

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

convenes the

**TWENTY-FIFTH MEETING**

**CAMP LEJEUNE COMMUNITY ASSISTANCE**

**PANEL (CAP) MEETING**

May 3, 2013

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  
May 3, 2013.

**STEVEN RAY GREEN AND ASSOCIATES**  
**NATIONALLY CERTIFIED COURT REPORTING**

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C O N T E N T S

May 3, 2013

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS CHRISTOPHER STALLARD	5
ACTION ITEMS FROM PREVIOUS CAP MEETING ANGELA RAGIN-WILSON	10
WATER MODELING DISCUSSION AND UPDATES REVIEW OF FINAL RESULTS MORRIS MASLIA	20
VA UPDATES DISABILITY CLAIMS 2012 ACT PROGRESS ON IMPLEMENTATION OUTREACH BRAD FLOHR, TERRY WALTERS, CONNIE RAAB	32
UPDATES ON HEALTH STUDIES: MORTALITY STUDY HEALTH SURVEY BIRTH DEFECTS/CHILDHOOD CANCERS ADVERSE PREGNANCY OUTCOMES MALE BREAST CANCER FRANK BOVE, PERRI RUCKART, EDDIE SHANLEY	87
STATUS UPDATES FOR ADDITIONAL ACTIVITIES UPDATE ON PETITION REQUEST HEALTH ASSESSMENT STATUS FOR WATER MODEL RESULTS TINA FORRESTER	94
CAP UPDATES/COMMUNITY CONCERNS CHRISTOPHER STALLARD AND CAP MEMBERS	104
WRAP-UP CHRISTOPHER STALLARD	125
COURT REPORTER'S CERTIFICATE	128

TRANSCRIPT LEGEND

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

(alphabetically)

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BOVE, DR. FRANK, ATSDR  
BRIDGES, SANDRA, CAP, CLNC  
CLAPP, RICHARD, SCD, MPH, PROFESSOR (via telephone)  
ENSMINGER, JERRY, COMMUNITY MEMBER  
FLOHR, BRAD, DEPARTMENT OF VETERANS AFFAIRS, COMPENSATION  
SERVICE  
FORRESTER, TINA, ATSDR  
IKEDA, ROBIN, ATSDR  
MARKWITH, GLENN, NAVY MARINE CORPS PUBLIC HEALTH CENTER  
MASLIA, MORRIS, ATSDR  
PARTAIN, MIKE, COMMUNITY MEMBER  
RAAB, CONNIE, VA  
RAGIN-WILSON, ANGELA, ATSDR  
RUCKART, PERRI, ATSDR  
SHANLEY, EDDIE, ATSDR  
SINKS, DR. TOM, NCEH/ATSDR  
STALLARD, CHRISTOPHER, CDC  
TOWNSEND, TOM, CAP MEMBER (via telephone)  
WALTERS, DR. TERRY, VA

## P R O C E E D I N G S

(9:15 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

**MR. STALLARD:** All right, folks, welcome. We're going to get started now. It's 9:15. Whom do we have on the phone, please?

**DR. CLAPP:** Dick Clapp.

**MR. STALLARD:** Welcome, Dick. Anybody else on the phone?

**MR. BROEHM:** Jason Broehm.

**MR. STALLARD:** Could you say that again, please, for the transcriptionist?

**MR. BROEHM:** Yes, Jason Broehm, B-r-o-e-h-m, the last name.

**MR. STALLARD:** Thank you. All right. Welcome to our CAP meeting. We have a full agenda today. And we have some new faces, both in the audience and at the tables today, so what I'd like to do is go over what, as we normally start, with our guiding principles that govern our interaction together. I should actually ask the CAP members to give me this, since we've been doing it for about five years or so; it would be a good test.

**MS. RUCKART:** Seven.

**MR. STALLARD:** Seven, actually. Well, we didn't

1 get any guiding principles 'til five years, so. All  
2 right, and this is for the audience as well. Please  
3 be advised that the audience is here to listen. This  
4 is a public meeting. It's being streamed live. But  
5 those in the audience, you're here to listen, and you  
6 may be called upon by CAP members to speak if they see  
7 that you have something relevant to the discussion  
8 going on.

9 As I said, this is a public meeting, and  
10 therefore we expect that there is professional decorum  
11 and appropriate use of language and words, colorful  
12 language as opposed to profanity. Respect for the  
13 speaker. One speaker at a time. Please, those at the  
14 table, use the microphones. If you need to practice,  
15 make sure you turn it on. It should turn green. Turn  
16 it off, it turns red. State your name so that Ray,  
17 here, can capture it for the record. And for everyone  
18 in the room, please be sure to turn your cell phones  
19 either off or on silent stun. Okay, I'm good.  
20 Anything else in terms of guiding principles I've  
21 neglected to cover? Seems like we're a bigger space  
22 today.

23 All right, so what we're going to do is we're  
24 going to start and go around and introduce, for the  
25 purposes of the audience, who is in attendance both

1 here in the room and however linked in, know who the  
2 players are. Please introduce yourself and the role  
3 that you have on the CAP. And we'll start here with  
4 Jerry.

5 **MR. ENSMINGER:** I'm Jerry Ensminger, a member of  
6 the CAP.

7 **MR. STALLARD:** Oh, you have no microphone.

8 **MR. PARTAIN:** Yeah, I have no microphone.

9 **MR. ENSMINGER:** He's silent.

10 **MR. STALLARD:** I doubt that.

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

12 **MS. RAAB:** Connie Raab with VA. I'm in  
13 communications network with Dr. Walters.

14 **MR. STALLARD:** Welcome, Connie.

15 **MR. MARKWITH:** I'm Glenn Markwith, Navy/Marine  
16 Corps Public Health Center in Portsmouth, Virginia.  
17 And our role with the CAP, we provide support for the  
18 Navy Marine Corps worldwide, and we do a lot of work  
19 with community involvement planning and community  
20 outreach. And the Marine Corps assigned me to these  
21 meetings to observe and take notes, and take action  
22 items back to them so they can determine how to  
23 support the CAP mission.

24 **MR. STALLARD:** Okay. Thank you, welcome, Glenn.

25 **MR. MASLIA:** Morris Maslia, ATSDR Division of

1 Community Health Investigations, and I'm responsible  
2 for the water modeling analyses that support the  
3 health studies.

4 **MR. STALLARD:** Great. Welcome, Morris.

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

6 **MR. STALLARD:** Welcome, Frank.

7 **DR. IKEDA:** Good morning, I'm Robin Ikeda, acting  
8 director for NCEH/ATSDR. My day job is as deputy  
9 director of non-communicable disease, injury,  
10 environmental health here at CDC.

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

12 **MS. RAGIN-WILSON:** I'm Angela Ragin-Wilson. I'm  
13 in the Division of Toxicology and Human Health  
14 Sciences. I'm the new point of contact for the CAP  
15 for the division.

16 **DR. WALTERS:** Hi, I'm Terry Walters and I am from  
17 the Veteran's Health Administration, and my goal is to  
18 implement Section 102 of the healthcare law for the  
19 VA.

20 **MR. STALLARD:** And what is that? Section?

21 **DR. WALTERS:** Section 102 is the law that was  
22 signed by President Obama: Jerry Ensminger Act,  
23 signed August --

24 **MR. ENSMINGER:** Janey.

25 **DR. WALTERS:** Janey, sorry -- on the 6<sup>th</sup> of

1 August, 2012.

2 **MR. FLOHR:** Brad Flohr with the Veterans'  
3 Benefits Administration, and our role in Camp Lejeune  
4 is to process claims on an individual basis for and  
5 disperse the benefits.

6 **MS. BLAKELY:** Mary Blakely with the CAP.

7 **MR. STALLARD:** All right, well, great. And on  
8 the phone?

9 **DR. CLAPP:** I'm Dick Clapp; I'm a member of the  
10 CAP.

11 **MR. STALLARD:** In what capacity?

12 **DR. CLAPP:** I'm an epidemiologist. I guess in  
13 that capacity advising the CAP.

14 **MR. ENSMINGER:** Professional advisor.

15 **MR. STALLARD:** Professional advisor, Jerry wanted  
16 to clarify. And who else?

17 **MR. BROEHM:** And Jason Broehm. I'm with CDC's  
18 Washington DC office.

19 **MR. STALLARD:** Okay. Welcome, Jason. All right,  
20 so as you heard, Dr. Ikeda is here in acting capacity  
21 for Dr. Portier. I think today is his last day. He  
22 made a round and greeted many of you this morning.  
23 All right. And we have Angela who, in her new  
24 capacity, is going to provide the overview and update  
25 from the last CAP meeting action items.

1           **ACTION ITEMS FROM PREVIOUS CAP MEETING**

2                   **MS. RAGIN-WILSON:** Good morning, thank you all  
3                   for being here. The first order of business on the  
4                   agenda is to provide a recap of the action items from  
5                   the last CAP meeting.

6                   There was a discussion with Mike Partain about  
7                   sharing his list of self-reported male breast cancer  
8                   cases and the fact that ATSDR cannot provide the  
9                   number of matches between his list and the cancer  
10                  cases in the male breast cancer study because of  
11                  confidentiality. Mike wanted -- requested ATSDR to  
12                  provide a written response that states that ATSDR  
13                  wants his list but will not share it with anyone or  
14                  report the matches with the cases in the male breast  
15                  cancer study. ATSDR responded by sending an email to  
16                  Mr. Partain on April 26<sup>th</sup>, stating that it's not  
17                  necessary to provide that information. It says: We  
18                  are unable to protect the confidentiality of the names  
19                  on the list. And also we cannot combine the data with  
20                  the cancer data from the VA.

21                  Mike also requested a copy of the report that the  
22                  VA provided to Senator Burr's office, showing a  
23                  breakdown of diseases on the claims. And I would like  
24                  to defer to Wendi Dick to find out if that was done,  
25                  or Terry?

1           **DR. WALTERS:** I do not believe that was done  
2 'cause that -- excuse me, that was VBA's -- wasn't  
3 that your... Okay, I can, I can make sure it's done.  
4 We have that information. Who should I send it to?

5           **MS. RUCKART:** Or you can send it to me and I can  
6 get it to the --

7           **DR. WALTERS:** I'll send it to you. I should note  
8 that Dr. Wendi Dick, that was attending, she left VA  
9 last Friday, so I'll be attending from now on.

10          **MR. STALLARD:** Good, thank you, Dr. Walters.

11          **MS. RAGIN-WILSON:** Terry Walters also requested  
12 that the CAP provide -- or review the VA fact sheet on  
13 care for Camp Lejeune and provide comments to her.  
14 And this fact sheet was handed out at the last CAP  
15 meeting. I would like to defer to Mike or Jerry to  
16 find out if this was done.

17          **MR. ENSMINGER:** The what?

18          **MR. PARTAIN:** Sorry, wasn't paying attention.

19          **MS. RAGIN-WILSON:** You were to review the CAP  
20 sheet that was -- the fact sheet that was handed out  
21 at the last CAP meeting on the VA care and provide  
22 comments to Terry Walters.

23          **DR. WALTERS:** Yeah, they did that.

24          **MR. ENSMINGER:** Yeah.

25          **DR. WALTERS:** And then the next action item is

1 the Marine Corps was to help us mail that fact sheet  
2 out, and that was actually done.

3 **MS. RAGIN-WILSON:** The next action item, the CAP  
4 requested ATSDR to ask the DOD for records and  
5 information related to test results for total  
6 organics. The specific request has to do with  
7 drinking water tests for carbon chloroform extract.  
8 Dr. Portier responded that, before we decide if we  
9 needed to make a request to the DOD for this data,  
10 ATSDR needs to evaluate if the information would be  
11 useful for the water modeling study, and if they had  
12 the information, would it make any difference in the  
13 results.

14 Dr. Portier also sent the CAP an email, March 7,  
15 stating that, according to the EPA lower molecular  
16 weight compounds, such as TCE and PCE and benzene,  
17 will be partially or totally lost during the  
18 evaporation phase of the test. It is doubtful that  
19 the weight of their residue will be detectable when  
20 subjected to this method.

21 Given this information, ATSDR would not attempt  
22 to use the results from the CCE testing to predict  
23 past levels of chemical concentration in Camp Lejeune  
24 water. ATSDR also sent the documents to DOD and asked  
25 if the DOD had any records of the testing. March 1<sup>st</sup>,

1 DOD responded that the CCE method would not have been  
2 effective in detecting VOCs, such as TCE, PCE or  
3 benzene. DOD responded that a cursory review of 8,000  
4 documents did not yield any CCE analytical results.  
5 The absence of a record of 30 to 50 years later is not  
6 an indication that it actually was or was not taken;  
7 it only reflects that the records are not available.

8 Morris Maslia asked Glenn Markwith to ask the DOD  
9 to review the 1963 document, The Manual of Preventive  
10 Medicine Water Supply Ashore and CCE Standard. Morris  
11 and Glenn, would you like to follow up on that?

12 **MR. MARKWITH:** Yeah, I talked to the Marine Corps  
13 about this, and it's basically the same response that  
14 you just read back from the Marine Corps. The CCE  
15 methodology, historical method would not be useful in  
16 identifying the volatile organic compounds. So we  
17 concur with what ATSDR said and with what EPA said  
18 about that methodology.

19 **MR. ENSMINGER:** But your question wasn't  
20 answered. Your question was: Did they have any of  
21 the test results? It wasn't whether it would have  
22 been effective for those specific chemicals. You  
23 asked for the test results, and they came back with a  
24 half answer. This is what they do all the time.

25 **MR. MARKWITH:** I, I also specifically talked to

1 the Marine Corps about that, and they did a cursory  
2 search of the digitized records database, that they'd  
3 been building, I think, since 2005. And they did not  
4 return any records related to CCE sampling.

5 **MR. ENSMINGER:** I know, 'cause they didn't do it.

6 **MR. MARKWITH:** And that's not to say that there  
7 weren't records and document retention times over 50  
8 years. They did not actually find the records. It's  
9 not to say that they weren't there at one time but  
10 they're not able to find them.

11 **MR. PARTAIN:** And Glenn, the question may be  
12 going back to the (indiscernible) people back in  
13 headquarters of the Marine Corps is not whether to  
14 quantify accurately the presence of the -- or the  
15 amounts of TCE and benzene, trichloroethylene,  
16 tetrachloroethylene. It's to whether or not if those  
17 chemicals and compounds were in the water, if that  
18 test was run, whether it would indicate that there was  
19 an organic contamination, not specifically to the  
20 chemical.

21 **MR. ENSMINGER:** You know, that test initially was  
22 never intended to quantify. It was intended as a  
23 canary in the coal mine.

24 **MR. PARTAIN:** And the Marine Corps' answer  
25 conveniently takes today's technology and knowledge

1 and tries to apply it to something that was over 45  
2 years ago. So, and like Jerry said, the test was --  
3 the test is supposed to show the presence and that  
4 there is a -- that these chemicals are there and their  
5 presence is revealed in the test as a group of family  
6 chemicals, then further testing's required. It was  
7 never meant to quantify individual chemicals.

8 **MR. MARKWITH:** Okay, I can certainly take that  
9 back for clarification. It was my understanding that,  
10 due to the volatile nature of the chemicals, that it  
11 wouldn't have shown up under the CCE analysis.  
12 That's, that's what was relayed to me. But I'll take  
13 that back for additional clarification.

14 **MR. PARTAIN:** Well, maybe if they have a -- they  
15 had some procedures and stuff 'cause we've talked to  
16 chemists that said these chemicals were there and that  
17 test was run; yes, it would be minute, but it would  
18 show up as an organic. And some of the other  
19 compounds, like fuel and things like that, would show  
20 up too. But the big question is, did they run the  
21 test, and that's a yes or a no.

22 **MR. MARKWITH:** I, I can take that back for  
23 further clarification.

24 **MR. STALLARD:** Tom, Tom would like to speak.

25 **DR. SINKS:** We specifically went to EPA and asked

1           them about the utility of this test before we  
2           considered whether it would be useful. The  
3           information we got back from EPA was that the test  
4           itself would not be predictive of whether or not VOCs  
5           were in the water system or not, and that it wouldn't  
6           be a reliable test.

7           The other information you have is from the DOD,  
8           which accurately, you know, reports what they told us,  
9           you know, about the availability of any testing they  
10          did.

11          **MS. RAGIN-WILSON:** Thanks, Glenn, for following  
12          up with those comments expressed by Mike and Jerry.

13          **MR. PARTAIN:** And Tom, did they put that --  
14          you're behind me so I'll... Did the EPA put that in  
15          writing to you?

16          **DR. SINKS:** Yes.

17          **MR. PARTAIN:** Okay, I'd like to get a copy of  
18          that.

19          **DR. SINKS:** You have it.

20          **MR. PARTAIN:** Oh, we do?

21          **DR. SINKS:** We sent you a copy of the response.

22          **MR. PARTAIN:** Okay, thanks.

23          **MS. RAGIN-WILSON:** The next item on the list,  
24          Jerry Ensminger asked for Georgia Tech to be present  
25          when the water modeling results were presented so that

1 they can explain why that is virtually impossible for  
2 the LNAPLs, and that's Light Nonaqueous Phase Liquids,  
3 to get down below the water table. We had a  
4 discussion yesterday; Morris Maslia presented the  
5 water modeling studies, and ATSDR did invite Georgia  
6 Tech to that May 2<sup>nd</sup> meeting.

7 **MR. MASLIA:** Just a clarification, I did not  
8 present the water modeling study yesterday.  
9 Yesterday's presentation, we just had an --

10 **MS. RAGIN-WILSON:** It was informal. It was an  
11 informational discussion, sorry. Jerry Ensminger also  
12 pointed out that there are errors on ATSDR Camp  
13 Lejeune website regarding that the health effects of  
14 the chemicals are unknown when some are actually  
15 carcinogenic, and ATSDR did update the website to  
16 correct those errors.

17 The next item, Mary Blakely provided ATSDR with  
18 copies of the fetal death certificates that she  
19 obtained from NC, and she asked for ATSDR's opinion.  
20 Mike Partain asked that we send him the files that we  
21 created from Mary Blakely. We want to thank Mary for  
22 being proactive, and ATSDR did send Mike and Mary a  
23 computerized file of that information that she  
24 provided, and we also mailed the original hard copies  
25 back to her.

1           **MS. BLAKELY:** I didn't receive the CD or whatever  
2 was sent. I just received the hard copies.

3           **MR. STALLARD:** Just a moment, Angela. Did you  
4 want to say something?

5           **MR. ENSMINGER:** No, no, no.

