THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

SEVENTEENTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE PANEL (CAP) MEETING

SEPTEMBER 22, 2010

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room B, Atlanta, Georgia, on Sept. 22, 2010.

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

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TRANSCRIPT LEGEND

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

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

(alphabetically)

BOVE, FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR (via telephone)
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRADLEY, VA
FONTELLA, JIM, COMMUNITY MEMBER
MASLIA, MORRIS, ATSDR
MENARD, ALLEN, COMMUNITY MEMBER (via telephone)
PARTAIN, MIKE, COMMUNITY MEMBER
PORTIER, DR. CHRISTOPHER, DIRECTOR NCEH/ATSDR (via telephone)
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
SINKS, DR. TOM, NCEH/ATSDR
TOWNSEND, TOM (via telephone)
WALTERS, DR. TERRY, VA

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

MR. STODDARD: Good morning, everybody. My name is Lander Stoddard. I've been asked to facilitate this meeting. Christopher Stallard sends his greetings. He is not able to be here because he's at a meeting in South Africa as part of his regular job. So normally he just does this on the side.

I met with Chris and Perri and Frank last week, and they did their best to get me up to speed, and I hope you'll bear with me if I miss some of the background on this.

The purpose of the CAP and this meeting is to facilitate participation of the Camp Lejeune community in ATSDR's health activities regarding Camp Lejeune. So any questions about the purpose of the meeting?

(No responses)

Okay. And this is for the benefit of the advisory panel. You guys know what's going on. We have an audience and we have an audience over the Internet. The CAP is not an official

advisory committee and hence is not subject to FACA; i.e. the CAP cannot provide consensus recommendations.

This meeting is being broadcast live to anyone who wants to watch it via streaming video and audio on the Internet. The URL is posted on ATSDR's website.

In the room we have the Community Assistance Panel, seated at the table, and their invited participants. We also have an audience of observers. Members of the audience are asked to remain silent unless a member of the panel asks for information.

We also have a recorder at the table, and at this point we're requesting that everyone sign in -- there's a sign-in sheet at the background; if you haven't done so, please do so -- and that everyone silence their electronics at this time.

Okay. In a moment I'm going to go over the agenda, the guiding principles and announcements, but first let's do introductions around the table, and we'll get to the people on the phone after we cover the people in the room. For the benefit of the recorder and the

people on -- remotely watching, please remember to push the red button on your microphone before you speak. So if you'll give us your name, the organization you represent and the role you play in that organization -- who'd like to start?

MR. ENSMINGER: My name's Jerry Ensminger. I'm a member of the Camp Lejeune CAP. That's it.

MR. STODDARD: And you're representing?

MR. ENSMINGER: The affected community.

MR. STODDARD: Okay. Thank you.

MS. RUCKART: Perri Ruckart, ATSDR, Division of Health Studies.

DR. BOVE: Frank Bove, ATSDR, Division of Health Studies.

MS. SIMMONS: Mary Ann Simmons, Navy/Marine Corps Public Health Center.

MR. BYRON: Jeff Byron, member of the CAP, representing the community and my family.

MR. PARTAIN: Mike Partain, member of the CAP, representing the affected community.

MR. STODDARD: Thank you. And let's get to the people on the phone. Do we have Allen Menard on the phone?

MR. MENARD (by Telephone): Yes, you do. My

name's Allen Menard. I'm part of the CAP and I -- I'm here for the affected community.

MR. STODDARD: Okay, thank you. Do we have Dick Clapp on the phone?

DR. CLAPP (by Telephone): Yes. I'm an epidemiologist at Boston University School of Public Health and a consultant to the CAP.

MR. STODDARD: Thank you. Do we have Sandra Bridges on the phone?

(No response)

MR. STODDARD: Not yet. Do we have Tom Townsend on the phone?

MR. TOWNSEND (by Telephone): Yes, Tom Townsend. I'm a CAP member representing the Camp Lejeune community.

MR. STODDARD: Thank you. Do we have Devra Davis on the phone?

(No response)

MR. STODDARD: Not yet. Okay, we're scheduled at 9:05 to have Dr. Portier, the new Director of the National Center for Environmental Health and ATSDR join us. He's in New York City attending a meeting. Dr. Portier, are you on the phone?

DR. PORTIER (by Telephone): Yes, I am. Good

morning.

MR. STODDARD: Okay. So we'd like to give you a few minutes to address the group, and then we'll have a few minutes for Q&A. Before I do that, we have somebody else who just walked in and sat at the table.

Would you give us your name, your organization and what role you play in that organization?

DR. SINKS: I'm Tom Sinks. I'm the Deputy Director NCEH ATSDR.

MR. STODDARD: Thank you. Dr. Portier?

WELCOME FROM DIRECTOR NCEH/ATSDR

DR. PORTIER (by Telephone): Yes, good morning, everyone. I'm sorry I can't be there in Atlanta this morning. It would be great to meet you all. I did meet a few of you last week at the Congressional hearing in Washington and that was very nice.

I don't have a lot to tell you today. I'm certainly 100 percent behind the health studies that ATSDR is doing at Camp Lejeune. I've spent a considerable amount of time in the last (break in telephone transmission) I've been here coming up to speed on not just Camp Lejeune, but all the other issues. But I've

spent a particular amount of time on Camp Lejeune because it's such an impressing issue. I have every confidence that the staff that we have working on this at ATSDR will do an excellent job and succeed at bringing forth solid scientific evidence to give us some guidance on what potential there is for helping vets at Camp Lejeune.

I don't want to take up a lot of your time with a long formal speech, so I'll simply end there and welcome any questions you may have.

MR. STODDARD: Does anyone have a question for Dr. Portier?

MR. ENSMINGER: Yes, I do. Dr. Portier, this is Jerry Ensminger. At the Congressional hearing you voiced your concerns and opinions of the NRC report, along with Dr. Clapp. Is it -- are we to believe that this agency is finally going to put out a strong rebuttal to that NRC report? And I ask this question because basically right now there are a whole bunch of veterans that are being denied their benefits via the VA based upon a bunch of the fallacies that are in that NRC report. And these folks have waited long enough for their

benefits, and to have them being shot down by a obviously flawed report and biased report, we need something in writing soon -- sooner than later. That's -- that's what I had to say.

DR. PORTIER (by Telephone): Thank you, Jerry, I -- I'll look into it. I hope we have communicated that fairly (break in telephone transmission) certainly (break in telephone transmission) interesting. I made it absolutely clear that our actions speak much louder than our words. We would not be going to all this trouble of doing these studies and following up on this if we didn't believe that there was reason to be doing that, which is in -- quite a bit in contrast to what the Academy says. And as I said at the hearing, I firmly agree with what Clapp and his (break in telephone transmission) said, basically that we're confused as to how the Army reached the decisions they reached, and we certainly do disagree with them. But I'll look and see because I thought we had communicated this fairly clearly to the VA, but we will follow up and I'll -- I'll (break in telephone transmission) see what we can do.

MR. ENSMINGER: Thank you.

MR. STODDARD: Okay, other questions for Dr. Portier?

(No responses)

MR. STODDARD: I don't see anybody moving to the mic in the room. Dr. Portier?

DR. PORTIER (by Telephone): Well, thank you very much. I'm going to stay on the line and listen probably till 9:30 or so, so if there are any additional questions, pipe up and I'll be here, hopefully.

MR. STODDARD: Thank you very much. Oh, are there -- is there anybody on the phone that has a question?

(No responses)

MR. STODDARD: Not hearing any -- okay. All right, at this point --

MS. RUCKART: Wait a minute --

DR. BOVE: Wait a minute --

MR. STODDARD: Pardon?

DR. SINKS: You've got a list there for actions, and I wondered if you want to just put that down as an action that we're going to do, which is to look at Jerry's request, so we don't lose that.

MR. STODDARD: Thank you. So the action is to follow up on --

MR. ENSMINGER: ATSDR's rebuttal to the NRC report.

MR. STODDARD: ATSDR -- rebuttal?

MS. RUCKART: Response.

MR. STODDARD: -- response?

MR. ENSMINGER: I like rebuttal.

MR. STODDARD: I'll capture Jerry's word and you can change it later.

MR. ENSMINGER: You can put flawed NRC report.

MR. STODDARD: I have the NRC report.

DR. PORTIER (by Telephone): Yeah, the -- this is Chris Portier -- the action item would be that we will follow up on our communications with Veterans Administration and make sure they clearly understand that we disagree with the Academy report.

MR. STODDARD: Okay. So since Dr. Portier's taken that on, we'll take what he's actually committed to do.

All right, did somebody join us on the phone since we did introductions?

MS. BRIDGES (by Telephone): Yes, this is Sandra Bridges.

MR. STODDARD: Okay, Sandra, could you tell us what organization you work with and who you represent and what role you play?

MS. BRIDGES (by Telephone): The Camp Lejeune CAP.

MR. STODDARD: Okay. So you're representing the community?

MS. BRIDGES (by Telephone): The community, uh-huh.

MR. STODDARD: Thank you.

MS. BRIDGES (by Telephone): The family community, yes.

MR. STODDARD: Okay, thank you.

MS. BRIDGES (by Telephone): Thank you.

MR. STODDARD: All right. At this point there's -- there's an opening for a committee member -- a community member on the panel, and the panel has nominated Jim Fontella. Is that right?

MR. FONTELLA: Yes, sir.

MR. STODDARD: And Jim, if you could come to sit at the table over here, and if you would tell us -- give us your background and describe how you can contribute to the CAP and what segment of the population you represent.

MR. FONTELLA: My name is Jim Fontella. I am a male breast cancer survivor. I was diagnosed 12 years ago, had a recurrence 10 years ago. I was notified by Mike Partain in 1998, in November --

MR. ENSMINGER: 2000.

MR. FONTELLA: 2000, yeah, right. Well -- glass of wine there. But -- and this is how I found out about the Camp Lejeune situation. I have been active behind the scenes now for maybe close to a year and a half, investigating documents and the disks and locating data and things that could help us come to a conclusion. And basically I'm going to be an active CAP member -- very active -- and hope to see this thing to -- to the end, and a positive end on the community's part. And I don't know what else to say actually.

MR. STODDARD: Okay. Any questions for Jim? Tom?

DR. SINKS: Could you describe your experience at Camp Lejeune? Were you a Marine there?

MR. FONTELLA: I was at Camp Lejeune. I was rotated there in 1966, February, right from Viet Nam. I was a .81 mortar man and my

experiences while I was in infantry -- I was in infantry for four years, and to be honest with you, the -- Viet Nam was pretty traumatic for me and really the only safe place I felt at that time -- because America was kind of angry with us coming home, for whatever reasons -- and it was the only place I really felt safe, and I had no idea at that time that the water was bad and that all these people were going to be affected later on in life. But I'm a proud Marine and I still -- I wear Marine clothes all the time. I've got probably 20 shirts and shorts and everything I do and I'll never forget my service to my country. It was the proudest -- one of the proudest times of my life and actually turned me around as a young Detroit thug, so to speak.

MR. STODDARD: Tom, does that answer your question?

DR. SINKS: Can you tell me when you got there?

MR. FONTELLA: Yes, sir, I was -- I arrived at Camp Lejeune in February of 1966 and I was there for 14 months. I rotated out of there and was discharged honorably in April of 1967, 14 months.

MR. STODDARD: Okay.

MR. PARTAIN: And this is Mike Partain. I just want to point out something about Jim, too. He's also BRCA-1 and -2 negative. He was tested like -- like several of us, and no family history of breast cancer. Correct, Jim?

MR. FONTELLA: Well, I do have some family history of breast cancer and other cancers. I was tested for the BRAC-1 and -2, and the report that came back to me, because I was negative for mutated genes, they said -- and almost the exact wording is if the cancers in my family were probably caused -- likely caused by chance or other sources that said -- environmental exposures, which this was in 2001 -- I just found that report just about a month or so ago and was shocked at -- because at the time when I got the report, I really had no idea what environmental exposures were. I didn't know what Benzene was or vinyl chloride or anything. It's been a -- an educational experience for me in the last year, finding all this stuff out, really -- and learning all this stuff.

MR. STODDARD: Okay. Thank you.

MR. FONTELLA: Thank you.

MR. TOWNSEND (by Telephone): Tom Townsend here. I have a quest-- a comment.

MR. STODDARD: Go ahead, Tom.

MR. TOWNSEND (by Telephone): I'm pleased to have Jim aboard. I lived at Camp Lejeune at the same time and at that -- at that point in time I lost my son, so I -- I find it -- I find it -- I find it sort of disheartening that another Marine got whacked at Camp Lejeune with the same thing.

MR. STODDARD: Jeff?

MR. BYRON: This is Jeff Byron. BRC-1 is what? Can you explain that for the audience? Thank you.

MR. FONTELLA: Sure. The BRAC-1 gene is a mutated gene that's found in many breast cancer victims. The BRAC-2 is the main gene that's usually found in males. That was the gene I tested for first. I had been out of employment for some time. I had no -- my disability had run out, and they were testing genes at that time one at the time. I think they test them all at once now, but -- so it cost me $200 so I tested for the BRAC-2, which would have been --

my surgeon said that probably the gene that she thought actually that I had, and then I tested negative for that. And then later, in 2001, is when I tested for the BRAC-1. And just to make a point, the reason I tested for these genes mainly was for my family, for my children -- I have three daughters. And just -- just to make a statement here, and I think this is why I believe that the Marine Corps should have stepped up, because we would have had a chance to monitor ourselves. And that was my position with my daughters is they could have, even as young women, monitored themselves to catch something if something was there. Turns out that I was negative. And also my youngest sister tested for the genes as well and -- just to support that -- and she tested negative as well for that.

MR. STODDARD: Thank you. Any other questions from the telephone audience -- or telephone participants?

MR. ENSMINGER: I have just one comment, and this is about Jim. Jim became involved in this situation last year and he really dove into this stuff. I mean he is one of the few people

that really dove into these documents and these disks. I mean he has become a wealth of information. He is one heck of a -- a support for all of us when we were looking for information, looking for documents and trying to put different things together, and he will be a great CAP member. So welcome, Jim.

MR. FONTELLA: Thank you very much.

MR. STODDARD: Thank you, Jerry. Any other questions?

DR. BOVE: I'd just like to say welcome, too, and I know you've been doing a lot of hard work. I've been getting e-mails from you and Jerry and Mike and Jeff constantly about going through these documents and they're a big help to us.

MR. STODDARD: Okay. So I'd ask now if you -- if the CAP accepts this nomination and ready to welcome Jim as a member of the board, that you would applaud.

(Applause)

MR. STODDARD: Okay. Welcome aboard, Jim. I need to ask the folks on the phone that if you're watching the streaming over the internet, if you would mute that. We're

getting a little feedback on that.
And have we had anybody else join us on the phone? I heard a couple of beeps, thinking somebody might have joined us on the phone since we did introductions. Has anybody joined us?

(No response)

MR. STODDARD: Okay, apparently not. The agenda for the day -- everybody should have a copy of the printed agenda. Does anybody not have a copy of the agenda? For the members of the audience they're available in the back.
The times on the agenda are approximates. The only fixed times we have are 1:00 o'clock when Sven will report in, and we will finish at 3:00 o'clock, or before.
Any questions about the agenda?

(No response)

MR. STODDARD: Okay. I'd like to ask, is anyone expecting a call that will take you out of the room?

(No response)

MR. STODDARD: No? Okay. And we're scheduled to go until 3:00. Does anybody need to leave before then?

(No response)

MR. STODDARD: Looks like everybody's in for the long haul.

DR. CLAPP (by Telephone): I will have to leave at -- later this morning.

MR. STODDARD: Okay. I'm sorry, who was that?

DR. CLAPP (by Telephone): Dick Clapp.

MR. STODDARD: Okay. Thank you, Dick.

DR. CLAPP (by Telephone): About 11:15.

MR. STODDARD: All right. I have some organizing tools that I like to use when I'm doing a meeting. The first is a bike rack. Some of you have probably been in meetings where you had a parking lot, so we like to -- it's become sort of de rigueur around CDC to not have a sedentary lifestyle, so I have a bike rack. And if anything comes up that's not on the agenda, I'm going to ask you if I can put it up here and we'll hold it -- onto it until the end of the meeting. Okay?

I've got a board up here for suggestions, one for actions, and Christopher told me that y'all have some guiding principles that you use in your meetings, some ground rules. I was wondering if you could tell me what those are.

Can somebody tell me what your guiding principles are? What your ground rules are? How you play and work together?

MR. ENSMINGER: One speaker at a time.

MR. STODDARD: One speaker at a time. Okay, what else?

MR. ENSMINGER: No personal attacks.

MR. STODDARD: No personal attacks. Okay. What else?

MR. ENSMINGER: That's about all I remember.

MR. STODDARD: Anybody else remember any?

MR. ENSMINGER: Announce who you are when you're speaking. This is Jerry Ensminger.

MR. STODDARD: Thank you, Jerry. Announce name when speaking. What else?

MR. MENARD (by Telephone): And whatever the Marine Corps says, will happen.

MR. STODDARD: I'm sorry, who was that?

MR. MENARD (by Telephone): This is Allen.

MR. STODDARD: Okay. So was that in jest, Allen?

MR. MENARD (by Telephone): What's that?

MR. STODDARD: Was that in jest?

MR. MENARD (by Telephone): That was in jest.

MR. STODDARD: Okay, thank you.

MR. MENARD (by Telephone): That was speaking from (indiscernible).

MR. STODDARD: Anything else in terms of guiding principles, ground rules, how you play together?

(No response)

MR. STODDARD: All right, super.

CAP UPDATES/COMMUNITY CONCERNS

All right, we're ready now for updates and community concerns, and we'll go around the table, one at a time. I'd like to start with people on the phone, so if -- and this is -- this is a brief update. This is not a long presentation. So Devra, do you have something that you need to share with the group?

MR. ENSMINGER: She's not on the phone.

MR. STODDARD: Just checking, thanks. Tom?

MR. TOWNSEND (by Telephone): Yeah, Tom Townsend here. I'm still in -- very -- very confused contact with the Veterans Administration on -- on their -- on their work, and I'm -- I'm -- I personally am interested in the -- the connections between the Camp Lejeune chemical contamination of the 1960s and neuropathy which I'm -- I'm struggling with.

I'm pleased that there's been progress on the CAP -- CAP and the ATSDR's going forward. Thanks.

MR. STODDARD: Okay. Thank you, Tom. Sandra?

(No response)

MR. STODDARD: Not there. Richard -- Dick?

DR. CLAPP (by Telephone): Yeah, this is Dick Clapp. I just wanted to make sure there'll be more discussion on this. Chris Portier already mentioned that there were Congressional hearings last week that I think were a step forward for all of us, and the veterans and Mike Partain were particularly eloquent, I thought, at the meeting. Maybe we'll talk more about it later.

One other thing is that as a result of these kinds of meetings I always get e-mails from either Marines or family members saying can you help me with my claim. And I've gotten a couple since last week and at some point I'd like to pass that along or discuss that.

MR. STODDARD: Okay. Do we want to add that to the agenda, or what do you want to do with that?

DR. CLAPP (by Telephone): Well, I think

there's a full agenda today. Maybe next meeting?

MR. STODDARD: Okay. All right. Thank you, Dick.

MR. BYRON: Is that the bike rack?

MR. STODDARD: Yes.

DR. SINKS: Dick, is that an issue you wanted to bring up to the VA? I mean you're talking about claims specifically and not about the science we're doing, so we had -- I think maybe a VA rep's coming later. Is that something to bring up to them when they're here?

DR. CLAPP (by Telephone): No, not really. It's really a question of getting the nexus letters together for people, and people are asking me stuff that I'm not an expert in and I need to have some way of referring them. I actually do -- I have been doing that, but I'd like it a little more formal and public.

MR. STODDARD: Okay. So the action is how to pass on vets' requests for assistance from the VA?

DR. CLAPP (by Telephone): Yes, but it's to the veterans themselves to put together in their packet, not necessarily to the VA.

MR. STODDARD: Okay, packets. Thank you. Yes, Tom?

DR. SINKS: Dick, I'm going to ask you again -- it's Tom -- do you see that as a role for ATSDR?

DR. CLAPP (by Telephone): No, not particularly, but it's for the CAP.

DR. SINKS: For the CAP, okay.

MR. FONTELLA: Dr. Clapp, Jim Fontella. I'd be happy to volunteer in that respect. If you wanted to e-mail me, I could see that that -- I'd get that information to you and I could help them -- give them an idea what a well-grounded claim is and tell them what the procedures are that they'll face and what they'll need for evidence, both medical and evidence for the contamination. I'd be happy to do that, if that's what you're looking for.

DR. CLAPP (by Telephone): Great. Well, sometimes it's that. Usually it's 'I need a neurotoxicologist; can you name somebody?'

MR. FONTELLA: No, sir, I'm a bricklayer and if you want me to set some tile for you, I'd be happy to do that, but other than that I can't help you in that.

DR. CLAPP (by Telephone): Actually I could use a little help --

MR. FONTELLA: I want to withdraw that.

MR. STODDARD: Dick, if you could speak up a little bit or get closer to your mic, the recorder's having a little difficulty hearing you.

DR. CLAPP (by Telephone): Okay.

MR. STODDARD: Thank you. Anything else, Dick?

DR. CLAPP (by Telephone): No.

MR. STODDARD: Okay. Allen?

MR. MENARD (by Telephone): Yes, I'm in the process of -- I just got in touch with somebody from Louisiana that was at Camp Lejeune from '82 to '84. He has non-Hodgkin's lymphoma. He has actually two of them. He has mantle cell and he also has follicular lymphoma, and he's not doing good and I'm in the process of trying to help him out. I just got ahold of him the other day and I'm working to help him out on his claim.

MR. STODDARD: Okay, thank you. Anything else? Okay, Jerry?

MR. ENSMINGER: Yes. Well, I see we have the CAP updates or -- no, the -- down here at 9:45

on our agenda for the CAP governance, but I looked through this handout -- draft handout about CAP governance and I see that there's nothing listed on the CAP governance about this policy by the CDC to not allow press or media cameras at these meetings. And this is a -- this is a real sticking point with me. It should be with everybody.

MR. STODDARD: Is there -- I assume you're bringing this up now because Dr. Portier's on the phone?

MR. ENSMINGER: Yes, I am.

MR. STODDARD: Are you looking for a response from him?

MR. ENSMINGER: Not necessarily. I just want to air out my thoughts on this and -- you know, this is the Community Assistance Panel. The only reason that these concerns came up in the first place was because there were members of the Department of Navy and the Marine Corps who were in the audience who did not want to be shown on camera. Well, my advice to them is if they don't want to be seen on camera, then they don't need to attend these public meetings. These are public meetings -- supposedly public,

accessible to the public and the media. And these restrictions that are being placed on cameras at these meetings are unacceptable. They do not fall in line with this present administration's policy on transparency and openness of our federal government. In my opinion they're a violation of our Constitutional rights. And for God's sake, at the last meeting we had armed police officers here as a show of force to try to intimidate the CAP.

Now I think that's a little extreme. Most of us on this Community Assistance Panel served our country to stop that kind of activity and make sure that that doesn't happen in this country.

MR. STODDARD: Jerry, could we --

MR. ENSMINGER: No, I'm not done yet.

MR. STODDARD: Well, we'd (unintelligible) --

MR. ENSMINGER: I'm not done yet. I'm not done yet.

MR. STODDARD: Okay.

MR. ENSMINGER: What really burns me up is the CAP was formed to voice the concerns of the affected community, and not for the primary

responsible party, or the PRP. And in the past there has been more attention paid to the Department of Navy and Marine Corps' concerns than have been the community -- the affected community at these meetings, and I'm tired of it.

MR. MENARD (by Telephone): Jerry, can I add one thing to what you just said? I would like to know from Mary Ann Simmons why the Marine Corps is against having cameras in the CAP -- in the CAP area there, our meeting, if -- I mean if they don't have nothing to hide, what should be the problem with them not wanting them there? And I would like an answer from the Marine Corps representative, please.

MR. STODDARD: Who was that speaking on the phone?

MR. MENARD (by Telephone): This is Allen Menard.

MR. STODDARD: Hey, Allen. We're going to discuss this in full. We have a slot on the agenda for governance and we're going to discuss this in full at that time. I'd like to give Dr. Portier an opportunity to hear from the other members of the CAP before he has to

leave the phone. So could we put this conversation off until we get to the governance section of the agenda?

MR. MENARD (by Telephone): That's fine with me, but I'd like an answer from her.

MR. STODDARD: Okay, we -- I know she's heard the question. She'll be prepared to respond. Okay, could -- Jerry, can we let some other members of the CAP pitch in?

MR. ENSMINGER: Sure.

MR. STODDARD: Tom, did you have anything you want to say?

MR. TOWNSEND (by Telephone): No, nothing else for me.

MR. STODDARD: Okay. Jim?

MR. FONTELLA: Jim Fontella. I've been into the disks from the portal that we just received and I've found several -- I think that I have, just that I've found so far -- six files that pertain to air intrusion in the 1100 area and the 1200 area, and that's some pretty telling information that hopefully we'll have some time to discuss today. I have the number of the files. Vapor intrusion, what did I say?

MR. ENSMINGER: Air.

MR. FONTELLA: Air intrusion -- vapor intrusion, I'm sorry. But I'd like to go over that if we -- when we have time a little later, and basically that's it for me.

MR. STODDARD: Thank you. Jeff?

MR. BYRON: This is Jeff Byron. You know, my concerns are basically just general. Number one, why is it taking so long to get these studies done? Well, I really know the answer to that is because of the delay by the DoD as far as documentation. Concern has been four reports were written that there's -- basically the investigative individuals didn't do their job. I don't think they should get paid. Matter of fact, they probably should be fired -- okay? -- as far as the GAO report, the criminal EPA investigation, the NRC report which is now also in question, public health assessment -- I mean I haven't seen a credible report come out of here. And to be honest with you, I'm skeptical that one won't come out of this office. So I'm the skeptic of the group, might as well be known.

MR. STODDARD: Okay. Thank you, Jeff.

MR. PARTAIN: This is Mike Partain, echoing

Jim's comment about building 1101 and the 1200 series vapor intrusion. We've actually talked to people when Jerry and I have gone out to different states, and one lady in particular was not exposed to the drinking water contamination, but worked in this building and has a benzene-attributable disease, multiple myeloma, if I remember correctly. So that is a concern for a possible pathway -- I mean vapor intrusion -- and we have an exposed population there. And ATSDR, as far as I know, is not talking about that, so that's something I'd like to see done and discussed.

As far as the CAP, we're currently trying to identify some of the other cancer clusters that we're seeing. You know, we've talked a lot about the male breast cancer cluster and I stress every time that we talk about it that male breast cancer is not the only cancer we're seeing out of Camp Lejeune in quantities; there are others. Kidney cancer, for example, which is one of the cancers that is strongly associated with PCE and TCE exposure. We have quite a few kidney cancers on our website and we're working to identify those people and

compile their information like we've done with the male breast cancers.

And also that we continue to work on the documents. We recently got a redacted version of the Navy's UST portal that -- that no one knew about except for the Navy. And also still continue to be concerned about the fact that we've been left out of the document mining program that's ongoing between ATSDR and the Navy. And I understand that we're doing these phone call updates after the meeting, but having a body there, live and in person and being actually a part of that, is important and I will continue to bring this concern up every time we have a meeting here.

MR. STODDARD: Okay, thank you, Mike. Mary Ann?

