THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

FORTY-FIRST MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE PANEL (CAP) MEETING

August 8, 2018

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at 1825 Century Blvd., NE, Conference Rooms 1A/1B, Atlanta, GA, on August 8, 2018.

STEVEN RAY GREEN AND ASSOCIATES
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C O N T E N T S

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

(alphabetically)

ASHEY, MIKE, CAP MEMBER
BLOSSOM, DR. SARAH, CAP TECHNICAL ADVISOR
BOVE, DR. FRANK, ATSDR
BREYSSE, DR. PATRICK, NCEH/ATSDR
CARSON, LAURINE, VA
DINESMAN, DR. ALAN, VA (VIA TELEPHONE)
ENSMINGER, JERRY, CAP MEMBER
GILLIG, RICHARD, ATSDR
HANLEY, JACK, ATSDR
HASTINGS, DR. PATRICIA, VA
HODORE, BERNARD, CAP MEMBER
KERR, PATRICIA, NAVY/MARINE CORPS
MUTTER, CDR JAMIE, ATSDR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, CAP MEMBER
REH, DR. CHRISTOPHER, ATSDR
UNTERBERG, CRAIG, CAP MEMBER
VUKASIN, MELANIE, VA (VIA TELEPHONE)

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTION, ANNOUNCEMENTS

DR. BREYSSE: Why don't we get started? Let me begin by saying welcome. I can check that off the planned item. Thank you very much for all being here today to the Camp Lejeune CAP Meeting this August 8th, 2018. So we have a tight agenda. We hope to wrap up around noon. At the end of the day I'm sure we'll receive some comments, but I'd like to make sure that you let us know how you like this venue. This is our first time we've met here.

MR. ENSMINGER: No, it isn't. This is where it originated.

DR. BREYSSE: Well Jerry, now you're going back before me. But we moved it here in an attempt to address CAP concerns about the challenges of getting on and off the CDC campus itself. I apologize for the lack of water, that wasn't part of our planning but it's interesting, we talk about water as an important source of national infrastructure and how important it is for governments to provide water and people to trust the water which is the heart of what we're doing here today. That our water infrastructure is so old, cities like Atlanta and Baltimore, Boston, and New York have

hundreds of water main breaks every day and that creates a big problem to systems, you know, we can't use the water in part because when there's a water main break, the engineers in the crowd might feel like this creates negative pressure on the system and it sucks water from places in the system that are normally stagnant and it creates a big issue with water. And so this is a problem that's plaguing cities across the country. And I apologize for that, but hopefully we have plenty of bottled water for people to drink. So there's bottled water out front.

So I'd like to ask you, we'll go around the room and introduce ourselves, and when we get to the new member, or ATSDR member, I'll say a few words before we get to him. So Mike, you want to start?

MR. PARTAIN: This is Mike Partain, I'm a community member of the CAP.

MR. UNTERBERG: Craig Unterberg, member of the CAP.

MR. ENSMINGER: Jerry Ensminger, CAP.

MR. ASHEY: Mike Ashey, CAP.

DR. BLOSSOM: Sarah Blossom, technical advisor, CAP.

MS. KERR: Patsy Kerr, standing in for Melissa Forrest from the Navy and Marine Corps Public Health

Center.

CDR MUTTER: Commander Jamie Mutter, CAP coordinator.

DR. BREYSSE: I'm Patrick Breysse, I'm the Director of the ATSDR and the Center for Environmental Health. And I'll just say a few words before I turn it over to Chris. So as you know, ATSDR is an agency established by Congress. That agency is administered by the CDC and the head of the CDC is the administrator for the agency. So since they call it an agency, the head is called Administrator like the head of the UK is the Administer of the UK, Administrator of the UK, and I'm the director, so he designates the direction that the agency might be after, technically my boss. Dr. Redfield, the head of CDC, is also the administrator for ATSDR. So I wear two hats. So I direct the Center for Environmental Health and ATSDR and that's a big job and having to split my time is always a challenge and address the competing needs of the two organizations. And a few years ago we identified the need to provide more support for me in directing the ATSDR and so we created a new position and anybody who's ever worked for our government knows that means it takes a lot of time.

So it took a year or so to get permission to fill a new position with the associate director for ATSDR and that's Chris Reh on my right. So I'm happy to say we had a national search, Chris applied for the job and he started two days ago. Right? So he's really, really fresh. So I want to welcome Chris and I'll let him say a few words about his background since he's new to you guys.

DR. REH: Thank you, Pat. Yes, I think it's day three. I started my career with CDC, actually. I was with the National Institute for Occupational Safety and Health and doing health evaluations in workplaces and at some point in that career I decided to go into the private sector, spent 17 years in the private sector working for Fortune 500 companies in water sustainability, climate protection, recycling, packaging sustainability, different -- a lot of different roles. And occupational safety and health. And at this stage I am very excited to be back with CDC. This is my first official meeting, and I think this is a great place to get my career restarted because I think the work that's being done here and the infor -- I did some of my homework about the Camp Lejeune situation and about the CAP as I was waiting for the year to

go by to get approved for this position. And I think this is very important work and I appreciate being here and am honored to be part of this.

MR. HODORE: Bernard Hodore, CAP member.

MR. GILLIG: Rick Gillig, ATSDR.

DR. BOVE: Frank Bove, ATSDR.

MR. HANLEY: Jack Hanley, ATSDR.

MR. ORRIS: Chris Orris, CAP member.

MS. CARSON: Laurine Carson, Department of Veterans Affairs.

DR. HASTINGS: Pat Hastings, Department of Veterans Affairs.

MR. ENSMINGER: Where's Erickson?

DR. HASTINGS: He is preparing for Blue Water responses to the testimony.

DR. BREYSSE: So I'll turn to Jamie for some announcements.

CDR MUTTER: Thank you, sir. So a reminder for everyone in the room is please turn off your phone or turn them to silent so we don't have any rings in the middle of the meeting. The bathrooms, if you haven't found them already, are if you go out the door that you came in, go to the guard station, there'll be a sign there to the left and then they'll be on your left. So just go to the guard

station and you'll see the sign for the bathrooms.

Emergency exits, if you go out these doors, those doors outside to the left, or if you go out the back doors behind me and go to the right there's exits this way as well.

Let's see. So if you would like to speak, I would remind our CAP members to put their name tents on end so we know who to go to first. Also, for our transcriptionist, please speak into the microphone, so if you need to adjust it in order for him to hear your name, and repeat your name before you talk. And the microphones are push to talk so you have to push until it turns green in order for them to work.

Let's see. There are vending machines. If you are thirsty there is water, as we said, but it's room temperature. So if you would like a cold beverage there's vending machines across from the bathrooms; if you're interested, there's a breakroom there.

And also, just as you're aware, you got agenda as you walked in. There is a place for community concerns at the end of the agenda, so we ask the audience to wait and hold their questions and concerns until that time on the agenda.

MR. PARTAIN: Jamie, just a quick thing. I

just got a text that apparently the livestream has audio but the images of two computer screens and two microphones but no people, so they were asking if we could be seen.

DR. BREYSSE: Make sure the camera focuses on Mike.

MR. PARTAIN: No, thank you.

DR. BREYSSE: So while we're taking care of that, before we get officially started, does any CAP member want to make any introductory remarks? If so, keep them brief.

MS. CARSON: Before you begin, this is Laurine Carson from the Department of Veterans Affairs. I wanted to let you all know, especially for the public, that we have two folks here today who are seated right out directly outside the room who would be willing to look up any statuses of claims, answer any questions about benefits. We don't have the full group of healthcare folks to deal with the family care issues and things, but if you have questions that you wanted us to take back, we can take those back and provide those to the appropriate groups. But if you're looking for your claim status, the benefit claim status for disability compensation, or if you want information about VA

benefits in general, we have two folks who are sitting at a table that says VB, Department of Veterans Affairs, directly outside.

DR. BREYSSE: Okay. Well, let's get going. Let's turn to the first agenda item, the U.S. Department of Veterans Affairs Updates.

U.S. DEPARTMENT OF VETERANS AFFAIRS UPDATES

DR. HASTINGS: On the line we should -- thank you. On the line we should have Melanie Vukasin who is with the family member program and she does have the briefing and update. And I am looking at the screens, hoping that they are going to magically pop up her presentation. I know that the presentation is in the folders that have been provided to the CAP members.

DR. BREYSSE: Our magician is working on it as we speak.

DR. HASTINGS: Oh, good. And Melanie, are you on line?

MS. VUKASIN: Yes, ma'am, I'm here.

DR. HASTINGS: Good. I know that you will have to leave us in about an hour because you have a senate VA committee that you are going to be briefing the staffers prior to the SVAC. So thank you for allowing yourself to be first on the agenda.

MS. VUKASIN: So I can go ahead and get started unless you want to wait for the slide deck to come up.

DR. HASTINGS: Can we give it about 30 more seconds? I know they're working on --

MS. VUKASIN: Sure.

DR. HASTINGS: -- bringing it up right now.

MS. VUKASIN: Sure.

DR. HASTINGS: And it looks like they're having some luck. There we go.

MS. VUKASIN: Okay.

DR. HASTINGS: So I think you're on.

MS. VUKASIN: Okay, great. So is there someone there that can advance the slides then?

DR. BREYSSE: Yes.

DR. HASTINGS: Yes.

MS. VUKASIN: Okay, perfect. All right, thanks very much. Okay, my name is Melanie Vukasin and I'm with VHA's Office of Community Care and I'll be briefing you today on the veteran and family member program for Camp Lejeune. So slide, please.

So we'll just talk very briefly about why we have the program. So the law where we've established the Honoring America's Veterans and Caring for Camp Lejeune Families Act in 2012. So

this law was enacted in August of 2012 and Section 102 requires the VA provide healthcare to veterans who served on active duty at Camp Lejeune and that reimbursement of medical care is provided to eligible family members for one or more of the 15 specified illnesses or conditions. I think we're all pretty familiar with that. And then slide, the slide deck I apologize, is one of the slide decks that it sort of advances slowly. So you've got cancers and then you've got other conditions. So as you can see on the slide, you've got a number of cancers that are listed and then you've got a number of other conditions that are not specifically listed as cancers. Slide, please.

All right. So let's talk about the veterans' eligibility. And I'll just go ahead and have you advance the whole slide so we can pull it up. Okay. So to be eligible for the VA healthcare, a veteran must have served on active duty at Camp Lejeune for at least 30 days between August of 1953 and December of 1987. So the veteran does not need to have had one of -- or does need to have had one of the 15 conditions to be eligible to receive VA healthcare. The veteran -- veterans do not need a service connected disability to be eligible as a Camp

Lejeune veteran for VA healthcare. The VA healthcare related to any of the 15 qualifying health conditions is at no cost to the veteran, that's including the copayments. And Camp Lejeune veterans are enrolled in VA healthcare and they're enrolled at a priority group six unless they qualify for a higher priority group. Next slide, please.

So as you can see, as of the 30th of June 2018, the VA has provided healthcare to about 55,000 Camp Lejeune veterans, 3200 of which were treated specifically for one or more of the 15 related medical conditions. So and again, I apologize, if you could just advance the whole slide. In response to the law, VA began providing care to Camp Lejeune veterans on the day that the law was enacted in August of 2012. To support implementation of that statutory requirement, the final regulation for the Camp Lejeune veterans was published in September of 2014. And so if you're a Camp Lejeune veteran that's interested in enrolling in the program, there's a 1-800 number that you can call and we've got that on the slide. And as I understand, everybody's got a packet so you'll be able to take that back with you. So you can call 1-877-222-8387.

DR. BREYSSE: Can you repeat that number again,

slowly?

MS. VUKASIN: Oh, yes, sir. That's 1-877-222-8387.

MR. ENSMINGER: I have a question.

MS. VUKASIN: Yes, sir.

MR. ENSMINGER: This is Jerry Ensminger, I'm a member of the CAP.

MS. VUKASIN: Yes, sir.

MR. ENSMINGER: I don't understand why -- why do you guys continue to say that you -- VA has provided healthcare to 55,072 Camp Lejeune veterans and then you say only 3,256 of which were treated specifically for one or more of the 15 specified? Why do you even put the 55,000 number up there? I mean, it wasn't from the water, so why do we even -- why do you even put it up there?

DR. HASTINGS: Melanie, if I can? Part of it is --

MS. VUKASIN: Yes, ma'am.

DR. HASTINGS: -- with regards to the Camp Lejeune veterans we assumed, and if you don't want that information, that you were interested in the fact that we know that 55,000 plus have been to Camp Lejeune and are receiving VA healthcare. If that's not a number that is of interest to you, you can

remove it.

MR. ENSMINGER: Well, I mean, if you're going to keep track of the number, then why don't you just make a Camp Lejeune registry?

DR. HASTINGS: You have a Camp Lejeune registry which is held by the Marines. They have the list.

MR. ENSMINGER: No. I'm talking about a VA registry for --

DR. HASTINGS: What do you want with a registry? What would be the purpose?

MR. ENSMINGER: To keep track of the ailments.

DR. HASTINGS: We keep track of the ailments.

MR. PARTAIN: Well, I mean, the purpose of the registry too is also for a public verification and view of what's going on or who's applying. So a veteran like someone out in the audience goes to the VA and says, and registers, they can get information from the VA too. And plus, it allows us to see from the community how many people are going and to keep some tabulation on it. I know other environmental issues have VA registries. I'm a little confused to why there's not one for Camp Lejeune with the VA. The one with the Marine Corps that you reference currently houses about 230,000 people at the last count that I remember. But as you mentioned too,

there's also control by the Marine Corps, they do not share information, they do not allow any type of interaction between the community and the CAP panel or anything, for that matter. And in the past when they did send information out it's been skewed towards the Marine Corps, especially earlier on in 2009. I would have -- I brought this up at the last CAP meeting about having a registry and spoke to -- about that and --

DR. HASTINGS: Right. And we --

MR. PARTAIN: -- it's something we need to have.

DR. HASTINGS: You have a listing of people through the Marines. A registry will not confirm benefits. We do --

MR. PARTAIN: It's not intended to confirm benefits. But one of the things about a registry is if you get 115 men showing up on the registry reporting with breast cancer, it should be something that you guys can look at, look into and try to track down. Part of a registry also, you know, it helps identify conditions that are being reported for possible studies as well.

DR. HASTINGS: And that's not how we use the registries, but I can talk to you about that and

also later so we can go through this with the rest of the family member program.

MR. PARTAIN: So is it the VA's position that you guys do not want to do a registry for Camp Lejeune?

DR. HASTINGS: We need to discuss more what you expect out of a registry.

MR. PARTAIN: Okay. Let's have that today, please.

DR. BREYSSE: Can we carry on with the presentation?

MS. VUKASIN: Okay. All right, next slide, please. Okay. So let's talk about some of the specific numbers for the Camp Lejeune veterans program. The table that you're looking at displays the number of veterans who were treated for each of the 15 medical conditions between October of 2012 and June of 2018 and what you're seeing in the red parentheses is an increase within the last quarter. So as you can see, of the 15 conditions there were 3200 that were treated and then there were approximately nine in that red parentheses that was an increase in the last quarter with a total of 49 for that increase.

UNIDENTIFIED SPEAKER: Look at renal toxicity.

MS. VUKASIN: Yeah, that was the highest.

UNIDENTIFIED AUDIENCE MEMBER: Ma'am, could I ask a question?

MS. VUKASIN: Yes, sir.

UNIDENTIFIED AUDIENCE MEMBER: The numbers before 2012, do we have any record of those? The reason I'm asking, I had cancer, kidney cancer.

DR. BREYSSE: The question is, do you have any numbers from before October 1st, 2012? And I assume the answer to be no because that's when the compensation program started for the medical exam -- the medical program started, so they only have data back to that point.

MS. VUKASIN: Right. Yes, sir, that would be my understanding because that's when the law was signed, that would be right, when they had these numbers.

UNIDENTIFIED AUDIENCE MEMBER: I have a question.

MS. VUKASIN: Yes, sir.

UNIDENTIFIED AUDIENCE MEMBER: My question is, if the water was contaminated for the last 57 years and plus, what -- how do you all determine 1987 is the, as you were, yeah, 1987 is the last date of cut off benefits for anybody that's affected? Was the

water cleaned or treated thereafter?

DR. BREYSSE: Sir, if I can -- we'll answer that question, but I want to ask the audience if they can hold their questions till the end when we have a specific period of time when we set aside for questions. But since you asked it, can we answer that question? So what was the -- why was 1987 --

UNIDENTIFIED AUDIENCE MEMBER: The cutoff date.

DR. BOVE: The cutoff date is 1987 because that was the date that the Tarawa Terrace system --

UNIDENTIFIED AUDIENCE MEMBER: Will you speak into the mike, please?

DR. BOVE: Yeah. The Tarawa Terrace system, this is Frank Bove, by the way. The Tarawa Terrace system, we serve Tarawa Terrace housing area, you know, was put out of service in 1987. The water modeling that we did for the water systems that served the main part of the base, Hadnot Point and Holcomb Boulevard, also were without contamination by that point.

DR. BREYSSE: So this is when we think the exposure stopped.

UNIDENTIFIED AUDIENCE MEMBER: So the water was not -- I can't ask any more questions based on the follow-up on that.

DR. BREYSSE: Well, we can follow up, sir.

UNIDENTIFIED AUDIENCE MEMBER: So you cleaned the water, you say you turned the contaminated water off in 1987 at TT 1 and 2, 1 and 2, but was the water cleaned on the base itself where all the marines live?