6           **MR. STALLARD:** Okay.

7           **MS. RAGIN-WILSON:** We'll make sure we get that to  
8 you.

9           **MS. BLAKELY:** Maybe you could just give it to me  
10 before I leave, and then I'll be sure to get it.

11           **MS. RAGIN-WILSON:** Well, Mary, we apologize and  
12 we'll check on it for you before you leave here today.

13           **MS. BLAKELY:** I'm, I am sure it's not your fault.

14           **MS. RAGIN-WILSON:** Brad Flohr asked Glenn  
15 Markwith if he could ask the DOD to recalculate the  
16 estimated number of Marines and Navy personnel who  
17 were at the base from -- during August 1953 to 1987.  
18 Brad and Glenn, would you like to respond?

19           **MR. MARKWITH:** Yeah, I think we -- yeah, we  
20 talked to the Marine Corps about it and they worked it  
21 offline with Brad, so that has been answered.

22           **MS. RAGIN-WILSON:** The next action item, Mike  
23 Partain reiterated, at the CAP's request, that a  
24 formal invitation is extended to the Navy and Marine  
25 Corps to attend a CAP meeting when the water modeling

1 results are presented. ATSDR did invite the POCs from  
2 the U.S. Marine Corps and the VA to attend the May 2<sup>nd</sup>  
3 informational water modeling meeting.

4 Mike Partain also requested that any delays or  
5 anticipated problems for releasing the reports and  
6 health studies be communicated to the CAP. He also  
7 requested to be kept informed on the progress of  
8 releasing those reports. And Mike, ATSDR will report  
9 any delays to the CAP and have conference calls and  
10 update you on the progress of those reports.

11 Our last action item, Mike also requested a  
12 meeting with the water modeling team to discuss the  
13 water modeling methodology before the reports are made  
14 public. He asked if the DOD could be invited as well.  
15 We held informational session, as I said before, on  
16 the water modeling studies yesterday afternoon.

17 **MR. STALLARD:** Great. Thank you, Angela. Any  
18 questions? Clarity? Who has joined us on the phone  
19 that has not yet reported in, if anyone? I heard a  
20 beep.

21 Okay, so that was useful. It was sort of  
22 checking in on the degree to which we all did what we  
23 said we were going to do, action items. And we'll  
24 follow up, Mary, before you leave today, with those  
25 things that you requested.

1 All right. So if there aren't any other  
2 questions, we're going to move into Morris's  
3 presentation.

4 **WATER MODELING UPDATE**

5 **MR. ENSMINGER:** Are you going to stay for the  
6 whole presentation?

7 **MR. MASLIA:** I hope so. That's my plans.

8 **MS. BLAKELY:** Maybe if he doesn't get insults.

9 **MR. STALLARD:** Very good, Mary.

10 **MR. ENSMINGER:** What?

11 **MR. STALLARD:** She said, maybe if he doesn't get  
12 insulted. That was directed to you, I think. Okay.

13 **MR. ENSMINGER:** Nobody insulted him.

14 **MS. BLAKELY:** Just in a subtle way.

15 **MR. MASLIA:** Good morning. Can you hear me  
16 walking around here?

17 **MR. STALLARD:** Yeah, do you want this? Why don't  
18 you -- would you be more comfortable with this?

19 **MR. MASLIA:** That's fine, yeah. Everybody hear  
20 me? Good morning. My name is Morris Maslia. I  
21 introduced myself earlier. And I'm going to provide  
22 you today with a review of the final water modeling  
23 results from ATSDR's water modeling analyses that are  
24 being used to support the health studies that ATSDR is  
25 conducting.

1           Because this is a final review, I'll primarily  
2           concentrate, as we've been talking about the last few  
3           years, at Hadnot Point/Holcomb Boulevard. But as part  
4           of the overall project, we also analyzed and released  
5           to the public results from Tarawa Terrace. So at  
6           certain points, I'll mention Tarawa Terrace results as  
7           well.

8           Before I proceed, I'd just like to thank the team  
9           members: Barbara Anderson, René Suárez-Soto, Jason  
10          Sautner, Ilker Telci, (indiscernible), Jiabao Guan,  
11          Wonyong Jang, Robert Faye, Susan Moore, Tina  
12          Forrester, Stephanie Doan, Perri Ruckart and Frank  
13          Bove. Obviously some of these are water modelers and  
14          some of these are just in some kind of support role  
15          for the overall project.

16          With respect to the Holcomb Boulevard water  
17          modeling reports, we basically have them categorized  
18          into four areas, or disciplines if you wish. We have  
19          data reports, which are basic compilations of data  
20          that we obtained from the Navy, Marine Corps and other  
21          sources, for example Chapters B, C and D, and the  
22          Chapter A supplements 1 and 8. Very little  
23          interpretation but just a catalog of data and  
24          information.

25          Interpretive reports, where we've taken that

1 data, and then done some interpretation of it, for  
2 example, developing conceptual models for groundwater  
3 flow and fate and transport. That would be the  
4 Chapter B report and Chapter A supplements 2, 3 and 8.

5 Then we have the simulation or historical  
6 reconstruction reports, and that would be Chapter A  
7 supplements 2, 4, 5, 6, 7 and 8. And finally we have  
8 the summary report, which is Chapter A. And there is  
9 also the equivalent Chapter A report for Tarawa  
10 Terrace, and both reports are on the table there. If  
11 we run out, I'll be happy to get some more hard copy  
12 reports for you; just let me know.

13 I'll go over the Hadnot Point/Holcomb Boulevard  
14 reports, just short titles, and when they have been  
15 released or when they're expected to be released to  
16 the public. And by release, I mean to the -- posted  
17 to the ATSDR website.

18 So Chapter B was released during January 2012.  
19 That's the geohydrologic framework. Chapter C  
20 describes data -- provides data on the occurrence of  
21 contaminants at CERCLA sites, and that was released  
22 October 2010. And Chapter D describes the occurrence  
23 of contaminants at above and underground storage  
24 tanks, which were under the RCRA program, and that was  
25 released during December 2012.

1           The Chapter A report for Hadnot Point/Holcomb  
2 Boulevard was released in March, and that contains the  
3 summary, a very detailed modeling analyses as well as  
4 findings from the Hadnot Point/Holcomb Boulevard water  
5 modeling analysis.

6           Within Chapter A for Hadnot Point and Holcomb  
7 Boulevard, and this is what's different, with Tarawa  
8 Terrace we released individual chapter reports for  
9 detailed analyses, and for Hadnot Point/Holcomb  
10 Boulevard, they're part of Chapter A as a CD, and  
11 these are posted on the website. We released water  
12 supply well operations in March, Supplement 2. We  
13 provided some reconstruction of water supply well  
14 operations, a month-to-month reconstruction, based on  
15 day-to-day operations from '98 to 2008, and  
16 reconstructed historically backwards in time. And  
17 that was released during March 2013.

18           Supplement 3 provides water level data and the  
19 conceptual model of groundwater flow, and that was  
20 released during March 2013.

21           Supplement 4 describes the simulation of three-  
22 dimensional groundwater flow, obviously building on  
23 Supplement 3, and again, that was released during  
24 March 2013.

25           Supplement 5 was a screening level model that was

1 developed based on comments received some while back  
2 from the national research folks, reviewed the Tarawa  
3 Terrace, suggesting some simpler methods be found, and  
4 that we develop some concentrations at supply wells  
5 using linear control model theory, and that was  
6 released during April of 2013.

7 And supplement 6 we describe the reconstruction  
8 of VOCs that are dissolved in groundwater. This  
9 includes PCE, TCE and benzene dissolved in  
10 groundwater, and that is scheduled to be released  
11 during May 2013. Most likely by the end of next week,  
12 it'll be on the website.

13 Supplement 7 describes the occurrence of Light  
14 Nonaqueous Phase Liquids in the area of the HP fuel  
15 farm and in the vicinity of the Hadnot Point  
16 industrial area. That was released during April 2013.  
17 And that describes the development and application of  
18 a far more complex model than just the dissolved  
19 (indiscernible) VOC model.

20 And Supplement 8 describes field data collection,  
21 testing of the water -- testing of the present-day  
22 water distribution system and the intermittent --  
23 reconstruction of the intermittent transverse of  
24 drinking water between Hadnot Point and Holcomb  
25 Boulevard distribution systems, and that is scheduled

1 to be released sometime during May 2013.

2 So at this point I'd like to just summarize some  
3 findings, and I'll do it in the following order.  
4 We'll talk about the, just briefly, Tarawa Terrace,  
5 that summary of findings on the left here and Hadnot  
6 Point/Holcomb Boulevard, which is summary and  
7 findings. So with respect to Tarawa Terrace, and in  
8 the following slide, you bold it, if you can tell the  
9 bolded fonts, those are your primary source  
10 contaminants. So at Tarawa Terrace we had one primary  
11 source contaminant, that was PCE, with degradation  
12 products of TCE 1-2 transVCE and vinyl chloride. And  
13 that was so we'll provide some results, a couple of  
14 slides, at the water treatment plant.

15 Hadnot Point had three primary source  
16 contaminants: PCE, TCE and benzene, with some  
17 degradation products of 1-2 transVCE and vinyl  
18 chloride. And again, we'll provide a slide or two of  
19 some results at the Hadnot Point water treatment  
20 plant.

21 And finally at the Holcomb Boulevard housing  
22 area, drinking water became contaminated because of  
23 the intermittent transfers from 1972 through 1985 of  
24 contaminated Hadnot Point water treatment plant water  
25 to this housing area, and we'll show some results for

1 that. And all of these reports are located on the  
2 ATSDR/Camp Lejeune website, specifically under the  
3 water modeling link.

4 So for Tarawa Terrace, as we released during  
5 2007, you will -- here's the epi study, and the  
6 earliest date that we reconstructed, that the drinking  
7 water exceeded the MCL, the maximum contaminant level,  
8 for PCE was during November 1957. And because of  
9 uncertainty in the well operation, that could have  
10 been as early as December 1956, with November  
11 '57 being the most likely. And you can find that  
12 graph in the Tarawa Terrace Chapter A report.

13 With respect to Holcomb Boulevard water treatment  
14 plant --

15 **MR. ENSMINGER:** Hadnot.

16 **MR. MASLIA:** What?

17 **MR. ENSMINGER:** Hadnot Point.

18 **MR. MASLIA:** Hadnot Point, Hadnot Point, thank  
19 you. Hadnot Point water treatment plant, first of all  
20 you can see it's far more sensitive to on/off  
21 scheduling of pumping. And we've got several  
22 contaminants here so I will just go over the earliest  
23 dates for exceedance of the MCLs for TCE up here. The  
24 earliest exceedance date was August 1953. But because  
25 of uncertainty due to when the sources may have been

1 released, due to when the TCE sources may have been  
2 released, it could have been as early as  
3 November 1948, the most likely being, again,  
4 August 1953.

5 For PCE, down over here, right there, the  
6 earliest MCL exceedance date is August 1974. For  
7 vinyl chloride, right here, black line for those who  
8 can see it, the earliest exceedance date is  
9 November 1972. And finally for benzene, down here,  
10 the earliest exceedance date is January 1979. All of  
11 this information and data are tabulated in the Chapter  
12 A Report, in the appendices; the graphs are in the  
13 main body of the Chapter A Report.

14 Finally, for the finished water concentrations  
15 distributed to the Holcomb Boulevard housing areas, we  
16 provide selected plot because it depended which months  
17 the, either Booster Pump 742 was opened or operated.  
18 I've shown three here: June, '78; May, 1972, which is  
19 in the top right. This is June '78; May 1982 and the  
20 bottom one here is January -- February 1985. In the  
21 Supplement 8 Report, we go through all the compounds  
22 and have maps like these for all the compounds. But  
23 in Chapter A we look at TCE because that was the  
24 compound that predominantly exceeded the MCL in the  
25 housing area. And so what you can see, because it

1 went through the distribution system, unlike at the  
2 water treatment plant, where all the wells mix, you  
3 have a spatial and temporal distribution of  
4 concentration by location and, and by title. Yes,  
5 Jerry.

6 **MR. ENSMINGER:** Your February '85 should be  
7 January '85.

8 **MR. MASLIA:** No, no. It should not.

9 **MR. ENSMINGER:** That was when they shut down the  
10 Holcomb Boulevard water plant.

11 **MR. MASLIA:** That's not when -- what the model  
12 represents. The model represents -- this is not the  
13 groundwater model; this is the water distribution  
14 model. So it takes the last date from the groundwater  
15 model, which is January 31<sup>st</sup>, okay? And then the water  
16 distribution model pushes it out in time over a  
17 24-month time. So the distribution model takes  
18 January 31<sup>st</sup> and then these results are a month later,  
19 which makes it February. You have two different time  
20 scales, and that's explained in Chapter A. All the  
21 groundwater or the well concentrations represent the  
22 final day of the month. So in other words, January  
23 '78, in the water supply wells in the appendix A-3,  
24 represent January 31<sup>st</sup>. February represents  
25 February 28<sup>th</sup> or 29<sup>th</sup>. But then on the distribution

1 side, it then advances it each hour for however many  
2 hours in a month. So that would move it over into the  
3 next month.

4 **MR. ENSMINGER:** Well, I know that during January  
5 of '85, they shut down the Holcomb Boulevard --

6 **MR. MASLIA:** Yeah, you're correct. You're  
7 correct, the last week in January they shut it down  
8 for eight days, and that rolled over into February.  
9 But recall the results that were provided to the  
10 health studies are a monthly mean, a monthly average.  
11 So in this case it really would not have mattered. If  
12 we had taken January for the water distribution  
13 system, we would have had to use December 31<sup>st</sup>, prior  
14 to the shutdown of that.

15 **MR. ENSMINGER:** Okay.

16 **MR. MASLIA:** So we used -- we wanted to look at  
17 when Holcomb Boulevard shut down so that's why we took  
18 the January 31<sup>st</sup> readings and advanced the water  
19 distribution system model a month, which put it into  
20 February.

21 **MR. ENSMINGER:** Okay.

22 **MR. MASLIA:** Was that clear?

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

24 **MR. MASLIA:** That is a problem or an issue in  
25 combining different model formulations, one being

1 groundwater, which, basically the time based on that,  
2 although we're getting results in a month, groundwater  
3 moves on the order of decades and hundreds of years,  
4 versus pressurized pipe, which moves on the order of  
5 minutes and hours.

6 Any other questions on this? Okay, so to sort of  
7 summarize what we have here, both in terms of modeling  
8 time frames and periods of exceeding a specified VOC  
9 for Tarawa Terrace, we modeled from 1953 through 1994.  
10 That is a numerical modeling constraint and  
11 hydrogeologic constraint. And what we see is that the  
12 estimated period for VOC exceedance, again, went from  
13 November '57 to when all the wells were shut down,  
14 which was '87.

15 For the Hadnot Point/Holcomb Boulevard area, we  
16 went all the way back to when the base started  
17 operating, in 1941, and we had to go all the way out  
18 to 2008 because we had some recent data out here that  
19 we wanted to make use of, particularly the pumping  
20 data from 1998 to 2008, where we had daily data, and  
21 the estimated period of VOC exceedance, that's where  
22 we specified VOC, was for TCE, for example, was  
23 August 1953 to when the wells shut down in '85.

24 If we look at, in terms of the health study, what  
25 we see is, during the health study, we can make the

1 statement, based on modeling, that during the health  
2 study period, the MCL was always exceeded, both in  
3 terms of Hadnot Point-Holcomb Boulevard as well as  
4 Tarawa Terrace. One note on your hard copy, I think  
5 this bar here got slid over, so it shows '65, if you  
6 read it carefully, but it's actually '68 is when the  
7 health study goes, from '68 to '85. So that's really,  
8 if you need to take a message there is that the MCL  
9 was exceeded for the duration of the health study.

10 So to summarize, at Tarawa Terrace, the earliest  
11 exceedance date for PCE, the primary source, is  
12 November '57 but it could be as early as December '56;  
13 for Hadnot Point water treatment plant, earliest  
14 exceedance for TCE is August '53, but it could have  
15 been as early as November '48; and for the Holcomb  
16 Boulevard housing area, TCE exceeded the MCL during  
17 periods of intermittent supply; in other words,  
18 whenever Booster Pump 742 was turned on or booster  
19 pump and the valve being January-February '85, it  
20 exceeded.

21 The other constituents are in fact provided in  
22 Chapter A and Supplement 8 but they rarely exceeded or  
23 equaled the MCL, the exception being vinyl chloride  
24 exceeded, I think, for three or four months, went up  
25 to a value of about 3, and in February, I think, to a

1 value of 6, which would be well within our uncertainty  
2 range. But TCE was the primary constituent at the  
3 Holcomb Boulevard housing area.

4 And that concludes my presentation and if we have  
5 time for questions, I will be happy to answer any  
6 questions.

7 **MR. STALLARD:** I'm amazed. Any questions? Okay.  
8 Thank you, Morris.

9 **MR. ENSMINGER:** I guess this water model kind of  
10 belies the notification that the Marine Corps gave all  
11 to the residents of Camp Lejeune back in early 1985,  
12 whenever they said that this was minute, trace amounts  
13 of contaminants. That's what they sent out to --

14 **MR. MASLIA:** I'll seek to quantify descriptions  
15 of the modeling results. Let you make that decision.

16 **MR. STALLARD:** All right. Again, thank you,  
17 Morris. Brad, would you like to begin the discussion  
18 on VA?

19 **VA UPDATES**

20 **MR. FLOHR:** Okay, thanks for this. We haven't  
21 had a lot of changes since the last meeting. We  
22 continue to process claims on a case-by-case basis in  
23 our regional office in Louisville. We also have a  
24 couple of other regional offices that will be  
25 processing claims because of jurisdictional issues

1 where they maintain claims filed in that particular  
2 office.

3 We have now -- we have worked with our IT folks  
4 to generate an ongoing or current report, which  
5 measures on a continual basis the information provided  
6 to Senator Burr's staff on diseases and grants and  
7 denials. Particularly this report will capture every  
8 Camp Lejeune decision that was made, not just in  
9 Louisville but in other offices that are making some  
10 as well, and it will be released to us on a monthly  
11 basis. Going to make it a lot easier for us to  
12 address requests when they come in for information on  
13 claims processing and we'll have that.

