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
NATIONALLY CERTIFIED COURT REPORTING
404/733-6070
<table>
<thead>
<tr>
<th>CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 27, 2018</td>
</tr>
</tbody>
</table>

| WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS | 5  |
| DR. PATRICK BREYSSE            |

| VA UPDATES                    | 12 |
| HEALTH ELIGIBILITY CENTER (HEC) |
| OFFICE OF DISABILITY AND MEDICAL ASSESSMENT (DMA) |
| LOREN ERICKSON, LAURINE CARSON, ALAN DINESMAN |
| CRYSTAL VINSON, LISA PALMER     |

| ACTION ITEMS FROM PREVIOUS CAP MEETING | 52 |
| CDR. JAMIE MUTTER                   |

| UPDATE ON SOIL VAPOR INTRUSION PROJECT | 111 |
| RICK GILLIG                           |

| UPDATES ON HEALTH STUDIES            | 123 |
| DR. FRANK BOVE                        |

| CAP UPDATES/COMMUNITY CONCERNS        | 131 |
| CAP MEMBERS AND AUDIENCE              |

| COURT REPORTER’S CERTIFICATE         | 195 |
The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (...) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

-- (sic) denotes an incorrect usage or pronunciation of a word which is transcribed in its original form as reported.

-- (ph) indicates a phonetic spelling of the word if no confirmation of the correct spelling is available.

-- "uh-huh" represents an affirmative response, and "uh-uh" represents a negative response.

-- "*" 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.
PARTICIPANTS

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
Gillis, 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
PROCEEDINGS

(9:30 a.m.)

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

DR. BREYSSE: Good morning. Why don't we get started. So let me start by introducing myself. My name is Patrick Breysse. I'm the Director of the Agency for Toxic Substances and Disease Registry, ATSDR, the group that's sponsoring this session today. And on behalf of ATSDR I'd like to welcome everybody here.

Just, I want to say a few words about the purpose of this meeting. So the purpose of this meeting is for the CAP, the Community Assistance Panel, to interact with us at ATSDR and with the VA and with the DoD, help us understand what the health effects are from the water contamination from Camp Lejeune. And so we've been working on this for a number of years and we have a number of CAP meetings through the year, and this is one of our regularly scheduled opportunities to interact.

So before we go much further I'd like to maybe ask Jerry Ensminger if he wanted to say a few words to start with?

MR. ENSMINGER: Yeah, thank you. Welcome to all of you. You know, I've been involved in this for over
two decades now; started in 1997. One thing all of
you need to understand, you know, and that's -- that,
that goes to science. Unfortunately good science is
slow. It takes time, a long time, for it to be valid
science. Anything that is short-term that people come
up with, you know, for a Marine pulled -- they pulled
something out of somewhere, is what we call junk
science. And junk science is not going to hold up.
It's not going to hold up to the scrutiny of Congress.
It's certainly not going to stand up to the scrutiny
of the courts.

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

That doesn't mean that your health effect will
not be proven by science later on. But, you know, you
can come and you can complain to me or anybody else up
here that your health effect is not covered, but I'm
going to give you the airwave salute. I don't know
what to tell you. I can't make science and I can't
force them to put your health effect on the list.
However, if you have one of these health effects and they're denying you, yeah, I want to know about it. We want to know about it so that we can get it straightened out with the 2012 law.

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

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

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

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

This Act that I'm asking to, to go forward would reinstate our rights to seek relief through the
federal courts, because all I want is for my case and your cases, if they're valid, to be allowed to go in front of a court of law based upon their own merits. That is what they're afraid of. They know that the merits are not on their side. That is why they went through these legal gymnastics that they went through to create a summary judgment that killed all the Camp Lejeune claims in their crib.

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

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

So thanks a lot. Nice seeing all of you, and
I'll be able to talk to you later on today.

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

CDR MUTTER: Can I start with some announcements first?

DR. BREYSSE: Okay, yeah.

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

So I'll start with my introduction. I am
Commander Jamie Mutter. I work at ATSDR as a CAP coordinator.