DR. BOVE: The water wasn't cleaned. What was done was the wells that were contaminated were shut down. The actual wells serving Mainside that were the most contaminated were shut down by February 1985 and -- but there was still some residual contamination. But by '87 it was gone. And for Tarawa Terrace there was residual contamination until the system was shut down in '87. So it wasn't cleaned; it was just the bad wells were shut down.

MR. PARTAIN: Sir, I understand they're still cleaning the base up. It's going to take a long time. One of the issues and what we're talking about was the drinking water and what we were exposed to in the drinking water system aboard the base. Now, there are other issues, and I'm sure we're going to talk about those later today or this morning, but there was an issue of vapor intrusion. Near the Michael Street fuel farm there's a 1.5 million gallon plume of fuel floating around the

aquifer, that went underneath buildings on the 1100 buildings, 1200 too, Jerry?

MR. ENSMINGER: Nah.

MR. PARTAIN: Mainly the 1100 series buildings, and that fuel volatized and vaporized into those buildings and exposed -- potentially exposed people there. That hasn't been addressed, that's something that ATSDR is working on. But when we're talking '53 to '87, that's strictly the drinking water contamination part of the issue where we were exposed, for those that were -- those of us that were on the base during that time period, so that's why that number is coming up. At one point it was 1957 to 1987. But when ATSDR completed their water modeling project about four years ago now, they rolled that date back to 1953. That make sense?

UNIDENTIFIED AUDIENCE MEMBER: No, it does not, actually, because you have Tarawa Terrace is still open after 1987. You've got the Tarawa TT-1, TT-2 facilities, he was talking about where families lived, it was still open after 1987.

MR. PARTAIN: Yeah, the family housing area is open.

MR. ENSMINGER: Hey, wait a minute, wait a minute. Over here, Jerry, over here.

UNIDENTIFIED AUDIENCE MEMBER: Jerry, who is he? Go ahead.

MR. ENSMINGER: In 1987 Tarawa Terrace's water treatment plant was shut down. The water for Tarawa Terrace was coming from the Holcomb Boulevard treatment plant across the river, or the northeast creek over on Mainside at that time. No, they didn't shut TT down, it stayed open, yes. But the water plant was shut down, so there was no more contaminated wells. They took all the contaminated wells off line at that time over on Mainside as well. So the water was deemed nontoxic, nontoxic at that time. Okay.

DR. BREYSSE: Okay, great. If you have additional concerns we can maybe take it up through the breaks, but I think we need to move on to wrap up the presentation.

MS. VUKASIN: Okay. So let's go to the next slide, please. Okay. So we've covered the veterans side of Camp Lejeune, so let's look at the family member side of Camp Lejeune. Okay. So the family member program launched on the 24th of October, 2014, and that was the day that the regulation became effective. So family members receive care by civilian providers and the VA reimburses as the

payer of last resort. And that's really important that I stress that because we are the payer of last resort and we pay for out of pocket medical costs associated with the 15 conditions. Family members may request reimbursement for covered expenses that occurred up to two years prior to the date of the application. So as of the 30th of June 2018, VA provided reimbursement to 554 family members for medical claims related to the treatment of one or more of the 15 conditions. And just as I talked about with the veterans, if family members are interested in enrolling in the program, they've got a 1-800 number they can call and that number is 866-372-1144. And then there's also a website that they can visit and they're on the slide and they can go to that website and they can actually either print the forms off and mail those forms in to apply, or they can apply on line.

DR. BREYSSE: Before we leave the slides, I want to make sure that the people watching on line can see the slides now. Is that the case?

UNIDENTIFIED SPEAKER: Yes.

DR. BREYSSE: Okay, good.

MR. PARTAIN: I've got a question on the family program. I've been --

DR. BREYSSE: What happened to putting your tents up?

MR. PARTAIN: Well, I still have a question. I recently started navigating this family program and applied. On the questions that are sent in, you know, my understanding is for the 15 conditions you need to show residency aboard Camp Lejeune during the time frame. You need to show a diagnosis of your condition. And I sent that in and then received a packet and wanting just all kinds of weird stuff, medical questions and it seemed like a very just annoying medical questionnaire that I am not sure why or why that was needed. I mean, they wanted my family medical history, had some other questions, they wanted my BMI, yeah, I'm fat and I'm old. But I'm not sure what that had to do with the care that or at least the care reimbursement that was hopefully going to be provided by the VA for my condition. I did send the medical forms in. I actually sent -- I was sent more information asking for a current doctor to confirm my diagnosis. I had originally sent in my radiological diagnosis of male breast cancer along with my original doctor's reports. Going to my question here is why are we asked -- being asked to provide further information

than was required by the law which, you know, to me is cumbersome, trying to get all that tracked down. Some of my doctors have been, you know, it's been 11 years since I was diagnosed. I no longer live in the city where I was diagnosed. I no longer see the doctors that diagnosed me and that's problematic. And then the other part I brought up to y'all this morning too and I sent the information in, actually my doctor faxed it to me and then I get a letter from the VA saying oh, we are denying you because you don't -- you didn't turn in the required paperwork. And so I've given that to Dr. Hastings.

But the first question is the one I'm really concerned about. Why are we being asked information above and beyond what is required by the law?

MS. VUKASIN: Well, I wouldn't necessarily be able to speak to the medical questions that are being asked of you. I mean, as far as the just the basic eligibility questions, I mean, you -- and there's a slide on eligibility that I'm going to get to, but I'm not sure why you're being asked some of those medical questions.

DR. HASTINGS: And Melanie, I'm just going to jump in here. This is Pat.

MS. VUKASIN: Sure.

DR. HASTINGS: Mike, I don't know either, so I will, when I get your paperwork and I take it forward to the right people I'll ask them those same questions and get an answer back, and so we'll take that for the group.

MR. ORRIS: So this is Chris Orris, I'm a member of the CAP. And typically when Brady was running the program, during these CAP meetings he would always provide to me what's your overall cost was of running this program as well as how -- what the dollar amount of the benefits that you had paid out up to date and I do not see that, yet again, in this slide program.

MS. VUKASIN: I'm getting there.

MR. ORRIS: Well, I looked through it and I don't see any dollar amounts.

MS. VUKASIN: Then you may have not gotten the correct slide deck because it should be on the final slide.

DR. BREYSSE: Well why don't we walk through it and see if we get there.

MS. VUKASIN: All right, I'll go to the next slide. Okay. So let's talk about the eligibility. Okay. So to be eligible the family member first has to receive reimbursement of medical expenses under

the provision of the law and they have to be determined administratively eligible for the program. So they must have been a -- have a dependent relationship to an eligible veteran during the covered time frame. They have to have resided, which would include in utero, on Camp Lejeune for at least 30 days between the 1st of August 1953 and the 31st of December 1987 and had one or more of the 15 qualifying health conditions. The next slide.

All right. Just like we did with the veteran's slide or the veteran program, I've got a slide for the family member program where we'll look at the 15 conditions. So as you can see, between 1 October 2012 and the 5th of July 2018 we had 628 conditions total and then we had an increase of 64 with nine specific conditions with breast cancer being the highest.

MR. ENSMINGER: How come we don't have all these slides?

DR. HASTINGS: I have them in my packet.

DR. BREYSSE: I have this one. It should be slide nine. Can we carry on?

MS. VUKASIN: Sure. Okay, let's talk about the eligibility denial. Okay. So of the 52,000 veterans who applied for care and services under the

program between October of 2012 and June of 2018, 1400 were ineligible due to not meeting the statutory requirements for veteran status. There were 716 veteran applications that were pending status. So for family members of the 2700 applications received for medical benefits in the Camp Lejeune family member program between October of 2014 and July of 2018, there are 25 awaiting an administrative determination.

So looking at the family member administratively ineligibility there's a total of 812. So the top three reasons for that administrative ineligibility is being not meeting the Camp Lejeune residency requirement, which is 30 plus days and that criteria was 425 total. The relationship to the eligible veteran were 225 and then the veteran eligibility criteria was 135. Family members being clinically ineligible was a total of 306 and that was for one of the 15 conditions. And family members may have been denied multiple times for the same condition.

MR. ORRIS: So this is Chris Orris with the CAP again.

MS. VUKASIN: Yes, sir.

MR. ORRIS: Of the family member

administratively ineligible, the veteran eligibility criteria of 135, how many of those family members are being denied because of their veteran's discharge status? In other words, my question is, are we actually denying citizens of the United States whose parents might've been dishonorably discharged, benefits of being sick at the base?

MS. VUKASIN: I would have to look into that and get back with you, sir.

MR. ORRIS: Well, if the answer is yes, I bring this up every single time we're at this meeting, then what is the VA doing to address this situation?

MS. VUKASIN: I'm sorry, I don't have the answer to that question.

DR. HASTINGS: This is Pat. I know that and I'll have to look at the 135, but I know that there is one case that I am aware of that I helped with because the veteran did not meet the veteran criteria, he was one year and nine months and some number of days before he left the Marines and I know that his wife is receiving benefits. And so if there is an issue I can look at this with Melanie and I can get that back for the next answer. I'm sorry, I don't recall this as being one of the issues.

MR. ORRIS: Okay. So if a family member is denied because their veteran sponsor was dishonorably or generally discharged and that doesn't meet the requirement of those veteran, according to U.S. code right now, what you're saying is is that you have the authority to go in and make a determination to allow that family member to receive benefits?

DR. HASTINGS: We've talked to the family member program and I'm going to have to look at these 135 specifically, but they are not denied based on their time in service or their character at discharge as far as I understand. The 135 I don't have an explanation for, but I can look at those with Melanie and Gail after this meeting. I did not know, and I apologize, I was not aware that this was an ongoing issue. But I do know that there was one that recently I was involved with and we looked at it and it was one year, nine months, as I said. And that person, the family member was on Camp Lejeune for the requisite 30 days and is getting benefits. So I'll look at those with Melanie and take this as an answer for next time.

MR. ORRIS: And as a quick follow up to that then, because we know that children were exposed in

utero at the base and we know that sometimes in utero exposure can be harmful in as little as hours of exposure during the first trimester of pregnancy, are you also taking that into account when you're looking at eligibility for in utero exposure?

DR. HASTINGS: In utero, if they resided on Camp Lejeune, and again, in the law it's the requisite 30 days, but I don't know of any cases right now and I, again, will look at these with the family member program. I don't -- I'm not aware of any that were denied because they were on Camp Lejeune for 29 days.

MR. ORRIS: Okay. Thank you.

MR. UNTERBERG: This is Craig Unterberg with the CAP. On the denials for residency, are you guys able to determine that people did not live on the base in those 30 days, or is it just that they were not able to show that they lived on the base for 30 days? And I know early on you guys did not have all the housing information, is there any other information that you guys could get or would like to get that would help reduce the number of rejected claims for residency?

DR. HASTINGS: Melanie, I'm going to take this one again, if I could.

MS. VUKASIN: Sure.

DR. HASTINGS: The records now are much better than they were initially. I think we're getting good fidelity now, but in certain cases where they may not, you know, we've got the three-by-five cards that they assign people with housing. In some cases we have taken a picture of someone, evidently there was a trailer park?

MR. PARTAIN: Yeah.

DR. HASTINGS: Okay. We have taken as documentation, people in front of a -- in front of their trailer. We have taken the three-by-five cards that were in file boxes. But I think there's pretty good fidelity now and I can't think of any other information that we would need as far as housing. The biggest requirement is that they have a legal relationship with that veteran.

MR. UNTERBERG: There was discussion at one of the CAP meetings about whether you all being able to accept affidavits signed, maybe cosigned by another witness when there is not documentation. Has there been any thought or movement on that?

DR. HASTINGS: No. I have not -- I did not know that you were looking at that. That would need to be a legal determination, so we would need to

take that as a question for the record.

MR. UNTERBERG: Okay. Can we put that in as a CAP request? I know I can't obtain the attorney's name, I think, for secret, privacy issues. We've tried to have direct discussions with your attorneys but we're not allowed to do that, so I'd request that as being a CAP issue that some type of affidavit or sworn statement could be used as evidence.

DR. BREYSSE: If we can carry on.

MS. VUKASIN: Okay. Next slide, please. So we'll look at the top five reasons family member out of pocket medical expenses were not reimbursed. The medical bill was completely paid by other health insurance. The bill was previously submitted and considered. Diagnosis codes on the medical bill is not covered for the approved condition so the bill was sent out for clinical review and it was determined that the medical procedures were not related to that approved condition. Family member provider did not submit an OHI Explanation of Benefits and we've got to have that EOB. Prescription was not covered by an approved drug formulary listing. So after the nurse did their review the medication was determined not to be

related to an approved condition. Slide, please.

And here's the slide that you were inquiring on the administrative expenses for --

DR. BREYSSE: I'm sorry, but we don't have another slide in our slide deck. Nor do we have it on the screen.

MS. VUKASIN: Okay. I guess there was some confusion with the deck that was provided to you then. The -- what I can tell you is that the clinical eligibility determination, the dollar amount, and we'll correct that and get you guys the correct slide deck. The clinical eligibility determination, the dollar amount for FY18 the administrative expenses was $604,837. I can repeat that number if you'd like me to.

MR. ORRIS: Yes, please repeat it.

MS. VUKASIN: Yes, sir. The clinical eligibility determination, that was $604,837.

The next item is family member and provider reimbursement, and that amount is $817,530. And so that total administrative expenditures amounts to $1,422,367.

MR. ORRIS: So am I to understand then that the clinical eligibility is the actual cost that it costs to run the program from the VA then?

DR. HASTINGS: Melanie, can I take that one?

MS. VUKASIN: Yes, ma'am.

DR. HASTINGS: The family member program is one of many programs, so there are some costs for administrative personnel. But yes, those are the costs for the eligibility reviews and the cost of reimbursement. But there are personnel costs but those are across the board for many other programs, such as homelessness, the spina bifida program, and a number of others.

MR. ORRIS: And is this for this fiscal year or is this total?

MS. VUKASIN: Total for FY18.

DR. BREYSSE: Any other questions --

MS. VUKASIN: And that would conclude -- that concludes the presentation.

DR. BREYSSE: -- any other questions or comments about the VA updates?

MR. ENSMINGER: Well between the family program and the presumptive program, we need to sit down, I need to get up and sit down with the Veterans Affairs Committee and my senators and some people from the VA because those two -- the law and the presumption are different.

DR. HASTINGS: Those are different. There are

eight presumptions. There are the 15 conditions and be happy to talk to you about it because it is confusing. The family member program law was historic. I mean, that was the first time this had ever been done for family members. So it was great legislation, it was amazing to get it through, but you're correct, the presumptions and the 15 conditions don't mesh completely and happy to talk to you about that and review that.

DR. BREYSSE: All right. Are we done with this section of the agenda then?

DR. HASTINGS: I am going to ask if Dr. Dinesman is on the line in case there were any issues that were coming up. I know that -- congratulations Dr. Dinesman, your son is being married off tomorrow, if you are on the line --

DR. DINESMAN: I am.

DR. HASTINGS: And -- oh, there you are. So congratulations, I hope it goes well and look forward to seeing you at the next meeting. But I know there were a couple of questions that you were available for prior to the wedding.

DR. DINESMAN: Good morning. Thank you very much. I do apologize for not being there in person, but hope to be able to do so for the next CAP

meeting.

DR. BREYSSE: So any questions for Dr. Dinesman while he's on the phone?

MR. PARTAIN: Well, a question for the VA. Making it official. Question for the VA. Where are we at with renal toxicity? You know, we keep bringing this up pretty much every CAP meeting now, but it is one of the conditions that is not a recognized presumption but we see quite a few, including some increases in cases reported.

MR. ENSMINGER: It was in the IOM.

MR. PARTAIN: So we brought this, I mean, at the risk of beating the dead horse quite dead, you know, we've got the IOM report that had the recommendation the VA should give veterans the benefit of the doubt, but we still have no direction on whether or not the VA is going to reconsider adding or doing something for renal toxicity. So where are we at with that; that's the first question.

DR. HASTINGS: I'm just going to jump in here. I know that you had brought this up with Dr. Dinesman last time and someone was going to send him the specific question and portion of the report. Alan, did you get that?

DR. DINESMAN: That was, that was I think in response to the white paper and no, I did not get a copy of that white paper.

DR. BREYSSE: I'm not sure what paper you're referring to.

DR. HASTINGS: At the last meeting Alan had been asked this and he was going to be given extra information as to the question and the report that it was in. I don't believe it was mentioned as being IOM last time, but it may have.

MR. PARTAIN: We've brought this issue up, I mean, I've lost count how many times I've brought this up since the 2015 IOM report. I can pretty much assure you since that report surfaced that we've been talking about it ever since. The white paper, I'm not sure and I don't recall being asked to provide that. I apologize if I'm mistaken. But the only white paper I'm -- Jerry, may have been the stuff that we got from the VA lawsuit when there's a white paper that you all had basically dismissing the IOM report. So where are we at on this? I mean, you -- this is -- when you say you're waiting on documentation from us, this is y'all's documentation, this is nothing new, you know.

DR. HASTINGS: One of the things that Laurine

Carson just -- a CAP member asked for the author of the white paper related to the IOM report discussed in the meeting be identified. Dr. Dinesman asked the CAP member to send him the report. Is that the one we're talking about?