MS. SIMMONS: I have nothing to add.

MR. STODDARD: Okay. Frank? You guys will wait? Okay.

Anything else from -- has Sandra or Devra joined us yet?

(No response)

MR. STODDARD: Okay. That completes the updates from the community, and now we move on

to -- Perri, are you going to give us a recap of the previous meeting?

MS. RUCKART: I just want to make sure that Dr. Portier will have a chance to say anything he wants to say.

MR. STODDARD: Okay. Dr. Portier, are you still on the phone?

DR. PORTIER (by Telephone): Yes, I am.

MR. STODDARD: Okay. Is there anything you'd like to say in response to what you've heard so far?

DR. PORTIER (by Telephone): Well, it was -- it was very interesting to hear concerns of the community, especially as it related to the vapor that I think I'm going to have to talk with my staff about and see (indiscernible) any possible under that condition. We certainly are aware of the fact that there are a large number of potential cancers besides male breast cancer from some of the exposures we're looking at at Camp Lejeune, and we definitely intend to follow up and look at those carefully at all of this.

With regard to the cameras, it's -- it's not really one of the Marines. This is an issue

that (break in telephone transmission) has had on the books since February of (break in telephone transmission). It has to do with security concerns on the campus (break in telephone transmission) of some of the things that are in the laboratory that makes them, let us say a high concern (break in telephone transmission) security people. (Break in telephone transmission) exceptions (break in telephone transmission) rule and I will contact staff and talk about what we might or might not need to do to get those exceptions in place for this meeting. I can't guarantee any (break in telephone transmission) because that is controlled by the office of security for all of CDC. It's not controlled by my office. But we'll see what we can do. I understand Jerry's concerns and we'll do our best to address them. But again, I'll point out this is not a policy that was put in place for CAP. It's a policy that existed long before these particular meetings started, and it's a policy that's governed overall for all of CDC.

MR. STODDARD: Thank you, Dr. Portier.

MR. BYRON: This is Jeff Byron. If that's the

case then why has there been media here at all the other CAP meetings? I mean really what I see has gone down is that the veterans affairs committee, when they put this back into the hands of DoD and they -- they really -- or either they must be putting pressure on CDC and ATSDR or something because I just see a total attitudinal change in the atmosphere of this meeting. Thank you.

DR. PORTIER (by Telephone): Well, that I -- I can't -- I can't relate because I haven't been at the meeting previously so I don't know about the attitudinal change. There certainly is no ban on reporters, and anyone else, showing up to the meetings. The policy has to do with -- with photography, and strictly has to do with photography. The concern, again, is one of security and so that I can't relate to. And maybe later when you (break in transmission) about governance you can address the -- my staff can address the issue of why there aren't as many reporters here this time as -- I have no idea.

MR. MENARD (by Telephone): Dr. Portier, this is Allen Menard, CAP member, on the phone.

There was never a problem with the cameras in there until we had a documentary crew in there. This was last year. And ever since then, when the Marine Corps put up a stink is when all this stopped and we had all these problems. So I want you to be aware of that, too.

DR. PORTIER (by Telephone): Okay, thanks. That (break in transmission) I suspect the other possibility is that a documentary filming crew got our security people alerted to the fact that there were cameras on campus that weren't allowed, and that might have ended up with the policy coming down and being -- us being reminded. But I will follow up and find out what happened after that. But I can assure you -- I had my policy people look this up because I was curious about where this policy was coming from -- and it is really a policy for all of CDC.

MR. ENSMINGER: Well, we're not -- Dr. Portier, this is Jerry Ensminger. We're not proposing that you allow these rogue camera crews on the campus here at CDC and just allow them to run amok. I mean these people have to be escorted to the meeting room, and they're not allowed to

leave this meeting room without an escort or with their cameras. I mean the -- the cameras stay in the room. They don't even go into the cafeteria, for God's sake. I mean, you know, this -- this security concern stuff -- and I don't mean this in any slight toward you, but whoever's telling you this stuff, they're full of crap. Okay? That's the only way I know how to put it. But that -- that's my say. Thank you.

DR. PORTIER (by Telephone): Well, as I said, Jerry, there are -- there are exceptions to this rule and we have to go through a process of getting the exception. I will look into it and see what we can do.

MR. ENSMINGER: And I believe you when you say you'll look into it, so thank you, sir.

MR. STODDARD: Okay. Anything else? All right. I think, Perri, we're ready for you.

RECAP OF PREVIOUS CAP MEETING

MS. RUCKART: Okay. Well, as we usually do, I'd like to set the stage for our current meeting by just letting you know what happened last time, so a brief summary of action items that came out of our April 29th meeting.

At the last meeting Jerry requested that we set up standards and operating procedures for the CAP and clarify the policy for media. And so as you know, we shared with you the CAP governance on August 23rd for your review and comment. We'll be discussing that later this morning, and we already had a nice discussion about the media policies.

Also at the last meeting Mike said he was continuing to work on an updated time line for the Hadnot Point fuel farm. Do you have any updates on that?

MR. PARTAIN: It's still a work in progress. We just recently have the Navy UST disk, so between Jim, Jerry and I, we'll continue to work on it, so...

MS. RUCKART: Okay.

MR. PARTAIN: I do -- I did have an update I forgot to mention. The -- with the male breast cancer count after the hearing, we identified one confirmed case and one possible case we're working to, so 66 men.

MS. RUCKART: Okay, thanks. Okay. At the last meeting in April, the CAP was still awaiting a decision from the DoD about giving them access

to the UST documents, and those documents have been shared very recently. And were there any other documents that you were requesting access to?

MR. PARTAIN: Well, the UST documents to point out that they were redacted, so we have the redacted version of the file. I'd still like to see or get a cross-index between what ATSDR received when they first went in there and looked at it versus what's -- what's in there now. I understand that there is a -- we have a spreadsheet of all the documents that were in the file, so I don't know if you guys have a counter-spreadsheet of what you saw when you initially went in there. I'm curious to get that.

MS. RUCKART: Morris, can you cover?

MR. STODDARD: Okay, if you'd give us your name, organization and role.

MR. MASLIA: This -- I'm Morris Maslia. I'm with the Division of Health Assessment and Consultation and responsible for the water modeling activities and data analyses, and I'll just briefly address the UST files we were provided with as the Navy, Marine Corps and

other databases' unredacted files. And then on -- was it August 3rd -- 30th, or something like that, a complementary set that had either full or partial redactions. However, the list is a one-to-one list. In other words, if you take file 101, it's still on the original list, it's still on the updated list. If it's not redacted, it's the exact same file. If there's partial redaction, you still have the complete file, but certain pages are redacted. If it's totally redacted, you still have a file 101 with a front page giving you the FOIA reason why it was redacted. It --

UNIDENTIFIED: (Unintelligible)

MR. MASLIA: Yes, yes, yes, it does. It says FOIA number nine or five or what-- whatever on -- on there.

At this point we have dedicated personnel to go through and see if in fact we are using parts or any other redacted files, or if we're not using them. We may not necessarily be extracting data from all 1,535 files, so the fact that a file may be redacted may be a moot point -- from our standpoint. I'm talking about from ATSDR's water modeling standpoint.

May be a moot point if we're not using it. And what I would like to do is, if in fact there are parts of files or files that are redacted that we are using, which I have -- we have not completed that reconciliation, then we need to concentrate on those files and go back and, you know, find a way around that. So that's where we stand right now.

I can tell you, on some of the ones that we have looked at to date, that for example, a file that's completely redacted many times says 'draft' on it. And in fact, there's a corresponding file that's final, and it's the final file that we're using, and that's the file we would want to use anyway in our data analysis and -- and modeling. The difference between what's draft and final really I -- I don't believe is pertinent to what we're -- we're doing since this is historical information. That's -- so I'm not -- what I'm telling you is we are not through really that reconciliation. I've got people on it and we're working -- working to determine what impact, if any, the redactions may -- may have.

MR. ENSMINGER: I have a question.

MR. STODDARD: Okay, Jerry, then Tom.
MR. ENSMINGER: Morris, are you also doing an inventory of these -- of this database or this file, the UST file, for documents that will show up as drafts or reports that will show up as drafts but never became final; there was never a final report issued from them?
MR. MASLIA: Well --
MR. ENSMINGER: How many -- how many --
MR. MASLIA: -- I can't -- I have to get back to you on that. I do not have a count and we haven't looked at it in that way. Our first approach on any type of information source, whether it was the CERCLA or CLW file or UST file is not -- not necessarily from our standpoint, from the water modeling standpoint, not to look at the legal classification of it but rather whether it contains pertinent information. I don't really look at the cover to see whether it says 'draft' or not on it.
MR. ENSMINGER: Well, what I'm getting at is that, you know, this could be a way of them saying 'Okay, we only did this report in draft; we never finalized it, so -- and we didn't like what we saw on the draft so we never finalized

the document, so therefore you can't use it.'

MR. MASLIA: Well, no, actually, for example -- one example that comes to mind, and it's in file management number one, which is a series of umpteen different reports, pieces of paper and stuff like that, there's a LNAPL modeling report in there. It's labeled 'draft.' That entire file was not redacted, not a single page from it, okay? So that's there.

On the other hand, there are consulting reports, or appears to be consulting reports, that say 'draft' on the title page. Okay? Completely redacted. Okay? However, we have found the same report in final form. Okay? And what I'm telling you is we have not completed going through that process so I cannot -- it would not be fair to me to say whether it is going to impact us or not. Again, the case may be a report may be redacted, but -- in its entirety, but from a water modeling standpoint we may not be using that report. In other words, it may not contain information that we want to use, so -- so that's a legal consideration that does not impact the water modeling. And again, we will

-- hopefully by the next CAP meeting -- try to have a final summary for you, but I don't -- we just started this a couple of weeks ago and trying to do it without pulling the technical people off of what they're -- they're doing.

MR. ENSMINGER: Well, and I think it would only be something near and dear to your heart. I think it would only be fair that since these are Department of Navy documents and files, I'm making a proposal right now that the Department of the Navy/United States Marine Corps post all of these document libraries -- the CERCLA documents, the CLW documents, and now these UST portal documents -- on the world wide web on a searchable library for everybody. I don't think it's ATSDR's responsibility to have to provide all these documents to everybody and anybody who wants them.

MR. PARTAIN: Morris, this is Mike Partain again here. Just to clarify some points, I've learned to -- sorry, I was swinging -- anyways, going back to the UST portal with the draft versus final documents, I mean these are not, as far as I understand, a matter of national security or interests or what-have-you. But

these draft documents -- I mean we have seen, through our other reviews of documents, where, for example, Colonel Marshall stated in a Commandant draft report, the IAS, that the Army laboratories were unreliable, therefore should be de-emphasized in the Commandant report. What's not to stop them from doing something else like this with data that could be very critical to your studies? And that's a concern we have, if they're -- if we're being screened from draft and you rely on the final, how are we going to know, as the public, that something didn't get left out or just washed away because it was uncomfortable for the Marine Corps? Point -- that's point one.

Point two, just want to nail some things down with the UST library itself. It was -- when you guys -- you know, I understand from -- I know we've gone over this before, that the library was accidentally discovered by a con-- subcontractor at ATSDR, contrary to the Marine Corps saying that they'd routed it to you in their last (indiscernible) -- were there -- was this -- were there any sub-files? Did you make sure that there were any sub-files or branches

in the library from other documents pertaining to the Hadnot Point fuel farm in particular? I notice a lot of these are reports, scientific reports, but what about the administrative letters, correspondences and things like that? Did you all see anything else in there to indicate there were more -- there's more information than what we have?

MR. MASLIA: The -- actually what we did when we got the first round from the Marine Corps themselves, we compared it to what we downloaded ourselves -- okay? -- and it was a one-to-one correspondence in terms of the files. In other words, we downloaded 1,535 files and they officially sent us the index and there were 1,535 files. This web portal has other purposes besides just the UST report repository. Obviously it's a working portal, so -- so they have report -- you know, focus on report preparation. That's an internal thing to their contractors and the Marine Corps, just as we would have at ATSDR. I mean we've got our LAN where we work on documents. You know, we wouldn't want to be downloading those. They're -- you know, obviously somebody's in

the middle of writing a report.

MR. PARTAIN: Did -- did they --

MR. MASLIA: There were -- there were, I think, some meeting -- meeting minutes -- okay? -- and that was it. There -- again, the -- what we are interested in from a water modeling are reports that we can extract or that we believe have the potential for us to extract relevant information that will aid -- aid us in developing a scientifically-defensible model, and so that -- that's why I say that my preference is to go with what is a final report, only that I feel that it's been through some type of QA/QC at that level. What we have seen, for example, are drawings, for example. Those tend to be what we see to date a good portion of the redactions, but appearing, the same version, in different -- different reports. Okay? Now they're not necessarily changed, but just as part of a draft document and, just as we do when we send out the Chapter C report, for example, that we send out for comment, that would have been considered a draft report. Okay? And yes, we change based on feedback or whatever. I suspect that's

probably the same thing that happens when it's a consulting report or engineering report or a report that we do, that you're going to change it based on feedback that you get. And so what we have to make sure to have something that we can defend, publicly and scientifically, is that it's based on the best data that we've extracted, and that should be from a final report, in other words. That's something that whoever originated that report would stand -- would stand behind.

MR. PARTAIN: Well, may I ask you on -- you said meeting -- there were meeting minutes. Were they -- are they part of the UST document library that we have or --

MR. MASLIA: They're part of a portal.

MR. PARTAIN: Okay. So this is a separate area, 'cause the data mining group, have you guys identified that or looked at that? The reason why I bring up the meeting minutes, for example --

MR. MASLIA: Sven Rodenbeck, who'll be here later I think I see on the schedule, will probably address that. I have -- I think that'd be best for him.

MR. PARTAIN: The reason why I bring that up, and I mean I know you guys are looking for data to plug into the water model, but there's also historical information in there that will uncover and lead to other things. A prime example, the document of a meeting minute that Jim found in January this year detailing 800,000 gallons of fuel loss that they had up on a fuel farm, so I mean there's stuff in -- in that tape of -- even though it's not analytical data, there's critical information in there that we need to know about, you all need to know about, that could lead to other avenues or other sources of information. So I would like to see if there's any -- any other sub-- sub-branches or branches of this Navy UST portal to know what they are and what type of stuff is in there. I think that's critical. And also the -- when you were talking about the -- you know, going back to the draft, please understand that, you know, the Navy and ATSDR are operating under two different motivations. Yeah, it might be prudent for you guys to bring things out and have it looked at and, you know, peer reviewed and change your draft to the

final based on recommendations. That might not necessarily be true for the Department of the Navy. There's a different motivation there. You guys are trying to bring information out and it's in their best interests to keep as much quashed as possible.

MR. STODDARD: We need to be moving on. Tom?

DR. SINKS: Morris, I want you to clarify a term you used, which was 'impact.' I just want to be very clear everybody understands what you're describing because you're talking about redacted documents and how they impact us. They clearly impact CAP members differently than they impact us, and I just want to be very clear that we are using documents in your modeling that are not redacted to build your model. Is that correct? So the impact a redacted document has on what we do is exactly what? How we reference the document? It's not how we -- I don't think it's how we use it in the model.

MR. MASLIA: No. Let me address that, because we have precedents and that's -- we're using the same process that we used for the Tarawa Terrace analyses as -- as well. When we read a

document and we decide there is information or data there that is useful for our model development, we will use that. And we cite the source. For those who have read Chapter C or went through it, I think there's something like over 220 CERCLA documents that we referenced. Every table has a reference. If it turns out that a document that we've extracted data from and used in our modeling or data reports is redacted, then we cannot cite that as a reference. If we cite it as a reference, then we have a responsibility professionally -- this goes not just for ATSDR but anybody say who writes a journal article, same -- same professional criteria -- to be able to supply that document in its entirety to whoever wants it so they can reproduce our work, if -- if needed. We can't do that if the document is redacted. So that is why we have -- not only at this site, at other sites I have worked on -- said we will not use any court-sealed documents or anything that we cannot reference and provide, you know, on demand, so to speak. And so that -- that's the approach and that's how I say a redacted document may or may not

impact, as it's whether we can cite it in our reference list and be able to produce it. And so that's why if there's a final version of the document, we can cite it, it's not redacted. That's not an issue. If it turns out that a document is partially redacted, I'm going to see first are the data repeated elsewhere in a non-redacted document. If they are, then I'll use that one. If it comes out -- and as I said, again, we have not completed our reconciliation. If it turns out that they are -- that there are documents or pages that are redacted that in fact contain data that we believe we are using, then we will go back to the Navy and Marine Corps and discuss that issue.

MR. FONTELLA: Morris, a quick question, the --

MR. STODDARD: Would you tell us who you are?

MR. FONTELLA: Jim Fontella, sorry. The UST files, on the file itself, on the disk, there are skipped numbers. Just for a hypothetical, file 100 and then it goes to 102. Well, what happened to 101? I mean is it --

MR. MASLIA: That's their numbering. See, we -- we --

MR. FONTELLA: It doesn't mean there's missing files --

MR. MASLIA: No, no --

MR. FONTELLA: -- is what I'm saying, it's just --

MR. MASLIA: Well, I can't tell you. That -- that is just their identification number. Okay? That's --

MR. FONTELLA: Yeah, right, but I'm saying that the --

MR. ENSMINGER: Is it numbered the same way on the original file, the unredacted file?

MR. MASLIA: Yes, Jerry, it is. Yes. They're numbered -- some of them in the later years, if you look at the post-2000 documents, they're not even numbered. They have names.

MR. FONTELLA: Yeah, well, I saw that, but I was just wondering if maybe they -- if there was a document that was pulled or it wasn't there or what – that’s it.

MR. STODDARD: Okay. We need to get back to Perri and let her complete the review.

MS. RUCKART: Just a few things. At the last meeting Devra suggested that she and Tom write a letter to the NAS committee who's doing a

review on breast cancer to let them know about what's going on at Lejeune. Anything to update on, Tom?

DR. SINKS: I haven't heard anything from Devra on that and I haven't followed up.

MS. RUCKART: Okay, that's fine. At the last meeting Morris gave an overview of what was going on with the water modeling and he focused on the tasks and goals associated with data modeling and data extraction process for Tarawa Terrace and Hadnot Point Installation Restoration sites. And because of all that, any additional data discovery needs is likely to extend the time line by about six months to March 12. That was projected then. That's still...

MR. MASLIA: I will address that in my presentation this morning.

MS. RUCKART: Okay, good. And then last time we had a presentation by Brad Flohr of the VA. He discussed the claims process. You can see on the summary the specific items that he discussed and some action items for him. As far as I'm aware, he and a colleague will be here later this morning to provide an update on

that.

I guess that's all I have.

MR. STODDARD: Okay. Any questions about the updates?

(No response)

CAP GOVERNANCE

MR. STODDARD: Okay. Ready to move on to the next piece of the agenda, which is discussing the...

The next item on the agenda is discussion of the draft of the governance document. In order to have a somewhat orderly and civil discussion on this, I'd like to approach this in a -- in this way. I'd like to ask three questions and have us address them in this order.

First, what questions do you have for clarification? Let's make sure we get the facts right first, make sure we're all talking about the same thing.

Second, what reactions do you have? This will be more of your visceral, what do you think about it, what do you -- what do you -- what's your emotional reaction to the document?

And third, what suggestions do you have for improvement?

Is that -- is that process clear to everyone, what I'm proposing? Any questions about the process?

(No response)

MR. STODDARD: Does everybody have a copy of the draft document? Yes? Okay.

Okay, so first, what questions do you have for clarification?

MR. ENSMINGER: Well, right here on the first page --

MR. STODDARD: Jerry?

MR. ENSMINGER: This is Jerry Ensminger. Right here on the first page, this spells out the goal of the CAP is to improve the quality, legitimacy and capacity of public health assessments and decisions -- and then you cite the NRC. Anyhow --

DR. BOVE: It's a good report.

MR. ENSMINGER: Whatever. Number one, help ATSDR gain the trust of the affected community. Number two, help ATSDR make its decision-making process as transparent as possible.

Three, improve the scientific quality of the public health activities by providing local knowledge.

This first one up here, the trust of the affected community, and this thing in the second one about transparency -- I've got some real issues with that.

MR. STODDARD: Okay, Jerry, what is your question for clarification? What -- what is it in here that you're not clear about, not --

MR. ENSMINGER: Well, I mean I hear all these flowery statements here of why a CAP exists and why they're formed, but when it comes up to living up to these, then there's all kinds of little stipulations thrown in. Like well, you can't bring the news media in to cover this -- these --

MR. STODDARD: It sounds like this is your reaction to --

MR. ENSMINGER: They're bringing the damned Gestapo in here as an intimidating factor to stand guard over us and --

MR. STODDARD: Jerry --

MR. ENSMINGER: -- intimidate us.

MR. STODDARD: -- right now we want a -- that's a reaction to the -- a legitimate reaction. We want to hold those till after we get clarification questions covered.

MR. ENSMINGER: Okay.

MR. STODDARD: Okay? Any other questions for clarification?

MR. PARTAIN: Well, why are we -- this is Mike Partain. I mean the CAP has been effective and has worked without really a problem for the past -- what, four years, and the three years that I've been on it. And this whole issue about guidance and governing principles did not become a -- did not surface until, you know, frankly, we started digging in and finding things, and all of a sudden it's become an issue. So why are we, number one, wasting our time on something to try to fix something that isn't broken? And -- I mean this has taken away time -- discussion from things that we need to be talking about. I'd like to see this -- I just don't understand why we're wasting this time.

MR. STODDARD: So I take that as -- part of that as reaction and part of it is sort of an added question, which is: Clarify for us why you're doing this? So Frank or Perri, can you address that?

DR. BOVE: Yeah, there was some concern among

my superiors about the fact that there wasn't anything formally stated about the CAP. That's not unusual. CAPs, in my own experience, are all kinds of different -- are all kinds of different shapes, sizes and have somewhat different purposes, although the overriding purpose is to allow for community input and to -- to gain trust on -- on the work we do. But because of those -- there was some concern about a need for a formal structure, we did some -- Perri and I did some work, went through this NRC document, which is actually a very good report, written by people who have experience doing public participation, this -- so it's not like some of the other NRC reports we've unfortunately been reading. But -- and -- and based on information there, plus knowing some of the history of CAPs of ATSDR, we put together a document here that would explain to our higher-ups who have -- may not have had the experience -- I've been in ATSDR since '91 -- may not have had the experience we have with CAPs and --and so on. So that's -- so that's -- that's part of the reason why we put together this document. We -- we got your input last

time around. We'd like to put this to bed ourselves. We agree with you, we don't see anything broken that needs to be fixed, and I've said that several times now, and -- and hopefully this will stop that problem.

MS. RUCKART: There's another reason why we put this together. When there were openings on the CAP there were questions about how we're going to fill those openings, and that was kind of ad hoc, and Mary Ann actually had questions about the process. So that was another driving force behind this.

MR. ENSMINGER: Well, and that's what I wanted to clarify, for the record. All this started because of a complaint by a member of the CAP from the Department of Navy, and here we are.

MR. STODDARD: Okay. So I'm hearing --

MR. ENSMINGER: But the CAP is for the affected community, not the -- not the primary responsible party for the pollution. Okay?

MR. BYRON: And this is Jeff Byron. As far as number three, improve the scientific quality of public health activities, I don't think it'd be possible for you guys even to write a credible report without the help of Jim, Jerry and Mike.

I mean let's be honest, they're the ones who found all the documents. It hasn't been governmental reports. It hasn't been the Department of the Navy or the Marine Corps that's handed these documents over, although they've known they had them for what -- how many years has this gone on? When did we become a national priority site, 1989? And I wasn't even informed till 2000? Thank the Commandant for me.

MR. STODDARD: Any other questions for clarification?

MR. ENSMINGER: Just a clarification. What Jeff said about all the documents and we were the ones responsible for finding all -- Jeff rescinds that comment because ATSDR, some of their people have been very, very active in discovering this stuff, so I just want to give them the credit they deserve.

MR. BYRON: This is Jeff. I agree with that, too, but you have to admit that the -- the damning documents have been found by the CAP members.

DR. BOVE: Well, that's -- that's what this means, that -- point three means simply that we

can't do good science without the information provided by the affected community. That's exactly what this says. And in fact, I've asked -- I will be asking later in this meeting for some of that local knowledge that you have in order for us to be able to do our studies properly, so keep that in mind.

MR. STODDARD: Okay, so what I'm hearing from the people who explained why we have this document is that the request came from people up the chain in ATSDR/NCEH in terms of well, how do you guys operate, why do you exist, and Mary Ann asked a question about the process for selecting new members and how do we do membership, so your question was limited to the membership issue. Mary Ann's shaking her head yes. And so you may disagree with the -- Jerry, with the reason behind, but this is reason -- I'm recapping, this is the reason that they have stated why the document exists. So that...

Any other questions for clarification?

MR. PARTAIN: One last one, this is Mike Partain. I just want to -- I guess it'll be a question and a concern. I do not want to see

this governance procedures to be a tool to limit the discussion of the CAP or to direct the discussion of the CAP. I want to throw out there as a question, is that -- I mean is there going to be guarantee that if we want to talk about something, that we're going to be permitted to talk about it?

DR. BOVE: Yes.

MR. ENSMINGER: Really? And our agenda's not going to be changed after we've approved it?

MR. STODDARD: Jerry asked a question. Frank, your response? Perri, your response?

MS. RUCKART: Well, page 5 outlines how we plan a meeting, and it shows the steps taken to develop the agenda. And previously we were doing it a little bit different, and since our April meeting we have refined that process a bit, so let me see down here -- the fourth bullet, (reading) The project staff creates a draft agenda and shares with all the relevant parties -- so that would be our management, the CAP, that would include the DoD because they get it through Mary Ann. And we get feedback on that, and then we revise the agenda based on any comments we receive, and then we distribute

the final agenda to all the relevant parties. Whereas before, it was done a little bit differently so now everyone's going to get it at the same time, make their comments. We'll consider all the comments at the same time and revise the agenda. But whatever you told us -- you, meaning the CAP members -- that there's something you want to discuss, we -- Frank and I put it forward as an agenda item.

MR. ENSMINGER: Yeah, but it's gotten removed, too.

I have one more thing, and this pertains to going back to the access to these meetings by the media. And I'm here to say right now that if this policy doesn't change and the media does not have access to these meetings, then I'm going to get a petition started to move the venue of our meetings back to Jacksonville, North Carolina or Wilmington, North Carolina, whatever be, but in the area where this occurred, and then the media will have access.

MR. STODDARD: Tom?

DR. SINKS: Yeah, Tom Sinks. Let me just -- want to clarify what you said, Jerry. You're talking about access with film media.

MR. ENSMINGER: Right.

DR. SINKS: You're not talking about media access, because media does have access. He's talking about coming in with cameras and that policy, and we will look at that and we will see what we can come up for alternatives. An alternate venue is something we're thinking about. There are problems with alternate venues, such as I don't think we can stream across to all the people who might be accessing the stream by video, and so we may be -- you know, taking it off-site might actually, you know, have benefits and limitations itself. So those are things we need to consider. We may be able to fix that. I think that's -- I just would say it seems to me that this document -- the things where Jerry was pointing out, I think they're bullets on that first page, those are the areas where, if what we set up with the CAP isn't helping to fulfill those goals, that provides the CAP with a way to challenge us or to ask the questions, just like Jerry has asked. If you agree with those goals and we're setting up barriers to achieving those goals, that's where you -- you know, your input is

valuable. I think that's what I was hearing Jerry say earlier.

