?

8 **MR. MASLIA:** Yes. But only because we were not
9 told where those documents came from. There were
10 about 70 files, specifically that now we know are part
11 of the underground storage tank portal, that are
12 published, on the Tarawa Terrace DVD. At the time we
13 asked to publish those documents --

14 **MR. PARTAIN:** But those were given permission to
15 publish those.

16 **MR. MASLIA:** Yeah, right, right, right.

17 **MR. PARTAIN:** But now they re --

18 **MR. MASLIA:** But they -- they were not provided
19 to us as, quote, as part of an underground storage
20 tank (unintelligible). They were just, we requested
21 documents. We did not know where they were housed in
22 other words. All we know is that they were provided
23 by the Marine Corps to us and that they're on the DVD
24 in Chapter A of Tarawa Terrace, okay. And so to
25 answer your question, they acknowledge that we were

1 going to release them as part of the Tarawa Terrace
2 and they are in the public domain now.

3 **MR. PARTAIN:** But they're saying -- the question
4 was --

5 **MR. MASLIA:** They have not said, again, let me
6 clarify that, they have not said to me -- maybe they
7 have and Dr. Portier may be able to address -- they
8 have not said anything about anything with Tarawa
9 Terrace. That's on our website that we have released.

10 **DR. DAVIS:** Point of clarification. I just want
11 to make sure I understand this. We previously had
12 access to these documents so if any of you made a
13 screen shot of any of this stuff or copied any of it
14 electronically, we have access to it. Would we be
15 violating the law then if we were to share it now,
16 since we had access -- I don't quite understand. What
17 is the legal status of these documents now? Is there
18 counsel that can answer that?

19 **DR. PORTIER:** Counsel's not here but I can answer
20 some of your questions. We've not redacted anything
21 off the website from Tarawa Terrace. We've been asked
22 to.

23 **MR. PARTAIN:** You have been asked to.

24 **DR. PORTIER:** It was part of the original letter
25 that said anything on your web and anything on the

1 current documents that appeared to indicate locations
2 of current drinking water facilities and
3 infrastructure, we ask that you remove it. We are
4 considering it and we are looking at what it would
5 cost and how difficult it would be. So we are
6 considering it.

7 **MR. PARTAIN:** Correct me if I'm wrong, Jerry,
8 Tarawa Terrace doesn't have any active drinking water
9 wells and water treatment facilities?

10 **MR. ENSMINGER:** No, no, they got the water --

11 **MR. PARTAIN:** Water tower.

12 **MR. ENSMINGER:** They got the water towers and
13 I -- correct me if I'm wrong, Morris, but I think
14 they're still using the treated water tank from the
15 old treatment plants?

16 **MR. MASLIA:** Yes. That's, that's the reservoir.
17 They treated at Holcomb Boulevard and -- that's on the
18 map.

19 **DR. PORTIER:** From what I understand, the maps
20 for Tarawa Terrace also included some of the
21 infrastructure for the other sites.

22 **MR. MASLIA:** Yes.

23 **DR. PORTIER:** So, it's not just the Tarawa
24 Terrace maps that are there. So we are looking into
25 that carefully, and we will tell you if we get

1 anything. But right now we're just looking at it.

2 The -- have we received any official request to
3 take documents that we were given that have nothing on
4 it that says for official use only, and they will now
5 want us to stamp it for official use only. We have
6 not. I have not received anyway request and Morris
7 says he has not, then the bottom line is I'm unaware
8 of any such request.

9 Do we have for official use only documents that
10 we've received from Navy and the Marine Corps? Yes,
11 we do. And as I pointed out to you this morning,
12 those documents are not ours to release. Those
13 documents, because of that saying, belong to them and
14 they must decide whether we can release the documents
15 or not. I can't, I can't help that. We will keep our
16 copy. And as I said, if somebody needs to see it for
17 a reason that -- to do with scientific integrity of
18 the work we've done, those documents will be available
19 for that person to look at. But beyond that, unless
20 they release it or somebody FOIAs them and requires
21 them legally to make a decision, we can't release it.

22 Finally, Devra, if you have documents, even if
23 they are top secret documents that you came across in
24 an innocent way and you are not a federal employee
25 subject to the code of conduct of federal employees,

1 my understanding is that you would not be liable for
2 anything.

3 **DR. DAVIS:** So for example, just theoretically
4 for example, if one were to download all of the
5 materials that's currently available at this point and
6 theoretically put them on a public website for open
7 access, and one is not a federal employee, then --

8 **MR. BYRON:** I'll be honest with you, even as a
9 victim I might have a problem with it. Like I said, I
10 had to consider my fellow American. My son could be
11 on that base, and -- unless it actually has something
12 to do with getting justice or scientific reason, if
13 it's just to put out there so people can see it, I'm
14 not for that.