14 We are having some concerns with the subject  
15 matter experts that were identified to provide medical  
16 opinions, that they're very difficult to do, and some  
17 of the SMEs are balking at doing it and we're getting  
18 kind of backed up. Got to work with our disability  
19 management office in VHA to sort out problems there  
20 and make sure that these are getting done. As you may  
21 know, we've got an initiative which was just released  
22 a week or so ago, to work all of our claims that have  
23 been pending over two years. Actually it's going to  
24 turn out eventually to be all over one year. And  
25 these are some of those claims and we need to make

1           sure that we get what we need to make decisions on  
2           those claims, and that's what we're going to be  
3           working on.

4           Other than that, I don't have a whole lot more to  
5           say this morning. There was some, some concerns or  
6           information I received about why doesn't -- the  
7           question is: Why doesn't VA just make certain  
8           disabilities presumptive? It would be easier for  
9           everyone, easier for VA. Tends to be easier when you  
10          have presumptions, you don't need to get medical  
11          opinions and go to all that trouble. Secretary has  
12          the authority to make presumptions, Congress, of  
13          course, can make presumptions. Secretary can,  
14          whenever it determines there's a -- based on  
15          scientific or medical evidence, there's a positive  
16          association, has the authority to do that. I think we  
17          probably won't look at doing that until the epi  
18          studies that ATSDR is doing are concluded, at which  
19          point most likely we'll sit down, as we do when we get  
20          an Agent Orange update or a Gulf War update and sit  
21          down with the groups from all parts of VA and make  
22          recommendations to the Secretary. So that will be at  
23          some point in the next year or so when the studies are  
24          released.

25                 In the meantime, if you are -- anyone out there

1 is assisting anyone in filing claims, best thing you  
2 can do is get a good medical opinion to support the  
3 claim, which states that it's at least as likely as  
4 not due to the contamination, exposure to the water.  
5 We don't always have to get medical opinions. If we  
6 get good private medical evidence and it makes sense,  
7 and it's very complete, and we're trying to get that  
8 across to our claims processors, they don't always  
9 have to request that an examination or a medical  
10 opinion (inaudible). The best thing if someone's  
11 filed a claim is to present good evidence. Questions?

12 **MR. ENSMINGER:** Yeah. We just had a recent case  
13 that was finally approved, but the man was denied  
14 three times, and he had good Nexus letters from his  
15 attending oncologist. And the VA -- why Louisville  
16 sent this up to Minnesota, I have no idea. But they  
17 sent it all the way up to Minnesota for opinions from  
18 two VA doctors.

19 **MR. FLOHR:** Oh, that's part of the subject matter  
20 experts that the VA identified.

21 **MR. ENSMINGER:** But this guy was a -- one of them  
22 was a family practitioner. That was his only  
23 specialty, this Dr. Koopmeiners. Michael B.  
24 Koopmeiners. His only specialty is family practice,  
25 and yet the VA gave more weight to his and this other

1 doctor, who's never even examined this man, than his  
2 own attending oncologist.

3 And then we discovered that one of these doctors,  
4 and I don't know what the VA's hiring process is,  
5 Dr. Walters, but this guy is a convicted felon sexual  
6 assault. Dr. Koopmeiners. I got his appeal to the  
7 board of medicine in Minnesota right here. On  
8 October 23rd, 1989, respondent was charged in Hennepin  
9 County District Court with two counts of criminal  
10 sexual conduct in the first degree. On January 19th,  
11 1990, respondent pled guilty to one of those charges  
12 and received a suspended sentence of 43 months. You  
13 know, this man assaulted his two sons, young sons,  
14 sexually. And he's a VA doctor? I mean, this is -- I  
15 find this sickening. This is what our veterans are  
16 being relegated to being followed by?

17 **MR. STALLARD:** So Jerry, let's phrase this into a  
18 question. You're asking whether the credentials of  
19 the people who are serving as the subject matter  
20 experts in this process.

21 **MR. ENSMINGER:** Yes. I mean, well, number one --

22 **MS. BLAKELY:** Can I intercede? I think part of  
23 the problem, maybe, is that there's so much fear  
24 involved on both sides of this table, as far as what  
25 will happen legally to people. Perhaps if the legal

1 issue were taken out of this, then there would be more  
2 honesty.

3 **MR. ENSMINGER:** What legal issue?

4 **MS. BLAKELY:** The legal issue of being sued.

5 **MR. ENSMINGER:** Oh, yeah. Well, I know.

6 **MS. BLAKELY:** Yeah, well, if that were taken out,  
7 then the Marine Corps and the VA and everybody else  
8 wouldn't be so afraid to be, you know, open and honest  
9 and just speak like people instead of using legal  
10 terms.

11 **MR. ENSMINGER:** Well, what are you proposing,  
12 that everybody drop their claim?

13 **MS. BLAKELY:** Yes, I am. I've already dropped  
14 mine.

15 **MR. ENSMINGER:** Well, that's --

16 **MS. BLAKELY:** I'm requesting the CAP right now,  
17 every CAP member, to drop their suits against the  
18 Marine Corps, and if you refuse, I want to know why,  
19 right now, on the record.

20 **MR. ENSMINGER:** That's none of your damn  
21 business. And I'll tell you that right now.

22 **MS. BLAKELY:** Oh, yeah?

23 **MR. ENSMINGER:** Yeah.

24 **MS. BLAKELY:** Well, you don't see that that could  
25 be a problem?

1           **MR. ENSMINGER:** That is my call.

2           **MS. BLAKELY:** Oh, your call.

3           **MR. ENSMINGER:** If I want to file a claim against  
4 the government for wrongful death of my daughter, then  
5 I'm going to pursue it.

6           **MS. BLAKELY:** Okay, fine, but you are also --

7           **MR. ENSMINGER:** You, you can drop yours.

8           **MS. BLAKELY:** You are also a member on this CAP.

9           **MR. ENSMINGER:** That's right.

10          **MS. BLAKELY:** And you are speaking for more than  
11 just you.

12          **MR. ENSMINGER:** But I've never mentioned my  
13 claim. My claim has never come up in any of these  
14 discussions, and it's none of your business or anybody  
15 else's what I claim.

16          **MS. BLAKELY:** I'm not saying it is my business --

17          **MR. ENSMINGER:** Yes, you are.

18          **MS. BLAKELY:** -- but I'm suggesting that we  
19 do --

20          **MR. ENSMINGER:** Take a hike.

21          **MS. BLAKELY:** -- leave the people --

22          **MR. ENSMINGER:** Stay out of my private business.

23          **MS. BLAKELY:** -- alone. I'm sorry, I feel like  
24 you're insulting me. Is that what you're --

25          **MR. ENSMINGER:** No, you're insulting us by --

1                   **MS. BLAKELY:** -- (unintelligible). I believe  
2 that --

3                   **MR. ENSMINGER:** -- by proposing that we drop our  
4 claims.

5                   **MS. BLAKELY:** -- he's breaking the rules. He  
6 should be left -- he should be made to leave the room.

7                   **MR. ENSMINGER:** No, you.

8                   **MS. BLAKELY:** Am I, am I breaking the rules?

9                   **MR. ENSMINGER:** Yes, you're pursuing personal  
10 issues.

11                   **MR. STALLARD:** Mary, Jerry --

12                   **MR. ENSMINGER:** Take your personal stuff out the  
13 door.

14                   **MS. BLAKELY:** What personal stuff?

15                   **MR. STALLARD:** Okay --

16                   **MR. ENSMINGER:** The claims.

17                   **MR. STALLARD:** Folks, this is a forum. Let's get  
18 back on track with what we're here to discuss. That's  
19 a bigger issue, Mary, that you're raising, that you  
20 can address.

21                   **MR. ENSMINGER:** You can sit there and glare all  
22 you want.

23                   **MR. STALLARD:** All right.

24                   **MS. BLAKELY:** I don't know what you're talking  
25 about.

1                   **MR. STALLARD:** Come on, kids, let's bring it  
2 down, please.

3                   **MR. ENSMINGER:** She's nuts.

4                   **MR. STALLARD:** Please.

5                   **MS. BLAKELY:** I believe that was an insult.

6                   **MR. ENSMINGER:** It is.

7                   **MS. BLAKELY:** Yeah.

8                   **MR. ENSMINGER:** It was meant to be.

9                   **MS. BLAKELY:** So, so is he allowed to insult me?

10                  **MR. STALLARD:** Let's take a break. Thank you  
11 very much. Take a break. All right? And then we'll  
12 come back. Dr. Walters, will you have some updates  
13 for us?

14                  **DR. WALTERS:** Yes, I will.

15                  **MR. STALLARD:** All right. Ten minutes. Thank  
16 you.

17                  (Break taken from 10:04 a.m. to 10:18 a.m.)

18                  **MR. STALLARD:** Let's get back on the agenda. So  
19 Dr. Walters. Please.

20                  **DR. WALTERS:** All right. Two major things. Ms.  
21 Connie Raab, who works in the office of public health,  
22 I asked her and a team of risk communication experts.  
23 I'm the co-chair of the deployment health working  
24 group, which is a joint group between DOD and VA to  
25 work on environmental exposures. So as part of my

1 duties there, I asked the risk communications subgroup  
2 to look at all the political websites, medical  
3 websites, media sites to first of all get a pulse of  
4 what Camp Lejeune veterans and family members are  
5 saying, and is there a synchronicity between the  
6 federal website, so the right hand knows what the left  
7 hand is saying. And we did this because things have  
8 changed over time. And you generally write a website  
9 and you wait ten years until someone points out an  
10 error. So we wanted to make sure that we're all  
11 saying the same thing and that we're saying it  
12 correctly. So Connie's going to give you the results  
13 of that survey, because I think there's some  
14 interesting results, and we're going to act on those  
15 results.

16 **MR. STALLARD:** Thank you.

17 **MS. RAAB:** Okay. That's it from you?

18 **MR. STALLARD:** Connie?

19 **DR. WALTERS:** No, no. I'll go...

20 **MS. RAAB:** Okay, so well, first of all, I just  
21 want to say it's an honor to be here. And I really  
22 admire what the advocates have done for years to keep  
23 this issue going, and what ATSDR is doing. I think  
24 it's wonderful to have this veteran group. And I'm  
25 really pleased to have come. I'm in a communications

1           role and I was just talking to somebody from ATSDR and  
2           the communications, you're kind of straddling the  
3           public side and the scientific/medical side and trying  
4           to improve understanding, so I think these meetings  
5           are really important for that. Anyway, so much for  
6           that.

7           Yeah, we do have a VA/DOD risk communication  
8           group that's advisory to the deployment health working  
9           group. It includes people from all the services on  
10          the DOD side, who are really good at following orders  
11          by the way. I'm asking people I don't even know to do  
12          things, which is nice. And then people -- Brad is on  
13          the group, several other people from DOD and then some  
14          VA people.

15          We're taking a look at federal websites on  
16          exposures in general as well as public comments, and  
17          we started with the topic of Camp Lejeune because we  
18          thought that was the most important one to start with.  
19          What we wanted to do, as Terry said, is find out if  
20          the websites are consistent with each other, and then  
21          look at what public comments are and find out what the  
22          issues are on the public side, and obviously the  
23          veteran side, and also try to better inform the  
24          communications we're doing on the federal side, so we  
25          respond better to public perceptions.

1           So in terms of websites, we did find several  
2           inconsistencies between sites, for example we don't  
3           all use the same dates. And the, as you know the date  
4           thing is sort of morphing. Anyway, but we aren't  
5           even -- we aren't necessarily consistent about what  
6           dates we use for either exposures or whether we say  
7           it's the law sets the dates. We had some other  
8           things, like we don't necessarily say the water  
9           contamination is historical, which some people I  
10          understand, are concerned that there's current water  
11          contamination. So that's something we need to do.  
12          And you know within VA our sites are inconsistent.  
13          And we've written the EPA about some consistency about  
14          their health information so that we have the health  
15          information and you guys have the benefits  
16          information, and we are aware that you are aware of  
17          that, Jerry. So we'd ask that to be fixed.

18                 In the meantime, we do want to understand public  
19          perceptions and comments, and I'm sorry I'm reading  
20          because if I don't have it in front of me I forget.  
21          But it's hard for people, I think, with years and  
22          years and years of scientific and medical training to  
23          not reflect that scientific and medical training, and  
24          understand what a public point of view is. But we  
25          think they'll be much more effective communicators if

1           they can marry the understanding of the public point  
2           of view with the scientific things. So of course a  
3           meeting like this is really helpful.

4           But in the meantime the risk communication group  
5           read pages and pages and pages of comments of veterans  
6           and the public. These were posted on social media  
7           sites to get a handle on what the top issues were. I  
8           don't think they're going to be surprising to anybody  
9           in this room but it was very amusing to see how they  
10          added up. And it was really powerful to not just say  
11          here is one issue but to actually have quotes behind  
12          those issues. And I think it's already sort of  
13          changing how we communicate about Camp Lejeune and  
14          we're a little more -- we're trying to be a little  
15          more veteran-centric.

16          **DR. WALTERS:** When she says veteran, she also  
17          means families.

18          **MS. RAAB:** I do. I do. So for example, you  
19          know, in risk communications there are a number of  
20          risk perception factors that influence whether you  
21          think something is a risk or not. So we looked at the  
22          risk perception factors that we thought were being  
23          reflected by the comments, and they included things  
24          like, if the consequences are serious, you're going to  
25          think there's more risk; control by others; there are

1 trust issues; (unintelligible), which certainly  
2 applies to Camp Lejeune; if it's a man-made thing  
3 versus artificial, which also applies to Camp Lejeune;  
4 if there's uncertainty; if it affects children; if  
5 it's complex. Those are all things that are going to  
6 increase your sense of risk, and those were certainly  
7 reflected in the comments.

8 In the meantime, we also looked at what we  
9 thought the themes of the public comments are. And  
10 again, these are no surprise at all. But cover-up  
11 conspiracy was a big one, the lack of trust; a  
12 modern-day hero who is important, and you were cited a  
13 few times, Jerry, in the comments as a modern-day  
14 hero; and *Semper Fi*, a trusted source of information;  
15 questioning whether we were ready to handle the  
16 healthcare and the claims. There was appreciation to  
17 the President for signing the law but the other  
18 thought was it wasn't enough; and then some people  
19 were not aware, until the law got some publicity and  
20 *Semper Fi* got some publicity, that they  
21 (unintelligible) tremendous amount of worry brought by  
22 other people's ideas about contamination; there were  
23 concerns about the various illnesses that might  
24 result; that there might be more current  
25 contamination; to not forget anybody lost. For health

1 issues, anger, need to take legal action and a need  
2 for more information, which is always amusing to my  
3 ears. So those were the themes of the public  
4 comments.

5 And as a result we made recommendations that we  
6 think anybody in the feds, which is mainly VA, DOD and  
7 ATSDR, take these ideas and perceptions into account  
8 as we create information. So and some of the themes  
9 of risk communication and responding appropriately  
10 includes demonstrating empathy and respect. I think  
11 sometimes we just start out and say, here are the  
12 results. But demonstrating empathy and respect from  
13 the get-go, making sure to consider to address public  
14 health concerns and know what they are; being factual  
15 and transparent, and even if you -- there are things  
16 you know you don't know, that you say what you do and  
17 don't know; being careful and clear, for example, the  
18 use of dates or the use of the word historic when it  
19 comes to talking about Camp Lejeune water  
20 contamination; and regularly providing information  
21 updates. So those are the findings. Am I going to be  
22 able to speak again about a few other things?

23 **DR. WALTERS:** If you want.

24 **MR. STALLARD:** I'm sure we can work that out.

25 **DR. WALTERS:** So, what I'd like to do -- thank

1           you, Connie -- is give you an update of where we are  
2           on the implementation of Section 102. So as you know,  
3           we sent out the fact sheet via the Marines. We have  
4           written all the regulations and they are now wending  
5           their way through the torturous legal review process.

6           So we have two sets of regulations, one for  
7           implementing the veteran part of this law and one for  
8           implementing the family member part of this law. So  
9           they are drafted in final form, and they will go from  
10          VHA, Veterans' Health Administration, to the greater  
11          VA, to the Office of General Counsel, and then go over  
12          to the office of OMB, where they can take several  
13          months for their review.

14          Do I think sequestration is going to affect the  
15          timeliness of this? Yes, I do, unfortunately, there's  
16          nothing I can do about that. But what we're aiming  
17          for is what's called an interim final regulation. So  
18          it's not a final regulation but it's an interim. So  
19          we put it out there for public comment, and as we put  
20          it out there for public comment, we can then start  
21          using that regulation.

22          We'll get a public comment period, where people  
23          will, from the public obviously, will reply: You  
24          haven't done this; you haven't done that. But even  
25          so, and then we'll rewrite the final regulation. But

1           because it's an interim final, we can then start using  
2           the law and implementing.

3           The continuing resolution did not give additional  
4           money to VA but allowed us to use our existing funds.  
5           So (indiscernible), and that continuing resolution  
6           will be good until a new budget is passed, what is it,  
7           September. Hopefully one of the risks we've  
8           identified is that if there is not money in the 2014  
9           budget, we're not going to be able to provide care to  
10          family members. So that is a risk. The other, we  
11          have assigned a contract with a financial service  
12          center, which is a bill-paying mechanism that we'll be  
13          able to process bills. We're going to have to put out  
14          some hiring actions to get some people who actually do  
15          claims work, 'cause we don't have that in the VA right  
16          now.

17          So we're well along in the process of being ready  
18          to provide reimbursement, being the last payer for the  
19          family member care. My recommendation, and this will  
20          be our next update, is that family members start  
21          collecting some documents. We're going to have a real  
22          challenge in demonstrating -- for a family member,  
23          they have to pass three tests: One, they have to --  
24          their sponsor, the Marine, had to be assigned to Camp  
25          Lejeune for at least 30 days between 1957 -- I expect

1           it to go back to 1953 -- 1957 to 1987. Second, they  
2           need to have been a legal dependent at that time,  
3           through a marriage certificate or a birth certificate.  
4           And third, proving that they actually, the family  
5           member, resided on Camp Lejeune. That is going to be  
6           our real challenge.

7           We've worked with Marine Corps; they have  
8           digitized their housing records but that's taking --  
9           computer scanning a housing record card so there's  
10          spelling errors, there's, you know, things that you  
11          couldn't understand in that piece of writing. They're  
12          also digitizing muster rolls for us. We have gone  
13          through a variety of data searches. We've even gone  
14          to the IRS to see, you know, tax records. And I'm  
15          here to tell you that if you cheated on your taxes  
16          eight years ago, you're great; you're fine, because  
17          they throw them out. They don't even send them to the  
18          national archives.