MR. ENSMINGER: Well, I'd like to know something while we're discussing this. Who was it that brought the armed police officers in here at our last meeting? I mean as soon as we pop out of the side door at the visitor center after we check in and we're waiting on our escort, here's a -- an armed DeKalb County policeman standing there, in uniform, with his riot -- his riot uniform on that was paramilitary, with a loaded weapon, all his -- you know, taser and all that crap, and -- you know, and then they're posted out here by the cafeteria, too, and then outside the door of our meeting room. What the hell's going on here?

MR. STODDARD: Okay, so this is a little outside --

MR. ENSMINGER: (Indiscernible) a damned stalag --

MR. STODDARD: -- the governance --

MR. ENSMINGER: -- or something.

MR. STODDARD: -- the governance issue. Does somebody have a quick answer for that, or can

we put this on the -- on the --

MR. ENSMINGER: Who did --

MR. STODDARD: -- bike rack for addressing later?

MR. ENSMINGER: Whose idea was it? I mean we're talking about this. Who did this?

MR. STODDARD: Okay, Jerry, I'm going to capture this on the bike rack for discussion --

MR. ENSMINGER: Okay.

MR. STODDARD: -- later, if you -- okay? And we'll try to get an answer to that before the end of the evening.

MS. RUCKART: Well, that has come down from CDC, I believe, from OSEP, the Office of Security and Emergency Preparedness.

MR. BYRON: Then where are they today?

UNIDENTIFIED: They had an emergency today.

UNIDENTIFIED: Yeah.

MR. STODDARD: Okay. So we'll try to get clarification on that.

All right, back to the -- back to the governance document, any other questions for clarification?

(No response)

MR. STODDARD: Okay. What reactions do you

have to the document? We've heard some. Other reactions to the document? Like it, don't like it?

MR. BYRON: I mean I'll -- this is Jeff Byron. As far as the document goes, I don't really have a problem with the document, it's why it came up originally is the problem. It seems like we're going backwards when we try to redo mission statements, and all this has been at the request of the DoD. And as far as the leadership of ATSDR, the only thing I'd like to know about that is did they have a meeting with the Department of -- JAG or DoD lawyers before this all came up? What -- what prompted that? That's all I have.

MR. TOWNSEND (by Telephone): Tom Townsend here.

MR. STODDARD: Yeah, go ahead, Tom.

MR. TOWNSEND (by Telephone): I -- I don't have -- I don't have access to that -- that draft document so I -- I couldn't get it off the Internet. I don't have that -- I don't know how to use -- don't know how to get it. I'd like a copy sent to me.

MR. STODDARD: Okay, Tom, I got that.

MS. RUCKART: Tom, are you asking for a copy of the CAP governance? It was sent out on August 23rd.

MR. TOWNSEND (by Telephone): The governance, I -- I -- the governance document.

MS. RUCKART: Is that what you have? I'm sorry, I was talking to Tom Sinks so I didn't hear your -- is that what you want? Which document are you asking for?

UNIDENTIFIED: The draft governance document.

MS. RUCKART: Right, it was sent on --

MR. TOWNSEND (by Telephone): Draft governance document.

MS. RUCKART: It was sent on August 23rd. Do you need me to resend that? It was e-mailed on August 23rd.

MR. TOWNSEND (by Telephone): I don't have a -- I don't have a way to get -- I don't know how to use it good enough to get it.

MR. STODDARD: Okay. So is it your --

MR. PARTAIN: Tom, you want us to fax it to you, Tom?

MR. TOWNSEND (by Telephone): Yes, please.

MR. PARTAIN: Tom's still in the 20th century.

MR. STODDARD: Okay, so we'll get it to him by

fax.

Okay, other reactions to the document?

MR. PARTAIN: Well, I'll note that we are still -- at 10:20, we're still talking about it, so -- I mean the concerns we brought up I think were well documented. One thing that we were talking about in the CAP and everything, I would like to see some type of link opened up during the CAP meetings where people who are on the Internet and watching -- I'm on my e-mail right now. You know, there are people out there watching and they want to ask questions, they're -- you know, if we can respond to it, if we can maybe hold it up in a --

UNIDENTIFIED: Interactive link?

MR. PARTAIN: -- interactive link or something where people can -- like -- or like chat, where they can ask questions, we can respond to it, since we do have Internet access in these meetings now.

MR. STODDARD: Okay, so basically what we're asking is that the audience become more than observers, but participants.

MR. PARTAIN: I mean these people are all over the country.

MS. RUCKART: Well, I have a question about that, because people are saying they didn't have a problem necessarily with the content of the CAP governance, and one of the things it says is the audiences don't participate. So is that something you would like to see done or --

MR. ENSMINGER: No, we're not talking about direct participation by the audience, but people that are watching the streaming video, just like the people who are in the audience, they can come up and address us and ask us a question. And if we look at that question and it's deemed a -- a legitimate question, then it can be voiced while we're in our meeting.

MS. RUCKART: Well, okay, so I guess I am still a little confused about that because I -- I thought -- and this is something that, if we need to change it, we could, but everyone's saying in theory you're okay with the content because I thought that one of our principles in here is that the audience doesn't participate unless we have a direct question for them, so you're saying you want that different?

MR. PARTAIN: Perri, let me make this clear. On the -- we're not asking for direct

participation, but there are people that ask questions. And like for example, while we're meeting I've got my laptop here, and someone can ask a question that doesn't necessarily pertain to them personally but pertains to the CAP and to the community, and we can look at these things and -- and ask them or, you know, bring it up. But we're not asking for these people -- or we're not -- we're not asking for direct participation that way, but I think these -- you know, the people out there that are in, you know, California, Washington, that can't make it out here to these CAP meetings, it'd be a nice way to get them some voice and also an opportunity for us to interact.

DR. BOVE: Mike, there's two possibilities I can think of. One is to actually set it up yourselves, and since you have a laptop, you can be checking it. The other thing is for people to mail it to our Camp Lejeune mailbox, our e-mail box, and we check it at lunchtime. Other than that, I'm --

MR. ENSMINGER: Yeah, that's a good idea.

DR. BOVE: -- I'm concerned about whether we have the technology in place. We've had enough

difficulty getting the streaming live working.

MR. ENSMINGER: Well, I think that's a good idea.

DR. BOVE: We could work it out that. We'll check to see if there are other options, but I have a feeling the better option would be --

MR. PARTAIN: Well, we've got our discussion board on our website and people can post there --

MR. ENSMINGER: No, no, no --

MR. PARTAIN: No?

MR. ENSMINGER: No, no, no, let's not confuse this. If they want to ask a question specifically during a CAP meeting, then they need to use ATSDR's Camp Lejeune website address and send it to that --

MR. PARTAIN: Yeah, but we'll need to be able to get access to that.

MR. ENSMINGER: Huh?

MR. PARTAIN: We'll need to be able to get access to that to see it --

MR. ENSMINGER: Well, Frank -- as Frank just said, to be able to go check it at lunchtime, come back with the questions.

DR. BOVE: That way they're not participating

in real time necessarily. They're sort of -- there's a delay. But if there's a concern raised, we can try to address it during the meeting. We may have to put it in the bike rack.

MR. PARTAIN: Yeah, 'cause I understand that, you know, we can't open it up to everybody 'cause we'd be inundated and we wouldn't be able to do anything, so -- but at least it'd give people an opportunity to say something, to speak out or ask a question they can't get answered, for the benefit of everybody.

MS. RUCKART: Well, one thing, you know, we can -- what we do is when people e-mail the Camp Lejeune box, we respond as quickly as possible. So if people are viewing a meeting and it causes them to have a question and they send it to the Lejeune box, they will get a personal response. They -- they always do and in fact that would continue to be the case.

MR. STODDARD: And the other thing I'm hearing you say, Mike, is not that we open it up for anybody to come and talk, but that you want to take any input and questions from members of the community. And my understanding is that

you, as representatives, do that all the time.

MR. ENSMINGER: Well, we do.

MR. STODDARD: And that you would want to be able to bring those questions, which you have the right to do at any point in time.

MR. ENSMINGER: But it's just like whenever we have like special people giving presentations at these meetings, like the VA people, some of these people may have -- I mean some of these people have some good questions that the rest of us don't neces-- won't necessarily think about.

MS. RUCKART: But again, you know -- I mean, whenever we get a question sent to the box we give a personal response, and if that would involve linking them up with the VA, we do that. Or if somebody mentions a question that we feel is important to mention to the group we put it on the agenda and -- and we do that, but we can entertain some other ideas, like Frank said.

MR. ENSMINGER: Okay.

MR. STODDARD: Okay, ready to move on? Other suggestions for improvement to the document?

MR. ENSMINGER: Throw it away.

MR. BYRON: We'll put them in writing.

MR. STODDARD: Pardon? What was that, Jeff?

MR. BYRON: I said -- this is Jeff -- we'll review it some more and we'll put any questions in writing after this.

MR. STODDARD: Okay, so this document is still open for feedback.

All right. It is 10:25. We are scheduled to take a break at 10:30. Can we go ahead and take a 10-minute break and we'll come back and Morris will talk about water modeling updates, so a 10-minute break. We will start again in ten minutes, whatever your watch says.

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

WATER MODELING UPDATE

MR. MASLIA: Good morning. Again, my name's Morris Maslia and I'm with ATSDR's Division of Health Assessment and Consultation, overseeing the water modeling aspect of our Camp Lejeune health studies, and I'd like to give you an update this morning of where we are in terms of data analysis and water modeling. Basically I will just go over -- go over six -- or five, no six -- six different points: the data extraction, UST file review we talked a little

bit about earlier, mass computations, water supply well operations and chronology for water flow water development and water distribution system monitoring, specifically the Hadnot Point Holcomb Boulevard interconnection. And speaking of that, I've got Jason Sautner, whose primary responsibility is to work with, develop and calibrate the water distribution modeling here for us.

Just to review, we've got two different classifications of sites. For the Hadnot Point Holcomb Boulevard area we've got the installation restoration sites that we basically completed work on. And we've got a UST or underground storage of -- ground storage type -- sites, primarily related to fuel loss, fuel spillage, and that type of activity.

So let's again just go over our water modeling process 'cause I'd like to focus in on that aspect of it, from the technical standpoint. We basically have four -- four activities: Identifying information sources, extracting the pertinent data -- most of this data historically has been in hard copy form -- building electronic databases, and from those

databases then building model-specific. By model-specific, I mean the format that the individual model codes require. And then of course models need to be developed -- developing them, calibrating them, simulation, and then providing the results to the epidemiologists. This is the process that we -- was used for Tarawa Terrace, this exact process.

With that said, what we use from the technical data extraction process is we've got a feedback loop here, and that is what we rely on, and that is the feedback to us if in fact the model is producing results at a certain stage that are counter-intuitive or contradict information that we have, we go back and either research the databases to see if we either input incorrectly, misinterpreted or missing critical information. Or if not, we may go back and look for additional sources, or query additional sources.

Two examples come to mind. One is at Tarawa Terrace we started off with the assumption that supply well TT-23 -- or the new Tarawa Terrace well, as it's referred to in a lot of the

documents -- was not operated. The model came back and said to get the volume of water that everyone was agreeing to that came into the treatment plant, we had to have another source. So we went back and that's when we started reading, line by line, the water (indiscernible) plant books and found an instance where in fact the well was operated. So that gave us feed-- feedback that in certain instances the well would be operated. Put that into the model and the model worked correctly. So the model is a useful tool, even though it's not necessarily fully calibrated at times. Based on physics, though, that -- another just most recent example, we were having issues with the water distribution system modeling, the interconnection, saying water was moving in a certain direction that seemed counter-intuitive, like back through a -- a valve where it should not be. Turns out that in fact we were -- we have now been able to resolve that by getting additional information on water use at a golf course. Okay? Finding maps with specific information on the sprinkler heads and that type -- and also talking to our technical

points of contact, getting together and simulating it in a slightly different manner -- okay? -- visualizing the physics of the problem. So again, the -- the point here is that we have feedback from our tools, if you will, at all points during this process. It's not just information in and -- and then going with whatever may come out.

So to give you an update now on this table at the bottom, where we are with different aspects of water -- Tarawa Terrace, of course, is complete, as we said. The Hadnot Point Holcomb Boulevard IR sites that -- I'll say more about that -- we're -- that's in our models. Okay? The model is using that information. That's where we have developed the geohydrologic framework, water levels, things of that nature, model boundaries. The underground storage tanks, we -- we are continuing -- we're nearly complete -- we've completed a review of those files. We've built electronic databases. We've extracted and built model input databases, and so we're also using that. We still have a little ways to go, but again, these are augmenting the installation

restoration file site type of data.
The CATLIN MS access database, we have looked at that. We've noted some issues, some QA/QC issues, and we have made the decision that in fact we will not be pursuing that any further. That is because the gold standard, if you will, is the hard copy report. So if there's a discrepancy between the electronic database and the hard copy report, we always turn back to the hard copy report. That is where that -- those files were generated from, and there are -- we have noted and provided Marine Corps and Navy some feedback on instances where there are discrepancies. Whether those discrepancies come from a re-surveying of wells, re-establishment of a new datum for the base, or whatever, there are discrepancies. And so when that occurs -- and everyone's in agreement with -- with this -- is that the gold standard should be the original hard copy report. So basically we -- we -- we have this information. We -- we do use it, but the -- we -- we don't plan to wholesale pull the electronic data into our model or anything like that.
And finally there's the data mining workgroup,

which -- which is -- its entire activity is really outside the water modeling process. That's an agency-administered group and (unintelligible) the agency, Sven Rodenbeck will be here this afternoon -- I guess via phone -- to discuss that, and so I just -- that's at stage one, obviously. They're gathering any information sources that we have not necessarily looked at. It's not to say that they will provide any type of relevant information, but I just wanted to list that so you know that's an activity we have participated in, but we're not directly extracting information from that at this point. So the status of the data-related tasks are water level data, we've completed the data extraction, we've completed QA/QC and our electronic databases are about 95 percent complete. The water quality data, again we've completed the data extraction. We're in the process of doing a Quality Assurance/Quality Control process over it, and we're also extracting the data into electronic databases. Well construction data, they're -- it's about 95 percent complete in terms of extraction.

Again, as we extract it we do a QA/QC, but then we also go back after the entire electronic database is complete and check it again. Mass analysis, this would refer to the mass of contaminant based on water quality data, and that is needed to ultimately check the correctness and accuracy of any model that we do, and that's in progress. We are also awaiting -- they have provided us some information, but how the consultants to the Navy/Marine Corps, they come up with their estimation for benzene of how much has been recovered, they use a certain formula. The last time we talked with them they were putting together information, a report, for the Marine Corps that they will share with us exactly what assumptions they were using and what formulas they were using to come up with that. We will not be using that, but that's another reference point -- okay? -- that we don't have, unlike at Tarawa Terrace where we had one dry cleaner and an operational record and knew how much -- how many gallons a month the dry cleaner used. In the case of Hadnot Point, we don't know how many gallons a month or a year were necessarily

lost, so we have to look at the relative value of mass by different methods. So one method is a method used, formula mandated by the state of North Carolina. Another method will be based on the data that we have and using GIS and three-dimensional contouring. A third method is the numerical models that we'll be developing. They will all give different answers, and you just have to judge -- use your professional judgment at the end as to do they fall in the same ball park or is one way out in left field, and why. And so that's a critical component of mass analysis with variable component.

Well capacity histories and well pumping is completed. We've received the report from our co-operator, Georgia Tech, who developed the methodology to generate monthly raw water use or well -- well use. We've reviewed that report and we're in the process of conducting a QA/QC on -- on that. That is needed both for the water distribution model as well as the transient (indiscernible) transport models (unintelligible). And in the LNAPL/NAPL analysis, that's the Benzene -- specifically

the Benzene, we have received an initial report -- concept report from our co-operator, and the analysis continues with that.

So the status of the water models are groundwater flow model -- and I'll get to the boundaries in a minute and show you that, but basically we -- we've got a course pre-development calibration done by -- by course, meaning the water's flowing generally in the direction we think it should flow and things of that nature, pre-develop meaning before pumping began. We're doing some fine-tuning now using water levels. As you can appreciate -- I showed you before -- we've got several thousand more than that of just individual water level measurements. Some are using higher standard methods, steel tape, draw down. Some are using air lines. We had that issue with Tarawa Terrace. So you need to know -- go through that and what you should base or what weight you should give to different water levels. You know, the air line may not be as useful of water level. We may just use them in a qualitative sense, so that's what we're going through and, again, fine-tuning the model with

that.
And since we have the pumping schedule, as I showed on the previous, you know, well capacity and pumping history, we have the information needed to do the transient model from 1941 to 2007 -- don't quote me on this last date, but it'll go into the 2000s -- as pumping was going on at the base. So that's -- and that's a critical piece of information that we would need, so we already have that piece. It's ready whenever we get ready to go.
And the reason we need to fine-tune this pre-development is if -- if we were -- if pumping had not started immediately in 1941, we could just start off with some estimate of a water level and it would pan out -- in other words, it would not have an impact on the model. But because pumping started immediately in the 1940s, we need to have a good starting point, a starting point that we're confident in. So that's why we're putting a lot of effort into the pre-development effort.
Water distribution system model -- as I said before, the well chronologies are all done and completed. This past month we received

additional information on the golf course watering issue. As you know, previously we did not have any information on, you know, exactly how much was used in terms of distribution system water and so we were going to estimate it based on water supply wells that they now use. Previous to the water supply wells going in, they used finished water. That would have been a gross assumption. It would have done, if that's all the information we had, but we kept looking. It turns out some old golf course sprinkler maps were found indicating the type, the manufacturer of the sprinkler, where the sprinklers were located. Jason has made some assumptions about how often they were turned on and off. We're confirming that with some personnel at Camp Lejeune who have been there since the late '80s to see if that's a good assumption, or a valid assumption. But that does give us a higher level of confidence now because now the sprinkler heads, we can total up, and rather than going to the water supply wells.

And that's one of the things that if any members of the CAP -- Jason has asked me to ask

you -- if you have any -- know of any documents or any pertinent information that we can actually document as to the operation of the sprinkler systems on a golf course. My experience has been -- 'cause I've done some work down at Eglin Air Force Base -- that they watered as much as they needed to water to keep the greens green. Okay? Again, the problem was that if they knew an officer or a general wanted to play golf at 10:00 in the morning, they may turn them on at 6:00 a.m. to get the greens green so they'd look nice. That's difficult to put into a model that way, so we have to make some estimate of that boundary. And so that's what -- I'm just asking for any input before we made some final decision as to that.

MR. ENSMINGER: We have a former water treatment plant operator which we will provide you with his contact information.

MR. MASLIA: Okay.

MR. ENSMINGER: And he has a lot of...

MR. MASLIA: Okay, that's -- that's what we would like to consider beforehand in looking at that. Again, it may or may not have an impact,

but it's better to consider it beforehand and -- and go with that.

And finally, so -- so the -- basically the Hadnot Point Holcomb Boulevard interconnection issue is in progress. That is the water distribution system model. And we're going to -- we have the events that were documented in the water plant utility book, and we have decided to do it on what we're referring to as an event-based analysis. When it documents an event occurred that is an interconnection, we will do that simulation -- and do that.

So -- and finally the reports, Chapter C here, that's the IR site data, the final edits are being made. Our contractor, Bob Faye, and I have been in contact with the cartographers at USGS and we're hopefully going to have an electron-- final electronic version, I would say maybe like the second week in October, on -- on the website. And then of course we're sending it to the printers to make hard -- hard copies, but that's what we're shooting for. We're doing the final edits on that, so that'll be out.

Chapter B, which is the geohydrologic

framework, the draft is in progress. I envision sending a draft out for colleague review probably end of November, beginning of December, for comments and feedback.

And then Chapter D, which is the UST site data, obviously we're still going through the UST files and extracting data, but that -- they -- the writing is in progress on -- on that. Once -- once Chapters B, C and D are -- are done, of course, then the water -- the chapter on water level, the chapter on contaminant concentration, will -- will follow, obviously.

So with that, that's where we stand on that.

Okay, location. Just to go back, what complicates the Hadnot Point Holcomb Boulevard from the Tarawa Terrace is there are not any nice, natural boundaries close in to the areas of transport -- to these areas right here -- so we have to take the flow model boundary way out to the natural mo-- natural hydrologic boundaries, way out here. So that model is 50 square miles as opposed to two square miles for Tarawa Terrace.

MR. ENSMINGER: Is it in the middle of ~~a~~ Nn~~n~~ew R~~r~~iver?

MR. MASLIA: Yes. Yes, that -- that is a hydrologic boundary. We know what the water level is. Okay? And that's -- these types of models that we use are called boundary-valued models and the whole concept behind it is you know the value, in theory, at the boundary of the model, and you're asking the equations to solve it on the interior. Obviously we don't know what the value is at these boundaries in terms of groundwater flow, so that's why -- that doesn't mean we couldn't run a model there, but we would have a terrible time trying to justify it, to say what is the groundwater flow here. So we use this bigger model -- this is a topographic divide all the way through here, and we've got data out here to show that, and this is what we call a specified or constant hit at -- sea level is zero here. And so then we will run this model -- then we do a finer grid in here and we divide the flows along in here from this bigger model. The bigger model is -- has cells of 300 feet on a side and these, because of the transport requirement -- just like Tarawa Terrace with 50 feet on a side. This is the HP industrial

area, the HP landfill area, and the HP 645 area. That's just a little closer -- overlaying the transport grid over the site classification, the shaded areas here are the IR sites, the squares are the UST sites.

Okay. I'd like to finish up by just revisiting the water modeling time -- time line that we presented I think in the April meeting. So here we are right here at the end of the fiscal year, and in September right here that are data extraction source information, groundwater modeling ~~at~~ uncertainty and reports as generalized topics. Originally obviously we wanted to be through sooner than we are now, but we are just about complete with all of our data extraction and review. We still have some work to do on the LNAPL source characterization. But again, that does not impede progress on the groundwater flow modeling at this point. So that's where we are with that.

Groundwater modeling, I -- I had indicated previously that we would be out here in FY 2012, and after discussions with Dr. Portier we will be trying to get -- we still will be

getting some answers to the epi people initial modeling results during FY-- during summer or early fall of 2011, and so that -- that we have committed to them to do. And assuming -- with a capital A -- there's no more information that we need to use out there, we will be progressing with that.

We will al-- I'll get into one other aspect. Multi-phased modeling, again, we have started on that. It's been put on -- on -- some initial -- on hold -- multi-phase also includes the LNAPL density model -- temporarily on hold because of contractual issues, so -- it's not -- based on the groundwater flow models, so it's not pushing them further down the time line. It's just that if -- we would like to soon -- finish sooner than later, so whenever contractual issues are resolved, we will pick back up on it.

MR. ENSMINGER: Which contractual issues?

MR. MASLIA: Just the ending of one contract, the starting of another contract.

MR. ENSMINGER: Who are you -- who are you specifically referring to?

MR. MASLIA: There's the -- there's the --

MR. ENSMINGER: Georgia Tech?
MR. MASLIA: -- former Eastern Research Group contract that ended, and they are -- my understanding is -- putting out to bid for a 12-month contract. Okay? When that -- when that contract is awarded, then our co-operators at Georgia Tech can actually begin -- get back on the task for the LNAPL Benzene type model.
MR. ENSMINGER: (Unintelligible) been resolved?
MR. MASLIA: It's -- it's -- I don't know -- I don't know, I'm not a contact person. I don't know the status of that -- that award. Okay? Let me just -- I've just got one -- one slide and then I'll -- anyway, I've got the uncertainty analysis going on here. Again, that would be a refinement to these initial -- or an understanding of the reliability and the range of these initial values in here that we provide to Frank and the epi.
And finally, the reports are ongoing throughout, and it's the reports really that we do anticipate to finish all the reports would go into 2012.
And with that, I think that's -- one final comment. I indicated in discussions with Dr.

Portier -- he has specifically asked us, and I'm in agreement with this, to see what impact in fact the uncertainty and variability with a source characterization would have on the ultimate health risks. That is, as you know, unlike Tarawa Terrace where we had one source, one location, and we had very good information as to the operation of that source, continuous source, went into a leach field or recharge field. That's not the case at Hadnot Point. It was an industrial operation, and so we had to make different assumptions. Was it a continuous source, was it one time, was it every other month? Well, we can test that out with a simplified approach, it's an analytical model, and use that with some simplified analytical modeling with characterizations -- similar properties, like at the landfill -- and see if in fact varying the source significantly, varying the timing of it, would have a particular impact on the health -- health risk associated with -- with that. In other words, is it -- is it plus or minus ten percent change? That's insignificant. Is it plus or minus 50 percent change? That is

significant. And that will tell us if we can make some assumptions when we go to the big numerical models, 'cause that's what takes the time. If we don't know a good characterization of the source, we have to repeatedly run these models and estimate how the source went in, whether it was continuous, whether it was a pulse, whether it was every other month or -- or what. And on these models that may take a week to run, that's a lot of effort to do that. If we can simplify that time based on some insight -- and that's what we're using it for. It's not the final answer. The analytical models give you insight into major parameters or major assumptions, and so that's -- that's what we're going to be doing within the next month or so.

DR. BOVE: My understanding is what you're doing with that is putting boundaries on the esti-- monthly estimates and the time of arrival.

MR. MASLIA: We're going to put bounds on -- on whether -- it's critical that we know every single month exactly where that source was, how deep it was, what the operations that caused

the spill. In other words, should we just assume a continuous, ongoing spill, or can we do one spill at day zero and let it go?

DR. BOVE: We're still -- we're still talking about estimating --

MR. MASLIA: Monthly. Monthly concentra-- it'll give us monthly, but an analytical model will run in terms of milliseconds as opposed to in terms of weeks. Okay? And that's good inf-- that's insight. I repeat that. That -- that's key parameters, insight, to -- to let us know if it -- if it turns out that it does not have a significant impact on -- on concentrations in the '80s or the health risk -- or the increased health risk, then we don't have to necessarily devote as much effort into fine-tuning the source characterization with the big numerical model. We can just use that to justify that it's not going to have an impact, acknowledging that in fact there is uncertainty. In other words, we're not eliminating uncertainty and we're not down-playing it. We're just -- we want some input to ourselves as to what -- what -- because that is one -- one of the things we have to deal

with at Hadnot Point Holcomb Boulevard is this whole area of source characterization which was not as big of an issue at Tarawa Terrace.

MR. STODDARD: Terry, could you hold on a second?

Before we get into questions, we've had another person join us at the table. Would you give us your name, what organization you're with and what role you play?

DR. WALTERS: Push the red button, right?

MR. STODDARD: Push the red button before you speak.

DR. WALTERS: My name's Terry Walters, Dr. Terry Walters. I'm from the VA, environmental hazards, and I'm new to the ~~EPA~~VA, just retired from the Army, 30 years as a physician in the Army, so I joined the VA in the last two months.

MR. STODDARD: Okay. Thank you. And a comment for the folks on the phone, somebody's got some noise going on in the back of the phone, so if you could mute while you're not talking.

MR. MASLIA: I'm open to questions at this point.

MR. ENSMINGER: Well, Morris, you're talking about the source stuff --

MR. MASLIA: Source characterization?

MR. ENSMINGER: Yeah.

MR. MASLIA: Yes.

MR. ENSMINGER: And it does help to know about all the sources of contamination as well. Right?