15 **DR. DAVIS:** Well, let me speak to that as well.
16 As someone who is the aunt of a Marine and the mother
17 of a Marine, I have some interest in this as well; I
18 care for the young people who serve our country also.
19 So I would just add though that as a scientist, a
20 science is based on the assumption of free and open
21 exchange of information and I am no less patriotic
22 than anyone in this room, and would never do anything
23 to compromise our security. At the same time, I think
24 our science is being compromised, and I don't think
25 that that's what -- none of us is well served by that,

1 so I think we agree with each other, I understand
2 where you're coming from; on the other hand it does
3 seem like there's a certain frivolous aspect to what's
4 going on right now and it might be --

5 **MR. ENSMINGER:** Well, and let me interject
6 something here. I agree with the protection, force
7 protection; however, what is being done by the
8 Department of the Navy and Marine Corps right now is
9 nothing more than petty crap. It's aimed at doing
10 whatever they can to diminish the scientific value of
11 the work that's being done at Camp Lejeune. I know
12 that. Just as sure as I'm sitting here looking at
13 you, Dr. Portier, I know it.

14 If they had concerns about terrorists accessing
15 their water systems, they would have done something
16 right after 9/11. The fact is that anybody having the
17 actual coordinates or location of these different
18 pieces of infrastructure isn't going to make a damn
19 bit of difference as far as the protection of the
20 people. The only thing that will secure those pieces
21 of infrastructure to where somebody couldn't do harm,
22 is for the Department of the Navy and Marine Corps to
23 beef up their physical security. And what, you have
24 drinking water supply wells that are alongside of
25 public highways in very rural areas, like out Highway

1 24 towards Sneads Ferry -- or I'm sorry, towards
2 Swansboro, that the only protection around them is a
3 fence -- piece of chain-link fence and a locked door
4 on a pump house? There's not any guards on them. I
5 mean, a van load of terrorists could ride down the
6 road and pull off, put their four-way flashers on,
7 discharge the people that they want to do the dirty
8 work and then come back in a couple hours and pick
9 them up. And they can access that pump house and
10 nobody would ever know it. They're right there. I
11 mean, they're right there on the boundary of the base.
12 They got signs up: U.S. government property, no
13 trespassing. Big deal. I mean if you truly want to
14 protect your people, damn it, put guards on the stuff
15 and don't worry about the damn location of them 'cause
16 the location of these damn wells are already on the
17 internet.

18 **DR. DAVIS:** Right.

19 **MR. ENSMINGER:** I've got 13-digit grid
20 coordinates for every damn well on Camp Lejeune, and
21 they're still there.

22 **MR. STODDARD:** Any other questions for Morris on
23 what he's presented?

24 **MR. MASLIA:** I did want to clarify one --

25 **MR. PARTAIN:** Well, go back, on Dr. Portier, I do

1 on the FOUO, I may have mentioned it earlier, I've
2 forgotten, but as a member of CAP I would like to
3 request to be able to review those documents as part
4 of our function in assisting ATSDR with the scientific
5 integrity of their work. I'd like to extend that
6 request for me, Jerry and whoever else in the CAP who
7 would like to look at them.

8 And tagging on with what Jerry was saying, you
9 know, the manipulation of fear to accomplish the
10 protection of the polluter should be avoided at all
11 cost, and that's what I see going on. I mean, this
12 whole thing about the documents and the redactions and
13 everything, in my opinion, only surfaced because of
14 the success that we have had going through the
15 documents, locating hidden document archives and going
16 through and putting the puzzle together to understand
17 what happened to us. If we hadn't have been
18 successful doing that, the Marine Corps and Navy would
19 not have been taking these actions. They're just
20 trying to close a loophole of exposure for what
21 they've done.

22 **MR. ENSMINGER:** They're trying to protect their
23 legal ass too.

24 **DR. PORTIER:** I, I hesitate to give Morris any
25 more work, but I will promise you this, as soon as he

1 finishes the chapter he is now writing, because I do
2 not want him slowing down on any of those, I will have
3 him put together a list of all documents that are FOUO
4 within our archive, and we will send that list to the
5 Marine Corps and ask them to review all these
6 documents and please let us release them. That's the
7 best I can do. If they agree to that, then I can
8 release all those documents.

9 **MR. PARTAIN:** Well, I'm talking about, you
10 mentioned earlier about, you know, having a scientific
11 purpose. I mean, from at least what I've done working
12 with the documents and the things that, you know,
13 Jerry and I have uncovered reviewing the documents and
14 other people that worked with us like Jim Fontella,
15 and going through that, that is, you know, there is a
16 value to the scientific integrity of what ATSDR's
17 doing, and we are an official body, members of the
18 CAP. We can sign a confidentiality agreement and do
19 what we need to do. The Navy and Marine Corps, I can
20 tell you right now, they are never going to agree to
21 let Jerry and I look at anything that they have
22 redacted until we force it out in court, which we, you
23 know, we don't have the resources to do that.

24 **DR. PORTIER:** I'll write to them with your
25 request.

1 **MR. ENSMINGER:** I have a question. Morris, does
2 this Camp Lejeune historic drinking water consolidated
3 document repository, that's a mouthful, formally known
4 as Booz Allen Hamilton, is this an all-inclusive file?

5 **MR. MASLIA:** I don't -- I may not know the
6 answer --

7 **MR. ENSMINGER:** But does it include --

8 **MR. MASLIA:** And I do not know -- it was never a
9 file. Again, --

10 **MR. ENSMINGER:** This is a vault.

