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2           that you brought that up 'cause I know that Tim had  
3           mentioned something earlier today about some  
4           different ways of communicating with the audience,  
5           and so that's something we definitely need to learn  
6           more about, and it was a concern that Kevin had  
7           brought up earlier this week or last week as well.  
8           What are the better ways for us to reach the target  
9           audience? Is it directly through the VA in hardcopy  
10          paper form? Is it social media? Is it news  
11          articles? So that is something that I would love to  
12          explore with you.

13          **MR. PARTAIN:** Well, that's another thing that  
14          we can stick on the VA's --

15          **MR. HIGHTOWER:** I brought that up and threw it  
16          at them. Would you please respond how come this  
17          meeting is not posted at the VA?

18          **MR. PARTAIN:** That'd be another nice thing to  
19          put on the ticker at the VA is when the CAP meetings  
20          occur.

21          **DR. ERICKSON:** Yeah, so Donna Stratford, who  
22          sits behind me, who very eloquently described this  
23          work group, this outreach work group -- Donna, can  
24          we put this into your queue, that we can likewise  
25          assist our sister agency, Health and Human Services,

1 and for that matter, Department of Defense, in  
2 letting people know when the CAP meeting is?

3 **MS. STRATFORD:** Yes. I'll do that. And I'll  
4 also bring this up with our -- the working group,  
5 that we need to advertise these meetings better.  
6 There may be some other opportunities we've had such  
7 as the DACA delivery option that we might be able to  
8 target, especially regionally, for wherever --  
9 whatever region the meeting's going to be in, as  
10 well as add it to our social media sites, Facebook  
11 pages and things.

12 **MR. HIGHTOWER:** Thank you very much.

13 **DR. BREYSSE:** Thank you. I'd just like to get  
14 over into the discussion. We're committed to making  
15 these meetings be as widely advertised as possible.  
16 It's in our interest to have as many people as  
17 interested in coming to this meeting, and so we'll  
18 work to make sure that that happens.

19 **MR. PARTAIN:** And speaking of that, how -- the  
20 site selection for the Pittsburgh meeting next year?  
21 Do we have any progress -- or update on that?

22 **DR. BREYSSE:** That wasn't talked about  
23 previously?

24 **MR. PARTAIN:** No. Yeah, 'cause we're  
25 getting --

1           **CDR. MUTTER:** Dr. Breysse, I think I can answer  
2 that. So we put in our package to PGO for contract,  
3 and that's -- oh. Let me think about it for a  
4 second. Program management office? Is that right?  
5 PGO? All right, so we put it in and we're waiting  
6 for fiscal year '18 funds, so once we get those it's  
7 already in the system and ready to move.

8           **MR. PARTAIN:** Okay, but now, in October we're  
9 going to be six months out, 'cause we're talking  
10 April. Pittsburgh?

11           **CDR. MUTTER:** Right.

12           **MR. PARTAIN:** And, you know, then, with the  
13 veterans' service organizations like VFW, American  
14 Legion, what have you, we need to be extremely  
15 proactive so we can get that information out in  
16 their literature. And six months -- you know, once  
17 we hit that six-month mark that's when that time  
18 starts ticking to get that information out.

19           **CDR. MUTTER:** Sure. As soon as we get funds  
20 it's locked and loaded and ready to go at this  
21 point.

22           **MR. FLOHR:** So Pittsburgh in April?

23           **CDR. MUTTER:** I can send you -- we have a  
24 location and a date. We don't have a specific  
25 meeting location yet but we have a city.

1                   **DR. DECKER:** We have another audience question.

2                   **UNIDENTIFIED SPEAKER:** Good day. I need to  
3 keep my focus here. Before going on I want to  
4 express immeasurable gratitude to many who have  
5 worked behind the scenes to forge through to right  
6 an unpleasant state of affairs.

7                   My husband and I are here to speak out on our  
8 ongoing struggles to have exposure acknowledged.  
9 I've been in the VA system for greater than three  
10 years. I will refrain from sharing the numerous  
11 stories that have created a greater stress than  
12 benefiting my health. I followed the CAP meetings  
13 over the past two years to realize my struggles were  
14 shared. While progress was being made, there are  
15 areas evident in need of development.

16                   I followed the live stream of January 2017 CAP.  
17 Accordingly there are over 2,700 veterans that have  
18 filed a claim for neural behavioral effects. I find  
19 2,700 to be a considerable number. I was alarmed as  
20 neural behavioral effects were minimized to  
21 headaches and, quote, things like that, end quote.

22                   While my claim case was excluded from being  
23 referenced, my findings are objective. As how  
24 neural behavioral effects pertain to me, I served  
25 from 1984 to 1988, 1985 through 1987 at Camp

1 Lejeune, with repeated chondromalacia, recorded in  
2 the record book. Served at Willow Grove Naval Air  
3 Station, March 1994 through June 1995, ten years  
4 later, when vector-bitten while on two weeks' active  
5 reserve training.