19          So I think for us the challenge is going to --  
20          and for family members, is going to be establishing  
21          that you actually lived on post, and this is 30, 40  
22          years ago, 50 years ago. So I encourage veterans and  
23          family members affected by the Camp Lejeune to, you  
24          know, comb through your records to figure out if  
25          there's proof that you can show that you lived on Camp

1           Lejeune. We are working through a procedure that, if  
2 we look through everything and we can't figure it out,  
3 we'll take affidavits from neighbors: Yeah,  
4 Mrs. Smith lived at 123 Camp Lejeune Street, that kind  
5 of thing. But establishing residency for family  
6 members is going to be our big, big challenge.

7           So the last thing I'd like to leave you with is,  
8 family members, if we're responsible for paying the  
9 bills, being the last payer, as of the 26<sup>th</sup> of March,  
10 'cause that was when the continuing resolution was  
11 signed, so if you got -- you have a bill from the 27<sup>th</sup>  
12 of March, for residual medical care, we will pay that.  
13 It may take us some time, because we don't have the  
14 regulation in place yet, but we'll be responsible for  
15 that bill. The fly in the ointment will be is if we  
16 don't get continued money in 2014, we can only use  
17 2013 money. So and that goes away in September. So  
18 hopefully there will still be money -- that there will  
19 be money in the budget in 2014 and we will be  
20 responsible for the bills as of the 26<sup>th</sup> of March,  
21 2013.

22           **MR. ENSMINGER:** Going back to proving whether or  
23 not somebody's dependents lived in housing or whether  
24 they were dependents --

25           **DR. WALTERS:** Well --

1           **MR. ENSMINGER:** Each member's service record book  
2 had a dependency page, in which you had all of your  
3 legal dependents listed on it. Now --

4           **DR. WALTERS:** That is true in 90 percent of the  
5 cases but we have actually gone back and done a survey  
6 of the official military personnel file. But they  
7 don't have residency information.

8           **MR. ENSMINGER:** Okay, now, on the housing part of  
9 it, whenever you're assigned base quarters, they  
10 stopped your BAQ.

11           **DR. WALTERS:** We've already gone to the finance  
12 records, and they don't -- they didn't keep them.

13           **MR. ENSMINGER:** What about the unit diaries? I  
14 understand they found them.

15           **DR. WALTERS:** The unit diaries --

16           **MR. ENSMINGER:** The unit --

17           **DR. WALTERS:** -- sometimes have information. Not  
18 all the time.

19           **MR. ENSMINGER:** But when you were -- it would  
20 show up on a unit diary entry if you were assigned  
21 quarters on base, where they would stop your basic  
22 allowance for quarters, BAQ.

23           **DR. WALTERS:** BAQ, okay. That would be very,  
24 very useful. You know, I think we're going to be --  
25 we did a test case of 20 veterans with family members,

1 and we were able to ascertain in about most of them,  
2 90 percent, where they, you know, that they met those  
3 three tests. You know it's always the five percent  
4 that they didn't get you. I think in some cases it's  
5 going to be very, very difficult. And quite frankly  
6 what do we do if you have a family member who lived  
7 off-post, okay, worked on-post, say, worked in the  
8 hospital for three years, now has breast cancer? By  
9 the law, they're not covered. It's going to be very  
10 difficult for VA to say no.

11 **MR. ENSMINGER:** But they would be covered under  
12 FECA.

13 **DR. WALTERS:** They would be covered under FECA,  
14 absolutely.

15 **MR. ENSMINGER:** But I mean, so that's their  
16 avenue, okay?

17 **DR. WALTERS:** But, you know, it's going to be,  
18 it's going to be difficult. You know, VA wants to  
19 bend over backwards and assist veterans and their  
20 family members. We don't want to say no capriciously.

21 **MR. ENSMINGER:** No, I know that. But for  
22 somebody that worked on-base, that was employed  
23 on-base, they were a base employee, those people have  
24 an avenue. But I mean, if you didn't live on-base and  
25 you didn't work on-base, well --

1           **DR. WALTERS:** I think it's the people -- I think  
2           it's the people who didn't live on-base but worked  
3           on-post, so they were exposed to the water that are  
4           going to have a problem because the FECA levels of  
5           evidence are slightly -- a lot higher.

6           **MR. ENSMINGER:** I mean, I understand that there's  
7           got to be a line drawn somewhere, you know, for  
8           coverage but there's one misconception here that  
9           constantly raises its head on this issue, and that is,  
10          well, you lived at New River or you lived at  
11          Courthouse Bay or you lived at some other area of the  
12          base that wasn't exposed, okay, Camp Johnson, Montford  
13          Point. The misconception is that everybody thinks  
14          that those people, even the people living in the  
15          housing area, like Berkeley Manor, after 1972, the  
16          misconception is that everybody thinks these people  
17          sequestered themselves and stayed in that little  
18          housing area? Hell no. I mean, the major place on  
19          Camp Lejeune for services, for recreational services,  
20          legal services, medical, up until 1983, was all within  
21          the Hadnot Point area. These people that wanted to  
22          take part in those services and utilized them had to  
23          go to Hadnot Point. These people were being exposed.

24          **DR. WALTERS:** And that's why, if someone lived at  
25          New River, we are not going to exclude them.

1                   **MR. ENSMINGER:** Good.

2                   **DR. WALTERS:** Okay, so it's the law says lived on  
3 Camp Lejeune. And believe it or not, there is no real  
4 estate map, official real estate map, of Camp Lejeune.

5                   **MR. ENSMINGER:** Really?

6                   **DR. WALTERS:** No, there isn't.

7                   **MR. ENSMINGER:** I've got -- I could show you one.

8                   **DR. WALTERS:** So defining Camp Lejeune in the law  
9 for the regulations was really quite a tricky thing  
10 for us, because you have to have a reference, and we  
11 could find no official reference. So we basically  
12 said within the borders of Camp Lejeune as it is on  
13 the ATSDR map, which basically includes New River,  
14 because we recognize, as you said, that people didn't  
15 sequester themselves in their houses. They went to  
16 the commissary, they went to the hospital --

17                   **MR. ENSMINGER:** Bowling alley.

18                   **DR. WALTERS:** You know, wherever, and were  
19 exposed to the water. But the law is pretty clear  
20 that you had to reside on Camp Lejeune so that's where  
21 the line is.

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

23                   **DR. WALTERS:** But all of those decisions are what  
24 went into making this regulation, which is, you know,  
25 it has to pass by all the lawyers, which is quite

1           tricky. So we're quite far along but, you know, the  
2           good thing is is that we are responsible for the bills  
3           as of the 26<sup>th</sup> of March.

4           **MR. PARTAIN:** Now, going with the dependents for  
5           the healthcare.

6           **DR. WALTERS:** This is for the dependents. We've  
7           been taking care of the veterans.

8           **MR. PARTAIN:** Yes. Well, you know, when you're  
9           talking about the verification of where they lived  
10          on-base and quarters and what have you. You know, for  
11          example, my own birth records are gone. The only  
12          thing I have showing is a birth certificate with the  
13          address of (unintelligible) Road. But the actual  
14          medical records and everything from the hospital that  
15          the Navy kept, they cannot be found anywhere.

16          If you run into situations where, like in my case  
17          I have a birth certificate so I'm okay there, but say  
18          you get a dependent who is already born, comes with  
19          their family, the five percent, I mean, does the VA  
20          accept things like if they have old letters with  
21          addresses on it and photographs of the family?

22          **DR. WALTERS:** Absolutely. Electric bills. You  
23          know, those kinds of things.

24          **MR. ENSMINGER:** No, there's no electric bills for  
25          housing.

1           **DR. WALTERS:** Oh, okay. Yeah, you're right. I  
2 did live on post housing --

3           **MR. PARTAIN:** So they can bring in unofficial  
4 stuff like they collect --

5           **DR. WALTERS:** Yeah, I mean, realistically, if  
6 you're, you know, your sponsor was stationed at Camp  
7 Lejeune, you were a dependent or a family member, and  
8 you got a letter, we're going to be reasonable. We  
9 have to be.

10          **MR. PARTAIN:** Now, when you mention the money,  
11 'cause we've gotten several emails with questions from  
12 people, dependents, who are now sick, and need help  
13 and healthcare. If I heard you right, after March 26,  
14 they can submit. Where would they go to submit the  
15 claims --

16          **DR. WALTERS:** Okay. Let me be clear. There is  
17 no way to submit yet because we do not have  
18 regulations passed. Okay? They need to keep those  
19 medical bills. We will pay medical bills -- say you  
20 get -- the law is -- the regulation is passed, we've  
21 got everything in place, you've got up to two years,  
22 according to the regulation, to submit the bill. And  
23 that's similar to other programs that the VA has,  
24 okay. So they need to keep a record of what  
25 out-of-pocket costs.

1           **MR. ENSMINGER:** Dr. Walters, when all this first  
2 started, we had a conference call with yourself and  
3 several of the congressional offices that were  
4 involved in this, we had a conference call. You think  
5 we could have another one of those here soon, so we  
6 can sit down and discuss where you're at now with your  
7 rule making?

8           **DR. WALTERS:** We could. I'm not sure that it  
9 would do any good because all of this is, you know,  
10 this is legally mapping all this rule making, the  
11 process.

12           **MR. ENSMINGER:** Well, I know. I know.

13           **DR. WALTERS:** Well, I mean, I'm willing to do  
14 that.

15           **MR. ENSMINGER:** I'd like to do that.

16           **DR. WALTERS:** Okay.

17           **MR. ENSMINGER:** Just to see where everything is,  
18 because we get a lot of questions from dependents,  
19 family members.

20           **DR. WALTERS:** Well, I can, you know, I can tell  
21 you where it is. I mean, this is the family -- the  
22 veteran regulation has been signed by the Under  
23 Secretary and is being reviewed by the Office of  
24 General Counsel, VA Office Of General Counsel. The  
25 family member regulation is in concurrence within

1 Veterans' Health Administration, has yet to be signed  
2 by the Under Secretary. But then it will go through  
3 the same process. And then from VA, it then goes to  
4 OMB. I mean, I can send you the process if you'd  
5 like, in a timeline.

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

7 **DR. WALTERS:** But again, there are actors outside  
8 the VA, Office of Management and Budget, that we do  
9 not control. I mean, they just -- we, we're just a  
10 supplicant like everybody else.

11 **MR. ENSMINGER:** And getting back to this proving  
12 of whether or not somebody lived on-base, were  
13 assigned to quarters as far as the dependents --

14 **DR. WALTERS:** No, it's not assigned to quarters;  
15 it's lived on-base, which may be slightly different.

16 **MR. ENSMINGER:** Yeah, yeah. Well, I mean, if  
17 they're somebody's legal dependent and they were  
18 assigned to quarters, they lived on-base, okay. That  
19 should be proof enough, okay. But, you know, for many  
20 years, the Marine Corps has made the statement,  
21 publicly and in congressional hearings, that there was  
22 just absolutely no way that they could determine who  
23 lived on-base, who was stationed at Camp Lejeune,  
24 where they were stationed, for notification purposes.  
25 There's no way they could do that. Now we find out

1           they've had the unit diaries all along. The National  
2           Archives has got them and the historical branch at  
3           Quantico, Virginia's got them. They could have done  
4           this many years ago.

5           **DR. WALTERS:** Well, you know, I think there's --  
6           we have to be careful, there's a subtle difference in  
7           time between on-demand verification, so whether you  
8           lived on-post, and assembling an entire accurate list  
9           of everybody. I do not think an entire accurate list  
10          of everybody can be assembled. There will be that  
11          five percent error rate that I'm talking about, and  
12          I'm guessing on that five percent. So, technically we  
13          are not -- no one could, and ATSDR has run into this  
14          problem, I'm sure, in assembling a complete list. Can  
15          we ask individuals to come forward, do our best to  
16          verify whether they were assigned or lived on-post or  
17          were dependent, yes, we can. But there will be a five  
18          percent where we just don't have any information.

19          **MR. ENSMINGER:** Well, let's put the burden on  
20          them to come up with that 95 percent.

21          **DR. WALTERS:** And they are hoping -- and the  
22          Marine Corps has been extraordinarily helpful in  
23          helping VA. We've asked them to --

24          **MR. ENSMINGER:** Since when?

25          **DR. WALTERS:** -- provide us -- since we started

1 on this avenue in August.

2 **MR. ENSMINGER:** Oh.

3 **DR. WALTERS:** So they have provided us the  
4 housing list. They continue to update and improve the  
5 search engine. They're digitizing muster rolls. They  
6 have helped us look for any -- you know, we've gone  
7 through the finances, we've gone through the National  
8 Archives; we've gone to the IRS. We have done a  
9 really pretty thorough search of the sources, and last  
10 week we had a meeting with DOD, Dr. Woodson, who's the  
11 chief, kind of the chief medical officer for DOD, and  
12 the Marine Corps has agreed to provide us assistance,  
13 now and into the future, for doing this verification.

14 **MR. ENSMINGER:** Yeah, now that the law is signed,  
15 right?

16 **DR. WALTERS:** Well, you know, they're following  
17 the law, they're doing -- they're helping us and  
18 they've been extraordinarily helpful to us.

19 **MR. ENSMINGER:** Well, they were less than  
20 forthcoming before that.

21 **DR. WALTERS:** Well, that's not been my  
22 experience, sir.

23 **MR. PARTAIN:** I guess you guys have some type of  
24 way of asking questions to where they're producing  
25 this stuff, 'cause we've been asking the same

1 questions about housing records, muster rolls and  
2 things like that for, you know, at least the six years  
3 I've been on the CAP, and they're being very  
4 forthright with you in the unit diaries, I mean.

5 **DR. WALTERS:** I mean, they're going to --

6 **MR. PARTAIN:** That's information that's been  
7 asked for.

8 **DR. WALTERS:** They're going to be incomplete but  
9 we know that they're going to be incomplete but we're  
10 doing the best we can with a difficult situation.

11 **MR. PARTAIN:** Well, I mean, it's a huge -- I  
12 mean, Jerry's point and my point is yeah, I understand  
13 it's incomplete, five percent rule, but it's a huge  
14 leap over what we have been told for the past six, 16  
15 years, I mean.

16 **MR. ENSMINGER:** And that's just identifying the  
17 active-duty members. That's what we're talking about  
18 here now. But I would be careful as to what they're  
19 telling you they can't do, because they've told us the  
20 same thing about identifying active-duty members just  
21 for notification purposes. Oh, there's no way we  
22 could do this. Now we find out that there is.

23 **DR. WALTERS:** Well, you know, they're saying  
24 something very different. Assembling a complete list  
25 is impossible.

1                   **MR. ENSMINGER:** If you can get 95 percent.

2                   **DR. WALTERS:** Well, you didn't ask for  
3 95 percent.

4                   **MR. ENSMINGER:** But if you can get that  
5 95 percent, and then the other five percent are going  
6 to have to come up with some documents of their own.

7                   **DR. WALTERS:** Yeah, but we're asking on a  
8 case-by-case basis as people come forward. We're not  
9 being -- to go and assemble a complete list would take  
10 many, many years and much, much, much effort. But to  
11 verify people as they come forward is a much lower  
12 demand. And that's the difference in the two tasks.

13                   **MR. ENSMINGER:** Okay. And by the way, my  
14 question before, about screening these people that  
15 you're using as experts to review these claims for the  
16 VA, I'd like to know how you're choosing these people  
17 to write these opinions because, frankly, I don't know  
18 what a family practitioner and what he thinks about  
19 what an oncologist says about a man with cancer has no  
20 bearing. He shouldn't even have been asked to write  
21 an opinion. You need to have somebody equal to the  
22 people who sign those Nexus letters.

23                   **DR. WALTERS:** Well, the problem is is first of  
24 all, every clinician within the VA goes through a  
25 rigorous screening process and that is looked at by

1 the joint commission on accreditation of hospitals.  
2 And your information may not be the complete  
3 information on Dr. Koopmeiners. Second of all, there  
4 is no expert. An oncologist may not have the  
5 information as much as an occupational health doctor  
6 on the toxicological effects of these chemicals.

7 **MR. ENSMINGER:** But they used those statements to  
8 deny this man's claim.

9 **DR. WALTERS:** Yeah, but what the -- what the  
10 subject matter experts in DNA have done is they have  
11 researched all the toxicological literature, the  
12 occupational health literature and put it together in  
13 a bibliography. And they discuss this in a group and  
14 have tried to apply pretty rigorous science, the  
15 science that is available, and as you well know, there  
16 is nothing black and white in toxicology and causes of  
17 cancer. We took 50, 60 years to prove that smoking,  
18 nicotine, is the cause of lung cancer.

19 **MR. ENSMINGER:** That was only because of special  
20 interests, and there's the same thing with the --

21 **DR. WALTERS:** Yeah, but even today, proving the  
22 causes of cancer is extraordinary -- of any disease,  
23 other than infectious disease, is extraordinarily  
24 difficult because much too much of this is  
25 multifactorial, and the latest literature seems to

1 indicate that genetic changes are really at the root  
2 causes of cancer. So breast cancer and uterine  
3 cancer, they have sometimes the same genetic --

4 **MR. ENSMINGER:** Markers.

5 **DR. WALTERS:** -- markers so that the idea of  
6 cancer as tissue-based is really changing dramatically  
7 as we speak.

8 **MR. ENSMINGER:** But what's causing those changes  
9 in those tissues?

10 **DR. WALTERS:** Well, I'm --

11 **MR. ENSMINGER:** Exposures that took place all  
12 your life?

13 **DR. WALTERS:** We don't know. It could be genetic  
14 susceptibility, exposures, we don't know, but  
15 isolating one exposure as the cause of a cancer is  
16 extraordinarily difficult. It has to be done on a  
17 population basis epidemiological, which is what  
18 ATSDR's trying to do.

19 **MR. ENSMINGER:** Good. This segues right into one  
20 of my --

21 **MR. PARTAIN:** And I found that, you know, the  
22 benefit of the doubt, when you're talking about  
23 proving, is veterans this time. I mean, we had three  
24 Nexus letters when we were talking about the gentleman  
25 who --

1           **DR. WALTERS:** But again for this 102, we are not  
2 about --

3           **MR. PARTAIN:** No, I'm not going back to --

4           **DR. WALTERS:** -- we're not about proving --

5           **MR. PARTAIN:** I'm not referring to 102.

6           **DR. WALTERS:** -- we're not about proving  
7 disease. All we have to do is answer the question is:  
8 Does the beneficiary have the disease or not, yes or  
9 no?

10          **MR. PARTAIN:** Yeah, but I'm not talking about  
11 102.

12          **DR. WALTERS:** Okay.