MR. MASLIA: I'm not saying that that's -- no, that's not the issue I'm addressing. I'm not saying not knowing the contaminant source, but in the stated transport models, like the one that we used at Tarawa Terrace, the -- us, meaning the people who are using the model development -- have to tell the model where the source was, when it started, what the strength was, and -- and all that. Now there are techniques to back that out in reverse. But again, that would depend on having a whole lot of historical information, which we also don't have. Okay? So the key is, we want to be able to provide you results no later than summer of 20-- initial results summer of 2011. We don't have another five years to come up with the ultimate source characterization, and so that's

why we're looking at some other methods to provide us with insight that maybe we -- we could either build confidence in what we're doing, or tell us it's not an important issue, that we can make a -- a conservative assumption that it was continuously ongoing, or that every other month it spilled and that's a better assumption. And the simple analytical models -- we've used those through our dose reconstruction program at other sites and stuff like that. That's what the purpose of what we might call screening level models or analytical models. The purpose of those are to give you insights of the key parameters, not -- not give -- not give you the answer of where every drop of contaminant moved for 41 years. Okay? That's not the purpose of those models. Again, we did not need to do that at Tarawa Terrace because we had one dry cleaner --

UNIDENTIFIED: Can I ask you a question?

MR. MASLIA: -- we had depositions, and we had an estimated volume that the dry cleaner used each month.

MR. PARTAIN: Morris, this is Mike Partain. Going back to -- with the different

contamination sources at -- present on the base, we've got the vehicle maintenance shops, we've got the fuel farm, we've got -- you know, everything under the sun in the Hadnot Point industrial area. Has the Navy and Marine Corps provided ATSDR with any mass estimates of what they have found in the ground at Hadnot Point?

MR. MASLIA: From the -- at the HP fuel farm we do have -- we keep getting updated estimates.

MR. PARTAIN: What is the current mass estimate at the fuel farm?

MR. MASLIA: It's a little over 400,000 gallons.

MR. PARTAIN: Okay.

MR. MASLIA: Now that's since -- since time began, so to speak.

MR. PARTAIN: Is that the recovery or the actual --

MR. MASLIA: That's recovery. That's recovery. Now, one may assume -- if you go through the literature, American Petroleum Institute or other professional documents -- that recovery rates can be anywhere from 40 percent to 70 percent efficient.

MR. PARTAIN: Okay.

MR. MASLIA: So divide it by 40 or 70 percent and you'll get an estimate of what was originally lost. Again, that's one estimate, and that's why it's critical that we have different methods of estimating the mass, so --

MR. PARTAIN: But have they estimated the actual product lost in the ground? Has the Navy and Marine Corps come up with --

MR. MASLIA: Not -- not -- the only official -- I say official, the only documented amount are the 20 to 50,000 gallons that are in earlier documents.

MR. PARTAIN: Their inventory records.

MR. MASLIA: Yeah, inventory --

MR. PARTAIN: What about inventory records for TCE and PCE?

MR. MASLIA: I'll have to get back to you on that.

MR. PARTAIN: Okay. And another thing that I'm seeing, and Jim --

MR. ENSMINGER: What about building 1115?

MR. PARTAIN: Okay. There's no -- in the UST documents that we've been looking through there's discussion about weather and fuel. And understanding, too, that we have different

types of fuel that have been lost at Hadnot Point -- we have leaded gasoline, unleaded gasoline, what -- JP-5, JP -– diesel, and what about weathering? Are you able to extrapolate by the residual compounds the presence of the, you know, different constituents gasoline of what was there or how much was there?

MR. MASLIA: Or at this point I think, for simplicity, to get the model going, we're going to assume the most of it was gasoline-type. That would contain the highest concentration of benzene. In other words, if we start going into different grades and types of fuels, we will then add a significantly more complex layer to the modeling of actually having to do chemical reactions within the model codes, and --

MR. PARTAIN: What about duration, though --

MR. MASLIA: What?

MR. PARTAIN: What about duration? Like, for example, building 1115 was operational back in the 1950s. They're using --

MR. MASLIA: This -- the operations --

MR. PARTAIN: -- forties.

MR. MASLIA: -- are on top of -- what we're

going to give -- you're -- and you're talking about a vapor intrusion issue now. Okay? To do vapor intrusion into any building, not --

MR. PARTAIN: Actually I'm not -- I'm not --

MR. MASLIA: -- (unintelligible) --

MR. PARTAIN: -- we're not talking about vapor intrusion. What I'm talking about is --

MR. ENSMINGER: We're talking about another site that we had -- you guys didn't know about, we didn't know about --

MR. MASLIA: Building 1115 is --

MR. ENSMINGER: Yeah, that -- that is less than 300 feet from the damned operational well.

MR. MASLIA: Right.

MR. ENSMINGER: I mean the fuel farm was 1,300 feet.

MR. MASLIA: When we do the modeling --

MR. ENSMINGER: That would bring seven more underground storage tanks --

MR. MASLIA: Again, I need to -- I need to clarify is we're not modeling building or operational facility use. We are modeling contaminant movement in the groundwater. So if there's a source there, we include it in the model. The source is included. How the

building was used is really, from the standpoint to get the monthly concentrations, are immaterial to us.

Now, if you're looking at an exposure pathway, that -- that's a -- that -- they will need the results that we come up with, and -- anyway, but if there's a source there, it's included in the model. Now whether we lump several sources together -- in other words -- that'll depend on, again, our calibration process. It may be that, in reality, sources were spilled at different points in time. It may be from the assumptions that we make in the groundwater modeling standpoint and the resolution of our -- our grids and all that, that we can lump it all together as to one particular source at one lo-- one location. I can't answer that at -- at this point. That's another --

MR. PARTAIN: Well, Morris that was my --

MR. MASLIA: -- reason for looking at using some of these -- using a screening-level model. That's one of the things we can address with a screening-level model, how important that is out at the depths of it, how important is a multiple source versus a single source.

MR. PARTAIN: Well, it goes back to my point about the weathering, the concern -- I guess the question -- that I'm getting at there with the weathering is the duration of the contamination. If we're looking just at gasoline, ignoring the fact that there's leaded gasoline in there which was used during 1940s, '50s, '60s and early '70s, we may be missing out on the beginning -- the actual -- the accurate beginning date of the contamination. 'Cause if we've got a lot of leaded fuel in the ground, well, it indicates that this is an older event than it would be if we had all unleaded gasoline. Am I correct in saying that?

MR. FONTELLA: Jim Fontella. The gas station in building 1115 was closed in 1965. That was all leaded gasoline that was dumped into the ground. Right? So that should -- and I'm not sure quite the amount of fuel at that source -- I mean you would know that -- but I mean that should make a difference, and does that change the modeling at all --

MR. MASLIA: Again -- again --

MR. FONTELLA: -- (unintelligible) levels of

the lead --

MR. MASLIA: -- because we don't --

MR. FONTELLA: -- (unintelligible).

MR. MASLIA: -- have direct documentation of source characterization, when each of these events occurred, what we use is available water quality data. Once a source gets into the ground, if we're measuring something 40 years later, when we run the model we still have to match at the end. Okay? And -- and -- but we have to look at different ways of providing us some quantitative indication of what was there, mass cal-- computations. We have to go through and add up over time how much mass has either been removed in the ground and see if that's greater than what the numerical model is giving us. The numerical models when we run it come out with a mass -- each year, each month -- and you total that up. Is that less or more than we're computing by hand based on doing these individual things?

MR. FONTELLA: But you would have to know that this fuel was in the ground before 1965. I mean that gives you a --

MR. MASLIA: Right, yes.

MR. FONTELLA: -- great starting point to even go backwards.

MR. MASLIA: Right, right. And we're starting in 1941, though. We're starting the model in 1941. Okay? That's -- that's the whole thing. We're starting the modeling in -- if I didn't make that clear -- in -- or when the base first started, and that is why we spent a lot of time on trying to get a steady-state calibration when -- before pumping ever started, because we're starting so early. If we didn't want to look till 1950 or '60, it wouldn't matter if we were off by ten feet of water level in 1940. It would -- it would -- these models would -- would settle -- settle out any differences. But we're starting off putting the supply wells in -- and 1941 I think is the first one, and pumping them, and then we will have to put in different types of sources. And again, if one thing -- this is why we need some external or additional information from like a screening-level model. It may not be -- it may or may not, I'm not telling you now. I don't have the answer. It may or may not be a critical factor whether the source was continuously leaking

into the groundwater or was just intermittently spilled. And that's insight that screening-level models can provide you, and it can significantly shorten the effort, in other words. Not necessarily in terms of our finishing it, but in giving us some assurance that we've got the best model that we can, given the amount of data -- or lack thereof -- that -- that we have. So we're nowhere near that point yet of actually starting those -- the sophi-- numerical model fate and tran-- transport type stuff. So our approach is to start simple first. Okay? And see if the model is making sense.

MR. ENSMINGER: What -- what type of forensics are available today for the aging of fuel products in the ground? I know you -- you can age chlorinated solvents by the daughter products and breakdown of them. What's -- what's available today for fuel?

MR. MASLIA: I don't have any answer to that. That's --

MR. ENSMINGER: Well, we know that they were using 1,~~;~~2 dichloroethane in the old fuels back in the day, and the 1,~~;~~2 dichloroethane levels

in the groundwater in and around the Hadnot Point fuel farm are off the scale. So -- I mean that's old fuel. And -- I mean you can -- - 1,;2 dichloroethane is a chlorinated solvent. Correct?

MR. MASLIA: Correct.

MR. ENSMINGER: It's going to break down. Right?

MR. MASLIA: Right.

MR. ENSMINGER: We can age that.

MR. MASLIA: I -- I think the issue is, Jerry -- again, you're dealing on a much, much more micro level than we ever, ever are planning to do or ever will have time to finish, and -- and -- okay? In other words, we will do degradation products. In other words, we will degrade PCE -- we will degrade TCE and we -- we have a variety of simple, complex fuel models to use. But again, I -- I think we -- we need to look at what -- what we can accomplish, given the time and budget that -- that we have. And do -- do that, because we literally could be doing all types of aging analysis and breakdown analysis for the next ten -- ten years.

DR. BOVE: And the key thing here is that the contaminants we're focusing on -- benzene, TCE, PCE, vinyl chloride -- will cover the health risks -- health outcomes, the universe, pretty well. You're not going to get additional work out of 1,~~,~~2 dichloroethane. Unless you're looking at particular -- even -- even if you're looking at particular birth defects. In the New Jersey study 1,~~,~~2 dichloroethane was associated with a few birth defects, but so was TCE and PCE, so you really even -- no matter what you do, you will be able to cover the health outcomes of these contaminants.

One -- just one thing I wanted to say earlier was it's not health risks that you're talking about. You're talking about estimates of -- of contamination. Health risks has another connotation, which --

MR. MASLIA: Well, we -- we have --

DR. BOVE: -- takes into account --

MR. MASLIA: -- we have --

DR. BOVE: -- no, no, it (unintelligible) disease potency --

MR. MASLIA: Okay, yeah, I can't (unintelligible) --

DR. BOVE: -- a real risk estimate.
MR. MASLIA: Yeah.
DR. BOVE: Say your risk is ten to the minus four --
MR. MASLIA: Right.
DR. BOVE: -- you're not saying that.
MR. MASLIA: No.
DR. BOVE: You're focusing on exposure.
MR. MASLIA: Yes. Yes.
DR. BOVE: And -- and contamination in the drinking water.
MR. STODDARD: Okay. Any other questions for Morris?
MR. PARTAIN: Yeah, Morris, going back to building 1115 again, we had seen chlorinated solvents in and around this site. Do we have any explanation of where they're coming from, as far as the source location in that complex?
MR. MASLIA: Not -- not -- not at this time, but again, I have not had a real opportunity to actually delve down -- down -- and they were still extracting information and all that. That we will address, I'm sure, just like we did at Tarawa Terrace with (unintelligible) report of the data groundwater contamination.

There will be a report that's planned for this area that will take all the data that's presented -- or take data presented in Chapter B, Chapter C, Chapter D, and then present some scenarios that we believe explain the contamination. And you need that anyway before you -- you really get into the fate and transport model because you've got to tell it where the sources are. Again, you have -- that's one of the inputs to these numerical models is we have to tell it where the source is and characterize the source. So there's -- our report is an analysis planned for that and that's where we will postulate, like we did with Tarawa Terrace, where the contaminant sources are. In other words, take all the data that's presented in the Chapter C, Chapter B report and all that, and sort of boil it down into a flow -- flow concept.

MR. PARTAIN: And do you have any -- on the seven UST tanks at building 1115 that was located next to well 602, after '65 do we have any documentation of what those tanks were being used for, whether they were emptied and filled or what the Navy did with them?

MR. MASLIA: I could not answer that at this point.

MR. PARTAIN: Okay. 'Cause I know they remained interconnected to the main fuel farm storage facility up until --

MR. MASLIA: Right.

MR. PARTAIN: -- they were (unintelligible).

MR. ENSMINGER: The question is, how could they shut the valves off --

MR. STODDARD: Jerry -- Jerry, could you use your mic please?

MR. ENSMINGER: The big question is, when they discontinued the use of that facility as a fueling point, either for government vehicles and then their later subsequent use of it for a PX -- PX gas station until 1965, the fact remains it was interconnected to the main fuel farm by a 3-inch pipeline. We already know that all the pipes and valves were completely buried at that Hadnot Point fuel farm, so that tells me that any valve that was open remained open for decades. It was a direct feeding line to those tanks.

MR. MASLIA: Well, that -- again, that -- that is -- in terms of a modeling thing where we

decide whether we want a continuous leak, we need to establish a rate and all that, but that's -- that's part of, again, translating the field data into modeling assumptions.

MR. STODDARD: Okay, it's 11:25 and we're about 40 minutes over on our agenda so far, so I'm going to ask that we call the questions at this point. If you have any questions, if you would take them to Morris off-line, that'd be great. At this point I -- well, first I want to say, has anybody joined us on the phone? I've heard a couple of beeps there?

(No response)

MR. STODDARD: Sandra, Devra, have you joined us?

(No response)

MR. STODDARD: No. Okay. We're going to change the agenda a little bit here. We're going to move the NRC report conversation to after the data mining workgroup conversation so we can get to lunch on a re-- before the crowds descend.

VA DISCUSSIONS

So at this point we're going to move to the VA discussions. And Bradley and Terry, you have

something that you're going to share, then we'll do some Q and A. Is that correct?

MR. FLOHR: Yeah, I think that's it -- what the plan is.

Okay, this is Brad Flohr, Compensation and Pension Service in Washington, and I was here in -- when was it, March or April? The last CAP meeting, April? I did have some take-aways from that.

I think Mr. Byron had some -- some concerns, some things he was hoping to get achieved. We did -- one was a way to track claims and decisions on claims that had been filed based on exposure at Camp LeJeune. We did ask our Regional Offices to track those claims that had been granted. Some of our offices did more in-depth tracking than others, just -- just by hand. And last week at the hearing on Capitol Hill, Tom Pamperin~~Danfern (ph)~~, who's one of my bosses, gave some information on that. And generally we know approximately 200 claims that have been -- most of them decided, some of them still pending, not very many. And about 20 claims have been granted.

Now the diseases associated with those grants

have been renal cancer, multiple myeloma, non-Hodgkin's lymphoma, there have been even a couple of grants of prostate cancer. And I think I described -- at least I hope when I was here in April described the claims process as being one which is based on evaluation of evidence. And part of that evidence is going to be a medical opinion. If we get a medical opinion associating a particular disease with exposure to the contaminated water at Camp Lejeune, unless there's some other evidence that would outweigh that, generally that's going to be a grant.

And we know of those that have been denied, it's one of either three reasons. Either the person wasn't at Camp Lejeune during the years when the water's contaminated; they don't have a disease; or they do not have a favorable medical opinion. That would be the basis for the denial of those claims.

As I said, there's no presumptions for any exposures. There have been -- as you're well aware, there have been initiatives on the Hill, legislation introduced, that has not so far gotten anywhere in terms of providing medical

care for veterans and dependents. Senator Burr has recently put into the National Defense Authorization Act, which also has not passed yet but is -- is pending, legislation that would create more studies on environmental exposures, including Camp Lejeune. That's where we are with that.

I understand there is an EPA assessment coming out. We will look at that. In terms of presumptions, Congress can make a presumption. The Secretary of Veterans Affairs can make a presumption if scientific and medical evidence warrants such a decision on his -- on his part. So we do -- do look at medical and scientific evidence that is new, discuss it, make it available. I was talking with Jerry earlier. That type of information, if it comes out, would be good information for those physicians in our VA Medical Centers that provide opinions. We'll make them aware of any changes to -- to the categorization of the contaminants and what they're associated with.

We are also working right now, hopefully we'll have it completed in a very short time. We're working at developing what we call a claim

label in our -- in our decision-making systems so we'll be able to -- whenever we get a claim from someone based at Camp Lejeune, we'll tag a claim label with it so we'll be able to track each and every claim and the outcome of those claims electronically rather than what we're doing now, which is manually. That should be very -- very -- shortly.

Terry, do you...

DR. WALTERS: Brad, have you talked about the training letter that went out to your VA claims --

MR. FLOHR: Well, I sent --

DR. WALTERS: -- since it sensitizes --

MR. FLOHR: -- (unintelligible) to -- to Perri when it went out. We did post our website and sent it out to all of our Regional Offices. It was multiple exposures, but it did also contain information about Camp Lejeune. The initial letter that went out did not mention benzene, through oversight. We changed that immediately, introduced -- or put the fact that benzene was in the water in the training letter. So it's out there and we've posted it everywhere, basically. We've sent it to

Capitol Hill, we sent it to the Senate and the House. Everyone has seen it.

MR. FONTELLA: Jim Fontella. Brad, I'd like a copy of that as well. But one thing I want to mention as far as the training letter goes is, along with omitting the benzene, was the fact that the NRC report was stated in that training letter, and what the NRC report said and the language that was used in it was that basically there's no way to prove that there was anybody who was affected by the contamination. So it was a sabotage, really. I mean when you -- when you go into a training letter that's supposed to tell your ROs across the country that these people were affected, and at the same time -- you're saying they were possibly affected, which is fine, they have to prove that. But at the same time you're telling them that there's no way that they can prove it. So I mean it's -- I don't get it. We're -- how did the -- and I asked you that question when I was in the audience last time about a claim that was denied, and on the statement of the claim it said that there's no proof that you were -- and the wording exactly mirrored the

NRC, and I asked you if you were using that, and you said no, that that information was on the Internet; that if a RO was to see that on the Internet, he might be able to use that as a judgment in a claim, but you never mentioned anything that that was going on in the training letter. And that is terrible. If you look at the benefit of the doubt, how many claims that there was an -- if -- you know, which way can I take this with the scales are going this way -- when you use that, he's gone, he's screwed, he or -- he or she. They're going to use that as a way to judge that claim and force this guy into an appeal, which may take another two or three years or whatever. I mean that needs to be addressed as well.

Besides of the fact that all of the fuel that was found since that training letter was out. They omitted benzene to start with, and now we know that there was just gazillions of gallons in the water. So I mean how do we address that --

MR. STODDARD: Tom --

MR. FONTELLA: -- factor now? That's been out there for...

MR. STODDARD: Tom Sinks would like to...
DR. SINKS: No, I've got a question for Brad.
MR. STODDARD: Oh, you've got a question. Sorry.
MR. FLOHR: Jim, I think the letter did -- does include benzene, the fact that it was there.
MR. FONTELLA: The new one, but I haven't seen that one. I only -- I've seen the first one that doesn't include benzene. But what about --
MR. MENARD (by Telephone): I got it -- I've got that on my computer.
MR. FONTELLA: Well, I need to see that, Allen.
MR. MENARD (by Telephone): Okay.
MR. FONTELLA: I'd appreciate it if I could get a copy of that. But what about the NRC report? Even if you didn't mention benzene into it, it's still a level playing field with the -- with the veteran who files the appeal. But now that you in-- you know, that you inserted that NRC study in there, that takes that -- that tilts it more towards the VA when it comes down to --
MR. FLOHR: I don't think the training letter specifically says that the NRC is the holy

grail of making claims or decisions -- in fact, it doesn't.

MR. FONTELLA: No, but it does say that there's -- really there's no way to -- to say that these -- that these levels were high enough that these -- I've got it here somewhere. I won't take the time to reach through these -- all this paperwork here. I've got a copy of it.

MR. FLOHR: As I said --

MR. MENARD (by Telephone): I think what Jim is trying to say is that that's very unfair to the veteran that is making the claim, especially when there's a contradiction about the NRC report. Even Dr. Portier said the fact that -- he don't agree with the NRC report. He thinks it's wrong. So you know, Brad, I would ask you to eliminate it from your training letter, period.

MR. STODDARD: Can we let Brad respond to that?

MR. FLOHR: We'll take a look at that, the NRC report. We did form a workgroup, we reviewed it, we made recommendations which the Secretary's office has -- I'm not sure if he himself has seen it yet, but he will see it.

And the N-- as I said, the NRC report is just a report. It did not include benzene in the report so it's a -- I would say, you know, it's not a be-all and end-all. Cases we have granted, as I described in the claims process, is based on medical evidence provided by a competent author-- medical authority, related the disease with exposure to contaminated water at Camp Lejeune.

MR. FONTELLA: Yes, I -- Jim Fontella, I understand that, and I believe that a claim has to be grounded. A person has to go right through the channels and do things at -- the three steps that you mentioned at your -- at your -- when you talked about the VA claims the last time you were here. But still -- well, the point that I'm trying to make is when you look at a 50-50 thing, when the evidence for is equal to the evidence against, when a person in an RO, an investigating officer is looking at a claim and he's wondering well, do we -- you know, do they have enough evidence or odds are just against -- and they see the NRC report where -- and the wording that it states in your educational letter, they're going to turn that

claim down. There's no question about it. I mean the way -- the way it's worded used specific language in there that there's no way that they can take -- again, I have it in my paperwork here but I don't want to, you know, dig through that. I mean they're going to be throwing people down a road. They're going to send -- the VA, as you know, is a tough road to get through to start with. I mean everything -- you go through the letter of the law. Everything has to be perfect in order for this person -- one little flaw, one wording in there, and it could change the whole outlook of this claim. And with that NRC report in there, they're -- they're going to send it down the road. I mean that's just the way it is. That's the way I see it personally.

MR. FLOHR: I don't see it that way. I disagree with you.

MR. FONTELLA: Well, you're on the other side of the fence.

MR. FLOHR: No, you don't understand. I'm not on the other side of the fence. I'm on your side.

MR. FONTELLA: But I -- even though -- you

could have left benzene out of the training letter altogether and just not put the NRC report, then we're just back where we started from, which is fine 'cause we know what it takes to -- to have a good claim.

MR. STODDARD: Bradley, perhaps you could explain why you're on that side of the fence with Jim.

MR. FLOHR: Why I'm on that side of the fence?

MR. STODDARD: How it is that you're on Jim's side of the fence?

MR. FLOHR: Because I'm on everybody's side of the fence. Our job is to provide benefits to those who are -- who are eligible, determine that they're eligible, and we assist people in -- in doing that at every stage of the claims process. We have a duty to assist the statutory -- develop evidence and we -- our only -- there's only one way we deny a claim, and that's where the evidence clearly, against the claim, outweighs the evidence in favor of the claim. There has to be more evidence against the claim before it's denied. If it's -- if there's more evidence in favor of the claim, or if the evidence in favor of the claim

is the -- is the same weight or is as much as the evidence against the claim, that's a grant also -- reasonable doubt.

MR. FONTELLA: Yes, sir, but the NRC study shows no --

MR. FLOHR: The NRC study is really not --

MR. FONTELLA: It shows no favor towards the veteran, none at all.

DR. WALTERS: I can say in the task force that Brad just mentioned -- and that predated my time but I have seen -- I have seen portions of it, and the deliberations, the NRC was only one document. There were --

MR. FLOHR: And it is a flawed document.

DR. WALTERS: And it was -- and it was recognized at the time that, because it did not include benzene, that it was a profoundly flawed document. Although the materials that we used were occupational medicine research on similar episodes, you know, in the literature in the past, there is the ~~IRA's*~~IARC report that is going to come out that is going to declare benzene a known human carci-- TCE, excuse me -- a known human carcinogen for kidney carcinoma, so there was a wide variety

of materials. And if you look at Secretary Shinseki's most -- you know, his administration, there has been a leaning forward towards adjudicating for veterans. I can personally tell you that he has taken an incredible amount of heat from the Hill, budgetary heat mostly, from his most recent Agent Orange decision. So -- and you all know Secretary Shinseki's personal history. He is on the side of veterans.

So this task force report is going to him. He has not yet signed it so I cannot let you know the results of it. But it clearly -- clearly sensitizes the VA to the plight of everyone who has had an environmental exposure. And so I think we can -- I understand your -- your issues, but clearly we are leaning forward and going -- if there was an environmental exposure, we think of the veteran's plight first rather than our -- than the government's fiscal plight.

MR. BYRON: This is Jeff Byron. I think what might resolve this a little is when you drafted this training letter and before you sent it to your facilities, what involvement did DoJ or

DoD and the Department of Justice and the JAG office from --

DR. WALTERS: I don't know.

MR. BYRON: Is there any involvement at all? Because before any report has been written it has to be vetted through the Marine Corps' lawyers, and I think that was one of the points that Mr. Miller in the hearing brought up. You stated you don't have lawyers present with you, but there's many in the audience that are with you, so the point is --

MR. FLOHR: The training letter -- Jeff, the training letter contains a lot more environmental exposures than just Camp Lejeune, so we have what's called a departmental health working group that meets every month with DoD -- a joint DoD/VA --

DR. WALTERS: And I'm one of the co-chairs of that.

MR. FLOHR: One of the co-chairs, I'm also on the group, and as certainly a courtesy to DoD, because it impacts them -- things like this -- we did share our training letter with them, got their concurrence on it.

MR. BYRON: And that's -- that's the problem.

You've got to get their concurrence before you can help the VA?

MR. FLOHR: Not -- not to the point where they have to concur or else we're not going to put it out. No, it's a matter of -- of just, you know, sharing with them for their information.

MR. ENSMINGER: You know I -- I look at the VA as, you know -- being a retired military person, I see the VA as akin to our -- our supply within the military. And you go down to your unit supply to check out some equipment that they're supposed to be maintaining for you, and when you walk up to the counter the supply chief goes 'Ah, you want my equipment? No.' Well, really it's mine. You're just maintaining it for me. Okay? But I see the VA as the same thing. They're a service organization that was created to serve veterans. But they have since evolved into 'Well, let's make this guy jump -- or a gal jump through hoops first before we provide them the services, and maybe we can discourage them.'

MR. FLOHR: Well, I'm sorry you have that opinion 'cause that's totally false.

MR. PARTAIN: I want to -- excuse me, I want to make a point, please.

MR. STODDARD: Tom -- Tom's been in queue for a long time.

MR. PARTAIN: Okay, you got your thing on, too?

DR. SINKS: I was well ahead of you, buddy, on this one.

MR. PARTAIN: I'm bigger than you, though.

DR. SINKS: I've just got three things. First of all --

MR. STODDARD: This is Tom Sinks.

DR. SINKS: Tom Sinks, thanks. Really want to extend our thanks to the two of you for coming here and putting up -- I'm sorry, sitting here, working with these guys and us in terms of your volunteering to be here 'cause it's totally voluntary. We're -- we can't force you to be here, but having the two of you here I think is an extremely constructive and useful piece and I hope all of you appreciate that and want to encourage them to continue to come, so --

DR. WALTERS: So be nice to us.

