

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

THIRTY-NINTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

February 27, 2018

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the Emory Conference Center Hotel, 1615 Clifton Road, Atlanta, Georgia, on February 27, 2018.

STEVEN RAY GREEN AND ASSOCIATES  
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-- "\*" denotes a spelling based on phonetics, without reference available.

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

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

ASHEY, MIKE, CAP MEMBER  
BALDWIN, CYNTHIA, VA  
BLOSSOM, SARAH, CAP TECHNICAL ADVISOR  
BOVE, FRANK, ATSDR  
BREYSSE, PATRICK, NCEH/ATSDR  
CANTOR, KEN, CAP TECHNICAL ADVISOR  
CARSON, LAURINE, VA  
CIBULAS, BILL, ATSDR  
DINESMAN, ALAN, VA  
ENSMINGER, JERRY, CAP MEMBER  
ERICKSON, LOREN, VA  
FORREST, MELISSA, DEPARTMENT OF NAVY  
GILLIG, RICHARD, ATSDR  
HODORE, BERNARD, CAP MEMBER  
MCNEIL, JOHN, CAP MEMBER  
MENDEL, ERIC, VA  
MUTTER, JAMIE, ATSDR  
ORRIS, CHRISTOPHER, CAP MEMBER  
PALMER, LISA, VA  
PARTAIN, MIKE, CAP MEMBER  
STRATFORD, DONNA, VA  
UNTERBERG, CRAIG, CAP MEMBER  
VINSON, CRYSTAL, VA  
WILKINS, KEVIN, CAP MEMBER



1 two decades now; started in 1997. One thing all of  
2 you need to understand, you know, and that's -- that,  
3 that goes to science. Unfortunately good science is  
4 slow. It takes time, a long time, for it to be valid  
5 science. Anything that is short-term that people come  
6 up with, you know, for a Marine pulled -- they pulled  
7 something out of somewhere, is what we call junk  
8 science. And junk science is not going to hold up.  
9 It's not going to hold up to the scrutiny of Congress.  
10 It's certainly not going to stand up to the scrutiny  
11 of the courts.

12 So if your health effect is not listed in the  
13 2012 law or if it is not listed in the presumptive  
14 status that was passed last year, or approved and put  
15 into effect, you don't have a claim. You can file a  
16 claim through the normal claim process but you're not  
17 going to be approved through either of those  
18 initiatives.

19 That doesn't mean that your health effect will  
20 not be proven by science later on. But, you know, you  
21 can come and you can complain to me or anybody else up  
22 here that your health effect is not covered, but I'm  
23 going to give you the airwave salute. I don't know  
24 what to tell you. I can't make science and I can't  
25 force them to put your health effect on the list.

1           However, if you have one of these health effects and  
2           they're denying you, yeah, I want to know about it.  
3           We want to know about it so that we can get it  
4           straightened out with the 2012 law.

5           Senator Burr and Senator Tillis have initiated an  
6           amendment to the 2012 law, I don't know where it is  
7           right now but I'm going to find out, which will update  
8           the health effects that are listed under the 2012 law.  
9           There were things left off of that law, health effects  
10          that should've been on it, and there are some that  
11          should've never been on it.

12          The presumptive status and the health effects  
13          that are on there, there were two health effects that  
14          were dropped off of that that had sufficient or  
15          moderate evidence for causation. One of them is  
16          end-stage kidney disease, which was dropped off by the  
17          VA, from what I understand, and also scleroderma,  
18          which was dropped off by OMB, the Office of Management  
19          and Budget. We are going to take on a fight to get  
20          those reinstated and put back on that list. They  
21          should be. The VA's own review, done by the  
22          Institutes of Medicine, IOM, stated that end-stage  
23          kidney disease, there was enough proof for causation  
24          and it should've been on the list.

25                 **DR. BREYSSE:** Thank you, Jerry.

1           **MR. ENSMINGER:** Now, all the people who are here  
2 about dependents, well, you're not alone. Because I'm  
3 a retired Marine, I get my health -- you know, my  
4 health care all through my retirement. My daughter  
5 who died, Janey, the only avenue that I had to seek  
6 relief for all the hell that she went through, our  
7 family went through, was stripped from me. It was  
8 stripped from all of you who had dependents that were  
9 affected by this. Our judiciary system stripped us of  
10 the very damn Constitutional rights that all of us  
11 were there serving to protect, and that's BS.

12           I have been cultivating certain congressional  
13 offices for a couple months now on this subject, and I  
14 am going to ask Congress to create legislation that  
15 will be known as the Camp Lejeune Justice Act, not  
16 unlike the legislation that Congress passed for 9/11.  
17 The only difference is this is not going to cost them  
18 a dime. The average settlement that the families for  
19 9/11 got was \$1.6 million for the loss of their loved  
20 ones, who were people that were at work, making money  
21 when this all happened. We were serving to protect  
22 their rights to work while we got poisoned by our own  
23 leaders.

24           This Act that I'm asking to, to go forward would  
25 reinstate our rights to seek relief through the

1 federal courts, because all I want is for my case and  
2 your cases, if they're valid, to be allowed to go in  
3 front of a court of law based upon their own merits.  
4 That is what they're afraid of. They know that the  
5 merits are not on their side. That is why they went  
6 through these legal gymnastics that they went through  
7 to create a summary judgment that killed all the Camp  
8 Lejeune claims in their crib.

9 Well, that can be undone by Congress, and by God,  
10 we're going to find out just how strong this Congress  
11 is and how honest they are about standing up for  
12 veterans and their families, because this ain't going  
13 to cost them a dime, not up front. It may cost them  
14 later in the court settlements but that's not on  
15 Congress.

16 So when we open the floor up for your comments,  
17 please keep in mind that we can't create science. We  
18 cannot make a health effect be covered or make science  
19 up where it would be covered. And when you get up to  
20 speak, ask your question, state your thought, but  
21 please don't give us your whole life history and your  
22 whole military career history because there's a lot of  
23 people here, and, you know, we want to give them the  
24 benefit of the doubt too.

25 So thanks a lot. Nice seeing all of you, and

1 I'll be able to talk to you later on today.

2 **DR. BREYSSE:** Thank you, Jerry. [applause] So  
3 as Jerry said, there will be time at the end of the  
4 day for community concerns to be expressed, so we'd  
5 like you to wait until that period of time if you have  
6 questions or comments you'd like to make. We'll  
7 provide that opportunity for you from 1:30 to 2:30.  
8 But now I'd like to ask everybody to go around the  
9 table and introduce themselves. So I'll start with  
10 Jamie.

11 **CDR MUTTER:** Can I start with some announcements  
12 first?

13 **DR. BREYSSE:** Okay, yeah.

14 **CDR MUTTER:** So I just want to let everyone know  
15 the rest rooms are out these doors right in front of  
16 you, if you need to use the rest room. A reminder to  
17 mute your cell phones or silence your cell phones,  
18 please. The emergency exits, if you follow the red  
19 exit signs, will lead you outside, the emergency  
20 exits. And at lunch time I'll be handing out parking  
21 vouchers, for those that parked at the hotel. So if  
22 you see me at lunch time, I'll kind of be standing in  
23 the back hallway, and you can get your vouchers from  
24 me then.

25 So I'll start with my introduction. I am

1 Commander Jamie Mutter. I work at ATSDR as a CAP  
2 coordinator.

3 **MR. HODORE:** Bernard Hodore, CAP member.

4 **MR. WILKINS:** Kevin Wilkins, CAP member.

5 **MR. GILLIG:** Rick Gillig, ATSDR.

6 **MR. ORRIS:** Chris Orris, and I was born at Camp  
7 Lejeune with a congenital heart defect, and I've never  
8 received a dime of assistance from the VA for my  
9 condition.

10 **MR. UNTERBERG:** Craig Unterberg, CAP member.

11 **DR. BLOSSOM:** Sarah Blossom, scientific technical  
12 advisor to the CAP.

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

14 **DR. CANTOR:** Ken Cantor, scientific advisor to  
15 the CAP.

16 **MR. MCNEIL:** Wrecking ball, CAP member. John  
17 McNeil.

18 **MS. FORREST:** Melissa Forrest, Department of Navy  
19 representative.

20 **MR. PARTAIN:** Mike Partain, dependent CAP member.

21 **MR. ENSMINGER:** Jerry Ensminger, CAP member.

22 **MR. ASHEY:** Mike Ashey, and I served at Camp  
23 Lejeune.

24 **MR. PARTAIN:** He's a CAP member.

25 **MS. CARSON:** Laurine Carson, Department of

1 Veterans Affairs, Veterans Benefits Administration,  
2 senior advisor.

3 **DR. ERICKSON:** Loren Erickson, Department of  
4 Veterans Affairs.

5 **DR. BREYSSE:** Please, if you can keep the  
6 editorial comments in the audience down, please.

7 So I'd like to begin by asking the VA to start  
8 with a discussion about the Health Eligibility Center  
9 and the Office of Disability and Medical Assessment.  
10 Dr. Erickson?

11  
12 **VA DISCUSSION**

13 **DR. ERICKSON:** Thank you, Dr. Breysse. I'm going  
14 to be giving some quick introductory comments and have  
15 my colleague Laurine Carson, to my left, provide a few  
16 comments, and then we'll have some presentations  
17 that'll follow.

18 While I'm giving those introductory comments I'm  
19 just going to ask for all the Vietnam veterans in the  
20 room to raise your hand, and keep them raised, up.  
21 The reason I say that, we have something to give you.  
22 If you're a Vietnam veteran please raise your hand.  
23 Raise your hand. Thank you very much. I myself am a  
24 veteran, U.S. Army, 32 years. I did not serve in  
25 Vietnam but my father did, two different years. And I

1 will tell you that Veterans Affairs, we're making an  
2 all-out effort right now to commemorate the 50<sup>th</sup>  
3 anniversary, the 50<sup>th</sup> anniversary of the Vietnam War.  
4 We know that there is a tremendous overlap between  
5 those who served at Camp Lejeune and those who served  
6 in the Vietnam War. So keep your hands up until you  
7 get one of these commemorative pins. If you don't get  
8 one make sure you see me at the break and make sure  
9 you get one.

10 Let me just say I very much appreciate being  
11 invited along with the VA's team. For everybody, this  
12 is a meeting that is sponsored by the Department of  
13 Health and Human Services, CDC, ATSDR. And as guests,  
14 we very much appreciate the collaborative relationship  
15 that we've built. Our feeling is we've made a lot of  
16 progress over the last couple years in the areas that  
17 Jerry Ensminger has just mentioned, though there is a  
18 lot of work yet to be done. There's a lot of work yet  
19 to be done.

20 Let me just also say that you'll see on this end  
21 of the table people getting up and down because we  
22 have a number of folks who we brought with us who we  
23 think will be very responsive to the presentations  
24 that were requested, also to the action items that  
25 have been requested.

1           For all the CAP members, I believe you have  
2           copies of the slides in your folder, and so you'll  
3           have those to refer to as well. I think the bigger  
4           challenge that we have right now is that we have a  
5           relatively short time to cover a lot of material.

6           At this point I'm going to turn you over to  
7           Laurine Carson who has additional comments.

8           **MS. CARSON:** Good morning. First and foremost,  
9           thank you for your service. Earlier today I walked  
10          around and I spoke to several of you about VA benefits  
11          and compensation service, and invited you to -- we  
12          have a group of folks that we brought with us today,  
13          about eight or nine folks, who are going to be having  
14          a station that's over to your right, immediately  
15          outside this room. It'll run all the way 'til 3:30,  
16          or as long as we need to today. And it is to help you  
17          check on the statuses of claims, to answer any benefit  
18          questions or healthcare eligibility questions that you  
19          might have. We have information whether your  
20          disabilities are related to Camp Lejeune or any other  
21          event or period of service.

22          My staff in the central office, we are  
23          responsible for creating the policy and procedures.  
24          And we're going to Congress on the legislation as well  
25          as the drafting of the regulations that allow us to

1 pay disability claims.

2 My staff is responsible for the code of federal  
3 regulations that include the administrative processes  
4 as well as the VA's schedule for rating disabilities.  
5 I'm interested in learning a lot from you and hearing  
6 some of your concerns. One concern that I heard  
7 earlier today is about communication, who do I talk  
8 to, and how do I get more information. And I wanted  
9 to just make it clear, we're going to run all the way  
10 through the lunch hour, and we're going to try our  
11 best to answer some questions personally. And so  
12 we're immediately to the right out this -- out the  
13 right door. Immediately to the right there's a big  
14 poster that says veterans, and we have about 12 folks.  
15 And we have nine folks in the room, and we also have a  
16 van outside, and our folks are here to help.

17 **DR. ERICKSON:** As our next panel comes forward,  
18 I'd just ask let's give our Vietnam veterans a hand.  
19 [applause]

20 **MS. VINSON:** Good morning, everybody. My name is  
21 Crystal Vinson and I'm with the Health Eligibility  
22 Center here in Atlanta, Georgia. And I am one of the  
23 Camp Lejeune project leaders at the HEC. And this is  
24 Lisa.

25 **MS. PALMER:** Yes. Good morning, I'm Lisa Palmer.

1 I'm the program manager on the Camp Lejeune program  
2 for the Office of VA.

3 **MS. VINSON:** And so our -- this is -- we're just  
4 going to kind of run through this, 'cause I'm sure a  
5 lot of you already know... So a lot of you all know  
6 or are familiar with the Health Eligibility Center and  
7 what we do when we register our nation's veterans for  
8 healthcare, to be seen at our VA facilities all over  
9 the country. So what we do is we register veterans.  
10 We take information, update records, all that kind of  
11 stuff, to get veterans into the system to be enrolled  
12 for VA healthcare.

13 What we do is we assist with the Camp Lejeune  
14 family members program, and our major part is doing  
15 the residency verification. We are assisting Ms.  
16 Baldwin's team with the residency verification for  
17 those veterans and their dependents. Okay, so we're  
18 not going to go over those 15. I'm sure you all are  
19 familiar with those conditions, those 15 conditions  
20 that are CL covered conditions.

21 Next slide. And, and this is also -- this  
22 information is also on the VA website. So those are  
23 the 15 conditions, and we'll have -- okay, so the main  
24 thing about the program is that -- I want to mention  
25 is that for this program you first have to meet the

1 definition of a veteran and meet the basic eligibility  
2 requirements for healthcare. And we've had a lot of  
3 issues with people that have not met that -- those  
4 eligibility requirements for healthcare. So I'll just  
5 briefly go over those.

6 **DR. BREYSSE:** Did we lose the slides?

7 (pause)

8 **MS. VINSON:** And so the veterans must first meet  
9 those basic eligibility requirements for healthcare.  
10 And then they're placed in that priority group 6 for  
11 eight of those 15 conditions, and they're getting  
12 free -- they're getting that, that service from the  
13 VA. They're not charged for the visits, they're not  
14 charged for the medication or anything that goes  
15 through that.

16 So what we do is we make sure that they were, in  
17 that time frame, that August 1, 1953 to December 31,  
18 1987. We do have a lot of people that were there for  
19 training. The training does not have to be  
20 consecutive if they are active-duty members. So say  
21 they came and they did a two-week training, and then  
22 they came back within that time frame and did another  
23 two-week training. It's 30 days. It does not have to  
24 be consecutive, as long as they were there for 30 days  
25 and they meet the otherwise definition of a veteran

1 and have that.

2 Now, we do have an issue where people  
3 are -- people that were just there for active-duty  
4 training. That's been a big thing at the HEC because  
5 it's been kind of -- you know, they're saying, well,  
6 it doesn't say that. It just says I had to be there  
7 for 30 days. Well, yeah, you were there for 30 days  
8 but you have to meet that definition of a veteran and,  
9 and meet those eligibility requirements, so that's a  
10 big thing that the HEC is having problems with as far  
11 as explaining that part, you know, to our service  
12 members, that the active-duty training and the  
13 reservists that were not called up and completed their  
14 time. So that's a big issue that we have, but we do  
15 try to convince them to go ahead, or persuade them, to  
16 go ahead and see if they have any of the eight  
17 presumptive, as Mr. Jerry spoke about earlier, so that  
18 they can maybe be service-connected for those.

19 Let's see -- I heard that there was a dependent  
20 down there, so what we do is we have access to the  
21 records, and what we'll do is we'll go back through  
22 that veteran's record, and we'll look for his spouse,  
23 his dependents, his children, or whoever was there,  
24 and then we will pass that information on to the  
25 family members' program, to Ms. Baldwin's team, and

1           then they will take that from there. But what we're  
2           doing is we're just verifying that that veteran was  
3           there between that time frame, they did reside at Camp  
4           Lejeune with their spouse and their children. And  
5           then they are reimbursed for their -- any of those 15  
6           conditions that they are suffering from at the moment.

7           **MR. ENSMINGER:** You have the housing records?

8           **MS. VINSON:** Yes. We have -- okay, so the  
9           process is the first thing we go -- we go into the  
10          folder, through national -- NPR national service  
11          records, and then we'll look through those. We have a  
12          contact at the U.S. Marine Corps, Mr. Jeff Tatu (ph).  
13          I think he's in Quantico, where he has the unit diary  
14          records, housing records and all the records for all  
15          the trailer parks that were around that area. And if  
16          we can't find it through our VA databases and our  
17          records, then at the next level we would forward that  
18          to him, and he would look through the unit diary  
19          records and be able to get us that information. If he  
20          can't find it, then there's another step where we  
21          would advise the family member or the veteran to do a  
22          Freedom of Information request and see if we can't  
23          find that. So we try to, you know, absorb all avenues  
24          to find that dependent was there and to make sure  
25          that, you know, they resided there so that they can be

1 reimbursed for that.

2 **MR. PARTAIN:** May I ask a question about the  
3 dependents? It's my understanding you need proof of  
4 residency on the base.

5 **MS. VINSON:** Yes.

6 **MR. PARTAIN:** And you need proof of diagnosis.

7 **MS. VINSON:** No. Actually we don't. That's,  
8 that's -- as far as the HEC, we just need -- yeah.

9 **MR. PARTAIN:** Okay.

10 **MS. VINSON:** We just need proof that they were  
11 there. The diagnosis, that's on the other side.

12 **MR. PARTAIN:** Okay.

13 **MS. VINSON:** And I think Ms. Baldwin can speak  
14 more to that. I don't -- we're just verifying  
15 residency in the trailer park.

16 **MR. PARTAIN:** Okay. 'Cause I mean, the reason  
17 why I asked that is I submitted the documents and then  
18 get a letter back saying that I need the medical  
19 records, and all kinds of things that I was perplexed  
20 why they were asking for because I've provided the  
21 birth certificate showing I was born at Camp Lejeune  
22 and a radiological report showing diagnosis of breast  
23 cancer, which is one of the covered conditions. Then  
24 I get a letter back saying that there's insufficient  
25 information and I need to submit -- there's a list of

1 things I need to submit.

2 **MS. VINSON:** Okay. Where did that come from?

3 **MR. PARTAIN:** Came from the VA. So I -- you  
4 know, the Camp Lejeune family member program's where  
5 it came from. And I had not -- I mean, I recently  
6 applied for it and I haven't applied 'til now.

7 **MS. VINSON:** Okay. I believe that Ms. Baldwin  
8 can speak more to that part of it.

9 **MR. ORRIS:** So I have a quick question as well.  
10 I see a lot of instances where family members --

11 **UNIDENTIFIED AUDIENCE MEMBER:** Please turn your  
12 mic on.

13 **MR. ORRIS:** All right. I see a lot of instances  
14 where family members that are sponsored, a veteran who  
15 was actually living off-base; however, the dependents  
16 spent their entire childhood on the base, i.e., at the  
17 swimming pools, at school, et cetera. How are you  
18 addressing those dependents who lived off-base,  
19 however, took advantage of base services for multiple  
20 years? Are you giving them eligibility as well?

21 **MS. VINSON:** At this point I think somebody a  
22 little higher up can speak on to that, but I -- at  
23 this point I cannot answer that. The way that the law  
24 is written, it's resided on the base with the service  
25 member for 30 days or more. Playing on the base,

1           being in the pool, being around the water, anything  
2           like that, I don't know what regulations they put in  
3           place for that. That may be something that you could,  
4           you know, address further, but right now it's residing  
5           which means living there as your permanent residence  
6           for 30 days or more. That's how the law's written.

7           **MR. ORRIS:** So to clarify, you would deny a  
8           dependent who was sick due to the toxic water, simply  
9           because they didn't actually reside on the base, even  
10          though they were on the base for multiple years?

11          **MS. VINSON:** Well, HEC doesn't deny or approve  
12          them. We assist the family members' program in just  
13          providing that -- the residency. So again, that's  
14          something that, I think, when Ms. Baldwin comes up,  
15          she can speak to that a little more in-depth. But  
16          right now it's resided.

17          **MR. UNTERBERG:** Also, just to clarify, do you  
18          have all the information from the Marines at this  
19          point as to the base records and for every year during  
20          that period?

21          **MS. VINSON:** We have what -- what's in their  
22          national personnel record. We have what's in their  
23          military record. Again, if we can't find that there's  
24          other avenues that we take. We have a contact at  
25          the -- at Quantico, again, Mr. Jeff Tatu, who has unit

1 diaries and housing records that go back to that  
2 beginning of that 1953 era, records of the trailer  
3 parks that were there on the base, around the base,  
4 Camp Geiger, New River Air Force Base there. So no,  
5 we don't actually have all those records. We have  
6 access to ascertain that information from the records.  
7 And again, if we can't find it, then we, we have the  
8 veteran -- we suggest to the veteran they do a Freedom  
9 of Information to try to get that information.

10 So at all costs we're trying to find that they  
11 actually were there. 1953, and a lot of the stuff was  
12 destroyed in the fire. There's a lot of stuff that we  
13 don't have actually a record for. That doesn't  
14 necessarily mean that they weren't there. We just  
15 have to go a little further to try to get that  
16 residency for them.

17 **MR. UNTERBERG:** Just so I'm clear, what Freedom  
18 of Information Act, or what were they requesting under  
19 the Freedom of Information Act?

20 **MS. VINSON:** Did I say Air Force base? I'm  
21 sorry, New River Air Station, that is located on the  
22 Camp Lejeune base. Thank you, Jerry. I'm a little  
23 nervous.

24 **MR. UNTERBERG:** Just to clarify, what information  
25 would someone be requesting under the Freedom of

1 Information Act that you all would not have? I'm  
2 trying to figure out why you don't quite have all the  
3 information already.

4 **MS. VINSON:** Well, HEC wouldn't have all of that  
5 information. The Marine Corps probably would have  
6 more information on who was housed, who was serving at  
7 the Marine Corps during that time, or Navy personnel,  
8 and who was housed there.

9 We are only privy to what they allow us to have,  
10 as the VA employees, so what we can't find we have to  
11 reach out to the Marine Corps and the people that have  
12 that information. We don't -- we just have their  
13 military record, and sometimes that information is  
14 just not in that military record, for whatever reason.

15 **MR. PARTAIN:** Hey, Craig, on that question, I  
16 think what they may be referring to with the FOIA  
17 would be if a family member were to go to their  
18 Congressman or Senator and do a request for the  
19 military service record out of St. Louis, the complete  
20 military record for the service member should have  
21 their duty stations, housing -- and possibly housing  
22 records, for them to establish a criteria for housing  
23 requirement from the law.

24 I know in the past several people reached  
25 out -- well, Jerry and I, and that's where they had

1           gone to find that information.

2           **MR. ENSMINGER:** Your service record book, on page  
3           11 -- you'd have a page 11 entry whenever you were  
4           assigned base quarters. And there's also a page 11  
5           entry when you clear base quarters, base housing,  
6           family housing. Also your pay records, your basic  
7           allowance for quarters, which you would be receiving  
8           if you weren't living on-base, living out of town,  
9           would be stopped once you're assigned housing. So  
10          your pay records as well would be evidence to prove  
11          residency.

12          **MS. VINSON:** Okay. Flip forward. Well, I think  
13          that's basically the HEC's portion of it. Does  
14          anybody else on the panel have any questions about the  
15          part that HEC does for the Camp Lejeune part?

16          **MR. ORRIS:** So one further question: Would you  
17          include school records in your eligibility  
18          determination?

19          **MS. VINSON:** Yes, because school records would  
20          have an address on it, so if we can get those school  
21          records -- any kind of record that has an address that  
22          can put a veteran, spouse or dependent on that base  
23          during that time, we want that because that is what's  
24          going to assist the veteran, you know, with  
25          determining his Camp Lejeune benefit.

1           **MR. UNTERBERG:** So the reason I was asking the  
2 question, is when I went through the process I did  
3 find it very difficult to prove residency from 1974.  
4 You're asking for records that we used to have. At  
5 this stage how many dependents are having to go  
6 through the Freedom of Information Act?

7           **MS. VINSON:** Again, Ms. Baldwin is in charge of  
8 the Camp Lejeune family members' program so she can  
9 speak to that. We assist her team in looking through  
10 the records. You know, we assist her with that. So  
11 she can speak more to that. I don't have the numbers  
12 on how many have to do a Freedom of Information, but  
13 normally we can find something. If we can't, again,  
14 we'll go through the Marine Corps, and they'll check  
15 their unit diary information. And if they can't, then  
16 that FOIA will be the last thing. But Ms. Baldwin  
17 will be able to speak to the numbers on that. I don't  
18 have that information.

19           **DR. BREYSSE:** And you'll be coming up later?

20           **MS. BALDWIN:** Yes.

21           **MS. VINSON:** Any more questions for HEC or what  
22 we do for eligibility for this program or anything?  
23 Is everybody good on that?

24           **UNIDENTIFIED AUDIENCE MEMBER:** Are you asking us  
25 out here?

1                   **MS. VINSON:** Okay, I'm sorry. That'll be late --  
2 I'll still be out here in the room later. Okay, thank  
3 you. Thank you for your attention, guys. God bless.

4                   **DR. BREYSSE:** Who's next?

5                   **DR. DINESMAN:** I am. Good morning. I'm Alan  
6 Dinesman. I'm the Medical Officer for the Office of  
7 Disability and Medical Assessment, and we're the guys  
8 who do many of the Camp Lejeune evaluations and  
9 opinions on the VHA side.

10                   What I've been asked to do is to kind of give a  
11 background on the certification training and  
12 credentialing of the examiners, and also talk about  
13 the bibliographies that we've used, both in the past  
14 and as well as how we use that information currently.

15                   Looking at the credentialing process, understand  
16 that for all compensation and pension examiners,  
17 there's, at least for those folks that are doing the  
18 Camp Lejeune exams, that there's three different  
19 levels of training and credentialing that goes on.  
20 First is what I like to call the basic level of  
21 credentialing, and that's what any clinician who comes  
22 into the VA system will go through. Now, I say basic  
23 but you can see it's pretty rigorous, and takes  
24 several months in the process. And generally it  
25 includes primary source verification of their

1 education, their licensure, their health status, any  
2 gaps in training or experience, looking at previous  
3 clinical experiences that they may have had during  
4 their training or as a part of other work done outside  
5 of the VA, professional references, usually it's at  
6 least two or three that are there, as well as looking  
7 at practice histories and, and any other information  
8 about adverse actions or even criminal violations. So  
9 that's kind of the basic level for any clinician  
10 coming in through the VA system.

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

12 **DR. DINESMAN:** As far as I know, for as long as I  
13 can remember.

14 **MR. PARTAIN:** Now, this applies to the C&P  
15 examiners?

16 **DR. DINESMAN:** It applies to all clinicians.

17 **MR. PARTAIN:** Including the subject matter  
18 experts?