MR. PARTAIN: Possibly. I mean, the white paper, the one I'm thinking about, it may have been me asking for it, but I don't recall being asked to provide that. Like I said, I --

MR. ENSMINGER: Wait a minute, the IOM report was commissioned by the VA. Why would we have to provide the VA with their report?

DR. HASTINGS: No, no. It's -- what it is is they are asking for the author of the white paper related to the IOM report. So we don't know which white paper you're talking about.

MR. ENSMINGER: There was a review that was done by the VA once they received that report from the IOM on the clinical eligibility of different health effects that was done by the IOM for the VA. This was back in 2015.

DR. HASTINGS: Okay. If you can give me the specific paper, I will research the author for you.

MR. ENSMINGER: I'll get it for you.

DR. HASTINGS: Okay.

MR. PARTAIN: I'm getting it right now.

MR. ENSMINGER: Yeah, you've got it.

MR. PARTAIN: I've just got to get it from my email.

MR. ENSMINGER: But you know, going back to kidney toxicity, in the July 2015 meeting that was attended by Dr. Breysse and Dr. Bove both, and the Secretary of the VA was there, along with Senator Isakson, where it was held in his office, and Senator Burr and Senator Tillis and their staff members, and the Secretary of the VA at that time, Secretary McDonald, after the introductions were made, basically took charge of the meeting and announced that he was going to create a presumption status for Camp Lejeune. And he said that he was going to open the -- start it with four health effects. And then he looked over at Dr. Breysse and calling him by his first name said, Pat, would you commit your agency to helping us come up with a list of additional health effects to go on this presumption. And Dr. Breysse replied in the affirmative that he would. Now, ATSDR came up with 10 health effects for that presumptive list -- and the Secretary's requirements were that they have either sufficient or moderate evidence for

causation. Now kidney toxicity, or end stage kidney disease was on that list and it was dropped by the VA. Scleroderma was on that list and that was dropped by OMB, for God's sake. Why do we keep going over this? I mean, ATSDR did their due diligence, they submitted the list that they were asked for and then the VA drops it. I'll tell you why it's dropped off, because it's one of the highest claim health effects for veterans.

DR. HASTINGS: I'm willing to look at that with you and if you want to discuss it with me I can go forward and find out why. I like to believe it was not for cost. We look at the science, but I'll have to look at that with Dr. Breysse and you and happy to look at it.

MR. PARTAIN: Have you read the 2015 IOM report that you guys commissioned?

DR. HASTINGS: Yes, I have read the 2015 IOM report.

MR. PARTAIN: Okay. Does it not say on there that the recommendation for, I don't have the exact wording --

DR. HASTINGS: There are many times that recommendations are in, but VA separately looks at the science and other research. So I will find out

what the history is. I don't go back to 2015, but I'm very willing to look at the history with you.

MR. ENSMINGER: Well, if you look at science, I mean, ATSDR didn't pull this out of their butt.

DR. HASTINGS: No, no. They are very considered and very thorough and I do not know what the other research was, I do not know the OMB issue, so happy to look at that with you.

DR. BREYSSE: So, I'm sorry, is there an issue in the audience?

UNIDENTIFIED AUDIENCE MEMBER: Yes.

DR. BREYSSE: All right, sir.

UNIDENTIFIED AUDIENCE MEMBER: I'm trying to say, I've been on dialysis 18 years. From the time it was discovered, my nephrologist found some poison in my blood that she was definitely unfamiliar with and I got documents and proof and everything. Matter of fact, I just came from dialysis less than an hour ago.

MR. ENSMINGER: And your kidneys have been damaged for how long?

UNIDENTIFIED AUDIENCE MEMBER: Kidneys been damaged for 18 years. I've been on dialysis for 18 years.

MR. ENSMINGER: When were you at Lejeune?

UNIDENTIFIED AUDIENCE MEMBER: I was at Lejeune from ’81 to ’87, went back again in the Reserves, again.

MR. ENSMINGER: Well, after ’87 we’re not concerned, but you were there during --

UNIDENTIFIED AUDIENCE MEMBER: Yes.

MR. ENSMINGER: -- you were there during the contamination period.

DR. HASTINGS: And I’m just going to throw out -- and I’m very sorry for what you’ve had to go through with this, but we also can look at claims on an individual basis, they don’t have to be tied to Camp Lejeune. So you know, that is something that we --

UNIDENTIFIED AUDIENCE MEMBER: What do you mean tied to Camp Lejeune?

DR. HASTINGS: Claim -- you do not have to say I -- if you believe that your military service has caused an injury, we can look at claims on an individual basis. It doesn’t have to be a Camp Lejeune claim.

UNIDENTIFIED AUDIENCE MEMBER: Who is we?

MS. CARSON: This is Laurine Carson, the Department of Veterans Affairs. So if you are claiming service connection for a condition that was

caused by the military service, whether or not it's connected to a presumptive condition, you can make a claim for that condition as being directly related to your service. And on a direct case basis, we have to look at all the evidence that is available and your service treatment records, all of your current medical evidence and we look for the link or the nexus between that evidence and your time in the military to determine whether or not you can be service connected on a direct case basis.

MR. ENSMINGER: Well, science says that TCE is hazardous to your kidneys, does damage. And I'm at a loss. Why the hell was it dropped off the presumptive list?

MS. CARSON: I don't know, and we can go back and possibly try to find the answer to that question for you. Why was it not considered in a presumptive and provide you with that information. I do believe we've answered that question in the past, but I'll have to go back and look.

MR. PARTAIN: And like I said, we keep beating this dead horse and, you know, you mentioned veterans can turn in a claim if they feel that they're service connected. One statistic that was not mentioned during the briefing, do we have a

number of how many non-presumptive service connection claims have been presented for Camp Lejeune and what is the current approval rate of those claims?

MS. CARSON: Are you talking about benefits or healthcare, because your presentation was on healthcare.

MR. PARTAIN: I'll be more specific, just to narrow it down, how many of the -- there's 15 named conditions in the 2012 law. Kidney disease is one of them, breast cancer is another. Of the seven conditions that are not presumptives, what is the current approval rate for those conditions for claims?

MS. CARSON: For benefit claims, I'll get that. I'll get that information for you. I don't have it with me today.

MR. ENSMINGER: When are we going to revisit this presumptive program and take a look and update it according to new science that's come out since?

DR. HASTINGS: I'm happy to set up a meeting with you and go over for another --

MR. ENSMINGER: Well, not with me. I'll come to the meeting, but I mean, this has to be done between ATSDR and the VA.

DR. HASTINGS: Dr. Breysse, happy to have the meeting with you.

DR. BREYSSE: Great, let's do it. So to be clear though, you know, we're happy to assist the VA in regard to the result, the question, the request that you think we can support, we'll be happy to discuss that and we'll be happy to review the literature review in the previous report about the strength of evidence for kidney conditions in particular.

DR. HASTINGS: Thank you.

MR. ENSMINGER: I thought this thing was supposed to be automatically done every three years, revisited.

DR. BREYSSE: I don't believe that's been done, that request has been made.

MR. ENSMINGER: Maybe we need to make it in the law.

DR. BREYSSE: Okay. So Frank, when do we do the review?

DR. BOVE: Pretty soon.

DR. BREYSSE: What time will the literature cover?

DR. BOVE: When was the meeting, 2015 wasn't it?

MR. ENSMINGER: Yeah, July 2015.

DR. BOVE: Yeah, the initial briefing of the VA on what we had come up with was in 2015 in the fall and then we had the continued discussions into early -- early to mid-2016 so the literature goes that far.

DR. BREYSSE: So it's a couple of years old, perhaps.

All right. Any other VA issues before we move on? Go ahead, ma'am.

UNIDENTIFIED AUDIENCE MEMBER: I have a question regarding lung cancer and service connected disability. Is it assumed that if a lung cancer patient was a smoker that the smoking was the cause and no effect at all from their service at Camp Lejeune in relationship to the disability outside of the healthcare that would be covered for lung cancer?

DR. BREYSSE: Can you repeat the question so everyone can hear it before we answer it, please?

MS. CARSON: So I think that what you asked was whether or not when a person is claiming that lung cancer as the result of exposure to the contaminated water at Camp Lejeune, whether or not there's an automatic assumption in the medical assessment and

in the opinion that the person's lung cancer is related to some other type of exposure such as events or history such as smoking or other things. Dr. Dinesman, are you still on the line and can you answer the question about how we look at all of the other factors as related to the disability that a person's claiming such as lung cancer, if the person has a smoking history or some other type of occupational history?

DR. DINESMAN: I would be happy to, Laurine. Thank you. And thank you for that question. Now, what we do from the clinical side is look at each case individually and look at the various contributing factors as to what may have been the cause of that person's lung cancer. You know, smoking is one of the most common causes of lung cancer, but not the only one. So we look at them individually. If the smoking appears to be the greatest or, you know, when you weigh the likelihood, so it's the greatest in terms of probability of causing that lung cancer, then we would have to say that the smoking was the most likely cause. It doesn't mean that there weren't other contributing factors and so yes, it is taken into consideration, but we do look at what is the

most probable cause. And according to VA rules, we're asked to look at it on the basis of what we say is at least as likely as not, meaning 50/50. And so if the smoking was greater than a 50/50 chance of being the cause of the lung cancer, it would be attributed to the smoking.

UNIDENTIFIED AUDIENCE MEMBER: My concern is how could it be -- my concern would be how definitive in terms of percentages you could be if there was a history of smoking in a lung cancer patient who also served at Camp Lejeune, why would it not be arguable scientifically, medically, theoretically, that to some degree the exposure to toxins at Camp Lejeune would play a part or could possibly play a part in this patient's diagnosis of lung cancer even though they were, indeed, a smoker, it would be hard to rule out the possible cause either way. I think it's, I mean, what's the formula, how do you determine which exposure, lifestyle or the water, which exposure had more bearing on their cancer diagnosis? How could that even be determined? How could you even formulate any sort of, you know, realistic equation of even with the number of years of smoking, their amount of smoking, their age at which they are versus the

amount of exposure to the toxins there at Camp Lejeune? How do you weigh out which had more of an effect? You know, there's genetics involved. They may have, you know, not developed other types of cancers but the type of cancer that it seems like an easy out to say they were a smoker and so that's the only reason. Which there are other patients who have lung cancer who were exposed to Camp Lejeune water who weren't smokers. So how do you rule out that there was any -- that there was no effect at all of the exposure? How could you possibly say that?

DR. DINESMAN: We don't try to rule out whether there was no effect at all. And I wish there was a scientific means by which, you know, we could get a test of some sort that says this cancer was caused by, you know, a certain exposure or not. Think of the smoking as another exposure and so you've got somebody with multiple different exposures. What we're left with is looking at the individual case, you know, how many years did they smoke, do they have any other factors, as you said, such as genetic, et cetera. And then try to put together as best as possible a probability of which was the most likely. And again, the most likely was getting to

that 50/50 mark. So if you've got somebody that let's say was a heavy smoker and their exposure at Camp Lejeune was, you know, less likely, it doesn't mean that the Camp Lejeune exposure was not a contributing factor but was probably not the cause, at least statistically.

MR. PARTAIN: Dr. Dinesman, from what you're saying there it sounds like there's some type of checklist or mathematical formula that is being filled out to determine whether a veteran is going to exceed this 50 percent threshold. Would you guys care to share this formula? I mean, that's what it sounds like.

DR. DINESMAN: Mike, no, we don't have a formula of any sort. The law or regulations state that we need to consider things in terms of apropos. Whether or not there's a 50/50 chance and if, you know, it gets to that 50/50 then the rule is in favor of the veteran. But no, there are no equations, there are no specific rules and as I said, it's looked at on a case by case basis.

MR. ENSMINGER: Well, you know, science has pretty much narrowed down the exposure to let's say asbestos and smoking. Okay. So why can't science, medical science, narrow down what the effects are of

smoking and exposure to TCE?

DR. HASTINGS: I think that's what they're trying to do with the national cancer study. If I could ask if that's one of your outputs or one of your -- the things you'll be looking at.

DR. BOVE: We certainly will look at lung cancer. We don't have smoking information, so the way we'll handle that is to use other methods to try to tease out if smoking is what we call a confounder, it gets in the way of the association between TCE and lung cancer. So we will do that. We did that for the mortality study as well.

DR. BREYSSE: But to be clear, we aren't going to look at a synergistic effect between smoking and TCE exposure. That would be beyond what we're capable of doing in this study.

DR. BOVE: Right.

MR. PARTAIN: The other thing too, Dr. Dinesman, and you mentioned the SMEs and we've gone round and round over this, but for the benefit of the audience, people who have not been here for the past several years, five years now going on with the SME program. I read this in a veteran's denial that was sent to me on the internet the other day. But they had a nexus letter provided by their doctor

linking their exposure to Camp Lejeune. And in the denial the language was that the, and I'm summarizing it and paraphrasing the language, but the VA came back and basically said that the -- their SME was better trained and had better knowledge and therefore more weight was given to the SME over the veteran's treating doctor. And the reason I keep bringing this up is because, you know, it is said, oh well the veteran can turn in the claim. And the question I asked earlier about the percentages, it seems to us that the cards are stacked against the veterans when it comes to getting any claim through that is not one of the eight, so. And that goes back to the registry, which I haven't forgot about and I do want to discuss before we leave today.

DR. DINESMAN: To answer that question, sir, the decision making on which numerous opinions are accepted as far as the ratings concerned, it is a VBA decision, it's up to the adjudicator. The CMP or VHA examiner is only providing an opinion and that's one of many documents that the adjudicator will look at and make a decision on. So that's not something that the VHA examiner is involved with as far as the decision is concerned. But I will say

that I looked at a case recently where there was a private examiner who gave an opinion and it was approximately a six page report and was very thorough in describing this examiner's indication, their publications, et cetera, but when it came to the actual discussion of the nexus or the connection there were only two sentences. And it basically said, well I believe it is -- there is a connection. And while that is an opinion, you've got to remember that there has to be some sort of substance behind an opinion, a support for it, and that's something that the adjudicator is going to be looking for, I would imagine. And again, we don't reach beyond the -- on the clinical side we don't adjudicate the cases. But I would imagine somebody looking at various nexus statements would look at how well they're supported. And so I would caution to not look at a person based on whether they're private or whether they're an, you know, quote unquote expert or whether they're of a certain occupation or specialization. But I would caution to focus more on the substance of the opinion and whether that opinion has been backed by appropriate either science or other documentation or publications.

MS. CARSON: Dr. Dinesman, this is Laurine.

Mike. I wanted to say to you guys, so here -- so the -– would it be adjudicated as the claim. They get the decision back and the VA examination, they have all the evidence before them. They have to look at the whole disability picture, what is the evidence showing as a whole. They don't just look at one piece of evidence. And if you have somebody who's saying because it's a VA doctor they have more weight, then I want to see that decision that you're talking about so you can just send it directly to me and let's talk about what that shows. Because it's not based on whether the VA provides the decision or whether it is a decision provided by someone else. Now, it might be that this decision provided by somebody else was 10 years ago and we have a current need for an examination so those things don't necessarily match up because the disability picture doesn't match. But it should never be that we just say because it's VA, we believe ourselves. So if you have that claim that you just said that you have, then certainly send it to me and let me look at it because that's what my staff can do.

MR. PARTAIN: I'll certainly -- I've got to get permission from the individual and I'm on vacation till the end of the week, so it will be probably

next week. We did provide an example, I believe, of a similar one to the now Secretary when we were up there.

MS. CARSON: Okay. I'll follow up and see if they -- they haven't sent it down to us, so I'll wait.

MR. PARTAIN: And I'll get you some. Dr. Dinesman, in going back, and I understand what you're saying, I'm not worried about the ratings. The language on there, and I've sat in a VA hearing with a judge and discussing an SME report where the judge basically came back and said, you know, the SME has all this and asked the veteran do you have a similar report and the veteran did not and the judge said, I can't go against this, so. But going back to the SMEs, now I understand y'all are using private contractor -- contracting SMEs. Dr. Dinesman, can you give me an idea of the cost that the VA is paying to these contract -- one individual report to a contracted SME; how much does that cost the VA to have that completed on a veteran?

DR. DINESMAN: I'm going to need to defer that to VBA because it was a VBA contract and I have no information about that. I'm sorry.

MS. CARSON: So just so I can -- This is

Laurine Carson. So that I can clarify what you're asking, Mike. You want to know the difference -- how much it costs for VA internally to do an exam versus how much it costs for a contractor to do an exam.

MR. PARTAIN: Or either one, either one. I mean, the reason why I'm asking the external because that's a contracted price. So if I'm going to -- if I'm an independent SME and I get Craig's claim to review and I conduct a review on that claim it costs the VA X amount of dollars. I'm just kind of curious to see what that is.

MS. CARSON: I'll have to -- I have to take that one for the record and get you that information.

MR. PARTAIN: Okay. And the reason why I'm bringing this up, I mean, Dr. Dinesman was talking about the six page report he got from an attending physician saying that it's my opinion but the other five and a half pages was his credentials. When a treating doctor is seeing an individual, especially you know, I'm a 10-year or now 11-year cancer survivor, my Dr. Moffits (ph) has seen me since 2009 and at one point I was traveling down 230 miles to go see him. But that relationship, I mean, he knows

me, he knows who I am, he knows the ins and outs, all those nuances of both my chemotherapy, my condition, my disease. He knows that and he can render an opinion and he can tell me.

MS. CARSON: Absolutely.