11 **MR. MASLIA:** -- just, just -- no, no, no, no.
12 No, no, no, no. What occurred is after our first
13 expert panel meeting in March of 2005, one of the,
14 I'll call it the recommendations, of the panel was
15 that ATSDR had to devote significantly more time and
16 resources into what they call the information
17 archeology. And the Marine Corps also had to assist
18 in that, and so in November of 2005, they -- the
19 Marine Corps brought together a team under the
20 auspices of the contractor, Booz Allen Hamilton, and
21 went building by building to see what documents may
22 have -- they had a filter in other words. Any box in
23 a building, they had a form, I won't go into it, but
24 they developed a formula or a protocol to select
25 certain boxes if they found it in a building, then did

1 it have certain key words, did it have certain key
2 dates and so on. And if it did, they gathered that
3 and then they scanned it all in. So no one knows,
4 there was no official filing system because obviously,
5 with the number of documents that we now see that they
6 have found, these documents in boxes, were scattered
7 all over the base. There was no -- to my knowledge,
8 no formal filing system so I cannot answer if it's all
9 inclusive, all I can answer is it is what it is.
10 Okay? And yes, we have found useful documents,
11 especially in the area of reconstructing historical
12 well operations.

13 **MR. PARTAIN:** Morris, there was a recent
14 document, the 1977 Oil Pollution Survey Report. It is
15 not branded with tainting that I have recognized
16 before in the archives that I've seen, and that was a
17 very key report, 1977. And where did that document
18 come from? I mean, what library or, I mean, it's got
19 some numbers on it but they don't mean anything.

20 **MR. MASLIA:** You would really have to go back and
21 ask the Marine Corps because I'm sure there's a
22 custodial form as to where Booz Allen found it. That
23 was not provided to us, and as to the location of
24 where that was found, the date that it was found and
25 all that sort of stuff.

1 **MR. PARTAIN:** So I'm correct in saying that that
2 document would not have been part of CERCLA
3 administrative record?

4 **MR. MASLIA:** To our knowledge we have not found
5 that in CERCLA, no.

6 **MR. PARTAIN:** And it is not part of the CLW
7 administrative file?

8 **MR. MASLIA:** We have not found it in CLW.

9 **MR. PARTAIN:** And it was not part of the Navy's
10 UST electronic portal.

11 **MR. MASLIA:** We did not find it in the UST
12 portal.

13 **MR. PARTAIN:** Where did you find it, buried in
14 the back yard? I mean.

15 **MR. ENSMINGER:** Well, now, wait, wait --

16 **MR. MASLIA:** No, no. No. No we go through --
17 again, they provided us with a five, 600-page index
18 and of all the Booz Allen Hamilton --

19 **MR. ENSMINGER:** And that, that has the CLW
20 documents, CERCLA documents in there?

21 **MR. MASLIA:** Not -- sometimes yes and sometimes
22 there are duplicate documents; in other words
23 sometimes they would have scanned in certain documents
24 as CLW, and listed it as CLW, which are in the --

25 **MR. ENSMINGER:** But they gave it their own

1 number.

2 **MR. MASLIA:** But so now -- and then sometimes
3 they found a duplicate of the same document that was
4 not stamped CLW and we just happen to have recognized
5 that we had the same document as CLW. The documents
6 that they found with Booz Allen I will say most likely
7 most of them were not stamped CLW or CERCLA or UST,
8 but that not mean that they may not have a small
9 subset of them may not have been --

10 **MR. PARTAIN:** Um, Morris --

11 **MR. ENSMINGER:** So these documents that Booz
12 Allen Hamilton found, could we say that some or maybe
13 a lot of them are actual documents that should be part
14 of the CERCLA record?

15 **MR. MASLIA:** I'm not a lawyer on that. That's
16 really -- that's a legal question.

17 **MR. ENSMINGER:** Are their final reports included
18 in these?

19 **MR. MASLIA:** Well, obviously the pollution report
20 says final report on it. Okay? But we have not gone
21 through, again, and determined the status of each
22 report. We look for subject matter, information data
23 that's pertinent, so for example if Jason needs some
24 information in 1952 to see on an operation of water
25 supply well, we may have looked through certain

1 documents to see if there was a description of well
2 operations.

3 **MR. PARTAIN:** Okay.

4 **MR. MASLIA:** And pulled it.

5 **MR. PARTAIN:** Question, follow-up. You said this
6 index, this 500 pages.

7 **MR. MASLIA:** Something like that, right.

8 **MR. PARTAIN:** So is it just a list of names,
9 dates and documents?

10 **MR. MASLIA:** Pretty much. Yeah, it's their ID.
11 They have a, you know, an ID.

12 **MR. PARTAIN:** Now is this on paper or is this a
13 file?

14 **MR. MASLIA:** Both, and it's for official use
15 only.

16 **MR. PARTAIN:** Well, Dr. Portier, I would like to
17 add to that request. Please, as a member of the CAP
18 and doing research and for assisting ATSDR with the
19 scientific integrity of your work, I would like to
20 request a copy of this index 'cause obviously there
21 are documents that we don't know about. I mean this
22 is yet another, to me this is yet another library that
23 we're finding.

24 **MR. MASLIA:** Again, I will say, and to give you
25 warning, and we had to do that, we made several trips

1 up, it is like finding a needle in a haystack for
2 pertinent documents that we need because something may
3 say Base Management Plan, okay, just on the title of
4 it, but it may or may not have any useful information
5 for us so I'm saying it was helpful to help us go back
6 to Lejeune to say we want you to pull these documents,
7 and then we had a team on several occasions go through
8 those documents on the base, and say yeah, these we
9 need, these we don't and things like that.