19 **DR. DINESMAN:** Correct. So that's the basic  
20 level. So that's for a clinician coming into  
21 the -- into the system, similar to, you know, hospital  
22 privileges, let's say, at another institution.

23 And for C&P here's the second level that we'll  
24 talk about for C&P certification. There is a  
25 significant amount of additional training because

1           beyond what, you know, the average clinician is used  
2           to, say, let's say, in the treatment side of the  
3           house, the C&P side is a more medical/legal aspect of  
4           medicine, so there is a significant amount of  
5           additional training and certification that goes into  
6           this.

7           And you can see here there are a number of  
8           courses and course work that people will go through as  
9           a part of that training. Understand that all C&P  
10          examiners understand or are trained in environmental  
11          exposures, and we've seen this in instances such as  
12          Agent Orange exposure, ionizing radiation, depleted  
13          uranium and even Gulf War illnesses. So the idea of  
14          discussing and working with environmental exposures is  
15          a pretty common and standard event for most C&P  
16          examiners.

17          I cannot state any more strongly that the folks,  
18          or the SMEs, as we like to refer to them, that are  
19          doing Camp Lejeune examinations, are C&P examiners as  
20          a default. So they have a fairly high level of  
21          functioning in the world of medical opinions and  
22          environmental exposures in the VA illnesses.

23          The Camp Lejeune examiners then go a third level,  
24          and they go on and take additional training in Camp  
25          Lejeune-specific topics. And that training is usually

1 a formal training. It's four days, give or take. And  
2 you can see the topics that we discuss. These are,  
3 you know, didactic lectures that are given to the  
4 folks that are wanting to be subject matter experts.  
5 There's also hands-on training. This is an example of  
6 the agenda for the vendor training that we did in  
7 August of 2017. And as you may or may not know, you  
8 know, VBA has some vendors that are also doing Camp  
9 Lejeune SME work. So to make sure that we were all  
10 talking from essentially the same level of  
11 information, we provided them with the base level  
12 training that we do for our other examiners.

13 And you can see here we talk about the history of  
14 Camp Lejeune, go over all the different locations and  
15 the different exposures. We talk about the toxicology  
16 of the major contaminants, look at the different  
17 information on carcinogens. We also look at the  
18 literature, and we'll talk about it here in the  
19 bibliography in a second. Early on in this process  
20 there was a very, very limited amount of information.  
21 And so what some of our early SMEs had to do was kind  
22 of put together a group of what are some of the  
23 articles that are out there.

24 Fortunately, as time has gone on, like Jerry has  
25 noted, the science has advanced, albeit slowly, but it

1 has advanced. And so we find ourselves no longer  
2 having to go back and look at a defined bibliography,  
3 but instead, using that on a historical basis and  
4 using much more recent information.

5 But we go through all of the various literature  
6 and how to use that literature, talking about looking  
7 at peer review and the quality of various studies.

8 We talk about the framework for causation  
9 analysis. You know, again, some of the stuff that's  
10 confusing me and some of what we do in this work is  
11 that there may be a statistical association between  
12 something. And so we say, so, well, this is  
13 associated with this, but that does not always mean  
14 that there's a cause and effect. And so trying to  
15 work with that is also an important factor of what we  
16 do.

17 We look at obtaining an exposure history. That  
18 actually follows, I want to say, a course that ATSDR  
19 put together on obtaining an exposure history. Then  
20 we also look at the service records. And Jerry talked  
21 about the housing records. And we go back and show  
22 our examiners how to go through those records, 'cause  
23 that's not usually something a C&P person will be  
24 looking at. They're most used to looking at medical  
25 records. But to go back and double-check, and make

1           sure that there was exposure and that it's listed  
2           appropriately with something that we've done in the  
3           past.

4           We also talk about the methodology for medical  
5           opinion, and again, that's a normal part of the  
6           compensation and pension examiner's repertoire. But  
7           again, we talk about, for the Camp Lejeune site,  
8           excuse me, to make sure that we are careful to  
9           document all evidence, to reference materials, and  
10          also to avoid things such as resorting to mere  
11          speculation, which is something that could slow down  
12          the claim. So we do try to make things as appropriate  
13          as possible.

14          The other thing that we'll do at the end of the  
15          didactic period is to provide sample cases. And so  
16          we'll give a case and say here's an example of  
17          somebody with X disease, and go through it, have the  
18          group, you know, talk about it, discuss the various  
19          ways of looking at it, and then take it all the way  
20          through to the end.

21          And then the last part of our -- is actually  
22          hands-on training, where we'll take actual  
23          claim -- different claims, and divvy them up and have  
24          people work with them, discuss them with the group and  
25          work through it on a group basis so that everybody can

1 interact and understand all the different topics can  
2 and ideas.

3 **MR. PARTAIN:** Dr. Dinesman, quick question for  
4 you, and I appreciate you taking the time to go  
5 through and list this out and explain what the process  
6 is, but, you know, the devil's always in the details.  
7 And, you know, you mentioned -- you know, there's a  
8 discussion of the history of Camp Lejeune, in going  
9 through your list here, toxicology of the major  
10 contaminants, a CLCW carcinogens review, literature  
11 review, framework for causation analysis due to  
12 exposure. These materials that are being presented to  
13 the C&Ps, and I'm assuming the SMEs, are they publicly  
14 available?

15 **DR. DINESMAN:** I don't know if they're publicly  
16 available as a training course. It's an internal  
17 training course. I'd have to check on that.

18 **MR. PARTAIN:** Okay, but still, like, you know,  
19 you're -- you know, the reason why I'm asking this,  
20 you know, 'cause we've had problems in the past with  
21 bibliography, for example, on what was being presented  
22 to the SMEs as far as studies to look at. And, you  
23 know, while this sounds fair and sounds rosy when  
24 you're presenting it, once again, the devil's in the  
25 details. What is being said about the history? What

1 information is being provided? Where is the  
2 bibliography? You know, where are the medical  
3 causation -- you know, the sample cases, and things  
4 like that?

5 I know we've seen in the past information that's  
6 come out of the VA that isn't so rosy. So in the  
7 interest of -- you know, this, this is a public  
8 service endeavor here, that the information that's  
9 being taught, or presented to these people, as far as  
10 bibliography, what you're looking at, you know, what  
11 you're saying about Camp Lejeune, I think that needs  
12 to be out in the public as well so that we understand,  
13 and there's an equal playing field of what's being  
14 said, 'cause there is a disconnect there.

15 Now, do you know how many SMEs are currently on  
16 staff at the VA?

17 **DR. DINESMAN:** I don't know on the vendor side.  
18 On the VHA side there's around 22, I believe.

19 **MR. PARTAIN:** Okay, when you say the vendor side,  
20 what -- can you explain what that means?

21 **DR. DINESMAN:** So there's some private  
22 organizations that are non-VA, such as QPC, LHI, MSLA  
23 and VetFed, that are organizations that have been  
24 contracted to do medical disability evaluations.

25 **MR. PARTAIN:** Okay. And --

1           **MR. ENSMINGER:** This is the first I've heard of  
2 this. I have never heard before that you were  
3 outsourcing SMEs.

4           **DR. DINESMAN:** I can't speak -- that's a VBA  
5 contract, and so we have some VBA folks who -- that  
6 may be able to speak to that. I'm on the VHA side so  
7 I can only speak about our own.

8           **MR. PARTAIN:** Do we know when this began?

9           **DR. DINESMAN:** I want to say sometime after the  
10 training that we did in August, that was the initial  
11 training.

12           **MR. PARTAIN:** August of?

13           **DR. DINESMAN:** 2017.

14           **MR. PARTAIN:** All right.

15           **MR. ENSMINGER:** And as far as the backlog on  
16 claims, it's our understanding that the SMEs  
17 are -- that's a secondary duty that they perform?  
18 It's not their primary --

19           **DR. DINESMAN:** It's, it's voluntary. I wouldn't  
20 say it's secondary but it's voluntary.

21           **MR. ENSMINGER:** How much of a backlog on Camp  
22 Lejeune claims can be attributed to the delay in time  
23 that the SMEs are able to review these claims?

24           **DR. DINESMAN:** Last I believe, at least on the  
25 VHA side, the turn-around on our claims is around

1 eight days.

2 **MR. ENSMINGER:** Eight?

3 **DR. DINESMAN:** Well, the time -- remember, from  
4 the time that we get the exam request to the time that  
5 we submit the opinion. So what happens, you know,  
6 from an administrative point prior to that, I can't  
7 speak to.

8 **MR. PARTAIN:** So you're saying once the SME sees  
9 their claim to review, it's an eight-day turn-around?

10 **DR. DINESMAN:** Approximately.

11 **MR. PARTAIN:** Okay. And for the benefit of the  
12 audience as well, you know, we're discussing C&P --  
13 we're discussing C&Ps. Can you describe briefly what  
14 the purpose of an SME review is and how it fits into  
15 the C&P examination or the C&P process?

16 **DR. DINESMAN:** Yeah. The SME review is what we  
17 call a basic review. So it's a record review. And  
18 it's reviewing the records and all the medical  
19 evidence that are available, putting it in context  
20 with medical literature and science as we understand  
21 it, and deriving first a diagnosis by looking at  
22 primary resource documentation of the diagnosis, and  
23 then looking at the various risk factors that the  
24 individual may have experienced during that time, and  
25 try to put together a reasonable conclusion or opinion

1 as to causality.

2 **MR. PARTAIN:** Okay. And that goes back to the  
3 C&P, the report?

4 **DR. DINESMAN:** It's one in the same.

5 **MR. PARTAIN:** It's one in the same?

6 **DR. DINESMAN:** Yes.

7 **MR. PARTAIN:** Okay.

8 **MS. CARSON:** Hi, Laurine Carson, from the VBA.  
9 If I may, we're all VA, and I wanted to say that VA  
10 has always had the ability to use contract examiners  
11 to help us process claims. Because there's a  
12 voluminous -- a number of them that come in, both on  
13 the VHA side and VBA side, we use contract examiners  
14 to help us complete work.

15 Those are qualified physicians in the private  
16 sector who work through various companies who help us  
17 complete the work load and examinations. And so that  
18 is something that we've always had and we've been  
19 using those, and I want to say -- I do know that we've  
20 been using those types of examiners in the VA system  
21 since 2009.

22 More recently -- and so there's sometimes,  
23 sometimes there's specialty exams, sometimes we do  
24 what's called fee-basis examinations as well, because  
25 we have a limited number of physicians that are

1 available to help us complete this forensic-type  
2 examination, not the VBA doctors who do treatment, or,  
3 or healthcare treatment, but those who help us in the  
4 disability claims process.

5 They follow the same rules as people inside and  
6 outside of the VA to get these examinations done.  
7 Only recently, when we did enact the Camp Lejeune  
8 laws, did VBA actually also have their particular  
9 contract examiners begin to work under the same  
10 criteria that's prescribed for our own VHA physicians  
11 to also help us with the backlog in the examinations  
12 that we have.

13 I wanted to clear up something else. Prior to  
14 the law being enacted there was a hold on some claims  
15 where we had tried not to deny those claims in the  
16 interim period, I want to say from 2012 or so to 2014,  
17 but we may have held onto some claims and did not take  
18 action to, to deny based on the current regs, those  
19 conditions that were in -- that were being just  
20 deliberated and discussed as part of the rule-making.  
21 So we did not necessarily send those for an opinion  
22 that was used after the law was enacted because we did  
23 not have those eight disabilities in the rating  
24 schedule for us to grant the service connection. Now,  
25 in that --

1           **MR. ENSMINGER:** You're, you're calling something  
2 a law. Are you talking about the presumptive program?

3           **MS. CARSON:** The -- I'm talking about the Camp  
4 Lejeune regulations that --

5           **MR. ENSMINGER:** Yeah, but it's not a law; it's a  
6 presumptive program. The law was signed by the  
7 President in 2012.

8           **MS. CARSON:** Correct. But the enactment  
9 of -- so, so when I talk about rules and regulations.  
10 Let me just split it out. So the rule that VA enacted  
11 was passed in 2016. Sorry, 2017, in March, and that  
12 rule with eight presumptives became disabilities that  
13 VA could service connect. It was a period of time  
14 while we were drafting that regulation that we,  
15 we -- you could not act on those claims to deny those  
16 claims, and so that led to a backlog of these that  
17 needed a SME review.

18           So I just wanted to clear that up. I don't know  
19 if it helped or not, but I was just trying to provide  
20 some more insight into why we had a backlog.

21           **MR. ASHEY:** I've got a question about these  
22 subject matter experts that are being contracted out  
23 in the private sector. How are they being graded? I  
24 mean, I'm assuming that you have a specific  
25 performance contract with either an individual or an

1           entity.

2           **MS. CARSON:** With an entity we have a performance  
3 contract. We also have quality reviews that are  
4 similar to the same review that we use on all of the  
5 VA C&P examiners.

6           **MR. ASHEY:** So how are they being graded? In  
7 other words, do they get graded on the total number of  
8 cases that they have reviewed? Do they get graded on  
9 the total number of cases that they have approved or  
10 graded on the total number of cases that they denied?  
11 Do you know what it is?

12           **MS. CARSON:** So they're not graded on the total  
13 number of cases they denied. It's basically on  
14 paperwork, the work that they complete, but I don't  
15 want to misspeak about what the contract states, but  
16 I'll have to take that back for the record.

17           **MR. ASHEY:** I would like an answer to that  
18 question because I have a lot of experience with  
19 government contracting, and I know there's a grading  
20 system. And the question is: How are they being  
21 graded?

22           **MS. CARSON:** Okay. I'll take that back for the  
23 record, sir. I don't want to misspeak and provide you  
24 with --

25           **MR. ASHEY:** I understand.

1           **MS. CARSON:** That's in the contract that I don't  
2 have before me.

3           **MR. ASHEY:** Thank you.

4           **DR. BREYSSE:** I want to make sure we capture two  
5 things. One is you're going to get back to us about  
6 the grading system. There was also a request that the  
7 training materials could be made available, and you're  
8 going to check to see if that's possible.

9           **MR. PARTAIN:** And here's a case in point to back  
10 up what I'm talking about, as far as the veterans, and  
11 we've gone through this before but we have a lot of  
12 people here who have not been through this. When  
13 you're -- you know, like I said earlier, the devil's  
14 in the details. And Jerry had mentioned the 2015 IOM  
15 report. This morning I received a denial from a  
16 veteran. This actually literally came in the mail for  
17 him yesterday. And he has kidney disease. And he  
18 basically, you know, the denial -- part of the denial  
19 reads: Your kidney -- your -- sorry, your claimed  
20 kidney condition at this -- as this condition is not  
21 one of the presumptive conditions VA has acknowledged  
22 as related to exposure to contaminants in the water at  
23 Camp Lejeune. We've requested a VA medical opinion.  
24 I'm assuming that's an SME review, correct? Okay.  
25 The examiner stated, and this again would be the SME

1           examiner, correct? That the evidence of record and  
2           available medical and scientific research does not  
3           demonstrate a link between your kidney condition and  
4           exposure to the contaminants in the water supply at  
5           Camp Lejeune.

6           And going back to my point, this is why we want  
7           to see what is -- what is being provided. Is this  
8           2015 IOM report part of the SME bibliography? And if  
9           so, how can they say there is none -- there is no  
10          relationship because the report says to give the  
11          veteran the benefit of the doubt.

12          **DR. DINESMAN:** I would have to agree with you,  
13          Mike: The devil's in the details. And I'd be happy  
14          to look at that case with you, because I'd have to see  
15          more details as to why they said that. You know, you  
16          can't just look at kidney disease, you've got to look  
17          at all the other risk factors that are there, et  
18          cetera. So I'll be happy to look at that case  
19          individually with you.

20          But to answer your question on the bibliography,  
21          what we used to have is a written bibliography back  
22          when there was a paucity of information. And so any  
23          time somebody came up with something that could be  
24          useful we kind of put it together in this bibliography  
25          that folks could reference.

1           It wasn't a bibliography that was mandated; it  
2 was just a list of articles that people might find  
3 helpful and not have to go back and reinvent the wheel  
4 and look for hard-to-find articles.

5           **MR. ENSMINGER:** Yeah, but -- let me interject  
6 something here. If you're going willy-nilly and  
7 throwing all of this stuff into one bibliography, then  
8 you end up with apples and oranges. You've got  
9 studies or papers that were written by people who  
10 support industry, that are naturally going to downplay  
11 the effects of the chemical that the company that  
12 hired these people to do this paper wanted.

13           You've got to be able to provide these reviewers  
14 studies and papers that were written by academia or  
15 people without a cross to bear or without working for  
16 somebody to produce the paper, because you're allowing  
17 people to go through and cherry pick the stuff that  
18 fits the conclusion that they want to write.

19           **DR. DINESMAN:** And you bring up a good point. We  
20 don't use that bibliography anymore. So it has not  
21 been updated because --

22           **MR. ENSMINGER:** Well, what are you using?

23           **DR. DINESMAN:** There's medical searches. In fact  
24 I've got a list --

25           **MR. ENSMINGER:** Yeah, yeah, yeah, but I want to

1 know -- I want to be able to see the list of studies  
2 that you're providing to these people to use in their  
3 evaluations of these claims.

4 **DR. DINESMAN:** We don't provide them with a  
5 specific listing. But what we do have --

6 **UNIDENTIFIED AUDIENCE MEMBER:** Can you use the  
7 mic? We can't hear you.

8 **DR. DINESMAN:** -- here is an example of a  
9 bibliography. You should find a bibliography at the  
10 end of every examination or evaluation, and here's one  
11 that actually I was involved with. And you can see  
12 that the list of bibliography -- some of them, there  
13 are many -- but they're fairly recent, including what  
14 was in the Federal Register, including ATSDR's most  
15 recent publications.

16 **MR. ENSMINGER:** Yeah, I know, but I think, Dr.  
17 Dinesman, you -- these people are not experts. You  
18 just admitted that when you select these people, or  
19 they volunteer to become an SME, you've got to school  
20 them. And to allow them to be out there, again, and,  
21 you know, and go searching through studies and papers  
22 on their own? No, you've got to provide these people  
23 with a list of valid studies that they can reference  
24 so that, whenever they get a claim, they've got the  
25 right information and it's not something that's been

1 written by somebody working for industry, that's  
2 tainted. [applause]

3 **DR. BREYSSE:** We have about a half hour left for  
4 the VA portion, so I want to make sure we cover what  
5 we need to cover as well. So I don't know how much  
6 more there is to present, but I want to remind people  
7 that's about how much time is left.

8 **MR. PARTAIN:** But real quick, Dr. Dinesman -- I  
9 mean, part of the biggest beef that we have with this,  
10 and this has been going on for years now, is that it  
11 is a one-sided process. You know, we've brought these  
12 concerns before in the past. We have raised them.  
13 We've actually filed a lawsuit to try to find that  
14 information. But there is no input or  
15 information -- I'm sorry, there's no interaction  
16 coming back towards the community.

17 If you got a bibliography, just like Jerry said,  
18 that's fine. Share it with us. Let us have some  
19 input in there, okay? Because, you know, you're  
20 losing the image war there because it appears that,  
21 you know, in some cases, rightfully so, that this is a  
22 one-sided on the VA's part in this, slanted towards  
23 y'all's opinions. Interact with the community. You  
24 know, disclose what's being given to the SMEs for  
25 training material. Let us see what it is. There

1 shouldn't be anything behind the curtain to hide, you  
2 know, like Jerry says, transparency.

3 **MR. ORRIS:** And Dr. Dinesman, one further  
4 question for you, you brought up Agent Orange,  
5 ionizing radiation, depleted uranium, Gulf War  
6 illnesses. How many of those programs also have an  
7 SME level of review?

8 **DR. DINESMAN:** Most of those programs, especially  
9 the Gulf War training reviews, have specific training  
10 that goes along with it.

11 **MR. ORRIS:** But do they have a specific SME  
12 review?

13 **DR. DINESMAN:** It's, it's similar in that they  
14 receive specific training, so what we call the SMEs  
15 are at base C&P clinicians who have had additional  
16 training.

17 **CDR. MUTTER:** I want to remind everybody to speak  
18 into their microphones so the people in the back of  
19 the room can hear.

20 **DR. CANTOR:** I will do my best.

21 So I have a number of questions and concerns  
22 about your presentation. It sounds like the initial  
23 criteria for the people who come in for this training,  
24 do they include occupational medicine? Do they  
25 include preventive medicine credentialing or criteria

1           beforehand, or are they just a GP physician to come in  
2           for this training, for the four-day training?

3           **DR. DINESMAN:** For compensation and pension, you  
4           have only a few recognized specialists, so all  
5           compensation and pension clinicians are considered  
6           general medical, audio, and you have psych, or mental  
7           health, and I -- and, and dental. So those are the  
8           defined specialties according to the rating process.  
9           So anybody who comes into that C&P as a C&P examiner  
10          is looked upon their specialty.

11          **DR. CANTOR:** Okay. Because this is the  
12          intersection of public health and preventive medicine  
13          with clinical application. This training in  
14          preventive medicine is years-long training in public  
15          health. It's years-long training, and it's hard for  
16          me to see that in four days you can adequately prepare  
17          someone to do this kind of evaluation. [applause]

18          Another issue is how do you deal with conflicts  
19          of interest? Do you go into that? How deeply must  
20          they, the SMEs who you are grading, report to you what  
21          other groups they are working for or whether or not  
22          they might have a conflict with industrial or other  
23          types of evaluations?

24          **DR. DINESMAN:** All right. Let me -- I hear two  
25          questions in front of me. As far as the background

1           that whether these folks have occupational, medicine  
2           or environmental training, many of the folks, probably  
3           all of the folks, currently on in the SME program did,  
4           because it was a good starting point, and we didn't  
5           want to have people that needed to get up to speed  
6           just on the -- you know, more on the environmental  
7           side, to be able to look at the paucity of  
8           information. You have to remember that Jerry said  
9           science's change is very slow, and so there was a  
10          paucity of information early on. Those early SMEs are  
11          the ones that actually developed the training process,  
12          and even folks who are currently occupational medicine  
13          still must go through that training process because  
14          it's above and beyond that.

15                 If you look out in the private sector you'll find  
16          that most occupational medicine is actually performed  
17          by the primary care clinician. It's the occupational  
18          medicine specialists that are in the treatment side  
19          and prevention side. But as far as the evaluation  
20          side, again there's not enough occupational medicine  
21          folks to go around, and so we do have to have a  
22          mixture of folks. And we try to bring them all up to  
23          equal speed by applying the same training.

24                 **DR. CANTOR:** So an additional question is the  
25          trainers, who are training the SMEs. Are these -- so

1           you draw from ATSDR? Do you draw from CDC? Where do  
2           you draw from for these individuals?

3           **DR. DINESMAN:** The ones who have done training  
4           are actually some of the most seasoned folks who have  
5           been with the program since its inception.

6           **MR. ENSMINGER:** Who?

7           **DR. CANTOR:** Are they within the VA or are  
8           they --

9           **DR. DINESMAN:** Within VA. Within VHA. So some  
10          of the original SMEs that were involved with putting  
11          together a lot of the information, they helped to --

12          **DR. CANTOR:** And has the program been evaluated  
13          by outside, independent parties?

14          **DR. DINESMAN:** I'm not aware if that's common-  
15          place in the --

16          **DR. CANTOR:** It might be helpful.

17          **DR. DINESMAN:** I'll take that as a  
18          recommendation.

19          **MR. ENSMINGER:** The credentialing -- yeah, right  
20          from the get-go I found some concern. I believe that  
21          one of your SME coordinators was a Dr. Michael  
22          Cudaminer (ph) in Minnesota. The man is a convicted  
23          pedophile. He pled guilty for molesting his own sons  
24          and had his medical license pulled, and then later  
25          reinstated.

1           Now, I mean, you knew who this guy is, and when  
2 you say that you vet these people right up front, when  
3 you started your presentation, you lost me right there  
4 because you weren't being truthful with me.

5           **DR. DINESMAN:** So that is actually something that  
6 the credentialing committees at each VA medical center  
7 does.

8           **UNIDENTIFIED AUDIENCE MEMBER:** Speak into the  
9 mic, please.

10          **DR. DINESMAN:** So that, that is something -- I'm  
11 sorry, that is something that the special committee at  
12 each VA hospital, the credentialing committee, that  
13 goes through that process. I was not aware of the  
14 allegations that are being spoken of, but I will tell  
15 you that that person that you mentioned is no longer  
16 an SME.

17          **MR. ENSMINGER:** Why was he even working for the  
18 VA?

19          **DR. DINESMAN:** I can't answer that question, but  
20 he's not -- he's no longer an SME.

21          **DR. BREYSSE:** All right. Are there other --

22          **DR. DINESMAN:** No, sir.

23          **DR. BREYSSE:** Any questions? Kevin?

24          **MR. WILKINS:** This is Kevin Wilkins. Why hasn't  
25 there been a registry starting with the VA -- at the

1 VA for Camp Lejeune veterans?

2 **UNIDENTIFIED AUDIENCE MEMBER:** We can't hear you.

3 **MR. WILKINS:** Why hasn't there been a registry  
4 established at the VA for Camp Lejeune veterans?

5 **DR. ERICKSON:** I'll do it at the next item.

6 **DR. DINESMAN:** All right. Dr. Erickson's going  
7 to cover that.

8 **DR. BREYSSE:** During this session, or?

9 **DR. ERICKSON:** We're going to have people sitting  
10 up here for the action items.

11 **DR. BREYSSE:** Okay.

12 **DR. ERICKSON:** And then I was including it then.

13 **DR. BREYSSE:** Any other questions on the panel?  
14 All right. Thank you very much.

15 **MR. PARTAIN:** I assume in your part, are we going  
16 to be talking the numbers of people filing?

17 **DR. ERICKSON:** Oh, yeah.

18 **MR. PARTAIN:** Okay, I'll wait.

19 **DR. BREYSSE:** That's one of the action items.

20 **MR. PARTAIN:** Yeah, I saw that.

21 **DR. BREYSSE:** We're a little bit ahead of  
22 schedule, and I'm going to take the Chair's  
23 prerogative to raise the membership issue that came to  
24 my attention. As you know, we lost a CAP member. At  
25 the same time, a former CAP member asked if she could

1 rejoin the CAP, Lori Freshwater. So I'd like to get  
2 the CAP's sense of whether that would be appropriate  
3 or not, to replace Tim with Lori.

4 **MR. PARTAIN:** We accept that.

5 **DR. BREYSSE:** So Jamie, what are our processes  
6 for doing that? I want to make sure we stick to that.  
7 Do we need to have a vote offline or?

8 **CDR. MUTTER:** We can -- yeah, we'll toss in an  
9 email and ask if there are any objections, and if not,  
10 we can just move forward.

11 **DR. BREYSSE:** Okay. I just want to raise that  
12 now so when that email comes around you're not  
13 surprised about that.

14 Okay, so why don't we move ahead, and we'll move  
15 on to the CAP action items.

16  
17 **ACTION ITEMS FROM PREVIOUS CAP MEETING**

18 **MR. ASHEY:** Jamie, before you start I have a  
19 quick question for the audience. By raising your  
20 hand, how many Camp Lejeune veterans have successfully  
21 applied for VA healthcare? Please raise your hand.  
22 Thank you. How many have applied and are still in the  
23 process or been denied? Thank you.

24 **MR. PARTAIN:** Now, out of curiosity, do we have  
25 anyone in the audience out here today that has a

1 diagnosis of kidney disease or scleroderma, that  
2 either has been reviewed? Okay, those of you that had  
3 hands up, so there's, what, four, five, six -- I can't  
4 count. Yeah, six, seven, okay. Those of you that  
5 have a diagnosis of kidney disease or scleroderma, how  
6 many of you have gotten through the VA and received a  
7 denial? Okay. Keep your hands up so I can count.  
8 One, two, three, four, five. Keep your hands up.