MR. PARTAIN: Now, and he can write it down in a sentence. Okay. But there's no way to convey that eight years of knowledge unless he does a formal report. And if I as an individual go to my doctor and say hey doc, you know, can you write me this, you know, your analysis and not only your analysis, can you go through the JAMA and go through the medical journals and pull out supporting documentation to support what your rationale is; could you do that for me? And he'll say yeah, sure Mike, I'll do that but it's going to cost you $2000 -- or I'm making up a number there. Some of these, I've gotten feedback from people that have gone out and gotten their own SME review and it's anywhere as cheap as 500 to $3000. Okay. And I brought this up again, how is this fair for the veteran? Especially if, you know, having a cancer or medical condition that's debilitating, it's financially draining and you guys are, you know, in essence hiring SMEs, paying SMEs to do these types of reports. And then

when you get a medical opinion from a treating doctor that has seen these veterans sometimes for years, the language comes back, our guy's better trained, our guy's provided an extensive thing, their report is weighted over your treating doctor. I have a problem with that and I want it (inaudible).

MS. CARSON: Okay. And as I said before, show me that language in the ratings so that I can address that issue.

MR. ENSMINGER: Where is the VA with the SME report that is required by the omnibus legislation?

MS. CARSON: The omnibus legislation gave us 180 days to do it, and we are on track.

MR. ENSMINGER: And why -- and just to go back, why is Camp Lejeune the only environmental exposure issue that the VA deals with that is being subjected to an SME program?

MS. CARSON: So Jerry, I don't agree with you that it is the only one subjected to a similar SME program.

MR. ENSMINGER: According to this you are.

MS. CARSON: We're saying we do the same for radiation which requires us to have a health physicist assess and provide an opinion on each of

those cases when we're talking about the exposure. So --

MS. ENSMINGER: How many claims you get for radiation?

MS. CARSON: Quite a few. I'd have to go back and get you the actual data and statistics on it. But as I said before, we are answering the omnibus directives.

MR. ENSMINGER: And with radiation, you going to the Department of Energy who have -- really have subject matter experts, right?

MS. CARSON: No. We -- by regulation, in the regulations it states that we first we go and get that opinion from VHA and when we need a reconciling opinion we go to NIH.

MR. ENSMINGER: NIH?

MS. CARSON: We do.

MR. ENSMINGER: Why aren't you doing that with Camp Lejeune SMEs?

MS. CARSON: Because we -- when we get a reconciling opinion we get a reconciling opinion, generally, from a -- one of the universities and others who work with us. But the SME program for radiation and for us begins in VHA, so that's a decision that's made in VHA so that decision to get

that type of an opinion, if they needed assistance in getting that opinion from someone else, I would imagine that Dr. Dinesman and staff would do so.

DR. BREYSSE: All right, so we're getting to the end of the session. I'd like to ask if the VA can one more time for the benefit of the people who are watching or in the room, what services they can help out with outside.

MS. CARSON: No problem. This is Laurine Carson. I wanted to just let you know that we have two of our adjudicators outside, claims processors from the benefits administration. So if you waited to have questions answered about the status of your claim, how to file a claim and other information related to your claim, they'll be out there. I'll be out there at the break, as well. I'd also like to let you know that if you have questions dealing with healthcare eligibility or family members here, they won't be able to answer those direct questions, but they can take your information and we can get it to someone so that they can get you a response.

DR. BREYSSE: Thank you. I'd like to move now to action items from the last CAP meeting. Commander Mutter.

ACTION ITEMS FROM PREVIOUS CAP MEETING

CDR MUTTER: Okay. We'll start the list of our VA action items, the first one being a CAP member asked for a digital copy of Mr. Ives' presentation. That was given yesterday, I believe, I sent that out to the CAP.

The second one, a CAP member requested the VA provide a copy of the quality standards checklist and training materials used to train contract examination vendors. I think the quality standards checklist was also with that email sent out. But if you'd like to speak to the training materials, please.

MS. CARSON: So the training materials are VHA's materials and I'm not sure that, Dr. Dinesman, did you guys provide those training materials that we use to train folks?

DR. DINESMAN: My understanding was -- let me think back to. We did not provide that information because we had changes from one training to the other based on the updates and so we would have to look at which actual training course is being requested and also it would have to be cleared through the VA to make sure that it is listed appropriately or has met all the requirements and is official, quote/unquote, publicly available VA

information.

MS. CARSON: Right. I think that, Dr. Dinesman, last time at the last meeting I did express to the CAP that for the purposes of information that is not able to be made available to the public that they would have to do a Freedom of Information request.

DR. DINESMAN: Correct. Thank you, Laurine. And I also want to update the folks, and I think I did say this in our last meeting, is that we are working on a formal which will be publicly available and will be on the VA training site. We will be putting together a Camp Lejeune contaminated water training course that will be fully publicly available.

CDR MUTTER: Thank you. The next action item is CAP member asked to see the contract and the scope of work for the contract examination vendors.

MR. PARTAIN: Before we go to Laurine’s question, I just wanted to read the language ‘cause I found the -- one of the posts on there with the VA denial. The language that was in the denial, and I will go to the person to get it for you. While you submitted positive medical evidence to support your claim, we found the recent VA medical opinion more

persuasive because it is better supported in its rationale and conclusions.

MS. CARSON: Okay.

MR. PARTAIN: And I'll get the veteran's denial, I think I already have it, but I need to get permission to share it.

MR. ENSMINGER: And that was some SME that was ordained a SME willy-nilly that you -- I mean, if you're going to have a subject matter expert program, don't you believe that you should have subject matter experts instead of family clinicians filling those spots? And then you say, oh well we're providing them training. Well, then they're not subject matter experts are they, if you have to provide them training?

MS. CARSON: Okay. So I would say just for the VBA contractors, we told you all of the qualifications for those contractors and they all are specialists in occupational medicine and in those different things. So that's the VBA contractors. But I can't speak to the qualifications of the VHA. Dr. Dinesman is on the phone for that.

MR. ENSMINGER: The VBA --

MS. CARSON: Contract examiners --

MR. ENSMINGER: Yeah?

MS. CARSON: -- all have to have a certain specialty in order to do these examinations.

MR. ENSMINGER: Really?

MS. CARSON: And we actually shared a full slide presentation on that at the last CAP meeting.

MR. ENSMINGER: Yeah. You had one that just got out of prison.

MS. CARSON: For tax evasion, yes. You brought that to our attention, we know that.

MR. PARTAIN: And we brought it to the Secretary's attention.

MS. CARSON: That person was not though -- their license was not revoked by the Medical Association. The person is no longer working, we did -- we had a little bit of flex. She, I said the person, but she is no -- yeah, she is no longer with our contract.

CDR MUTTER: Okay. So to move on and to repeat the question, the earlier action item, the CAP member asked to see the contract and the scope of work for the contract examination vendors.

MS. CARSON: Okay. All of the requirements for the contract and the information is on the Federal Register. Also, I talked to -- I'm checking on the

status of whether or not this information is publicly available through GA, the GAO procurement websites and all the websites where they house all government contracts. So I will get a link to that information for you.

CDR MUTTER: Thank you. The next one for the VA, a CAP member asked the VA to provide the special focus review pass/fail percentage overall for Camp Lejeune.

MS. CARSON: There is currently no special focus review conducted with a pass/fail percentage for Camp Lejeune. We have not initiated one for that purpose. We are, however, responding to an omnibus directive that includes us completing a special focus review on the quality of our Camp Lejeune cases and our opinions. That report will be made available to Congress at the end of September.

CDR MUTTER: Thank you.

MR. ENSMINGER: I have a question. You said that radiation claims go through this SME --

MS. CARSON: I said they have a similar SME department, yes.

MR. ENSMINGER: Okay. But you said you have quite a few radiation claims?

MS. CARSON: I told you that I would find out

how many we have. Yes.

MR. ENSMINGER: Please. I would like to know how many radiation claims you deal with each fiscal year compared to the number of Camp Lejeune claims that you deal with. And what I don't understand about this whole thing is the Vietnam veterans that submit claims for Agent Orange are not subjected to -- if it's not on the presumptive list of health effects, they're not being subjected to a subject matter expert review, whether or not it was -- it could be deemed, they just go through the normal claims process. I mean, and if they got somebody that'll write them a nexus they submit it, but they're not subjected to the subject matter expert program. Why?

MS. CARSON: I don't know, Jerry. I think that -- I think that -- I can't necessarily do a comparison between what's happening right now with regards to the requirements and the -- what's happened with the Vietnam. I will tell you this that prior to the new legislation that added and the three new presumptives, we had like, for instance, we had several Vietnam veterans who were claiming disabilities that were not considered presumptive disabilities. And for them we would either service

connect them on a direct basis, or we would say that the disability wasn't a presumptive condition or the person, this particular group of people didn't have -- was not -- were not part of the presumptive Vietnam persons, you know, that we had the problems with, whether or not how close whether they were in land and touch foot versus whether they were in the brown water. So when we make --

MR. ENSMINGER: No, I'm not talking about brown water or blue water here, I'm talking about regular Vietnam --

MS. CARSON: But what I'm trying to explain to you is that --

MR. ENSMINGER: So am I.

MS. CARSON: Okay. But what I'm trying to explain to you is that prior to creating the presumptives, period, or the presumptive re -- the region where we created the presumption, we had people file claims that we required a, for instance, for our conditions, a cardiologist to go and look to see whether or not that claim was related, was actually directly service connected. And we do ask for a cardiologist to look at those claims. So we always have specialists within our claims process regardless of whether there is a presumption or not.

I can't speak directly to why for Camp Lejeune we had the program that we had with regards to getting opinions, but I will say that we are trying our best to get the best disability picture. And we are also, in these instances, relying on a lot of the publications and other backers that are beyond just the disabilities themselves.

CDR MUTTER: Thank you. Okay. So the next action item is a CAP member requested the qualifications of the doctors in the SME program, for example, do they have an environmental background.

MS. CARSON: VBA, so we told you in our last meeting, our VBA contract examiners all have a specific background and we provided that information in a slide presentation during that week and we followed up by submitting that slide presentation which outlines what backgrounds they have.

CDR MUTTER: Okay. The next one, the CAP requested more information on the backgrounds of the contract examination vendors, i.e. company names and affiliations.

MS. CARSON: That's also included in that slide deck.

CDR MUTTER: The CAP requested information on

VA employee Deborah Heeney and her possible conflict of interest.

DR. DINESMAN: This has been investigated and looked into by VA and no conflict of interest was found.

MR. ENSMINGER: Go figure.

CDR MUTTER: Okay. The next action item is the VA received -- will provide historical data of the number of veterans the VA has provided healthcare, for the next meeting, in-person meeting. Did we do that in the presentation earlier?

DR. HASTINGS: That was in the presentation.

CDR MUTTER: A CAP member asked how many of the administratively eligible family members are not receiving care because their condition is not included in the act.

DR. HASTINGS: That was in the presentation.

CDR MUTTER: A CAP member asked the bottom dollar budget amount that the family member program costs every year as opposed to what it pays out. Dr. Hastings said it is mostly personnel and she would provide that information.

DR. HASTINGS: And that was -- but you did not have the slide. I think it’s in the other deck that you may have.

CDR MUTTER: Okay. I will see if I have that; if not, I'll get with you and I'll resend it out to the CAP. The next action item is a CAP member asked for the author of a white paper related to the IOM report discussed in the meeting to be identified. Dr. Dinesman asked the CAP member to send him the report. And Mike, I think you were going to do that, is that right?

MR. PARTAIN: Say that again, I was --

CDR MUTTER: The white paper author, you were going to provide the white paper to Dr. Dinesman.

MR. PARTAIN: Yeah, I just sent that to Dr. Hastings.

CDR MUTTER: Okay.

MR. PARTAIN: It's in your email.

DR. HASTINGS: Okay. And I'll get that to Dr. Dinesman so he can review it.

CDR MUTTER: Wonderful. Okay. Two more for the VA. The CAP members asked that the materials being presented during the SME training course are publicly available. Ms. Carson will inquire.

MS. CARSON: Okay. This is Laurine Carson. I was confused. So prior -- in a earlier request we asked about getting the training materials, right? And so then in this request which training materials

are we requesting? Are we requesting that VA get additional training materials that the contractors may be using to train up their folks who are doing these exams? What is the question?

MR. PARTAIN: Oh, the training material, I don't know if this, you know, coincides with our lawsuit from VA law school on the SME training material but, you know, I would like to see what is being provided to the contractors, you know, as far as direction criteria, bibliography, what type of materials that, you know, these people are being provided by from the VA so they can conduct their reviews.

MS. CARSON: Okay. And so I would say that those are the same exact training materials because we have our VHA special, our VHA DMA group is Dr. Dinesman's group is the one who provides those training materials, so they are the persons who should be providing those materials.

MR. PARTAIN: Okay. I know --

MS. CARSON: So I just want to -- because it came in two places, I was not sure if you were saying hey, VBA go to each one of these vendors and tell them to give you what they are using at their vending site, because I would have to tell you that

we don't have jurisdiction over that. You would have to get that directly from those vendors.

MR. PARTAIN: I know, we're still waiting on that. I mean, that's part of the --

MS. CARSON: Yeah. Exactly, yes.

MR. PARTAIN: -- because that's part of the Yale Law School -- Yale Law School school's suit that we filed two years ago.

MS. CARSON: Right, to request the training and to get VHA -- to get the VA --

MR. PARTAIN: Three years ago.

MS. CARSON: -- to get the VA's training materials that are used for the CLCW persons who conduct those medical opinions. That's going to be -- that's forthcoming in that lawsuit materials.

MR. PARTAIN: Yeah. And that's, you know, we go round and round over this and, I mean, and forgive me if I have a lackadaisical attitude, it's more of just ambivalence, but we keep going over this same dead horse, beating it over and over again and, you know, we keep asking the questions, you know, why aren't you guys looking at renal toxicity and the SME reviews. The questions on the SMEs like the lower right, this right here, it would be considerably less painful if the VA was more

transparent and provided these things without having to file a lawsuit or go to Congress or go to, you know, wherever we have to to try to drag it out of y'all. And I understand that you're not the one that, you know, is making the decisions but, you know, you are the representative that's here from the VA. But it is extremely frustrating because, you know, I asked about the denial rate earlier and I do want to get the current one. But the last denial rate that we got, you know, after the implemation -- implementation of, I'm having a speech problem today, but implementation of the SME program was the approval rate had dropped from around 25, 26 percent which where it was for years to around just below five percent as far as approvals for, you know, after SME reviews. So you know, like I said, there's a lot of history behind this and it's really complicated to get into but, you know, we should be, in addition to our numbers when we get that, I would like to see a denial or approval rate for non-SME, I mean, non-presumptive claims. The difference between, you know, the seven on the 2012 list.

MS. CARSON: So that I can clarify and make sure that I'm understanding what you're requesting,

you want -- you asked about an approval and deny rate that pertains, first and foremost, to the family care program. I heard that question. And then I also just heard the denial rate for the SME ratings?

MR. PARTAIN: Yeah. Well, the approval, specifically approval rate for veterans claims and that's what I was talking to you about earlier, you mentioned the family program. But I'm directing that towards the veterans and I would like to see what the approval rate for, you know, the non-conditions, the non-presumptive conditions --

MS. CARSON: So of the --

MR. PARTAIN: -- and what we're dealing with.

MS. CARSON: So we have the 15 conditions that are Camp Lejeune, you want to know for those that are non-presumptive, what is the grant or denial rate of those.

MR. PARTAIN: Yes.

MS. CARSON: And then you -- and the grant/ denial rate for those that are presumptive so you can do a comparative --

MR. PARTAIN: Yes.

MS. CARSON: -- analysis. I just wanted to make sure I have your question --

MR. PARTAIN: Yeah, I don't want to --

MS. CARSON: -- for data.

MR. PARTAIN: I'm not interested in the -- what I'm interested in seeing is the, you know, the non-presumptives, but I don't want to, you know, to bring up Brad Flohr's famous quote about toenail fungus. I don't want to know the -- I don't want the approval rates or denial rates on toenail fungus, but I want to see, you know, what we're looking at for breast cancer, esophageal cancer, you know, renal toxicity --

MS. CARSON: Yeah, the 15 conditions.

MR. PARTAIN: Yeah.

MS. CARSON: The 15 conditions of the 2012 law.

MR. PARTAIN: Yes.

MS. CARSON: And you want -- so if eight of those have became presumptives, you want to be able to look at the 15 --

MR. PARTAIN: The other seven.

MS. CARSON: Yes. You want to look at the other seven. And so what I'll do is I'll get you overall from 2012 to now, if I can. And then from -- specifically from when the law was enacted, that data, so that you can do the comparison for the time the presumptive existed -- presumption existed in

the time that it -- that those other conditions existed around the same time frame, I'll get you that.

MR. PARTAIN: Okay. Thank you.

CDR MUTTER: And if I could just jump to Bernard; I see that your name tent's up.

MR. HODORE: Okay. Thank you. I have a question. Why if an autoimmune doctor, world renown, makes a connection with family -- makes a connection while a family physician allow SME to deny that opinion, non-skilled SME people, ATSDR recommend toxicologist?