13          **MR. PARTAIN:** I'm talking about the case that we  
14 were referring to when you brought up, you know, the  
15 subject matter experts. The gentleman in question had  
16 three Nexus letters, oncologist (unintelligible)  
17 qualifications and, you know, you were saying proving  
18 the cause of cancer. I thought that the benefit of  
19 the doubt was given to the veteran.

20          **MR. FLOHR:** It does, Mike, but you're talking  
21 about how a decision-maker would use evidence. The  
22 weight they give to evidence to determine credibility  
23 of evidence, that's the job of a decision-maker. Now,  
24 quite often if you get a medical opinion from a  
25 qualified oncologist stating, well, the veteran at his

1 best awareness says it was due to contaminated  
2 drinking water in Camp Lejeune, probably aren't going  
3 to give a lot of credibility to that. Well, we can't  
4 just discount it, we're going to request a medical  
5 opinion. We get a lot of those claims, a majority of  
6 claims we get from Camp Lejeune vets for noncancerous  
7 type conditions are not known to be exposure --  
8 related to the types of exposure.

9 **MR. PARTAIN:** Well, like in this case that was  
10 male breast cancer. It's one of the things that was  
11 listed on (inaudible). And the weight when you read  
12 through the denial, there was considerable weight on  
13 the VA placed -- from the VA placed upon the NRC  
14 report, which we've gone round and round and round  
15 about. And had a letter from Dr. Portier discussing  
16 the credibility of the report. But again, that --

17 **MR. FLOHR:** Credibility, Mike, that report found  
18 that there's 15 conditions. There was no new  
19 suggested evidence; that was a positive outcome.

20 **MR. PARTAIN:** Yeah, but if you read through the  
21 denial, I mean, he had one of the conditions, and yet  
22 they were stating -- making statements in the NRC  
23 report -- or quoting the NRC report as being -- as  
24 support -- his cancer was not related to Camp Lejeune  
25 exposure.

1           **MR. FLOHR:** I read the medical report, the  
2           opinion. It was very in-depth. It was about six,  
3           seven, eight pages. The bibliography, as Dr. Walters  
4           says, and complete discussion of what was in the  
5           claims file and why the opinion was provided. There  
6           was nothing wrong with that opinion. What we found  
7           was a reason for a difference of opinion. We're not  
8           saying that the decision that was made was incorrect.  
9           It's just that we are looking at -- we could have an  
10          actual difference of opinion, and that's what we did.  
11          But there was nothing incorrect with that.

12          **MR. PARTAIN:** Now, the previous claims that were  
13          made and denied because of the 1957 time frame, are  
14          they going to -- are you going to go back and look at  
15          those or notify the veterans that they have a  
16          possibility of appeal?

17          **MR. FLOHR:** Yes, we are trying to identify them.

18          **DR. WALTERS:** Do you have any more questions  
19          about Section 102?

20          **MR. STALLARD:** All right, I just wanted to let  
21          you know that Tom Townsend is on the phone but he  
22          can't speak, and he's really eager to speak to this  
23          conversation that's going on, and so we're trying to  
24          sort out why he doesn't have audio access from his  
25          end.

1           **MS. RUCKART:** The AV people probably set it up so  
2 we don't get feedback. He just needs to be told to  
3 release the --

4           **MR. STALLARD:** We are going to do that. So I  
5 asked Tom to call Jerry if we haven't resolved it in  
6 20 minutes, so that we can hear from Tom.

7           Are there any other questions for our VA  
8 colleagues at the moment? I think we have a few  
9 moments that you asked for some time. Do you want to  
10 address?

11           **MS. RAAB:** Yeah, a couple things. I'm on, right?  
12 Okay, some of the things I was going to tell you, I  
13 think we may have told you already but we have our  
14 health website that we are trying to keep up. We're  
15 going to be adding the information about the March 26<sup>th</sup>  
16 date, for example. We've done a number of things and  
17 can do a number of things to get announcements out.  
18 In fact we added a place on the site where you can  
19 sign up and get updates from us by email. This is on  
20 the public health Camp Lejeune site. We've used  
21 email, social media, the VA blog, for Terry's 15  
22 minutes of fame.

23           **DR. WALTERS:** I'm now a blogger.

24           **MS. RAAB:** Yes, she's now a blogger, that's  
25 right. We've (unintelligible) veteran service

1 organizations. We regularly get media inquiries. In  
2 these huge mailings, the Marine Corps mailing was  
3 189,000 people. We were very grateful to be able to  
4 have the -- I'm sure some people in the room were on  
5 that mailing list and got that mailing. And we also  
6 have a newsletter that goes to Vietnam veterans and  
7 Vietnam era veterans, that we put a Camp Lejeune item  
8 in, and a million copies of that were printed and  
9 mailed and sent out. So there are things we can do to  
10 get the word out, and we are open to your comments.  
11 Can't do everything but we're open to your comments.

12 **DR. WALTERS:** Yeah, and when the August 6 law was  
13 signed, we started creating a Camp Lejeune database of  
14 everybody who contacted VA, and as of the 26<sup>th</sup> of  
15 April, about 2,800 veterans have contacted VA with  
16 regard to this law, and 486 family members. So that  
17 just kind of gives you an idea of the number of people  
18 who have contacted VA.

19 **MR. ENSMINGER:** You know, this claim process,  
20 Brad, you touched on it about, you know, a presumptive  
21 status for Camp Lejeune, and Ms. Raab touched on the  
22 fact that people said that the law didn't go far  
23 enough. Well, you know, I agree the law didn't go far  
24 enough, but have you ever tried to get a law passed?  
25 I mean, it is hell to try to get a bill passed through

1 Congress. And it took a lot of compromise on  
2 everybody's part to get that law passed. But my view  
3 was that something is better than nothing. And you've  
4 got to get your foot in the door.

5 Look at Agent Orange. How many years did it take  
6 to get anything on Agent Orange, and now it's become a  
7 monster. I agree with you. I mean, it's gotten out  
8 of hand. But with Camp Lejeune, when you have a law  
9 that says, okay, if you were a veteran, you were  
10 stationed there, you were poisoned while you were on  
11 active duty. So we're going to provide you  
12 healthcare. But yet you still got to go prove service  
13 connection to get the rest of your benefits. How's  
14 that work? I mean, you already -- they're already  
15 admitting that they were poisoned while they were on  
16 active duty, to give them healthcare. Why do they  
17 have to jump through all these hoops? And see, that's  
18 one of the issues I'm taking back to Congress, to  
19 prove a presumptive disability for these veterans.

20 **DR. WALTERS:** Mr. Ensminger, the law basically  
21 said, in the first paragraph, that VA will provide  
22 healthcare for these 15 conditions --

23 **MR. ENSMINGER:** I know that.

24 **DR. WALTERS:** -- irrespective of the science. So  
25 nothing was -- there is -- the law does not prove one

1 way or another whether there is an association between  
2 these 15 conditions and the water contamination. They  
3 said there was water contamination. VA will provide  
4 healthcare for these 15 conditions. But it  
5 specifically said there is no scientific evidence, as  
6 of yet, of a connection. That's what VBA means  
7 according to the law.

8 **MR. ENSMINGER:** TCE and benzene and vinyl  
9 chloride are all known human carcinogens.

10 **DR. WALTERS:** But there has to be enough dose.  
11 And there hasn't been proven -- no one knows what the  
12 dose was, if it was high enough to cause human  
13 disease.

14 **MR. ENSMINGER:** But I know --

15 **DR. WALTERS:** And that's why ATSDR is doing these  
16 epidemiological studies.

17 **MR. ENSMINGER:** Well, we need a cancer incident  
18 study.

19 **MR. PARTAIN:** Well, when you're referring to  
20 dose, I mean, a human carcinogen, and I'm not a  
21 scientist or doctor, but it's a kind of a roll-the-  
22 bones type thing. If you were exposed to carcinogen,  
23 there's a percentage. Even I mean, the EPA runs their  
24 risk assessments based on exposure from, you know,  
25 from exposure 1. Now, I know there was a train of

1 thought, back four or five years ago, that there was a  
2 certain level -- you know, one train of thought came  
3 out in toxicology that there was a certain level that  
4 you can find to where risk started at that dose level  
5 or higher. But my understanding is that the EPA has  
6 always been that risk begins at exposure 1. It's  
7 just, you know, how many times --

8 **MR. ENSMINGER:** Pathway.

9 **MR. PARTAIN:** Is there a complete pathway. So  
10 are you saying that the VA is looking at a specific  
11 level, that once you hit that level 1, you have a risk  
12 or -- that confused me when you said that.

13 **DR. WALTERS:** No, we're looking for scientific  
14 evidence that there was an additional -- that there  
15 were adverse health effects from exposure.

16 **MR. ENSMINGER:** What do you have for Agent  
17 Orange? What are you using for scientific evidence?

18 **DR. WALTERS:** We have the -- part of the Agent  
19 Orange law. The Institute of Medicine --

20 **MR. ENSMINGER:** That's not signed.

21 **DR. WALTERS:** The Institute of Medicine does,  
22 every two years, a review of the scientific published  
23 literature. So for example in Seveso, Italy, back in  
24 the 70s there was an explosion of an insecticide  
25 plant. And so they looked at the health -- the

1 incidence of adverse health effects in the population  
2 around Seveso, Italy.

3 So IOM provides us, the NCR report provides VA a  
4 list of diseases in these various categories, limited  
5 suggestive. And most of the diseases there's no  
6 effect or limited suggestive. For Agent Orange there  
7 are two diseases that are, we absolutely know,  
8 causative. The rest of it is limited suggestive.  
9 That's what, going back to my point of proving  
10 causation is extraordinarily difficult.

11 **MR. PARTAIN:** When you're talking about a small  
12 town an explosion of insecticide plant, well, there  
13 was a small town in Massachusetts that was supplied  
14 TCE and PCE through the drinking water supply. They  
15 had the same types of cancers, including male breast  
16 cancer, leukemia and the things that we saw with TCE  
17 that we're seeing at Lejeune. That was scientifically  
18 --

19 **DR. WALTERS:** And the NCR report looked at that.  
20 So, you know, the IOM did look at the scientific  
21 literature and comes to these, you know, conclusions.

22 **MR. PARTAIN:** Yeah, but the NRC report...

23 **MR. STALLARD:** Is this a perfect segue for  
24 talking about the health studies?

25 **MR. ENSMINGER:** Well, it's a perfect segue into a

1 proposed study that I want to propose, and I've been  
2 rebuffed every time I've brought it up, but we have  
3 two cohorts identified at Camp Lejeune that have been  
4 identified -- all the people are identified through  
5 the DMDC and through the in utero survey, with the in  
6 utero studies being done on, and where would -- why  
7 would it hurt to take those two cohorts, that have  
8 already been identified, and let's do a cancer  
9 incidence rate study on those two cohorts.

10 **MS. BLAKELY:** I have a question when you're done.

11 **MR. ENSMINGER:** And we're doing a mortality study  
12 on the '75 through '85 or '87 cohort of active-duty  
13 people. However, because of, thankfully, because of  
14 some of the treatment protocols and treatment  
15 processes that have been devised today, a lot of these  
16 people haven't died. So they're not going to show up  
17 in a mortality study.

18 The in utero population that stopped at 19, let's  
19 follow these people. How many of these people were  
20 actually diagnosed with cancer, what kind of cancer  
21 were they diagnosed with, and let's see them. Let's  
22 do that. I mean, it's not going to be that difficult.

23 I mean, I've had the survey, which is supposed to  
24 come out in 2014 thrown back in my face, but the  
25 survey is a self-reporting survey. You know what's

1           going to happen with that. I do. They're going to  
2           have all that the detractors trying to say that  
3           self-reporting survey, is no good. If we could do a  
4           cancer incidence study through the cancer registries,  
5           these people don't even have to be contacted, OMB  
6           doesn't have to get involved in it. And you already  
7           have the identifying information on these people. I  
8           mean, it would be -- well, I've also had it thrown  
9           back in my face that the cancer registries for all 50  
10          states and the territories, a lot of them refuse to  
11          cooperate with these kind of studies. That's fine.  
12          Let's identify that through this study. And then, and  
13          then I can take that ammunition to Congress, and  
14          Mr. Dingell was very, very interested in this, to take  
15          and propose and create a national cancer registry that  
16          is a one-stop shop for researchers, for in the future,  
17          and put it in law and fund it. 'Cause we do not have  
18          a useful national cancer registry at this time.

19                 **MR. STALLARD:** Go ahead, Robin.

20                 **DR. IKEDA:** I'm sorry, my only comment was to  
21          thank you for the suggestion, and I know that Perri  
22          wants to say something about related activities.

23                 **MS. RUCKART:** I just wanted to remind you that  
24          everything you said, and there's a lot of, you know,  
25          truth in what you said. But except for the health

1 survey, we are confirming the diseases of interest.  
2 So people are self-reporting them but we are seeking  
3 confirmation. I just want to remind you. I know you  
4 know that.

5 **MR. ENSMINGER:** Yeah, but I mean, how many of  
6 these people didn't report it, didn't fill out that  
7 survey?

8 **MS. RUCKART:** Well, that's an issue, too, but as  
9 far as the people who did report a cancer, we're  
10 sending their names to all the registries that we're  
11 working with. So let's say somebody reported they had  
12 cervical cancer, we're going to send their name to the  
13 registry and we're not just asking the registry to  
14 confirm cervical cancer, just any cancer. So I'm just  
15 letting you know that, just reminding everybody, you  
16 know, there's some merit in what you're saying but I  
17 just wanted to let you know about our health survey.

18 **MR. ENSMINGER:** But once again, it's your  
19 detractors, the opponents of any study that you're  
20 going to come up -- or any results that you're going  
21 to come up with from that survey are going to claim  
22 it's self-reporting; it was biased. And they can't  
23 say that if you take these two cohorts that we already  
24 have identified, and just run a cancer incidence study  
25 on those people. I mean, how hard can it be?

1           **MR. PARTAIN:** That's one of the big problems that  
2 we're facing and, you know, the feedback -- the  
3 kickback we get from the Marine Corps and the Navy:  
4 Well, there's no science out there. And rightly so,  
5 we shouldn't experiment on people. But here we have a  
6 letter mentioned, we have a known exposure, we have a  
7 known pathway, we have a defined population, and you  
8 have two cohorts, the, you know, the children and the  
9 adults.

10           And here you have an opportunity to take a --  
11 take this tragedy and make something scientifically  
12 useful, that can help other communities, other people,  
13 because this problem is not confined to Camp Lejeune.  
14 I mentioned Woburn earlier, okay. And this will  
15 answer the question, you know, that VA is struggling  
16 with. Is there an increase of cancer rate because of  
17 the exposures at Camp Lejeune? You know, people like  
18 me, I'm a survivor. I'm not picked up in the  
19 mortality study, thank God, but and I'm not picked up  
20 in the in utero study even though I was born at Camp  
21 Lejeune because my cancer was diagnosed after the age  
22 of either 19 or 21. So the statistic of me as a male  
23 breast cancer survivor and my exposure to TCE, PCE,  
24 vinyl chloride and benzene in the drinking water while  
25 I was conceived and born, means nothing. And there

1 are thousands of other children who were both born on  
2 the base and dependents on the base, that have these  
3 exposures, that are still alive today, that have  
4 survived cancer.

5 I mentioned before I know five children who were  
6 born at the base in Tallahassee, where I live. Three  
7 of us had cancer before the age of 40. One was born  
8 with a severe neurological problem, and only one, who  
9 was in his early 30s, has been cancer-free so far. I  
10 mean, that's the purpose of doing a cancer incidence  
11 study.

12 Science is saying we don't have any answers, you  
13 know, there's no, what there's, what, four proven or  
14 four laws in science. Science is an educated guess  
15 and always changes. I keep hearing over and over  
16 again that science can't tell us; science can't do  
17 this. Well, if you don't look at the problem, if you  
18 don't address the question and investigate, then no,  
19 you're not going to find anything.

20 **MR. ENSMINGER:** I mean, the Marine Corps has that  
21 statement on their website to this very day, that  
22 science cannot prove that these people's exposures at  
23 Camp Lejeune caused their cancer or their health  
24 effect. And, you know, here we have a chance to do  
25 this and let's take a look at these two cohorts.

1           **MR. PARTAIN:** Science can go through -- you know  
2 what, I'll just say this. If they do a cancer  
3 incidence study and go through and they find what I  
4 know, that there is a link to these chemicals to  
5 exposure, and it helps other people and helps move  
6 science forward to understand what we're doing to the  
7 environment, then when I do go to my grave, I will  
8 know that what happened to me had meaning and, you  
9 know, it's never worth it, but at least it meant  
10 something. It did something to better other, others  
11 who will come after me.

12           And, you know, that's -- we have got to look at  
13 this. There are too many people with cancer; I get  
14 emails and calls. Every day -- I got a call in the  
15 airport when I was flying up here Wednesday, from a  
16 woman whose husband died of lung cancer, who worked  
17 with the chemicals; he was a mechanic. And, you know,  
18 it was a cancer -- it was a rare type of cancer, I  
19 haven't got all the information, and we did this --

20           **MR. ENSMINGER:** Just this year alone, we've had  
21 people dropping like flies, dying. Camp Lejeune  
22 victims. I got an email last evening when I got to my  
23 room, Sherry Tomlin, who we helped to get her VA  
24 benefits. She's a retired major in the Marine Corps.  
25 She died. She died in April. And her friend that I

1 met at one of the screenings for the documentary, sent  
2 me an email just to let me know. I had no idea that  
3 she had died. These people are not showing up in the  
4 mortality study because the cut-off was, what, 2008?  
5 I mean, so we got five years.

6 **MR. STALLARD:** Okay. Point well taken. We're  
7 going to move to the health studies. Mary, I have to  
8 acknowledge you. I need to find out who's on the  
9 phone.

10 **MR. TOWNSEND:** Hey, Chris?

11 **MR. STALLARD:** Okay, so hold on. Just a moment,  
12 Tom. Let me clear up some things and then we'll get  
13 right to you.

14 So Frank, will you be able to address, when you  
15 start talking about the health studies, which is next  
16 on the agenda, what you've heard from Mike and Jerry,  
17 okay? And then Mary, do you have something related --

18 **MS. BLAKELY:** Yeah.

19 **MR. STALLARD:** -- to the topic that Jerry brought  
20 up?

21 **MS. BLAKELY:** Yeah, well, he mentioned Agent  
22 Orange, and I'd also like to apologize if I said  
23 anything that upset you. I did not bring that out to  
24 upset anybody at the table. It's just that Agent  
25 Orange, as you mentioned, my father died of.