9 What I'm trying to get is, you know, what we  
10 discussed earlier (interruption by audience member)  
11 but those -- you know, what I'm trying to get at is,  
12 you know, we have the 2015 IOM report which recommends  
13 to the VA that kidney disease be given the benefit of  
14 the doubt for the veterans, and as far as I understand  
15 today, there's been real no official public comment  
16 from the VA on that. The last time I heard something  
17 about that... But you know, there are cases out here  
18 and there are people affected by this, and that's what  
19 we're trying to do, bring it to the VA's attention,  
20 so. Anyways, and those of you that have liver disease  
21 or kidney -- I mean, sorry, scleroderma or kidney  
22 disease, if you could please at the break or during  
23 lunch come find me. I'd like to get your names and  
24 stuff. Thank you.

25 **DR. BREYSSE:** Okay.

1                   **DR. ERICKSON:** Can everybody hear me? Again, I'm  
2 Loren Erickson, and I want to answer Mr. Wilkins'  
3 question, and then what we'll do for the action items,  
4 we'll sort of tag-team because I've got different  
5 people from VA that will come and answer different  
6 action items. We're ready to go. We're ready to go.

7                   The question that Mr. Kevin Wilkins had had to do  
8 with why is there not a registry. And there's, I  
9 think, perhaps some misunderstanding as to what a  
10 registry does. I will tell you from the beginning  
11 that a registry does not confer any benefits. A  
12 registry does not lock in eligibility. A registry  
13 does not ensure that at a later date you will get  
14 benefits.

15                   Now, I say that because my office manages six  
16 registries right now. At the very best, a registry  
17 provides a means of contacting people, and we do that  
18 with the Agent Orange registry, the Gulf War registry.  
19 It's in some ways the registry serves as an address  
20 book, quite frankly. And we use those registries for  
21 that purpose.

22                   I will tell you the case of Camp Lejeune, the  
23 feeling has been that we've been working very closely  
24 with Department of Defense, with the Navy and with the  
25 Marine Corps. They have a separate registry, as

1           you're aware of, and we use a number of different  
2           resources to try and get the word out. We'll talk  
3           about outreach in just a minute. So we have other  
4           means that we're able to outreach, so our feeling is  
5           that to have a registry for outreach might be a little  
6           bit duplicative.

7           The other thing that a registry could potentially  
8           do for you is provide a means of building the  
9           population for the sake of research, and our feeling  
10          is at the present time that we have thrown in much of  
11          our effort with our colleagues in the Department of  
12          Health and Human Services, CDC, ATSDR, as they've been  
13          doing their studies. The problem is, if you do it, go  
14          down the road of creating a registry for the sake of  
15          research, it's not a population that is necessarily  
16          pristine or unbiased. There is the volunteer factor  
17          that hurts as people join the registry, but you can  
18          potentially at a later date use that registry to  
19          recruit for a variety of different types of studies.  
20          But to date we haven't felt that there's been an  
21          overriding need for a registry, and then we were  
22          asking ourselves what is the, the benefit of having a  
23          registry, given that the Navy and Marine Corps have a  
24          means by which we can reach veterans and their family  
25          members, and we work with them, and the fact that

1           ATSDR is doing much of the research. So I hope that  
2           at least partially answers your question.

3           **MR. WILKINS:** It's been pointed out to me more  
4           than once that there's no registry for Camp Lejeune,  
5           and they use that to dismiss the importance of it.

6           **DR. ERICKSON:** Okay, well, let me turn this back  
7           to you. What would you want a registry to do for you,  
8           Kevin?

9           **MR. WILKINS:** Well, I'm just pointing out that  
10          when you ask for VA healthcare for Camp Lejeune  
11          illnesses, they're quick to point out that there's no  
12          registry and they use that to dismiss the importance.

13          **DR. ERICKSON:** Yeah, and so I will tell you -- go  
14          ahead. Yeah, I mean, it's -- I think this is an  
15          important discussion to have. We have members of  
16          Congress that ask us to consider forming registries  
17          for a number of different veteran groups, not just  
18          Camp Lejeune. And we have that discussion as to  
19          let's, let's talk about what that action will give you  
20          and what it will not. And frequently after that  
21          discussion those staffers for those members of  
22          Congress will agree with us: You're right, it's not  
23          going to give us what we want.

24          And again, a registry does not provide benefits;  
25          a registry does not lock in benefits; a registry does

1 not lock in eligibility for, for benefits. And I  
2 think frequently, when people ask for a registry they  
3 think it's tied to benefits, and it's not.

4 **MR. ENSMINGER:** What purpose did they serve with  
5 the groups that you've already got?

6 **DR. ERICKSON:** So the registries that we have in  
7 place right now, they come into place as part of  
8 congressional legislation. Quite frankly I think that  
9 these registries are, in some ways, and I use this  
10 term probably too much, like everyone else, they  
11 represent low-hanging fruit. In other words,  
12 when -- and you can appreciate this, Jerry -- when it  
13 comes to a veteran cohort that has had an exposure or  
14 has a very legitimate concern, and the advocates come  
15 and they say, we want you to do this, this and this,  
16 the registry is a relatively easy thing to do because  
17 it costs very little. And so when it comes to those  
18 congressional offsets, et cetera, it's easier for them  
19 to pass a law instructing VA to do it. What's missing  
20 is being able to realize that, okay, you're asking VA  
21 to create a registry, but it's not going -- there's  
22 not a big bang for the buck there. In other words,  
23 the benefit that comes back to the veteran group is  
24 simply not as tangible as some people might think.

25 **MR. WILKINS:** They have -- when you call the VA

1 and you're on hold, they'll direct you -- if you fit  
2 into one registry they'll direct you to a VA point of  
3 contact, and that's not the case with Camp Lejeune  
4 veterans.

5 **MS. VINSON:** Can I say something, Loren, please?

6 **DR. ERICKSON:** Sure.

7 **MS. VINSON:** We have --

8 **CDR MUTTER:** You need to use the microphone,  
9 please.

10 **MS. VINSON:** Okay. I'm sorry. We have the CLEAR  
11 database. When veterans call the HEC or one of our  
12 other departments, if it's a Camp Lejeune veteran,  
13 they want to know -- we have the CLEAR database, which  
14 is the Camp Lejeune environmental action report? And  
15 so we house that information there. It's not a, per  
16 se, registry, but we do house all of those veterans,  
17 their family members, their dependents and all that  
18 information there. And normally those calls do come  
19 to the Health Eligibility Center, and we have the  
20 information on the veteran, the family member, what  
21 their -- so it's not a registry but we do have a  
22 database that houses that information. That's all.

23 **DR. ERICKSON:** Okay, I think we're ready to do  
24 the due-outs. Or I'm sorry, the action items. You  
25 don't call them due-outs here.

1           **CDR MUTTER:** Thank you. All right. So can you  
2 guys hear me in the back? Okay, good. So we'll start  
3 with the VA. The first action item is VA will request  
4 that a representative from the Health Eligibility  
5 Center in Atlanta, Georgia attend the next in-person  
6 CAP meeting in Atlanta to discuss issues such as  
7 priority groups in the electronic record and the  
8 criteria required to be eligible for the Camp Lejeune  
9 claim.

10           **DR. ERICKSON:** And I think Ms. Vinson and  
11 Ms. Palmer did an excellent job. Thank you, ladies.  
12 [applause]

13           **CDR MUTTER:** Okay. So the next item is for VA as  
14 well. The VA will provide the CAP information on how  
15 much the family member benefit program costs and what  
16 were the benefits that were paid out. VA also offered  
17 to provide the information for veterans as well.

18           **DR. ERICKSON:** Okay. If you can bring up  
19 initially the VHA slides. This is Ms. Cynthia  
20 Baldwin.

21           **MS. BALDWIN:** Hello, I'm Cynthia Baldwin. I'm a  
22 program specialist with -- I'm in Denver, Colorado,  
23 with the Office of Community Care.

24           We're just going to run through these slides real  
25 quick, and this is just an overview of the Camp

1 Lejeune program itself, the 15 conditions. And this  
2 gives you a little background on the veteran's  
3 eligibility. So the veteran has to qualify for the  
4 veteran. You've heard before they had to serve on  
5 active duty at Camp Lejeune for at least 30 days  
6 between August 1<sup>st</sup> of '53 and December 31<sup>st</sup> of '87.  
7 And the other eligibility information is they do have  
8 to have one of the 15 conditions to be eligible to  
9 receive healthcare. They don't need to have a  
10 service-connected disability.

11 So beginning when the law was enacted, VA started  
12 to take care of veterans, August 6<sup>th</sup> of 2012. And  
13 there's just a little bit of data. So as of  
14 December 31<sup>st</sup> VA's provided healthcare to over 49,000  
15 veterans, over 3,000 of which were treated  
16 specifically for one or more of the 15 conditions.  
17 And just this -- for this year alone we've had 501.

18 This table just represents the number of veterans  
19 who were treated for each one of the 15 conditions.  
20 You can see that renal toxicity is like number one for  
21 veterans.

22 Now, for the family member side of the house, I  
23 help manage the family member side of the house out in  
24 Denver, Colorado. So I've been working on this since  
25 it was actually a project. Now it's a program. So

1 I've been here from the beginning. So we started  
2 accepting applications October 24, 2014.

3 And the family members can actually go to their  
4 private medical providers and VA will reimburse them  
5 or the providers can send claims directly to us and  
6 we'll reimburse the providers. And at this time we've  
7 reimbursed 463 family members for claims related to  
8 one or more of the 15 conditions.

9 **DR. ERICKSON:** I want to just add one thing here,  
10 because it's unpaid bills that qualify that are paid.  
11 In other words, if someone's insurance covered all of  
12 the costs, well, then there is no reimbursement under  
13 the 2012 law. But if there are out-of-pocket  
14 expenses, then that's what she's discussing.

15 **MS. VINSON:** So that would be their copays and  
16 stuff? Would that be --

17 **MS. BALDWIN:** Yes.

18 **MS. VINSON:** Okay. I did not know that, Cynthia.

19 **MR. ORRIS:** And what is the dollar amount for --

20 **DR. ERICKSON:** It's coming. It's coming.

21 Thanks, Chris.

22 **MS. BALDWIN:** So here's just the family member  
23 eligibility criteria. So you have to have been a  
24 dependent, a legal dependent, of a veteran during that  
25 time frame at Camp Lejeune and you had to reside

1 on-base for 30 days or longer to qualify. And for  
2 reimbursement you have to have one of the 15  
3 conditions.

4 Here's a table of the family member program and  
5 the conditions that -- for one of the 15 conditions.  
6 And you can see breast cancer's number one for family  
7 members.

8 So here's some denials and just some  
9 little -- you get an idea of what we're talking about.  
10 So there's over 49,000 veterans, as we explained -- as  
11 I explained before, who qualified and claimed here  
12 under the Camp Lejeune program. A little over 1,400  
13 were ineligible for not meeting the requirements. On  
14 the family member side we've had over 2,500 apply and  
15 have been approved, and of those, right now, there  
16 were 770 that were ineligible for the following  
17 reasons. So the veterans' criteria, there's 138.

18 (Multiple speakers discussing slide presentation)

19 **MS. VINSON:** Okay. Scleroderma is up there.

20 **MR. PARTAIN:** Yeah, there's a difference between  
21 kidney cancer and scleroderma under the 2012 law  
22 versus presumptive service connection.

23 **MS. VINSON:** Oh, okay. So it's on that but it's  
24 off on the presumptive. Gotcha. You guys are helping  
25 me out so much. Thank you so much.

1           **MR. PARTAIN:** Now, touching on the family act  
2 here, before Brady left, or actually around the time  
3 that Brady left, I became aware that post-treatment  
4 conditions for prepayment; I never applied --

5           **DR. BREYSSE:** Mike, please take the microphone.

6           **MR. PARTAIN:** Sorry. I originally became aware  
7 that there is coverage for post-care treatment and  
8 things, such as -- well, the -- I didn't apply for the  
9 Family Care Act because my breast cancer was diagnosed  
10 and treated well before the law was passed; it was in  
11 2007-2008. But as a breast cancer survivor, I go for  
12 yearly mammograms. I've had some post-chemotherapy  
13 complications that require medication, and Brady was  
14 gracious enough to let me know that that would be  
15 potentially covered, so I went ahead and applied for  
16 the program and everything.

17           I haven't seen the accounting or discounts and  
18 stuff, but at some point can you kind of describe, you  
19 know, when you think treatments you're actively  
20 treating, but as anyone that goes through cancer, you,  
21 you -- you know, you survive the treatment but there's  
22 residual effects. For example, I became diabetic  
23 during chemotherapy and I'm on diabetic medication  
24 because of that. And I have to go, like I said, back  
25 for annual screenings at my cancer center, which is,

1           you know, adds up because they're quite expensive. So  
2           I don't know if you've gotten to that point or if you  
3           would touch on that when you get to it, I would  
4           appreciate it.

5           **MS. BALDWIN:** Certainly.

6           **MR. ORRIS:** And if I could stop you on this  
7           slide, I have two questions on this slide. The first  
8           one's with this. Can you please explain what an OTH  
9           discharge is and what that would mean to somebody else  
10          other than a veteran, and why would that person's  
11          eligibility be based off of an OTH discharge?

12          **MS. BALDWIN:** So the veterans' criteria, for the  
13          ones that are ineligible, there's 138 right now --

14          **DR. BREYSSE:** Stay close to the microphone.

15          **MS. BALDWIN:** There's 138 veterans that did not  
16          meet the veteran criteria for the program, and of  
17          those there's 15 that were other than honorable  
18          discharge. So someone that's other than honorable  
19          discharge does not qualify for the program.

20          **MR. ORRIS:** And of those veterans who were other  
21          than honorably discharged, how many of their  
22          dependents are ineligible for the illnesses from their  
23          exposure at Camp Lejeune water?

24          **MS. VINSON:** They're not.

25          **MS. BALDWIN:** Well, anybody that -- you first

1 have to qualify as a veteran. So if you don't qualify  
2 as a veteran for a sponsor for the family member, then  
3 you are not going to qualify for the program.

4 **MR. ORRIS:** And can you name any other program in  
5 the United States where somebody who was exposed to a  
6 toxic water contamination would not be eligible for  
7 benefits based on the actions of somebody else?  
8 [applause]

9 **DR. ERICKSON:** So we're talking about the 2012  
10 law in this case, and I think you heard Jerry  
11 Ensminger very eloquently talk about some of the  
12 legislative fixes for the 2012 law. In other words,  
13 that law went quite a ways but there are elements of  
14 that law that need to be fixed, and I think that's  
15 part of the discussion for that law to be amended. So  
16 you're right, Chris. You bring up a very valid point.

17 **MR. ENSMINGER:** And again, and I agree. I mean,  
18 the children should not pay for the sins of the  
19 father. And in this case I think that we can make a  
20 legislative fix for that. I mean, you're talking 15  
21 cases there. So that's no big deal.

22 **DR. ERICKSON:** Yeah. And this is for everyone in  
23 the room: There are some authorities that the  
24 Secretary of Veterans' Affairs has. The Secretary  
25 does not have any authority in this area. It must

1           come from Congress.

2           **MR. UNTERBERG:** Could you give some clarity on  
3 what was approved for the neural behavioral effects?

4           **DR. ERICKSON:** I'm sorry?

5           **MR. UNTERBERG:** Can you give some clarity on what  
6 was approved for neural behavioral effect, for the  
7 people in the room, so they know what that term means?

8           **MS. BALDWIN:** There's one case and I don't recall  
9 what it was.

10          **MR. UNTERBERG:** More on the veteran -- do you  
11 have the parameters for the group in the room?

12          **DR. ERICKSON:** Yeah, this is something we've  
13 discussed in previous CAP meetings, as you know. And  
14 the neural behavioral effects that we have seen are  
15 those that would acutely -- we would expect to acutely  
16 show up and persist. And I think primarily the -- it  
17 would go to things such as balance and vision, are the  
18 two areas.

19                 We want to get to the final slide. Chris, this  
20 is what you wanted. This is actually part of the  
21 due-out.

22          **MS. BALDWIN:** I just wanted to explain also some  
23 of the other details.

24          **UNIDENTIFIED AUDIENCE MEMBER:** We can't hear you.

25          **MS. BALDWIN:** I'm sorry. So relationship to the

1 eligible veteran, we have some denials for that, not  
2 meeting the residency for the 30 days. And a lot of  
3 people don't realize this but we do get a lot of  
4 applications for people that did not live on base, and  
5 we have to deny those because that is one of the  
6 criteria, that you had to live on base.

7 And then we have some people that have been  
8 clinically ineligible for one of the 15 conditions,  
9 and that's 278; however, that's a little misleading  
10 because some people applied numerous times and were  
11 denied multiple times as well.

12 So here's some of the reasons why the family  
13 members' medical reimbursement -- some denials for  
14 some of the claims. So the medical bill was paid by  
15 the other health insurance. So Camp Lejeune is payer  
16 of last resort. So if you have other insurance that  
17 pays everything except a copayment, we'll pick up the  
18 copayment. We do have a few folks that have dropped  
19 their insurance. We don't encourage people to do  
20 that, but they do. The reason we don't encourage it  
21 is because this is only going to cover that specific  
22 condition that they have, and we all know we get sick  
23 for various reasons. So we do pay as primary under  
24 two cases.

25 Another reason is the bill was previously

1 submitted or considered so it was a duplicate bill.  
2 Or the diagnostic code or it was not on the bill or it  
3 was not covered for that approved condition. The  
4 provider or the family member didn't submit other  
5 health -- OHI, which is the explanation of benefits,  
6 so we don't know how much to pay. So if your other  
7 insurance paid part of the bill and there's some left  
8 over, we don't know what's left.

9 And prescriptions. Prescriptions are very  
10 expensive, as everybody knows, and that is one that we  
11 do have a high cost, for prescription coverage. But  
12 the ones that are not covered are the ones that are  
13 non-formulary. So there is a nurse review that  
14 determines if it's related to one of the conditions or  
15 not before it's paid or denied.

16 So here's the total expenditures for Camp Lejeune  
17 since the two thousand -- since FY '14. It's broken  
18 down with family members as well as veterans.

19 **MR. ORRIS:** So when I'm looking at this because  
20 specifically what I used to receive was a cost of  
21 administration for the family member program, which  
22 excluded the veterans' program. And in looking at  
23 this, I just want to make sure, am I reading this  
24 correctly, that you've paid out benefits of  
25 \$2.2 million for family members and borne a cost of

1           \$6.8 million for administering that program?

2           **MS. BALDWIN:** (Inaudible)

3           **MR. ORRIS:** Okay. So, so why did you put in this  
4 veteran information here? Are you trying to hide the  
5 fact that you spent three dollars in administrative  
6 cost for every dollar that you paid benefits?  
7 [applause] I mean, in previous CAP meetings this has  
8 always been a number for family member program. I'm  
9 just curious why all of a sudden you're throwing in  
10 this, this other. I mean, I think personally it's to  
11 hide the fact that you're running 300 percent over  
12 what you pay out.

13           **MR. ENSMINGER:** The \$28,409,589 is total for  
14 what?

15           **MS. BALDWIN:** The veterans.

16           **MR. PARTAIN:** Covered in the 2012 law.

17           **MR. ENSMINGER:** So I mean, and then where's the  
18 2,290,000 come in at for the family?

19           **MS. BALDWIN:** It's the total amount.

20           **MR. ENSMINGER:** Down at the bottom.

21           **MS. BALDWIN:** It's the total amount.

22           **MR. ENSMINGER:** So you're saying that you -- that  
23 your administrative fees for the entire law, which  
24 covers veterans and families, is 6,804,000.

25           **MS. BALDWIN:** That's correct.

1           **DR. BREYSSE:** So that just does not apply solely  
2 to the family.

3           **MS. BALDWIN:** No.

4           **MR. ORRIS:** Well, well, now we're in funky math,  
5 because when Brady was here he would give me the  
6 administrative cost for the family member program. So  
7 why are you taking an action item, where you provided  
8 me the administrative cost for that program and added  
9 in these other programs?

10           **DR. ERICKSON:** Yeah, so just for all of you to  
11 know, Brady White, who I think many of us that are  
12 here on the stage know and respect, he has moved up to  
13 greater responsibilities and is no longer working with  
14 us in this regard. We've had a change in personnel.  
15 Chris, I think you brought up a good point that what  
16 we need to do is go back and present this in a way  
17 that is, is more understandable, to match what Brady  
18 had, and I apologize for that. And we'll do that.  
19 We'll make that one of our due-outs for the next  
20 meeting. Will that work?

21           **MR. ORRIS:** Yeah, but I'm disappointed that you  
22 didn't have it for this meeting.

23           **DR. ERICKSON:** Okay. So, we, we had a number of  
24 personnel changes, and we're looking to bring as much  
25 information as we could, to be responsive to you guys.

1           You know, as we have mentioned, we've come in force  
2           today, and we're at two different programs right now.  
3           We'll do a better job on this one. We'll do a better  
4           job.

5           **MR. ORRIS:** Thank you.

6           **DR. ERICKSON:** Shall we go to the next due-out,  
7           Madam Chairman?

8           **CDR MUTTER:** Okay, the next action item is for  
9           the CAP. Jerry Ensminger will provide information on  
10          when the next markup hearing the VA makes happen for  
11          the Janey Ensminger Act of 2017.

12          **MR. ENSMINGER:** Don't know yet.

13          **CDR. MUTTER:** That was short and sweet. Okay.  
14          Okay, thank you, sir. The next action item is for the  
15          VA. The VA will contact Durham, North Carolina  
16          office, Louisville, North Carolina [sic] office and  
17          Atlanta, Georgia, to make sure they have all  
18          information and materials regarding Camp Lejeune.

19          **DR. ERICKSON:** Donna Stratford is coming up here,  
20          and she's got a few slides. If you can bring up her  
21          slides. It's the VBA slides, and she'll be using the  
22          last two, I believe.

23          **DR. BREYSSE:** Donna, if I can remind you to get  
24          very close to the microphone when you talk?

25          **MS. STRATFORD:** Can everybody hear me?

1                   **DR. BREYSSE:** Yes.

2                   **MS. STRATFORD:** We've done a very extensive  
3                   communications and outreach program, and especially  
4                   since the last CAP meeting we found that maybe the  
5                   information was not in all locations that we wanted it  
6                   to be. In some cases the information was not the most  
7                   current information. So we have gone -- we have done  
8                   a lot of work over the last few months to make sure  
9                   that the information has been sent out through public  
10                  affairs channels as well as veterans' administration  
11                  channels, to ensure that posters are up at the medical  
12                  centers, brochures are available, and these are the,  
13                  the posters that you see outside as well as the  
14                  brochures that are in the benefits room. If you go in  
15                  there they have those. And then health lay-outs, both  
16                  the health and the benefits programs. They also have  
17                  this information available online at our website for  
18                  benefits as well as the Camp Lejeune website for  
19                  health. And so hopefully as you go out to the  
20                  different VA facilities, including those that were  
21                  mentioned at the previous meeting, you'll see these  
22                  posters up on monitors and you'll see that the  
23                  brochures are available. And we have just done  
24                  another printing of materials. We're going to have in  
25                  excess of 300,000 brochures printed and sent out to

1 the various facilities so that that will help get the  
2 word out.

3 In addition we've -- Secretary Shulkin, the  
4 Secretary of Veterans' Affairs, has taken an interest  
5 in this program and has directed that the medical  
6 centers as well as the Veterans' Benefits  
7 Administration regional offices, display the Camp  
8 Lejeune information and have that available.

9 And Dr. Shulkin also recently did a video,  
10 talking about Camp Lejeune benefits, which is  
11 available through our website. It's also been sent  
12 out to notifications on the Camp Lejeune registry and  
13 on YouTube, so if you would like to view that, and  
14 hopefully that --

15 **MR. PARTAIN:** Are you going to run the videos in  
16 the VA hospitals too, on loop feeds that they --

17 **MS. STRATFORD:** Well, one of the problems is a  
18 lot of those monitors are not set up with voice, and  
19 so we can -- and they're, they're really set up to do  
20 more of a slide show.

21 **MR. PARTAIN:** Subtitle it.

22 **MS. STRATFORD:** Well, we can subtitle but then  
23 you can't run it in line with the slides. It's a  
24 technology issue. So that's going to be the biggest  
25 challenge.

1           **MR. PARTAIN:** One thing I saw on your list here,  
2 town hall meetings.

3           **MS. STRATFORD:** Yes.

4           **MR. PARTAIN:** That's something new I haven't seen  
5 from the VA. I'm assuming it's town hall meetings  
6 specifically about Camp Lejeune?

7           **MS. STRATFORD:** No. So all of the regional  
8 offices, the benefit regional offices, as well as the,  
9 usually in conjunction with the nearby medical  
10 centers, do these clinics that are free clinics for  
11 any condition. So if you've got Agent Orange or just  
12 some injury that you had in the military that you now  
13 want to apply for disability for, it covers a wide  
14 range of issues.

15           But we have provided slides specifically for Camp  
16 Lejeune, to, to help ensure that the veteran  
17 population is aware of this benefit. And so it is  
18 briefed at the beginning of these town hall meetings,  
19 and then they have claims folks there as well as  
20 usually the, the health center folks, to help get  
21 people signed up or review claims or provide  
22 additional information.

23           **MR. ENSMINGER:** I've got a proposal. I mean, you  
24 guys are benefiting -- the VA is benefiting on the  
25 Camp Lejeune issue because the Department of the Navy

1 is paying for these CAP meetings. ATSDR is tasked  
2 with organizing them, and you get the luxury of  
3 coming, if you can call it that, and talking to the  
4 community. Now, you guys got a bigger budget than  
5 ATSDR and you've got a --

6 **DR. BREYSSE:** Just by a little bit.

7 **MR. ENSMINGER:** Why don't you set up meetings  
8 like this with us community members at different  
9 locations around the country, and we can have a  
10 meeting like this, without ATSDR, on your dime?  
11 [applause]

12 **DR. ERICKSON:** You know, I hope I can say  
13 something that'll make you clap for me too.

14 **UNIDENTIFIED AUDIENCE MEMBER:** Say yes.

15 **DR. ERICKSON:** All right, so, you know, I mean  
16 that's a great idea, just for the audience sake. But  
17 sincerely from my heart to the members of the CAP, you  
18 guys have helped us considerably. No, this -- my  
19 staff will tell you. As, as you -- I mean, not all of  
20 the emails are friendly that we get from you guys, but  
21 frequently you're pointing out deficiencies and gaps  
22 in our efforts.

23 And we look to make meaning -- so I told you guys  
24 I was a military man. One of the hallmarks of  
25 military discipline is doing what we call on-the-spot

1 corrections. You can put out policies. You can try  
2 and educate. You can do any means of other types of  
3 follow-up. But a key component is on-the-spot  
4 correction. And when you let us know of a given  
5 facility that seems to be falling down on the job of  
6 having brochures available or posters posted or the  
7 individuals that are properly trained, we do take that  
8 very seriously.

9 And I will tell you that Secretary Shulkin takes  
10 it very seriously. Just a matter of a few weeks ago,  
11 I think it was three and a half or four weeks ago,  
12 Donna and I were in the Secretary's office. We were  
13 talking about this very issue. We told him about  
14 things that we're doing. We brainstormed about how to  
15 be more effective. He himself wanted to do the video.  
16 And I'm just going to ask, by a show of hands, how  
17 many have seen the video of the Secretary talking  
18 about Camp Lejeune? Raise your hand. Okay, it looks  
19 like a few but not too many. If you go to YouTube or  
20 you go to the VA website you'll see it. I think it's  
21 a very effective mechanism but it's only one of a host  
22 of things that are done.