10 **MR. BYRON:** This isn't a new concern anyway. I
11 mean we went through this when we were told that Booz
12 Allen and Hamilton was going to be reviewing the
13 documents and they were going to use key words and it
14 was kind of known that, you know, -- I never trusted
15 them anyway. They're hired by the Marine Corps and
16 the Department of Defense. And didn't we have some
17 review on that at the time?

18 **MR. ENSMINGER:** We never, we never realized --
19 no, they wouldn't let us in. They -- we never
20 realized that Booz Allen Hamilton had found all of
21 these other documents. Now we're finding out that
22 there's stuff that they've got up there that we've
23 never seen. But we got Congress asking for the access
24 to this file, and we'll see.

25 **MR. STODDARD:** Any other questions for Morris?

1 **MR. MASLIA:** I just wanted to, in Chapter A, to
2 make sure you understand part of my QA/QC process.
3 Again, I think we discussed last CAP meeting that we
4 provided Frank and Perri with results that they're
5 using. And part of the QA/QC process is as I'm
6 writing Chapter A as a person responsible, if I have
7 questions, what grammar did someone use or why did you
8 use it or that, you know, I'll go back to our water
9 modelers and either say, you know, justify this for me
10 or rerun to make sure I'm, you know, satisfied with
11 it. And that will be done especially with model
12 parameters where we have no site-specific data where
13 we're using literature values and things like that.

14 So it seems like Chapter A may be taking a little
15 bit longer than Tarawa Terrace or that, it's the
16 reason it's a self-imposed QA/QC process before it
17 ever gets into any kind of review.

18 **MR. PARTAIN:** Morris, so can we expect to see a
19 completed water model midsummer or what are we looking
20 at?

21 **MR. MASLIA:** Earlier than that I hope. We say
22 completed but not publicly released 'cause it's got to
23 go through both independent, which is internal, and
24 external peer review, and then agency clearance. But
25 in fact any additional analyses or things like that or

1 changing parameter values or things like that that
2 this month hoping to be completely done with and
3 actually have a draft. I've got actually more than
4 half of the draft for Chapter A done, okay?

5 **MR. PARTAIN:** Well the other thing too was
6 last -- one of the other CAP meetings, I don't
7 remember if it was the last or one before last, but
8 you had indicated that there was some roadblocks being
9 faced during the review process that was slowing
10 down --

11 **MR. MASLIA:** Not, not, not roadblocks. I would
12 not call them -- it's just that's agency policy. In
13 other words, the reports like Camp Lejeune and stuff
14 get a higher level of -- again, it's policy clearance;
15 it's not a tech -- it's not a scientific review.
16 We're doing the same thing we did with Tarawa Terrace,
17 sending it out to external peer reviewers.

18 **MR. PARTAIN:** Well, you mentioned bundling it
19 together. I mean, I just want to make sure --

20 **MR. MASLIA:** That's what, that's what I've just
21 showed you.

22 **MR. PARTAIN:** Are there any potential roadblocks
23 or, not to use the word roadblock, but slow-downs
24 would affect what we're trying to do?

25 **MR. MASLIA:** I think it would actually probably

1 speed it up because it's one, one package. If we had
2 done each chapter separately, like we had, you would
3 have the same process, independent review, external
4 and clearance going on eight or nine different times,
5 and now we've put that down just to one time, we will
6 have more than the usual, -- and Vik Kapil, I'm not
7 speaking for you, Vik, I'm just saying rather than
8 just three reviewers on a particular subject matter,
9 we're going to have a whole host of reviewers because
10 Chapter A will now contain a whole host of different
11 subject matters, okay? So but from that standpoint, I
12 think it will speed up the review.

13 **MR. ENSMINGER:** I have just one comment to make a
14 point. I remember when Morris and his team first
15 started working on the water model, and they were
16 looking for documents and trying to get assistance
17 from the Department of the Navy and Marine Corps.
18 Their token statement was well, we don't have subject
19 matter experts that could determine what or what they
20 wouldn't -- would or would not need. I can guarantee
21 you one damn thing, when this water model's done,
22 you're going to find damn subject matter experts
23 coming out of the damn woodwork at the Department of
24 the Navy, finding fault with this damn report.

25 **MS. BLAKELY:** Dr. Portier, can I make a request,

1 maybe you can... The next time that you're asked to
2 redact something, remember which side of history you
3 want to be on. Epidemiologists are supposed to have
4 dirty hands but clean minds.

5 **MR. BYRON:** This is Jeff, I wanted to say
6 something too. First off, I'm not -- I would never
7 question anybody's patriotism. The only thing I
8 wanted to say is that we keep in mind, you know, with
9 all the pain and that that this group has suffered,
10 that we keep in mind the safety and security of
11 others, and I know that Dr. Davis is concerned with
12 that or she would not be here at all. And I know that
13 you all are. I think it's more important to see the
14 documents than to list interconnections on maps.
15 That's just my general statement. I would rather see
16 that the actual information than some little picture
17 that doesn't really mean much to me. It might mean
18 something to somebody else. That's all.