1                   **MR. ENSMINGER:** A lot of people have.

2                   **MS. BLAKELY:** On January 5<sup>th</sup> of 2012.

3                   **MR. ENSMINGER:** Yeah, a lot of people, yeah.

4                   **MS. BLAKELY:** And the difference between this  
5 incident and that one is there were no lawyers  
6 involved. And I'm not saying anything directly to  
7 you, I'm just saying that --

8                   **MR. ENSMINGER:** Let's just drop it. Drop it  
9 there.

10                  **MS. BLAKELY:** No, I would really like to --

11                  **MR. ENSMINGER:** No, we need to drop that. I  
12 mean, if you're getting into the legal aspect of this  
13 thing --

14                  **MS. BLAKELY:** I just wanted to clear up that I  
15 didn't bring that up to upset you or to accuse you of  
16 anything.

17                  **MR. STALLARD:** All right, thank you, thank you.  
18 We're cool, right?

19                  **MR. ENSMINGER:** Yeah.

20                  **MR. STALLARD:** Good. All right, Tom?

21                  **MR. TOWNSEND:** Yeah.

22                  **MR. STALLARD:** We can actually hear your voice  
23 speaking from the ceiling.

24                  **MR. TOWNSEND:** Okay, I have a question for the  
25 lady from the Veterans' Administration.

1                   **MR. STALLARD:** That's Dr. Walters.

2                   **MR. TOWNSEND:** Okay, my -- I was exposed to Camp  
3 Lejeune. I lost my wife five years ago as a result --  
4 her autopsy -- no, the result, result of exposure to  
5 the junk at Camp Lejeune, and I lost a son at 18  
6 months in late '67. I am currently diagnosed with a  
7 pretty severe case of neuropathy. I am interested --  
8 I have my claim, my claim was at the Board of Veterans  
9 Appeals, and got snatched away by the Louisville mob,  
10 and I, too, got a VA study, the Vietnamese doctor in  
11 Colorado. What the hell is going on? We have, we  
12 have people out in Idaho, where I live, Washington  
13 State, that can do the same damn thing. Why am I  
14 being looked at on paper by a quack, a Vietnamese  
15 quack, in Colorado?

16                   **MR. STALLARD:** Okay, Tom, let's not cast  
17 aspersions on --

18                   **MR. ENSMINGER:** Ethnic.

19                   **MR. STALLARD:** -- on ethnic or national or  
20 cultural identity. Let's stick to the facts about why  
21 is it that your case has been referred to some place  
22 far away --

23                   **MR. TOWNSEND:** Yeah.

24                   **MR. STALLARD:** -- with no connection to you,  
25 okay?

1                   **MR. TOWNSEND:** Yeah.

2                   **MR. FLOHR:** Hey, Tom, this is Brad. I think I  
3 mentioned earlier, what we decided to do, in order to  
4 improve consistency of the decisions that we're making  
5 and make sure that the most qualified individuals are  
6 providing us with opinions, is that VHA identified a  
7 certain number of what it referred to as subject  
8 matter experts, and when we get a claim that goes to  
9 Louisville and needs a medical opinion, Louisville  
10 then refers that to an office in VHA, and VHA assigns  
11 that to a specific subject matter expert. Then we  
12 send the claims file, with the request for an opinion,  
13 to that expert. That expert certainly may not be  
14 where you live. Because you don't need to be examined  
15 when we give a medical opinion; it's just a review of  
16 evidence. It's not required or necessary that the  
17 file be done where you live. So we send those around  
18 to SMEs around the country, 'cause they are the best  
19 qualified people to provide opinions in the VHA.

20                   **MR. TOWNSEND:** Dr. Pham made some derogatory  
21 comments in his statements, in his examination of the  
22 record, and I resent that bitterly. He has not  
23 examined me, and then he makes jokes about  
24 examinations that I've had by other -- by urologists  
25 in my regional area, and I had to complain bitterly to

1 the Louisville VA regional office. And I'm not  
2 getting any satisfaction. I'm about to go back to the  
3 Board of Veterans' Appeals and see what the hell is  
4 going on or get in contact with my congressman.

5 Why do you allow your contract physicians to make  
6 snide comments in a medical report that you will  
7 finance?

8 **MR. FLOHR:** They're not contract positions.  
9 These are VHA employees. And I can't comment on the  
10 medical opinion as I haven't seen it.

11 **MR. TOWNSEND:** Well, where would you like me to  
12 send it, to the Inspector General?

13 **MR. FLOHR:** Is your claim with the Board of  
14 Veterans' Appeals right now?

15 **MR. TOWNSEND:** Hell no. You took it away from  
16 the Board of Veterans' Appeals and brought it down to  
17 Louisville. It's been in place for over six years.

18 **MR. FLOHR:** Wasn't that at your request, to get  
19 it back from the Board --

20 **MR. TOWNSEND:** What's that?

21 **MR. FLOHR:** Was that not at your request that it  
22 get brought back from the Board so you can get another  
23 medical opinion?

24 **MR. TOWNSEND:** I was waiting at the Board of  
25 Veterans' Appeals for some time, two or three years,

1 and then all of a sudden I find it's not at the Board  
2 of Veterans' Appeals; it's at Louisville RO. And then  
3 I get the data from Dr. Pham, who makes snotty  
4 comments about my neuropathy, and I'm still waiting  
5 for answers from Louisville. This is ridiculous.  
6 I've had a claim in for five or six years.

7 **MR. FLOHR:** Well --

8 **MR. TOWNSEND:** What, what is going on?

9 **MR. FLOHR:** It has been denied, I guess, and  
10 that's why it's at the Board of Veterans' Appeals.

11 **MR. TOWNSEND:** It's not at the Board of Veterans'  
12 Appeals now.

13 **MR. FLOHR:** Well, it's going back to the --

14 **MR. TOWNSEND:** It's in Louisville.

15 **MR. FLOHR:** It's going back to the Board, I would  
16 imagine.

17 **MR. TOWNSEND:** Well, not until Louisville answers  
18 what the hell is going on.

19 **MR. FLOHR:** Tom, we'll take a look at it, see  
20 what's going on.

21 **MR. TOWNSEND:** Now, who is this talking with me?

22 **MR. FLOHR:** This is Brad.

23 **MR. TOWNSEND:** Who?

24 **MR. FLOHR:** Brad Flohr.

25 **MR. STALLARD:** Brad, from our VA representative

1 here, Tom. I'd like to encourage that the documents  
2 you're speaking of, Brad would need to see, or someone  
3 within his office, in order to understand --

4 **MR. TOWNSEND:** Well, where the hell is Brad?  
5 Where is he? Is he in DC?

6 **MR. FLOHR:** Yes.

7 **MR. TOWNSEND:** Well, why don't you contact the  
8 bloody VA in Louisville? They have tons of paper. I  
9 have been sending them wads of paper.

10 **MR. FLOHR:** We'll do that, Tom.

11 **MR. TOWNSEND:** Yeah, please. And I'd like  
12 somebody to contact me and tell me what the hell is  
13 going on with you guys. And I want to raise hell  
14 about this in a congressional or (unintelligible).  
15 'Cause this is just bullshit, that I've had a claim in  
16 for five or six years now, and I still haven't  
17 (unintelligible).

18 **MR. STALLARD:** So, Brad what do you need other  
19 than his name? Do you have access to his Social  
20 Security Number? Okay. So that's an action item,  
21 Tom, that's been put out there, to clarify your  
22 situation.

23 **MR. TOWNSEND:** Yeah, well, I'm not satisfied with  
24 the VA so -- I've been a VA customer since 1975. And  
25 I think the VA has got stuck with a real problem but

1           you're screwing it up out of Louisville. They're  
2           overtaxed and understaffed. So I look forward to  
3           hearing from somebody, especially Louisville and/or  
4           Brad.

5           **MR. STALLARD:** Well, thank you for sharing with  
6           us your concerns. And it's good to hear your voice,  
7           now that we can hear you. Thank you, Tom.

8           **MR. TOWNSEND:** Yeah, thank you, guys.

9           **MR. STALLARD:** Okay. We are now going to move  
10          into the health studies update.

11          **UPDATES ON HEALTH STUDIES**

12          **MS. RUCKART:** Okay. I think this is a good point  
13          or a good place in the agenda to bring up some good  
14          news. Jerry's been really awaiting the good news. So  
15          after ten-plus years, I'm happy to report that the  
16          draft final report of the case control study on birth  
17          defects and childhood cancers was approved by the  
18          agency, and it was submitted to the journal  
19          Environmental Health Perspectives last Friday,  
20          April 26th.

21          **MR. ENSMINGER:** Can we all get up and do the  
22          boogie dance now?

23          **MS. RUCKART:** I would love that. And the agency  
24          is finalizing its communication plan surrounding the  
25          impending publication of that article.

1           **MR. ENSMINGER:** Has the journal accepted it?

2           **MS. RUCKART:** Well, I just submitted it on  
3 Friday. It's a process. The email I got back from  
4 them, just a basically like a form email, just says --

5           **MR. ENSMINGER:** We got it.

6           **MS. RUCKART:** -- they're acknowledging that they  
7 received it, and that they meet on Wednesdays to  
8 triage it so if it's received by Monday. So I sent it  
9 on Friday. They were meeting this past Wednesday to  
10 make decisions about which papers they want to go  
11 forward with for peer review, because out of all the  
12 papers they get, they don't move forward with all of  
13 them. But I don't expect to hear back for a while  
14 here, you know, a month, two, but of course we'll be  
15 keeping you informed of the status of that.

16           **MR. ENSMINGER:** I certainly hope that an issue as  
17 big as Camp Lejeune has been -- I mean, as far as big,  
18 I mean the numbers of people that were exposed to the  
19 levels of contaminants that were involved. I think  
20 that I'm very confident that they would take this on,  
21 I hope.

22           **MS. RUCKART:** Yeah, I feel confident that they'll  
23 move it forward but we still have to go through the  
24 process of having their peer reviewers provide us  
25 comments, addressing those, and hearing what their

1 publication schedule is.

2 They have an online publication date ahead of  
3 their print version, so that speeds it up a little bit  
4 from what it used to be before journals did things  
5 like that.

#### 6 **MORTALITY STUDY**

7 As far as the mortality study, the draft final  
8 report for the former active duty personnel has been  
9 submitted for CDC and ATSDR clearance, and we're  
10 preparing the final draft for the former civilian  
11 workers. It was just too much to have all that  
12 analyses in one publication, so things are moving  
13 along there.

#### 14 **ADVERSE PREGNANCY OUTCOMES**

15 As far as the reanalysis of the adverse pregnancy  
16 outcome study, we're just in the final stages. Frank  
17 and I are finalizing a draft report to submit for  
18 clearance, so also moving along.

#### 19 **HEALTH SURVEY**

20 As far as the health survey, we touched on some  
21 of this, this is just a reminder for people on the CAP  
22 and may or may not be a reminder for the audience at  
23 large here, but we're continuing the process of  
24 confirming the diseases of interest that were reported  
25 in the health survey. We're going to be doing that

1 through medical records and confirmations from cancer  
2 registries, both state and with the VA. We're  
3 pursuing that.

4 We're trying to confirm 8,117 cancers and 14,312  
5 diseases for a total of 22,429 conditions in 16,642  
6 people. These numbers were provided to you by email.  
7 They have not changed. We're still in that process.

8 I want to just remind you that we can only move  
9 forward with seeking confirmations for those people  
10 who have signed HIPAA forms, that's the Privacy Act  
11 thing, so that's moving along. The contractor will be  
12 finished with that process in September.

13 **DR. BOVE:** I just want to emphasize, we can't  
14 send their names to cancer registries until they fill  
15 out that form.

16 **MS. RUCKART:** And as I mentioned before, with  
17 these cancers that we're trying to confirm, all the  
18 names are going to be sent to all the registries that  
19 we're working with, for people who have signed the  
20 forms. We're working with 13 state cancer registries.  
21 As you know, it's hard to get everybody onboard so the  
22 contractor targeted those registries with the largest  
23 number of people residing in those states. So we'll  
24 get like the most bang for the buck. So with  
25 everybody who signed a HIPAA form, all those names

1 will be sent to all cancer registries so we can pick  
2 up cancers from states that they're not currently  
3 living in, if they lived in those previously, or a  
4 cancer that they misreported or didn't report. And if  
5 you'd like, I can review the list of the cancers and  
6 the other conditions that we're moving forward with.

7 **MS. BLAKELY:** I have a question. You mentioned  
8 the infant mortality studies, and Mike, so you have  
9 copies of all the infant death records yourself, that  
10 were collected before I collected mine?

11 **MR. PARTAIN:** No. I haven't got anything that  
12 you turned in from the files that I had.

13 **MS. BLAKELY:** I mean that Jerry had.

14 **MR. PARTAIN:** Well, Andrea Byer and I did  
15 probably about three years ago. We found some online  
16 death certificates from the state of North Carolina.

17 **MS. BLAKELY:** Online?

18 **MR. PARTAIN:** Yeah, they were online for -- it  
19 wasn't --

20 **MR. ENSMINGER:** It was from a registered deeds  
21 office.

22 **MR. PARTAIN:** Yeah, it wasn't very many but we  
23 found a group of them.

24 **MR. ENSMINGER:** It was -- matter of fact it was  
25 the kids that were born -- the kids that died that

1 were buried at the Jacksonville cemetery.

2 **MS. BLAKELY:** Turn your mic on.

3 **MR. PARTAIN:** Okay. And anyway we got a section  
4 of it. It wasn't a lot. But we did find some. And I  
5 tried to get them to you at one time but you were  
6 having problems with your computers.

7 **MS. BLAKELY:** Yeah. But I thought -- Jerry, I  
8 thought you mentioned that the showing of *Semper Fi* in  
9 Jacksonville, that you had copies of all the death  
10 certificates.

11 **MR. ENSMINGER:** No, we had all the ones of the  
12 kids that were in the cemetery.

13 **MS. BLAKELY:** Oh, I misunderstood.

14 **MR. ENSMINGER:** The one right across from Camp  
15 Johnson.

16 **MR. STALLARD:** All right, continuing on with the  
17 health studies update.

18 **MS. RUCKART:** Right, so let me just review the  
19 cancers and other diseases that we're seeking  
20 confirmations on. The cancers include bladder, brain,  
21 breast, cervical, colon, esophagus, kidney, leukemia,  
22 liver, lung, lymphoma, multiple myeloma, pancreatic,  
23 rectal, small intestine, soft tissue, prostate,  
24 windpipe laryngeal and throat pharyngeal cancer. And  
25 the other diseases, non-cancer, include kidney

1 disease, liver disease, lupus, scleroderma,  
2 Parkinson's, MS, ALS, aplastic anemia, persistent skin  
3 rash with hepatitis, infertility and endometriosis.

4 **MR. STALLARD:** Thank you.

5 **MALE BREAST CANCER**

6 **MR. SHANLEY:** My name is Eddie Shanley, and I  
7 have an update on the male breast cancer study. Since  
8 our last meeting we have made agreements with the VA  
9 for the data use agreement. So that's basically how  
10 we're going to securely transfer and manage the data  
11 between the VA and ATSDR. The VA has approved the use  
12 of the data for the study and CDC has approved the  
13 study.

14 So we are officially in the data collection  
15 phase. We've submitted the request to the VA cancer  
16 registry, and are awaiting their response, which will  
17 provide us with the cases and controls for the study.  
18 We are hopeful to have that within the next week. And  
19 then it's going to take us about, because we're using  
20 electronic and also hard copy records, it's going to  
21 take us about five months to collect all the hard copy  
22 data, to analyze it and to enter it into and prepare  
23 it for the analysis. But we're still pretty much on  
24 track with this study. We're hoping to have it  
25 ready -- well --

1           **MR. ENSMINGER:** Don't make any promises.

2           **MR. SHANLEY:** I'm not going to say that. So  
3 that's where we're at with that study. Any questions?

4           **MR. STALLARD:** All right. Well, great. We are  
5 right on schedule, at least in terms of the agenda.

6           We're going to break for lunch from 11:30 to  
7 12:45. I have been asked to extend an invitation to  
8 those of you who would like to sit in on the  
9 environmental film festival, I guess it is, next door,  
10 1B, where they will be screening *The Deadliest*  
11 *Tornado*, a great lunchtime video opportunity. So  
12 please be back and we will start promptly at 12:45.  
13 Okay? Thank you all on the phone. Tom, Jason, please  
14 join us in an hour and 15 minutes.

15           (Lunch recess from 11:30 to 12:45 p.m.)

16           **MR. STALLARD:** Welcome back. Let's get started.  
17 Okay. Welcome back. We have about an hour for this  
18 afternoon's session. I understand that Richard is not  
19 here, but instead Tina will be -- Forrester -- will be  
20 speaking to update us on the additional activities.  
21 You want to just briefly introduce your role here?

22           **STATUS UPDATES FOR ADDITIONAL ACTIVITIES**

23           **MS. FORRESTER:** I'm Tina Forrester, I'm the  
24 acting Division Director of Community Health  
25 Investigations group at ATSDR, and the water modeling

1 health consultation work -- petition work all falls  
2 under our division. Rick would have been here; he had  
3 surgery last week. He's getting older and he didn't  
4 get as well as he should have been by this week, so I  
5 apologize for that.

6 I do want to introduce two folks that are working  
7 on two projects on the health consultation which  
8 updates the 1997 public health assessment, is Rick  
9 Robinson -- Rob Robinson, I'm sorry. And Chris  
10 Fletcher is working on the petition request from Jerry  
11 on the soil vapor intrusion.

12 Okay, so to let you know where we are, I'll start  
13 out with the health consultation. Since the 1997  
14 public health assessment was published, new  
15 information has emerged. The water modeling effort  
16 and dose reconstruction have provided us  
17 concentrations of drinking water and a better timeline  
18 for which to evaluate the contamination against. We  
19 have learned that people were exposed to contaminated  
20 water from 1953 to early February of 1985, and based  
21 on this new information we will be developing a new  
22 health consultation. We have diligently been working  
23 on the consultation. We should have a draft ready to  
24 go into clearance early fall and ready for public  
25 comment the first part of 2014.

1           So what are we going to do in that consultation?  
2           We're going to use the data from the water modeling  
3           and the dose reconstruction effort to evaluate the  
4           historical concentrations of contaminants for the  
5           former residents and workers. We're going to look at  
6           the individuals' exposures for Hadnot Point, Tarawa  
7           Terrace and Holcomb Boulevard treatment plants in  
8           those areas.