6 I was discharged with neurological findings,  
7 peripheral neuropathy. My body was handling one  
8 insult well, although being vector-bitten with the  
9 preexisting exposure was neurological insult  
10 overload. Clinically, this has been time-tested.  
11 Medical Club Med literature supports silent and  
12 delayed neurotoxicity.

13 I want to be perfectly clear, I witnessed the  
14 insect bite me and a spot remains on my lower left  
15 leg where bitten, and is the site of initial onset  
16 of symptoms. Diagnosis was slow to evolve over one  
17 and a half years. No physician would've ever  
18 questioned me, regarding exposure. At the time I  
19 was a single mother of a two-year-old, working  
20 full-time in a very busy practice. Honorably my  
21 focus was on getting better to care for my child,  
22 not burdening self to prove case.

23 In 2015 I filed a claim. The claim was denied.  
24 Not possible. I had not complained of anything  
25 while in the service. I filed a Q: clear,

1           unmistakable errors. Q's response: Claim was  
2           thoroughly reviewed, no errors were made.

3           Financials were forwarded. Sometime following,  
4           Louisville stated medical records were unreadable.  
5           Did I have a copy? No, this is chronological that  
6           I've written this. A copy of my medical records  
7           were sent to Louisville.

8           Over three months ago the (unintelligible)  
9           indicated that I would need an appointment with a  
10          subject matter expert. As days, months passed, it  
11          becomes clear there is no hurry to see it through.  
12          Medical care by the VA is being forwarded to other  
13          physicians. Seen by a neurotoxicologist, former  
14          chief of neurology, Durham University medical  
15          center.

16          If anyone has seen a number of cases to add to  
17          experience, I believe he had. After seeing my MRI I  
18          was referred for lumbar puncture to rule out any  
19          cofactors, results, negative for OGC and multiple  
20          sclerosis, his letter stated, quote: More likely  
21          than not one or both of these exposures during her  
22          time in service is the proximate etiology of her  
23          current neurological condition. Seen by local  
24          neurologist. He did not have the expertise to treat  
25          presumed benzene toxicity of 30 years. The VA,

1 after thorough review of history, said they would  
2 treat the Lyme disease but I would have to find a  
3 neurotoxicologist.

4 Johns Hopkins recognized my Lyme disease and  
5 referred me to the Lyme disease center and possibly  
6 on to NIH. When he stated he did not have the  
7 expertise to remark on toxicity. Bear with me just  
8 a little bit more.

9 For 22 years we've called this Lyme disease  
10 with absolute clinical reasoning and was prescribed  
11 antibiotic only when benefit outweighed risk. And  
12 recently aware that Camp Lejeune gave favor to  
13 better understanding, knowledge, wisdom. We are not  
14 going to start saying that we don't know what caused  
15 this illness and caused MS. Toxicology has been  
16 done that showed the same toxins found at Camp  
17 Lejeune and nothing additional. Of the three toxins  
18 found I have two too close to threshold to add a  
19 neurotoxin from a vector bite.

20 Finally, I will keep short on family dynamics  
21 and hope there is an understanding that what I might  
22 endure, what -- understanding of what one might  
23 endure beyond just ourselves. With four amazing  
24 children, three of them school age, my husband works  
25 more than imaginable to supplement doctors' visits,

1 medications and supplements over a very long period  
2 of time. Additionally it would be hard to fathom  
3 what I give to this, including exercise for over 20  
4 years and an intense organic diet.

5 Again, we are here this week because I believe  
6 there are many suffering. I'm dismayed that the VA  
7 has used bureaucratic bullying strategies to tell me  
8 I do not have Lyme disease and I am not affected by  
9 the exposure.

10 There persists a brick wall of denial that  
11 borders hostility. What is doubly upsetting is that  
12 the amazing people that work at the VA have to  
13 struggle with covering the truth. I will not stop  
14 doing what is right because others refuse to. My  
15 plea is that human life receives more favor.

16 And this is for your insight. Neurotoxicity  
17 may be very hard to recognize so many numerous years  
18 later. Many of us were amazing in our earlier  
19 years. As for me, numerous times Marine of the  
20 month, Marine of the quarter, and three times  
21 meritoriously promoted at Camp Lejeune. Not because  
22 I didn't have myself well together, which is a far  
23 forgetful crime from today. That's all I have.

24 [applause]

25 **MR. FLOHR:** Ma'am, I'm neither a doctor nor a



1 scientist but I'd be glad to take a look at your  
2 records. I'll give you my business card, and you  
3 can send me an email.

4 **UNIDENTIFIED SPEAKER:** We can talk with her  
5 here after the meeting, if that's all right. 'Cause  
6 our time is precious, as is all folks' time here.

7 I didn't have the honor to serve in the U.S.  
8 military but a number of my coworkers and my wife  
9 was a honorably discharged U.S. Marine. I served my  
10 country in other ways as a degreed -- bachelor and  
11 master degree licensed professional junior defense  
12 contractor. I worked at the ship yard. I work for  
13 a high consequence defense contractor providing  
14 quality components, and that's my way serving my  
15 family and serving my country.