23 **MR. ENSMINGER:** Hell, I even got it.

24 **DR. ERICKSON:** Well, I'll tell you what, we will  
25 make sure that you get the link. I thought this had

1           gone out. I will tell you that in addition there is a  
2           memorandum? There is a memorandum. Do you have it to  
3           show? Maybe after lunch we'll show it. That'd be  
4           great.

5           The Secretary -- you know, there's a certain  
6           bureaucratic number of steps you need to go through,  
7           but he's ready to sign now, that puts teeth to these  
8           efforts. But, you know, we can always do better. I'm  
9           not going to defend -- tell you that we're perfect.  
10          We're an organization of over 380,000 workers, and  
11          there are places where we don't do as good a job as we  
12          should. And we want to.

13          But I will take back -- circling back, Jerry,  
14          what you said, I will take back your comment about  
15          stepping away, independently, from ATSDR. But I will  
16          tell you we have appreciated that relationship. We've  
17          appreciated their using the DoD money to hold such  
18          meetings as this. But we have a different set of  
19          rules that we follow in terms of how we reach out. In  
20          other words, it wouldn't be my office necessarily,  
21          maybe some others that would be involved, but we'll  
22          take that back.

23          **MR. ENSMINGER:** And you wouldn't have to -- you  
24          wouldn't be wanting for a venue because you've got the  
25          VA medical centers all over the place, which have a

1 venue in them.

2 **DR. ERICKSON:** That's exactly right. And so, as  
3 Donna was mentioning, there are town halls that are  
4 going on already at the direction of the networks, the  
5 business or the medical centers themselves, but maybe  
6 there's a way that we can reward your effort in this  
7 regard as well. I will tell you that I myself have  
8 witnessed the town halls that involved Agent Orange,  
9 Gulf War, et cetera. We're looking to meet the needs  
10 of those individuals in that community, and quite  
11 frankly various community to community, what the  
12 highest priority issues are for those veterans.

13 **MR. PARTAIN:** Dr. Erickson, going back to the  
14 posters and video, and things and stuff, where can we  
15 expect to find them in the hospitals? I know in the  
16 past we've had, you know, our community members that  
17 we've advised to put on Facebook, going out and  
18 looking at different hospitals, to see what was there  
19 and not there. I know myself, a couple weeks ago,  
20 went to New Port Richey clinic and almost got tackled  
21 by a guard because I took a picture of where the  
22 posters were, and (indiscernible). And, you know, if  
23 a veteran's walking in and looking -- you know, trust  
24 and verifying, where would we find these posters at a  
25 VA hospital or a VA clinic? Is there a specific spot?

1           **MS. STRATFORD:** Well, I'll tell you, over the  
2 last month, month and a half, I've talked to a lot of  
3 these medical facilities to find out where they have  
4 the posters, and it varies by facility, because  
5 there -- you know, they don't all have the same  
6 layout. They don't all have the same locations where  
7 they can put posters. However, I can say a lot of the  
8 ones that I've talked to, specifically Louisville,  
9 Lexington, those that were brought to our attention  
10 that didn't have the (indiscernible) available, for  
11 the most part it put them in the main lobby so that  
12 when you walk in, you'll see the poster there.

13           They have the brochures available in the  
14 different clinics, especially those clinics where,  
15 where you would go to be treated for the Camp Lejeune  
16 conditions. And so they -- and if there's a location  
17 that doesn't have those available, I would request  
18 that you wait about three weeks because we are now  
19 back-ordered for our brochures by about 15,000, and  
20 the order was due at the end of last week. Should be  
21 starting to be shipped next week to all these  
22 facilities. So give them some time to get the  
23 materials on board. They're doing some internal  
24 printing within medical centers now. But when they  
25 get the, the real materials, they're going to be much

1 more readily available.

2 **MR. MCNEIL:** I have a quick question to the VA as  
3 far as getting the information out. A lot of  
4 us -- some of us are good with the Twitters and the  
5 Facebooks. A lot of us go to the Marine Corps museum  
6 right off of I-95. Has the VA contacted that museum  
7 to see if -- I mean, you talk about a goldmine for  
8 informing every Marine or Marine family, I don't -- I  
9 can't tell you how many of my friends -- I don't think  
10 I have a single Marine friend who hasn't gone to that  
11 museum. But I have gone there two or three times and  
12 haven't seen anything regarding, you know, not a  
13 pamphlet or anything like that. I just think that  
14 would be a prime way to get the information out so  
15 that people know, because unless you know you're not  
16 going to be going into the VA looking for a poster.

17 **MS. STRATFORD:** That is an excellent idea, and I  
18 will contact them this week to see if they will put  
19 the material up for us.

20 **MR. ENSMINGER:** Yeah, and it'll probably take an  
21 act of Congress because they don't want any dirt on  
22 them at their museums.

23 **DR. BREYSSE:** Jamie, how many more action items  
24 do we have? Are we coming close to time?

25 **CDR MUTTER:** We have quite a few.

1           **DR. BREYSSE:** Okay, we'd better move on.

2           **CDR MUTTER:** Yes. Okay, so the next action item  
3 that's for the VA, and you can tell me if you've  
4 already covered this with the presentations. The CAP  
5 requests information on how many veterans or their  
6 family members have been denied coverage because of  
7 other than honorable discharge. Covered?

8           **DR. ERICKSON:** Check.

9           **CDR. MUTTER:** The CAP asked the VA to provide  
10 statistics presented during a discussion on  
11 presumptive -- presumption of service claims.

12           **DR. ERICKSON:** Okay. So we'll bring our VBA  
13 group up, and if you'll put the VBA slides on.

14           **MS. CARSON:** So while we're waiting on the  
15 slides -- Laurine Carson, again, from VBA -- I wanted  
16 to mention again that, over to your right, outside  
17 this door, during the lunch hour and until, we have a  
18 group of employees that we brought in from the local  
19 Atlanta regional office, the HEC center, as well as  
20 people from central office, who can help you with  
21 statuses of claims, any benefit questions that you  
22 have, Camp Lejeune related, of course. We have some  
23 materials already in there as well that you can get  
24 to, including the posters are up in that room. But  
25 even if you have just general benefits questions,

1           questions about dependent benefits, education  
2           benefits, we have a group of folks over there that  
3           have computers, that can look up the status on your  
4           claim, help you with an intent to file a claim, if you  
5           want to do that today, and other things that you need.  
6           So please take advantage of that. And we'll be around  
7           all day.

8           **MR. MENDEL:** Good morning, everyone. My name is  
9           Eric Mendel. I am from compensation services and I  
10          work with Laurine Carson. Just providing some updates  
11          on statistics for claims filed. As of March 14, 2017,  
12          which is the date the presumptive regulation went into  
13          effect, we have received 10,065 claims, and those  
14          include claims for both presumptive and non-  
15          presumptive disabilities, as long as they're alleged  
16          to be related to Camp Lejeune exposure. Of these  
17          we've completed 6,219 claims, and that includes  
18          7,028 presumptive conditions, so again, the claim can  
19          be for more than one condition.

20          **MR. PARTAIN:** Let me ask you a quick question.

21          **MR. MENDEL:** Yes, sir.

22          **MR. PARTAIN:** You're saying claims, and this is  
23          part of the reason why there's confusion between the  
24          word claims and conditions. Are these individual one-  
25          person claims or are these conditions?

1                   **MS. CARSON:** These are veterans' claims.

2                   **MR. PARTAIN:** So we've had 10,065 veterans --

3                   **MS. CARSON:** Claims, yes.

4                   **MR. PARTAIN:** -- do a claim since March 2017.

5                   **MR. ENSMINGER:** 7,028 of those are presumptive  
6 conditions?

7                   **MR. MENDEL:** Yeah, that includes seven  
8 thousand --

9                   **MR. PARTAIN:** Do we have a number that we can put  
10 out here for the claims that were filed prior to  
11 March 2017? 'Cause that has always been the  
12 spade -- we don't know condition answer that we've  
13 gotten in the past.

14                   **MR. MENDEL:** Yes, sir. I have that with me.  
15 Since October 8, 2010, which is when we began tracking  
16 claims, we've received 47,506 with at least one  
17 contention claim due to Camp Lejeune exposure. And  
18 again, that's either presumptive condition or any  
19 condition that's alleged.

20                   **MR. PARTAIN:** And these are individual claims,  
21 not conditions?

22                   **MR. MENDEL:** Individual claims, yes.

23                   **MR. PARTAIN:** And have you had an idea of -- is  
24 this on the slide later?

25                   **MR. MENDEL:** No.

1           **MR. PARTAIN:** Do you know how many of these  
2           47,506 claims have been approved and how many have  
3           been denied?

4           **MR. MENDEL:** The grant rate for those are  
5           13 percent and the denial rate is 87 percent.

6           **MS. CARSON:** That's prior to enacting of the, of  
7           the...

8           **MR. PARTAIN:** Of the law, yeah.

9           **MR. ENSMINGER:** Yeah, and prior to the activation  
10          of the subject matter expert program the approval  
11          rating was -- it hovered a few tenths of a percentage  
12          point above or below 25 percent for years. And then  
13          all of a sudden they implemented the subject matter  
14          expert program, and it dropped down to 4 percent, so  
15          you know.

16          **MR. MENDEL:** The current grant rate is  
17          75 percent, so since establishing the presumptive  
18          service connection regulation, the grant rate has  
19          increased. The most common reasons for denial of  
20          claims would be no diagnosis, so then there's no  
21          medical evidence of a condition that was found at the  
22          time, not incurred or caused by service or not  
23          established prior presumption. And those can be a  
24          host of elements, whether it's a lack of qualifying  
25          service to establish for the presumption or if there's

1 something else in the file that would prevent service  
2 connection being granted. Those are, again, a whole  
3 host of reasons.

4 Currently we have 4,963 claims pending, with at  
5 least one Camp Lejeune contention again. Those are  
6 either presumptive or non-presumptive conditions. And  
7 the average days pending is 227 days. Currently we  
8 have 308 appeals pending for presumptive conditions,  
9 17 of those are at the board of veterans' appeals  
10 right now. The remainder are currently in some form  
11 of the appeals status, and whether that's requesting  
12 an additional review at the regional office or  
13 certifying the case to the VBA, they're still pending.

14 Additionally our Office of General Counsel  
15 reported that three cases have been decided by the  
16 court of appeals for veterans' claims out of Camp  
17 Lejeune -- however, none of them involve any  
18 substantive issue related to the Camp Lejeune policy  
19 itself. So again, the condition may have been a Camp  
20 Lejeune condition but the appeal is related to a  
21 procedural issue or something unrelated to Camp  
22 Lejeune. So at this time the court of appeals for  
23 veterans' claims have not made any decisions that  
24 would have any substantive effect on the policy.

25 **MR. MCNEIL:** I want to say thanks for having the

1 other room over there with people to assist our  
2 veterans. Is that going to be something that you guys  
3 would be willing to do every time we have these  
4 meetings?

5 **MS. CARSON:** So one of the things, because I've  
6 been following a lot of the activity around this, and  
7 the issue of communication and not being out on the  
8 front lines. So the people that are brought today are  
9 front-line workers, who I wanted you to see their  
10 faces and some of them in that room are veterans as  
11 well, and they're disabled veterans who work for the  
12 VA, and I wanted them to be able to come in today and  
13 help you all. And if it turns out to be something  
14 where we're able to help veterans in this forum, then  
15 we'll do what we need to do.

16 We have various regional offices and our  
17 different -- every state would have a regional office.  
18 We have healthcare facilities, and we want to come out  
19 and support our veterans with some real ways and  
20 status information, to be best of our ability. So  
21 yes, I would think that it's something that's worth  
22 doing.

23 **MR. MCNEIL:** Thank you.

24 **MR. ASHEY:** Just some quick comments. Last March  
25 at a CAP meeting, when I asked how many Camp Lejeune

1 veterans had been approved for VA healthcare, that  
2 number was about 30,000. Today it stands at almost  
3 50,000. So in one year we've gone up 20,000, which is  
4 great. Congratulations. [applause]

5 Your denial rate is about 2.8 percent. When I  
6 queried the audience how many were approved and how  
7 many denied, about an equal number of hands. So  
8 statistically something's wrong here in the Atlanta  
9 area. So I'm glad that you've got a group of VA  
10 people here that can assist those who had their hands  
11 up and said they had a denied claim, and there were  
12 quite a few. And those of you who had a denied claim,  
13 I encourage you to get with the VA to find out what's  
14 going on, because statistically something's wrong  
15 here.

16 **UNIDENTIFIED AUDIENCE MEMBER:** Kentucky, death  
17 row.

18 **MS. CARSON:** Even if it's Kentucky -- wherever  
19 you are around the United States, today if you want  
20 someone to look at the status of your claim, please --

21 **UNIDENTIFIED SPEAKER:** I'm sorry.

22 **MS. CARSON:** If you want someone to help you with  
23 the status of your individual claim, please go in the  
24 room. That's what we're here for today.

25 **CDR MUTTER:** Okay, so I'm going to move on so we

1 can get some of these checked off. So the next action  
2 item's for the VA. The VA will check with the general  
3 counsel to see if there are any other Camp Lejeune  
4 cases having to do with contamination at either CAVC  
5 or CABC?

6 **MS. CARSON:** We just checked that off.

7 **CDR MUTTER:** Okay.

8 **MS. CARSON:** They confirmed that there were three  
9 reported veterans' appeals cases; however, none were  
10 specific that they had a Camp Lejeune benefits right  
11 as Camp Lejeune; however, those issues that were read  
12 were not for Camp Lejeune policies.

13 **DR. BREYSSE:** Can you be closer to the  
14 microphone?

15 **MS. CARSON:** I'm so sorry. There were three  
16 cases at the court of veterans' appeals; however, none  
17 of them were specific to the Camp Lejeune policy.

18 **CDR MUTTER:** Okay. The next one for the VA as  
19 well. VA will look at the number of family members  
20 that have been denied and provide a breakout as to why  
21 they were denied. We did that, awesome.

22 And the VA will ask the Office of Disability  
23 Medical Assessment to provide a formal presentation  
24 that will update where the SME program is at as it  
25 relates to training and potential bibliography. Done.

1           The next one is for ATSDR.

2           **MS. CARSON:** So one of the things you asked, and  
3 I would say that we've taken it for the record, but  
4 should you have your next meeting about the contract  
5 examiners that VA uses, we have a staff that works  
6 that program, and I would highly encourage that as a  
7 matter of an action item that you invite them to come  
8 and speak about and give you an overview of that  
9 program, because I heard many of you say that you'd  
10 never heard about what VA's doing in that area,  
11 because that might be something that you want to add  
12 to your topics. Okay, thank you.

13           **CDR MUTTER:** Okay. So staying with the VA: The  
14 VA will provide the CAP with a list of environmental  
15 health clinicians and coordinators in every hospital.

16           **DR. ERICKSON:** I remember saying this. It's on  
17 the website. It's all posted on the website. We sent  
18 you the link.

19           **CDR MUTTER:** Okay, so we're hearing that it is on  
20 the website, and I'll just follow up with the CAP on  
21 that, just to make sure you have it.

22           **DR. BREYSSE:** Send the link to everybody.

23           **CDR MUTTER:** Yeah. The VA will work to better  
24 advertise the CAP meetings, along with HHS and DoD,  
25 during their work group meetings. I think that

1 Ms. Stratford spoke to that.

2 And also, let's see, an audience member asked why  
3 aren't there toxicologists at the VA, at the local  
4 VAs, and why is it so difficult to be seen by one or  
5 outsourced by one out of town. The VA look into what  
6 the breadth of toxicology coverage is.

7 **DR. ERICKSON:** Yeah. In fact we've looked at  
8 that and did a -- there are not that many  
9 Ph.D.-prepared toxicologists in the nation to start  
10 with. And so we actually have at least one individual  
11 who is available for consultation to all of those  
12 locations, and that's where we're staffed right now.

13 **CDR MUTTER:** Thank you, sir. So the next one is  
14 for ATSDR. Commander Mutter will send out Mr. White's  
15 presentation from the last CAP meeting to the Camp  
16 Lejeune CAP. I checked with Mr. White, and he didn't  
17 believe he had a presentation, couldn't find one in  
18 his files, and I didn't have one in my email, so we're  
19 going to mark that as complete since I checked with  
20 him and couldn't find one.

21 Okay, the next one for ATSDR: Commander Mutter  
22 will forward the link to the training materials the VA  
23 provides to the regional office for processing Camp  
24 Lejeune claims. The VA will provide Commander Mutter  
25 with a link. I sent this to -- it wasn't a link; it

1 was actually a list of documents. And let me know if  
2 any of the CAP members did not get that. It was too  
3 big through email but I sent that yesterday to you  
4 guys.

5 Okay, so the last ATSDR action item is: The CAP  
6 requested ATSDR identify any new documents that were  
7 added to the soil vapor intrusion document library,  
8 and that was done on August 14<sup>th</sup> of last year.

9 I think there was one more CAP action item, and  
10 then the rest for DoD. The CAP wants to speak to  
11 someone in the VA's Office of General Counsel to  
12 discuss proof of residency for the family member  
13 program. The VA asked for the request to be emailed  
14 so it would be routed appropriately.

15 Anyone from the CAP took that on? Okay. Do you  
16 guys want to leave that on the action item for next  
17 time or? It says: The CAP wants to speak to someone  
18 in the VA's Office of General Counsel to discuss proof  
19 of residency for the family member program. The VA  
20 asked for the request to be emailed so it can be  
21 routed appropriately.

22 **DR. ERICKSON:** Craig.

23 **MR. PARTAIN:** Craig?

24 **CDR MUTTER:** Okay, so I'll follow up with him  
25 personally. Okay.

1 All right, so on to the DoD action items. The  
2 first one is the DoD will confirm that the definition  
3 of a barracks is approximately 250 feet with 90  
4 individual dorm rooms.

5 **MS. FORREST:** All right. A barracks is a  
6 building, or group of buildings, used to house  
7 military service members. The number of rooms and  
8 dimensions can vary. HP-57 currently has 90 rooms.

9 **CDR MUTTER:** Thank you. Next DoD action item:  
10 The DoD will provide the number of female Marines that  
11 currently are quartered at building HP-57.

12 **MS. FORREST:** The occupancy of HP-57 changes on a  
13 regular basis. As of October 2017 there were four  
14 female Marines living at HP-57. This information was  
15 obtained at the time in response to a congressional  
16 inquiry.

17 **MR. ORRIS:** So let me touch base on that a little  
18 bit. HP-57 is a barracks that is located next to the  
19 old base dry-cleaner. Is that -- that's correct,  
20 right? And then currently quarters (indiscernible).  
21 Now, that barracks has had TCE and PCE vapor intrusion  
22 issues that were specifically addressed after 2010,  
23 correct?

24 **MS. FORREST:** They, they were -- yes, we  
25 identified an issue with a dry cleaner, yes.

1           **MR. ORRIS:** And, and so TCE and PCE are the  
2 chemicals that we talk about that caused all of the  
3 conditions and illnesses that the Marine Corps and the  
4 DoD claim ended in 1987; is that correct? So let me  
5 reword that. So in the water at Camp Lejeune the  
6 Department of Defense claims that they -- there is no  
7 more contamination at Camp Lejeune related to the  
8 drinking water, correct?

9           **MS. FORREST:** We are doing -- we've done vapor  
10 intrusion investigations, and that's part of what, you  
11 know, Rick Gillig is doing Camp Lejeune-wise.

12           **MR. ORRIS:** And so on your website you claim that  
13 the last happening of contamination to a base  
14 personnel, someone residing at the base, was 1987,  
15 that there have been no issues with Camp Lejeune since  
16 1987. Is that DoD's position today?

17           **MS. FORREST:** Related to drinking water.

18           **MR. ORRIS:** Related to drinking water. However,  
19 that's pretty much legalese for saying, yes, there are  
20 still issues at the base that can affect residents of  
21 the base, specifically vapor intrusion problems  
22 related to PCE and TCE, correct?

23           **MS. FORREST:** We have a robust environmental  
24 restoration program that addresses vapor intrusion,  
25 and we've been looking at it.

1           **MR. ORRIS:** So, so your website's misleading in  
2           stating that contamination ended in 1987, when in fact  
3           contamination has occurred regularly since 1987,  
4           specifically with a barracks where you're quartering  
5           female Marines who are of an age that they could be  
6           pregnant and then exposing them to TCE and PCE,  
7           knowing that that can cause a congenital heart defect  
8           in utero of a pregnant woman. Correct?

9           **MS. FORREST:** I have some more information that  
10          follows on in here, on some of the other action items  
11          that discusses how we continue to monitor HP-57, and  
12          we do not have evidence that vapor intrusion's  
13          occurring at this time, and that --

14          **MR. ORRIS:** At this time, however, vapor  
15          intrusion has occurred previously. My point being  
16          that Camp Lejeune still has a TCE and PCE problem, and  
17          that you are quartering Marines in buildings that have  
18          TCE and PCE vapor intrusion problems, and you are  
19          exposing women of child-bearing age to chemicals,  
20          knowing the risk of in utero exposures and risk of  
21          congenital heart defects in those babies, and yet your  
22          website claims that everything's fine since 1987.

23          **DR. BREYSSE:** So Chris, I understand your point  
24          but is there something specific you're asking of  
25          the --

1           **MR. ORRIS:** I'm trying to understand why the  
2 Department of Defense claims that the contamination at  
3 Camp Lejeune ended in 1987 even though we know that  
4 that contamination did not end in 1987. It's  
5 misleading --

6           **DR. BREYSSE:** So you think they can do  
7 it -- you're asking if they can clarify their web  
8 page, to make that clearer? I've been trying to --

9           **MR. ORRIS:** Yes, I am asking why they claim that  
10 contamination ended in 1987 and what they plan to do  
11 to update their website, their literature, to warn  
12 past residents and current residents of some of the  
13 risks and dangers of being born on that base.

14           **DR. BREYSSE:** If you could take that back, and  
15 then we can move on to the next action item.

16           **MS. FORREST:** I can take that back, yes. And I  
17 think a lot of that would be with Rick with this whole  
18 base-wide vapor intrusion --

19           **DR. BREYSSE:** Stay close to the microphone.

20           **MS. FORREST:** Yes, with Rick Gillig and the full  
21 base-wide vapor intrusion investigation, so.

22           **CDR MUTTER:** Okay, so I'll move on.

23           **UNIDENTIFIED AUDIENCE SPEAKER:** Excuse me. Would  
24 it be appropriate to ask questions --

25           **DR. BREYSSE:** I think we'd like to wait 'til the

1 agenda --

2 **UNIDENTIFIED AUDIENCE SPEAKER:** (Inaudible)

3 **MS. FORREST:** And you know, I've got several more  
4 action items, and they get to some information on how  
5 we partner with regulatory agencies, including the  
6 EPA, and some information on our restoration advisory  
7 board for Camp Lejeune that is focused specifically on  
8 the environmental clean-up program, and we welcome  
9 community, public involvement with that. It's where  
10 you can really get involved and the intricacies, the  
11 level of detail, that goes into our investigations.  
12 So I've got some more information on that.

13 **CDR MUTTER:** Okay. With that I'll move on so we  
14 can get to that. The CAP respectfully requests that  
15 prenatal exposures be taken under serious  
16 consideration for female Marines currently quartered  
17 at building HP-57.

18 **MS. FORREST:** The Department of the Navy uses  
19 appropriate available state and federal guidance for  
20 evaluating potential risks to human health in the  
21 environment. The EPA Region 9 indoor air screening  
22 levels, which take into account prenatal exposures,  
23 were used in the HP-57 evaluation. Based upon this  
24 guidance and current data, vapor intrusion is not  
25 occurring at HP-57.

1           **MR. ORRIS:** Well, can I ask, has that vapor  
2 intrusion exceeded those guidances any time in the  
3 last 20 years?

4           **MS. FORREST:** In the last 20 years, I can't  
5 answer that question off the cuff. I -- you know,  
6 we've given you -- you had one previous action item  
7 that asks for our highest level on the base, which I  
8 think brought up this discussion of HP-57. But if I  
9 remember our response correctly, we didn't exceed the  
10 rapid response level. So there's a lot involved.  
11 There are many different levels that you look at in  
12 evaluating these sites.

13           **MR. ORRIS:** So for clarification, though, you did  
14 exceed an accelerated response level for exposure to  
15 women of child-bearing age.

16           **MS. FORREST:** I would have to go back and look at  
17 our response that I gave -- that we gave in August of  
18 2017. That's also in the minutes from the last  
19 meeting. 'Cause I don't want to give inaccurate data.  
20 There's a lot of data involved with this, and I don't  
21 want to give anything --

22           **MR. ORRIS:** Right. I think inaccurate data would  
23 be a claim that everything ended in 1987.

24           **CDR MUTTER:** Okay, so the next action item is the  
25 CAP asked for a clarification of North Carolina's

1 DENR's rule, what the rule is and what the Navy sees  
2 as the rule in this particular situation.

3 **MS. FORREST:** The role of the North Carolina  
4 Department of Environment Quality, formerly known as  
5 NC DENR, is defined in the federal facilities  
6 agreement with Marine Corps base Camp Lejeune. NC DEQ  
7 is a regulator and ensures that appropriate  
8 environmental regulations are followed with regards to  
9 CERCLA and RCRA corrective action sites. Because the  
10 stores of contamination near HP-57 is from a CERCLA  
11 site, IR site 88, both the state, NC DEQ and US EPA  
12 are involved in the decision-making process for vapor  
13 intrusion evaluations at HP-57.

14 **CDR MUTTER:** Okay. Does Camp Lejeune identify  
15 this barracks, HP-57, in their testing as industrial  
16 or residential exposure level?

17 **MS. FORREST:** A barracks is a residential  
18 facility; therefore residential screening levels for  
19 vapor intrusion are used. This information was  
20 provided to the CAP during the August 2017 CAP  
21 meeting, when the screening levels used for HP-57  
22 vapor intrusion evaluation was presented. This is  
23 also detailed in the May 2015 technical memorandum  
24 previously provided to the CAP.

25 **CDR MUTTER:** Thank you. The next action item is

1 for DoD. The CAP asked if the female Marines who are  
2 billeted in that barracks, HP-57, have been notified  
3 of the problem.

4 **MS. FORREST:** Fact sheets were provided to  
5 building occupants in August 2015, after the source of  
6 chlorinated solvents inside building HP-57 were  
7 confirmed to be an uncapped sewer pipe located in  
8 (indiscernible). That's when we identified an issue  
9 and that's when we provided a fact sheet.

10 **MR. ORRIS:** Just a point of clarification here,  
11 because Congressman Walter Jones reached out to the  
12 Department of the Navy and asked for some  
13 clarification, and the Department of Navy's response  
14 was that 37 female Marines --

15 **MS. VINSON:** Speak up, Chris.

16 **MR. ORRIS:** I'm sorry, 37 female Marines resided  
17 at HP-57 since 2008. Of those 37 Marines, the  
18 Department of the Navy stated that eight women were  
19 identified as being pregnant while living in that  
20 barracks and that there were nine total pregnancies.  
21 Of those 37 Marines who were residing in that barracks  
22 during a period of contamination, how many of those  
23 female Marines has the Department of Defense reached  
24 out to and notified them of their exposure and the  
25 exposure to their unborn children?

1           **MS. FORREST:** I don't have that information.

2           **MR. ORRIS:** Because you haven't.