9           The chemicals that we will be evaluating will be  
10          TCE, PCE, DCE, vinyl chloride and benzene. We are  
11          doing a more comprehensive exposure assessment this  
12          time. We are going to include different pathways  
13          including the ingestion of water, the inhalation of  
14          contaminant vapors and general absorption of the  
15          contaminants. We also will be using the most  
16          up-to-date IRIS values for TCE and PCE in the  
17          evaluation. Any specific questions on that effort?  
18          Good. Okay.

19          The second part is that we received a petition to  
20          request on Camp Lejeune soil vapor intrusion. And we  
21          are responding to three questions from a petitioner:  
22          Why was soil vapor intrusion never addressed? Was the  
23          recommended sampling from the CERCLA document 20260,  
24          feasibility study for Hadnot Point industrial area,  
25          prepared in May 1988, ever conducted? And the

1           petitioner has also requested for us to provide any  
2           kind of air quality data or sampling results for tests  
3           performed around Camp Lejeune.

4           We've been working on this effort since  
5           October the 12<sup>th</sup> of last year. As we all know there's  
6           some difficulty in retrieving data, and there's a lot  
7           of data. And there's a lot of data without indexes  
8           and dates, and we have initially found over 35,000  
9           documents of interest. We have reduced that number  
10          down to 4,377 documents of interest. Currently, and  
11          I've been pulling as many staff as I can to go through  
12          these. It's been a hand-by-hand evaluation of each  
13          document. As I said there's no dates so there's no  
14          indexes to these documents. We've looked at 455 of  
15          them so far.

16          So we are specifically looking for any soil vapor  
17          intrusion data from any source, any time, any media in  
18          any location on Camp Lejeune. Right now, out of the  
19          455, I asked the staff to concentrate on the period  
20          very specifically six years post-1988 from the report.  
21          So far we've, out of the 455, we found 43 documents  
22          that mention soil gas in one way or the other, but  
23          that's not extracting the data; it's just identifying  
24          the documents. So there's a lot of work still to do  
25          on that in order to tell you what the full universe of

1 documents are. And that's all the updates I have.

2 **MR. ENSMINGER:** Now. On the issue of vapor  
3 intrusion, have you seen the PowerPoint presentations  
4 that were put together by the Navy Environmental  
5 Health Center and Camp Lejeune's occupational safety  
6 people where they addressed the benzene contamination  
7 over top of the fuel plume?

8 **MR. FLETCHER:** I have seen several PowerPoint  
9 presentations. I'm not sure if I've seen the one  
10 you're specifically referring to.

11 **MR. STALLARD:** Who's speaking, please?

12 **MR. FLETCHER:** My name is Chris Fletcher, with  
13 ATSDR/DCHI.

14 **MR. STALLARD:** Thank you.

15 **MR. ENSMINGER:** And we've got some PowerPoint  
16 presentations in here where they had the charcoal  
17 absorption test, it's for the air. These things were  
18 completely saturated, 50,000 parts per billion in the  
19 air. When they did the test they used  
20 (unintelligible). They were completely saturated with  
21 benzene.

22 **MR. FLETCHER:** If you've got a document title or  
23 a date, I'll --

24 **MR. ENSMINGER:** I've got the document right here.

25 **MR. FLETCHER:** Okay.

1                   **MR. ENSMINGER:** Let me go to my file and I'll  
2 find it and I'll call it up for you, and when I signal  
3 to you, you come on over.

4                   **MR. PARTAIN:** And the documents that you all have  
5 identified and discovered are public documents and you  
6 gave us a list of them that you found and stuff, we'd  
7 like to go through them, too.

8                   **MR. FLETCHER:** Everything that I've received so  
9 far has been directly from the Marine Corps and their  
10 databases.

11                   **MR. PARTAIN:** From the USD files? What database  
12 were you pulling from?

13                   **MR. FLETCHER:** There's a list of seven different  
14 databases, I think, that I've gone through. I can  
15 probably dig those up and provide those to you.

16                   **MR. PARTAIN:** Do you have any of those  
17 computerized, like an index sheet computerized showing  
18 what documents you received from them, something that  
19 we can reference to?

20                   **MR. FLETCHER:** We do. But I believe, because the  
21 Navy holds those, I have to send them back to them to  
22 be redacted before we can share them publicly.

23                   **MR. PARTAIN:** You know, start with an index would  
24 be nice so we can start looking through what we got  
25 and see what's in there too.

1           **MS. FORRESTER:** Okay. We'll have to make sure we  
2 follow the rules and FOIA Information Act and  
3 everything else, but we'll get back to you on how we  
4 can give you the information.

5           **MR. PARTAIN:** 'Cause it is a serious issue. The  
6 lady that Jerry brought up who passed away suddenly,  
7 she worked in, what was it, building 1101 or -2?

8           **MR. ENSMINGER:** Both.

9           **MR. PARTAIN:** Both. Which is one of the data  
10 processing center. She worked there during that time  
11 period (unintelligible).

12           **MS. FORRESTER:** Any more concerns, Jerry?

13           **MR. ENSMINGER:** Well, and you know, we found  
14 these court-recorded minutes from these technical  
15 review committee meetings, which were predecessors to  
16 what we know as today as the RAB, restoration advisory  
17 board meetings, where they made public announcements  
18 that they were going to execute these air quality  
19 samples in all these different buildings that were  
20 located over top of plumes. They even identified the  
21 building numbers in some of the other documents that  
22 we found, and I've had the media go after them to find  
23 the results of those air quality samples, and they beg  
24 off that they don't have them.

25           Well, this stuff was supposed to have been done

1 in 1988 and '89. Their file retention from '88 would  
2 have meant three years or four years from that point  
3 they were required to maintain any of those results,  
4 so that would have been 1992 or -3. And their same  
5 response back to the reporters that were requesting  
6 this stuff, the query, was: We can't seem -- we've  
7 done an exhaustive search of our files but we just  
8 can't seem to locate anything. But because those  
9 documents were so old, that happened so many years  
10 ago, just because we can't find them, doesn't mean we  
11 didn't do them.

12 Well, I got news for 'em, Camp Lejeune was  
13 declared a superfund site in October of 1989. So they  
14 are required by law to maintain any documents that  
15 pertain to any contamination for 50 years. They, they  
16 need to provide them. And they need to find that and  
17 if they can't find the results of those air quality  
18 samples in those buildings, then show us the contract,  
19 'cause they didn't have the capability to do them.  
20 They had to contract out somebody to come in to do it.  
21 Let's find the contract.

22 **MS. FORRESTER:** As I told you we are starting  
23 from 1988 forward, look at six years from that date to  
24 see how close in time their article imports to that  
25 very specific document, and that's what we're

1 concentrating on right now.

2 **MR. ENSMINGER:** Say it again?

3 **MS. FORRESTER:** I said, we are starting with the  
4 documents from 1988 through about 2005 first 'cause  
5 those should be the ones closest in reference to the  
6 report. And like I told you, it's a hand evaluation:  
7 You go page-by-page, 'cause we don't have dates on  
8 them, and we have to read all the text in order to  
9 understand what's in each of these reports. It's very  
10 labor intensive.

11 **MS. BLAKELY:** Jerry, wasn't the state of North  
12 Carolina supposed to help with that? I mean, I don't  
13 have the documents with me but it seems like I read  
14 that, at some point, the state of North Carolina was  
15 supposed to help with the testing?

16 **MR. ENSMINGER:** Not on the vapor intrusion. They  
17 didn't have any capabilities. The Marine Corps and  
18 Department of the Navy said that they were going to go  
19 out and contract out to a contractor to come in that  
20 had the capability of doing it. And they made that  
21 announcement at an EPA required meeting, and it was  
22 court-recorded, just like he does over here. It's in  
23 the minutes. We've got the minutes. They're in the  
24 document files. But, no results.

25 **MS. FORRESTER:** Chris can update you. We have

1           been in contact with the state?

2           **MR. FLETCHER:** That's correct. We have contacted  
3           the state of North Carolina and spoken with their  
4           point person on the site. What I was told from him,  
5           and I can't recall his name off the top of my head,  
6           I'm sorry, is that he kind of oversees ongoing  
7           activities for soil vapor extraction and other  
8           investigations related to soil vapor work at Camp  
9           Lejeune and kind of approves them for the state for  
10          the use of documents, for the use of data collection  
11          procedures. But the way they explained it to us,  
12          North Carolina isn't doing anything independently of  
13          EPA or Camp Lejeune contractors to mitigate any  
14          current exposures.

15          **MR. ENSMINGER:** Well, if you guys need our help,  
16          I can get you points of contact who worked at the Camp  
17          Lejeune fire department; they're retired firefighters  
18          that were called over there numerous times to evacuate  
19          these buildings because they had reached the explosive  
20          levels. They had to get the people out of there.  
21          Somebody threw a light switch in there and it sparked.  
22          That building could have blown up, several of them.  
23          So if you need help with any of that, you know,  
24          people's contact information or interviews, I'd be  
25          glad to assist you. Michael or I.

1                   **MS. FORRESTER:** Thank you.

2                   **MR. ENSMINGER:** And here's that PowerPoint  
3 presentation.

4                   **MR. STALLARD:** You want to email it?

5                   **MR. ENSMINGER:** No, I don't want to.

6                   **MR. STALLARD:** Okay.

7                   **MR. ENSMINGER:** I can. I can, I can.

8                   **MR. STALLARD:** Okay. Are there any other  
9 questions, then, for this topic?

10                  **MS. RUCKART:** Before we go to the next topic, can  
11 we just check in and see who's on the phone?

12                  **MR. STALLARD:** I would like to do that, yes. So  
13 welcome back to those who are on the phone right now  
14 in the speakers in the ceiling. Could you please just  
15 check in, tell us who's on? They're on mute. Okay,  
16 well, I hear no voices but we heard beeps so you might  
17 be on mute; I'm not sure. Yeah, that's a good point.  
18 Make sure we didn't go back to that system that kept  
19 them from speaking.

20                  **CAP UPDATES/COMMUNITY CONCERNS**

21                  All right, then. This is our opportunity to move  
22 forward into the agenda where we're asking for our  
23 updates. Who's just joined us? Okay. So this is an  
24 opportunity for the CAP members to apprise us of any  
25 issues, concerns that we haven't talked about or

1 activities that they've been engaged in since our last  
2 meeting. If we don't have any questions and updates,  
3 you can put that up there so everybody can see it.

4 **MR. ENSMINGER:** Well, yeah, if you want. I don't  
5 know how to do it.

6 **MR. STALLARD:** I don't either.

7 **MR. ENSMINGER:** This is a PowerPoint presentation  
8 that was given by one of the occupational health and  
9 safety people at Camp Lejeune, a lady by the name of  
10 Glenny Schmith (ph), and she's talking about initial  
11 IH monitoring, which is industrial hygiene monitoring.  
12 (Reading): Air samples with charcoal absorbent tubes  
13 indicate high readings of gasoline vapors.  
14 Breakthrough, with quotation marks around it.  
15 Charcoal absorbent tubes were completely saturated  
16 with gasoline vapors. These were the tubes that they  
17 had testing the air inside these buildings. And like  
18 Mike said, Mary Thomly --

19 **MR. PARTAIN:** Sherry.

20 **MR. ENSMINGER:** Sherry Thomly worked in one of  
21 those buildings from 1987 through 1991. And she just  
22 passed away. She had multiple myeloma.

23 **MR. STALLARD:** All right. Yeah, Tom, welcome  
24 back.

25 **MR. TOWNSEND:** All right, so you were in silent

1 mode. No one can talk to you.

2 **MR. STALLARD:** Yeah, I was deafened by the  
3 silence actually. Tom, is there anyone else?

4 **MR. TOWNSEND:** Well, I can hear you guys now. I  
5 could hear you but you couldn't hear me.

6 **MR. STALLARD:** Well, we do now. All right, we're  
7 in talk mode.

8 **MR. PARTAIN:** Dr. Clapp, are you there?

9 **DR. CLAPP:** Yeah.

10 **MR. PARTAIN:** I don't know if you were muted out  
11 during the male breast cancer update. Did you have  
12 anything to add in to that?

13 **DR. CLAPP:** No, it's good that it's approximately  
14 on schedule, according to Eddie. The way they're  
15 going about it ^ to get the information about the  
16 patients in the control group; they're on their way.

17 **MR. PARTAIN:** Well, one thing I wanted to bring  
18 back up, Morris unfortunately isn't here, but there  
19 was a document that I was trying to find yesterday  
20 when we had our discussion. And I did talk to Morris  
21 briefly about it in the hallway about it and I showed  
22 him, it was a basis of some of our concerns. And I'll  
23 just go ahead and --

24 **MR. STALLARD:** Remember, turn off your cell  
25 phones. Make sure they're mute or stun. There was my

1 wife. Okay, go ahead.

2 **MR. PARTAIN:** Anyways, one of the concerns that  
3 we had and the basis of some of the questions we had  
4 concerning those water models had to do with some of  
5 the reports that we've read. And one of these  
6 reports, and I showed this to Morris, it talked about  
7 the vertical gradient in the vicinity of the former  
8 Hadnot Point fuel farm has been documented to be  
9 downward at a value of 0.040 between wells HPFF5 and  
10 HPFF9, indicating that the area of the former Hadnot  
11 Point fuel farm is a significant recharge area. And  
12 that's based on RCRA 1996.

13 In figures 4 and 5, vertical flow nets  
14 superimposed on a cross-section of a former Hadnot  
15 Point fuel farm site indicated a strongly downward  
16 flow component. Locations of these cross-sections are  
17 shown in figure .3, figure 4 shows that, as ground  
18 water migrates west southwest, coming out of the page  
19 towards the reader, it also moves downward, funneled,  
20 toward an area beneath monitoring well number 18. The  
21 sink, and that's where I was talking about yesterday  
22 (unintelligible), is the sink is not just a surface  
23 feature but an indication of a 3-dimensional flow  
24 pattern. The apparent groundwater sink beneath the  
25 former Hadnot Point fuel farm, that serves as a low-

1 rise entrance point for groundwater recharge.

2 And when I was asking Morris, and I was hoping he  
3 would be here to comment on it, the model itself, the  
4 bigger picture of the model, and what he explained to  
5 me, and I don't want to speak for him 'cause I'm not  
6 him, but what he was explaining in the hallway is that  
7 if there was a geological feature such as being  
8 described here, that the model would not pick that up.  
9 And it would not model that. And they would have to  
10 do something extra to account for that in the model,  
11 which would make sense, and that's one of the things I  
12 was trying to get out of him yesterday and explain,  
13 was well, if there is a geological feature that  
14 permitted a rapid recharge and allowed fuel to get  
15 into the deep aquifer, does that not change  
16 everything, and from what -- you know, it would. From  
17 what Morris explained to me during a break, you know,  
18 the model was not designed to pick that up. I mean,  
19 it's doing its job, doing everything it could but it's  
20 not, because of the small -- relatively small  
21 geographical feature that would be localized to the  
22 fuel farm, the model won't see it, but if that  
23 feature's there, it would affect the model.

24 **MR. ENSMINGER:** In other words it would have to  
25 be loaded.

1           **MR. PARTAIN:** Loaded in, what have you. So  
2 that's the heart of the questions that we had  
3 yesterday. And to me, if that does exist and is  
4 there, then, you know, the model's -- I don't know,  
5 we're going to have to figure something out.

6           **MS. FORRESTER:** Okay. And that's the only  
7 question from yesterday, was will all that load?

8           **MR. PARTAIN:** Well, that was the heart of the  
9 question.

10          **MS. FORRESTER:** Okay.

11          **MR. PARTAIN:** And we can talk about that. We'll  
12 get back -- like I said I'll get back with you and --

13          **MR. ENSMINGER:** I mean, this sink was located  
14 right at the source point or the point source of the  
15 fuel contamination. It was right there. I mean, they  
16 had monitoring wells that were on the fuel farm side  
17 of that so-called sink, that showed extremely high  
18 levels of benzene. And then they had monitoring wells  
19 further down gradient, that were on the other side of  
20 that sink, that were completely clean.

21          **MR. PARTAIN:** And in conclusion --

22          **MR. ENSMINGER:** This stuff was just dropping out  
23 of sight.

24          **MR. PARTAIN:** -- in contracted reports that they  
25 concluded the migration path was downwards into the

1 deep aquifer. And like I said, it explains -- that  
2 would explain a lot of things, including why we're  
3 seeing a lot of cancers from 1950s and 60s.

4 **MS. FORRESTER:** All right, we'll address your  
5 question and I'll make sure Morris gets back with you  
6 all and make sure we understand the question.

7 **MR. STALLARD:** Thank you, Tina. So CAP members,  
8 this is an opportunity for your updates.

9 **MR. ENSMINGER:** Well, you know, the CAP concerns,  
10 we've already brought up the need for a cancer  
11 incidence study.

12 **MR. STALLARD:** Got that.

13 **MR. ENSMINGER:** I mean, that was my biggest issue  
14 coming into this today, was that, and then some of the  
15 other issues with the decisions on -- with the VA.  
16 But everything I came in here with, the concerns I  
17 had, we've addressed.

18 **MR. STALLARD:** Okay. Thank you, Jerry. Mike?

19 **MR. PARTAIN:** I'm good. I pretty much got  
20 everything I need.

21 **MR. STALLARD:** Okay. Thank you. Frank, did you  
22 want to talk briefly about your pre-lunchtime review?  
23 They're all here and can speak.

24 **MR. PARTAIN:** Well, one thing -- I'm sorry.

25 **MR. STALLARD:** Go, please.

1           **MR. PARTAIN:** When we were talking about the CCE  
2 testing, I did ask Dr. Sinks at the break  
3 (unintelligible) but that was not an apparent  
4 (unintelligible). In fact that was not an official  
5 decree or finding from EPA; it was somebody within EPA  
6 that made the comment about that. So I just want to  
7 make that on the record that it was not an official  
8 statement from EPA that the CCE testing would to all  
9 that (unintelligible). It was a difference in  
10 opinion.

11           **MR. TOWNSEND:** Chris?

12           **MR. STALLARD:** Yes, Tom.

13           **MR. TOWNSEND:** This is Tom. Yeah, I, well, I  
14 only want the names and telephone numbers of the two  
15 people from the Veterans' Administration that spoke.

16           **MR. STALLARD:** Okay.

17           **MR. TOWNSEND:** The woman and a man.

18           **MR. STALLARD:** Yes, that was Dr. Walters and Brad  
19 Flohr.