DR. SINKS: So be nice.

DR. WALTERS: Don't beat us 'cause we won't come back.

DR. SINKS: I know what I was saying, but just -- let's make sure we're courteous and we be nice because there's all the reason in the world for us to be good friends and to work well together in collaboration and to help -- help each other.

The second thing I want to ask the VA is, if I interpret what I'm hearing about this training letter -- and we've seen this also with communications with the Department of Defense -- there is some value to this CAP and to ATSDR in terms of reviewing communications and perhaps helping to see that communications are going out. And I would just -- I don't want to put you on the spot, but it may be that when things are going out that have to do with Camp Lejeune, you may want to use this body to help you to look at the communication, at least get their input. They can be constructive. It's just something I'll put out there as a potential because -- I offer that to the DoD as well, is that the folks here really are very invested in this and having their support for what you're doing is helpful to your cause, ultimately. And so using them as a screening

tool in terms of what you're putting out may be helpful.

Now you know, there are complications with that, I understand that, but I'm just putting that out there.

The third thing I wanted to bring up was the discussion Brad had about -- I think it was 20 claims, or 200 claims -- the claims that had been awarded. And as I understand it right now, it is up to the veteran who has a medical condition to document, if you will, the connection between the exposure and the health outcome. Kidney cancer is a great example. We had a gentleman with kidney cancer, a physician, who testified in front of Congress. He was denied two or three times, and obviously that's probably the strongest connection we have for TCE. Will a veteran in -- let me take a state that isn't here -- New Mexico, who goes to the VA and was at Camp Lejeune and has a kidney cancer. What level of evidence will that individual have to document to his local board to demonstrate that there is a connection?

In other words, have we gotten past the 'If you

were there and you have a kidney cancer and you were exposed, you will get compensated' or will it be up to that individual to again go into the scientific literature, or again go to a physician and get that documentation, when we already know the VA has in fact awarded similar claims?

MR. FLOHR: Well, each claim is reviewed on a case-by-case basis. And if a person, as I said, who has a particular disease was at Camp Lejeune, he's going to need to get medical evidence to support his claim. Now they can get it through a private physician, which has been done and some of the claims have been granted, or we will request a medical opinion from -- from a local VA (indiscernible) -- and ask for a medical opinion.

MR. BYRON: Could I interject real quick here? This -- this is something that -- you know, my daughter in 1985 was diagnosed with aplastic anemia. Prior to that she was seen over 50 times in two and a half years at the base hospital for high fevers, urinary tract infections, you name it -- rashes. In six months when I leave she comes down with

aplastic anemia. The first question out of the doctor's mouth, 'What chemicals have you been around?' Then I go back to him ten years later after I find out what we were exposed to, and I try to get the doctor to write a statement saying that her illness is caused by toxic exposure -- they are just unwilling. You know why? 'Cause they don't want to end up in court, too. Okay? And -- and I hate to disagree with you on that issue. Weren't we -- weren't they talking at the hearing about presumption so that -- we're not even at the presumption stage yet. Right?

DR. SINKS: No, we are not.

MR. BYRON: Okay, that's -- but to get a doctor to even write down that your illness was caused by toxic exposure, that's -- you're going to be really -- really lucky to do that. And the gentleman that had the can-- kidney cancer also stated that he was lucky that he worked at a medical research facility where they could make that assessment. If he was just the average Joe like me and my children, that's just not going to happen in a normal case.

MR. FLOHR: Well, like I said, in the claims

that have been granted, those have all -- based on positive medical evidence.

DR. WALTERS: Mr. Byron, I believe when the task force report comes out and the results of that task force -- in your particular case and in the physician's particular case -- when Secretary Shinseki says 'Hey, these following diseases we know are associated with these exposures' -- okay? We're going from top down, I think that will make that -- getting that medical assumption much easier.

I think also that what -- so the burden on the veteran will be decreased. Will it be eliminated? No. A presumption would eliminate it. I think there is an issue with exposure. Obviously someone who passes through Camp Lejeune and drinks one glass of water, versus a Marine who, you know, east coast Marine who spends the majority of his, you know -- up to, you know, two years -- go -- you know, rotate two years back, you could spend half your career --

MR. ENSMINGER: I spent 11 years there.

DR. WALTERS: Yeah, you could spend half your career. Obviously your exposure is very

different than a trucker driving through who happens to be a veteran. So the presumption, say in Viet Nam, is anybody who set even a toe in Viet Nam, even passed through the airport, was exposed to Agent Orange. That's one presumption.

The other presumption in Viet Nam is if you were in Viet Nam and came down with diabetes, that was, you know, associated with Agent Orange. So there are a couple of types of presumptions here. Okay?

There's a presumption based on disease, and there's a presumption based on exposure. Okay? So --

MR. MENARD (by Telephone): Can I interject here?

MR. STODDARD: Is that Allen?

MR. MENARD (by Telephone): I guess -- I guess what we're trying to say, even though it's presumptive that you're going to get kidney cancer, a veteran is going to be denied unless he has a nexus letter from a doctor. Correct?

DR. WALTERS: At this point, yes.

MR. MENARD (by Telephone): Okay. That's all I --

DR. WALTERS: But that threshold I believe -- your average VA doctor, when he gets the information from Secretary Shinseki saying hey, we know that a Marine who's been at Camp Lejeune for two years, drinking the water in say 1978 and he's coming down with kidney cancer, you can feel assured that we're going to back you if you say that this was connected.

MR. MENARD (by Telephone): Even without a nexus letter?

DR. WALTERS: You're still going to have to have the nexus letter at this point in time.

MR. MENARD (by Telephone): That's our point. That's what Jeff was talking about, that it -- some of these people cannot get that. It's almost impossible 'cause these doctors are afraid to put their names out on it.

DR. WALTERS: Well, the VA doctors -- I think that will decrease significantly with this action.

MR. PARTAIN: Dr. Walters, this is Mike Partain here. Earlier you mentioned, you know, that the NRC report was profoundly flawed, so thank you for that.

DR. WALTERS: For -- for not including benzene.

MR. PARTAIN: Yeah. But also you were talking about the occupational exposures and the studies -- you were talking about occupational exposures and studies that had been done, and I know a considerable amount of interest had been put on the occupational exposures. And as indicated in -- by Dr. Clapp in the testimony last week at the hearing, we are -- our exposures are not limited to just occupational. We have -- you know, we were living there on the base and working on the base, and you know --

DR. WALTERS: Well, there are other exposures -- other types -- documents. We looked at occupational exposure, and also this is not the first time a dry cleaner has spilled into -- you know, that there has been --

MR. PARTAIN: No, it's not -- no, it's not just a dry cleaner. It's Marine Corps operations --

DR. WALTERS: Well, obviously.

MR. PARTAIN: -- so I'll just point that out. Here -- here's an example of how the NRC report's being used and translated. This is propaganda from the Marine Corps. I call it propaganda because this is their booklet that

they put out in July of 2010. Question: Were those who lived and worked at Camp Lejeune exposed to extremely high levels of chemicals through the water? Answer: The exposure spread through Camp Lejeune through drinking water are generally considered lower level of environmental exposures relative -- relative to higher level occupational type exposures. The 2009 NRC report in reference to TCE and PCE stated a central issue in toxicology at Camp Lejeune is whether doses were sufficient to produce specific adverse effects. The lowest doses at which adverse health effects have been seen in animal clinical studies are many times higher than the worst case highest assumed exposures at Camp Lejeune. However, that does not rule out the possibility that other, more subtle health effects that have not been studied could occur, although it somewhat diminishes the likelihood.

To sit there -- I mean they're comparing occupational exposures to the fact that we were living, breathing, drinking, you know, working in this stuff, bathing in it, and trying to extrapolate to, you know, occupational studies

which are done on a limited time -- we're there 24/7 on the base, seven -- you know, seven days a week, 365 days a year. And you're trying to compare occupational exposures?

DR. WALTERS: Let me make myself clear. You know, I understand where you're coming from. There is only so much literature out there, and so the task force report looked at all of it. Some of it was occupational exposure. Some of it was environmental exposure from similar incidences around the country, predominantly with TCE. And we looked at IARC, IRIS, EPA documents. So what I want to reassure you is we looked at as much of the information, as much of the scientific documents as we could get our hands on. It wasn't just occupational exposure.

MR. PARTAIN: Okay. And the --

MR. FONTELLA: Jim Fontella, the -- and as you well know, as you just mentioned, there has been studies that have been going on for years and years and years, even before we knew the Camp Lejeune exposure was even taking place, that say that these chemicals that are ingested, if they're on your skin, if you

breathe them, they cause these same diseases. So I mean in an educational letter, if we're going to put out one, why don't we put one of those studies in there from one of these big agencies that -- as a past -- that didn't have anything to do -- Camp Lejeune was just one place, it was one piece of real estate in the country, but there's other places that were studied long before that that showed increases in male breast cancer, increases in childhood leukemia, increases in kidney -- from these same chemicals, but just at different areas, so they know that these chemicals cause these problems. It doesn't have to be Camp Lejeune, actually. I mean there's enough studies out there --

DR. WALTERS: And we included -- we looked at those studies.

MR. FONTELLA: I know, I'm just -- just from -- again, stating just from what you just said, you looked at those sites. But what I'm saying is why not put those in the educational letter as well, to level the playing field between the NRC study, which says nothing --

MR. ENSMINGER: Be careful, that wasn't -- that

wasn't a study. Be careful how you term that.
MR. FONTELLA: Well, that was a literature study.
MR. PARTAIN: That was a review. When you say 'looked at,' are we -- I mean did you look at it and consider it? 'Cause we know with the NRC report there was a very high threshold that they set to even consider a study, so a lot of, you know, things that were, you know, out there in the scientific community about TCE and PCE were rejected because it didn't make their threshold. Are we dealing with the same thing here?
DR. WALTERS: As I said, I was not part of this task force. I looked at the results of it, so I -- I can't answer your question there.
MR. ENSMINGER: This task force that you keep referring to, do you have when this thing met and the -- what studies they did look at? Do you have it?
DR. WALTERS: I don't have it with me, though, because it's not -- it's --
MR. ENSMINGER: I'd like to see what they used to review.
DR. WALTERS: It's not public information yet

because the Secretary has not reviewed it.

MR. MENARD (by Telephone): Who was involved in this?

DR. WALTERS: Again, that's internal deliberations to the VA.

MR. STODDARD: Tom -- Tom Sinks, you have a question?

DR. SINKS: It's more of a comment. First -- one, it sounds to me like all of us have a real high interest in seeing this report when it comes out, and that -- and actually sounds to me like it may be something that is looked upon positively, from what you're saying, but time will tell.

So one question I have for you is, do you know when it will be likely out?

The other thing I'd just mention is that it's -- we -- we did send a letter to the VA concerning this process and concerning the NRC report, and citing the fact that we hoped you would look at all of the scientific data in making your decisions, and it sounds to me like you've either followed that advice or understood it yourselves and taken it. So I -- I thank you for at least sounding like you've

done a broad view of this rather than just simply accept the NRC as the end-all to the story.

DR. WALTERS: Yeah, the other point is, unlike the Agent Orange and Gulf War, which is mandated by Congress that we -- we review the reports from the IOM and formally go through a process, we did not have to look at the Camp Lejeune NRC report. We did so because we are sensitized to environmental hazards and know that we're going to see these veterans, and we want to do what is best for veterans. So this is purely a voluntary task force on the part of the VA to look at this and delve into this issue.

MR. STODDARD: Tom's first part was a question about when you might expect the report?

DR. WALTERS: When the report -- I -- I don't have that crystal ball. I know that it is somewhere on the 10th floor, but the Secretary's been very busy with the Agent Orange testimony, which will be coming out on Thursday, so I have no clue when it will be signed.

MR. STODDARD: Tom -- Tom Townsend, are you

trying to get on?

MR. TOWNSEND (by Telephone): Yes.

MR. STODDARD: Okay, we could barely hear you.

MR. TOWNSEND (by Telephone): Can you hear me now?

MR. STODDARD: Yes, that's much better. Thank you.

MR. TOWNSEND (by Telephone): I'd like to make a comment if I may.

MR. STODDARD: Go ahead.

MR. TOWNSEND (by Telephone): I want to speak to the -- to the VA representative. I'm a disabled veteran. I retired in 1975. I was a Korean and Viet Nam veteran. I've lost a son at age three months at Camp Lejeune in 1967. I've lost my wife four years ago to damage to her liver that the autopsy said was caused by exposure to chemicals at Camp Lejeune. I currently have neuropathy and -- and I'm trying to get VA disability, and the VA -- I go to the VA and they keep stumbling around on it. I go to a civilian neurologist who will -- who says -- who is reluctant to give me a absolute, he says that it's more than likely -- my neuropathy is more than likely caused by my

exposure to chemicals, but he is not willing to go to a absolute statement because he doesn't want to go to court. I -- I'm going this afternoon for about my third or fourth neurological exam, and this is just dragging on and dragging on. I'm 80 years old. I'd like to have some resolution to all of my Camp Lejeune issues. My claims have been with the Marine Corps for the last -- for ten years, and I'd like to see some resolution of the VA aspect of it without having to -- without having to fight the VA all the time.

MR. FLOHR: If I may, sir, it's not necessary that your physician provide an absolute. Standard of review for VA claims is at least as likely as not, so if your physician would provide an opinion that your disease is at least as likely as not caused by your exposure to Camp Lejeune, not knowing anything else from your file or any other history, that's -- that's a very significant piece of evidence.

MR. TOWNSEND (by Telephone): My physician did indicate that, and my claim was -- my claim is still -- is still under -- in fact, I'm going to the Board of Veterans Appeals and point that

out once again.

MR. STODDARD: Terry?

DR. WALTERS: And I think you -- you -- there is a misperception that there are absolutes in medicine. Medicine is still the art of medicine. It's a probability game. You know, you can -- the only -- the only time I absolutely know that something has caused an injury is if you have a gunshot wound and it creates a hole. I know that that gunshot wound created that hole.

When someone comes down with a heart attack, can I directly -- or lung cancer, let's take lung cancer. I may've smoked for -- like a chimney stack. There's a probability that that smoking did not cause that lung cancer. I mean look -- look at Christopher Reeve's wife, didn't smoke at all; she got lung cancer. So it's all a probability game.

So someone could have kidney cancer, have been exposed to high levels of benzene, and there's a higher probability that it was caused by benzene, but it's not an absolute. So it's very difficult to speak in absolutes.

MR. TOWNSEND (by Telephone): I understand

that. But I have -- I have lost a child at -- to -- during -- at Camp Lejeune at the height of the -- at the height of the contamination of the water supply. I've lost a wife and the autopsy indicates -- the autopsy reporting physician said it's more than likely that -- that her -- that she was exposed and that's the cause of her death -- approximate cause. And I have neuropathy that my physician says is more than likely, and I'm still fighting the VA over the more than likely stuff.

MR. STODDARD: Tom -- Tom, it's clear that you're very frustrated with all these things. I'm wondering what it is you want these two VA reps in the room to do.

MR. TOWNSEND (by Telephone): I would like to -- I would like to have a very clear explanation in writing to me as a veteran with a claim against the VA exactly what the -- what it -- what it is that they want from me that they don't -- that I have not already provided.

MR. STODDARD: Would you be willing to talk with him off line on this?

MR. FLOHR: Well, sir, obviously neither Dr. Walters nor I have ever seen your claims file.

I don't know what's in it. I don't know the level of evidence that's involved. I don't know where your claims file is located. I couldn't give you any information other than what I've provided without having to actually see that claims file and review it, and --

MR. TOWNSEND (by Telephone): I could provide that information.

MR. FLOHR: You could provide that. If you're willing to provide that to -- to Lander or Perri and they can contact me, and then I could take a look at it.

MR. TOWNSEND (by Telephone): I will provide my VA number and I'll let them -- you can look back from there.

MR. STODDARD: Okay. Thank you, Tom. We need -- we need to move on now.

DR. WALTERS: And Tom, thank you for your service and I'm sorry about your wife and child.

MR. TOWNSEND (by Telephone): I appreciate that.

MR. STODDARD: Jeff, you have one more comment?

MR. BYRON: Yes, I did want to say one thing. First off, I do thank you for being here. It

took a while to get you here and we do want you to return, because we do have questions. I think Tom's experienced the same thing as me in my -- my personal -- himself. There's dependents out there -- I don't know what avenue -- I don't think you have an avenue for helping dependents, but is there an avenue, once these studies are done and so forth, where -- does -- 'cause the VA obviously has doctors and they're in the American Medical Association. Will this information be disseminated to the public, as far as physicians, so that maybe when we, you know, have an illness like my daughter's aplastic anemia, or Mike's breast cancer, that they are more willing to write this nexus letter?

DR. WALTERS: I can only speak for the VA doctors and -- that there will be an increased sensitivity. If you look at practice guidelines for common things, like providing aspirin to prevent heart attacks, or getting people to the emergency room with strokes early on, it is notoriously difficult to get out information to -- to physicians or providers unless they read that particular journal.

That's a real -- communications with getting the latest practice guidelines is a real issue in all medicine, not just American medicine. So the VA will get that -- will get that information out. Other doctors, I can't promise that at all.

MR. BYRON: And does the VA handle dependent family matters at all?

DR. WALTERS: No.

MR. BYRON: Or is there a --

DR. WALTERS: No, I mean we -- we have challenges with women veterans because traditionally it's always been male veterans. So for instance, you know, getting a mammogram is a challenge. Kids, we have no pediatricians. And it's the whole setup. It's not just the doctors; it's the nurses, it's all the practice guidelines. So I don't think that's in the realm of possibility.

MR. FLOHR: Well -- well, we do -- VA does have what's called CHAMP VA if the veteran is permanently and totally disabled, either 100 percent or -- because they can't work, their dependents are eligible for treatment and health care through VA.

MR. ENSMINGER: Yeah, wasn't there some -- wasn't there some precedent set with some dependents of Agent Orange?

UNIDENTIFIED: Spina bifida.

MR. ENSMINGER: Oh, spina bifida.

MR. FLOHR: Spina bifida and certain other -- certain other illnesses that affect children. Our -- our -- Congress made those presumptive based on veterans' exposure to Agent Orange, and we do compensate children with spina bifida.

MR. ENSMINGER: And the last exposures that took place at Camp Lejeune were 1987, so we're not talking about any kids needing pediatric care, so you know...

MR. STODDARD: We do need to break for lunch because we have a presentation at 1:00, so we're going to be back here and start up at 1:00 o'clock.

MR. MENARD (by Telephone): Thank you, Brad. This is Allen Menard. Thank you for coming, and your associate, too.

MR. FLOHR: You're welcome, Allen.

(Lunch recess from 12:09 p.m. to 1:01 p.m.)

DATA MINING WORKGROUP

MR. STODDARD: All right. So we are at the point in the agenda where Sven Rodenbeck, if you would introduce yourself, tell us what organization you're with, what role you play and you have the --

MR. RODENBECK (by Telephone): All righty. Well, good afternoon, everybody. My name is Sven Rodenbeck. I work at ATSDR and I was asked to co-lead the Camp Lejeune data mining technical workgroup that the Department of Navy and ATSDR formed to finish and try to close out the data mining activities associated with the health activities that are ongoing at Camp Lejeune. So in that capacity, I work with Mr. Scott Williams over at the Navy; he's my counterpart and we've been -- as members of CAP we're hopefully quite aware. The workgroup has had several meetings and today I am here to update you on the meeting that we had this past Monday.

It was a conference call, about one hour. Basically the conference call was pretty much totally devoted to looking at the after-action items that had been enumerated in all the summaries to date to check on the status of

those, see which are -- had been completed, which are in progress, what needs to be done to try to close those out. And at this particular meeting we actually added a new action item. As you may be aware, for about three weeks ATSDR has had a staff person up at Camp Lejeune helping with the review of potentially relevant information and data, and facilitating the transfer of that back down to Atlanta to be used. He has returned temporarily, and what ATSDR needs to do is develop a plan, specifically, you know, what travels are needed and stuff like that, just to arrange for him to get back up there, perhaps some other staff members, to complete the review of the information and data in the various repositories there at Camp Lejeune. So that's a new action item that we're actively pursuing. Concerning the -- all the action items, right now it appears only 19 out of the 42 that have been identified to date are still outstanding, but all of those I can say we're making progress on and should complete the bulk of this work by the end of October, as Dr. Portier's indicated in his testimony to the

Congressional hearing last week.
So that is it in summary, and I'd be more than happy to address some questions.
MR. ENSMINGER: I have one question. This is Jerry Ensminger.
MR. RODENBECK (by Telephone): Hi, Jerry.
MR. ENSMINGER: I want to know if you're a real person or just a voice, because every time we have a meeting you're never around, and -- and a lot of times we don't even have your voice. You're on vacation or on ~~TAD~~ TDY to travel somewhere. But I was looking forward to actually having a face here today and being addressed -- being able to talk to you in person. Where are you at today?
MR. RODENBECK (by Telephone): I am in Washington, D.C. Unfortunately my other duties prevented me from being there today, Jerry.
MR. STODDARD: So Jerry, you'd like to see him in person?
MR. ENSMINGER: Yeah, I just want to know if he's real.
MR. STODDARD: Other questions for Sven?
MR. PARTAIN: Sven, this is Mike Partain. With the data mining, earlier this morning we were

talking and I was asking Morris about sub-branches, or other areas in the Navy UST portal, that may contain documents, administrative letters or minutes or what-have-you. And the reason being, I know that not necessarily data that gets plugged into the water model, but the -- this type information will lead to possibly other data sources, what-have-you. Have y'all identified this or what are you doing to locate these type of documentations?

MR. RODENBECK (by Telephone): We have just recently been provided access to the -- what is -- we call, it's not the official name, the product side of (unintelligible) web base information, and that allows us to look at some other draft information and also administrative files, as you indicated. So the ATSDR staff is taking a look at that.

MR. BYRON: I'm sorry, this is Jeff Byron. That was the NIST?

MR. RODENBECK (by Telephone): Just a second, let me get the -- yes.

MR. BYRON: So, I'm sorry, what was it?

MR. RODENBECK (by Telephone): Yes, a NIRIS*.

MR. BYRON: NIRIS, thank you.

MR. PARTAIN: And Sven, when we get this, can we get some type of -- to the CAP I guess a content of what is in these files? I know that some of them aren't going to be released, but we'd like to know what's there so we can ask questions about them.

MR. RODENBECK (by Telephone): The closeout report will have all the indices from the various repositories that the working group looked at.

MR. BYRON: And Sven, this is Jeff Byron again. These -- all the documents that you're gathering now and looking at, are these ones that were vetted by Booz Allen and Hamilton previously, or are these new?

MR. RODENBECK (by Telephone): Some are the Booz repository, as you indicated. Others are new. For example, the Navy's been doing a lot of investigations around where active munitions have been used. Granted, the chemical analysis from those activities are not pertinent to the VOCs type stuff that we're interested in, but certainly the ground water monitoring levels and other things that go on with those

investigations we're interested in obtaining.

MR. BYRON: Thank you. Have you also looked at the ones -- the documents that were kicked out by Booz Allen and Hamilton to see if there was information there that they weren't aware of that you might need?

MR. RODENBECK (by Telephone): I'm not familiar with what you mean by 'kicked out,' I'm sorry.

MR. BYRON: I figured that they went through those documents to see what was pertinent to the issue of Camp Lejeune toxic water and which ones weren't, but they were a private contractor by the DoD so I'm not sure I would technically trust that anyway.

MR. RODENBECK (by Telephone): My understanding, it was a massive collection of information from across the base, and whatever they found, they maintained. They did not throw out -- that's my understanding.

MR. BYRON: Okay, thank you.

MR. STODDARD: Other questions?

MR. PARTAIN: This is Mike Partain again. I just wanted to touch base and see if we've gotten a official explanation or written confirmation that the Navy is no longer in

possession of any copy of the well production logs and the plant production logs for Hadnot Point and Holcomb Boulevard.

MR. RODENBECK (by Telephone): That is one of the remaining action -- after-action items that are in progress. We should have that closed out here shortly. They're -- they're turning over the last stone, so to speak.

MR. PARTAIN: And that applies to Tarawa Terrace as well?

MR. RODENBECK (by Telephone): Yes.

MR. PARTAIN: Thank you.

MR. STODDARD: Any other questions?

(No response)

MR. STODDARD: I don't see any. Okay, so ready to move on -- we had a question came up at lunch. Perri, you want to ask that question?

MS. RUCKART: I just talked to Brad. I just wanted to make sure that he got a chance to discuss all the items that he came here prepared to discuss, and he said he did. I guess we can see if there's any additional questions from you, but I just wanted to follow up with Brad to see if the VA would be attending this meeting in the future and Brad

said for the time being he will be coming to our meetings. So I'm happy to be able to share that with you. But since we do have some extra time here, are there any questions that people still have for Brad?

MR. PARTAIN: Yeah, Brad, this is Mike Partain here. We kind of talked about this during the break, but I want to officially ask it. The 200 cases that were cited in the hearing last week and brought up again this morning, is this the total cases that have ever been brought against Camp Lejeune or -- I mean for the service connection at Camp Lejeune, or when did this 200 number begin?

MR. ENSMINGER: For the record.

MR. FLOHR: For the record, I have no way of knowing, over the course of time, how many claims have been filed by people based on Camp Lejeune. The 200 number we have is an approximation that is being -- has been tracked by our Regional Offices manually, and some of those on the list go back earlier than -- than this year, but the majority of them have been, I believe, claims that have been filed this year.

MR. PARTAIN: And the 20 that were awarded, were any of them the male breast cancer cases that we've been talking about? 'Cause I know --

MR. FLOHR: To my knowledge, no.

MR. PARTAIN: Okay, 'cause I know of two -- two awards, one recent and one last year, with male breast cancer.

MR. FLOHR: I don't recall seeing those on the spreadsheet that I have, but not every office is keeping the spreadsheet of claims that are granted. That was limited just to our offices in the southern area of the United States.

MR. PARTAIN: Okay, 'cause I know Congress was asking about that, too, as far as after the hearing, so...

MR. BYRON: This is Jeff Byron again. Thank you for speaking to the Secretary and getting a log started at each facility. Will that be something you'll be able to update us on at each meeting, too?

MR. FLOHR: Absolutely.

MR. BYRON: Thank you.

MR. FONTELLA: Jim Fontella. Brad, the ratings officers, is anything being done to educate

them as far as environmental exposure goes? And when they're -- when they get a claim that has environmental exposures, is there somebody in that Regional Office that would have the expertise to evaluate that claim?

MR. FLOHR: Well, Jim, that was the purpose of the training letter we put out was to begin at least the first step in educating the people that make decisions of the exposures.

MR. FONTELLA: But the edu-- but they wouldn't really know much about what exactly these chemicals do when a person puts -- writes something in his claim or writes a -- an exhibit, so to speak, of saying what this did to his health. The ratings officer would have to glean something else as far as you're seeing -- I would think it would be somebody (unintelligible) or a doctor who'd had some type of experience to evaluate these --

MR. FLOHR: We do not have doctors in Regional Offices that are available to make -- that make decisions.

MR. FONTELLA: Do they turn that over to a VA facility or something like that, or --

MR. FLOHR: Certainly if there are questions

they can ask, claims processors can ask someone to help with the (indiscernible) if they have questions or they can task people in my office, you know, doctors in my office, or in VHA. Particularly complex questions, can send them to VHA.