3           **CDR MUTTER:** So the next action item is along the  
4 same lines. The CAP requested the Department of the  
5 Navy inform female Marines who are pregnant and  
6 stationed at the barracks HP-57 of potential  
7 miscarriage risk due to potential exposure.

8           **MS. FORREST:** The fact sheet provided in  
9 August 2015 discussed the potential health risks to  
10 developing embryo fetus from short-term exposure to  
11 low amounts of TCE. A copy of the fact sheet was  
12 provided to the CAP in August 2017. Current data  
13 indicate vapor intrusion is not occurring. The Marine  
14 Corps will address any recommendations made by ATSDR's  
15 vapor intrusion public health assessment for HP-57 and  
16 other buildings aboard the installation when the  
17 assessment is completed.

18           **MR. ORRIS:** So have you created a fact sheet in  
19 2015 for past exposures and posted it in the barracks  
20 where the people who were exposed are no longer  
21 living, how does that notify them that they were  
22 exposed or potentially exposed?

23           **MS. FORREST:** That fact sheet was intended for  
24 people who were currently residing in the building.

25           **MR. ORRIS:** So, so you're not interested in going

1 back and addressing this issue with people who might  
2 have previously been exposed there.

3 **MS. FORREST:** I'm providing a response to the  
4 last action item.

5 **MR. ORRIS:** So my last question in regards to  
6 this is: When is the Marine Corps going to stop  
7 holding onto this fallacy that this problem ended in  
8 1987? [applause]

9 **MR. ENSMINGER:** We still have a whole section of  
10 the public health assessment to be issued, and that's  
11 on the vapor intrusion.

12 **MR. ORRIS:** I think their website should remove  
13 this arbitrary 1987 end date and leave it open until  
14 the scientists decide what they -- the exposure was.

15 **CDR MUTTER:** Okay, I'm going to move on to the  
16 next one, so we have just a few more. Is there an  
17 assigned officer or inspector that checks the P-traps  
18 in building HP-57 or is each individual Marine  
19 responsible for checking their rooms?

20 **MS. FORREST:** The P-traps are no longer an issue.  
21 A sewer venting pilot study was implemented in  
22 October 2016 to prevent sewer gas containing elevated  
23 levels of chlorinated solvents related to the IR site  
24 88 from entering HP-57.

25 Data since October 2016 confirmed that the

1 venting system is working and vapor intrusion is not  
2 occurring. Prior to October 2016 each individual was  
3 responsible for checking their own P-traps. Once  
4 again, a fact sheet was provided to building occupants  
5 in August 2015, explaining how to inspect the P-trap  
6 and provided a point of contact for questions. In  
7 addition an informational flier on how to inspect a  
8 P-trap was provided concurrent with the fact sheet in  
9 August 2015 to building occupants.

10 **MR. ORRIS:** So when I actually called up HP-57  
11 and spoke to the NCO who was in charge of the  
12 barracks, and I asked him specifically, you know,  
13 would you consider your course of duty to ever get  
14 down and inspect the P-trap. His response was, no,  
15 that's not my job. And I find it a little ridiculous  
16 to think that the Marine Corps doesn't have the  
17 funding to give their Marines a barracks where they  
18 don't have to get down and inspect the plumbing  
19 themselves, to make sure that they have safe and  
20 breathable air.

21 **MS. FORREST:** At this point we don't see that  
22 there is an issue with the P-traps so inspection is no  
23 longer an issue.

24 **CDR MUTTER:** Okay. We have about four more  
25 action items. So the next one is the CAP asked why

1 the Marines are not moved out of the building.

2 **MS. FORREST:** Data indicate the vapor intrusion  
3 is not occurring in HP-57.

4 **CDR MUTTER:** Thank you. The next one is: The  
5 CAP would like a copy of the Navy statement that was  
6 read during the CAP meeting, responses to the April  
7 action items.

8 **MS. FORREST:** The Navy statement should've been  
9 included in the transcript for the meeting.

10 **CDR MUTTER:** Thank you. The Department of the  
11 Navy has stated that they do not feel there's an  
12 unacceptable health risk to building occupants. The  
13 CAP would like to know if they are categorizing  
14 children who are not yet born in that statement. Is  
15 there a health risk to TCE exposure during pregnancy  
16 for the inmates?

17 **MS. FORREST:** The Department of the Navy does not  
18 determine health risk but rather uses guidance  
19 provided by ATSDR, US EPA, OSHA and other agencies for  
20 evaluating potential risk to human health in the  
21 environment. The EPA Region 9 indoor air screening  
22 levels that were used in the HP-57 evaluation take  
23 into account prenatal exposures. Based upon this  
24 guidance and current data, vapor intrusion is not  
25 occurring at HP-57.

1           **MR. ORRIS:** So when the vapor intrusion was two  
2 times the EPA Region 9's accelerated response level at  
3 that barracks where female Marines were being  
4 quartered, how did the Navy feel about that exposure  
5 to unborn children at that time?

6           **MS. FORREST:** I can't confirm the numbers that  
7 you just quoted or speak to a general feeling from the  
8 Navy. If you have a specific question I can take it  
9 back.

10          **MR. ORRIS:** Yes, I would like to know why, when  
11 the Navy knew that the levels were two times above the  
12 accelerated response and level, it took you years to  
13 correct the problem. That doesn't sound like the Navy  
14 was too concerned about the exposure, potential  
15 exposure, to unborn children.

16          **DR. BREYSSE:** Did we record that?

17          **CDR MUTTER:** It will be on the transcript.

18          **MS. FORREST:** And I can't confirm those numbers  
19 off the cuff, so that will need to be taken back as an  
20 action item.

21          **MR. ORRIS:** But I'll be more than happy to  
22 forward your boss's response to the congressman for  
23 your review as well.

24          **CDR MUTTER:** Okay. So we have one more action  
25 item for the DoD, and then we'll close out this part

1 of the agenda. The CAP asked why a V-9 designation  
2 would be used in FOIA exemptions.

3 **MS. FORREST:** Exemption 9 covers geological and  
4 geophysical information and data, including maps,  
5 concerning wells. Sensitive information may include  
6 an installation's access to groundwater and  
7 hydrological explanations of the location affected.

8 And Jamie, I have just one other statement that I  
9 was asked to provide. It's a general response to  
10 these various inquiries related to vapor intrusion and  
11 our environmental clean-up program.

12 The CAP was established by ATSDR through its  
13 authority under the Comprehensive Environmental  
14 Response Compensation and Liability Act, which I've  
15 previously referred to as CERCLA, for the purpose of  
16 providing the affected community of Camp Lejeune  
17 service members and families to voice concerns and  
18 provide input on ATSDR's public health activities  
19 related to Camp Lejeune historic drinking water.  
20 While the CAP is the appropriate forum for community  
21 members to provide input on ATSDR's public health  
22 activities, the appropriate forum for community  
23 involvement and current clean-up actions aboard Camp  
24 Lejeune is the restoration advisory board. Please use  
25 the restoration advisory board to address all

1 questions and concerns regarding current base clean-up  
2 activities.

3 Restoration advisory boards were developed in  
4 coordination with the EPA and DoD as a means to allow  
5 all stakeholders to have a voice in the clean-up and  
6 restoration activities aboard military installations.  
7 The Camp Lejeune restoration advisory board meets  
8 quarterly in Jacksonville and has representation from  
9 the local community, installation, state EPA and Navy.

10 More information about the Camp Lejeune RAB can  
11 be found on the Camp Lejeune website under the  
12 environmental management division. The website is  
13 <http://go.usa.gov/x3f7m>. You can also just Google  
14 Camp Lejeune.

15 Please note, for your safety and the safety of  
16 our service members, please remain in authorized areas  
17 aboard the installation at all times. Although  
18 individuals may have proper base access privileges,  
19 forced protection measures prohibit unauthorized  
20 personnel from access to nonpublic work spaces and  
21 living communities, to include barracks.

22 And one more note on the restoration advisory  
23 board, the next quarterly meeting is actually tomorrow  
24 evening in Jacksonville, for anyone who's interested  
25 and would like to attend.

1           **MR. ASHEY:** Thank you. I have three questions  
2 for DoN that they can record, if you'll take them  
3 back, please. They're very simple questions. First  
4 one is: Are there presently charcoal filtration  
5 systems on the drinking water well heads? That's the  
6 first question.

7           Second question is: How often are the well  
8 head -- is the water from the well heads tested? And  
9 the third question is: Are those analyticals from  
10 those tests posted anywhere, and if so, where? Did  
11 you get that?

12           **THE COURT REPORTER:** Yes.

13           **DR. BREYSSE:** (Inaudible)

14           **MR. ASHEY:** No, water quality samples.

15           **MS. FORREST:** You're talking about for the  
16 drinking water.

17           **MR. ASHEY:** I'm talking about from the drinking  
18 water wells, one, are there charcoal filtration  
19 systems on those well heads? And the reason why I'm  
20 asking that question is because there is still a lot  
21 of contamination, there are a lot of plumes,  
22 underground. And the soil there is highly permeable.  
23 Over time those new wells, screened at whatever depth  
24 they've been screened at, are just going to pull that  
25 contamination towards those wells. That's just the

1 nature of an underground plume. It may take five  
2 years; it may take ten years; it may take six months.  
3 It may already have happened on some of those wells.

4 And so what precautions is the Department of the  
5 Navy taking to ensure that the same issue that  
6 occurred for the last 30 years, that many of the  
7 people in this room, including myself and Jerry and  
8 Mike and others are suffering from, is not -- does not  
9 happen again? And filtration, charcoal filters are  
10 about the cheapest way there is on this planet to  
11 prevent another debacle like the one that occurred  
12 from the late 50s and through the 1980s. So that's my  
13 question.

14 **MS. FORREST:** And I know we have filtration and  
15 treatment systems in place. My contacts will know  
16 exactly what we have so I'll have to bring that back  
17 to them.

18 **MR. ASHEY:** I would like to know that. Thank  
19 you.

20 **DR. BREYSSE:** So we're running a half hour late.

21 **CDR MUTTER:** Yeah, so we can still have an hour  
22 lunch. Just return at one, and we'll start at one.

23 (Lunch break, 12:00 till 1:18 p.m.)

24 **DR. CIBULAS:** Good afternoon, everyone. My name  
25 is Bill Cibulas, and I am the Director of the Division

1 of Toxicology in Human Health Sciences at ATSDR. And  
2 unfortunately Dr. Breysse has a commitment, has a very  
3 important meeting with our new acting director,  
4 Dr. Schuchat, this afternoon, and apologizes for  
5 having to leave the meeting, but asked me to help  
6 facilitate and work with the CAP and help you get  
7 through the afternoon, and I'm very delighted to do  
8 so. I was just sharing with Sarah, I'm one of those  
9 Ph.D. toxicologists that are rare. So there's at  
10 least two of us on the bench here today.

11 So as I understand from Jamie, we're going to go  
12 ahead and start with Loren.

13 **DR. ERICKSON:** Yes, thank you, sir. We promised  
14 you that we would show you the video that Dr. Shulkin  
15 made that would advertise Camp Lejeune and the  
16 benefits that are available. This was shot just three  
17 weeks ago so it's fairly fresh. You can find this  
18 online on our VA website, and you can also just search  
19 Camp Lejeune veterans affairs, and you can get to it  
20 as well. And it's also on YouTube. So Jamie, if you  
21 could run that?

22 (Video plays.)

23 **DR. CIBULAS:** Thank you, Loren. Any member of  
24 the CAP have any comment or question for Loren about  
25 the video real quick?

1           **MR. ENSMINGER:** I would like to know when he's  
2 going to put his directive out to the rest of the VA.  
3 I understand that that's not been approved yet?

4           **DR. ERICKSON:** Okay, so the question is the memo  
5 that directs all of VA to fully publicize all of this.  
6 That memo's been written. It finally got through the  
7 lawyers -- sorry, Craig -- finally got through the  
8 lawyers, and we're at a point where we're expecting  
9 that he could be signing that any day. But he's ready  
10 to do that.

11           And just for everybody, you know, whether it's  
12 the video or the memo or the fact that you have a  
13 large contingent of folks from Veterans Affairs here  
14 today, we really are concerned about this issue and  
15 concerned about Camp Lejeune veterans and the family  
16 members. We're seeking, as the Secretary said, to do  
17 the best by you.

18           **DR. CIBULAS:** Thank you, Loren. Okay, so we're  
19 going to move forward now with the afternoon's agenda,  
20 and first up is some colleagues from ATSDR. Mr. Rick  
21 Gillig's going to tell us and give us a little update  
22 on what's going on with the soil vapor intrusion  
23 investigation. Rick?

24  
25           **SOIL VAPOR INTRUSION PROJECT**

1           **MR. GILLIG:** Thank you. Can everybody hear me?  
2 I'll speak very loud, okay? I'd like to introduce  
3 Danielle Langman. She's sitting in the audience. She  
4 is the lead, the technical lead, on the soil vapor  
5 intrusion project.

6           For those of you in the audience, we talked this  
7 morning about the exposures that occurred through the  
8 use of contaminated drinking water. And Jerry  
9 mentioned that we haven't looked at all the exposure  
10 pathways at Camp Lejeune. That's why we're looking at  
11 soil vapor intrusion.

12           Contamination in groundwater will work its way up  
13 through the soil into buildings that are above that  
14 contamination or nearby that contamination. So the  
15 next -- one of our next projects at ATSDR is to assess  
16 soil vapor intrusion across Camp Lejeune. So this is  
17 a fairly large project. We've spent a couple years  
18 collecting and reviewing environmental reports. We  
19 pulled out environmental sampling results from those  
20 reports. We populated a large database with that  
21 information. We will do modeling and also collect  
22 additional information on the buildings at Camp  
23 Lejeune, look at the spatial distribution of the  
24 contamination, and assess those buildings for soil  
25 vapor intrusion.

1           As many of you probably know much better than I,  
2           Camp Lejeune is a large base. There are approximately  
3           14,000 buildings at Camp Lejeune, and that would be  
4           part of our analysis.

5           Over the past year or so we have developed a work  
6           plan for investigating soil vapor intrusion. We  
7           recently released that work plan to six peer  
8           reviewers. Those peer reviewers are external to  
9           ATSDR. They're experts in the field of soil vapor  
10          intrusion. We have received comments from five of  
11          those peer reviewers. We're waiting on comments from  
12          the last one. Those comments help us strengthen our  
13          approach as we investigate soil vapor intrusion. So  
14          we will compile those comments from the peer  
15          reviewers, address those comments, make changes to the  
16          work plan, and then proceed with our analysis of the  
17          data.

18          For members of the CAP, you made a request fairly  
19          recently to receive CVs for those peer reviewers, and  
20          that information was provided, I believe, late last  
21          week, Thursday or Friday. Members of the CAP, do you  
22          have any questions about the work plan, the project?  
23          Mike, I'm looking at you.

24                 **MR. ASHEY:** Rick, we had two teleconferences on  
25                 this, and I provided you some very substantive

1           comments, and second iteration of the work plan  
2           appears to address some of those. And I thank you for  
3           the CDC and the ATSDR accepting Gordon Dean as a peer  
4           reviewer. He had about 35 years of experience, so,  
5           and he and I go back a long way. He's a PE in 32  
6           states.

7           The one issue that -- and I touched on this this  
8           morning, so I do want to hit this again, just for the  
9           record, and you knew I was going to say this. And I  
10          know that ATSDR does not have this information, but  
11          there is a statement here on page 3 of this -- of the  
12          second iteration concerning data that CH2M Hill took  
13          in 2009 on indoor air samples. And they took indoor  
14          air samples, I think, from a number of buildings that  
15          had air sparge systems in proximity to those  
16          buildings, and that was a good thing, although there  
17          should've been soil vapor extraction systems  
18          associated with it. Just the air sparge probably made  
19          any soil vapor intrusion issues worse inside those  
20          buildings. But they also took air samples from  
21          buildings that had biosparge systems in proximity to  
22          those buildings.

23          Now, for the audience, air sparge systems pump  
24          high-pressure air into the ground via wells that have  
25          screens at various depths. And in theory what an air

1           sparge system does is it will volatilize petroleum  
2           products that float on top of the groundwater, and  
3           theoretically there should be a complementary system  
4           called a soil vapor extraction system, that pulls  
5           those volatilized contaminants out of the ground  
6           before they percolate up through the soil through the  
7           surface and into a building. Well, they didn't have  
8           the complementary SVE, just the air sparge systems.  
9           So they made a bad situation worse.

10           A biosparge system pumps very low-pressure oxygen  
11           into the ground for the purposes of feeding the  
12           natural bugs and contaminants that are in the ground,  
13           getting them to multiply. And those bugs love  
14           petroleum so they eat the petroleum. It's a great  
15           way, if you say you have what's called free product,  
16           which floats -- petroleum will float on top of  
17           groundwater, so the bugs like to eat the stuff. So  
18           theoretically you should not detect any vapors  
19           emitting from the ground from a biosparge system  
20           because it's low-pressure oxygen, and if it's coming  
21           out of the ground it means it's not doing its job.

22           So the question became what did CH2M Hill do with  
23           the two sets of data? They had data from the air  
24           sparge systems that were in proximity to buildings,  
25           and they had data from biosparge systems in proximity

1 to buildings. Did they mix that data together?  
2 Because if they did, then they diluted the data that  
3 was from buildings that had air sparge systems of  
4 potential soil vapor intrusion into those buildings.

5 So instead of, say, the meter reading 100, the  
6 data would show that the meter read maybe 50, when it  
7 should've read 100. They should not have mixed that  
8 data. But we don't know if they mixed it or if they  
9 didn't mix it or what they did or didn't do with the  
10 different sets of data. Because we don't have an  
11 answer to that question, we don't know what they did  
12 with the data, and ATSDR doesn't know what the  
13 Department of the Navy and CH2M Hill did with that  
14 data.

15 So that's, again, I just want to state that for  
16 the record, that that is an issue, which is why I  
17 really think we need to have the Department of the  
18 Navy, CH2M Hill, come to these meetings and answer  
19 these questions, 'cause it's important for us to know  
20 what they did with that data.

21 And I almost missed that one sentence, 'cause  
22 this is a pretty big document. It was the second time  
23 I went through it that I caught this. So again, now  
24 I'm asking the Department of the Navy, you know,  
25 either we need an answer to the question, and it's a

1 complex answer so CH2M Hill, it would be real good if  
2 we could have them at the next meeting so I could ask  
3 them these questions. Thank you.

4 **DR. CIBULAS:** Thank you, Mike.

5 **MR. ENSMINGER:** Just so you understand, the  
6 audience, as Chris brought up earlier that the  
7 exposures did not end in 1987, and that is a fact. We  
8 found PowerPoint presentations that were constructed  
9 and delivered by the industrial hygienists at Camp  
10 Lejeune in 1999.

11 I don't know how many of you remember the Hadnot  
12 Point area and the main -- the original fuel farm that  
13 was right to the left as you were coming onto Main  
14 Side. That fuel farm was constructed in 1941. It  
15 continued to operate 'til 1993, '92-'93. They were  
16 investigating the civilian employees that worked at  
17 the fuel farm, thinking they were stealing fuel, when  
18 in fact it was leaking into the ground.

19 Their contractor came in in the 1980s and put  
20 monitoring wells down to delineate the size of the  
21 plume and what type of product and how much of it was  
22 down there. Now, you're talking about a plume the  
23 size of -- what was it, Mike, about five acres?

24 **MR. ASHEY:** Yeah, about five acres.

25 **MR. ENSMINGER:** That had a 15-foot-thick layer of

1 pure gasoline floating on top of the aquifer, the  
2 shallow aquifer.

3 The fire marshal reported that every so often  
4 they would have explosions in the storm water drainage  
5 pipes that would blow manhole covers as high as this  
6 room. And then they would extinguish 'cause they  
7 didn't have enough air to keep them going.  
8 Fifteen-foot-thick, and this was all headed toward a  
9 well, well 602.

10 And in 1999 the fire department went to the  
11 1100 -- what was it, 1108? -- 1101, which was the  
12 computer building for all the supplies and stuff that  
13 are ordered on the base, because the employees in  
14 there were complaining of the smell of fuel fumes.

15 They went in there and tested it. And they put  
16 these activated charcoal absorption traps in there,  
17 and came back the next day; they were completely  
18 saturated with benzene. They evacuated the building  
19 multiples times because the air inside it reached the  
20 explosive level. And unfortunately we had some people  
21 that worked in those buildings that had and passed  
22 away from multiple myeloma.

23 So Chris is right: The exposures did not end in  
24 1987 when they took the wells offline. And there were  
25 other buildings that had volatile organic compounds,

1 chemicals, like PCE and TCE and vinyl chloride plumes  
2 that were under them.

3 So stay alive for the rest of the story because  
4 it's coming. And we're talking about 1.5 million  
5 gallons of fuel that was in the ground under the fuel  
6 farm. I refer to it as the Camp Lejeune strategic  
7 fuel reserve.

8 **DR. CIBULAS:** Chris, you wanted to add something?

9 **MR. ORRIS:** Yes. The body and weight of evidence  
10 of continuing exposure at Camp Lejeune is more now  
11 than what it was for the drinking water contamination.  
12 And the Department of the Navy has spent 30 years  
13 delaying, denying and obfuscating this issue while  
14 countless babies, veterans and dependents have died.  
15 I am tired of not front-running this issue. We know  
16 that there are concerns now, today, at Camp Lejeune.  
17 We know that there have been concerns at Camp Lejeune  
18 since they turned the tap water off. The Department  
19 of the Navy needs to step forward and front-run this  
20 issue so that not one more baby dies, not one more  
21 military member gets sick and not one more family  
22 member or civilian worker is exposed. Stop the  
23 madness. [applause]

24 **DR. CIBULAS:** So Rick, any, any last comments?  
25 Anything further you want to respond to?

1           **MR. GILLIG:** Not really.

2           **DR. CIBULAS:** Okay.

3           **MR. GILLIG:** I will entertain questions, if any  
4 members of the CAP have more questions. Mike, do you  
5 have another question?

6           **MR. ASHEY:** No, I was just -- Chris, I -- we all  
7 hear you. We all -- it's impossible to disagree with  
8 anything you said. It's just we got to wait until  
9 Rick does his thing, and their monumental effort to  
10 try to reconstruct what happened inside buildings that  
11 don't even exist anymore. And it's a task that is  
12 going to take a lot of science, a lot of creativity, a  
13 lot of imagination in order to figure out what  
14 happened in the past, because the forensic evidence is  
15 gone, basically.

16           And so, as I stated earlier, I think Rick and his  
17 staff at the ATSDR did an excellent job of putting  
18 together a document to try to reconstruct what may be  
19 going on now in existent buildings and what went on in  
20 the past with buildings that don't exist anymore, or  
21 do exist now but, you know, they're just abandoned  
22 buildings.

23           And we all want the answers to these questions.  
24 But it's, as Jerry said earlier, now we get to the  
25 hard science, the hard stuff. Junk science is easy.

1 Real science is hard, and so that's what Rick and his  
2 staff at ATSDR are going to do. So we just need to,  
3 you know, do the best we can to, to help them wherever  
4 we can. Thank you.

5 **MR. PARTAIN:** You got to understand too, I mean,  
6 there's an easy way about this and a hard way. The  
7 easy way resides, you know, with the leadership of the  
8 Marine Corps. The historical documents of what  
9 happened, what transpired on the base, what Jerry was  
10 describing, was uncovered through research. We've  
11 established that. We've gone to Congress and  
12 testified in Congress. And the narrative of what  
13 transpired on the base is very clear. The illnesses  
14 are here. The past couple days I've been approached  
15 by two more men with breast cancer from Camp Lejeune,  
16 and we've seen kidney cancer, bladder cancer, you  
17 know. You name it, we've seen it.

18 The easy way would be for the Marine Corps  
19 leadership to step up and take responsibility for what  
20 transpired on the base.

21 **UNIDENTIFIED AUDIENCE SPEAKER:** And say I'm  
22 sorry.

23 **MR. PARTAIN:** Or say I'm sorry. Now,  
24 unfortunately that has not happened, and it probably  
25 won't happen. That leaves the hard way, and what we

1 are doing here today, and every quarter, is the hard  
2 way, where we get science, we become involved as a  
3 community and push things forward one step at a time,  
4 so you can take away all the excuses and denials until  
5 the truth is what's left.

6 And just as a side note, I know we lost a lot of  
7 people during the lunch break, but for those of you  
8 who have come out, I do appreciate that. I remember  
9 ten years ago being involved in this, and the only  
10 members of the audience was the Department of the Navy  
11 and Marine Corps personnel, and that's it. There was  
12 hardly anybody from the community. And getting the  
13 community involved is a big part now, especially now  
14 that we have social media, Facebook, the website: *The*  
15 *Few, the Proud, the Forgotten*. On Facebook it's the  
16 Camp Lejeune Toxic Water Survivors. That's how you  
17 guys make a difference, is getting behind and speaking  
18 out and letting people know and going to your  
19 congressional offices, so we can do the hard work of  
20 getting, you know, what happened at Camp Lejeune out,  
21 documented by science and forcing a resolution that  
22 will take care of all of us.

23 **DR. CIBULAS:** Thank you very much, Mike. And  
24 thank you, Richard.

25 **MR. GILLIG:** Just one more comment. I want to

1 reassure everyone that in our investigation, if we  
2 identify any contaminants at levels of concern in any  
3 of the buildings, we will work with the people at Camp  
4 Lejeune to make sure those buildings are addressed.  
5 So our first focus will be stopping existing  
6 exposures, and then we'll look at historical  
7 exposures.

8 **MR. PARTAIN:** Now, when you say if, by chance,  
9 and I hope to God not, there is a current exposure  
10 ongoing and you discover it through your working  
11 group, is there going to be some type of public  
12 announcement or do we have to rely on the Marine Corps  
13 to make that announcement? I mean, does ATSDR step in  
14 at some point and say, hey, we've got a problem?

15 **MR. GILLIG:** I think we've been pretty  
16 transparent with the CAP, so the CAP would be aware of  
17 those findings. But we don't want to hold up on  
18 notifying the base that some action needs to be taken.  
19 So it'll be almost --

20 **MR. PARTAIN:** Instantaneous.

21 **MR. GILLIG:** -- instantaneous communication.

22 **MR. PARTAIN:** Okay.

23 **MR. ENSMINGER:** Well, I know for a fact when we  
24 took the tour of the base, when we had our CAP meeting  
25 in Jacksonville, when we went past building 1601,

1           which used to be the motor transport maintenance third  
2           echelon, there is a contamination plume under those  
3           buildings in that area of TCE, PCE, vinyl chloride  
4           that is sky high. And they had civilian contractors  
5           working in that building. They had offices in that  
6           building, 'cause the guide for the tour said that they  
7           had offices in that building. So I think that's  
8           something that ought to be addressed.

9           **DR. CIBULAS:** All right. Thank you very much for  
10          the great discussion on this, and let's continue on  
11          with the ATSDR part of the meeting here. I'm going to  
12          turn it over to Dr. Frank Bove. I think most of you  
13          know Frank. He's going to provide some updates on two  
14          activities. One on the health survey and the other  
15          one on the cancer incidence study.

16  
17          **UPDATES ON HEALTH STUDIES**

18          **DR. BOVE:** Hi, everyone. The first study that  
19          I'm going to talk about is the health survey, also  
20          called the morbidity study. There's two parts to it.  
21          One is the completion of the survey, which many did.  
22          And then confirming the illnesses that people reported  
23          from -- we're using their medical providers as the  
24          source of information.

25                 So this survey was done quite a while ago, in

1           2011-2012. We tried to locate 312,000 people, Marines  
2           and civilian workers, and we were able to locate about  
3           80 percent of them. Sent surveys out through the  
4           mail. 76,000 responded, so the participation rate was  
5           about 30 percent.