**Mr. Hodore:** Bernard Hodore, CAP member.

**Mr. Wilkins:** Kevin Wilkins, CAP member.

**Mr. Gillig:** Rick Gillig, ATSDR.

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

**Mr. Unterberg:** Craig Unterberg, CAP member.

**Dr. Blossom:** Sarah Blossom, scientific technical advisor to the CAP.

**Dr. Bove:** Frank Bove, ATSDR.

**Dr. Cantor:** Ken Cantor, scientific advisor to the CAP.

**Mr. McNeil:** Wrecking ball, CAP member. John McNeil.

**Ms. Forrest:** Melissa Forrest, Department of Navy representative.

**Mr. Partain:** Mike Partain, dependent CAP member.

**Mr. Ensminger:** Jerry Ensminger, CAP member.

**Mr. Ashey:** Mike Ashey, and I served at Camp Lejeune.

**Mr. Partain:** He's a CAP member.

**Ms. Carson:** Laurine Carson, Department of
Veterans Affairs, Veterans Benefits Administration, senior advisor.

DR. ERICKSON: Loren Erickson, Department of Veterans Affairs.

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

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

VA DISCUSSION

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

While I'm giving those introductory comments I'm just going to ask for all the Vietnam veterans in the room to raise your hand, and keep them raised, up. The reason I say that, we have something to give you. If you're a Vietnam veteran please raise your hand. Raise your hand. Thank you very much. I myself am a veteran, U.S. Army, 32 years. I did not serve in Vietnam but my father did, two different years. And I
will tell you that Veterans Affairs, we're making an all-out effort right now to commemorate the 50th anniversary, the 50th anniversary of the Vietnam War. We know that there is a tremendous overlap between those who served at Camp Lejeune and those who served in the Vietnam War. So keep your hands up until you get one of these commemorative pins. If you don't get one make sure you see me at the break and make sure you get one.

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

Let me just also say that you'll see on this end of the table people getting up and down because we have a number of folks who we brought with us who we think will be very responsive to the presentations that were requested, also to the action items that have been requested.
For all the CAP members, I believe you have copies of the slides in your folder, and so you'll have those to refer to as well. I think the bigger challenge that we have right now is that we have a relatively short time to cover a lot of material.

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

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

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

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

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

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

MS. PALMER: Yes. Good morning, I'm Lisa Palmer.
I'm the program manager on the Camp Lejeune program for the Office of VA.

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

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

Next slide. And, and this is also -- this information is also on the VA website. So those are the 15 conditions, and we'll have -- okay, so the main thing about the program is that -- I want to mention is that for this program you first have to meet the
definition of a veteran and meet the basic eligibility requirements for healthcare. And we've had a lot of issues with people that have not met that -- those eligibility requirements for healthcare. So I'll just briefly go over those.

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

(pause)

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

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

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

Let's see -- I heard that there was a dependent down there, so what we do is we have access to the records, and what we'll do is we'll go back through that veteran's record, and we'll look for his spouse, his dependents, his children, or whoever was there, and then we will pass that information on to the family members' program, to Ms. Baldwin's team, and
then they will take that from there. But what we're
doing is we're just verifying that that veteran was
there between that time frame, they did reside at Camp
Lejeune with their spouse and their children. And
then they are reimbursed for their -- any of those 15
conditions that they are suffering from at the moment.

MR. ENSMINGER: You have the housing records?

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

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

MS. VINSON: Yes.

MR. PARTAIN: And you need proof of diagnosis.

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

MR. PARTAIN: Okay.

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

MR. PARTAIN: Okay.

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

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

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

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

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

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

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

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

**MS. VINSON:** At this point I think somebody a little higher up can speak on to that, but I -- at this point I cannot answer that. The way that the law is written, it's resided on the base with the service member for 30 days or more. Playing on the base,
being in the pool, being around the water, anything like that, I don't know what regulations they put in place for that. That may be something that you could, you know, address further, but right now it's residing which means living there as your permanent residence for 30 days or more. That's how the law's written.

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

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

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

**MS. VINSON:** We have what -- what's in their national personnel record. We have what's in their military record. Again, if we can't find that there's other avenues that we take. We have a contact at the -- at Quantico, again, Mr. Jeff Tatu, who has unit
diaries and housing records that go back to that beginning of that 1953 era, records of the trailer parks that were there on the base, around the base, Camp Geiger, New River Air Force Base there. So no, we don't actually have all those records. We have access to ascertain that information from the records. And again, if we can't find it, then we, we have the veteran -- we suggest to the veteran they do a Freedom of Information to try to get that information.

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

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

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

MR. UNTERBERG: Just to clarify, what information would someone be requesting under the Freedom of
Information Act that you all would not have? I'm trying to figure out why you don't quite have all the information already.