But as we go forward, we'll be providing more information to people who process claims. As it becomes available to us, we'll make it known to those people. Same as Dr. Walters -- she was saying -- we were talking at lunch. She has an environmental agents coordinator in each VA Medical Center, and if someone for example served in Viet Nam, they can go there, the coordinator will schedule them to meet with someone -- an examiner or some kind of medical person that knows about the exposures, same with the Gulf War vets, same with the Camp Lejeune -- Lejeune vets could go to them and ask to speak to that person and get an evaluation. Now that's something that's going to be worked out by Dr. Walters. We talked about doing this at lunch, moving forward, that someone could put into place I think fairly quickly. We're -- we're dedicated to doing

everything we can to get the best information available to the people who treat veterans and people who make decisions on claims.

MR. STODDARD: So Brad, is Terry Walters on the VHA side?

MR. FLOHR: Yes, she is.

MR. STODDARD: For the benefit of the folks who don't know this, could you explain the difference between your side of the organization and her side of the organization?

MR. FLOHR: About myself, administration is responsible for -- for providing health care -- medical benefit, medical care -- to veterans who are service connected for a disability resulting from service or those who are permanently and totally disabled from non-service connected causes, to certain dependents of veterans who are totally disabled. Veterans Benefits Administration --

MR. STODDARD: Which is where you are.

MR. FLOHR: Which is where I am -- is made up of various services -- compensation and pension, which is monetary benefits provided to veterans. There's an education service for veterans for education benefits, loan guarantee

service, there's the vocational rehabilitation and deployment service, and the insurance service. All those are made up of the Veterans Benefits Administration.

MR. STODDARD: Thank you very much.

MR. BYRON: Brad, the VHA falls directly under the VA, though, doesn't it?

MR. FLOHR: Oh, absolutely.

MR. BYRON: Because the determination is made, and then they're sent to the VHA?

MR. FLOHR: There are three major organizations in VA: Veterans Health Administration, Veterans Benefits Administration, and the National Cemetery Service.

MR. STODDARD: Okay, thank you. Any other questions?

MR. MENARD (by Telephone): Brad?

MR. STODDARD: Who is this?

MR. MENARD (by Telephone): This is Allen Menard. I'm looking at a decision here on my computer for a veteran that was denied. He had a doctor write that there's no clinical evidence to say that his illness is related to the chemicals, but yet he's got a doctor, a neurologist, to say that it is highly likely --

it's highly entertaining that it is a direct result of the contamination, and he was denied. I sent you a e-mail with his case number and that -- and the decision, and I would appreciate it if you'd take a look at it and get back to me.

MR. FLOHR: Sure, I'll -- I'll do that.

MR. MENARD (by Telephone): Okay.

MR. FLOHR: I don't recall getting an e-mail from you about that, but you might want to send it to me again.

MR. MENARD (by Telephone): Huh?

MR. FLOHR: I say you might want to send it to me again 'cause I don't really recall --

MR. MENARD (by Telephone): I just sent it today.

MR. FLOHR: Oh, okay. Well, then I haven't seen it yet. All right.

MR. STODDARD: Okay, thanks. Anything else? Any other questions for Brad?

(No response)

MR. STODDARD: Okay.

MR. BYRON: Is there anything we could do to -- I mean other than what we are doing?

MR. FLOHR: I don't know. I don't know. We

certainly will -- we appreciate all the work that you're doing and if there's anything that does -- if you become aware of something that would help us, then let us know.

MR. STODDARD: Okay, thank you.

MR. FONTELLA: Brad, one more thing -- Jim Fontella. I -- and you know what? I just forgot what I was going to say. See what happens when you –- let’s see, how old am I now?

MR. STODDARD: Well, you can always bring it up later.

MR. FONTELLA: I'm sorry I did that.

MR. STODDARD: No problem. Okay, so we shifted the NRC report to later. We've covered that significantly so far. Frank, you had a few things you wanted to say.

NRC REPORT

DR. BOVE: Yeah. Chris Portier said that he would -- if I understood him right -- review the situation. The situation is this: Morris and I drafted a 25-point critique of the NRC report, although we both stopped last year when the agency decided to do something else, put out something -- and I'll talk about that in a

second.
Since then I've been back on the job trying to add to what I wrote before, some of which is out I guess because there was a deposition and it was released to at least lawyers, and I don't know how far it went out beyond that.
But -- but I am working on adding to what we wrote before and cleaning it up and will present it to Portier and also go through our clearance, and we'll see how it goes.
Now the thing that was released last year, just to refresh your memory, addressed some of the NRC report. It addressed the question of whether the water -- the monthly estimates for Tarawa Terrace were reliable. We claim they were, so that we would use them in the epi -- epidemiologic studies, so that is one point we -- we didn't address all the issues raised in that first chapter of the NRC report about the water model issue. It included issues about whether it was something called DNAPL or whether the cutting edge methods that we used, including the software and the modeling techniques, were valid or not and so on. So there was a number of issues in that first

chapter that were addressed either by ~~Mustav~~ Mustafa Aral's statement that he put on his web site at Georgia Tech, or that are in the -- in the part that Morris drafted that hasn't seen the light of day yet, at least officially.

So that -- the thing we released in August also stated that we would go forward with the -- all four studies, regardless of what the NRC report had said, and that -- and so that -- that -- so we addressed why, we made justifications for that which countered, to some extent, what the NRC report said.

So what we haven't dealt with and what this additional stuff that Morris and I are working on is, again, critiquing particular points raised in chapter one about the water modeling; critiquing the chapter on tox information, which I'm working on and I'm talking with some EPA people and I'm hoping to get some input from our own division of toxicology here. The review of the epi literature, I had gone pretty far along there but I want to add to it because this -- even since the -- since I wrote last year, there's more information. And then some specific critiques of both our case control

study on birth defects, childhood leukemia and the previous adverse pregnancy outcome or small-for-gestational-age study, whatever you want to call it, certain critiques of those two studies that I thought were inaccurate. And then critiques of the current -- the new studies, which they critique without having looked at our protocol, without having really digested the power calculations, although they were given to them. And so -- so all of that I'm going to try to integrate, both the stuff that we've already put out on our website, and then the additional stuff, going point-by-point through. We'll see how it goes through the agency and I'm trying to finish this up, at least a draft of, by next week, and so that's where that is at. Okay?

I can't promise that something will come out at the end. It has to go through our clearance process. We'll do the best job we can so that it does -- something strong does come out.

MR. STODDARD: Good. Questions?

MR. TOWNSEND (by Telephone): I have a comment.

MR. STODDARD: Is this Tom?

MR. TOWNSEND (by Telephone): Tom, Tom

Townsend.

MR. STODDARD: Tom, we can barely hear you.

MR. TOWNSEND (by Telephone): I'll change my mic a little bit. Hang on. Can you hear me now?

MR. STODDARD: Much better.

MR. TOWNSEND (by Telephone): Okay, something -- something interfering with it. I -- this is -- this is basically breaking news. I just had a call from Mike Gross, who was a physician -- a physician at Camp Lejeune that is 100 percent disabled as a result of his exposure while working at the Naval hospital. That's not the news, but he has been -- he has been contacted by a former psychiatrist at Camp Lejeune who's -- who she is suffering from Hodgkin's and her children are non-Hodgkin's, and they've had -- she and her husband had the water sampled by the same firm that used to sample Camp Lejeune water -- I can't remember the name of it right at the moment, but I will make -- I will be in contact with her and pass on this information because apparently the water is not as -- the water is not as pure and clean as the Marine Corps alleges at this moment.

MR. STODDARD: Thank you for that update. Did you have a question about the NRC report?

MR. TOWNSEND (by Telephone): Not that hasn't been already answered -- questioned.

MR. STODDARD: Okay, thank you.

MR. ENSMINGER: Well, that was my point this morning about what -- why I wanted ATSDR to come out with a much more detailed review of that report, and Dr. Sinks sat here and said 'Well, what more do you want?' I said 'I want the -- I want it clarified. Every point in that thing where they screwed up.'

DR. BOVE: I'm not going to promise you I'm going to catch every screw-up in that report, but we -- as I said, we're going to add -- what Morris and I have been working on are the points that weren't addressed in the thing we put out back in -- the agency put out back in August. And as I said, specifically about the critiques about not taking into account DNAPL, not taking into -- using software that wasn't valid or wasn't tried and true, and a couple of other points on the water modeling that they brought up that Morris has critiqued, and then all the other stuff in the report: the tox,

the epi, the critiques of the drinking water studies done by others, including myself in New Jersey -- which pissed me off a little bit -- and then also the critiques of the current studies, there were four studies, so that'll all be in there. And as I said, we'll have to go through the clearance process and see what happens.

MR. PARTAIN: What type time frame do you think that'll be done, Frank?

DR. BOVE: It was supposed to be done by the end of this week but the hearings got in the way. I'm going to try to have a draft ready to start the review process by the end of next week. That's what I'm shooting for.

MR. PARTAIN: Okay. Now are you guys going to provide the CAP with a -- with the -- when it's cleared and everything's ready to go, we'll get a copy of --

DR. BOVE: Yeah, I'm not sure where in the process. It'll probably have to go through the entire clearance process. I'm not sure how this is going to work.

MS. RUCKART: What our division director has said is that, saying, you know, we on our level

are going to prepare the point-by-point response for review by -- for review by Dr. Portier. Then it'll be his decision what he'll have to do with that. I mean he may not want it to go through a full clearance or he may choose some kind of abbreviated clearance as part of his review. You know, that part is not fully fleshed out yet.

MR. STODDARD: Okay, thank you. Any other questions?

(No response)

MR. STODDARD: Okay, ready to move on to updates on studies.

UPDATES ON STUDIES:

MORTALITY STUDY, HEALTH SURVEY, MALE BREAST CANCER

MS. RUCKART: Okay, I just want to hit the highlights on where we are with the new studies. The mortality study, activities are going on as scheduled, those are progressing nicely. Our contractor, Westat, is working with the Social Security Administration to conduct searches to identify the vital status of all the cohort members in the DMDC data. And they're also preparing -- the contractor's also preparing an application for the NDI, the National Death Index, so that once we identify

those that are deceased we can get more information on their deaths.

And our contractor's also preparing state-specific applications for the vital statistics offices so that we can obtain death certificates, if needed. This is because the NDI will not have cause of death for those who died before 1979. They didn't collect that. They will also not have cause of death for those who died after 2007 'cause it won't be available to be shared yet. They run, you know, slightly behind --

MR. ENSMINGER: Slightly? Three years?

DR. BOVE: Yeah, yeah, there's a long lag time.

MS. RUCKART: So we'll need the death certificates and the contractor is working on preparing those specific applications.

Also from the death certificates we'll be able to get next of kin information that we can use in the health survey.

We have expanded our DMDC cohort to include Marines and civilian employees stationed or employed at a base through 1987. Initially we were going to go through 1985. The DMDC did provide data through 1987 so we have decided to

use the full, you know, range of data they have supplied.

And once we get the preliminary results from Morris, we plan to use the water modeling analysis with our epi data and start that, so that once things are finalized we can get the reports out as soon as possible.

Any questions about the mortality study?

MR. ENSMINGER: Yeah, what did you say was missing, pre-- pre-'79?

MS. RUCKART: Before 1979 the National Death Index, NDI, does not have information on cause of death, so we'll have to go back to the -- the states where the person died and obtain their death certificate.

DR. BOVE: The National Death Index was started in 1979 and that's when the data starts. Before that -- that's when they started, just like the (interference) for Marines starts -- with -- with unit code starts in June of '75, unfortunately. That's what -- there are no data before that. That's for the current data. They have to wait for all the states to provide NCHS -- right? That's what it is, right? -- all the death certificate information. And so

each state takes its time cleaning up its data before it sends it off to NCHS, so that's why there's a -- there's a long lag between -- so to deal with that issue, we wanted to use the Social Security match list to find out they died, and then go get the death certificate ourselves for those deaths that occurred after 2007.

MR. FONTELLA: Jim Fontella. How are -- if you're going to use Camp Pendleton against the Camp Lejeune Marines, how are you going to be able to separate the fact that -- because Camp Pendleton is a true base, as well as Lejeune -- that some of these men weren't at Lejeune first and then went to Camp Lejeu-- Camp Pendleton?

MR. ENSMINGER: (Unintelligible) check that.

DR. BOVE: We have -- we have --

MR. FONTELLA: You can tell that?

DR. BOVE: Yes, you can tell that. Right? We have unit codes, and a person is in that database as long as they're a Marine, and if their unit codes change, we know -- there were quite a number of people who were at both bases.

MS. RUCKART: Well, let me say this. If you

were at Camp Lejeune, regardless, of~~r~~ if you were at Pendleton, you are considered in the Camp Lejeune side. To be part of a comparison population you have to have never been at Lejeune.

MR. PARTAIN: Okay, so these people will not be excluded from Lejeune if they've been at Pendleton.

MS. RUCKART: Right, and they'll be on the Lejeune side.

MR. PARTAIN: And that applies to other bases, too, like El Toro or -- okay.

MS. RUCKART: Yeah, as long as you were at Lejeune, you know, regardless of where else you were, you're at Lejeune. And as far as Pendleton, you have to have been at Pendleton and not Lejeune. You can be elsewhere than Pendleton as long as it was not Lejeune.

DR. BOVE: Now we won't have information on El Toro. For example, I don't know what the -- you know, the exposure routes there (unintelligible) intrusion, so --

MR. ENSMINGER: Yeah, but I mean there's -- there's no documented drinking water contamination at El Toro. Okay?

MR. PARTAIN: I was referring -- more of an occupational exposure, people working with that stuff.

MS. RUCKART: Well, as part of the health survey people will get a chance to report other exposures besides just at the base, so after they leave the military or other places during the military, so we'll be able to factor that in.

MR. PARTAIN: Okay. I was more concerned, you know, 'cause other bases that are Superf ~~F~~und sites that people were at and I don't want them necessarily arbitrarily excluded because they may have seen something there.

DR. BOVE: No, and there are Superf ~~F~~und sites at Pendleton, too. The source of drinking water at Pendleton was groundwater. There was some contamination later, after the study period, but not -- nothing like Lejeune. And we're also going to make comparisons between Lejeune and the U.S. population, just like other mortality studies are done. We just thought that for -- there is this phenomenon called the healthy veteran effect -- that's outside. There's this thing called the healthy

veteran effect, and it was felt it would be very -- it was felt by our epi panel two or three years ago that it would be good to have a Marine comparison population so that's why Pendleton was chosen.

MR. PARTAIN: And you brought up 1987 and -- extending out to '87, I mean we're going to have people -- and granted, you determined that Tarawa Terrace was exposed to '87, but there were people on main side that were not exposed to drinking water contamination.

DR. BOVE: Right, we're taking all that into account.

MR. PARTAIN: Okay. And the -- so we're still running from '75 to '87?

DR. BOVE: The earliest we can include Marines is June of '75. Then the database -- June '75 onward, we can include them. Otherwise there's no data.

MR. PARTAIN: Is that from --

DR. BOVE: For the mortality study. For the mortality study.

MR. PARTAIN: Now what about Marines who were -- I know June '75 is the begin date there, but say like, you know, someone's stationed there

June '73 through July of '77, are they going to get counted or be excluded because they were there before the --

DR. BOVE: No, no, they would be still -- anybody who's in the data, June '75 onward, we have. Now what we said in our protocol was that we would focus on those that we knew their whole history so they would have to have started in '75 -- June '75 as well. But -- and we want to focus on that. But that does not mean we will not analyze and evaluate the mortality stats of those peo-- of all the people who we have in the DMDC database, and that includes civilians, too. We -- if they started -- if they're in the database in December '72 when the DMDC data starts for civilians, we don't know how long they worked before that. The data's very poor and variable. So we said in the protocol that we would focus on civilians who started work at the Department of Defense June '74 or thereafter. We will still focus on that, because we do -- we know where -- they started work then and we have their work -- work history, at least at the base, entire work

history. But we will also evaluate all the civilians in the DMDC database, just like all the civilian -- Marines and Navy personnel which would be in the DMDC database when we compare mortality with the U.S. population or even straight up with Pendleton. Okay? We just may not fo-- we may not -- we call that the key analysis. We will have other -- we will have additional analyses. You can see different matters, sort of what Morris was talking about earlier this morning about, you know, we -- here -- here's the group we know the entire history of. We know when they started, we know when they stopped, we know where they were in between. Okay? Now there are some people over here -- there is -- in this data-- the -- they're in the database, but we don't have all that information, but we'll evaluate them as well, but we may focus on these. These may be the primary -- you know, the analysis, and then we'll have subsequent analysis -- the rest of the (indiscernible). So I want to use all the data I have, bottom line, and I want to see if it makes any difference whether I exclude or include these

people.

MR. PARTAIN: Now what about -- you know, we get a lot of questions like on our website or through e-mails and stuff, you know, people wondering when they're going to start seeing surveys or getting questions or getting some type of feedback 'cause right now you register with the Marine Corps and basically go into a big black hole and never heard from or seen from again.

MS. RUCKART: That's the health survey. We were just talking here about the mortality study, so we can talk about the health survey if there's no more questions about the mortality study?

(No response)

MS. RUCKART: Okay. So let me just give some updates and maybe that'll answer some of your questions, and then we can take questions. Okay?

So we awarded the contract for the health survey to Westat. That was awarded on September 10, a week, two weeks ago. And that's the same person -- the same contractor that got the mortality study so that should

facilitate some data sharing there like we're saying, information we have on next of kin on death certificates using the health survey, that'll be easy to pass that information back and forth.

We have a call scheduled with Westat tomorrow, an in-person meeting scheduled for October 6th to just get going as soon as possible here on the health survey. We are still waiting for OMB approval and we hope to have that soon. What I hear is that they don't really have any issues, so that should be forthcoming.

Now we had a lot of talk before about the pre-notice and the survey invitation letters, who was going to sign those, getting the Commandant and other high level officials in the Marine Corps to sign those. Previously, I believe it was January 2009, DoD and ATSDR have jointly developed some letters and those were vetted through the Marine Corps, but there's been a change of leadership so the people who will be signing those letters now were not there at that time, so we have to -- we or the Marine Corps has to kind of -- yeah, go through that process again. And I talked to Scott Williams

this morning and we do want to share these letters with you. They're slightly different than the ones you've seen before 'cause those are the ones that just ATSDR had developed, and Scott has not been able to get final approval from his leadership to share those, but he is working on that.

Now let me say this. There will be the pre-notice letter -- this is what we're proposing. There'll be the pre-notice letter and the survey invitation letter from the Marine Corps, hopefully signed by Major General Panter~~Panzer*~~ on the pre-notice letter and the Commandant on the invitation letter. ATSDR will also have our own separate invitation letter because our letter will provide more details about the actual nuts and bolts of the survey -- if you want to do it on line, go to this website. These are things the Commandant did not need to go into, so we're going to still have our own version of an invitation letter and those two would go together. At least that's our vision. Now I'm not sure how much we've conveyed about this in the past, but we're not doing the pilot anymore, that's off the table, the health

survey pilot. Instead, we have a two-phased approach and we call that the base period and the option period. And the base period involves mailing out the sur-- mailing out the health surveys to everyone who we've -- are able to find current contact information on. Now those people who've been registering with the Marine Corps, that's been a recent effort so hopefully it'll be very easy to get all their contact information, whatever they've provided hasn't changed, and if it has, it'll be very easy to...

MR. PARTAIN: I mean the point -- to interrupt you real quick -- those -- you said those are registered with the Marine Corps? I mean the registry opened what, 2007? I mean we're talking three years, and we live in a very mobile society.

MS. RUCKART: (Indiscernible), I'm just saying it should be easier to find those than, you know, people who we only have DMDC information on them from like 1975. And as far as the timing, you know, there was that moratorium on sending out surveys while the census was going on, so our -- our goal would be to start

sending out surveys in December this year. So like I said, we're on board with the contractor now and we're going to be meeting with them. Okay, so the base period involves sending out the surveys to everybody for whom we can get a current address. Everybody will be traced to the best extent possible to find their current address. Also sending surveys to those identified as next of kin, either through death certificates or some people are registering as next of kin with the USMC. And then employing all those methods we discussed as far as repeat mailings and telephone contact to get the highest response rate possible.

So that -- there's this other part of the base period that involves ATSDR convening an expert panel who will meet quarterly. Their purpose will be to develop criteria for evaluating the quality and validity of the survey information, and that would include participation rates and~~of~~ statistical power, and then they will determine if the survey has met those criteria successfully and make recommendations to the agency for how to proceed in terms of confirming the self-reported diseases.

And that brings us to the option period, so it -- whatever criteria are developed by this expert panel are determined to have been met and the panel recommend that we continue and the agency concurs, then we will move forward with obtaining the medical confirmation of the self-reported diseases, and that part will be the morbidity study. So we're only going to move forward with obtaining the medical confirmations for those who are identified a priori -- that's the DMDC data cohort members and those people who are part of the 1999 to 2002 previous ATSDR survey. All of the people who are registrants only, not also included in those two databases I just mentioned, will be analyzed separately.

So -- do you want to add anything? Any questions about the health survey?

MR. BYRON: For the health survey letter that's going to go out to ask them to do this, will we be able to review that letter before it actually goes out?

MS. RUCKART: Right, that's what I'm waiting to hear back from Scott on if we could share that with you, you know, soon. Our contractor would

need to have the final version of the letters by November 1st to get them out for a December mailing, and Scott is aware of this and we've been touching base frequently on it, as recently as this morning, and he had not heard back. He assures me he's working on this as a priority.

MR. BYRON: You do know of our concern. Is there any -- 'cause everything that they've sent out -- well, will it be coming through -- going through your office or through the Marine Corps?

MS. RUCKART: Well, they -- they will approve the letters, but then our contractor will be mailing them out. The pre-notice will go out by itself, but then their survey invitation letter will go out with our survey invitation letter and the survey. But our contractor will be sending all of the mailings out.

MR. PARTAIN: And that will all -- when do you expect that that -- to start, as far as the mailings?

MS. RUCKART: December. Yeah, we're meeting with our contractor by telephone tomorrow and in person in early October to really get things

rolling.

MR. PARTAIN: Now kind of getting to the community part of it, I guess -- say there's a community member out there who, you know, come January or February hasn't got anything, hasn't heard anything, registered with the Marine Corps and wants to find out, you know, what's going on. How are they going to do that? And why they haven't got anything.

MS. RUCKART: Well -- so you're saying somebody who --

MR. PARTAIN: Like for example, I registered -- say I registered two years ago, and the health surveys go out. I anxiously await my health survey. January, nothing's there. February, nothing's there. And I want to call somebody and say why I haven't got my health survey. I want to make sure I'm counted. How -- who and where am I going to call?

MS. RUCKART: Well, I would say one of the reasons why a person in that situation may not have gotten a health survey is because they're -- there can be a problem with the contact information they provided. Even if they haven't moved, maybe the Marine Corps mis-

recorded it or when the person typed it in they made a typo -- who knows? But I guess they would have to go back to the Marine Corps and the Marine Corps would tell us, or how do you --

MR. PARTAIN: Well, they need a pathway or something 'cause there are going to be people out there who'll be calling.

DR. BOVE: I think they probably should try to contact us. I mean I -- I think that would probably be the best thing to do because it's, you know --

MS. RUCKART: Well, I thought it was (unintelligible) you know. We're going to have a website dedicated to the health survey, so obviously through your communication channels you can publicize that so if there are people in that situation, then they can go to the website. Then they'll have information for contacting us or, you know, Q and A, things like that.

MR. PARTAIN: Also on this -- I didn't know we were going to do a website or you guys were going to do a website. Being this day and age and the fact that we're in the 21st century, is

it possible that people, instead of mailing back surveys, can go onto the website and --

MS. RUCKART: Right.

MR. PARTAIN: -- enter the stuff in?

MS. RUCKART: Yeah, this is a multi mode surveyweb purge -- I thought we discussed this before, but just to remind everybody -- so everyone will get the survey letters that we discussed in the mail, and also by e-mail if we have an e-mail address. But either way, if you get it in the mail or by e-mail, you can fill it out on line. So that's -- this is one of the reasons why we're going to have our own separate invitation letter, because we're going to be providing you detailed -- if you want to fill it out on line, here's the address and here's your PIN. You have to have your own personal identification number to make sure that, you know, you're filling out for you and there's not going to be duplicates and things like that. And that'll come just from us because, you know, the military doesn't need to get into those little details and have a very -- one long, lengthy letter. So yeah, we're going to be accepting them on line and in the

mail. And then the contractor will be checking to make sure there's no duplicate, that somebody didn't do it two ways. If there are, reconciling so we just have one --

MR. STODDARD: For those on the phone, we can hear a dog barking in the background.

MR. TOWNSEND (by Telephone): It's not me, but it's a close friend.

MR. STODDARD: Tom, could you get your dog...

MR. TOWNSEND (by Telephone): Sure.

MR. PARTAIN: Going back to -- okay, and I know I'm throwing out just hypotheticals, but these are real things that are going to be happening. I get my survey and my friend Jerry didn't register with the Marine Corps and suddenly realizes that he's one of them and he wants to go on the website and fill out his information. How are you going to deal with people like that?

MS. RUCKART: Okay. Well, I -- somebody could not just go on and fill it out, because they'd have to have a PIN. If you were to give him your PIN, if you already filled it out on line, it would come up and say, you know, you already filled it out. And then if you've already sent

it in --

MR. PARTAIN: But I'm not getting at that, but I'm saying how are you going to capture people who, you know, for lack of a better word, suddenly had a -- you know, a --

MS. RUCKART: Right.

MR. PARTAIN: -- a revelation that oh, this is important, I need to do something.

MS. RUCKART: Right.

MR. PARTAIN: Or you know, frankly, they didn't believe anything would happen, didn't bother filling it out or sending it in, and they now want to participate.

MS. RUCKART: Right.

MR. PARTAIN: We don't want to exclude those people but, you know, we've got to find a way to capture them, too.

MS. RUCKART: Right. Well, the data collection is going to be, you know, a finite period. We have to have an end date so we can move on with analyzing. So you know, the data collection period's going to be like, what, six, eight months of data collection. So if somebody were to register during that time, we could take a rolling type of approach and send out some more

health surveys. But at a certain point we do have to cut it off so that we can move forward. But the thing would be that, you know, whatever we find should be generalizable to others who are in that same situation. So if you personally are unable to fill out the health survey, when the results come out they should apply to a person who has similar exposures to people we are able to include.

MR. PARTAIN: Yeah, but we want to capture everybody that's possible to capture --

MS. RUCKART: Right, right.

MR. PARTAIN: -- so I mean the point of that is I just -- human nature and dealing with people, when these surveys come out, there are, you know, your skeptics that have been hanging on the fringes and watching with a skeptical eye are going to, you know, have second thoughts and want to be registered. And if these people are within the time frame that we're collecting the data, if they can get in there and get registered, I want to make sure they're counted, too, because everybody that needs to be in -- you know, every one that's out there needs to be counted if we can find them.

MS. RUCKART: Yeah, well, we can set it up so that the contractor can get an updated list from the Marine Corps at a certain point. That would still allow enough time for us to do our mail-out process. You know, 'cause there's a certain number of months that need to be allotted for that. But you know, it's that balance of getting as many people as possible, but having a finite entry so we can get started analyzing 'cause that's also a big concern of --

MR. BYRON: Yeah, you've got to have an end point or this could go on forever.