6           We confirmed -- we attempted to confirm illnesses  
7           that were reported in the surveys and so on. So we've  
8           been working this study through our clearance process  
9           here at ATSDR and CDC, and we're at the tail end  
10          finally of the clearance process. We have just  
11          one -- a few more questions that need to get resolved,  
12          and we hope to get this study out on our website real  
13          soon, hopefully within the month, with the  
14          communication plan and everything.

15          So it's taken a long time. In the meantime we've  
16          been -- we've published five studies, but this study  
17          has taken a long time, and so we're hoping to get it  
18          out, so that you all have a chance to read it. So  
19          that's that study.

20          The study we're working on right now is probably  
21          the most important one of all the studies we'll do,  
22          and it's looking at cancer, and trying to involve all  
23          the state cancer registries throughout the country as  
24          well as the VA cancer registry and the Department of  
25          Defense cancer registry, and also registries in Puerto

1 Rico, Guam and Samoan Islands and the District of  
2 Columbia, DC's cancer registry.

3 So at this point we're reviewing proposals from  
4 contractors who will collect the data for us. We're  
5 going to be asking states to participate. Right now  
6 we have 38 states who have agreed to participate, and  
7 we're working on a couple more to participate. Some  
8 states cannot participate, a few because of state  
9 laws. They cannot participate in this kind of a  
10 study, but that's only about two or three state  
11 registries that have that problem. So we should get  
12 most of the state registries involved.

13 And we'll be looking at hundreds of thousands of  
14 Marines and civilian workers, about 460,000. So it's  
15 a huge study, never been done before like this. No  
16 study's tried to involve all 50 state cancer  
17 registries in a data linkage effort that we'll be  
18 doing. So we're moving ahead with it. We're actually  
19 doing pretty well but it's going to take some time for  
20 the study to actually get completed.

21 We want to get data up till 2016. The cancer  
22 registries have almost a two-year lag, so 2016 data  
23 becomes available the fall of this year, so we're  
24 going to ask the cancer registries to give us data  
25 starting in the fall of this year.

1           We're also going to be getting death certificates  
2 as well so we're going to expand the mortality studies  
3 that we did a couple of years -- that we published a  
4 couple years ago.

5           So this is the biggest study that we're going to  
6 do, and it's going to take, again, probably three or  
7 four years to finish before it gets published. But  
8 we're on schedule and things are looking good so far.

9           So are there any questions from the CAP?

10          **DR. CANTOR:** Simple question. What is the  
11 composition of the cohort right now? This is -- what  
12 are the dates, one question, and what other family  
13 members might be in the cohort?

14          **DR. BOVE:** Okay. The cohorts are those who were  
15 at Camp Lejeune, Marines, any time between 1975 and  
16 1985. And I'm going to expand to 1987. So that's one  
17 cohort. That's over 215,000 Marines from Camp  
18 Lejeune. And we're doing this same thing at Camp  
19 Pendleton. Camp Pendleton is the unexposed group.  
20 They're very similar to Camp Lejeune except they  
21 didn't have contaminated drinking water. So there  
22 it's an equal -- roughly similar size, about 230,000  
23 Marines, same period, 1975-1987.

24          Then we're looking at civilian workers at both  
25 Camp Lejeune and Camp Pendleton. Civilian workers who

1           were there employed any time between December 1971 and  
2           at the end of '87. The dates here have to do with  
3           what data are available, computerized data, are  
4           available. The data comes from an entity called the  
5           Defense Manpower Data Center, where all the services  
6           send their personnel data to, and that's where it gets  
7           to a repository for that.

8           They do not have data for Marines. At least they  
9           don't have unit data for Marines before '75 so you  
10          don't know where the Marine was located based on this  
11          data, so we can't include Marines who were at the base  
12          before '75 and weren't on there after '75, so we're  
13          restricted in that way, but we still have a large  
14          group of people we can study. And this has been the  
15          problem with all our studies, is that the data just  
16          are not computerized before '75.

17          And for workers we have data down to '71 but  
18          there's a one-quarter period where there's no data, in  
19          '72, so it's not complete either. But that's what we  
20          have to work with.

21          There are no dependents. We're not studying  
22          dependents. We have no data really to study  
23          dependents and spouses. So all we can focus on are  
24          Marines and civilian workers.

25                 **MR. ENSMINGER:** And Navy personnel.

1           **DR. BOVE:** Oh, I'm sorry, Navy personnel. On  
2 both bases.

3           **MR. PARTAIN:** And to clarify, when Frank's  
4 talking about, correct me if I'm wrong, that the  
5 dependents aren't being studied, what we're doing with  
6 the cancer incidence study, what they're doing with  
7 the cancer incidence study, is to identify other  
8 issues that aren't showing up in the mortality  
9 studies. To Jerry's point earlier this morning, you  
10 know, the items that are not on the presumptive list  
11 of the 2012 law, hopefully they are going to show up  
12 on the cancer incidence study, you know, for health  
13 effects, so we can expand what we have.

14           Now, just because, you know, you heard 1985,  
15 1987, if you were at Lejeune in 1965, that doesn't  
16 mean you're being excluded. And if you're a dependent  
17 it doesn't mean you're being excluded. That's the  
18 target group that they're doing so they can produce a  
19 control group to look at the studies and validate the  
20 study by having an exposed and a not-exposed group.  
21 So when you hear the dates and the different groups  
22 and people that are being exposed, it really applies  
23 to all of us, dependents and Marines, but even though  
24 they're just studying the service personnel in this  
25 particular study, that data is going to get

1 extrapolated out. Am I correct in saying that?

2 **DR. BOVE:** Yes, absolutely, right. It'll be  
3 relevant to everyone who was at the base.

4 **UNIDENTIFIED AUDIENCE SPEAKER:** Why the study  
5 wasn't done instead of studying the civilian workers  
6 at the base, why they didn't study the Marines and  
7 their families at first?

8 **MR. PARTAIN:** It goes back to the hard way and  
9 the easy way. The studies are the hard way.  
10 Unfortunately, you know, if Jerry and I had gone out  
11 to Congress and talked to Congress, you know, it  
12 wasn't accepted that we were exposed as far as the  
13 health concerns, and we have to establish and keep  
14 the, you know, like Jerry was talking about, junk  
15 science. We can't just throw everything in a pot and  
16 say that's Camp Lejeune. We have to make some type of  
17 logical determination of what is there and what's not,  
18 and that's why they're doing the studies.

19 Now, why they didn't do it before, you're going  
20 to have to ask, you know, the Department of Defense  
21 that.

22 **UNIDENTIFIED AUDIENCE SPEAKER:** 2001 they did a  
23 study but they studied the civilians and not us.

24 **DR. CIBULAS:** So just a few minutes. I know,  
25 Mike, if you want to --

1           **MR. PARTAIN:** Are you talking about the mortality  
2 study or?

3           **UNIDENTIFIED AUDIENCE SPEAKER:** No, the actual  
4 studies of the --

5           **MR. PARTAIN:** Oh, those were the health survey.

6           **UNIDENTIFIED AUDIENCE SPEAKER:** -- they did with  
7 Camp Pendleton, but they used civilian workers at Camp  
8 Lejeune to use the study.

9           **MR. ENSMINGER:** You're talk about the mortality  
10 study.

11           **UNIDENTIFIED AUDIENCE SPEAKER:** Yes.

12           **MR. ENSMINGER:** They, they did do Marines in the  
13 mortality study. They compared Marines at Lejeune to  
14 Marines at Pendleton. They did the same thing with  
15 the civilians.

16           **UNIDENTIFIED AUDIENCE SPEAKER:** Was that the  
17 second study or the first study?

18           **MR. ENSMINGER:** That was the same study. They  
19 did that mortality study together.

20           **DR. BOVE:** Right. We published one. We  
21 published the Marine study first and the civilian  
22 study second, but they're all the same -- part of the  
23 same study. We just split it out.

24           **DR. CIBULAS:** Thank you. So if there aren't any  
25 additional comments or questions for Frank right now,

1           what I'd like to do is go ahead and move to the next  
2           part of the agenda.

3  
4           **CAP UPDATES/COMMUNITY CONCERNS**

5           **DR. CIBULAS:** And as Mike Partain indicated just  
6           a few minutes ago, the importance of you being out  
7           here and hearing from the CAP, hearing from the  
8           agencies and the importance of the work that's being  
9           done here, you know, we need you and we're glad you're  
10          here.

11          And so we're behind schedule but Jamie assures me  
12          that we can go ahead and take a full hour, and I  
13          encourage you, if you have questions or comments that  
14          you would like to raise and bring to the attention of  
15          the agency and the CAP, we want you to do so.

16          I want to remind you also what Jerry said this  
17          morning, and really importantly, I'm hoping that  
18          there's a number of you who want to speak, bring to us  
19          your questions and concerns, but if you can, if you  
20          have your own personal issues, you know, we encourage  
21          you to speak with the VA that's here and take those at  
22          that time, and try to keep your comments and concerns  
23          to a minute or two. And let's see how it goes. But  
24          Loren, I'm going to ask you to join us up here also.

25          **MR. ASHEY:** I just have one --

1           **DR. CIBULAS:** Okay. Please, go ahead.

2           **MR. ASHEY:** -- for the benefit of the audience,  
3 the science of contamination remediation is a fairly  
4 new science. They didn't really get into this until  
5 the 80s, and they made a lot of mistakes and they  
6 learned a lot of things. But there's a rule  
7 of -- there's an uncertainty principle that applies to  
8 contamination remediation, and that is that sometimes  
9 it works and sometimes it doesn't. And there is no  
10 rational scientific explanation for why it doesn't  
11 work. It just doesn't work. I've seen it a thousand  
12 times. I've seen two sites side by side with the  
13 exact same pathology, the exact same remediation  
14 system, and one cleans up and one doesn't, and there's  
15 no explanation. So I just want you to keep that in  
16 mind, that it isn't an exact science. There's an  
17 element of luck associated with contamination  
18 clean-up, and it also applies to vapor intrusion.  
19 Thank you.

20           **DR. CIBULAS:** Thank you very much. So we have  
21 microphones on both sides of the room. So I encourage  
22 you at this time to come down to one of the  
23 microphones. My colleague in the back, Janine, raise  
24 your hand, Janine; she can bring the microphone to  
25 you. If you are having trouble getting to the

1 microphone just raise your hand and Janine will bring  
2 a microphone to you.

3 But please, we're here to listen to you now, and  
4 we encourage you to do so. I'm going to start on this  
5 side of the room. If you want to just say your name  
6 and maybe your affiliation real quick, and just start  
7 us off and then we're all yours.

8 **MR. BAKER:** Sure. My name is Darrel Baker, and I  
9 have some questions about the Camp Lejeune situation.  
10 First of all, how do we define neurological effects,  
11 okay? Because I go to VA mental health. I'm bipolar  
12 and I've been diagnosed with intermittent explosive  
13 disorder. Now, I had a treatment in the Marine Corps,  
14 and of course I'm not proud of things, but that was  
15 documented and certain things.

16 Then I am coming out, I've had all kinds of  
17 medications, Serotine (sic), Seroquel, Atropine and  
18 everything. I've been going to mental health for  
19 years, okay. I'm able to work and to maintain certain  
20 instances, but I deal with aggression, and I have to  
21 use the VA crisis line. And in fact they were the one  
22 that came up with one disorder. I've had some legal  
23 situations which they saw that I get help. Now, I've  
24 been in about ten different institutions, trying to  
25 get treatment and what have you.

1           Now, the disturbing thing is how are we going to  
2           associate, categorize, neural behavior? Because  
3           that's just for me. When I was married my wife had a  
4           miscarriage. My girlfriend had a miscarriage. In her  
5           20s she's never been able to have another child. Then  
6           I have a son who has a disorder, and he's special  
7           needs.

8           Now, when I, and I'm saying this on the claims  
9           side, when I put this on paper, okay, they're saying  
10          that this is not related, but ever since I've been in  
11          the military and had these situations coming out with  
12          this trail, and it's disturbing to hear these things.  
13          So how are we going to categorize neural behavior,  
14          okay?

15                 **DR. CIBULAS:** Okay.

16                 **MR. BAKER:** You know, I've had some situations  
17          where even Loren will tell you we're going to get you  
18          some help. And you know it's kind of like we just  
19          need some love for this here, too, you know. I hear  
20          things. When I heard about guys that were  
21          dishonorably discharged, I was honorable; I was  
22          fortunate. But I had to get the record straight,  
23          okay. And I was honorable but there are guys that who  
24          knows what they suffered from, okay. And you know, it  
25          helped me at one point to even get away from Lejeune

1 'cause see, at first I was in a lot of those target  
2 areas. I was at Main Side division. I go to New  
3 River Air Station. I lived in Tarawa Terrace I. I  
4 come back from the air base, back to the Main Side. I  
5 go to 8<sup>th</sup> and I (ph). I come back and I'm in a frenzy.  
6 So all these target areas, how can -- you know, how we  
7 going to classify certain things like that?

8 **DR. CIBULAS:** Okay, so we're going to do our best  
9 here, if we can, to respond to some of your concerns,  
10 and I'm going to ask Loren if he wants to go ahead and  
11 take a shot at that one. We may not be able to answer  
12 everything now. We are taking minutes, and we will be  
13 looking at these comments and things, if we can't  
14 respond to them at this time. But Loren, you want to  
15 go ahead and start?

16 **DR. ERICKSON:** Certainly. Sir, let me first  
17 start with saying thank you for your service. Thank  
18 you for working within the system as it's currently  
19 constructed.

20 I can answer your question about neural  
21 behavioral effect the following way. The 2012 law,  
22 which used that term, did not define the term. It  
23 didn't, so in other words there's a law that's  
24 written, gets passed by Congress, it gets signed by  
25 the President, but it was never defined. It was left

1 to the agency to then define what that meant. The  
2 agency will do that based upon our authorities to  
3 write rules, regulations, to interpret the law so that  
4 it can actually be executed as was intended by the  
5 legislators.

6 The primary effect that we think is tied back to  
7 the class of chemicals that are called solvents, which  
8 then leads to that word neural behavioral, are in fact  
9 the types of symptoms that relate to vision, okay.  
10 Ocular types of effects. There are a few others. But  
11 it doesn't in any way apply to all neurologic  
12 conditions, and it doesn't apply to all behavioral  
13 health conditions. And so what I would ask is, if you  
14 haven't already, sir, work with the folks in the back  
15 because each and every veteran's situation is unique  
16 and different. There may be some very specific things  
17 that they'll want to address with you.

18 **MR. BAKER:** I have one quick question before I  
19 go. Now, I know about the Camp Lejeune water, but I  
20 was also at the air base with all these solvents,  
21 tetra -- what was it -- toluene, 'cause I was dealing  
22 with helicopters and dealing with airplanes. How do  
23 those chemicals affect the contamination, 'cause I  
24 know we're talking about water but have we took a look  
25 at the other chemicals that many of us was exposed to,

1           you know, the paint thinners? I mean, those green  
2           cans that a lot of us had with all of the oils and  
3           then we're taking that home to our families.

4           **DR. CIBULAS:** So EPA and ATSDR have done health  
5           assessments at a number of Department of Defense  
6           sites, and when we do that health assessment work we  
7           look at all pathways of exposure. You know, we look  
8           at water and we look at soil and we look at air. We  
9           look at what's available to us. So if we worked at  
10          the particular facility that you're referring to, we  
11          have looked at each of those potential exposure  
12          pathways, and that's part of the work that we do  
13          working with the EPA, so.

14          **MR. PARTAIN:** And for purposes of Camp Lejeune,  
15          Camp Lejeune includes the air station, so and for the  
16          law, the 2012 law and the presumptive service  
17          connection, it's both Camp Lejeune and New River Air  
18          Station. They're together as one.

19          And keep in mind that, you know, we're  
20          dealing -- yes, there are other contaminants, I know,  
21          on the website. People ask about there's a list  
22          floating around with 70-plus contaminants. Yes, it's  
23          a military installation; it's an industrial area.  
24          There are other contaminants on the base. But what we  
25          are dealing with are contaminants with a known

1 exposure pathway.

2 Now, if you're occupationally exposed, i.e.,  
3 you're a mechanic in building 1601, you need to  
4 document that and get with the VA. It is a different  
5 type of exposure. But what we're dealing with in  
6 these studies and what we are dealing with publicly  
7 are the established pathways because that is -- you  
8 know, we can quantify that. We can describe it. We  
9 can relate it to people.

10 **DR. CIBULAS:** One more quick one, Loren, and I'd  
11 like to move on.

12 **DR. ERICKSON:** Yeah. Just so if any of you in  
13 fact had a specific occupation while in uniform which  
14 brought you in contact with some specific exposure,  
15 your case doesn't have to match up specifically with  
16 Camp Lejeune. You can actually file a claim based  
17 upon your occupation, and I encourage you to do that  
18 for the fact you think it's tied to it. Thank you.

19 **DR. CIBULAS:** Thank you, Loren. Let's move to  
20 the other side of the room. Sir?

21 **MR. HIGHTOWER:** Yeah. My name is Tony Hightower,  
22 and I'd like to thank everybody for coming out and  
23 thank the committee. I know a lot of you came out  
24 because I put the literature in your hand, and I try  
25 to stay in touch with you. I passed around the

1 registry thing for us to be able to stay in touch with  
2 each other until the next meeting, future meetings.  
3 It's very important not only for you to come back but  
4 to bring a Marine, bring a friend, a colleague.

5 I got a question. Is HEC still here, someone  
6 from HEC?

7 **DR. CIBULAS:** The person raising their hand.

8 **MR. HIGHTOWER:** A while back, for the last year  
9 and a half, I was sending Marines to eligibility, go  
10 to booths one (ph), and then from booths one they  
11 would go and register up under the Camp Lejeune Act.  
12 HEC here recently sent an email to all eligibilities  
13 that a Marine must prove that they was at Camp Lejeune  
14 before they would even register them for a Camp  
15 Lejeune survivor, when it's HEC's job to verify that  
16 the Marine was at Camp Lejeune.

17 Why are you delaying registration for my Marines  
18 at Camp Lejeune, making them go back and pull records,  
19 get records, take another two or three months, four  
20 months, just to prove that they was at Lejeune when  
21 you already have a form for a Marine to sign that, if  
22 they falsified that they was not at Camp Lejeune for  
23 more than 30 days, they're liable for every bill,  
24 treatment, that you put on them. So why did you send  
25 the email to all of a sudden to make the Marines prove

1 that they was at Camp Lejeune, to delay enrolling up  
2 under the Camp Lejeune Act?

3 **DR. CIBULAS:** Thank you for your question. Go  
4 ahead.

5 **MS. VINSON:** Okay, sir, do you have that email?  
6 Do you have that email?

7 **MR. HIGHTOWER:** No, but up under the Information  
8 Act, I think I can get it.

9 **MS. VINSON:** Okay. If you get it --

10 **MR. HIGHTOWER:** Because I read it.

11 **MS. VINSON:** Okay.

12 **MR. HIGHTOWER:** It came from HEC. I used to work  
13 at the VA.

14 **MS. VINSON:** Okay. Well, first of all, veterans  
15 are able to self-report. We do not require any  
16 service member to prove --

17 **MR. HIGHTOWER:** The email came from HEC.

18 **MS. VINSON:** Okay. So we would need to know who  
19 it came from at HEC. This is -- Lisa is the manager  
20 for --

21 **MR. HIGHTOWER:** Do we have somebody here from  
22 eligibility?

23 **MS. VINSON:** Yes. Me and Lisa.

24 **MR. HIGHTOWER:** Okay, from eligibility in  
25 Atlanta.

1           **MS. VINSON:** Yes. But is it from HEC or is it  
2 from the medical center?

3           **MR. HIGHTOWER:** No. The email came from HEC. To  
4 eligibility. Not for you guys not to enlist.

5           **MS. VINSON:** Okay. We will need to see that  
6 'cause that's totally --

7           **MR. HIGHTOWER:** 'Til they proved that they was at  
8 Camp Lejeune --

9           **MS. VINSON:** That's totally incorrect.

10          **MR. HIGHTOWER:** -- I read it word for word,  
11 ma'am.

12          **MS. VINSON:** Okay. I'm not saying you didn't  
13 read it. But what I'm saying is you need to forward  
14 that back to us. That's not our practice. Veterans  
15 don't have to prove anything. They can self-report.  
16 They can just come in and say --

17          **MR. HIGHTOWER:** If I'd had that at eligibility  
18 then?

19          **MS. VINSON:** Yes, definitely. We do not require  
20 anybody to prove anything. You can come in and if we  
21 can see that you were in the Marines or the Navy  
22 between '53 and '87, which is our allotted time period  
23 at this time, we enroll you in priority group 6.

24                 And so but there's a lot of misinformation being  
25 put out between different people at the medical

1 centers. And this is why the eligibility part is so  
2 important, because they're also telling people, okay,  
3 if you have a DVA or if you are other than honorable,  
4 if you're just a reservist, it's on the eligibility  
5 side with HEC. It's a lot of misinformation. So  
6 that's why I was careful to say, meet the definition  
7 of a veteran and be eligible -- meet the criteria for  
8 VA healthcare.

9 But we do not require any service member to prove  
10 that they were there. They can self-report that they  
11 were there. So I will give you my personal email  
12 address and so will Lisa. She's the manager at HEC  
13 for the Camp Lejeune program. We need to see that  
14 email so we can go to that person and correct this  
15 misinformation. And I do apologize --

16 **MR. HIGHTOWER:** Thank you.

17 **MS. VINSON:** -- on behalf of whoever sent that.  
18 That's incorrect information.

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

20 **MS. VINSON:** You're welcome.

21 **DR. CIBULAS:** Thank you very much for the  
22 question, sir, and thank you for the response. Can we  
23 go to this side of the room? Sir?

24 **MR. HUNT:** Yes, sir. My name's Wayne Hunt. I am  
25 a United States Marine, and I was stationed at Camp

1           Lejeune in the Marine Corps. I have two cancers and  
2           possibly a third. I have 11 nexus letters by six  
3           different doctors, all VA doctors, and on the 27<sup>th</sup> of  
4           last month the VA denied me.

5           We need to have our records returned from death  
6           row in Louisville, Kentucky. We need to be judged as  
7           veterans, and our veteran rank should be judged at our  
8           regional office. Kentucky is a death row for us.  
9           They have a death panel set up there, with five  
10          medical doctors, supposed to be examining 57,000  
11          Marine records. This is ridiculous. Nothing come out  
12          of Kentucky but denial. Y'all need to stop killing  
13          Marines. They need to stop letting veterans die  
14          because you guys are coming up with all these  
15          different researches, expirations, and they knew this  
16          water was contaminated in 1965.

17                 **MR. PARTAIN:** '53.

18                 **MR. HUNT:** The water was starting to be  
19          contaminated in 1947. But in 1965 the Marine Corps  
20          found that water was contaminated, and they've been  
21          covering it up ever since.

22                 In '71, when the EPA was -- discovered it and set  
23          out to clean up the environment, the Superfund was  
24          issued so that they can clean up all the bases around  
25          the world. Marine Corps took that money and started

1 covering up the water contamination. They started  
2 hiring so-called experts to come in there to deny the  
3 water contamination. They did it all the way up until  
4 '84, until they were forced to shut those wells down.  
5 A criminal act was committed against the Marines and  
6 their personnel there at Camp Lejeune.

7 **DR. CIBULAS:** Thank you very much, sir. I don't  
8 know if anybody has a response. I mean, we have  
9 recorded your comment. We really appreciate it.  
10 [applause]

11 **MR. ENSMINGER:** I would like to see your nexus  
12 letters. Me.

13 **MR. HUNT:** I have them. Yes, sir.

14 **MR. ENSMINGER:** Get me those. I'm going to give  
15 you my card with my email address.

16 **MR. HUNT:** Yes, sir.

17 **MR. ENSMINGER:** If you could -- do you have them  
18 electronically?

19 **MR. HUNT:** Yes, sir.

20 **MR. ENSMINGER:** Okay.

21 **MR. PARTAIN:** What type of cancers, sir?

22 **MR. HUNT:** Colon, prostate and possibly breast.

23 **MR. ENSMINGER:** And what?

24 **MR. PARTAIN:** Possibly breast cancer?

25 **MR. HUNT:** Yes. Colon and prostate.

1                   **DR. ERICKSON:** And sir, did you meet with our  
2 folks in the room to the right?

3                   **MR. HUNT:** Yes.

4                   **DR. ERICKSON:** Okay, thank you.

5                   **DR. CIBULAS:** Thank you again, sir, very much.  
6 Thank you, Jerry, for following up on that.

7                   Mike, were you... Okay. Let's go back over to  
8 this side of the room, please. Ma'am?

9                   **MS. GRAHAM:** Hi. My name is Catherine Graham.  
10 I'd like to thank you all very much for being here in  
11 the Atlanta area because this has been a long time  
12 coming, for us to have an opportunity to speak out to  
13 you directly.

14                   My concern is much like Jerry voiced earlier. I  
15 had a miscarriage in 1980, three months after being  
16 stationed on base with my husband at the Camp Lejeune  
17 site. I filed a claim over five years ago and spent  
18 two years going back and forth to get the medical  
19 information and the exact dates that were requested by  
20 the adjutant office. After I submitted all my  
21 information I talked directly with them, and they told  
22 me that they was going to start paying out on those  
23 claims during the next year or two. It's been over  
24 four years.

25                   So I would like to know, is there a time frame

1           that those of us who have what I call an old claim to  
2           be processed and handled or have those gone by the  
3           wayside and we're focusing just on those who have  
4           current issues? Not to belittle those who have  
5           problems right now because my husband is one of them.  
6           But I actually filed a claim, did everything I was  
7           told to do, and I'm not getting any feedback or any  
8           responses now, and everything is -- everybody's  
9           focusing on those issues that everybody's having now.  
10          And thank goodness that they are, but what about those  
11          of us who lost a child a while back?

12                 **MR. ENSMINGER:** Well, what kind of claim was it  
13                 that you filed?

14                 **MS. GRAHAM:** Whatever the paperwork was that they  
15                 asked us to do. I filled out the registry and --

16                 **MR. ENSMINGER:** Was it like a -- did you submit  
17                 this claim to the Department of the Navy?

18                 **MS. GRAHAM:** Wherever they told us to mail it to.  
19                 Everything that came -- you know, this is the one  
20                 thing you all keep talking about, getting the  
21                 information out there.

22                 **MR. ENSMINGER:** You sent it to the Navy JAG?

23                 **MS. GRAHAM:** Yes.

24                 **MR. ENSMINGER:** You filled out an SF-95.

25                 **MS. GRAHAM:** Right, correct.

1                   **MR. ENSMINGER:** Okay. Those claims are still  
2 being held.

3                   **MS. GRAHAM:** Okay. Well, I heard some talk  
4 today about --

5                   **MR. ENSMINGER:** I mean, I, I filed one in 2000  
6 for my daughter.

7                   **MS. GRAHAM:** Right.

8                   **MR. ENSMINGER:** And I still haven't heard  
9 anything.

10                   **MS. GRAHAM:** Right. You know, I -- that was my  
11 main question today, but a lot of other questions have  
12 come up and things that I've heard and concerns I  
13 have. You keep talking about all the brochures and  
14 posters and everything that are put out there, but the  
15 unfortunate situation is those are only put out in the  
16 VA hospitals and the VA clinics. My sister-in-law  
17 lives in Lakeland, Florida. She's been sending me  
18 clips out of the newspapers for three years of stuff  
19 that's being put down there. I haven't seen anything  
20 in the newspaper around here. So that was one of my  
21 other concerns.