16 I thank the VA, the CDC for hosting this  
17 meeting. This is an opportunity for us to do -- to  
18 make improvements to do what is right. And that  
19 transfers -- transforms into actions. There's --  
20 yes, there's actions on us to do what we can to care  
21 for our families and do the best thing we can.

22 There's other laws in addition to Janey  
23 Ensminger Act. There's the Clean Air Act and the  
24 Clean Water Act, that all of us are subject to, all  
25 companies, and to my understanding, the military as

1 well. So when we -- I recall an earlier comment  
2 about that's the law. That's not just the law, the  
3 Ensminger Act. There's the Clean Water Act and the  
4 Clean Air Act too, back in the 70s.

5 I believe we're all in spirit here to do -- to  
6 try and do the right thing. We just get caught up  
7 with the papers and stuff. We need to take time out  
8 -- as an engineer I -- it takes us all at the  
9 factory floor doing what we do. It takes us all to  
10 do what we do. And it's -- we have to go out in the  
11 field. We have to look at some of these claims. We  
12 have to look at -- go to the VA hospitals and get a  
13 first-hand, hands-on feel on what's going on. Set  
14 the papers aside for a day or so.

15 A few other comments about -- I have a bunch of  
16 points I'd like to make. The science, as an  
17 engineer, I understand there's science; however, it  
18 sounds like we're on a learning curve with this.  
19 This is a Superfund site, though what happened in  
20 Michigan, it sounds like it's a learning curve, and  
21 the spirit of the law is about inclusion and helping  
22 those who served. They deserve the best medical  
23 care anywhere in the country. Instead, from our  
24 personal experience -- like Elizabeth said, she  
25 served -- just a minute, please -- USMC full-time

1 active duty, Camp Lejeune, North Carolina,  
2 March 1985 through fall of 1987, toxic water  
3 exposure.

4 There's this panel, summary of analyses for  
5 benzene, toluene, methylbenzene, total xylene,  
6 without getting into all of that, and anyone who  
7 would like to come up and see me with this -- but  
8 all the folks here, I'm sure, have this data on  
9 sample dates, concentrations and micrograms per  
10 liter, et cetera.

11 She served from March '85 to February of '87.  
12 It looks like it peaked in November of 1985 at  
13 2,500 micrograms per liter, in November of 1985. I  
14 happened to see this piece of information here, and  
15 it said veteran family health and disability  
16 benefits. It is estimated that contaminants were in  
17 the water supply from the mid-1950s until February  
18 of 1985. February 1985, but November 1985 shows the  
19 peak. So those folks who do wind up getting the  
20 word as USMC at Camp Lejeune or a family member:  
21 Oh, I didn't serve that time frame. Little do they  
22 know, in November '85 is where the peak micrograms  
23 per liter occurred. So we have to be careful with  
24 the data that we disseminate and how our customers,  
25 our military veterans are our customers, are going

1 to use this.

2 Action for the CDC and the VA. Elizabeth had  
3 to go out on her own through Genova Labs, VA and  
4 CDC. She had to go out on her own to get a  
5 toxicology blood test. When a service member enters  
6 a VA, in our case, as soon as they come in: Where  
7 were you stationed? Burden with the records. It is  
8 a burden with the records. If you all have -- you  
9 all mentioned there are good barracks assignment.  
10 All that should be digitized. We need to be  
11 proactive, not reactive. The burden shouldn't be on  
12 our service members, like private and health  
13 insurance companies. They put the burden on people.  
14 Here we are paying them a service. We had to go  
15 through a local House representative office to go to  
16 Bethesda to get a bunch of other papers that one can  
17 hardly even read. I wonder why.

18 But in any event, so she had her blood test  
19 done. That should be the first thing that's done.  
20 She's a veteran, comes in. Where did you serve?  
21 Did you serve at Camp Lejeune, North Carolina? You  
22 need to go get a toxicology blood test. This,  
23 Elizabeth had done. Date collected, April 14, 2015.  
24 Date report April 23, 2015. Genova diagnosed this,  
25 Duluth, Georgia. Benzene in the 75<sup>th</sup> percentile and





































1                   **DR. BREYSSE:** I want to be on the public record  
2                   before we adjourn and apologize for not being here  
3                   before now, but I think we're going to adjourn the  
4                   meeting. Thank you.

5  
6                   (Whereupon the meeting was adjourned at 12:40 p.m.)  
7

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**CERTIFICATE OF COURT REPORTER**

**STATE OF GEORGIA**

**COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Master Court Reporter, do hereby certify that I reported the above and foregoing on the day of August 22, 2017; and it is a true and accurate transcript of the proceedings captioned herein.

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

WITNESS my hand and official seal this the 20th day of September, 2017.

*Steven R Green, CCR*

**STEVEN RAY GREEN, CCR, CVR-CM, PNSC**

**CERTIFIED MERIT MASTER COURT REPORTER**

**CERTIFICATE NUMBER: A-2102**