MS. CARSON: Dr. Dinesman, it sounds like an SME question, but let me see if I can recap it. Your question, Bernard, is why if there is a person filing a claim and there is an opinion as part of that claim, a medical opinion provided in the claim from a private person who is world renown, talking about a world renown toxicologist, being not viewed as information, I know I'm going to mess this up. And then the VHA SME says that there is no existence of that exposure but between the two different. So the private physician is saying there is exposure, the VHA doctor is saying that this person doesn't qualify. Is that what you --

MR. HODORE: Yes.

DR. DINESMAN: This is Alan. Actually, it's interesting you refer to ATSDR's case studies on environmental medicine, the health series. In the one looking at exposure, ATSDR states that extensive knowledge of toxicology is not needed to diagnose environmental and occupational disease. The criteria employed are the same as those used to diagnose any other medical problems. Medical specialists such as Board certified clinicians specializing in occupational and environmental medicine or medical toxicology can assist the primary healthcare provider in the evaluation and management of patients exposed or potentially exposed to hazardous substances. So ATSDR basically says in this that basically specialization is not necessary for the evaluation of occupational in toxic exposures.

DR. BREYSSE: If I can just make sure, I think that's probably an oversimplification of what we said. That's probably not accurate, but I think I understood what you read, but that last summary probably is not accurate.

CDR MUTTER: Okay, thank you. And just to finish up the VA's action items, and I know we

brought this up earlier, a CAP member asked that the VA create a registry for Camp Lejeune.

DR. HASTINGS: Tell me what you expect from a registry and I'll take down notes.

MR. PARTAIN: I'm answering a question right now.

DR. HASTINGS: Okay.

DR. BREYSSE: Can I propose something, because this could be a lengthy discussion? Can we, ATSDR set up a meeting with the VA just to talk about what the registry might be, a separate phone conversation to have this to hash this out? Does that -- would that be an okay path or...

MR. PARTAIN: Yeah, we can do that too, but you know, I'm kind of, I mean, yes to answer your question. I don't have a problem with that. But on the registry, my first question, to answer, is why such the push back? I mean, that's -- what do you expect a registry, I mean, that --

DR. HASTINGS: Well, we have six registries for environmental health. We have the Agent Orange, we have the ionizing radiation, toxic embedded fragments and depleted uranium. They're not really registries, as such, they're more surveys. We have the Gulf War and we have the airborne hazards open

burn pits. And frankly, those are -- they're a phone book so that we could invite people in for research. They're a phone book so that we can send out information to people about programs and information that may be updates. And as I see it, you have updates and information coming out from the list that you currently have at the Marine Corps. Now, if there's something different that would be expected, I would like to discuss it 'cause not opposed to it, I just don't know that it would bring you the benefits that you might think it would. So another discussion where we can go into this in greater depth would be great.

MR. PARTAIN: Well first off, the Marine Corps does not provide healthcare benefits or anything to these veterans.

MR. ENSMINGER: It's a propaganda tool.

MR. PARTAIN: Exactly. And it has been used as such and I, you know, in the past. And I mean, everybody that is on the Marine Corps registry has a packet that they get from Marine Corps. We have had to beg, plead, and everything to get information out. So as far as kicking back and say oh, the Marine Corps has a registry, it frankly, it's useless. Second, you know, we have gone, when you

talk about the reasons you just gave us with the other six registry, it is something that we need for the community, so those reasons do apply.

DR. HASTINGS: And I just will tell you that with the Agent Orange, et cetera, those have significant issues because those are self-identified registries and you probably know from reading the airborne hazards IOM report that anything that is a self-identified registry is a -- has significant limitations in its use for research. And you have the research that is currently being done by ATSDR. Again, happy to have a longer discussion.

MR. PARTAIN: I understand that, but you're asking me for reasons, I'm going to give you reasons.

DR. HASTINGS: Absolutely.

MR. PARTAIN: And when you're talking about self-identifying registries and what have you, here's a great example, and this is a personal example. Eleven years ago or no, 10 years ago, I walked into this building after completing my last round of chemotherapy. I was about as white as Laurine's shirt right there and I was male breast cancer, number one. I self-reported. I came in here and joined the CAP and became active. And over

the course of the past 10 years, I found, been contacted, run down 115 men with male breast cancer that have the same commonality of the disease and exposure to Camp Lejeune. That, you know, those efforts, that self-identification also led to a study the ATSDR completed that is showing, you know, that showed a early onset of, I don't know the terminology of it, but I'll let Frank do that, but it did show some things. And I understand from Frank too that, you know, the large part of that came about because of us in the community coming and saying, hey. So yes, that does serve a purpose for getting a registry. There are other diseases out there, rare diseases, things that haven't, you know, that aren't showing up because they are rare. One of the things that we see in, you know, in the community, you know, like for example, I've got a Facebook page, called Camp Lejeune Toxic Water Survivors; started it under two years ago and in the past two years that page has grown to over 11,000 people now. It's actually bigger than the website The Few, The Proud, The Forgotten. Constantly we're getting people, hey, I've got this condition here, does anyone else. And then they get responded to or they talk to. Donna Stratford is a member on our

website from y'all and she posts on there as well. But you know, these people want to communicate to the VA, they want to say hey, I was at Camp Lejeune, I have kidney cancer, I have colon cancer, I have esophageal cancer, and these numbers need to be counted and they need to be out there. So if on your registry you're seeing oh, well there's 115 men with breast cancer, we need to look at that or either bring that up or, you know, share that with community so we can have ATSDR or someone else --

DR. HASTINGS: And those are looked at through the VBA with the list that we have there where we can say these are the claims and look at health outcomes.

MR. PARTAIN: Well, the other thing too is in the past, and I brought up the toenail fungus, because in the past trying to get information from the VA of how many conditions are here, it was confusing. We -- at one time we were being told, oh there's 30,000 conditions being claimed for Camp Lejeune. What was that? And there was no rhyme, sense, or reason, even with the numbers we're seeing here today, we're not seeing the numbers that are pre-2012 because I believe that's when y'all started tracking. I know when Congress has asked for these

numbers they've gotten different figures. And with the registry, hopefully, some of that will be sorted out. And the community wants to help out too, they want to say hey, I was here, this has happened to me, and they need a place to go. The Marine Corps has not provided that place and they will not, and having a VA registry will help do that. And also, you guys are the providers. If you need to communicate something to the community, right now you can't unless you go to the Marine Corps and say hey, can I do this, please and then --

DR. HASTINGS: And we have done that and they do mass mailings and they include VA materials.

MR. PARTAIN: Okay. But you are the providers and you are the people determining benefits. And I think it would also be helpful to you too to have, okay, well on this registry, you know, we have 200 self-reporting male breast cancer cases. We have 300 adrenal cancer, or we, you know, I'm making the numbers up, but that should be there. Okay? So I mean, am I missing anything, Jerry?

CDR MUTTER: No. And what we can do is maybe one of our next CAP calls we can invite the VA and have a larger discussion in a CAP call.

MR. HIGHTOWER: I'd like to say something about

the registry.

MR. PARTAIN: Okay, go ahead.

MR. HIGHTOWER: My name is Tony Hightower. I've talked to over 200 Camp Lejeune veterans in the last four and a half months. One thing that hasn't been mentioned which I, myself, have been going through for 30 years is bone density. I found over the last four months we have a high percentage of Camp Lejeune veterans lacking bone density that could be related back to the toxic chemicals in the water. But we need a registry. Just like Mike Partain was saying, we need a registry for a number of things: to keep track of how many people, even though it's -- they might be diagnosing their self, but it's something to look into. A registry will give us a feedback of what's going on and where we can go from that.

CDR MUTTER: Thank you. So --

MR. ENSMINGER: I have some information that I think would be beneficial to --

DR. BREYSSE: The registry discussion?

MR. ENSMINGER: No. To the audience about the SME program in general. I think it would answer a lot of questions and maybe hold back some questions that we may get.

DR. BREYSSE: Okay. So as long as we're -- we'll follow up with the registry in a separate venue. That's what we'd be on, so go ahead.

MR. ENSMINGER: In April Secretary Shulkin was fired and they replaced him with a temporary Secretary, Mr. Robert Wilkie. And in late April, Mr. Wilkie was getting a briefing by the general counsel to the VA about the lawsuit that we, Mike, Chris and I and The Few, The Proud, The Forgotten website had filed against the VA for documents pertaining to the creation and implementation of the so called subject matter expert program for Camp Lejeune. After Mr. Wilkie had that briefing, he went to Mr. Brooks Tucker who I had worked with for eight years on the Camp Lejeune issue, but he worked for Senator Burr. Brooks Tucker is now the Assistant Secretary of the VA for legislative affairs. And Mr. Wilkie asked Brooks if he thought that I would come up and meet with him about the Camp Lejeune subject matter expert program. He wanted to learn more about it and what the problems were. So Mike and I went up there and we met with Mr. Wilkie in his office on the 1st of May. And we went up there loaded with all the information, all the denials that we had where, you know, there was

just -- it was just ludicrous some of the stuff that these people were writing in these denials in their opinions on these veterans. And we went in there and provided him that. I mean, we had actual documentation. And I have all the faith and confidence that Mr. Wilkie is going to do something about this program and I'm hopeful that we see that report soon. So you know, bide your time, you know, keep your powder dry, and there is -- there are things going on that you don't know that are going on. A lot of this stuff I can't share right away, but you haven't been forgotten. And I was just up there last week, up there raising hell about the EPA, so. I stay gone, I'm on the road all the time. But just keep that in your mind that there's going to be some kind of resolution to this SME program soon.

CDR MUTTER: Thank you. So we are coming up on a break, so let's take a 10-minute break.

MR. ORRIS: Jamie, really quick, I'm sorry.

CDR MUTTER: Oh, sorry.

MR. ORRIS: I have a -- there was a VA question that was a CAP concern that was not, for some reason, listed in there and I want to take a moment to discuss that because I do have some

important news to share with the CAP community and everybody. But I want to go back really quick. One of the things that we don't talk about in these meetings very often, we hear this list of 15 covered conditions, presumptive conditions, but we don't talk about one of the conditions that does have sufficient causation which is congenital birth defects. It's hard to talk about dead babies, it's hard to talk about these kind of issues. However, as a person who was born at Camp Lejeune with a congenital heart defect, I take this issue very personally and I am pleased to announce that Laurine and I spent some time talking and she put me in touch with Jonathan Hughes who is the Acting Assistant Director for Policy and Procedures and Compensation Services at the VA. And between him and the good work of Congressman Walter Jones, who is the Congressman for the Third Congressional District in North Carolina which encompasses and includes all of Camp Lejeune military base, he has agreed and presented a bill that will provide benefits and compensation for all of the children who were born with congenital heart defects at the base. And so thanks to all of the hard work of ATSDR, the VA, the CAP, the community, I am pleased

to announce that this is another condition that hopefully we will see a resolution to providing assistance to everyone who was born with that defect.

CDR MUTTER: Great. Thank you for that update.

MS. CARSON: Jamie, one more thing. It doesn't make the action items, but I wanted to also tell you so. Jonathan Hughes works for my staff. This is Laurine Carson, I forgot to say my name for the first time, but works with my staff and while VA doesn't have a position on any legislation that's presented to Congress, certainly the question came up and I told him, I said, you know, we can read for you, we can share with you how legislation happens and how to make proposals and so I'm glad that helped you. But the other thing is during the last CAP meeting in Pittsburg we had several people stand up and share information and you saw me go down and I took people to go talk to the claims clinic folks. There were like eight particular cases, well there were ten particular cases that came out of that group that I've tracked personally from April till now and I am really pleased to say that eight of those ten we were able to assist. The guy who came in from Seattle, who flew in from Seattle to

Pittsburg, we were able to assist and he was able to get a service connection. And two of them were still denied but we were able to provide the reasons for the denial. But that's what it's about for me and that's what it's about for the VA. And I know that we can't make everything happen that you want to happen when the science is not there, when we don't have the basics or when the presumption is not there, but we are trying our best. We serve veterans because we care and we want to do the right thing.

UNIDENTIFIED AUDIENCE MEMBER: I have a question. Now, do they have -- I live in Ohio. Do they have these meetings in Ohio?

CDR MUTTER: Well, we have them once a year off site and we kind of rotate around, so we haven't had one in Ohio, but the next one we have is going to be in the Washington, D.C. area next spring. So every year there's a different location that's chosen.

So with that, let's go ahead and take a 10-minute break, if you could reconvene at 11:10. The bathrooms, you go to the guard station out to the left.

(Break, 11:00 till 11:15 a.m.)

CDR MUTTER: Okay. So we're going to go ahead

and get started. I'll start with the action items that we have for the Navy. So the first action item, a CAP member would like to know how the Department of the Navy feels that their exposed family members and children are being treated, whether you agree or disagree that they are being treated well right now with current legislation.

MS. KERR: The Department of the Navy, including the Marine Corps, fully supports initiatives that promote the wellbeing of our Marine family. This includes Department of Veterans Affairs efforts to provide healthcare and disability benefits to past residents and workers at Camp Lejeune. We're not in the position to comment on the effectiveness of the implementation or legislation or VA regulations.

MR. ORRIS: This is Chris Orris, I'm a CAP member. I believe I'm the one that actually asked this question. So let me get this right, what the Marine Corps is saying in your statement is that you're not in any position to make an opinion on whether your dependents, whether the family members or anybody at the base during the exposure period, are being well taken care of. Is that really what I'm getting from the Department of the Navy is that

you don't have a position on how your dependents are being treated due to their exposure at the base? I'd like clarification on that.

MS. KERR: I'll read it again. We are not in a position to comment on the effectiveness of the implementation of legislation or VA regulations.

MR. ORRIS: Do you feel that when people sign up for the Marine Corps that they would feel comfortable with a statement like that going forward today?

MS. KERR: I'll be happy, Mr. Orris, to take that back for consideration.

MR. ORRIS: I think the entire country would like an answer to that.

CDR MUTTER: Okay. So moving on to the next action item. A CAP member requested that the Camp Lejeune website be updated to include other contamination, i.e., PCE, TCE, vinyl chloride and alternate pathways.

MS. KERR: The Camp Lejeune website already discusses TCE, PCE, benzene, toluene, vinyl chloride and several other compounds, and this can be found at the question and answer tab. We've got the website, it's the first one up there on the slide if you want to take a picture of that for ease. I'll

read it out to the folks on the phone. It's https://clnr.hqi.usmc.mil/clwater/pages/QuestionAnswer.aspx#chemicals. In addition, a link to the Camp Lejeune Restoration Advisory Board website, that's the second website up on the slide. That website is https://www.lejeune.marines.mill/offices-staff/environmental-management/restoration-advisory-4. This has been added to the Camp Lejeune website under the resources tab for ease of reference.

MR. ORRIS: Wouldn't it be nice if the Department of the Navy and the Marine Corps spent as much time taking care of their dependents and family members who were exposed during the contamination period as you do putting up links to advisory panel boards and other information that tries to poo poo and minimize what the Marine Corps is responsible for during the contamination period? Perhaps, and if I can make this a CAP suggestion that maybe you take that response to the previous question and put that up there as the very first paragraph on that website that you provide.

CDR MUTTER: Mike, do you have a comment, question?

MR. PARTAIN: Yes. I'm sorry, I didn't realize. Going back to Laurine and, I'm sorry,

you're not going to be put on the spot. On the approval deny rates, and I apologize because I wasn't thinking about these other things, but during the break some people brought some good points, outside the 15 conditions, prostate cancer, auto-immune issues, I would like to have those included in the approval/denial rates for claims brought up on those issues.

MS. CARSON: For the -- you want those approval denial rates as they relate to CLC at Camp Lejeune?

MR. PARTAIN: Yes.

MS. CARSON: Okay. So I don't know that those are tracked specifically in that manner, but I will try. I will try to get that. But I think -- I will talk to you a little bit off line --

MR. PARTAIN: Okay.

MS. CARSON: -- about what kind of evidence and how the data warehouse actually captures the evidence. It has to be tracked a certain way and labeled as a Camp Lejeune related issue for a claim and then I'll be able to maybe figure out exactly what you want.

MR. PARTAIN: Yeah. They're being filed as Camp Lejeune claims, but they are conditions that are outside the 15 or the --

MS. CARSON: Right. So then they were being denied as --

MR. PARTAIN: Prostate cancer --

MS. CARSON: Right. So let me -- I will check and I'll talk to the data folks and see how to get you that information and make sure that it's captured and it will be for the period from 2012 to present?

MR. PARTAIN: Well, from -- preferably from the get go.

MS. CARSON: It will be -- I will tell you that VA was tracking -- tried tracking cases in 2010.

MR. PARTAIN: Okay, 2010 then, please.

MS. CARSON: So I'll give you what we had tracking and labeled. Yes.

MR. PARTAIN: Okay. And one thing, Dr. Breysse, on the call that we're talking about doing for the registry issue, I am starting a new job Monday, so I'm probably not going to be available for a conference call during the day for a while.

DR. BREYSSE: So I think we're trying to take advantage of one of our monthly CAP calls, so if you have those on your calendar, we should be able to kill two birds with one stone.

MR. PARTAIN: Yeah, but like I said, with the

monthly phone calls I'm going to probably not be available for a while until, you know, I don't want to ask my new employer to take an hour off to, you know, be on a call.

CDR MUTTER: You can steal some of your lunch time for it.

MR. PARTAIN: I'll work on that.

CDR MUTTER: We'll try to work with you. Okay. So the next --

MR. ENSMINGER: What lunch hour?

CDR MUTTER: You don't get lunch?

MR. PARTAIN: Don't start Jerry on that, please.