MR. STODDARD: Yeah, Jeff just said you have to have an end point.

MR. PARTAIN: And as far as turnaround, once everything's collected, the time's closed -- I mean they're going to be -- people are going to wonder well, how long is it going to take for me to hear what's going on; how -- what kind of turnaround time, once the data is collected?

MS. RUCKART: Well, the data will -- like I say, if we start in December, we'll finish up sometime next summer. And then if we are going to be moving forward with the confirmation,

then you need several months to go through that process of getting the confirmations of both the cancers and the non-cancer diseases. But we have our timeline, if things are moving as scheduled, we have things ending in the spring of 2013 as far as, you know, final results. If -- if things are moving as we hope.

MR. PARTAIN: Which they haven't since it started, so --

MS. RUCKART: Well, you know, that's the thing -- unfortunately with this project things are often a moving target, but we try to keep you in the loop and if there are changes, then we do -- this is our forum for, you know, sharing them with you, but this is our best educated guess and at this point; that's our hope.

MR. STODDARD: Perri, is there something specific that you'd like from the community members that they could do to help with identifying people?

DR. BOVE: Well, I think -- you know, as you publicize, people will -- I hope will register with the Marine Corps, so -- and the more we get the word out, then the sooner these people will be registered, so that's important.

Actually, though, I did forget to ask one thing about the mortality study in particular, and that is that we still need to have retired Marines who can remember where their unit -- where units were barracked to give us that information because there are no records, apparently -- that's what we've been told, there are no records to link unit to a location on base where they were barracked. Most units were barracked at main side -- okay? So -- but there's some units that moved around and it would be good to get some confirmation on which units were -- were not stationed at main side. And so that -- that still needs to happen, and I'm asking for help.

MR. BYRON: I still have it but I couldn't understand it all, so I need to get up with you this week. I'll call you.

DR. BOVE: Yeah, the other thing is I'm also interested in any information people might have about where Marines worked on base, and even where most of the civilians worked on base. I have been told that I can expect that most civilians worked at main side, but if I can get other information -- again, this is -- this

isn't information that's written down anywhere. There's very little records on this, so -- or any records on it, so again, we're going to have to rely on people's memories, so again, anyone that you know that was there during the study period, it could be helpful in getting at least that kind of information. I'd also ask the Marines, of course, for this and now I'm asking everybody. It's part of the local knowledge we talked about earlier.

MS. RUCKART: There are -- there are some other ways that you can help specifically with the health survey. You could be encouraging people to respond as quickly as possible, because if we can shorten the amount of time it takes to get completed surveys returned from most everybody, then we can move forward with the other phases and, you know, that'll help us stick to our timeline. So I would urge you to encourage everybody to respond -- first of all to respond, so you get a high participation rate; to respond quickly; and also not to share the PIN, because that could get confusing if people are sending in a paper version and sharing the PIN with, you know a relative.

Then we're going to have to be reconciling the two different versions so, you know, if we could just get that out.

MR. BYRON: So there'd be a PIN for each veteran or each individual even family member?

MS. RUCKART: Well, with the family members they're only going to get the survey if they register, so each person will get their own PIN number.

MR. ENSMINGER: Why don't you just make perishable PINs? Once it's used, it's dead.

MS. RUCKART: Right. The problem is, if somebody sends it in on paper, there's no PIN involved, and then if they share the PIN -- yeah, it -- that's what will happen. You go in -- enter the PIN once after it's -- until it's been submitted, then that PIN's no longer valid, but it would be if you're sharing it because you've completed your paper version.

MR. BYRON: And this is Jeff again --

MR. ENSMINGER: Don't use the PIN.

MS. RUCKART: Well, there's been a lot of research on this and some people apparently prefer the mail version and you get higher response rates when you mail, so we're offering

it both ways. I don't think we want to limit it, and you know, cut out a whole segment of the population that wants to do paper.

MR. BYRON: So my question was is we can get on our website and say be looking for your health survey starting in December? Is that what you're saying now?

DR. BOVE: Don't do that yet. Let us tell you when -- I mean we are hoping -- the goal is to get it out in December. When we saw some of the proposals from the contractors, all across the board they were making noises about later than that, so we'll have to work with this contractor and see -- get them out as soon as possible. It may not be this -- this year. It may be early next year, so -- so don't put anything out there yet.

MR. BYRON: Okay. That'll work.

DR. BOVE: One of the things I want to make absolutely clear so you understand this is that there's very -- there are two parts to this study, if you will. Or one way to put it is there's the health survey, and then there's the morbidity study. Okay? And the health survey is sending out health surveys to everybody --

everybody, anybody that, you know, registered or we have DMDC data information on or they participated in the ATSDR survey back in 1999-2002. So that's the first part of this effort. As the survey goes out, we encourage people to participate, so on and so forth.

While this is going on there's an expert panel. This was decided by us -- an expert panel that would be meeting on a quarterly basis, and they would meet first early during the process of the survey to develop criteria for what would be considered a successful survey, what would be considered good enough so we would continue with the morbidity study, which is the second -- second part of this thing. Okay? So -- so you're all clear about that.

So they'll come up with criteria in their first meeting, and as the result -- as the surveys come in, they'll be meeting to determine whether it looks good for the morbidity study or not. After we've gotten all the surveys in, a final determination -- or close to the -- when we get it all in, a final determination by this expert panel will be made as to whether they recommend moving forward with the

morbidity study or not. And then the ag-- our agency will take the recommendations into account and make a decision as to whether to do the morbidity study.

The morbidity study's key, though. It's one thing to get the health surveys and to tabulate those results, but there's self-reported diseases, and in the scientific community self-reported diseases are not looked on as -- as credible information as much as -- nowhere near as much as diseases that have been confirmed by medical records. So the key as to whether -- and the morbidity study, the focus of that is to confirm the self-reported diagnoses, self-reported diseases, of those people who are in the DMDC database or those people in the ATSDR 1999-2002 survey. Not the registrants, but -- unless they're also in one of these databases I just mentioned.

So just so you all understand, it's complicated. It can be confusing. It's confusing sometimes to our own people. But for this effort -- maybe I should say that -- for this effort to have scientific credibility, you really do have to confirm those diagnoses. So

then you really do -- we really would have to complete this -- the morbidity study. But again, as I said, if the survey participation rate's low, if it looks like the expert panel thinks there's too much bias, they may recommend not to do -- go forward with the morbidity study, just so you all know that. Okay?

And that's how it's been set up. I -- we certainly want to encourage the contractor to do their best effort, because if there is no morbidity study, they don't get the second half of their money, so there is an incentive for the -- the contractor to go -- go to the -- you know, as far as they can possibly go to get a good participation rate from Pendleton, from Lejeune, from all different age groups and so on and so forth that -- and certainly -- so that's -- so just so you know.

MR. STODDARD: So Frank, you mentioned that if there was a bias, there might be a problem. Can you explain what you mean by bias?

DR. BOVE: Yeah, the key bias is what we call selection bias. Okay? And that is the people -- and in this case it would be -- it could be

those at Lejeune who are diseased participate more than those without disease. That's one possibility.

Another possibility is the Pendleton people who aren't diseased, healthy, don't respond -- or some combination of that. Okay? So there are methods that we'll be using to see how much of a bias, you know, there could be before we -- the results could be believable.

We could even -- there are ways to at least simulate that, just -- not that different from what Morris is doing when he's -- when he's doing simulations looking for kind of uncertainties in the water model. So we'll be doing that.

But there's no guarantee that -- you can have a high participation rate and still have a strong bias, and you can have a very low participation rate and not have a bias, so they're not correlated exactly -- or even close sometimes.

So there are -- so there -- these considerations: what the participation rate is; whether it looks like that only certain groups are participating and other groups aren't; and the third issue is, for every

study, do we have enough statistical power. Okay? So those would probably be the three key things the expert panel will think about.

Now the expert panel -- and we'll have a say on who is on the expert panel. I specifically want experts in survey research. I've asked Dick Clapp actually for some recommendations -- or they have to be epidemiologists who have a survey research background as well. That's what I'm hoping, to pull together three or four people with that kind of skill set so that -- and that they meet quarterly. And I think it's good -- I like the idea of them meeting quarterly and giving us advice about how to analyze the data and interpret the results. I always like to hear from other epidemiologists. You always learn something when you talk to other epidemiologists, so --

MS. RUCKART: Frank, I want to just add that the CAP and the DoD will also get a chance to nominate a member for the expert panel.

DR. BOVE: Right. Well, as I said, I basically asked Dick. I mean that's who I'm -- you know, that's part of the CAP.

All right. So that's -- that's -- I just

wanted to make sure you understood all that, that --

MR. STODDARD: So what are the -- what are the implications I hear, or what you're saying, is that not only do you want the CAP community folks to go out and beat the bushes for people who've suffered some sort of illness, but also for the entire community.

DR. BOVE: You know, I think the CAP has done a terrific job on getting the word out about Camp Lejeune, and they should continue that, but that's -- you know, that's -- you know, that's the best thing you can do. If you hear of problems during the survey, I think we need to be told. So if Mike -- Mike hears something, for example, he was bringing up some examples earlier in this discussion, it would be important for us to know what's going on -- that people aren't getting their surveys or something else is going on. That might help -- we might be able to fix that problem in midstream, if necessary. So those are the kinds of things -- and again, I mentioned I talked to Jeff earlier, local knowledge. Again, for the mortality study in particular

that's important. Not so much for the health survey 'cause we ask more questions in the health survey. In the mortality study we don't ask any questions. We don't talk to the people at all in the mortality study. So -- you know, so local knowledge is going to be important to the mortality study. But that's -- those are the kinds of things the CAP can do.

MR. STODDARD: Okay, any other questions on the health survey?

(No response)

MR. STODDARD: Ready to move on?

DR. BOVE: I wanted to say one other thing that's connected to the studies. Is it on the agenda? Yeah, male breast cancer, but this could also be true of any situation where a cluster or at least a possible cluster -- potential cluster, however you want to frame it -- comes up. In the case of male breast cancer, we still don't know if it's a cluster. The question of whether it's a cluster or not may not be that interesting, though. More importantly is the question, is there an excess related to drinking water contamination at Camp Lejeune. So we hope to address that to some

extent in the mortality study, although we realize that power -- statistical power's going to be very low for male breast cancer in the mortality study. There's nothing we can do about it. But the health survey could provide an answer, just like it could provide an answer for other cancers. Okay?

But there are other options we could pursue if -- if -- and again, I laid out some of these to Dr. Portier. I also laid them out to Dr. Falk as well. So I thought I would just quickly go through some of the options so at least you can think about it. I don't know if Dick Clapp's on the phone or not, but if he isn't I'll get this to him, too. And there may be some other ideas, too. Again, you ask epidemiologists if they can come up with other ideas, that's great, too, so -- but what I thought were possibilities were -- first of all, to treat it as a cluster investigation in the sense of getting all the information you can from the cases. So it's more like a case series investigation sometimes people would say. And then -- that is, you make sure first of all that they do have the disease. Okay? So some

verification process. And then you get other information from them -- what was their age at diagnosis, do they have a family history, where did they work and what did they work with -- occupational history. Other risk factors that may be -- that we -- we either suspect or know are associated with male breast cancer -- not too many of them, but there are some. Activities at the base, a line -- in fact, anything we can get from the person about what they did on base, where they lived, where they worked, other activities, anything they could have come in contact with at the base that might have -- they think might have had something to do with the disease. Get that from each case, and then see -- just like a detective -- what links these people together. Now right now what links them all together is Camp Lejeune. Right? But is there specific things about what they did at Camp Lejeune that links them together? Are there other risk factors besides the -- not besides the drinking water, in addition to the drinking water, I should say precisely. Right? So that -- that would be a case series, and that would give us

some information, just like a detective would investigate it. It won't tell us whether there is a cluster or isn't.

In order to figure out whether there is a cluster, that would be extremely difficult, and I'm not sure after you've answered that question how far you've gotten. Now that we know there's a cluster, we still don't know why. In order to answer the question of whether there's a cluster you have to have -- you'd like to have complete ascertainment. You couldn't do that by the media. You can't do that by word of mouth. You have to have some kind of way, objective way, of getting complete ascertainment. Now states have cancer registries. There's a VA cancer registry; there’s a DoD cancer registry. If you got them all involved you might be able to get complete ascertainment, but that would be a hell of a job, and then you still wouldn't know what the denominator is, the underlying population that gave rise to the cases. So trying to answer that question is so difficult, I don't know that it's worth trying to answer it, but it's a possibility. Okay?

So -- so there's treating it as a cluster and doing what we do in cluster investigation -- you either do a case series investigation or try and answer the question of whether it is or is not a cluster. That's one type of effort. The second thing is to wait for the results of the two studies. We're doing two studies, let's see what the results are. If there's an excess of male breast cancer in the health survey, for example, excess of kidney cancer in the mortality study, excess of -- whatever, and we want to get more information because there are -- we're not sure about the exposure exactly, we want more information on that. More likely we want to rule out certain types of risk factors that people think might be confounders, you would -- you could do a nes-- what they call a nested case control study. You can take the cases of kidney cancer, whether exposed or not, take all of them and take a random sample of the rest of the people in the study and do a -- and do interviews. So that's possible.

For male breast cancer in particular -- we're asking questions in the health survey about

generic issues like how much they smoked, how much they drank. We're not asking a lot of other questions that you would want to ask if you were focused specifically on male breast cancer. There are a whole lot of risk factors you probably might ask if you were doing a study of male breast cancer that we can't ask in the survey because then we'd have to ask additional -- a lot of questions, not only on male breast cancer but kidney cancer, so on and so forth. There are different risk factors, you know, you'd want to put in and the survey would very quickly become unmanageable and the participation rate would go down to zero. So if you want to -- we want to focus more on male breast cancer or some other cancer, we might want to do this approach with something called a nested case control study where you -- you do interviews and get additional information. Okay? So that's another option.

The third option, which is still something we've talked about internally as a possibility, but we've put it on the back burner, was -- and this is focused on cancer only -- was to do what we call a data linkage cancer incidence

study. Okay? Now in the mortality study we can do everything without interviewing anybody. We have their Social Security number, we have their date of birth, some people we have names. We can go to Social Security, we can go to the National Death Index, find out what they died -- every -- every -- we don't have to talk to anybody. Right?

To do this same kind of study with cancer incidence would require all 50 state cancer registries, or most of them, involving -- plus the VA plus the DoD cancer registries. Okay? The Gulf War cancer incidence study used -- I can’t remember how many, 20 or so cancer registries. They -- the cancer registries -- the state cancer registries will not give us or anybody else data -- at least some of them, some of the states, many of the states -- unless the patient in the case has given his or her consent. Okay? That -- that would -- that means you can't do any length of study, you can't do this thing.

So the only way around that, and the VA did this, was to ask not for identifier information, but just whether the case was

exposed or not -- how many cases were exposed or not and categories. And without giving the VA the name of the person or anything that identifies the person, the cancer registries were able to supply the VA with enough information for them to be able to answer the question: was being in the Gulf War and being -- at a certain time and maybe even a certain activity, did -- was that related to your cancers. And I think we could try to do the same approach.

We'd have to -- again, we've been talking to the state cancer registries because of the health survey, we want them involved in the health survey to help us confirm cases, but we may be able to pull this thing off, too. And so again, that's something later, but that's a third possibility.

And then the fourth possibility~~ies~~, is that the VA -- in fact, I just came across an article yesterday, the VA has done new work on male breast cancer. They had a previous study three or four years ago they published, and they just published one this -- actually in the last month or two, I think, and so I just came

across it, so it -- you know, one of these e-publications before it hits the -- a hard copy journal, they put it on electronically. Anyway, where they looked at some risk factors for all of the male breast cancers in the VA service population. In fact I had it somewhere -- if I can pull it out real quick...

MR. PARTAIN: Yeah, did they happen to mention how many of the male breast cancers were marines in that population?

DR. BOVE: No. No, again, this is the problem with this -- this study. So you know, they had over four and a half million men -- okay? -- and there's 642 cases of male brea-- primary male breast cancer. And --

MR. ENSMINGER: Out of how many thousand?

MR. PARTAIN: How many men?

DR. BOVE: 4.5 million at age 18 to a hundred -- well, see, it's a large dataset. This is -- this is the nice thing about this. This literally just came out. And they looked at the usual risk factors for male breast cancer. There's something called Klinefelter's Syndrome, it's a genetic syndrome. There's some particular diseases related to male --

that -- predispose you to male breast cancer: diabetes, obesity, alcohol, some of these risk factors that have been talked about in the past, they looked at those. Of course they looked at age. But they did not give us any information in this study or in the previous study on which service -- they gave a lot of information on other diseases a person might have. I can see a whole list of them here. But not on service or where they were stationed or anything of the sort.

So the fourth proposal would be to ask the VA and see if they can't get that information somehow. Now that may be to do a ca-- nested case control study of this population, what did I say, 640 cases?

MR. PARTAIN: Yeah, 642.

DR. BOVE: And do a nested case control -- get all those male breast cancer cases, take a random sample of the rest of the VA population, and ask these kinds of questions: were they at Camp Lejeune; where did they -- where did they serve; Army, Navy, when, you know, that kind of information. Or they -- they might be able to -- with the official information, they have a

Social Security number on these people, they can go to DMDC, maybe they can do it that way if they didn't want to enter into a nested case control study and do an interview. But the fourth proposal is for the VA to use its information on male breast cancer and see if they can't investigate these things further. It may not be that -- it may be interesting not only to look at Camp Lejeune, but to just in general look at environmental exposures or occupational exposures in general.

MR. PARTAIN: Well, certainly --

DR. BOVE: We don't know -- there's so much we don't know about male breast cancer. There's a recent study I found, just came out, with the occupations in male breast cancer, and --

MR. ENSMINGER: Mike?

MR. PARTAIN: I was going to say since, you know, this new article, and I was aware of the past article, but maybe you guys can request -- since Brad's sitting here -- from the VA if they can identify, of the 642, how many of those are marines, and then try to back, you know, locate to see if these guys are from Camp Lejeune.

DR. BOVE: I mean I don't know what data they have. This is the study.

MR. PARTAIN: You know, last year the Marine Corps told CNN that, according to their figures, they should have 400 men from, you know, Camp Lejeune, so maybe 400 of the 642 are marines from Camp Lejeune.

MR. ENSMINGER: Careful what they're wishing for.

DR. BOVE: I mean the -- there is one other possibility. This was one that Dr. Portier mentioned to me. He wanted me to see what other researchers were doing on male breast cancer and ask them to add a component to their studies. That I wasn’t really able to accomplish. I don't know what other researchers are doing out there. I did check NIH; I checked NIH and NIEHS. There are breast cancer initiatives but they're not necessarily focused on male breast cancer, and so I don't know what other researchers are doing. I don't know how to actually do that, to find out exactly what they're doing, other than going to the usual places where they get funding, which is NIH, so -- so that I don't know, but I do

know that there's -- the VA does have this data and --

MR. PARTAIN: Well, the article that you mention is citing risk factors and what-have-you, but they're overlooking huge risk factors in environmental exposure to contaminants.

DR. BOVE: Right, these are the risk -- they're not looking even at the ones that have come up in occupations, such as radiation, heat -- heat -- working in blast furnaces, there are a couple of other ones -- I think working with -- exposure to PAHs. So there are some out there. Again, there's not a whole lot of literature, so -- you know, so that's one thing. But again, they did -- they did get information on a lot of information and I'm trying to see if they -- if they actually interviewed these people. I just got this article yesterday. They have -- I think it's a record -- they have this information in their medical record. I think that's what they have. And that's -- you know, if they weren't -- I don't see any interviews. They had no contact with patient.

MR. FLOHR: I have not seen this either.

DR. BOVE: Yeah, we had no contact with

patients. So this is -- this is from the medical record that the VA has, and so they can find out information -- there's a lot of information, fractures, for example -- so their medical record, their complete medical record is probably on line.

(Off-microphone comments amongst the panel.)

DR. BOVE: This study is on line -- it's -- they give you the reference -- it's -- instead of giving you the reference, why don't I just send it to you? Yeah, I'll e-mail you this.

MR. PARTAIN: Could I see that one while we're talking?

DR. BOVE: Yeah, sure.

MR. STODDARD: For the benefit of people who are watching on line, Frank, could you give us the reference?

DR. BOVE: I'll send it to all the CAP members on line and the reference -- I don't have --

MR. STODDARD: They can post it up.

DR. BOVE: Yeah. You would probably need to have a subscription to get it. I don't -- if you're not a CAP member, I -- if anyone wants a copy out there, then they can e-mail me at ATSDR and we'll send you a copy; how’s that?

MR. STODDARD: Okay. Thank you. Go ahead.
MR. PARTAIN: And the point -- you know, when we're talking about the male breast cancer issue, I mean the -- the point of the matter is -- I mean in these rare cancers such as male breast cancer and, you know, kidney cancer, all this stuff that we're seeing, you know, that -- male breast cancer's not the only thing we're seeing out of Camp Lejeune. And you know, before all this complex science that leads to nowhere, the existence of rare cancers appearing from a specific location would seem to be an indication of an environmental hazard in the past. So I mean the fact that we're seeing all this and we're seeing other cancer clusters, you know, kidney, thyroid, non-Hodgkin’s lymphoma, leukemia, and go on and on, there's an indication there. And I'm just concerned that, you know, we're going to get this studied to death here as far as the issue. I mean the issue is people were exposed, and now you're talking the occupational exposure. Well, we have children who weren't working on the base -- I mean as far as I know, you know, we weren't working in the motor pool and, you

know, we weren't working on main side. We were exposed to the contaminated water. There are men in the cluster, you know, I want to talk to them, ask them where they were stationed, what they did. We've got guys who were corps men, who were working in the -- engineers, maintenance battalions and stuff like that, so they had occupational exposures as well as the living exposures. Like I said, there are guys who have, such as the guys in engineering, maintenance battalions, but there were corps men who didn't have an occupational exposure other than working in a hospital. So I mean we're all over the place, what have you. But it just -- I just wanted to point that out.

DR. BOVE: Yeah. No, I'm not interested in studying anything to death. And I don't want to do a study that I think is guaranteed to fail or pos-- you know, and so -- but I was thinking more of -- again, if there's some interest in male breast cancer, these are the kinds of things I would suggest people think about approaching. I'm not advocating for any of these approaches right now. I'm just throwing ideas out so that you have a sense of

what could be done.
The cancer incidence study that we did put on the back burner because we didn't know how to deal with the issue of the state cancer registries giving us information when they need consent forms from everybody. But given that there's a possibility around that, and if the survey -- if the survey does not work, if -- if the -- if our expert panel says you shouldn't go forward, and my agency agrees with that -- okay? -- so all we have are a lot of surveys but it doesn't have much scientific oomph to it, then the cancer incidence study becomes a real -- maybe -- may be worthwhile pursuing. And so that's -- that is a possibility still there, even -- forgetting about male breast cancer and the other cluster -- possible cluster, that's a full back study that could be done, looking at cancer incidence, if the survey doesn't work.
And the survey may not work. I mean with the -- the history right now available, the practice of mailed surveys, or even web-based surveys, is that participation rates are very low.
~~(Indiscernible)~~The Millennium cohort the

military did, I think the participation rate's somewhere in the 30 percent range, 30 to 40 percent range. The World Trade Center Site, it was published at 20-something percent participating in the exposed group and like 12 or 13 percent in the unexposed group. This is -- this is the kind of reality we're facing is people are not interested in filling out these things. And so there is a possibility the survey may not be helpful here, so keep that in mind. And if that is the case, I'd like to try to pursue the cancer incidence data linkage approach, if we can get the cancer registries in and the federal cancer registries to go along with it.

MR. STODDARD: Okay. So Frank, you've described five different approaches that you think need addressing. I know that Mary Ann has to -- is packing up, she has to catch a flight so she's about to take off. Mary Ann, I noticed you nodding several times while Frank was speaking about these studies, and I was wondering if you could tell us -- at least tell me -- what was that about? What were you agreeing to as he was...

MS. SIMMONS: I wasn't agreeing to anything. I just was -- I understood what he was saying, so no agreement, I just understood what he was talking about. And for me, understanding an epidemiologist is reason to shake my head.

MR. STODDARD: Okay. So do you have something --

MR. MENARD (by Telephone): Mary Ann, could you answer my question about the Marine Corps' position on the press at CAP meetings?

MS. SIMMONS: You know what? I can't. I don't know -- I don't have any background information except what Dr. Sinks said. The -- the incident I'm aware of is when we came to a CAP meeting and there was the press doing the documentary interview, and nobod-- we -- none of the DoD people knew about it ahead of time and that was a part of the contention. But other than that, I don't know. And you know, quite frankly, these are all aired. This is on the Internet right now. I assume somebody who's smarter than I am, knows how to do You Tube or something, you know, so this is all public, so that's -- that's -- the degree of my knowledge.

MR. MENARD (by Telephone): Okay.
DR. BOVE: Tom Sinks pointed out to you that this does have a camera and so (unintelligible) other people or not.
MR. BYRON: This is Jeff. I never got the opinion that they were nervous about the media as much as they were offended by what was said by a couple of us in the CAP meeting. And to be honest with you, if that's the reason they didn't show up, I'm glad they weren't at Iwo Jima during World War II 'cause we would have lost.
MR. STODDARD: But we can't know what they were thinking without asking them directly, so -- okay, thank you, Mary Ann. So you were understanding what --
MS. SIMMONS: Yeah, that I was totally -- not disagree, just understanding.
MR. STODDARD: Your understanding. Okay, thank you very much.
All right. Any other questions about these studies that have been described?
MS. SIMMONS: I just had one question, and Frank, maybe you said this, where is the expert panel supposed to be set up, or is it, or...

DR. BOVE: One of the things we're -- we're having this call tomorrow with the contractor. One of the things that was in the statement of work -- I think, I don't remember -- the statement of work wasn't exactly what we wanted, but it was -- was that they would -- the contractor would set up the panel, so that's still the job of the contractor. You know, some of the contractors actually offered their opinion as to who should be on it. Some of the contractors -- at least one contractor actually put forward some interesting people, which I think would be good choices, but I don't remember this contractor, whether they did or didn't. But regardless of whether they did or didn't, we will have some say as to who's on it. I, again, asked Dick Clapp -- Dick Clapp's already given me a name and we'll ask the Navy and Marine Corps as well to nominate someone. Again, I'd like the person to have -- be an epidemiologist or a survey researcher, and the ideal is someone who has done both.

MS. SIMMONS: But you don’t know when this might happen?

DR. BOVE: Well, the --
MR. STODDARD: I'm sorry, could you ask that question again on the mic?
MS. SIMMONS: I just asked did -- did he know when -- I mean it's -- soon, not so soon?
DR. BOVE: I think it -- I think it needs to happen by -- certainly sometime this spring because -- because we'd like to have them meeting -- the idea was to have them meet before a lot of the surveys go out so they develop a criterion first, so they don't see anything coming in yet but they come up with criteria.
MS. RUCKART: So if the surveys get mailed out, at the earliest, in December, they could meet prior to that because their meeting to develop the criteria is not dependent on any results of the survey, so they could meet as early as, you know, November/December, and then be meeting after that as results are coming in. So there may be a meeting this year. This would be -- if they're going to be quarterly, this would be the first quarter the contract is awarded, so I -- I would anticipate a meeting later this year. But again, after we have our conference

call and our face-to-face in October, all of these details will be more fleshed out.