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

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

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

I know in the past several people reached out -- well, Jerry and I, and that's where they had
gone to find that information.

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

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

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

MS. VINSON: Yes, because school records would have an address on it, so if we can get those school records -- any kind of record that has an address that can put a veteran, spouse or dependent on that base during that time, we want that because that is what's going to assist the veteran, you know, with determining his Camp Lejeune benefit.
MR. UNTERBERG: So the reason I was asking the question, is when I went through the process I did find it very difficult to prove residency from 1974. You're asking for records that we used to have. At this stage how many dependents are having to go through the Freedom of Information Act?

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

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

MS. BALDWIN: Yes.

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

UNIDENTIFIED AUDIENCE MEMBER: Are you asking us out here?
MS. VINSON: Okay, I'm sorry. That'll be late -- I'll still be out here in the room later. Okay, thank you. Thank you for your attention, guys. God bless.

DR. BREYSSE: Who's next?

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

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

Looking at the credentialing process, understand that for all compensation and pension examiners, there's, at least for those folks that are doing the Camp Lejeune exams, that there's three different levels of training and credentialing that goes on. First is what I like to call the basic level of credentialing, and that's what any clinician who comes into the VA system will go through. Now, I say basic but you can see it's pretty rigorous, and takes several months in the process. And generally it includes primary source verification of their
education, their licensure, their health status, any
gaps in training or experience, looking at previous
clinical experiences that they may have had during
their training or as a part of other work done outside
of the VA, professional references, usually it's at
least two or three that are there, as well as looking
at practice histories and, and any other information
about adverse actions or even criminal violations. So
that's kind of the basic level for any clinician
coming in through the VA system.

MR. ENSMINGER: Since when?

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

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

DR. DINESMAN: It applies to all clinicians.

MR. PARTAIN: Including the subject matter
experts?

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

And for C&P here's the second level that we'll
talk about for C&P certification. There is a
significant amount of additional training because
beyond what, you know, the average clinician is used
to, say, let's say, in the treatment side of the
house, the C&P side is a more medical/legal aspect of
medicine, so there is a significant amount of
additional training and certification that goes into
this.

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

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

The Camp Lejeune examiners then go a third level,
and they go on and take additional training in Camp
Lejeune-specific topics. And that training is usually
a formal training. It's four days, give or take. And you can see the topics that we discuss. These are, you know, didactic lectures that are given to the folks that are wanting to be subject matter experts. There's also hands-on training. This is an example of the agenda for the vendor training that we did in August of 2017. And as you may or may not know, you know, VBA has some vendors that are also doing Camp Lejeune SME work. So to make sure that we were all talking from essentially the same level of information, we provided them with the base level training that we do for our other examiners.

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

Fortunately, as time has gone on, like Jerry has noted, the science has advanced, albeit slowly, but it
has advanced. And so we find ourselves no longer having to go back and look at a defined bibliography, but instead, using that on a historical basis and using much more recent information.

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

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

We look at obtaining an exposure history. That actually follows, I want to say, a course that ATSDR put together on obtaining an exposure history. Then we also look at the service records. And Jerry talked about the housing records. And we go back and show our examiners how to go through those records, 'cause that's not usually something a C&P person will be looking at. They're most used to looking at medical records. But to go back and double-check, and make
sure that there was exposure and that it's listed appropriately with something that we've done in the past.

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

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

And then the last part of our -- is actually hands-on training, where we'll take actual claim -- different claims, and divvy them up and have people work with them, discuss them with the group and work through it on a group basis so that everybody can
interact and understand all the different topics can
and ideas.

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

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

MR. PARTAIN: Okay, but still, like, you know,
you're -- you know, the reason why I'm asking this,
you know, 'cause we've had problems in the past with
bibliography, for example, on what was being presented
to the SMEs as far as studies to look at. And, you
know, while this sounds fair and sounds rosy when
you're presenting it, once again, the devil's in the
details. What is being said about the history? What
information is being provided? Where is the bibliography? You know, where are the medical causation -- you know, the sample cases, and things like that?

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

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

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

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

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

MR. PARTAIN: Okay. And --
MR. ENSMINGER: This is the first I've heard of this. I have never heard before that you were outsourcing SMEs.

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

MR. PARTAIN: Do we know when this began?

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

MR. PARTAIN: August of?


MR. PARTAIN: All right.

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

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

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

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

MR. ENSMINGER: Eight?