MR. ENSMINGER: You don't need one.

CDR MUTTER: Okay. All right. I didn't know that was a setup. Okay. So the next action item. A CAP member asked if the eight female Marines who were pregnant at HP-57 barracks were notified to make sure there were not vapor intrusion exposure problems.

MS. KERR: The eight female Marines were not directly contacted. The Marine Corps will address any recommendation made by ATSDR's vapor intrusion public health assessment for HP-57 and other buildings aboard the installation at that time.

MR. ORRIS: So let me get this straight and then let's walk through this a little bit. So we know that --

MR. ASHEY: Y'all share the microphone.

MR. ORRIS: Sorry about that.

MR. ASHEY: Thank you.

MR. ORRIS: So we know that HP-57 has a barracks and in that barracks you quarter female Marines of childbearing age. And that barracks has had recently TCE vapors in the air and we know that Region 9 EPA says that a woman of childbearing age is particularly susceptible to TCE vapor intrusion and the risk to her undeveloped fetus is of such a concern. But the Marine Corps doesn't see a problem with exposing their female Marines of childbearing age to a chemical that could cause a cardiac defect in the unborn child and that you're just going to wait for some other agency before you do something about that? We're not talking about past contaminations right now. We have an entire spreadsheet we're about ready to go through that shows all of the buildings on this base that are under active vapor intrusion remediation. How many more children need to die or need to be born with a congenital heart defect before you get off your ass

and start doing something to protect the very people that you're supposed to be doing as the Marine Corps? I do not believe that it is in the Marine Corps' charter to poison unborn children. You know about it, you have known about it and you have not and still do not do anything to protect these children. This is unacceptable. It cannot and should not be tolerated in this country. Do something about it now. Don't let any more children be harmed because of your unwillingness to do something to fix this problem.

DR. BREYSSE: Thank you, Chris. As you know, Patsy is here more as a liaison with the Marine Corps and she'll take that back in the report --

MS. KERR: For consideration, yes.

DR. BREYSSE: Yeah.

CDR MUTTER: Okay. So the next action --

MR. ORRIS: One more thing. It ought to be a crime to willingly and knowingly harm unborn children because of your willingness to get outside of the bureaucratic process.

CDR MUTTER: Okay. So the next action item. A CAP member would like to know if there is an air stripping system installed at the water treatment plants.

MS. KERR: None of the Camp Lejeune drinking water plants use an air stripping system comparable to ground water remediation systems which are used to remove volatile chemicals like benzene, PCE and TCE because it is not necessary. The New River Air Station water treatment plant utilizes slight tray aeration for removal of naturally occurring iron from drinking water prior to distribution. The drinking water systems at Camp Lejeune are tested regularly for contaminants, including volatile chemicals. For Camp Lejeune's annual water quality reports, please see -- I've got the website up there. It's http://www.lejeune.marines.mill/officesstaff/environmentalmanagement/annualreports.aspx. Additional information on the four drinking water plants aboard Marine Corps base Camp Lejeune and Marine Corps air station, New River, can be found on the state's drinking water watch website. And this one is at the bottom also, it's https://www.pwss.enr.state.nc.us/NCDWW2/. Search for Lejeune in the water system name, click on the fact sheet next to each system to get the details about the type of water treatment utilized at each facility. Please note that finished drinking water

from the Rifle Range and Devil Dog Verona Loop is purchased from the Onslow County Water and Sewer Authority as noted on their respective fact sheets. You will need to contact the Onslow Water and Sewer Authority to determine the drinking water treatment process for those systems.

CDR MUTTER: All right.

MR. ASHEY: Jamie, do you have another --

CDR MUTTER: Action item?

MR. ASHEY: Yeah, do you have another action item that's associated with this one, or was that the only one you wrote down from the last meeting?

CDR MUTTER: That's the only one.

MR. ASHEY: Okay. I brought this issue up. The underlying question was, what is the Marine Corps and Department of the Navy doing to ensure that the next generation of Marines doesn't suffer the same debacle that all of us have on -- right now. And just for the benefit of the audience, remediation systems are designed to remove contamination from ground water and soil. When they reset the wells in different locations and reset them deeper or maybe even slightly more on the shallow side away from the underground contamination plumes, all they did was they created a hydraulic

gradient that will eventually pull those plumes toward those new wells. And the reason is, is because the soil at Camp Lejeune is highly permeable. In other words, ground water and anything else that's in the ground like a plume will move rapidly through that soil. Now, if it was clay it wouldn't, but the soil at Camp Lejeune is very sandy which is what contributed to the problem to begin with. So my question was, again, what are they doing to ensure that when those wells pull those plumes and start contaminating that water, what processes do they have in place to ensure that contaminated water is not distributed into the base without their knowledge?

Well, first answer was that they do biannual testing in accordance with EPA Region Four requirements. Region Four never contemplated a debacle of the magnitude of Camp Lejeune with respect to their biannual testing. Testing should be done every month on those well heads because as an example, if they test in January and in February a plume hits that well, they're not going to know for six months that there's a problem. And so one, those well heads should be tested every month. It's not analytical testing for drawing contaminants,

it's not all that expensive. Surely the Marine Corps and the Department of Navy can absorb that cost.

Two, an air stripping system on the inlet side of a water treatment facility would surely handle most of the contaminants that are detected in the water supply. All it does is it pushes high pressure air up through a stack and vaporizes all of the petroleum contaminants or the majority of the petroleum contaminants that are in the water. Again, what is the Department of Navy doing to ensure that the next generation of service personnel living at that base and the dependents don't suffer the debacle we suffered? And telling me that an air stripper is not necessary is not the answer. Telling me that we test in accordance with EPA standards is not the answer. You need to go above and beyond that.

CDR MUTTER: Thank you. So we have one more action item to go through. The CAP submitted a request asking if a Navy and Marine Corps official can return to the Camp Lejeune panel during the CAP meetings.

MS. KERR: A Navy and Marine Corps public health center representative currently attends the

CAP on behalf of the Department of the Navy. All members of the public interested in Camp Lejeune environmental restoration activities are invited to attend Camp Lejeune's restoration advisory board meetings which are held quarterly in Jacksonville, North Carolina. For more information about the Camp Lejeune restoration advisory board, please see the bottom website for those schedules.

MR. ASHEY: I shouldn't have to travel to Camp Lejeune to get an answer to these questions. And again, I ask and request that representatives from your primary contractor, CH2M Hill, attend these meetings so that we can ask them questions directly as they're one of your primary remediation contractors.

MR. ORRIS: And taking Mike's question just one step further, doing periodic testing for these contaminants can save a life, can save an innocent person's life. We go beyond in almost every other segment of our society to protect, preserve, and defend the people of this country. Does the Marine Corps' disregard for the sanctity of human life for the very people that are serving in that institution right now justify what you're doing? This -- we were talking about a historical problem. I don't

believe that this is a historical problem. We know that there are other issues and concerns at this base. Be proactive for once. Do what is necessary so that like Mike said, that next generation of service members and their families aren't sitting here 30 or 40 years from now lamenting what could've been done differently. This, this...

PUBLIC HEALTH ASSESSMENT UPDATES

SOIL VAPOR INTRUSION

DR. BREYSSE: Okay. So I think it's not an inapropos time to move on to the public health assessment discussion, soil vapor intrusion, since we were just talking about some of the ongoing contamination. So going to Rick.

MR. GILLIG: Good morning, everyone. My name is Rick Gillig with ATSDR. I want to introduce Jack Hanley before I get started. Jack will be taking over as the management lead on this project. I will be retiring soon.

MR. ENSMINGER: No, no you don't.

He's going to pull a John Wayne, ride off into the sunset.

DR. BREYSSE: Not without Jerry's permission.

MR. GILLIG: I guess I need to work on getting that. So I want to provide some general updates

since our last meeting. Last time we were together we talked about the work plan for the soil vapor intrusion project. And I believe when we were together in Pittsburg that was out for a peer review. We put that out in peer review in January. We have received the peer review comments. There were five peer reviewers. These are experts in soil vapor intrusion. We addressed their comments and we released the final plan. I believe Jamie sent that out last week so you should all have a copy of that.

In previous phone calls we talked about the computer application we were developing for analyzing all the environmental data we've collected over the last six years. We have completed that initial computer application. We've done some initial analysis, we need to do additional programming of that application. We're conducting sensitivity analysis so that when we actually run the data we know what that program's most sensitive to and we can make it appropriate for Camp Lejeune. In the last couple of phone calls we've had you all have been asking for some maps. I know, Mike, you've been pressing the issue. I'm hesitant to show any maps of our current data analysis because we're still fine tuning that. But I thought today

we can show some maps of some of the buildings that have vapor mitigation systems at Camp Lejeune. There are 21 of those buildings that have active systems. There are three additional buildings that they installed mitigation systems as a precaution.

MR. ENSMINGER: How many did they demolish?

MR. GILLIG: I can't answer that question at this time. That'll be part of our analysis, Jerry. We are looking at buildings that have been taken down.

UNIDENTIFIED AUDIENCE MEMBER: Excuse me, are any of those buildings at the courthouse base?

MR. ENSMINGER: No, sir.

MR. GILLIG: Thank you, Jerry. So we have a series of six maps. This first map shows the general areas and points. It's kind of hard to see, but again, we have five more detailed maps that we'll go through. And all of you have copies of these maps in your packets.

MR. ENSMINGER: Yeah. I mean, that picture is from Google Earth, for Christ sake. I mean, you can't see anything.

MR. GILLIG: Can we expand the picture at all?

MR. ASHEY: Rick, you're going to zoom in, right?

MR. GILLIG: Right. We will zoom in on the next series of maps, the five maps that we show after this one. So if you could pull up the first map, 31. And can we zoom in on that, Jamie? This map shows two buildings. There's one just below the title box, that is building G484. This building has a passive vapor mitigation system that was installed in 2013 as a precautionary measure. The map also shows building G773. This is also a passive vapor mitigation system that was installed in 2012.

DR. BREYSSE: They're outlined in purple, if you're looking for them.

MR. ORRIS: So Rick, just as a quick question, can you identify whether these buildings are industrial, residential or mixed use, as well, when you're going through this; do you have that data right now?

MR. GILLIG: So this building up top, G484 is a work place, so that's one of the categories we have on our data base.

MR. ORRIS: Okay. Work place. Okay. Does that mean office environment or is that more of an industrial, when you're describing a work place can you kind of give the definition for that?

MR. GILLIG: Chris, I'm not sure we break it

down to that level of detail. But we'll have information on more specifically how the building was used, but I don't have that with me.

MR. ORRIS: Okay. I mean, from a scientific standpoint though you base your levels of exposure off of industrial, residential or the mixed use, right?

MR. GILLIG: Well, some of the institutional uses such as schools or healthcare facilities, family sensitive population. The work places, our assumptions on exposure duration are pretty much the same as an office or warehouse.

MR. ORRIS: Like an industrial.

MR. GILLIG: Right.

MR. ENSMINGER: That's over at Camp Geiger?

MR. GILLIG: We are doing all of Camp Lejeune.

MR. ENSMINGER: Are you?

MR. GILLIG: Yes.

MR. ENSMINGER: Okay. No wonder I didn't recognize it at first. Okay. Now, I got my bearing. Okay.

MR. ASHEY: Rick, just as a point of clarification, these maps and the purple -- These maps and the purple buildings, those are the ones -- those are the 21 buildings that were identified in

the CH2M Hill report, right?

MR. GILLIG: No. Some of these buildings were identified much earlier than the CH2M Hill review and identification.

MR. ASHEY: So there's more than 21?

MR. GILLIG: Well, there's three additional buildings where systems were put in. I don't believe CH -- I don't remember how many CH2M Hill identified, but as I go through each map I'll indicate which ones CH2M identified in their study.

MR. ASHEY: Well, I'm just -- I'm reading from your latest draft of your vapor intrusion work plan and there were 21 buildings that CH2M Hill identified initially based on the sampling that they took from the buildings from both air sparge systems and biosparge systems. Remember we had this debate and so, again, just to reiterate for the audience, my concern here is that when they diluted -- when they combined the data for vapor intrusion detections inside buildings that were approximated to air sparge systems and the same for biosparge systems, they diluted the data and the result was 21 buildings when actually, if they hadn't diluted the data and kept separate subsets there might have been more than 21 buildings. And again, going back to

for the -- for the audience, an air sparge system pumps high pressure air into the ground. What it does is it then -- it helps get rid of the contamination by turning the liquid fuel into its gaseous state. And so you get a lot of pressure in the ground that forces that contamination through volatilization up out of the ground and the result is vapor intrusion inside buildings.

Biosparge systems don't work that way. Biosparge systems inject low level pure oxygen deep into the ground and feed the bugs because bugs like petroleum and they eat the petroleum. And so there is no pressure that causes the vaporized petroleum to come out of the ground. So what CH2M Hill did -- CH2M Hill did as one of the primary contractors for this EI vapor intrusion study was they combined the data from vapor -- from biosparge systems in proximity to buildings with air sparge systems in proximity to buildings and the result was they identified 21 buildings. That's like taking zero data and data from that say labeled as a hundred, combining them and when you do that calculation you end up with 50, not a hundred. And so they diluted the data, in my opinion. So and that's why getting back to this 21, in your report, in our previous

teleconferences I thought y'all said that you would put an asterisk of notation at the bottom of the page here concerning the difference between air sparge and biosparge and how they diluted the data and there's no statement in this work plan to that effect.

MR. GILLIG: And we can certainly add that to our health assessment.

MR. ASHEY: All right. Well, I'd like to see it in writing at some point, okay? 'Cause I thought we had an agreement on that and I couldn't find it in here.

MR. GILLIG: We'll get that to you, Mike. So if we could go to the next map.

MR. ORRIS: I'm sorry, which classification is G773? To make it easier, can you just forward that to me later?

MR. GILLIG: Well G773 is a work place.

MR. ORRIS: So both of these are work places?

MR. GILLIG: Both of these are work places.

MR. ORRIS: Okay. Rick, if you would just identify to make it easier for you, the ones that would be categorized as a work place for us. Thank you.

MR. GILLIG: And what I'll do, as we go through

these maps is I'll tell you what the building use is.

MR. ORRIS: Thank you.

MR. GILLIG: So Jamie, could we expand this one as well?

CDR MUTTER: Yes.

MR. GILLIG: The buildings that are right in the center of the map right there, the purple building. So we had two buildings here, LCH4007, that is a school and that school was built but never used. And this school was identified through CH2M in their study in 2013.

MR. ENSMINGER: That's Midway Park.

MR. GILLIG: The other building here is LCH4014. That is also a school and that mitigation system was installed in 2012 as a precautionary measure.

MR. ORRIS: And when you say a school, are we talking about an elementary school, a middle school, a military school? And the reason I'm asking that is because if this is a high school and middle school, you know the ramifications of that.

MR. GILLIG: And Jerry may know better, given the location I assume this --

MR. ENSMINGER: Yeah. There is a dependent

housing area, so it's either a daycare center or a elementary school. I don't know...

MR. PARTAIN: There's one that they built at Midway Park that's closed, they never opened it.

MR. ENSMINGER: Yeah.

MR. ORRIS: Right. And that's --

MR. ENSMINGER: That's the other one.

MR. ORRIS: That's the one on the map.

MR. ENSMINGER: That's a massive heating oil.

MR. ORRIS: So can I ask you a quick question about this? With this mitigation system what happens if it fails or if it stops working for any reason, what is the backup plan? How long does it take to know that the mitigation system is no longer working?

MR. GILLIG: Chris, I cannot answer that question. That question is more appropriate for the Department of Navy.

MR. ENSMINGER: Start choking.

MR. ORRIS: Can we get that information from Department of the Navy for the next CAP meeting?

MS. KERR: (inaudible)

MR. ASHEY: Christopher, are you talking about the EI remediation systems?

MR. ORRIS: Yes.

MR. ASHEY: That are in the village, right?

MR. ORRIS: Yes.

MR. ASHEY: Just for clarification.

MR. ORRIS: Yes. Because I'm hopeful that the Marine Corps has a backup plan for a vapor intrusion system for a school in case it fails because, you know, we certainly wouldn't want to expose children to harmful vapors.

MR. ENSMINGER: Yeah. But that school was never opened.

MR. ORRIS: No, the other one is. Those are both schools. The one at the top was never opened. Rick just said the bottom one is an active school right now. Is that correct?

MR. GILLIG: That's correct.

MR. ORRIS: It seems a little bit like Russian roulette to me.

MR. GILLIG: Jamie, if we could move on to the next map. And Mike, do you have a question, your tent is up.

MR. ENSMINGER: I have no idea where this is. Where is this at?

MR. GILLIG: Jerry, I'd assume that you could let us know where this is located. I don't know Camp Lejeune well enough.

DR. BREYSSE: Back to the first page and look for an area in grey --

CDR MUTTER: Holcomb Boulevard on the right.

MR. GILLIG: So these buildings are all in the center of the map.

MR. ENSMINGER: Oh, this is that new (inaudible).

MR. GILLIG: I believe we went by this during the base tour, but I couldn't tell you the exact location.

MR. ENSMINGER: This is that new entrance that they built on the base, but I don't recognize these at all, do you?

UNIDENTIFIED: These buildings are new.

MR. ENSMINGER: Hell, I retired in '94.

MR. GILLIG: I bet you know the base very well, Jerry.

MR. ENSMINGER: Yeah. But I try to stay away from there as much as I can.