20           **MR. TOWNSEND:** Yeah, I need their phone numbers  
21 because I'm in a contest with the VA in Louisville,  
22 and they seem to be pretty screwed up down there. So  
23 I'd like a phone call from each one of those  
24 individuals.

25           **MR. STALLARD:** Okay. We'll follow that up rather

1 than for me to transmit their phone numbers right now.

2 **MR. TOWNSEND:** That's okay. Just as long as I  
3 get it somehow.

4 **MR. STALLARD:** Okay.

5 **MR. TOWNSEND:** Thank you.

6 **MR. STALLARD:** You're welcome; thank you.

7 Dr. Clapp, any updates from your perspective? Sandra,  
8 are you good?

9 **MS. BRIDGES:** Yeah, I'm good.

10 **DR. CLAPP:** Sorry, I was on mute. I was talking  
11 into a blank phone here. So yeah, I'm looking forward  
12 to hearing the update of the review of Perri's article  
13 sent to Environmental Health Perspective and when it's  
14 available, take a look at it, and that, I'm sure, will  
15 be a great installment for the CAP.

16 I also agree with Jerry Ensminger's call for a  
17 national cancer registry. It's true we don't have a  
18 national cancer registry but we have a national  
19 program on cancer registries which provides funding to  
20 states that want to set up and maintain cancer  
21 registries; it's actually funded through the Centers  
22 for Disease Control. It's the mechanism, I think, for  
23 integrating more than has been possible in the past,  
24 record linkage to the state cancer registries.

25 **MR. STALLARD:** All right. Great, thank you so

1 much. Mary?

2 **MS. BLAKELY:** No.

3 **MR. ENSMINGER:** Hey, Dr. Clapp, I've got a  
4 congressman that's very interested in pursuing this  
5 very issue, Congressman Dingell, and this is something  
6 that I want to talk to you more in-depth about, you  
7 know, later on.

8 **DR. CLAPP:** Okay. Glad to do it.

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

10 **DR. BOVE:** Just on this topic, there is a study  
11 that was done back -- it was published in 2009, which  
12 looked at -- it was a basic feasibility study to look  
13 at data linkage, some kind of data linkage study with  
14 cancer registries, it was looking at a jet engine  
15 manufacturing work force of a couple hundred thousand  
16 workers. And they looked at -- they tried -- 27  
17 states, and in this study, I can forward it to you,  
18 Jerry and Mike, they go over some of the issues they  
19 faced in trying to get these registries to cooperate,  
20 and how many hours it took, which states cooperated  
21 more readily and which states didn't -- unfortunately  
22 my own state, New Jersey, was the worst. But it might  
23 be useful if you're going to talk to your  
24 representatives or whoever to take a look at this  
25 'cause it does go through some of the issues. And

1           it's the one study that I found at the time that  
2           really dealt with a lot of the issues.

3           There is another study that was done, this time  
4           by the VA, somewhere in here too. I can forward this  
5           one to you, too, which actually did a data linkage for  
6           the Gulf War veterans, and they used 28 registries.  
7           And what they did, because a lot of the state  
8           registries require HIPAA and consent forms, although  
9           it was unclear whether it was actually required to do  
10          so by law, they had taken that position. And we've  
11          actually been working, with the health survey, we've  
12          been working with our CDC cancer division under the  
13          national program that they just mentioned, to try to  
14          get the registries to cooperate for the health survey  
15          portion -- the verification portion of the health  
16          survey. So we are working through that mechanism.  
17          Still having some difficulties but working through  
18          that mechanism.

19          The VA was able to get 28 states to work with  
20          them but the way they did it was to get de-identified  
21          data back so they didn't have to sign anything, 'cause  
22          the forms had to be signed. They just got back the  
23          information they had. They needed to do an analysis  
24          without any personal identifiers. That might work  
25          with many of the states that require forms. It's

1           unclear -- they couldn't get all 50 states. And so  
2           there's still those issues as to, if you want to do a  
3           national study, how that would be done, given the  
4           constraints. And each registry has its own rules and  
5           processes.

6                     But, you know, as we were doing with the health  
7           surveys, as Perri mentioned, focusing on a certain  
8           number of registries where most of the cancers were  
9           reported, a similar strategy can be taken, I think  
10          that's what the Gulf War study focused on, the states  
11          with the majority of veterans. They couldn't get them  
12          all; they could get a large number of states to get a  
13          high percentage of that population; that's the  
14          strategy, okay.

15                    I did a little history work during the break to  
16          find -- to see what was said in the past, the distant  
17          past, 2005. All these documents, that are up on our  
18          website, one is the expert panel. Said there was an  
19          agreement that a study of mortality outcomes would be  
20          feasible and that a study of cancer incidence might be  
21          feasible. And requested that we do a feasibility  
22          assessment for both the mortality and the cancer  
23          incidence study. And our response back then, which is  
24          also on the website, was they would receive a high  
25          priority and we would do a feasibility assessment to

1 assess feasibility. And basically that's where  
2 it lay.

3 And during the feasibility assessment, to my  
4 recollection, the discussion also came up about health  
5 survey. I think that there was a legislator, I think  
6 had already been proposed to the legislature when we  
7 were working on the feasibility assessment so that  
8 got -- the feasibility assessment (indiscernible) so  
9 we had these back-and-forth in our heads about how the  
10 health survey would work with the cancer incidence  
11 study and whether a data linkage study makes sense or  
12 we just want a health survey or is there some mixture  
13 of the two, and it's all in there for you to look at,  
14 if you want. I'm thinking back then.

15 So that's where it lies. We're trying to finish  
16 up the study we're doing now. There is still this  
17 issue on the table which was raised before. But this  
18 might help so I'm going to forward these two studies.

19 **MR. ENSMINGER:** Getting back to 2005, we were  
20 still looking to identify cohorts. Well, we already  
21 have identified cohorts and have all their identifiers  
22 and doing this cancer incidence study would not be  
23 difficult.

24 **DR. BOVE:** Well, okay. Let's proceed just a  
25 little bit further. First we have birth certificate

1 information for that cohort. We don't have Social  
2 Security Numbers. Social Security Number's very  
3 important in this endeavor. But what you have is the  
4 name and the date of birth, which is useful, but with  
5 Social Security Number they makes it a whole lot  
6 easier, a whole lot more feasible to do, and so that  
7 cohort's going to be difficult. The cohort that's --

8 **MS. RUCKART:** Frank, also with that, for girls  
9 there's going to be a lot of name changes if we just  
10 have their maiden name --

11 **DR. BOVE:** That's why I'm saying --

12 **MS. RUCKART:** So that's why it's --

13 **DR. BOVE:** When you have name and date of birth  
14 it's very difficult; especially if you see a lot of  
15 common names, a lot of people with the same names,  
16 sometimes with same, roughly the same birth.

17 **MR. PARTAIN:** Yeah, but you found 12,000 of them.

18 **DR. BOVE:** Right.

19 **MR. PARTAIN:** And the thing that's the --

20 **DR. BOVE:** 12,000's not a large number.

21 **MR. PARTAIN:** -- the scientific value of looking  
22 at the population that is exposed from conception  
23 through birth is, I mean, you're looking at a lifetime  
24 study. The oldest of the cohort is 45.

25 **DR. BOVE:** Well, I'm not arguing against --

1           **MR. PARTAIN:** Instead of focusing on, you know,  
2 you had 12,500 or something.

3           **DR. BOVE:** Right, and as Perri mentioned, they  
4 changed their names and scattered all over the  
5 country. That's what makes it difficult. If you have  
6 the Social Security Number, that makes it a whole lot  
7 easier. It's still difficult but a whole lot easier.  
8 That's all I'm saying. Not that it's not feasible to  
9 do or anything; I'm not addressing that.

10           **MR. PARTAIN:** But the value of the science is --

11           **DR. BOVE:** Value of the science is important. We  
12 have this 100,000 children's study, national  
13 children's study, that I don't know if it's ever  
14 getting off the ground or not, but that would be  
15 helpful to science too. These are difficult studies  
16 to do but they would be helpful if they got off the  
17 ground.

18           **MR. PARTAIN:** That's true.

19           **DR. BOVE:** The other study, the other cohort,  
20 from '75, '85, we could actually -- there may be data  
21 becoming available eventually to actually expand on  
22 the cohort a little bit.

23           There's an effort, as Dr. Walters mentioned, to  
24 use the -- to digitize -- to scan digitized muster  
25 rolls, that's m-u-s-t-e-r, muster rolls, and unit

1 diaries, which where Social Security Number is the  
2 identification for the Marine or Navy personnel from  
3 '71 on, so we started the mortality study in '75.  
4 Started in '75. This would bring in additional people  
5 expanding a little bit on the past side, which is a  
6 good way to expand, 'cause that's when the  
7 contamination gets worse, 1971 particularly, so, you  
8 know, that cohort still makes sense. But if you want  
9 to do something further you have to have the Social  
10 Security Number and you have this other information,  
11 date of birth.

12 **MR. ENSMINGER:** You have all the identifiers.

13 **DR. BOVE:** You know, and again, how you would do  
14 it, it's one strategy 'cause the Veterans'  
15 Administration did their Gulf War study, and the other  
16 study tried to get registries to cooperate in getting  
17 personal identifiers, and that's where they really  
18 have the biggest difficulty. So but I'll forward  
19 those to you.

20 **MR. STALLARD:** Okay. Anything else?

21 **MS. BRIDGES:** Mike, did you say the oldest child  
22 that was conceived, carried and born at Lejeune?

23 **MR. PARTAIN:** For the purpose of the study?

24 **MS. BRIDGES:** Yeah.

25 **MR. PARTAIN:** January 1st, 1968.

1                   **MS. BRIDGES:** '68.

2                   **MR. PARTAIN:** Yeah, so it's going to be 45. I  
3                   turn 45 this year and I was born in January '68. So I  
4                   stayed in this -- the utero study, that's the oldest.  
5                   Then the youngest would be December of '85.

6                   **MS. BRIDGES:** What?

7                   **MR. PARTAIN:** The youngest child would have been  
8                   December of 1985. So that's what, 26, 27, something  
9                   like that.

10                  **MS. BRIDGES:** My son was born in '70, so he's  
11                  right behind you. And his children are right in  
12                  there.

13                  **MR. STALLARD:** Okay. Well then, we need to talk  
14                  about the next meeting and when would be the  
15                  appropriate time for that, given that we're waiting  
16                  for clearance in publications, I think, on certain  
17                  documents? Is that correct?

18                  **MS. RAGIN-WILSON:** Yes, since we're waiting on  
19                  the studies to be cleared, we thought the best thing  
20                  to do was to hold conference calls to update the CAP  
21                  on the status of those studies at this time.

22                  **MR. STALLARD:** So what I hear is that, as opposed  
23                  to an in-person meeting three months from now --

24                  **MR. ENSMINGER:** No, no, no. No, no, no. Three  
25                  months from now we'll have a meeting. When these

1 studies come out, we need a meeting. These damn phone  
2 calls ain't getting it.

3 **MS. RAGIN-WILSON:** When the studies come out, we  
4 do plan to have a meeting, but if you want updates on  
5 the progress of the studies and where they are, then  
6 by phone call.

7 **MR. PARTAIN:** Our next CAP meeting should be  
8 three months from now.

9 **DR. IKEDA (telephonically):** And this is Robin.  
10 I think the other thing that we are unclear of is  
11 exactly, you know, what would be the best time for  
12 that in-person meeting. So if we keep these telephone  
13 conferences going, then we make sure that we're on  
14 track and moving toward that in-person meeting.

15 **MR. STALLARD:** Okay.

16 **MR. PARTAIN:** But as far as like an in-person  
17 meeting in the interim, I think we should still have  
18 our CAP meeting as scheduled, but if something  
19 develops we can do a conference call or whatever --

20 **MR. STALLARD:** Mike, can you use that microphone,  
21 please?

22 **MR. PARTAIN:** I think we should still have our  
23 CAP meeting as scheduled in the three months 'cause  
24 there's a lot that happens and a lot that goes on with  
25 these meetings that we don't get in the phone calls.

1           And, you know, we need to have a meeting. Is it three  
2 months from now? August? Say late August?

3           **MR. STALLARD:** Okay, so the proposal is to  
4 schedule a meeting by -- an in-person meeting late  
5 August and in the interim continue something.

6           **MR. PARTAIN:** If there's something that comes up  
7 that we need to be apprised of, then a phone call.

8           **MR. ENSMINGER:** Well, I mean, three months from  
9 now -- we're already in May, so that's going to be the  
10 end of July and beginning of August. These studies  
11 were promised by ATSDR to Congress to be out in the  
12 spring of 2013. Well, spring is rapidly evaporating,  
13 okay?

14           **MR. PARTAIN:** Spring has sprung.

15           **MR. ENSMINGER:** And we're going to be well into  
16 the summer by the time three months comes up. So we  
17 need to go ahead and schedule the August or July or  
18 early August CAP meeting now, because those reports  
19 are going to be out, at least one of them.

20           **MR. PARTAIN:** One thing, too, is, you know, we  
21 have a lot of questions about Hadnot Point fuel farm,  
22 make it clear the questions we had are concerning the  
23 LNAPL model, not the DNAPL with the VOCs, 'cause they  
24 will -- I mean, it makes -- there was no problem with  
25 that.

1           So, I mean, I've got a lot of homework to do,  
2           Jerry does too. You know, we've got to do a lot of  
3           working, digging and reading through these books, and  
4           we're going to have a lot of questions come three  
5           months.

6           **MS. RAGIN-WILSON:** Well, we'll certainly discuss  
7           that but right now the plan is to hold calls to update  
8           you guys on the progress of the studies -- update the  
9           CAP on the progress of those studies, and when it's  
10          time to have the next CAP meeting, we will definitely  
11          schedule that. But at this moment the plan is to have  
12          regular calls.

13          **MR. PARTAIN:** Well, we've always scheduled the  
14          next CAP meeting --

15          **MS. RAGIN-WILSON:** I understand.

16          **MR. PARTAIN:** -- they're supposed to be held  
17          quarterly and at the close of the CAP meeting we  
18          schedule our CAP meetings. And, you know, I  
19          understand the phone calls, and that's appropriate for  
20          the updates and that, but that is the studies, the  
21          impending studies right now is not the sole reason why  
22          we're having the CAP meeting. We have plenty of  
23          topics to talk about, plenty of things that need to be  
24          addressed. And looking back over the past eight  
25          months, the fiascos we had in November, and then the

1 last CAP meeting, trying to get it scheduled, the  
2 delays, we need to go ahead and put it on the books  
3 that we're going to do one.

4 **MR. ENSMINGER:** I mean, we got other people  
5 coming to these meetings, the VA, I mean, they've got  
6 input, we've got questions for them. I mean, these  
7 CAP meetings were not specifically designed for ATSDR  
8 to report about a report being released, okay? These  
9 serve other areas. So all this crap about, oh, we'll  
10 just do a conference call, no, I'm sorry.

11 **MR. PARTAIN:** And they're quarterly meetings. So  
12 four a year, and three months from now is August and I  
13 don't think it's unreasonable to ask to go ahead and  
14 put it in the books that we're going to have a  
15 scheduled meeting in August. I mean, the phone call  
16 is not working for what we have.

17 **MR. STALLARD:** So I take it that you feel  
18 strongly that these are meaningful and productive --

19 **MR. PARTAIN:** Yes. I mean, I take my vacation  
20 time for the past five years, on the CAP. I have  
21 sacrificed my vacation time to come here. You know, I  
22 have to work extra and to take off time from work,  
23 paid vacation days that I could be spending with my  
24 family, to be here. If I didn't think it was  
25 important or worthwhile, I wouldn't have done that.

1                   **MS. RAGIN-WILSON:** We appreciate your attending  
2 the meetings. But as far as scheduling the next CAP,  
3 that was the plan, to do the updates until the studies  
4 are completed.

5                   **MR. PARTAIN:** But that's not the purpose of the  
6 CAP meeting.

7                   **MS. RAGIN-WILSON:** I understand your concerns, I  
8 do.

9                   **MR. PARTAIN:** That's not a concern; it's a  
10 formality. You're basically saying that the purpose  
11 of the next CAP meeting is to update the studies; it's  
12 not. There are more things going on.

13                   **MS. RAGIN-WILSON:** We just feel it would be most  
14 prudent at that time to schedule the next in-person  
15 CAP meeting when the studies are completed.

16                   **MR. STALLARD:** Okay, so we seem to have a bit of  
17 internal dialogue to have about sticking to what is  
18 the quarterly routine. And honoring what is, for you,  
19 meaningful and productive opportunities to engage with  
20 ATSDR in this forum. So rather than, at the end of a  
21 very productive day, get into policy debate, let's --  
22 we're going to discuss how we're going to be able to  
23 meet your needs, the needs of the CAP for an in-person  
24 meeting at the appropriate time, shooting for what  
25 would normally be the August time frame. Okay? So I

1 mean, that's what we have to do, talk about that going  
2 forward.

3 Anyone on the phone have anything to add as we  
4 close up today's session?

5 **MR. TOWNSEND:** I'd like it sooner than later.

6 **MR. STALLARD:** You'd like what sooner than later,  
7 your phone call from Brad and Dr. Walters, I presume.

8 **MR. TOWNSEND:** No, I'd like the CAP to have a  
9 meeting sooner than later.

10 **MR. STALLARD:** Okay. Thank you, Tom. Dr. Clapp,  
11 any comments before we close?

12 **DR. CLAPP:** No, I mean, August is a tough time  
13 for me in general; it's just like a vacation month.  
14 But other than that, I have no comments. I agree with  
15 Tom, sooner than later.

16 **MR. STALLARD:** All right. Well, I think  
17 Dr. Ikeda, if she's still on the phone, are you still  
18 on, Robin?

19 **DR. IKEDA:** I am. I'm here, I'm sorry.

20 **MR. STALLARD:** No worries. Any final closing  
21 comments before we conclude for today?

22 **DR. IKEDA:** No, I just wanted to thank everybody  
23 for joining us today and for your support and input  
24 along the way. Appreciate everybody's help. Thank  
25 you.

1                   **MR. STALLARD:** All right. Thank you. All right,  
2 then barring any further questions or comments, that  
3 would conclude our meeting for today. Thank you for  
4 your time and be sure to submit your vouchers and  
5 drive safe if you're on the road.

6  
7                   (Whereupon, the meeting was adjourned, 1:35 p.m.)  
8  
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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of May 3, 2013; and it is a true and accurate transcript of the proceedings captioned herein.

I further certify that I am neither relation nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 4th day of June, 2013.

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**STEVEN RAY GREEN, CCR, CVR-CM, PNSC****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**