19 **MR. STODDARD:** Okay. Thank you. Perri, did we
20 finish with the pregnancy study report? And we have
21 the communication plan.

22 **MS. RUCKART:** I don't know. Jana, do you want to
23 just briefly summarize the communication plan or did
24 you have something to hand out? I know we kind of
25 didn't allow much time for that today.

1 **MR. STODDARD:** Okay. So the last thing we have
2 on the agenda is, other than the wrap-up and figuring
3 out the date for the next meeting, is Jana Telfer's
4 going to present on the communication plan for the
5 health studies; is that correct?

6 **COMMUNICATION PLAN FOR RELEASING RESULTS OF**
7 **HEALTH STUDIES**

8 **JANA TELFER:** Yes, sir. All right, so the
9 communicator always gets 90 seconds at the end of a
10 meeting. It doesn't matter what meeting it is, that's
11 just the label so we're going to do -- some of you may
12 be old enough to remember that old Federal Express
13 commercial where the guy talked really, really, really
14 fast. I used to live in New York state so we're going
15 to do our best to go through our Federal Express-like
16 experience.

17 If you viscerally disagree with anything I say,
18 please note that the nametag here is Brad Flohr. For
19 those -- the communication plan is a draft, and it's a
20 draft purposefully because we are thrilled to be at
21 the table early. Typically we're asked to develop the
22 communication plan when somebody walks into our office
23 and said we've got this report that we're putting up
24 on the web tomorrow; can you do the news release. And
25 so we're very glad to be here and to be able to chat

1 with you today.

2 Also very pleased to have the opportunity to have
3 input from people who are directly engaged in this
4 process in the communication planning aspect of it
5 because we very seldom have the actual audience as
6 part of our communication planning process.

7 The background section of this is written for
8 people who have much less knowledge about the
9 structure of the studies that you all do, so I'm going
10 to ask you to turn to page two. And we're going to
11 start with the communication objective, which is a way
12 that we start all communication plans. We can do a
13 lot of communicating in a lot of different ways, but
14 if we don't know where it is that we want to get, what
15 kind of outcome we want to see, then it's kind of what
16 I call a hamster day. You know, at the end of the day
17 you spend a lot of time running on your wheel but you
18 really didn't go too far. So these are draft
19 communication objectives, and you'll notice that the
20 first one is that, affected audiences have information
21 about the study findings and the tools to enable them
22 to use the information effectively.

23 I will seldom as a communicator subscribe to a
24 communication objective that says we're going to
25 achieve world peace. Several years ago, I was working

1 with a junior communicator, and I said so what do you
2 want to accomplish with this tool kit? She had a
3 terrific tool kit. She said, we want to change
4 medical practice. I said, well, what you have here is
5 a tool kit, and so maybe your objective should be make
6 sure it's in the hands of the people who are going to
7 be needing to use it. Twelve years later, they have
8 changed medical practice, but it didn't happen on the
9 back of the tool kit; that was one step in a long
10 process.

11 This is in a way kind of the same, so the first
12 objective is really to make sure the people who need
13 to have the information, and I think I heard this
14 repeated several times, particularly in this morning's
15 session, that the people who need to have the
16 information should get the information. And not only
17 get the information but be able to understand it and
18 then be able to use it. We can't guarantee that we're
19 going to improve their health as a result of their
20 having this information but we can work really hard to
21 make sure that they get it, and that they get the
22 materials and the information and the tools that they
23 need to be able to apply it.

24 I'm going to suggest to you that we really need
25 to work with people like you and other partners to --

1 as key information mediators because as a federal
2 agency we can reach only so many people. Typically we
3 practice on a population level, and the population of
4 the United States is greater than 300 million so there
5 are four people in my office who will be working on
6 this, probably two of us primarily, and you can do the
7 math. So we need your help, and so I'm going to
8 suggest to you a sort of third party approach to this.

9 And then thirdly, the government agencies,
10 particularly those that interact with personnel who
11 were stationed or worked at Camp Lejeune receive and
12 understand the study findings. And we will work with
13 them to get some information out as we did with the,
14 to greater or lesser effect, with the survey.

15 The audiences, the two sides of the table do not
16 link up with each other. I simply rate them in
17 tabular format in the interest of not mutilating any
18 more trees, so the non-governmental is one column and
19 governmental is another. Just because CAP is across
20 from CDC/OD is accidental. I usually array audiences
21 in order of importance so as far as I'm concerned, for
22 non-governmental audiences, you guys are at the top of
23 my list, and for governmental audiences, our own
24 hierarchy is at the top of the list.

25 Strategy-wise I've made some adjustments as we've

1 gone through the day. Just one minor adjustment but I
2 would welcome your input first of all on communication
3 objective, secondly on audiences. Do we have them and
4 do we have them detailed enough? I don't need to tab
5 it down to the person but we need the major groups
6 identified, and your input on this would be very
7 helpful.

8 Strategy-wise, you all probably -- especially
9 those of you in the military, know more about strategy
10 than I do, but first strategy is that we have the
11 internet site. It's a resource, and what we are going
12 to do here in the interest of efficiency,
13 effectiveness and budgetary awareness is to house
14 information on the website and do a push-pull so that
15 people can get information there and we use that as
16 kind of our home base. We want clear understanding of
17 findings. One example would be developing fact sheets
18 and then I changed the third strategy to connecting
19 with key partner and intermediary audiences to extend
20 our outreach.