MR. GILLIG: So these buildings are WC500 and WC504, WC510. These are all listed as work places and they have active vapor mitigation systems that were installed in 2016 as a precautionary measure. So you're right, Jerry, these are very new buildings.

MR. ENSMINGER: Yeah.

MR. PARTAIN: Do we know what plume they reside over?

MR. ENSMINGER: What were the building uses again?

MR. GILLIG: The building numbers are WC500 --

MR. ENSMINGER: Yeah, I see those. What's their uses?

MR. GILLIG: They're called work places, but Mike, I don't know what plumes are underneath these buildings.

MR. PARTAIN: What about IR site, do you know where their reference or...

MR. GILLIG: I don't have that information either. Our system won't include information on the plumes that underlie buildings.

MR. ORRIS: Well, can we get the Department of the Navy to clarify what this is that we're looking at and what's there?

MR. ASHEY: Well, she's, I mean, there's no way she's going to know that now but if --

MR. ORRIS: Well, I would --

MR. ASHEY: -- it would be really helpful if, and Rick, I know this is not something you can do, but in your GIS layering it would be really helpful

if you could get the plume, the outer boundaries of the plumes could be superimposed on these maps so we can see their proximity to buildings. And actually, Jack, that's going to be your gig. Our final report will have that level of detail.

DR. BREYSSE: If I could just be the time monitor here, we're behind and we have to respect everybody's schedule, so if we can pick things up.

MR. GILLIG: Okay. For the next map, area four. I'm going to try to do these fairly quickly. Area four includes buildings 3, which is a work place, building 3B which is used for storage, building 37 which is a work place and building 43 which is also a work place. Now --

MR. ORRIS: Is there -- go ahead, sir.

MR. GILLIG: These have active vapor mitigation systems that were installed in 2012 as a result of CH2M studies.

MR. ENSMINGER: This is the central area.

MR. GILLIG: We also have HP57, building HP57 which is a residence. That is the barracks and they've installed a sewer venting system so it's not a traditional vapor mitigation system. Chris, you had a question?

MR. ORRIS: Are you aware, are there any cracks

in the foundation in that building?

MR. GILLIG: That would be a question for the Department of Navy. Now this last map, area 5. Area 5 is Hadnot Point, is it not Jerry?

MR. ENSMINGER: Yeah.

MR. GILLIG: So we have a number of buildings here. Building --

MR. ENSMINGER: Well, it's mainly the industrial area.

MR. GILLIG: -- Building 902 which is a work place. Building 1005, a workplace. 1115, which is a storage building. These all have active vapor mitigation systems that were installed in 2012 and that was the result of CH2M studies. And Building 1101 which is a warehouse, it has an active system installed in 2000 and it was upgraded in 2006. We have buildings 1200. 1200 is storage. 1201 is a warehouse, 1202 a workplace. 1301 is a warehouse and 1108 is storage. They have active vapor mitigation systems that were installed in 2006. We also have building 1068 which is a residence and it has an active mitigation system installed in 2011.

MR. ENSMINGER: Building what? Which is the residence, Rick?

MR. GILLIG: Building 1068.

DR. HASTINGS: Smack dab in the middle of the sheet.

MR. GILLIG: Yes. It's right in the middle of the map. It's a fairly small building.

MR. ENSMINGER: What kind of damn residence is that?

MR. GILLIG: Well, that's what it is, our data base --

MR. ENSMINGER: It looks like a cabin.

MR. GILLIG: -- has it categorized as that.

MR. PARTAIN: Is that a gas chamber?

UNIDENTIFIED AUDIENCE MEMBER: Did y'all check any swimming pools?

MR. GILLIG: I'm sorry?

UNIDENTIFIED AUDIENCE MEMBER: Did y'all check any swimming pools?

MR. GILLIG: We didn't.

MR. ENSMINGER: No. They're doing vapor.

MR. GILLIG: Yeah, we're just doing vapor intrusion right now. So as far as the next steps of this project, we need to complete the sensitivity analysis so we can fine tune our prioritization scheme. We'll finalize that, we'll complete the area investigation, estimate historical exposures, put together sufficient data and evaluate the public

health implications of those exposures and we'll also look at the effectiveness of the vapor mitigation systems. So a lot of work to do, but we're making good progress.

MR. ENSMINGER: That's the old rail head where that 1068 is on that map and that empty lot to the right of 1068 is the old fuel farm.

MR. GILLIG: I don't know why it's labeled a residence.

MR. ENSMINGER: Well that might be a watchman's.

MR. GILLIG: I would think that's probably what it is, but in our data base it comes up as a residence.

DR. BREYSSE: Well, we'll have more detailed information.

MR. ENSMINGER: There ain't no residence there.

UNIDENTIFIED AUDIENCE MEMBER: How do you determine which buildings to do, I mean, I know you do test on them but is the building next to that one not contaminated; is that what they're saying?

MR. GILLIG: Well these are all buildings that have vapor mitigation systems and the Navy has had a number of different studies throughout the base and based on the results of those studies they decide

which buildings to put mitigation systems in.

MR. PARTAIN: You've got to understand that, you know, with the -- we're kind of jumping ahead over a lot that's happened, but the studies -- the Navy started studies as far as identifying the contaminants, plumes and locations of dump sites back in the early 1980s. What we're discussing now is vapor intrusion which is another pathway for exposure and ATSDR did a -- or completed a water model and one of the chapters of the water model deals with the fate and transport of the contaminants as far as where they were dumped, where the plumes are. It's available on line at the ATSDR Camp Lejeune site and lists out all the contamination plumes located on the base and if you want to know where something was or what's underneath a building in a particular area, those maps will show you. But as far as, I mean, you're dealing with a large area so, you know, it's hard to go through. But like for example, this last map that they were looking at, you know, the Hadnot Point fuel farm, an industrial area which, you know, when I mentioned the 1.5 million gallons of fuel, that was located -- can you put that map back up?

CDR MUTTER: Which one?

MR. PARTAIN: The Hadnot Point fuel farm, the last slide. I'm sorry, Jamie, I don't mean to make you walk.

CDR MUTTER: That's okay.

MR. ENSMINGER: Back up.

MR. PARTAIN: Too far.

CDR MUTTER: I thought you wanted the last one.

MR. PARTAIN: Yeah, the very last one.

CDR MUTTER: Yeah, I'm not --

MR. PARTAIN: There you go. All right, this area in the middle of the RNA map, that's where the big 1.5 million gallon fuel, I mean, fuel spill underneath the aquifer. I mean, look to the right in this area and stretched over to Holcomb Boulevard where well 602 was. Over on the right side here by Sneads Ferry Road there's -- is that the barracks, Jerry?

MR. ENSMINGER: No.

MR. PARTAIN: Where were the barracks, the solvent?

MR. ENSMINGER: Huh?

MR. PARTAIN: The solvent plume.

MR. ENSMINGER: That was the solvent plume; they're all shops and offices and warehouses.

MR. PARTAIN: Over here on the right there's a

solvent plume of trichloroethylene and that's in this area here so and then there was --

MR. ENSMINGER: 1005 is a barracks.

MR. PARTAIN: Where?

MR. ENSMINGER: 1005.

UNIDENTIFIED: No, that's a maintenance (inaudible).

MR. PARTAIN: And then the 1200 series building over here, there was another trichloroethylene plume from the tanks that were leaking, the storage tanks. So you've got different contaminants depending on where you are on the base and what it's around. But that's what they're looking at. And of course, like with the 1100 buildings, they found fuel underneath those buildings and they actually shut down and I forgot the building numbers but in the '90s, late '90s, 2000s they evacuated people out of those buildings because they found fuel and a flash -- fuel vapors at the flash point.

Does that answer, I forgot who asked the question.

UNIDENTIFIED AUDIENCE MEMBER: What about French Creek, is there anything found over in French Creek?

MR. PARTAIN: Well French Creek, they've got

trichloroethylene, I believe. I don't know if -- there were no wells that supplied water to the base from French Creek area, but there was trichloroethylene down in it. So the courthouse may also had a trichloroethylene site outside the barracks.

MR. ENSMINGER: That whole area right there was the old fuel farm. That's the new fuel farm, hell that's leaking already. This is the rail head here. And the new commissary PX complex is right across the road back there. That one that was in question at the meeting (inaudible) was back up this way. How many remember Parachute Power Road? Had the dirt and they had the kennels out there, one of them was a dog pound for the MP area. Well they had another one further back where they were throwing these (inaudible) studies on people.

DR. BREYSSE: Jerry, we need to move on, or is there something else you want to point out there? All right, thank you Rick, is that it for the vapor intrusion?

MR. GILLIG: That's it.

MR. ORRIS: Dr. Breysse, I'm sorry, just one really quick question and this is for the Department of the Navy representative. So building 4014 is an

active daycare, it's also a school for exceptional children on the base, it's also a movie theater and a drycleaner. And I know that you started doing vapor intrusion in this building in 2012. I'd like to know why you started doing the vapor intrusion in the building in 2012 and I'd like to know if there were levels of exposure and if there were that would interest the inhabitants of that building. Have you notified anybody about their potential exposure because this is a sensitive population. This is what we get back to again. That daycare center is full of sensitive population.

MS. KERR: I'll take that back.

DR. BREYSSE: Okay.

MR. ORRIS: Thank you.

DR. BREYSSE: So if we move on to health studies updates.

MR. ASHEY: Hold on, hold on. Rick, so do you have a copy of your work plan?

MR. GILLIG: Yes, I do. Okay, which page?

MR. ASHEY: Page four. Again, I request that if you could add something at the bottom under your last sentence there concerning the concerns about combining data between biosparge and air sparge systems which is what we had talked about.

Secondly, we also talked about different building types, building structures, foundation types, and I couldn't find that in your building specific information which is on page 10 and 11. So I may have missed it, so maybe we need to get together afterwards and maybe it's there, but during our telephone conversations we talked about the fact that different types of buildings respond differently to vapor intrusion. So the question is, where is that in here?

MR. GILLIG: We did not include, there are 14,000 buildings on base so we have a large data base with characteristics of all those buildings. All those foundation, construction, construction of the building, HVAC system, so forth and so on, are part of the prioritization scheme. We will take that into consideration, but we did not include that level of detail as far as what the characteristics were, in the work plan.

MR. ASHEY: Well, and therein lies my concern, you know. You're going to take it, not you, but the study will take it into consideration, but it's not delineated in writing anywhere, that if the building has a slab or if the building has a crawl space with a wood floor, there's a big difference in how vapor

intrusion is going to act as it permeates up through the ground.

MR. ENSMINGER: And also how old the building is.

MR. ASHEY: Yeah. And how old the building is. I mean, I know a lot of those --

MR. ENSMINGER: If they have a slab, but those original buildings that were built in the early 40s, hell they've drilled holes through the slabs, they're cracked.

MR. GILLIG: Basically you're talking about what are the considerations when we rank these buildings --

MR. ASHEY: Right.

MR. GILLIG: -- and do our study.

MR. ASHEY: Right. That's what I want to see.

MR. GILLIG: All of that will be included in the health assessment. We'll include all our assumptions, the final prioritization scheme and how did we rank the buildings, how did we investigate the buildings. All of that will be included in that report.

MR. ASHEY: Well, then can you include that statement in your work line here that that's what your intent is so that it doesn't get overlooked?

MR. GILLIG: Well, I don't want to say it's not in the work plan, we'll have to --

MR. ASHEY: If, again, if you could point out to me where it is because again when we had our teleconference I thought I had a commitment and I can't remember the lady's name --

MR. GILLIG: Danielle.

MR. ASHEY: -- Danielle, that something would be put in there. The last item, and Jerry you could probably answer this better, you have a time assumption for exposure over a 10-hour work day. Under normal circumstances eight- to 10-hour work day for Marines is probably normal, but we've been in a war footing here since September 11th and so I would think that most of those Marines are probably working longer than 10-hour days, especially since we're still fighting on three continents. Jerry, would you agree with that, or do you think a 10-hour day is sufficient for exposure?

MR. ENSMINGER: Ten hours is sufficient.

MR. ASHEY: Okay.

MR. ENSMINGER: Because if there had been a -- even on a war footing, you know, you'll go to a shift. You're not going to work your people into the ground.

UNIDENTIFIED AUDIENCE MEMBER: Well, I don't know, the Marine Corps has a tendency to do that from time to time.

UNIDENTIFIED AUDIENCE MEMBER: Amen.

MR. ENSMINGER: Yeah, but this isn't --

UNIDENTIFIED AUDIENCE MEMBER: Everybody here can attest to that.

UNIDENTIFIED AUDIENCE MEMBER: That's right.

MR. ENSMINGER: This isn't out in the field, this is in garrison, so...

DR. BREYSSE: Okay.

MR. ASHEY: He agrees, 10 hours a day is good, so we're good.

MR. GILLIG: Okay. Now we --

MR. ASHEY: So we just have two issues, right?

MR. GILLIG: Right.

HEALTH STUDIES UPDATES, CANCER INCIDENCE

DR. BOVE: So we're going to talk about the cancer incidence study that we're working on right now. To refresh everyone's memory, we're looking at Marines who were -- Marines and Navy personnel who were at Camp Lejeune any time between '75 and '87 and civilian workers who were there any time between December '72 or employed there between December '72 and '87. We got this data from the Defense Manpower

Data Center, it's personnel data, we get social security number, phone, name, date of birth, sex, and a bunch of other information, rank and so on. So we use that information like we did it for the mortality study. First of all, we're going to update the mortality study. The mortality study ended in 2008. We're going to follow people now from 2009 to 2016 and get their vital status and from those who have died, get their cause of death. And then we're going to send -- we have about 530,000 people in this study, most of them Marines, about 16,000 civilian workers, so the rest are Marines both at Camp Lejeune and at Camp Pendleton. And we're going to be sending all that data to the cancer registries around the country.

Right now we have 42 state registries that have agreed to work with us. We have one additional state that has -- we need to work out a data use agreement so that'll be the 43rd state. We have the VA, the District of Columbia, Puerto Rico, and the Pacific Island registries as well. So all total we have 46 confirmed registries, one more that is partial. The DoD, we're working with, we'll get that on board too, their registry. And there's two states that cannot participate, Kansas and West

Virginia, because of their state laws that prevent them from giving us information connected to personal identifying information. And Illinois, we're going to try to work with. They haven't been able to do any studies for anybody for several years because of personnel problems, staffing problems, but we're going to work with them and see if they can't participate. So --

MR. ENSMINGER: What about Florida?

DR. BOVE: We have Florida, we have Texas.

MR. ENSMINGER: Okay.

DR. BOVE: Finally.

MR. PARTAIN: So Florida is on line now?

DR. BOVE: Yeah. It was -- it's been a long process. This is a unique study, I don't think any research or any study has ever tried to do a data linkage study, which is what this is, with as many state registries, as we are. So this is brand new territory and hopefully it'll spark a national cancer registry some day; that's one of our hopes. But in the meantime we've gone through this process. It's taken us two years to get these states on board. We thought it might take three, so we're doing better than we thought, but it's still been a difficult process. And so the way it works is that

we have a contractor now. We had one call with them, we're going to have a face to face meeting within two or three weeks and then they can get started. The first part of the study is to find out the vital status of everybody. So to identify those who have died and those who haven't and we use -- they'll be using a locator firm. The contractor, by the way, is Battelle and --

MR. ENSMINGER: Who?

DR. BOVE: Battelle.

MR. ENSMINGER: Oh. I thought you said Mattel.

DR. BOVE: Battelle, right. The good news about Battelle here is that subcontra -- that one of the subcontractors is the national association of all the state cancer registries. So we have as the subcontractor an entity that's worked with all the state cancer registries that the cancer registries recognize, so that will be a big help in this study. So anyway, so we -- they'll use a locator firm to find out the vital status. Those who have died we then send to what's called the National Death Index. There is a national death index, we used it in the mortality study, and get cause of death of those who have died or to check to see for those we can't locate, oftentimes we can't get vital status on

everybody, for some reason there's -- people can't be found through that process, the National Death Index will tell us whether they know whether they've died or not and if they did, get cause of death information. So once we have that information we can start updating the mortality study to at least 2016. It takes -- there's a delay in getting this data at the National Death Index. It's also similar to the delay at the cancer registry. So we'll be able to get data up to the end of 2016 on cancers and on cause of death for the study. We won't be able to get it beyond that. So we'll get the mortality data sometime early next year. We'll get the cancer data later in that year, later next year, and hopefully be able to turn these around as quickly as possible. Basically, we're doing four studies, two mortality studies, one for civilian workers, one for Marines and Navy personnel, and then two cancer incidence studies. Again, one for Marines and Navy personnel, one for civilian workers. So it's a lot of work, but we'll try to turn it around as quickly as possible. So I don't know if there's any other information I need to give you. Are there any questions?

UNIDENTIFIED AUDIENCE MEMBER: Yeah. Do you

have them on a time restraint? A time for them to come up with your data?

DR. BOVE: Well we hope, I mean, we --

UNIDENTIFIED AUDIENCE MEMBER: I'm not referring to hope, sir.

DR. BOVE: No. Okay.

UNIDENTIFIED AUDIENCE MEMBER: All right. I've been a contractor for over 25 years, there are time restraints that should be put into any contract, or are you giving them the free reign, oh we might have it in two years, in 10 years they finally come back with the data.