DR. BOVE: Yeah, if there's a choice between getting them moving on getting the surveys out or getting this expert panel together, I would want them to get moving on the survey. So again, I'm not so sure when the panel will meet. We'll let you know -- we'll let you know because we're going to ask you for recommendations.

MR. ENSMINGER: How do you spell this contractor, Westat?

MS. RUCKART: W-e-s-t-a-t, Westat. They're out of Rockville, Maryland.

DR. BOVE: They've done an extensive amount of epidemiological studies for the government, all parts of the government, CDC, as well as has done contract work with academic institutions.

MS. RUCKART: Well, Frank, one thing we should mention -- this probably came up in the past at some point, but they actually were the contractor who took on where ~~Nordic*~~NORC left off with the case control study. They did the interviews in 2005 for the birth defects and childhood cancer study. But it's going to be a

different group of people because this is a different type of project. That was their telephone interview staff mainly, and this is a mail survey, so it'll be different...

MR. STODDARD: I can tell you Westat's been supporting the National Health and Nutrition Examination survey since at least the early '80s, so they're very qualified to be...

MR. ENSMINGER: No, I'm not talking about that, I'm talking about the main contractor that is (unintelligible)...

MR. STODDARD: Other questions about the surveys -- or studies?

(No response)

MR. STODDARD: All right. It's 2:27. We've actually gotten through the meat of the agenda. I'd like to take us back to the bike rack. I promised I'd get back to that.

WRAP-UP

The first item on that is the question from Dick about how to pass on best requests for assistance with VA packets. He's gotten several requests since the Congressional testimony. Jim, you offered to help with that, and --

MR. FONTELLA: Well, I think that he was looking for a different type of help. He said he was looking for more like --

MR. STODDARD: Can you use your --

MR. FONTELLA: -- a professional --

MR. STODDARD: Use your microphone.

MR. FONTELLA: I think that he was looking for more of a professional type person, a medical person, a neurologist he was talking about. I thought he was looking for somebody to kind of guide somebody -- of -- how to file a claim, to talk to the DAV, to look for a service officer, that's what I -- how I read it, and I was wrong. So you might want to scratch that.

MR. STODDARD: Okay.

MR. FONTELLA: I think that's -- am I right?

DR. BOVE: Well, he did mention neurotoxicologists, for example, and there aren't (unintelligible). I mean we could get him some (unintelligible).

MR. STODDARD: Okay. So I guess what I'm asking is there -- is there somebody who can -- maybe I need clarification on this.

DR. BOVE: Maybe I should talk to Dick and flesh that out.

MR. STODDARD: So -- so Frank will get clarification.

The second opinion came up -- that's on the bike rack was why did we have armed guards, and we'd still like an answer to that question. Is there somebody you want to explore that and find out --

MR. ENSMINGER: I keep hearing people refer me to "they, they, they" well, hell, they --

MR. STODDARD: Use your mic, Jerry.

MR. ENSMINGER: Everybody constantly refers to "they did that" -- they, they -- well, who the hell are "they"? You know, I want "they" in here to explain to me why they -- why they pulled that. I mean that's unacceptable. I mean, it happened.

MR. STODDARD: Okay. So this was at the last meeting?

MR. ENSMINGER: Yes.

MR. STODDARD: Okay. So is there somebody that'd be willing to find out why there was an armed guard at the last meeting?

MR. ENSMINGER: I don't know. You'd have to ask the bureaucracy, and they weren't here.

MR. STODDARD: Perri, Frank?

MS. RUCKART: All we can do is elevate this to our management and they can try to find out because -- oh, Caroline, you --

MS. MACDONALD: I'll try to find out. I mean I really have no clue why there was emergency --

MS. RUCKART: Well, I mean I have some e-mails that references like a (indiscernible) but it doesn't give like the actual point person who made that decision.

MR. PARTAIN: Maybe it's because it was the French. The French were here last meeting.

MR. ENSMINGER: Yeah, the damned frogs.

MR. STODDARD: So Perri, you've got the lead on that and Caroline's going to help you with that.

MS. RUCKART: The reverse; Caroline has the lead and I'm going to help her with it.

MR. STODDARD: Okay. Thank you very much. All right, so I want to follow up with -- y'all have had a lot of great conversation, a lot of information shared. We've had some suggestions come up -- captured and captured in the -- the transcriber's going to capture them. I particularly want to follow up on the action items to make sure these were ac-- to be

translated -- this into a plan so that we have somebody that's responsible for each of these pieces.

The first one Dr. Portier committed to, following up with communications with the VA on ATSDR disagreement with the NRC report. I think we heard from the VA they heard about that, but we do have that commitment from Dr. Portier.

Dr. Portier also agreed to follow up on why there were no cameras at CAP meeting.

We have a request to get Tom a copy of the draft document on governance via fax. Who's going to take responsibility for that? Perri will? Okay.

CAP will provide water treatment operation content information to Morris, and Jerry -- Jerry, you said you had somebody that you would recommend to Morris for that?

MR. PARTAIN: Yeah, I've already sent him an e-mail.

MR. ENSMINGER: Yeah, yeah, yeah.

MR. PARTAIN: I've already sent -- I've already sent...

MR. STODDARD: You say you did?

MR. PARTAIN: I've already done it.
MR. STODDARD: Okay, great. And then --
MR. ENSMINGER: That's done. You can cross that off. It's completed.
MR. STODDARD: Excellent. So the CAP -- there was a question, the CAP asked for information about where units were barracked and where people -- civilians particular -- worked.
MR. BYRON: I said I would handle that last time but I didn't understand the handout that you handed me so I'll get with you this week and I'll handle that on our website.
MR. STODDARD: Did you capture that?
COURT REPORTER: Yes, sir.
MR. BYRON: I didn't understand the forms as Jeff -- but when Frank gave it to me at the last meeting that we were present at, and I'll get with him this week and get that on our CAP and ask that question to the members.
MR. STODDARD: Okay, so Jeff's going to follow up on that, great. Super.
So that's what I've captured in terms of action items.
MR. MASLIA: Just one -- one other one, if I might.

MR. STODDARD: Morris?

MR. MASLIA: Asked earlier today and I guess I'll ask either the CAP or Mary Ann or somebody to pass the word on. It's with reference to making people get copies of the 3-set DVDs of the UST. As it turns out -- I mean we have all the files, but one of our DVDs that we were burning from is now scratched, so it's not going to copy it. I pulled somebody off for a day and a half just to make six copies. We cannot do that anymore, and so I'm asking to facilitate, however anybody wants to, for the Navy and Marine Corps to either make them live -- that's a big download -- or to make some duplicate sets. Or else amend the APOW for FY 11 and get -- get some money in here that -- that -- the machinery to do that, but I really do not think you want me pulling water modelers off, duplicating DVDs, and right now a 3-set DVD takes well over an hour to duplicate and you've got to have somebody baby-sit the computer wa-- watching it, and so it's a logistical issue that I don't want to seem like I'm not responding to you or not wanting to provide the -- the -- you know, the DVDs, but I

saw right away today -- I thought I could do it real quickly but it became very problematic.

MS. SIMMONS: And I'll certainly bring that back, but couldn't you just put those on your -- that information on your website so --

MR. MASLIA: It's four -- it's one DVD -- one DVD is 4 point something gigs --

MR. PARTAIN: 4.62.

MR. MASLIA: Yeah, so to download three -- three of them, you're talking about 12-plus gigs. That does not download very quickly, even on a T-1 line, which we have, much less a DSL line. We start getting into that line size, you know, lines dropped and all that. That's not necessarily the best -- best way to -- to do that -- do that.

MR. STODDARD: Morris, I believe Jeff has a...

MR. BYRON: Yeah, this is Jeff Byron. My understanding is that the library of documents is no longer on the Marine Corps' website and we'd like to know when that'll be back up, and I don't understand why you can't just put the rest of them up there and let everybody get them as they want. Thank you.

MR. STODDARD: Is that a question to Mary Ann

or...

MR. BYRON: Yeah.

MR. ENSMINGER: Well, I mean we have an action item up there, a suggestion.

MR. STODDARD: We have a suggestion.

MR. ENSMINGER: And you know, that -- the Marine Corps pulled their library of documents down after the Congressional hearing in June of 2007, shortly after that, and they never came back up. And those were just CERCLA and CLW documents, I believe. I can't remember what -- what all they -- I don't know if they...

MS. RUCKART: Lander, before Mary Ann leaves I want to see if we can talk about the date of the next meeting while we still have her here.

MR. STODDARD: Okay, great.

MR. ENSMINGER: Okay. Well, that's all I had to say about that.

MR. STODDARD: Mary Ann, was there something you want to say in response to the posting step up...

MS. SIMMONS: Oh, I'll -- I'll check into it and get back to the CAP.

MR. STODDARD: Okay, date of the next meeting. You want to go ahead and cover that, Perri?

MS. RUCKART: Well, it was requested that we plan the next meeting while we're at our current meeting so we don't have to have long lag times between meetings and a lot of back and forth, so let's just go ahead and plan as if the next meeting will be here in Atlanta, in Chamblee, in December, and just go with the dates that I have proposed. And of course if something changes, we'll just have to go with it at that point, or maybe that'll be the case for meetings after December, but if you still want to go ahead with setting the December meeting now, I think we need to go with the dates I've sent you and our room availability here at Chamblee.

So the dates I sent out so everyone could check their calendars and we could select a date today are December 7th, 8th, 9th, and 13th.

MR. ENSMINGER: What days of the week are they?

MS. RUCKART: I'm not sure, they're all over.

MR. BYRON: Whatever Thursday falls on is best.

MR. MENARD (by Telephone): All right, Tuesday is the 7th, Wednesday is the 8th, Thursday's the 9th, and the 13th is Monday.

MS. RUCKART: Thank you. Let me say one thing.

Christopher Stallard is available all of these dates as well, although he said on the 7th he -- he said that he has like a regular standing call, 8:30 to 9:30. It wouldn't be a huge problem, but he preferred not the 7th, but he could do the 7th if, you know, that was the best date for everyone else.

MR. ENSMINGER: I propose the 9th.

MR. BYRON: Part of the problem is is if you work you need it either on Thursday so you're only missing Wednesday and Thursday, or you need it on a Monday, and you're still going to miss your family on Sunday to get here. So I work and I've been catching nothing but grief for these meetings for about the past year because this has gone on for -- you know, I've been at this ten years, only five with the CAP, but my boss is getting kind of aggravated, and I know Mike's is.

MR. STODDARD: So what day would work best for you, Jeff?

MR. BYRON: Thursday --

MR. STODDARD: Thursday --

MR. BYRON: -- the 9th.

MR. ENSMINGER: Thursday the 9th.

MR. STODDARD: -- the 9th. So we have a preference for the 9th.
All right, so the proposal is for the 9th.
Okay.
MR. PARTAIN: Morris, while we're sitting here I wanted to ask you something I forgot to ask earlier about the -- the golf courses. Did you guys do any research on like what a championship golf course would require in water, in this type of climate, as far as just looking -- looking out there? I know we can't historically reproduce it, but that would be an indicator.
MR. MASLIA: No, because now that we have this -- the manufacturer of the sprinkler, the rated capacity of the sprinkler, it doesn't matter what they want to water, it's limited by the rated capacity of the sprinkler.
MR. PARTAIN: What about the frequency of watering, though?
MR. MASLIA: Well, that's -- we've got institutional knowledge, which would be far better than -- that gets back into this issue, do you want to go with some national average or whatever you want to go with local

institutional knowledge. We've got the golf course manager -- I don't know if we're supposed to mention any names or not, but that's –- I've forgotten his name -- who's been there I think since the late -- late '80s. He was there before they put the wells in. Okay? So that's -- that's the best first-- first-hand knowledge. If I had to go to any other place, I'd go to another military base, not a championship golf course.

MR. BYRON: This is Jeff. You'd probably have to look at water tables for the year to -- to see if they needed to water as often or not.

MR. MASLIA: Well, we could look at -- we could look at climatic precipitation data, in other words -- and we will -- we will be doing that, but remember, this is not a continuous record. We have actual events when they turned on the booster pump. That would be -- they would -- and a concept is they would have turned on the booster pump -- that's pump 742 -- at the interconnection, which is all we're looking at, in response to having to still water the golf course but still keep the tanks at the high level for fire protection. So that -- that

limits us. The key was finding the sprinkler information. That really reduces a level of uncertainty tremendously by just having to rely on water supply wells, because water supply wells, all we could do was do it at the rated capacity, and then we'd get in this discussion -- well, how did they operate the wells. We have now removed that uncertainty from the equation totally, and all we do -- and in fact, Jason has worked up the numbers for the sprinkler heads, the gallon, pass it on to the Marine -- or the golf course operator. He said those numbers were right on, and he even said -- gave Jason his estimate of what hours they would have sprinkled, and -- and that's -- I mean short of having meters, which there are no meters at Camp Lejeune, that's as best as we can come and I think that -- that's probably more accurate information than we've got in a lot of other -- other places. So that's -- that's what we're going with. The reason we asked you for infor-- if we could tie down, if somebody has some recollection of specifically turning on the sprinklers and things like that, who were there from the '60s through the '80s,

but since the current golf course manager was there in the middle to late '80s, you know, we'll -- we'll go with that.

MR. STODDARD: Okay, does that --

MR. MASLIA: It has --

MR. STODDARD: -- answer your question?

MR. MASLIA: -- nothing to do with the pressure 'cause they were using -- they maintained -- because we do know this, they maintained pressures at -- at Lejeune I think 60 psi at night and 55 during the day, and we verified that. We verified that when we did the field test, because I can tell you we had to open up to do -- (unintelligible) had to open up three hydrants to get any pressure drop down at Snead's Ferry and -- I forget which street it is -- it is there to do the -- because we could not get the pressure to drop enough -- okay? -- because they operate with full tanks all -- all the time, so I know hence, even today, that -- that is still the -- the modus operandi of 60 psi at night, 55 during the day.

MR. STODDARD: Okay.

MR. MENARD (by Telephone): Perri, this is Allen, I've got a question for you. Is Westat

involved with any government contract with the DoD at this time?

MS. RUCKART: I have no idea what contracts they have. You know, they're a separate entity than us and they have probably hundreds of contracts going at any one time.

MR. MENARD (by Telephone): Okay. 'Cause you know, I'm concerned about a conflict of interest here. You know, they're studying this and if they're hired by DoD for something else, I -- you know, it's -- that kind of concerns me a little bit.

MS. RUCKART: Well, what happens is there's an objective review process that occurs here to select the contractor, so whoever's interested in our announcement puts -- submits their bid and then it gets carefully reviewed here and, you know, that's how we have an objective process.

DR. BOVE: One thing to remember: They're not analyzing the data, they're not interpreting the results; we are. Okay? So they are -- the contractor is there to collect the information for us, but then that's as far as it goes. Their job is done.

MR. STODDARD: Thank you, Frank. Any other agenda that needs to be covered?
Perri, you have an announcement, or request?
MS. RUCKART: Just an announcement. If everyone could return their travel voucher as soon as possible, we're closing in on the end of the year -- end of our fiscal year, September 30th. We need to have all the travel in by then so that you can get paid -- reimbursed, I mean.
MR. ENSMINGER: Do we have funding for next year's yet? We do?
MS. RUCKART: Yeah, they --
MR. PARTAIN: Perri, kind of looking ahead to the next CAP meeting, since we have funding and everything, is there any way that you guys could arrange our hotels and pay for them in advance rather than us pay up front and wait to get reimbursed? It'd be a major help for those that have families and work and stuff.
MS. RUCKART: Well -- yeah, previously this issue had come up when the CAP was first created, and we were able to not set up your hotels, but we were able to give you, yeah, an advance. And at some point it was decided that

was not going to be possible anymore for us to give you a travel advance. And Caroline is shaking her head no, in terms of I'm sorry, but that's just not possible. But one way to expedite the process is to get your travel vouchers in as soon as possible so you can get reimbursed as soon as possible.

MR. PARTAIN: Well, I mean I say that because last time -- yeah, we take a loan to come to CAP meetings. But the reason I say that, 'cause the last couple -- I know funding was an issue with being funded on your part, but I turned my travel in within three or four days of leaving here and it took over a month to get the money back.

MS. RUCKART: Yeah, Caroline, do you have anything you want to say about that? I'm not involved in processing travel.

MS. MACDONALD: It shouldn't take that long for you to get reimbursed.

MR. PARTAIN: Okay.

MS. MACDONALD: And now that we're at the end of the fiscal year, if in fact you can get it in quickly, we have to process it quickly because end of the fiscal year is next

Thursday.

MR. STODDARD: Yes, Tom?

DR. SINKS: Could we just go back to the annual plan of work, because at this point, you know, we are negotiating to get it signed before October 1st and it isn't signed yet. And one of the issues will be we're all going to be under a continuing resolution. We know there won't be a budget signed. Department of Navy and USMC have conveyed -- Department of Navy and USMC have conveyed to us that they're very interested in agreeing to -- you know, in funding us fully for what our needs are for the next year. I don't foresee any problem like we had last year when we knew there was going to be an issue. But it will just be an issue of making sure that, you know, all the language is exactly the way it needs to be. And we've let the Navy know that one of the priorities for, you know, assuring funding will be the next CAP, and the early things that have to be funded in this fiscal year. I don't think we'll have a problem, but it isn't at this point signed.

MR. STODDARD: That's the status. All right,

any other agenda items?

MS. BRIDGES (by Telephone): I don't know if this is an agenda item. This is Sandra Bridges.

MR. STODDARD: Hello, Sandra.

MS. BRIDGES (by Telephone): Hi. Is anything being done regarding the survey, that '99 to 2002 survey with the spouses and the children -- dependents if the children were born in utero? I know that's not -- we're not -- I realize why we're not discussing that now. I fully realize it's not the time, but I hate for, you know, not anything to be being done right now.

MR. STODDARD: Perri?

MS. RUCKART: Well, Sandra, the cases of neural tube defects, oral clefts and childhood ~~metapaoetic*~~hematopoietic cancers that were identified through that survey, and a sample of parents with children who do not have those conditions were interviewed in spring of 2005, and we have cleaned and edited the interview data from the epi side. The whole reason that we haven't been able to finalize that analysis is because of everything that's been happening

with the water modeling. So that is what we call the case control study of birth defects and childhood cancers, and that will be completed once we get the water modeling data. Currently we're planning to get some preliminary data from Morris next summer -- summer of 2011 -- and then we would hope to finalize that in March 2012.

MS. BRIDGES (by Telephone): 2012?

MR. PARTAIN: Yeah, thanks, Sandra, you just reminded me about something I wanted to bring up about the mortality study. The in utero study is limited to cancers diagnosed before the age of 19. Since we already have the population base identified in the in utero study, what about adding the in utero kids into the mortality study and looking at the mortality rates for the children born at the base?

MR. STODDARD: Frank is making thinking noises.

MS. BRIDGES (by Telephone): Or other disabilities that they have, because they -- they're passing that on to their children. By the time 2012 --

MR. PARTAIN: Well, they -- the health study

will capture the other disabilities, but the mortality study -- I'm just curious since it's already -- that's ongoing and something that's in process, and we already have that dataset identified, why not look at the mortality while you're in looking at the service network?

DR. BOVE: The simple reason is that we don't have Social Security numbers on those people. We had -- that's the key reason why we didn't look at mortality on them. The other reason is that they -- that would -- there would be very few deaths in that population, to begin with, but the key reason is that we have clean cohort Social Security number and date of birth and some have names, so that's the mortality study. As for determining what -- whether these people died who were in the 1999-2002 survey, we have to find that out as part of the health survey because we do not want to send the survey to someone who died. So we will be obtaining information. We could -- this is something we'll negotiate with our contractor. We could get information -- not only whether the person died who was in that survey population, but what they died of. It is possible. Because

again, we're going to find out whether -- whether they died or not, and we'd like to send -- if they did die, we'd like to send the survey to the next of kin. So in order to do those two pieces, it wouldn't be that much more work to find out what they died of, and so we'd have that at least for the survey part. We'd have the deaths. Whether we want -- again, we'd have difficulty with who we would compare them to, but we could compare it to a general U.S. population. We could do -- we could -- the number of deaths would be small.

MR. PARTAIN: Or should be small. That's the key, 'cause they should be small.

DR. BOVE: They would be because most of them -- because they were interviewed in 19-- they were interviewed in 1999-2002 --

MR. PARTAIN: Well, I know one, May of this year just died --

DR. BOVE: Right, there would be --

MR. PARTAIN: -- and he's dead at 32 years old.

DR. BOVE: -- there will be deaths. There will be deaths.

MR. PARTAIN: Yeah, but of cancer, he died of cancer, and I mean there -- there are --

DR. BOVE: There will be deaths of cancer, too. I'm not saying there won't be any deaths. I'm saying they'll be extremely few in number. Okay? So it'd be hard to really do much with that data anyway.

MR. PARTAIN: Right, but if there's an elevated death rate of the kids who were born at Lejeune, then there's a problem.

DR. BOVE: Well, we can look -- as I said, we can -- we -- we will -- originally we weren't -- we were talking about getting -- finding out who died in any of the populations -- of course we'll have all the deaths on the DMDC sites. Where we don't have deaths is on the people who registered and we'll assume that they're alive and the people in the 1999-2002 survey. So -- so those -- those people who died in the 1999-2002 survey, we'll want to get information that they died and we'll want to get the next of kin information. In order to get the next of kin information we'll need a death certificate. Okay? With a death certificate we know cause of death. Okay? And so we'll see how many deaths there are and if it makes sense to do some comparisons with the U.S. population, we

could do that. That's -- we haven't thought about doing that because we expected to see so few. If we're wrong, then -- then we could do that. We'll have the wherewithal to do that. But we need to discuss this with our contractor because this was not brought up in any of the statement of work that -- that we had with them. What we did say is we want to identify who died so that this survey gets mailed to -- doesn't get mailed to someone who died, but we didn't go into getting death certificates for these people, but they would have --

MR. PARTAIN: You're talking about the mortality study. Correct? For --

DR. BOVE: The mortality study, I want to keep it clean. The mortality study is the DMDC database and the -- and using the Marines and the civilians, because that's where the deaths will occur. That's where the lion's share of deaths will occur, and any inferences we want to make will be -- will be -- we'll have a good basis for making them because there's enough statistical power -- okay? -- there, except for male breast cancer, and some of the female cancers. But even for female breast cancer

we'll be able to make some statement. So it's -- it's clean. It's -- it's a good study the way it is. Now --

DR. SINKS: If I could just add, one other thing Frank mentioned is that, because of the way the mortality study works, you have to send a list of Social Security numbers and last names through the National Death Index to identify the deaths in a standardized way. I don't believe you have the information for that group --

DR. BOVE: For some of the -- some of this -- the respondent, the person who responded to the 1999-2002 survey, about two-thirds to three-quarters also provide their Social Security number. That's the respondent. Okay? What we have also in that database is the respondent's date of birth and name. We have the child's date of birth and name, and the father's date of birth and name. With date of birth and name you can send it to the National Death Index. However, it's going to be difficult for them to do a unique match. Okay? With a Social Security number you're much -- you're -- you're all set. Okay? But for those -- with just

those two piece of information, you can try a match, but it may not be a unique match. You may get a lot of junk back. Okay?

All right. So there are difficulties. That's why I don't want to add them to the study, but I -- I still am -- I understand your concern and I think we can try to address it in the way I'm suggesting, is that we have to find out whether these people are dead or not before we send out a survey. And if we want to send a survey to their next of -- once you find out they're dead, if you want to send it to their next of kin, we need to get the death certificate. Okay? And once we have their death certificate, we have cause of death. So we could take a look at that. We could do it. Again, this is something we want to negotiate with.

MR. PARTAIN: Yeah, it just seems much easier, though -- I mean much easier to get the data that's needed by going to the National Death Index rather than waiting for people to provide death certificates. They may not have them, may not want to --

DR. BOVE: No, we would go to the state.

MR. PARTAIN: The state? Okay. It just seems like it'd be easier to do it that way rather than rely on the families. You might be able to find next of kin. Next of kin may or may not want to participate or, you know, can't produce a death certificate. It just --

DR. BOVE: They don't have to produce a death certificate, if -- if we want to send a survey to a next of kin, we have to get the death certificate and we have to go to the state to get that. We're going to do that for the mortality study anyway for those who died. Okay? So we're going to get death certificates and -- and so that's not the issue. The issue is whether to lump them in with the mortality study. I don't want to do that -- initially, at least -- because of some of the things Tom just said and some of the things I'm saying. You're not looking at many deaths. Who are you going to compare them to? And what -- what are we going to be able to say that we can't say with the mortality study itself as -- as --

MR. ENSMINGER: You're not going to have a control study.

DR. BOVE: Well, I mean, again, I could compare

-- you can always make comparisons to the U.S. population. There's no reason -- no problem with that here 'cause they're not a veterans' group, they're -- right? So no, I'm just saying I don't know if we're going to get that much information out of it that we won't be able to have a stronger statement we can make from the mortality study itself. Okay? I just don't expect to see that many deaths that we'll be able to say something about it. I have a feeling that what we'd be able to say about that we could say much stronger with the mortality study. I guess that's what my point is. So I'm not saying we're not going to do it at all. I'm just saying that that was not our original thought, that -- that we would try to -- also try to do a mortality study of dependents because of the sparseness of data. Okay? And because we'd have to do something different with them than we're doing with everybody else. Everyone else we have a Social Security number on. Okay? And we could do an NDI search for that and get clean -- a much cleaner match.

MR. ENSMINGER: All right.

DR. BOVE: Okay?

MR. STODDARD: All right. We've got ten minutes left.

MR. ENSMINGER: Well, I just want to make an announcement that the day after tomorrow, the 24th of September, will be the 25th anniversary of my daughter Janie's death, 25 years.

MR. STODDARD: Okay. Thank you. Let me do a process check in just a minute here. The CAP in general, these meetings, how is that going for y'all? Is it working? Is -- are you guys getting what you need? Is the CAP getting what you need? ATSDR getting what you need?

MR. TOWNSEND (by Telephone): Tom Townsend here.

MR. STODDARD: Tom?

MR. TOWNSEND (by Telephone): I am --

MR. STODDARD: Can barely hear you, Tom.

MR. TOWNSEND (by Telephone): I appreciate having the representatives from the Veterans Administration there. They seem to be more forthcoming than previous stand-ins, and I think the meeting went quite well today. And thanks for your moderation. Thanks again.

MR. STODDARD: Thanks for that input, Tom.

MS. BRIDGES (by Telephone): And I agree with Tom.

MR. STODDARD: Thanks, Sandra. Anybody else?

(No response)

MR. STODDARD: All right. Tom Sinks, as a representative of the agency, would you like to say anything?

DR. SINKS: Well, I'm never shy to say anything. In fact, I usually say far too much. But I would just like to thank the individual members of the CAP, the CAP as a whole. I think this project would not be where we are today without your help. You guys have been -- guys and gals, excuse me, have been extraordinarily helpful for us navigating the rough waters of Camp Lejeune and getting through it, and I think you all know how helpful you've been and it's -- it's very clear to all of us here. And so thanks again and we continue to appreciate your support and your constructive criticism. They're both needed.

MR. STODDARD: Thank you. And with that, we are adjourned.

(Meeting adjourned at 3:00 p.m.)

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I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Sept. 22, 2010; and it is a true and accurate transcript of the proceedings captioned herein.

I further certify that I am neither kin 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 Nov., 2010.

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