21 These are all draft strategies. We could have
22 different, we could have more, we could have fewer.
23 So methods, we are way too early, which is very
24 exciting, as I said, in the communication process to
25 know what we're going to do because we don't know what

1 the study findings are. Perri was not able to share
2 them with you today. I guarantee you she has not
3 shared them with me either. So until they have
4 scrubbed and rescrubbed the data and validated
5 everything, they're probably not going to be telling
6 me too much.

7 So this is a menu, and we can choose all, some,
8 some for some of the studies, some for others; we
9 don't know if studies may be released at the same
10 time, if we're going to be releasing studies
11 consecutively, if it's going to be over a period of
12 months, so I don't have enough information now that
13 where we stand in the process to tell you specifically
14 what we'll do. I can suggest to you that based on
15 what I know about this topic, now that we definitely
16 want to do internet, I'm going to advocate really
17 strongly that we do direct mail, and that we do, and
18 this is -- shareware is not exactly it, but that we do
19 partner outreach, and that we work with people to give
20 them information that they can extend to others.

21 And one of the terrific suggestions that was made
22 today that I made a margin note on is something we've
23 done previously, Mr. Akers, and that was to work
24 through alumni groups. So if we can identify alumni
25 groups that is a great way to get information out.

1 In one activity that where we had exposure that
2 occurred in the 1950s, and with a long latency period,
3 and people had grown tired of hearing from the federal
4 government, we had an extraordinary degree of success
5 by going to alumni groups, physicians and local
6 television stations, where these people were
7 clustered. Much smaller area, it was not the entire
8 United States; it was three states in the northwest
9 but the alumni groups were highly effective.

10 Clinicians can also be highly effective if they
11 know what they're looking at, and if patients know
12 what to tell them. So that may be another thing that
13 we would suggest. One of our experts mentioned
14 recently that in a certain aspect of physician care, I
15 believe it's radiation exposure, doctors tend to see
16 one in every, say, 1,400 patients. So between patient
17 one and patient 1,401, they may just forget. They may
18 forget that knowledge because they're not seeing
19 enough of them. So if physicians, because the Camp
20 Lejeune population is distributed across the country,
21 aren't seeing enough of them, then they may need a
22 reminder and the people who have received the
23 exposures may also need a reminder that here's how you
24 talk to your doctor; here's some things you need to
25 say.

1 So these are some suggestions. There's a
2 timeline that is entirely fantasy because we don't
3 know what our -- what studies are going to be or
4 exactly what we're going to be doing so this just
5 gives you an idea of some timing for different
6 elements that might occur, and we would adjust this as
7 we get closer. Did I stay within my time?

8 **MR. ENSMINGER:** Yeah. Great.

9 **MR. PARTAIN:** The Marine Corps Camp Lejeune
10 Registry, how is that -- are you guys going to go to
11 the Marine Corps and say, hey, send this out or are
12 you going to get the information from them and send it
13 out yourselves?

14 **MS. TELFER:** Yeah, I don't know yet. But I do
15 think we should do direct mail.

16 **MR. BYRON:** I got a question. Melissa, did they
17 give you anything to tell us or did they just leave
18 you in the dark and tuck you out here like cannon
19 powder?

20 **MS. FORREST:** I really came more in the receive
21 mode. And I saw, it's where I'm new and -- but I took
22 away several, you know, areas where I heard repeated
23 concerns and questions that I'm going to take back to
24 them. We'll bring some more information back next
25 time, just based on the questions and the concerns

1 that I've heard today.

2 **DR. DAVIS:** Well --

3 **MR. BYRON:** I've got one more request for you.

4 **MS. FORREST:** Okay.

5 **MR. BYRON:** When the results come out at the next
6 meeting, not only do I want the Secretary of Health
7 and Human Services, it'd be real nice to have the
8 Commandant here to show that he actually cares about
9 his Marine Corps family.

10 **MR. ENSMINGER:** Shit.

11 **MR. BYRON:** I'd like to see the proof in that.

12 **MS. FORREST:** I will take that back along with
13 the other.

14 **DR. DAVIS:** Well, I'd like to just offer
15 clarification. In that case, perhaps you want to move
16 this meeting to Washington, D.C.; it might be more
17 convenient for the two of them to join us. And I also
18 think that with respect to some of the questions that
19 Melissa's been asked, it would be helpful if you could
20 provide some answers before the next meeting, because
21 we realize that you're new, the new kid on the block,
22 and you obviously can't be responsibility for having
23 the knowledge that we would like here now. At the
24 time same time I think there -- these answers are
25 overdue for some of the questions. It would be nice

1 to get some of them, so if you wanted to just in the
2 constructive spirit perhaps share with us what you
3 think the major questions are, either in writing or
4 now, then we could comment on them and help you to get
5 those answers to us in a timely manner, say within the
6 next month rather than -- 'cause we don't know when
7 our next meeting's going to be yet, and given how hard
8 it is sometimes to schedule meetings, it might be a
9 while.