DR. BOVE: No. No. It's a two-year contract, okay, so there's an end. As I said, we will get the cancer data sometime near the end of next year so that -- let me just look at this.

UNIDENTIFIED AUDIENCE MEMBER: Have you put in --

DR. BOVE: We haven't --

UNIDENTIFIED AUDIENCE MEMBER: -- a time deficit for the money?

DR. BOVE: The contract is over after two years. We will get the data. As I said, we'll get the mortality data early in 2019. I'm looking at this and probably the earliest we'll get the cancer

data is near the end of 2019, early 2020. That's what we have. These are the dates that the contractor said they will provide this data. We still have to work out these dates, so they may move one, two, or three months either way, but they're not going to move any more than that. So this contract ends, we have to have the data at the end of the contract. We have to have all the data at the end of the two years, so that's set.

UNIDENTIFIED AUDIENCE MEMBER: If they don't come up with all the data that you're expecting, you're not paying them, right?

DR. BOVE: There's no reason to think that they won't for one thing because we've worked --

UNIDENTIFIED AUDIENCE MEMBER: I understand that --

DR. BOVE: -- we've worked out all the arrangements with the cancer registries. As I said, the subcontractor is the, basically the trade association for all the state cancer registries. There should be no problem with getting the data on time. But we will hold this contractor to that. Okay? So we will get this information. It will take us a while to analyze all this, that may be the delay, not the contractor, if there's going to be

one.

MR. ENSMINGER: And then your report falls into the black hole.

DR. BOVE: We -- yeah. We have -- there are journal articles here --

MR. ASHEY: Don't say yeah. Don't say yes.

DR. BOVE: Okay, I won't say yes. We have agency clearance and that takes time.

MR. ENSMINGER: Yeah. It's a black hole.

DR. BOVE: We also will have journals, these are journal articles so we're, you know, the journals may take some time too so we can't control what the journals do, but we will, as I said, turn this around as quickly as we can.

UNIDENTIFIED AUDIENCE MEMBER: This data, who's going to be the -- who's going to be the subjects for you to put this, all this data together? Your test subjects, who's going to -- do you have somebody you're going to contract out to put together data for you? Who's going to be the test subjects for this data?

MR. ASHEY: The group, the exposure groups, Frank, I think is what he's asking.

DR. BOVE: I don't think he understands --

UNIDENTIFIED AUDIENCE MEMBER: The exposure

group itself. We're going to be the -- so you're going to be analyzing us while we deteriorate. Is that what you're saying?

DR. BOVE: We're going to get cancer data, as I said, on all the Marines who were at Camp Lejeune any time between '75 and '87. And for civilian workers from December '72 through '87. Those are the people we're going to get mortality information on and cancer incidence data on. And a similar group at Camp Pendleton.

UNIDENTIFIED AUDIENCE MEMBER: I don't have a degree in medicine or anything, but wouldn't it be simpler if you just take everyone that's been exposed to the water and then medical -- medically treat -- take over the responsibility for their medical history until a certain period of time?

DR. BOVE: This is a study and a study -- you're asking about healthcare. We don't provide healthcare.

UNIDENTIFIED AUDIENCE MEMBER: Well, you should.

MR. PARTAIN: No, no, no. That's -- they're trying to get the studies done so, you know, we can go to Congress to get what you're asking for. That's -- we, believe me, this is something we've

been fighting for and fighting over for years and I know when I started we got a lot of slammed doors in our face and it's taken a while to get where we're at.

MR. ENSMINGER: Well, what you have to understand is that every environmental exposure issue, whether it's Camp Lejeune or somewhere else, you take a look at the contaminants that you were exposed to and then scientists study this stuff and it furthers science's knowledge and the medical community's knowledge about what these chemicals cause. For instance, the VA is in a battle right now with the Blue Water Navy veterans that were on aircraft carrier battle groups off of Vietnam. They're claiming they were exposed to Agent Orange. They said it was -- it floated out there. And you know, I am skeptical of that, I agree with the VA on that point, but however anyhow, you've got to have science. You just can't willy-nilly go in and say hey, I was exposed to this or that and I know it caused my cancer or my other health effect. You've got to have the science to back you, believe me. I've been fighting this for 21 years. You can't realize how many roadblocks I have had thrown up in my face. Well, Senator Burr and Senator Hagan and

myself and Mike were told so many times it would be premature and irresponsible to provide health benefits and disability benefits to Camp Lejeune because all the science isn't in. So this science is important and these studies and I'm a firm believer that the Camp Lejeune cancer incidence study is going to be the most informed study that has been done on Camp Lejeune as up to this -- up to this time. Science is going to gain an awful lot and I truly believe that the cancer incidence study for Camp Lejeune is going to put the nail in several chemicals' coffins, the final nail. I hope I live to see it.

DR. BREYSSE: So I think we've moved into the CAP updated community concerns part of the --

MR. PARTAIN: Actually, I've got something before we go there.

DR. BREYSSE: Too late.

MR. PARTAIN: And this goes to what Frank was saying and also kind of going back to what Jerry was talking about with revisiting. When we did the presumptive there was not very much evidence out there for -- or studies out on male breast cancer and exposure to solvents. And that was one of the reasons why male breast cancer was not included in

the presumptive, even though ATSDR had their study. Recently there was a European study on male breast cancer, I understand, and interesting, you know. I'll read the summary. It says: Exposure to organic solvents is subject to increased breast cancer risk. The previous epidemiological studies have often restricted to women and are generally less exposed than men who are exposed. In our data -- my eyes are getting bad -- in our data high occupational exposure to trichloroethylene was associated with a doubling of odds of ratio of male breast cancer and a dose response trend. A possible for benzene and ethyl glycol was also suggested.

Going back to the revisiting, I mean, here's another study, a European study from what I understand. It's pretty extensive, saying that there is a direct correlation between exposure to trichloroethylene and male breast cancer. I don't know if you've seen the studies, or study --

DR. BOVE: I sent it to you.

MR. PARTAIN: Yeah. I mean as far as going through, what I'm saying. But the -- I don't know if you guys have sat down and talked to the VA yet or what we're going to do about it, I mean, that's -- have you got something else on the table, what are

we going to do about revisiting things like this as they come up?

MR. ENSMINGER: We have to make it happen.

MR. PARTAIN: That's what I meant to say, Frank, I'm sorry.

DR. BOVE: That was an interesting study.

MR. PARTAIN: Yes.

MR. ASHEY: I have just two quick things. One, I want to make sure that Department of the Navy is going to take back my request to have the CH2M Hill representative come to the CAP meetings and if the answer is no, I'd like to know why.

Secondly, I just want to confirm this, Rick and Jack, that your VI study, while it's going to include the 21 buildings, the ATSDR study will not be constrained, I repeat, will not be constrained by CS -- CH2M Hill's methodology or their conclusions.

MR. GILLIG: It will not be constrained.

MR. ASHEY: Thank you. I appreciate --

MR. GILLIG: I assure you of that.

MR. PARTAIN: Well, Frank, going along with the male breast cancer, are you guys trying to do or address anything with the VA in light of this new study? I mean, male breast cancers were in itself and to get a study like this is pretty substantial.

DR. BREYSSE: I guess we need to talk to the VA about what they would like us to do with it. The VA has access to the study, knows what the results are as well.

MR. PARTAIN: Well, there's different track record on this and we're still waiting on the IOM report for 2015. So I would like to see something done or maybe a second look taken at it, take a look at it.

DR. BREYSSE: So if you remember correctly, we did this on behalf of the VA initially. It was a very specific request from the Secretary to do so, and so it's part of the executive branch, we were supposed to get with our federal family, and we will support the VA in any way we can as long as they ask us to do it.

MR. ENSMINGER: So we've got to make something happen.

MR. PARTAIN: Okay. That's -- I heard it.

MR. ENSMINGER: There should've been something, a frequency built into that rule.

DR. BREYSSE: I don't disagree.

MR. ORRIS: I think some of the other legislation that's similar, typically has a three-year review process built into it now. Maybe we can

get that added or changed.

CAP UPDATES/COMMUNITY CONCERNS

DR. BREYSSE: All right. So now we can have -- we've had some questions and comments throughout. We have some time set aside to get any updates from the CAP or any community concerns expressed from our visitors in the audience. And if you could stand up or raise your hand, we'll bring a microphone to you.

MR. PARTAIN: One thing we'd like to ask because, you know, we do have time constraints, with the audience and everything, like I said, first of all we want to thank y'all for coming out, being here. When I started this, Jerry mentioned we've been doing this 21 years, when I started this 11 years ago there was nobody here from the community, we had nobody in the audience and we only had 96 people on our website. So to see a room filled is, I mean, I'm grateful for that. With that note, I mean, everyone to a degree has been affected by Lejeune. I've had breast cancer. Jerry, you know, lost his daughter. There's been a lot of, you know, a lot of things have happened. We just can't go over the life details when you speak. Please ask a question, make it succinct, to the point so we can get some information, 'cause a lot of, I mean, just

here during the meeting today I've received texts, some emails and people bringing information that I've been able to bring up to the meeting and get to the ATSDR, to the VA, that's what we need. I mean, the stories, unfortunately, we just can't, there's no way we can get to them, we'll be here all day. But if you've got something, something that's not being addressed by the VA. One of the issues I didn't bring up, you know, people being awarded service connection, but given a zero percent rating, that's still going on, that's still a problem to bring back to the VA. If you have that I'd like to hear about it. You know, let's get engagement and, you know, give everyone an opportunity to speak before we leave today.

DR. BREYSSE: Yeah. And we have a limited amount of time for that and while we don't have a hard stop on the room, we probably can't stay, you know, too much longer past our end time.

MR. SMITH: Good afternoon, ladies and gentlemen. My name is Larry Smith. Can everybody hear me?

CDR MUTTER: Yes.

MR. SMITH: I say, good afternoon ladies and gentlemen.

UNIDENTIFIED AUDIENCE MEMBER: Good afternoon.

MR. ENSMINGER: How about having him come up here where everybody can see him?

MR. SMITH: Can everybody see me now?

CDR MUTTER: Yes.

MR. ENSMINGER: I'm getting old, it's hard for me to turn my head around.

MR. SMITH: You win. I joined the Marine Corps in 1963 and left for Parris Island in September that year. After I finished Parris Island I went to Camp Lejeune where I was poisoned by the drinking water. From there I went to Chu Lai Vietnam where I encountered a dioxin known as Agent Orange. I took a malaria pill every day for protection and evidently it wasn't effective because I was Medevac'd from the USS Repose in '66 with malaria. We've got water purification pills in our drinking water, we were issued insect repellant, bug spray which would take the paint off a jeep or a truck. We waded through rice paddies where the fertilizer was human and animal waste. We used C ration cigarettes to burn the leeches off our legs and backs and the cigarettes were free in C rations. I didn't smoke before I went to Vietnam. But then what's the possibility of a healthy young man

ingesting and being exposed to all these types of poison and not having complications later in life? My brother, my niece, and my nephew are all doctors, and when I started this journey about trying to find out how to take care of this cancer that I had I asked them to do some research on it. They came up with 162 research articles and things written about multiple melanoma which I had and which I recovered from. So not only am I a Vietnam veteran, I'm also a cancer survivor. And in the course of their research they told me that almost all cancers have all these studies done, but when we apply for disability for compensation from the VA we don't do that, we don't send them the information.

MR. ENSMINGER: You had multiple myeloma?

MR. SMITH: No, melanoma.

MR. ENSMINGER: Melanoma.

MR. SMITH: Yeah. A small difference.

MR. ENSMINGER: I thought you said multiple myeloma.

MR. SMITH: I'm sorry. But anyway, my point of being here today is it's a journey that not just I've made but many of us in this room have made the same journey. And even though when we do get treated from the VA, I think it's great, it's just

going through the bureaucratic bullshit to get to the treatment is the problem. And I know that the bureaucrats are a vital source for our nuts and bolts throughout our government, but we need to do something about the communication and about the -- to make the path easier. Now, I've addressed the director of the VA here in another town meeting on two different occasions about communications and she said she would work on it. What brings this to a head is I had a cancerous growth on my back in October and asked for it to be cut off and they scheduled me for surgery in June. So I asked to go to the Choice program and they scheduled me for an operation in May. So I finally said I was going to take it off myself. So the mental health people got involved and I had it taken off that weekend. But I went to all these extremes, including filing a complaint for elder abuse at the VA because I wasn't being treated. And I urge all of you to take that step. You have to demand or pursue these people to get this stuff done. You can't just say okay. The 162-page study that I have over here in my bag, when I sent that in for my disability claim, the person who reads that is not an MD or a PhD, he's a claims counselor. We should have more weight in this

thing. I'm just saying, send them the evidence, send them the information and if they reject it then you've got the claims court to go through. Thank you.

DR. BREYSSE: Thank you for your comments, sir.

MR. BROOMFIELD: Hi, my name is Curt Broomfield. I flew in from Corpus Christi, Texas, to ask these questions. I remember it was about five or six years ago I got a letter from CMC Washington, D.C. I thought hell, they got me again, I'm going back in. But you know what, I read about the water and I said, oh, my god. One of my best friends who was with me at Camp Lejeune, I buried him a few months ago and he died of pancreas cancer and everything else and we spent four years at Camp Lejeune. I was a WSSI, water safety survival instructor, spent a lot of time in the pools, so did my buddy that's over there with me and you know, we worry about being in the water a whole lot besides drinking it. And my question is, I've gone through four VA doctors and I ask them, what should I be tested for and how often should I be tested because there's thousands of us Marines that are from there. And you know, none of them can give me an answer. And one of them was the chief medical officer for

South Texas and he really didn't know. So I guess my point is, is I would like the VA to figure out anybody that was at Camp Lejeune, what should we be tested for and how often should we should be tested for those items and not have to think about it and let the doctors know oh, you're a survivor of Camp Lejeune, you know what, we're going to start running these tests at this interval. And then when we get something I would like there to be a website where we can go to, to quickly help, you know, if I do start pancreas or something else cancer, that we can get quick help to start fighting it, that we don't have to wait till we're dying to show up at one of these meetings to get help. But I mean, the proactive, I'd like this to be proactive. There's a lot of Marines that went through there and nobody knows what they should be testing us for and how often. They know what chemicals were there, they kind of know what kind of cancers, they should be able to come up with, guys we should be testing you for this at this interval. And nobody's done that and nobody in the VA system understands that. That's the basics. Let's get that in place so the rest of us can maybe avoid being sick and dying. And that's what I really, I challenge the VA to fix

that part immediately. That's it.

MS. CARSON: Thank you. This is Laurine Carson. I would say that you raised some valid points and I will take that back for the record so that I can share that with others who have that responsibility to decide that.

MR. ENSMINGER: Preventive medicine.

MS. CARSON: Uh-huh (affirmative).

DR. BREYSSE: Any other questions or comments? Anyone else? Any last things from the CAP?

MR. ENSMINGER: Well, just one more thing about science. Believe me, science is not fast. Good science is not fast. Junk science is fast but good science is slow. I couldn't believe it when I first got involved with this how long some of this stuff takes. I mean, it's -- but you know, I've got so many people coming up to me saying, Jerry, I was at Camp Lejeune and, you know, I got this health effect but they won't cover it, why not? Well, you know I have to tell them. There's no science there. I mean, without science if you can't back up some of these -- especially if you're providing benefits to somebody, I mean hell, everybody could run in and say oh hey, I got this, you know, it was caused by this, give me my check. Well, it don't work like

that. Believe me, I know.

MR. PARTAIN: One of the things that, you know, speaking to y'all out in the audience again, those who come in here that have done their homework, got their claim together, got their denial, have their doctors' letters, their nexus letters, I can't tell you how many times over the past 10 years I've had veterans walk up to me, here it is. Then we look at it and then we realize because we've been involved in this for 10, 20 years, where the bullshit is. And that is, you know, the meeting that Jerry referenced with Secretary Wilkie those were veterans who approached Jerry and myself through the internet, through the meetings like this and said, here's what happened to me. Those have been instrumental in getting to where we're at now. Without that we wouldn't be here. So one thing I do encourage you all, you know, get on Facebook, get on the websites, talk to us there and get, you know, if you've got a complete claim and that claim has been denied and you've got your nexus letter, send me a message. I do work during the day, I'm not like Jerry, he's retired. But I do my best to look at these sites, and while during the meeting I had the veterans send me their claim, unfortunately, the

veteran is deceased, but his surviving spouse sent me the claim that was part of the denial I read here earlier. But that information we can take and do something with. Just putting it on Facebook that I had such and such cancer, I've been denied, doesn't do any good. But if you can, you know, if you guys can do your homework like that and give us the ammunition that we can use to shoot and to help everybody out, that's where things make a difference.

MR. HIGHTOWER: Before we finish, Jerry there talking about the different tests, when you go back if you'll get with your primary care and that goes for all of you, you need to have two things done. One, I'd like to see everybody get a density test on their bone density. You've got my number, call me and let me know how it come out. Two, concern about cancer, it's called PET, P-E-T test. Have your primary care set you up. It takes about two and a half hours in nuclear medicine, they're going to run nuclear dye through you and then they're going to put you in the scanner. It will pick up a pin drop of cancer throughout your whole body.

DR. BREYSSE: I think we'll call the meeting adjourned. Thank you all very much. [12:35 p.m.]

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Master Court Reporter, do hereby certify that I reported the above and foregoing on the day of August 8, 2018; 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 6th day of Sept., 2018.

Steven Ray Green, CCR

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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