22                   **MR. ENSMINGER:** Well, you take that up with the  
23 guy in the middle up at the top row up there.

24                   **MS. GRAHAM:** No, I'm just going to put it out  
25 there, because you would think in this area that you

1 would see more exposure about it.

2 **MR. PARTAIN:** I understand that, you know, --

3 **MS. GRAHAM:** We addressed the issue of --

4 **MR. PARTAIN:** -- with the families -- let me...

5 To your point with the families and the dependents and  
6 everything, you know, Camp Lejeune is the name on my  
7 birth certificate. It's not where I'm from. I'm from  
8 Winter Haven, Florida, down -- I think you're talking  
9 about Kim Callahan?

10 **MS. GRAHAM:** Right.

11 **MR. PARTAIN:** I'm down the road from her. That's  
12 where I grew up. That's my home town. And the reason  
13 why it was in the paper there was because I contacted  
14 my local home town and got my media involved about  
15 Camp Lejeune.

16 And you know, people served aboard Camp Lejeune.  
17 They're a year, a year or two years, three years, some  
18 ten, some longer. But that's not our home town. You  
19 can't drive down Lejeune Boulevard, unless you got a  
20 pass or something, and go look and see where little  
21 Johnny lived or where, you know, Jamie lived and what  
22 happened to them. We're scattered all over the  
23 country. We're in every little town, every moderate  
24 town, large city, work in every state across this  
25 country, and we even got members who are overseas.

1           So the community, you know, for the VA or anyone  
2 else to go out and notify the community, it has to be  
3 done through the media. And it has to be done through  
4 people like you all getting in touch, getting together  
5 locally and going to your media and talking to them.  
6 And also going to your U.S. Senators, you've got two  
7 of them, and your Congressmen. And say, look, I'm  
8 here. I'm a part of this. There are efforts going  
9 on. You need to get out the word.

10           And Jerry mentioned legislation that's going to  
11 be up and coming. And when that happens we need all  
12 the representatives and all the senators to get behind  
13 it and get it passed, and that's not going to happen  
14 unless the community gets together locally and bans  
15 together to affect their local leaders.

16           **MS. GRAHAM:** Well, that's my point. It just so  
17 happened that my husband's parents still live at the  
18 same address, and had they not we probably would've  
19 never received the information that we did back in  
20 2010.

21           My other question that came up in some of the  
22 conversation today was about the locations of  
23 processing claims. How many locations are actually  
24 processing claims?

25           **MR. ENSMINGER:** What, VA claims?

1           **MS. GRAHAM:** Correct. The VA claims, for those  
2 who have current issues? How many cases -- how many  
3 places or locations are actually processing the  
4 claims? I heard the young lady say earlier that  
5 they're processing them here in Atlanta, but where  
6 else are they processing them? How many locations are  
7 actively have a staff of SMEs that are processing  
8 claims?

9           **DR. ERICKSON:** Right. So this is Loren Erickson.  
10 Our VBA colleagues are in the room across the hall,  
11 and so I don't know if you can get to Laurine Carson.  
12 She might give you a better answer. But my  
13 understanding, and another gentleman on this side sort  
14 of alluded to it, the final, that's right, the final  
15 common pathway for the processing of the claims is the  
16 one location; that's correct, sir. And I think the  
17 goal -- the, the purpose in doing that was to provide  
18 the level of uniformity in how they were handled. And  
19 quite frankly to -- the desire was to expedite those  
20 claims by having them at one site. But when you file  
21 the claim -- this may be more to your point, when you  
22 file a claim with VA you can file those claims online;  
23 you can file them at a variety of facilities across  
24 the nation to get the paperwork going. But the  
25 paperwork comes together at a single location, for

1 those that are going to then adjudicate all the  
2 material that gets sent in.

3 **MS. GRAHAM:** So basically you're saying there's a  
4 collection point but there's still only one location  
5 that's actually processing them.

6 **DR. ERICKSON:** Yeah, in a minute we'll have  
7 Laurine Carson come in, and she may correct me.

8 **MS. GRAHAM:** Okay, and my final question, and  
9 this came up -- thank you, Chris, for the information  
10 you provided, because my daughter also served at Camp  
11 Lejeune. She was on her training there for four  
12 months, and she was in the barracks that you talked  
13 about today, that I had no clue. And she probably has  
14 no clue that she may have been exposed as well. So  
15 I'm very concerned about that, and I can't wait to get  
16 out of here and get on the phone and call her and talk  
17 to her about it, because something needs to be done.  
18 If there is still contamination there, whether it's in  
19 the soil, in the air, in the barracks' walls,  
20 something needs to be done to clean it up, fix it and  
21 make contact with those Marines who served their  
22 country for four years, six years, ten years, 30  
23 years, however long it was, and they need to be  
24 contacted and be checked and be given opportunity to  
25 have their concerns addressed.

1           **MR. ORRIS:** Contact the Marine Corps and make  
2 them live up to their family first motto.

3           **MS. GRAHAM:** Well, we didn't know the problem  
4 existed until today.

5           **MR. ORRIS:** I know, but the Marine Corps claims  
6 that they are a family first institution. Make them  
7 live up to it.

8           **MS. GRAHAM:** She served her country. She got  
9 injured. She's a disabled veteran trying to raise two  
10 children in Florida right now. And one of her  
11 children does have a disability, and it just so  
12 happened it may have been -- this may have been a  
13 cause. So I'm glad I heard it today. I'm glad I came  
14 today. But this information and updates need to be  
15 made more available to the public.

16           **DR. CIBULAS:** Thank you very much, ma'am.

17           **MS. GRAHAM:** Thank you.

18           **DR. CIBULAS:** We do have a comment over here in  
19 response to the VA. Go ahead.

20           **MS. CARSON:** Hi. So this is Laurine Carson  
21 again, from the benefits side. So I think the  
22 question was how many -- at how many locations across  
23 the country are we processing Camp Lejeune claims.  
24 Okay, so all claims that have been established since  
25 2017, under the regulations, we process them at all 56

1 regional offices. They are not only processed at  
2 Louisville. So any other new claims are processed at  
3 those locations.

4 For all claims which had a previously denied  
5 disability prior to that regulation being established,  
6 they are still processed at the Louisville, Kentucky  
7 regional office, and that is because that's where the  
8 expertise for these conditions has been most  
9 prevalent, and that they've been processing these  
10 claims at that location since 2012. Any previously  
11 denied claim goes through them. It is also where we  
12 work with our SMEs on the VHA side to be able to work  
13 those claims. So 56 regional offices are processing  
14 Camp Lejeune claims across the nation.

15 **DR. CIBULAS:** Thank you very much for coming  
16 over. Sir?

17 **MR. TERRY:** Yeah, my name's Alvin Terry, and I  
18 have a question for Dr. Dinesman, is it? Are you a  
19 subject matter expert?

20 **DR. CIBULAS:** I'm not sure who you're referring  
21 to? Oh, I'm sorry, here he is, okay.

22 **MR. TERRY:** You know, all of a sudden there came  
23 up eight presumptive diseases. The 22 subject matter  
24 experts plus unknown number of contractors, working  
25 for the VA, and none of them seem to be able to

1 discover this evidence.

2 **MR. ENSMINGER:** On what?

3 **MR. TERRY:** For the presumptives. How does that  
4 happen? All scientists and doctors need scientific  
5 and intellectual curiosity. What happened to theirs?

6 **DR. DINESMAN:** I think those are separate. The  
7 presumptives are not going to the SMEs.

8 **MR. TERRY:** Are not going to be what?

9 **DR. DINESMAN:** The presumptive cases are the ones  
10 that were just spoken about, that go to the multiple  
11 ROs, but they do not go for opinion if they're  
12 presumptive.

13 **MR. TERRY:** Why did not the subject matter  
14 experts discover this evidence that proved the  
15 presumptions?

16 **DR. CIBULAS:** Loren wants to help out there. Go  
17 ahead, Loren.

18 **DR. ERICKSON:** Yeah, not a problem. Sir, again,  
19 thank you for your service. I think your question's a  
20 good one, and I think the question you're asking comes  
21 more to my office, which is at central office, a block  
22 and a half from the White House.

23 **MR. TERRY:** No.

24 **DR. ERICKSON:** We are very much involved in  
25 writing policy, and we are the ones that then work

1 with the folks who actually write rules and  
2 regulations. And the subject matter experts that are  
3 participating in these other tasks, they can certainly  
4 contribute, and some of them in fact contributed to a  
5 work group that we had put together, but that wasn't  
6 their primary job.

7 Whereas it was in my office where we worked with  
8 our ATSDR partners, where we looked at all the  
9 literature. We talked to other subject matter experts  
10 in other agencies, where we brought in together as a  
11 coherent package for the Secretary to consider. So it  
12 wasn't Dr. Dinesman's job to do that, though some of  
13 his people had input to this process. But rather it  
14 was my office that was charged with being able to  
15 bring forward that type of policy.

16 And I'm very glad to tell you, you know, that we  
17 were successful in being able to then establish, under  
18 the Secretary's signature, eight presumptions for a  
19 garrison-based exposure. That's historic. It doesn't  
20 exist for any other garrison-based exposure.

21 **MR. ENSMINGER:** And let me explain to you how the  
22 presumptive program came to be. I'm trying to explain  
23 to you how this --

24 **MR. TERRY:** I'm listening.

25 **MR. ENSMINGER:** -- happened. It was not up to

1 the SMEs. There was a meeting in July of 2015 in the  
2 office of Chairman Isakson, Senator Isakson, who is  
3 the Chairman of the VA Committee for the Senate.  
4 Senator Burr, Senator Tillis, some of their staff, the  
5 VA was represented at it. They were calling in  
6 Secretary McDonald to it. He came. Dr. Breysse,  
7 Dr. Bove were both there. And they thought it was  
8 going to be a knock-down-drag-out meeting because the  
9 Senators were loaded for... And when Senator Isakson  
10 opened the meeting up, Secretary McDonald basically  
11 took charge of the meeting and announced right away  
12 that he wanted to create a presumptive status for Camp  
13 Lejeune.

14 At that time he looked at Dr. Breysse and said,  
15 Pat -- called him by his first name -- and asked him,  
16 would you commit your agency to assisting us in  
17 developing a list of health effects that would fall  
18 under this presumptive program? And Dr. Breysse  
19 responded in the affirmative. Yes, he would.

20 Dr. Bove was tasked with that. And Dr. Bove  
21 looked at the list of scientific evidence, and the  
22 Secretary's guidance was any health effect that had  
23 sufficient or moderate evidence for causation, and  
24 that was what Dr. Bove did. And he looked at all the  
25 scientific data, all the studies that had been done up

1 to that time, and picked out the health effects that  
2 could be proven scientifically, to have moderate or  
3 sufficient evidence. And that's how the list came to  
4 be.

5 Now, there were two other things on that list  
6 that didn't make it, and I'm still fighting that. And  
7 I will fight it 'til they get on it. So the SME -- I  
8 mean, I don't know where you came up with that idea  
9 but --

10 **MR. TERRY:** Well, the SMEs are the ones that  
11 looked at all these claims.

12 **MR. ENSMINGER:** No, not the presumptives.

13 **MR. TERRY:** Many people have filed those  
14 presumptive claims, before they were presumptives.

15 **MR. ENSMINGER:** Well, I need -- before they were  
16 presumptive?

17 **MR. TERRY:** Yes.

18 **MR. ENSMINGER:** Well, if they were filed before  
19 they were presumptive they need to refile now.

20 **MR. TERRY:** The point I'm making is, if you sit  
21 there -- if you're an SME and you're reviewing claim  
22 after claim after claim after claim, and you're doing  
23 your job, your intellectual and your scientific  
24 curiosity would lead you to that evidence.

25 **MR. ENSMINGER:** But they don't have any

1 authority.

2 **MR. TERRY:** Authority to do what?

3 **MR. ENSMINGER:** The Secretary has the authority  
4 to create a presumptive status if he sees --

5 **MR. TERRY:** Exactly.

6 **MR. ENSMINGER:** -- so fit to do so.

7 **MR. TERRY:** Exactly. But nevertheless, the  
8 evidence was there.

9 **MR. ENSMINGER:** All right, but we got the  
10 presumptive program. What, what --

11 **MR. TERRY:** The point is, the point is when they  
12 examine these claims, they did not use their  
13 intellectual and scientific curiosity, which is  
14 necessary --

15 **MR. ENSMINGER:** I agree.

16 **MR. TERRY:** -- for any doctor.

17 **MR. ENSMINGER:** I agree. I agree with you.

18 **MR. TERRY:** They did not use it because that's  
19 not their job.

20 **MR. ENSMINGER:** Well, I agree with you, and that  
21 was wrong. But we've got the presumptive program to  
22 fix it. And now I still don't agree with the SME  
23 program that they got going now.

24 **MR. TERRY:** Nothing is fixed except for those  
25 eight diseases.

1           **MR. ENSMINGER:** But, but I mean, I still don't  
2 know where you're going with this.

3           **MR. TERRY:** I want the SME to tell me why they  
4 did not approve some of those claims, because the  
5 evidence was already there before this meeting that  
6 you had.

7           **MR. ENSMINGER:** I didn't have it. They wouldn't  
8 let me in there.

9           **MR. TERRY:** Okay.

10          **MR. ENSMINGER:** I wish they would've but they  
11 wouldn't let me in there.

12          **DR. CIBULAS:** Thank you, sir. I understand that  
13 you're still struggling, looking for an answer here,  
14 but I think Jerry's done a remarkable job of telling  
15 us how we got here.

16          **MR. TERRY:** I understand that, but Dr. Dinesman  
17 can tell me, possibly, why he could not, or they could  
18 not, discover that same evidence that got those  
19 diseases presumptive.

20          **MR. ENSMINGER:** Well, I'll give you an answer  
21 that I got, which they're not going to like, but I'm a  
22 firm believer that the VA created this so-called  
23 subject matter expert program to deny more claims.  
24 [applause]

25          **MR. TERRY:** Well, now, that's my point.

1           **MR. ENSMINGER:** But we're fighting that. And you  
2 need to understand that, with the creation of the  
3 presumptive status -- I mean, Dr. Erickson was right:  
4 It was historic, because this has never happened  
5 before. There has never been a stateside, peacetime  
6 exposure, or any other type of incident, where the VA  
7 has created a presumptive status. Camp Lejeune is the  
8 first.

9           **MR. TERRY:** Well, why would he need to ask  
10 ATSDR --

11           **MR. ENSMINGER:** Yeah?

12           **MR. TERRY:** -- to review all this evidence when  
13 he's got 22 subject matter experts and an unknown  
14 number of contractors?

15           **MR. ENSMINGER:** Well --

16           **MR. TERRY:** -- supposedly experts in the field.

17           **MR. ENSMINGER:** And in the presumptive status,  
18 this has got -- all the scientific evidence has got to  
19 be revisited, what, every two or three years? What is  
20 it?

21           **MR. PARTAIN:** You got to understand that this  
22 issue just didn't pop up in March 2017, with the  
23 presumptive service connection. When we got involved  
24 in this, and the VA started coming to the CAP  
25 meetings, there was no Louisville. The claims were

1           being held and being turned in in local areas. You  
2           had people in Florida, Massachusetts, Michigan turning  
3           in claims. And what was happening because of social  
4           media, the internet, would -- like for example, and  
5           this is pretty much one of the scenarios, we had a guy  
6           in Massachusetts approved for male breast cancer. We  
7           had a guy denied in Florida. We had another guy  
8           denied in Michigan. Well, we -- the guy in  
9           Massachusetts contacted Jerry and I; we looked at the  
10          stuff, worked with the other veterans and challenged  
11          what was going on with the VA because there were  
12          inconsistencies in what the VA was doing.

13                 And, you know, once again, Dr. Erickson might not  
14          like this, but they pulled everyone together in  
15          Louisville to consolidate the claims to straighten out  
16          the stories. And then from that point on we saw a  
17          consistent, around 25 percent, approval rate for  
18          several years, a little above, a little below, every  
19          year for the VA claims. Then in 2013 we find the VA  
20          implemented the SME program and the approval rates  
21          plummeted to around 4 or 5 percent.

22                 Now, that question you're asking about, well,  
23          why -- you know, all this information was here; why  
24          weren't they awarding the kidney cancers, the bladder  
25          cancers, the leukemias, the non-Hodgkin's lymphomas

1 prior to the presumptive? Well, that's what we've  
2 been fighting for for the past ten years.

3 And that's the question that, if you go back in  
4 the CAP transcripts, we were asking the VA. Well, TCE  
5 was rated a human carcinogen in 2011 because its  
6 effects on the human kidney and kidney cancer. But  
7 they were denying kidney cancer claims all the way up  
8 until March -- or I'm sorry, they put them on hold for  
9 a while -- but up until the presumptive announcement.

10 So that -- I mean, I don't know if that's the  
11 answer that you're looking at but there's more to it  
12 than just the SME making a decision.

13 **MR. TERRY:** What can Dr. Dinesman tell me?

14 **MR. PARTAIN:** I don't believe he was doing a lot  
15 of this stuff at the beginning either, so.

16 **MR. TERRY:** He's a subject matter expert.

17 **DR. CIBULAS:** I don't think there's anything else  
18 we can add at this time. I understand you're a little  
19 dissatisfied but perhaps we can carry on the  
20 conversation later, but I would really like to get  
21 some other people up.

22 **MR. PARTAIN:** Yeah, we do need time for other  
23 people.

24 **DR. CIBULAS:** Thank you, sir. Sir?

25 **MR. BAILEY:** Dan Bailey from Florence, Alabama.

1 I got a couple of questions. Why aren't we studying  
2 diseases of the endocrinology system? I mean, the EPA  
3 has listed 72 chemicals that they've mitigated from  
4 Camp Lejeune, and there's got to be diseases  
5 associated with those, so that one should be a  
6 presumption.

7 And my second one is, the Agency for Toxic  
8 Substances and Disease Registry, when I went online  
9 four years ago to register with you guys, you gave me  
10 an email back saying it was highly unlikely, because  
11 most of the contaminated wells were shut down in '85,  
12 that any illnesses would be related to Lejeune. Now  
13 I'm hearing that things are going to be related even  
14 past '87, it sounds like. I mean, I'm getting  
15 double-talk here.

16 **MR. ENSMINGER:** No. That was the old ATSDR.  
17 They wrote their public health assessments on bases  
18 like Camp Lejeune back in the 1990s, like '97.

19 **DR. CIBULAS:** That's correct, '97, Jerry.

20 **MR. ENSMINGER:** Yeah. They would write their  
21 public health assessments with their feet up on their  
22 desks, looking out the window over at Century Center,  
23 and the original public health assessment for Camp  
24 Lejeune was a joke. And they state it right in there:  
25 No, with those kind of exposures you had at Camp

1           Lejeune, the likelihood of cancer in adults, no. I  
2           mean, this is -- I mean, this is an evolution, and  
3           it's taken since 1997 for me.

4           **MR. BAILEY:** I hear you, Jerry.

5           **MR. ENSMINGER:** I mean, and we've come a long  
6           way.

7           **MR. BAILEY:** Yes, you have.

8           **MR. ENSMINGER:** But we have to keep going, and  
9           you're not going to change this overnight. You've got  
10          to change it with evidence.

11          **MR. PARTAIN:** And the changes that you're talking  
12          about, too, that you saw in the past versus now, that  
13          occurred because of the interaction in the community,  
14          the CAP in particular, and other people outside the  
15          CAP that have worked to challenge the narrative that  
16          has been sent out by both the Navy, the Marine Corps,  
17          and ATSDR at one point. And frankly, if people hadn't  
18          stood up, done the research and didn't accept what was  
19          told to them, then we would be right back in 1997. So  
20          that's why the narrative's changed.

21          **MR. BAILEY:** Yes, sir.

22          **MR. PARTAIN:** And you know, that's the importance  
23          of getting involved.

24          **MR. ENSMINGER:** I mean, you should've seen what I  
25          went through up on Capitol Hill, trying to explain

1           this to Congress. I mean, it was hell. You know, I  
2           knew just enough to make me dangerous to begin with,  
3           and I had to educate myself so that I could educate  
4           the others and get this thing moving in the right  
5           direction. And it took from 1997 until 2004 before I  
6           testified to Congress the first time about Camp  
7           Lejeune.

8                       **UNIDENTIFIED AUDIENCE SPEAKER:** Thank you, Jerry.  
9           [applause]

10                      **MR. ENSMINGER:** And from that point on, that was  
11           April of 2004, and then Congressman John Dingell got  
12           involved in this, and his staff, and they got behind  
13           us.

14                      Then we had another hearing, *Poisoned Patriots*,  
15           in 2007, and then another one in the House Science and  
16           Technology Committee in 2008, several, a couple  
17           hearings there. And then in the Senate. I mean, this  
18           has been a long, hard fight, and all of you that are  
19           frustrated, hey, I know what you feel.

20                      But you've got to stay consistent. And I never  
21           go to Capitol Hill and make an allegation that you  
22           can't support, because if you go up there and you say  
23           something that's not true and you can't prove it, you  
24           ruin your credibility. It's not only your own  
25           credibility that you're ruining; you're ruining it for

1 all of you too, your entire issue. So be careful when  
2 you speak to the media. Be careful to when you speak  
3 to members of Congress. But keep speaking.

4 **DR. CIBULAS:** Thanks. Thank you, Jerry. A quick  
5 comment from one of our CAP members before we move on.

6 **MR. HODORE:** Hello, my name is Bernard. I'm a  
7 CAP member. Let me start by saying how many of y'all  
8 have filed a claim before? How many of y'all have got  
9 an NOD in your claim? Notice of disagreement. Well,  
10 if you got a notice of disagreement that's an appeal.  
11 You don't doubt your case until the appeal process.  
12 Atlanta's working on cases from 2012. So that's five  
13 years ahead of you. That was the trick to get you to  
14 do an NOD. They would not rescind an NOD. That is an  
15 appeal.

16 An appeal is a lengthy process, very lengthy. I  
17 know some cases where the appeal been going on ten  
18 years. So you got to understand when you're filling  
19 this paperwork out you got to -- why not do motion for  
20 reconsiderations? So it takes forever to do these  
21 cases. They got a backlog of five years here sitting  
22 in Atlanta. Thank you.

23 **DR. CIBULAS:** Thank you. Ma'am?

24 **MS. WESBROOK:** Yes. My name is Peggy Westbrook.  
25 I was stationed in Camp Lejeune in 1971, the old

1 Corps. I was diagnosed with breast cancer in 2012.  
2 Now I was diagnosed with colon cancer just last year.  
3 I'm just finishing my treatment. I would like to know  
4 would colon cancer be in the study that he's working  
5 on?

6 **DR. BOVE:** All cancers.

7 **MR. ENSMINGER:** All cancers.

8 **MS. WESBROOK:** That's all I needed to know.

9 **DR. CIBULAS:** Thank you very much, ma'am. Sir?

10 **MR. GRANT:** Name's Willie Grant. I'm a veteran  
11 service representative from an outside organization,  
12 other than the VA. I talked with Jerry earlier, and  
13 my question to the -- not to the CAP, but to the VA,  
14 is what recourse does a surviving spouse or dependent  
15 have if the individual dies from one of the cancers  
16 that's in the presumptives, and they go and they try  
17 to file a claim, and it gets denied? What's the  
18 recourse? After talking with Jerry -- I've won more  
19 cases through tort than I have by submitting claims  
20 through the VA. That's real honest.

21 **MS. CARSON:** I'll try to answer you. So I'm not  
22 sure if that claim was filed prior to the March of  
23 2017 law; however, that claim, even though it was  
24 previously denied, can be requested to be reopened or  
25 the person, first and foremost, of course should file

1 an appeal if you get a denial and you feel that it is  
2 wrong. However, that claim can be reopened under the  
3 March 2017 law, because those conditions are now  
4 presumptive conditions that may have been previously  
5 denied before that rule was implemented. And so that  
6 person should be, if they have one of those conditions  
7 that's on that list, should be able to file that claim  
8 as a death indemnity compensation benefits, it's the  
9 DIC benefits, as a survivor. There is no delimiting  
10 date on filing for DIC benefits, so it didn't have to  
11 be only one year after the veteran's date. There is  
12 no delimiting date. Just get -- I would say get that  
13 person to refile the claim. And I believe you and I  
14 talked about that.

15 **MR. GRANT:** Right. So --

16 **MR. ENSMINGER:** And then let me clarify something  
17 else. If your spouse, the veteran, passed away after  
18 the March activation date of 2017, if they passed away  
19 after that date, they also --

20 **MS. CARSON:** Yes.

21 **MR. ENSMINGER:** -- would receive, not only DIC,  
22 but they'll get benefits --

23 **MS. CARSON:** Right.

24 **MR. ENSMINGER:** -- that their spouse had rated up  
25 to the point where they passed away.

1           **MS. CARSON:** Absolutely, because claims for the  
2           DIC benefit for anyone, if you file a claim and there  
3           was a claim that was pending at the time that a person  
4           passed away, because we know that these claims we held  
5           them for a time, you would get the claim as what's  
6           called a substitutant for the deceased veteran, yes.

7           **UNIDENTIFIED AUDIENCE SPEAKER:** How do you spell  
8           that?

9           **DR. CIBULAS:** How do you spell it?

10          **MS. CARSON:** Substitutant, let me see. Like  
11          substitute -ant. But s-u-b-s-t-i-t-u-t-a-n-t.

12          **UNIDENTIFIED AUDIENCE SPEAKER:** Is that for all  
13          claims or just Lejeune claims?

14          **MS. CARSON:** Actually the approved benefits and  
15          substitution of claims is for any claim where a  
16          veteran had a pending claim at the time of his death.  
17          It applies to this but it also applies to any claim.  
18          You generally would have to file it within one year  
19          from the veteran's death.

20                 But in these cases where we held those claims,  
21                 and someone may have died before the 2017 enactment, I  
22                 would still do both. I would do the DIC claim and the  
23                 substitutant claim.

24          **MR. GRANT:** So, so my other question is why is  
25          there such a lack of continuity within the VA system?

1 From department to department, from agency to agency  
2 within the VA. If you're dealing with someone that  
3 has a pension, and he dies, and he's in the medical  
4 system also, when you report his death it doesn't  
5 automatically go over into the medical system.

6 And I just had one of my clients passed away this  
7 past Saturday. He was -- he had bladder cancer. We  
8 filed his bladder cancer claim for Camp Lejeune three  
9 days before he passed away. So when we reported his  
10 death to the compensation side, all of a sudden,  
11 because of his insurance, we have to go to pension and  
12 we have to go to the insurance and let everybody know  
13 individually that this individual had died.

14 That makes absolutely no sense. There should be  
15 some kind of reporting system within the VA so that  
16 we, as the individual working as a representative or  
17 working with the family, doesn't have to go through  
18 the remorse that the family goes through trying to  
19 help them to report their death.

20 **MS. CARSON:** Totally agree with you. I will say  
21 this, that if you report a death and it is totally  
22 correctly in the system, it hits the pension center,  
23 the insurance center and the service center, because  
24 we use a system that's called the veterans benefits  
25 management system, and that's a system that goes

1 across that.

2 However, the challenge between VBA and the  
3 healthcare side is still a challenge. VA is working,  
4 as you heard the Secretary state earlier, around  
5 Veterans Day, that we're working on a consolidated  
6 health and electronic health record that would include  
7 all the VA systems talking. Some of the challenges  
8 and the reasons that we had that is because you have a  
9 healthcare treatment system of records and you have  
10 this benefits claim system of records, and we need to  
11 merge those together better and VA needs to do a  
12 better job in that area. So no excuses here. You are  
13 preaching to the choir because, guess what, when my  
14 frontline person is trying to help a veteran in front  
15 of him, he needs access to any and all records  
16 pertaining to that veteran as well. So we understand  
17 and we hear you.