10 **MS. FORREST:** Well, in the interest of time it'll
11 be okay if I go back and go back through my notes and
12 then develop a summary of what I heard as your biggest
13 concerns, questions, and then -- I don't know the
14 mechanism to get it out --

15 **MS. RUCKART:** Email it to me and I'll share it.

16 **MS. FORREST:** Okay. I'm sorry, I'm learning
17 here, okay.

18 **MR. ENSMINGER:** I can guarantee you your
19 hierarchy will not allow you, and no slight at you,
20 believe me, but if you go back there with these,
21 they're going to turn these over to a bunch of
22 lawyers; they're just going to tell you to shut up.

23 **MS. FORREST:** I'll do my best.

24 **MR. ENSMINGER:** I know. Thank you.

25 **DR. DAVIS:** Thank you.

1 particularly for something as detailed as what Morris
2 has to present. That would give us the advantage
3 where people would actually see whatever report he
4 wants to share in advance.

5 **MR. MASLIA:** I would like to actually suggest for
6 the first time, since this would be, and again, I've
7 got to clear it with Vik and Dr. Portier, because
8 there are probably some clearance issues with --

9 **MR. STODDARD:** Morris, could you go to the mike,
10 please?

11 **MR. MASLIA:** But my preference would be to do it
12 in person, not online, because of the nature of the
13 results is a whole lot of effort in preparing them for
14 electronic viewing at this point. As a second
15 go-round or whatever that might be a possibility, but
16 I'm telling you right now we are really, really
17 pressed for time. And I don't want, at this point,
18 'cause I would have to start now in pulling people's
19 efforts away to do that.

20 **MS. RUCKART:** Morris, what I suggest is a month,
21 about a month or so out from when you think you'll be
22 ready to present, you let me know and then we start --
23 or sooner, I mean, you know, no --

24 **MR. MASLIA:** I still think it's a decision
25 between science people talking to Dr. Portier and

1 others as to what they are -- under what conditions
2 allowed to release because it will not have completed
3 external or agency clearance (unintelligible).

4 **MS. RUCKART:** Then I don't know what we could --

5 **DR. DAVIS:** Then why would we bother to have a
6 meeting then if we don't have -- if we're not going to
7 see -- get results?

8 **DR. BOVE:** Right. That's why I'm saying what, at
9 the next meeting should be focused on his results when
10 we're ready, when we can present them. And then have
11 that discussion and it's going to take a whole
12 meeting. And then the follow-up meeting would be on
13 the health study results, so I see two CAP meetings,
14 unless you see additional ones, coming up. But I
15 don't know exactly when the next meeting will be
16 because again, what Morris just said. You have to
17 figure out when he can actually release that. And
18 then probably the same thing for the health study.
19 When we go through all the clearances and have a
20 meeting to discuss it.

21 **MR. PARTAIN:** Will these be done at the same time
22 as far as health study, water modeling; maybe do a
23 two-day meeting back to back?

24 **MS. RUCKART:** It depends on the timing of when
25 things are able to be released. We wouldn't want to

1 hold up the water modeling if it was available and
2 finish this peer review for the health studies, but I
3 would like to suggest, we've done this in the past, we
4 didn't have enough information at some point in the
5 past for a full meeting, but we had a conference call
6 so, you know, as we said, we can't share the results
7 of studies but we can update on progress, we can talk
8 about the health survey, we could always meet and have
9 a conference call in the meantime so that we're not,
10 you know, completely out of touch.

11 **MR. ENSMINGER:** Trying, yeah, but trying to
12 discuss a water model over a conference call?

13 **MS. RUCKART:** Not the water modeling, just
14 progress of where we are with the getting things
15 reviewed and the health survey, because that is, you
16 know, not as much material for a face-to-face but that
17 way we don't lose touch and, you know, we can have
18 discussions. I just suggest that, we've done it
19 before and this way it wouldn't mean that we meet now
20 and we don't meet for eight months. We could have
21 some communication in between.

22 **MR. ENSMINGER:** Yeah, but I mean this is April
23 already. We were looking at June.

24 **DR. DAVIS:** Yeah, and certainly Eddie should
25 have -- you should have the cases that well underway.

1 **MR. ENSMINGER:** What're you shaking your head
2 about, Frank?

3 **DR. BOVE:** We won't be able to have a -- we won't
4 have a discussion of water modeling in June. That's
5 why I'm shaking my head. We could have an update on
6 male breast cancer. That can be a conference call.
7 That, that's pretty simple.

8 No, I was envisioning a real good fruitful
9 discussion with Morris's whole team present to discuss
10 all of the aspects of the water modeling, and I think
11 that that takes a meeting and I think it has to be in
12 person, and I think that we have to have all the
13 material here and have a good discussion, and I think
14 this similarly with the health study results. That
15 needs to be a CAP meeting on its own and I don't think
16 they, they necessarily fall back to back, and I think
17 that the water modeling would be ahead of the game, I
18 think. And so that we should wait until we have a
19 full-fledged CAP meeting then.

20 **DR. DAVIS:** I know it sounds like Perri made a
21 lot of progress on the birth defects report, I'm not
22 sure.

23 **MS. RUCKART:** Well, that's true but it hasn't --
24 I am far along in my initial phase. We still have to
25 do some sensitivity analysis, we're going to have

1 checking, you know, it's my first round.

2 **DR. BOVE:** There's sensitivity analysis. We have
3 a ways to go.

4 **MR. PARTAIN:** So we're talking July? August?
5 September?

6 **MR. STODDARD:** So we're talking about a
7 conference -- I heard a conference call in June?

8 **MS. RUCKART:** Well, we can have a conference call
9 at any time, I mean, they're very easy to schedule,
10 we're not -- we don't have so much, you know,
11 restrictions on when people can meet or getting the
12 room. We can have conference calls very frequently,
13 as often as people would like. And that's just --

14 **MR. STODDARD:** Well, let's just go ahead and talk
15 about --

16 **MR. ENSMINGER:** We need to have our meeting at
17 least in July.

18 **MR. BYRON:** This is Jeff. I'm not only
19 interested in the results of the study but I'm
20 interested in your conclusions. In other words, like
21 my next meeting was going to be my last. If I have to
22 sit around for another year waiting for somebody's
23 conclusions or your opinions... I don't want to wait
24 another year; I'm not going to wait another year. I
25 mean, you may not have them for a year; you'll have to

1 give them to somebody else 'cause... I'd like to know
2 whether the Secretary of Health and Human Services'll
3 be at the next meeting before we have the meeting. I
4 don't want that dropped.

5 **DR. DAVIS:** I'm sorry, Jeff, I thought you said
6 you wanted her at the meeting when we have results.

7 **MR. BYRON:** Yeah.

8 **DR. DAVIS:** We're not going to have results at
9 the next meeting is what I hear.

10 **MR. BYRON:** Right.

11 **MR. STODDARD:** So you all want to meet in June or
12 July regardless of whether you have results or not?

13 **MR. PARTAIN:** July.

14 **MR. ENSMINGER:** July.

15 **MR. STODDARD:** July.

16 **MR. PARTAIN:** Let's get the results of the water
17 model done.

18 **MR. STODDARD:** Okay, and then you'll meet again
19 when you have the water modeling results.

20 **MS. RUCKART:** Yeah, we can't say, it's a little
21 too premature to say if we will have water modeling
22 results to share in July. Of course we could meet in
23 July and talk about the male breast cancer or we can
24 update you on confirmation, you know, how things are
25 progressing with the health survey and just where we

1 are with the timeline. Possibly as it gets closer
2 we'll be able to say more about what we can share with
3 the water modeling. It's just not something we can
4 say now but if you want to meet in July, we can start
5 setting that up. Setting schedule dates.

6 **MR. PARTAIN:** I was thinking along the line if
7 something happens with the water model's going to be
8 done a week later, just push the meeting back like we
9 did this one. I mean.

10 **MR. ENSMINGER:** Yeah, let's just schedule
11 something.

12 **MR. PARTAIN:** Schedule it, put it on the
13 calendar.

14 **MR. ENSMINGER:** I'm tired of leaving here without
15 any damn --

16 **DR. PORTIER:** Yes, let's, let's -- my suggestion.
17 We'll schedule something. That gives me a target to
18 bug Morris. We will also do our best. There are
19 different levels of what we can communicate and what
20 we can't communicate, and different formats of what we
21 can and can't give you.

22 If it looks like we will not have cleared the
23 full documents by then, there may be things we can
24 clear that we could tell you and show you, that we
25 know are not going to change. Many times after the

1 document leaves here, it's not the actual results that
2 are changing, it is the way they're presented, the way
3 they're interpreted, the way they're discussed. And
4 so and sometimes that takes a bit of time.

5 Before we go, Mike, before you run out the door,
6 I want to make sure I've captured everything. I see,
7 and Jeff, I see a whole bunch of requests: copy the
8 Booz Allen index; access to complete unredacted
9 information as representatives of the affected
10 population; review the things that are FOUO; ask the
11 Secretary of Health to come to the next meeting; and
12 see if we can get a presentation of the results with
13 the full story available for that next meeting. I
14 will pursue these. I'm not saying we're going to do
15 them. I'm going to request them. I'm going to go
16 through proper channels to try to get this to happen.
17 But that's the things I hear. Is that the list?

18 **MR. ENSMINGER:** No. I asked for a seat at the
19 table.

20 **MR. BYRON:** And with the Secretary, I would like
21 her to be here when we get the conclusions.

22 **MR. ENSMINGER:** You, you faked writing that down
23 this morning.

24 **MR. BYRON:** And what will the next steps be for
25 their --

1 **DR. PORTIER:** I asked about that one before.
2 Okay.

3 **DR. DAVIS:** You mean to meet the head of CDC? As
4 well as -- to meet the head of CDC and the Secretary?

5 **MR. ENSMINGER:** Oh, that too. But I'm talking
6 about a seat at the table when they have their
7 meetings with the Department of the Navy and the
8 Marines, as representatives of the affected community.

9 **DR. DAVIS:** Right.

10 **MR. ENSMINGER:** Okay, I'm out of here. Sayonara.

11 **MR. STODDARD:** Is there anything else for the
12 good of the order?

13 **MR. PARTAIN:** We get the dates on the July?

14 **MR. STODDARD:** Very well, we'll take care of
15 that. You are adjourned.

16 (Whereupon, the meeting was adjourned, 2:10 p.m.)

17

18

1

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 April 2, 2012; 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 May, 2012.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**