18 **DR. CIBULAS:** Sir, thank you very much for your  
19 comments. I do want to try to get everybody who's  
20 still standing up. I think there are some people that  
21 need to leave, so let's keep moving, if I could.  
22 Ma'am?

23 **UNIDENTIFIED AUDIENCE SPEAKER:** I want to thank  
24 you for your dedication and for just being able to  
25 come out. This is my first meeting, and I'm learning

1 a lot. But my question is why is it that the women  
2 Marines -- I'm being one of them; I enlisted in  
3 1970 -- are having such a hard time with the VA  
4 accepting, those of us that were stationed on Camp  
5 Lejeune, our female infertility and any other disease  
6 that led up to our infertility and that we've  
7 developed since, why is it being disregarded? I mean,  
8 I have filed and refiled and refiled and refiled, but  
9 it's being disregard -- oh, you -- it's no connection.

10 And the last letter I got from the compensation,  
11 it says: You need to provide us with your scientific  
12 study. I am not a scientist. I don't do scientific  
13 studies. If you want your taxes done, I'm the girl  
14 for you, okay? But they want me to provide my  
15 scientific studies, and they want my doctor to provide  
16 my scientific studies.

17 We didn't even find out about Camp Lejeune water  
18 until 2007. I got out in 1980. So my doctors and I  
19 working together trying to find what's wrong and why,  
20 and all along the Marine Corps knew why. So I'm just  
21 very disappointed. I'm very discouraged but I'm not  
22 defeated.

23 Why are you asking us, the individual, for a  
24 scientific study? Why are you asking us, the  
25 individual, to ask our doctors for a scientific study?

1 We've got millions of doctors in the U.S., so every  
2 doctor is supposed to now have a scientific research  
3 team, so that just in case a veteran comes up that may  
4 have been stationed at Camp Pendleton, Cherry Point or  
5 Camp Lejeune, or all three, that they've got a study  
6 available? I don't get this. Is this just a way of  
7 the VA circumventing the obvious, and that women  
8 Marines were damaged.

9 **DR. CIBULAS:** Thank you, ma'am.

10 **UNIDENTIFIED AUDIENCE SPEAKER:** And we are still  
11 damaged. What are you going to do to make me whole?  
12 You want to go back and do some forensics on the  
13 organs they took out? I don't even know where they  
14 are. They're probably burnt and destroyed. But  
15 that's what you're asking me for, and I have no way of  
16 providing that. So to me it seems like you're asking  
17 for information that you know the likelihood of being  
18 provided is zero.

19 **MR. PARTAIN:** And that's precisely what we've  
20 been asking the VA with this SME program, and I'd like  
21 to hear an answer on that. 'Cause for a veteran to go  
22 out and hire a doctor to do what these SMEs do, you're  
23 talking thousands of dollars to get a comparable  
24 medical opinion. So Dr. Erickson?

25 **DR. ERICKSON:** I want to be -- let me say first

1 of all say thank you for your service, ma'am.  
2 Appreciate that you served our country.

3 I want to be real sensitive that you're bringing  
4 up a very personal and private issue here.

5 **UNIDENTIFIED AUDIENCE SPEAKER:** Yes.

6 **DR. ERICKSON:** And I don't -- I don't want to  
7 expose you to any kind of discussion now in front of,  
8 you know, 300 people here. What I would ask is  
9 perhaps speak to Dr. Dinesman afterwards, so you could  
10 have a private discussion.

11 We work very hard right now to try and educate  
12 doctors, both within and outside of the VA. We have a  
13 number of means that we do that. Having said that, it  
14 is an ongoing process. It's we're never reaching  
15 enough. I'm very sensitive to the comment you say  
16 about each doctor having to have their own scientific  
17 team. It may be that, as you talk to Dr. Dinesman,  
18 there may be something unique about your situation  
19 that we can touch on that we can provide you with a  
20 strategy.

21 **DR. CIBULAS:** So and, as I said, thank you,  
22 ma'am, some of us are going to have to be leaving.  
23 Jerry is one of them. I'm going to stay here and  
24 there are members of the CAP that can stay here with  
25 me are going to continue to stay. I want to hear from

1 everybody who's standing for sure, but Jerry just  
2 indicated he needs to leave, and I wanted Jerry to  
3 have an opportunity to just say a few words before he  
4 leaves. Jerry?

5 **MR. ENSMINGER:** Now, the Justice Act that I  
6 announced this morning has not been introduced yet.  
7 We're working on it. Lord knows how long it'll take  
8 but it's going to take the support of all of you. And  
9 remember this, if your spouse was a service member,  
10 you can't sue the government. There's a thing called  
11 the Feres Doctrine that bars you from suing the  
12 government for the death of a person that was serving  
13 in the military.

14 However, if you are a dependent or, in my case,  
15 my dependent daughter, yes, I can file a suit against  
16 the government. And if you're a dependent you can  
17 file a suit against the government.

18 So, nice seeing all of you.

19 **MR. PARTAIN:** Thank you, Jerry. [applause]

20 **UNIDENTIFIED AUDIENCE SPEAKER:** We wouldn't be  
21 here if it wasn't for you.

22 **MR. ENSMINGER:** Maybe, maybe not.

23 **DR. CIBULAS:** Sir?

24 **UNIDENTIFIED AUDIENCE SPEAKER:** All right, so  
25 unfortunately I didn't serve in the military. My

1 father was in the United States Marine Corps. And I'm  
2 30 years old, and my dad served from '83 to '89, and I  
3 was born in '87. My mother lived on the base from  
4 '85 to '89.

5 When I was born, I was born with a defect. I was  
6 born with testicular cancer. Now, I'm here because  
7 for 28 years I didn't have any answers. I didn't know  
8 why, I didn't know what it was that I was going  
9 through, from the emotional side of it, not being able  
10 to develop like any other males growing up. I never  
11 went through puberty.

12 So when my dad got testicular cancer a couple  
13 years ago, that was the first time I even learned  
14 about, oh, Camp Lejeune water contamination. I didn't  
15 know anything about it 'til one of the reps approached  
16 him after he had testicular cancer.

17 So my question comes to when, on the 15  
18 conditions that are listed, there is female  
19 infertility, what about the male infertility? What  
20 about the male organs that no longer work because the  
21 water contamination or however that goes? So I've  
22 spent the better parts of my life not having any  
23 information, any answers, and I would like to know my  
24 course of action.

25 **MR. PARTAIN:** Out of curiosity, what housing area

1 were you living in when you were born?

2 **UNIDENTIFIED AUDIENCE SPEAKER:** I'm not sure.

3 **MR. PARTAIN:** Check your birth certificate. It  
4 should be -- the street should be on there. And send  
5 me an email through the website.

6 **UNIDENTIFIED AUDIENCE SPEAKER:** Okay.

7 **MR. PARTAIN:** Just remind me who you are too.

8 **UNIDENTIFIED AUDIENCE SPEAKER:** Okay. And where  
9 would I get your email?

10 **MR. PARTAIN:** The website -- I'm sorry, *The Few,*  
11 *the Proud, the Forgotten.* If you go on Facebook:  
12 *Camp Lejeune Toxic Water Survivors,* and you can find  
13 me through there and message me, what have you. But  
14 the main website, go to *The Few, the Proud, the*  
15 *Forgotten.* You'll see my name, Mike Partain, as one  
16 of the administrators. Send me an email through  
17 there. I mean, I can't answer your question on the  
18 health-wise, but I was born on Lejeune too so I like  
19 to keep track of the kids.

20 **UNIDENTIFIED AUDIENCE SPEAKER:** Okay. Is there  
21 any other --

22 **DR. BOVE:** Let me just say that those 15 diseases  
23 that are in the 2012 law were based on a report that  
24 was done by the National Academy of Sciences back in  
25 2009, I think it was. There's a lot of problems with

1           that report. What they basically said was that  
2           evidence for female infertility and the other 15 of  
3           those diseases that are mentioned, the evidence was  
4           very weak but they thought that there was nothing that  
5           had strong evidence for TCE and PCE. It was part of  
6           the flaws of that report.

7           Anyway, Congress picked that up anyway. They  
8           picked up those 15 diseases that were listed as weak  
9           evidence, or whatever the category was; I can't  
10          remember exactly. So, insufficient. So that's the  
11          law. That's -- it's not really based on good science,  
12          I have to say.

13          However, for male infertility and female  
14          infertility, there isn't a lot of evidence,  
15          unfortunately, that TCE or PCE can cause those  
16          illnesses, and that's probably because they're under-  
17          studied. Most of the studies that are done on worker  
18          populations. It's difficult to study these endpoints  
19          in workers, and that's where a lot of our information  
20          comes from.

21          So that's -- the reason male infertility's not  
22          among the 15 is because it wasn't in that report, but  
23          also both female and male infertility, there really is  
24          not strong evidence at this time.

25                 **MR. PARTAIN:** One thing, just to let you know,

1           sir, you're not the only one I've come across with  
2           testicular cancer from Lejeune. I know of another  
3           dependent in Tampa, Florida, who lived on base as a  
4           child and had testicular cancer, and there's been  
5           others.

6                   **UNIDENTIFIED AUDIENCE SPEAKER:** Okay.

7           **DR. CIBULAS:** Thank you, sir. Thank you for your  
8           comment. I appreciate it.

9           **DR. BOVE:** One other quick thing, testicular  
10          cancer is one of the cancers we'll be looking at.

11          **DR. CIBULAS:** Sir?

12          **MR. CRAWFORD:** My name is Neal Crawford. I  
13          present with all sorts of neural behavioral problems  
14          over the years since Camp Lejeune, from anger issues  
15          to, you know, PTSD. And I also present with  
16          maladaptive disorders, to where the doctors had no  
17          answers to what it was. It was not Celiac's disease  
18          or anything along those lines. I actually just about  
19          died at that point.

20                 I have presented with primary Sjogren's,  
21                 fibromyalgia, autoimmune ear disease, and I was  
22                 speaking with Dr. Blossom earlier, and these diseases  
23                 even to present in a black American male are basically  
24                 impossible. And I guess my question would be to the  
25                 VA: Why do they deny, the ATSDR report, where it says

1 autoimmune disorders are actually part of what is  
2 coming out of Camp Lejeune, and, you know, maladaptive  
3 issues, and things along those lines, that are  
4 presenting in a lot of these people? I mean, it's  
5 clear science for us there.

6 **DR. CIBULAS:** Go ahead.

7 **MS. CARSON:** So I don't know if Dr. Erickson left  
8 the room or not, but that would be a question that he  
9 would have to answer, about the, the science and  
10 why...

11 **MR. CRAWFORD:** And what strides are being made to  
12 add more disorders, such as autoimmune disorder?  
13 Because we're seeing our veterans present with immuno-  
14 suppressive disorders, also seeing our veterans, you  
15 know, present with Sjogren's syndrome and all sorts of  
16 autoimmune disorders, and just want to know what kind  
17 of strides are going to be made to add autoimmune  
18 disorders, maladaptive disorders? And who's to say  
19 exactly what -- I mean, the ATSDR report says, you  
20 know, PTSD, bipolar depression, depression and  
21 anxiety, all these things are part of the neural  
22 behavioral, but they say that the only thing that  
23 long-term presents is, you know, the hearing and the  
24 visual. Well, I have visual and I have hearing things  
25 going on with me. Is it because of the autoimmune

1 disorder? It gets disregarded. You get thrown out of  
2 the VA.

3 These are things that are going on. They try to  
4 tell them about it, but, you know, -- and I was  
5 sharing with Ralph earlier that it's kind of tough  
6 because I am a reservist. I am the one that has the  
7 minimum days in, the one that they want to eject out  
8 of the system because of the two years, the 24 months.  
9 But the neural behavioral is always presented; it just  
10 didn't present in that first 30 to 45 days. Now, it  
11 may have presented with other people when they had  
12 been in for 60, 90, 120 days, but who's to say that  
13 it's going to present within that first 30 to 60 days?

14 **DR. CIBULAS:** Loren, you want to try to address  
15 that as best as you can?

16 **DR. ERICKSON:** Yeah. And of course we did speak  
17 earlier, and I very much appreciate the fact that  
18 you're bringing this to the group. About all I can  
19 say at this point in terms of these issues, autoimmune  
20 and endocrine issues are a very intriguing area of  
21 inquiry as it relates to the number of pollutants and  
22 the number of chemicals such as these. I don't know  
23 that there's a lot of data right now that's available  
24 to show endpoints that are tied to those. Frank, are  
25 you including, you know, either autoimmune or

1 endocrine endpoints in your study?

2 **DR. BOVE:** No, just the cancers that are related  
3 to those. But in our assessment, it's on our website,  
4 we do talk about scleroderma. We also talked about  
5 immunosuppression as a possible mechanism for the  
6 leukemias and non-Hodgkin's lymphoma. So that's  
7 discussed in our assessment. But only scleroderma at  
8 this point we have some evidence, for TCE in  
9 particular, and it's scleroderma.

10 **DR. BLOSSOM:** I did want to say something that I  
11 think Dr. Bove made the point earlier, that autoimmune  
12 diseases, it's not that they're -- it's not an effect.  
13 I've been studying effects of TCE in autoimmunity for  
14 15 years in the animal model, and there's clear effect  
15 on autoimmune promoting effect.

16 What makes it difficult to study in human  
17 populations is that, while in general autoimmune  
18 diseases are very common, individually they're very  
19 rare. So I think it could be a matter of sample size,  
20 just getting enough individuals with diseases in order  
21 to get adequate statistical power for the study. So I  
22 do take your point, and I understand there's a lot of  
23 people with autoimmune issues associated with Camp  
24 Lejeune. And that's about all I can say about it.  
25 But I just wanted to add that.

1                   **DR. CIBULAS:** So hopefully more data in the  
2 future on this so we can get a better understanding of  
3 the effects. Thank you, sir. Ma'am?

4                   **MS. KENDRICKS:** My name is Lavita Kendricks. I  
5 am retired woman Marine. Speaking on women Marines, I  
6 have to agree with this other young lady that spoke.  
7 We're in a special category, especially when you talk  
8 about infertility and all that other stuff.

9                   I was stationed in the Camp Lejeune area for  
10 seven consecutive years, from '79 to '86. That meant  
11 I was at New River, Camp Lejeune for two schools.  
12 Well, Camp Johnson for two schools at Camp Lejeune.  
13 At any rate we had to wait for the water to run 20  
14 minutes before it was clear, before you could get in  
15 there and do what you had to do. And those of us who  
16 went ahead and took showers, you men didn't have a  
17 problem 'cause your stuff's straight down. Ours was  
18 not. So with everything that was going on with us  
19 from the infertility, the miscarriages, the still-  
20 borns. Speaking of still-borns, when we went to Camp  
21 Lejeune last year I saw what Chris was saying. They  
22 didn't have our stillborn child's birth certificate,  
23 or death certificate, or whatever you want, on record.  
24 No such thing. But the fact that we miscarried so  
25 many times, the fact that we have problems taking a

1 bath today. I can't take a bath, much as I would love  
2 to. I can't sit in the water without any adverse  
3 reaction.

4 I worked in the Army for three years, dealing  
5 with all the different solvents and chemicals and  
6 stuff, to the point that, to this day when I sweat I  
7 itch or break out in hives. All this started at Camp  
8 Lejeune. Before I went to Camp Lejeune or came in the  
9 Marine Corps I had none of these problems. But as I  
10 get older and more -- the more problems arises.

11 So but the young man with the infertility issue,  
12 that should even be included. I mean, it's just that  
13 we have gone through so much, and those Marines that  
14 are sitting on the panel and their dependents,  
15 standing up for us and everything, and the rest of  
16 you, I'm asking that you get onboard because if you  
17 were stationed there or you'd gone through the things  
18 that we've gone through, you would be here standing,  
19 saying the same things that we're saying. This is a  
20 fight for our lives. We feel as though you all are  
21 waiting for us to die, one day at a time. [applause]

22 We signed up to take care of you all, to serve  
23 and protect. What you all doing for us? You know,  
24 it's not fair to us that you get to decide whether or  
25 not we are compensatable for this stuff that's going

1 on. We didn't ask for it. When we signed that dotted  
2 line it was a job. Okay, we're going to protect our  
3 country. We're going to fight for our country. This,  
4 that and the other. Yet our country doesn't fight for  
5 us.

6 And it's not fair to us that we have to continue  
7 to go through this. I should not have to keep going  
8 to the VA and fussing with VA to get a claim, only to  
9 have my doctor tell me: Oh, you have to get your  
10 letter first. No, when I retired I took four volumes  
11 of my medical case to the Atlanta, so my records would  
12 be on file. I shouldn't have to keep hearing that you  
13 have to file this. No, that's not my job. If it's in  
14 there you need to look and do your research. I've  
15 given you the go-to as to me being in the Marine Corps  
16 and stationed at Camp Lejeune. Now you need to do  
17 what you need to do, and you all need to do what you  
18 all supposed to, and that's continue to take care of  
19 these service members and their veterans.

20 We should not be having to come constantly to  
21 these CAP meetings, fussing, fighting and heehawing  
22 and state: Here we are, take care of us. Because I  
23 guarantee you, if it comes back, and which there are  
24 other bases that are contaminated. Those of you that  
25 were in the other branches, you all are going to be

1 standing here next because it's already proven some of  
2 the other bases are contaminated. And I'll bet you,  
3 you all are going to be standing up there to fight  
4 with everything that you all got, just like we're  
5 doing now. So on this end, take care of us, but look  
6 at the other side of the women Marines' issues and  
7 those sailors that were stationed there with us.

8 **MR. PARTAIN:** One thing on that -- I'm sorry to  
9 cut you off, 'cause I've got to run here; otherwise  
10 I'm going to be stuck in Atlanta forever -- but to tag  
11 onto what you're saying, with taking care of the  
12 veterans, and I'm going to ask Dr. Erickson, what is  
13 the issue with we've got Marines who are being  
14 approved for a service connection and then getting a  
15 zero percent rating, even though they've had surgery  
16 and they've had chemotherapy? I've had several people  
17 during the CAP meeting email me and ask about that,  
18 and it's still going on. There's a gentleman that I'm  
19 connected with that's gone through something like  
20 that. But, you know, how can you give zero percent  
21 ratings when you've got a service connection, then  
22 treated, gone through chemotherapy, radiation or had  
23 organ removal?

24 **MS. CARSON:** Okay. So if I can assist, first and  
25 foremost for any organ removal are those with

1           disabling effects of the condition and how it relates  
2           to a person's ability to earn. So that's what the  
3           VA's schedule for rating disability of the regulation  
4           says.

5           So we follow the regulation to provide a  
6           disability evaluation. For an active cancer during a  
7           time of activity and treatment it's usually rated at  
8           100 percent. After the period of active cancer, it's  
9           then rated on the residual effects of that cancerous  
10          condition or any additional residual effects, meaning  
11          that if it causes another condition.

12          So we generally rate the other effects of the  
13          cancer. So the cancer may go from 100 percent when  
14          it's active down to zero because it's inactive;  
15          however, if the cancer results in the loss of use of a  
16          creative organ, that creative organ usually gets  
17          what's called a special monthly compensation K code,  
18          but it's based on a rating schedule. So if you look  
19          at the disability rating schedule, that's how we're  
20          rating them. We're not just choosing to make them all  
21          zero.

22                 **MR. PARTAIN:** But we have people with diabetes,  
23                 heart problems, scarring, you know, organ removal that  
24                 are getting zero ratings, so that's why I bring that  
25                 up. And like I said, I am unfortunately going to have

1 to leave.

2 **MS. CARSON:** I just want to clarify, Mike,  
3 though, you said that they have organ removal and  
4 they're getting zero ratings, and there's no special  
5 monthly compensation loss of use code for that?  
6 They're not getting any payments from VA?

7 **MR. PARTAIN:** Yeah, we've had one that --

8 **MS. CARSON:** If you have any of those please send  
9 them to me because that's the minimum you can get on  
10 that.

11 **MS. KENDRICKS:** Okay, and speaking of Mike says,  
12 excuse me, speaking of what Mike Partain was saying  
13 about organ removal, there are so many women Marines  
14 who have had to have their organs removed, their  
15 reproductive system removed, because of issues that  
16 were caused by the Marine Corps or while they were in  
17 the Marine Corps. And in addition it has changed  
18 their way of life because a lot of us don't have that  
19 libido, or whatever, that we need while we were  
20 married, et cetera, so on and so forth. So that there  
21 in itself is also an issue. So again, what are you  
22 all going to do about it?

23 **DR. CIBULAS:** I'm afraid we're going to lose half  
24 of our panel here, including our VA folks. So  
25 hopefully those of you who have issues that they

1 wanted to deal with with the VA have had an  
2 opportunity to go back there and speak about the  
3 personal issues.

4 There's a few of us remaining here.

5 **MR. PARTAIN:** Let's get to quick questions. I  
6 want people who have those quick questions.

7 **DR. CIBULAS:** Sir, go ahead.

8 **UNIDENTIFIED AUDIENCE SPEAKER:** All right.

9 **MR. PARTAIN:** Just make it quick. I don't mean  
10 to cut you.

11 **UNIDENTIFIED AUDIENCE SPEAKER:** Okay, my concern  
12 is that there's a lot of confusion out there when it  
13 comes to eligibility and filing a claim. You know,  
14 because everybody here is Camp Lejeune, and they  
15 forget about the other three Marine Corps bases up  
16 there.

17 **MR. PARTAIN:** Well, remember earlier, Camp  
18 Lejeune is New River and Camp Lejeune proper, so that  
19 is one entity for purposes of filing a claim. Now,  
20 Cherry Point is not included in that.

21 **UNIDENTIFIED AUDIENCE SPEAKER:** Okay, but I was  
22 stationed in New River. I spent a week over at  
23 Johnson in the training pool.

24 **MR. PARTAIN:** Yeah, that's all Lejeune.

25 **UNIDENTIFIED AUDIENCE SPEAKER:** I can't file a

1 claim because my service organization keys on Camp  
2 Lejeune.

3 **MS. CARSON:** So that's one of the reasons that I  
4 brought folks here. We're going to stay, you guys.  
5 We're staying to four o'clock. My folks are going to  
6 stay over here 'til four o'clock, and I would  
7 encourage you to go.

8 There's nothing that stops you from filing a  
9 claim. That's not necessarily true, and I'm not sure  
10 what your service organization is saying that.

11 **MS. VINSON:** Camp Johnson, Camp Geiger and New  
12 River are part of it.

13 **MS. CARSON:** But I want to be clear, I want to be  
14 clear, to file a claim for disability, if you think  
15 you have disability that's related to service, whether  
16 it's related to the presumptives or not, it might be  
17 directly related to service, I say file a claim for  
18 disability benefits if you believe that what you're  
19 suffering from today is related to your military  
20 service. And I would say go through that.

21 Now, you may not be eligible for the healthcare  
22 services under the 2012 law, but still, if you believe  
23 you have disability there are different ways to  
24 service-connect you. One is direct service  
25 connection. Something in your military record says

1           it's related to what you're suffering from today, and  
2           VA can establish that link because your service  
3           records show that. The other is the presumptive,  
4           which is what we just passed because of the medical  
5           science that has -- the scientific evidence that has  
6           allowed us to connect that to your service. That  
7           doesn't require you to be directly listed in here.

8           I tell everybody file your claim and let us look  
9           in your service treatment records because I don't want  
10          you to get the opinion that there's nothing that you  
11          can do with regard to filing a claim. If you believe  
12          it's related to service please come to us. I would  
13          rather tell you no having looked at your service  
14          treatment records than just to blanketly tell you no  
15          because you were stationed at a place, okay?

16          **DR. CIBULAS:** Go ahead.

17          **UNIDENTIFIED AUDIENCE SPEAKER:** I'm here on  
18          behalf of my father who unfortunately passed away one  
19          year ago from multiple myeloma, with this pending  
20          claim. How long should a claim take to be looked at?  
21          We had one that was out there for two and a half  
22          years. He passed and we had to file a whole new one  
23          because it went away when he died.

24          **MS. CARSON:** And I'm so sorry for your loss. I  
25          will say this. I want to talk to you right after

1 this. Claims can take a significant length of time  
2 depending on how much evidence development we have to  
3 do. By law we have a duty to assist, and it speaks to  
4 the other point that was made earlier, why are we  
5 asking for veterans to go back and look at their  
6 information. Generally because we go to the military  
7 first, where the VA is required to go to the service  
8 directly. So we are required, but sometimes if the  
9 service is telling us there is no evidence, we then  
10 have to come back to you and let you know that and  
11 also ask you to look at any private treatment records  
12 or any other information you have while we also set  
13 you up for an exam. That takes a long time. We do  
14 about a million and a half claims a year, and we get  
15 about a million and a half in. And that volume, the  
16 sheer volume is a lot.

17 But I want to talk to you about your dad. I want  
18 to talk to you about that claim and see how I can help  
19 you today.

20 **MR. PARTAIN:** 'Cause that's one of the  
21 presumptive service connections.

22 **DR. CIBULAS:** Thank you very much. All right,  
23 last two, real quickly, sir. Go ahead.

24 **UNIDENTIFIED AUDIENCE SPEAKER:** Why -- I got a  
25 question about Camp Pendleton. Every time I turn

1           around I hear something comparing Camp Lejeune to Camp  
2           Pendleton. Ain't Camp Pendleton a Superfund site so  
3           ain't it polluted?

4           **DR. CIBULAS:** Go ahead, Frank. Why is Camp  
5           Pendleton our control population?

6           **DR. BOVE:** Yeah. There are Superfund sites at  
7           Camp Pendleton too but there is not contaminated  
8           drinking water, so the difference between the two  
9           bases really is in the drinking water. So that's why  
10          we use it.

11          **UNIDENTIFIED AUDIENCE SPEAKER:** Okay. The VA has  
12          a problem with going (inaudible). Why can't we  
13          just -- you know, don't they take (inaudible)?

14          **DR. CIBULAS:** I'm afraid our VA representatives  
15          have left but certainly, they are going to still be  
16          back there 'til four o'clock, I understand, so please  
17          take your question back there, see if you can get your  
18          answer.

19          Sir, please go ahead.

20          **MR. BOYD:** My name's Ryan Boyd, and my question  
21          is what is the purpose of the means, well, collection  
22          of that information, you know, with regard to, you  
23          know, your income and what have you, when, you know,  
24          not necessarily interested in, you know, a benefit as  
25          far as that, but just the idea that you want to be

1           considered as service-connected, and that would  
2           suggest that, you know, the military is taking a  
3           responsibility, you know, for your condition.

4           **DR. CIBULAS:** So is there anybody left here from  
5           the VA that wants to respond to why information such  
6           as your salary is connected as part of your  
7           information? That's okay, they're in the back. I'm  
8           sure you can get a response.

9           So we had a great turnout. I really appreciate  
10          it. I think it was a wonderful meeting. Thank you  
11          very much for your attendance and participation. The  
12          CAP thanks you, the ATSDR thanks, the VA thanks you.  
13          And have a good day. Thank you.

14  
15          (Whereupon the meeting was adjourned at 3:17 p.m.)  
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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 27, 2018; and it is a true and accurate transcript of the proceedings captioned herein.

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

WITNESS my hand and official seal this the 25th day of March, 2018.

Steven Ray Green, CCR

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

**CERTIFIED MERIT COURT REPORTER**

**CERTIFICATE NUMBER: A-2102**