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

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

DR. DINESMAN: Approximately.

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

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

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

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

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

DR. DINESMAN: Yes.

MR. PARTAIN: Okay.

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

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

More recently -- and so there's sometimes,
sometimes there's specialty exams, sometimes we do
what's called fee-basis examinations as well, because
we have a limited number of physicians that are
available to help us complete this forensic-type
examination, not the VBA doctors who do treatment, or,
or healthcare treatment, but those who help us in the
disability claims process.

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

I wanted to clear up something else. Prior to
the law being enacted there was a hold on some claims
where we had tried not to deny those claims in the
interim period, I want to say from 2012 or so to 2014,
but we may have held onto some claims and did not take
action to, to deny based on the current regs, those
conditions that were in -- that were being just
deliberated and discussed as part of the rule-making.
So we did not necessarily send those for an opinion
that was used after the law was enacted because we did
not have those eight disabilities in the rating
schedule for us to grant the service connection. Now,
in that --
MR. ENSMINGER: You're, you're calling something a law. Are you talking about the presumptive program?

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

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

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

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

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

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

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

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

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

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

MR. ASHEY: I understand.
MS. CARSON: That's in the contract that I don't have before me.

MR. ASHEY: Thank you.

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

MR. PARTAIN: And here's a case in point to back up what I'm talking about, as far as the veterans, and we've gone through this before but we have a lot of people here who have not been through this. When you're -- you know, like I said earlier, the devil's in the details. And Jerry had mentioned the 2015 IOM report. This morning I received a denial from a veteran. This actually literally came in the mail for him yesterday. And he has kidney disease. And he basically, you know, the denial -- part of the denial reads: Your kidney -- your -- sorry, your claimed kidney condition at this -- as this condition is not one of the presumptive conditions VA has acknowledged as related to exposure to contaminants in the water at Camp Lejeune. We've requested a VA medical opinion. I'm assuming that's an SME review, correct? Okay. The examiner stated, and this again would be the SME
examiner, correct? That the evidence of record and 
available medical and scientific research does not 
demonstrate a link between your kidney condition and 
exposure to the contaminants in the water supply at 
Camp Lejeune.

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

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

But to answer your question on the bibliography, 
what we used to have is a written bibliography back 
when there was a paucity of information. And so any 
time somebody came up with something that could be 
useful we kind of put it together in this bibliography 
that folks could reference.
It wasn't a bibliography that was mandated; it was just a list of articles that people might find helpful and not have to go back and reinvent the wheel and look for hard-to-find articles.

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

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

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

MR. ENSMINGER: Well, what are you using?

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

MR. ENSMINGER: Yeah, yeah, yeah, but I want to
know -- I want to be able to see the list of studies
that you're providing to these people to use in their
evaluations of these claims.

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

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

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

MR. ENSMINGER: Yeah, I know, but I think, Dr.
Dinesman, you -- these people are not experts. You
just admitted that when you select these people, or
they volunteer to become an SME, you've got to school
them. And to allow them to be out there, again, and,
you know, and go searching through studies and papers
on their own? No, you've got to provide these people
with a list of valid studies that they can reference
so that, whenever they get a claim, they've got the
right information and it's not something that's been
written by somebody working for industry, that's tainted. [applause]

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

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

If you got a bibliography, just like Jerry said, that's fine. Share it with us. Let us have some input in there, okay? Because, you know, you're losing the image war there because it appears that, you know, in some cases, rightfully so, that this is a one-sided on the VA's part in this, slanted towards y'all's opinions. Interact with the community. You know, disclose what's being given to the SMEs for training material. Let us see what it is. There
shouldn't be anything behind the curtain to hide, you know, like Jerry says, transparency.

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

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

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

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

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

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

So I have a number of questions and concerns about your presentation. It sounds like the initial criteria for the people who come in for this training, do they include occupational medicine? Do they include preventive medicine credentialing or criteria
beforehand, or are they just a GP physician to come in for this training, for the four-day training?

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

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

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

DR. DINESMAN: All right. Let me -- I hear two questions in front of me. As far as the background
that whether these folks have occupational, medicine or environmental training, many of the folks, probably all of the folks, currently on in the SME program did, because it was a good starting point, and we didn't want to have people that needed to get up to speed just on the -- you know, more on the environmental side, to be able to look at the paucity of information. You have to remember that Jerry said science’s change is very slow, and so there was a paucity of information early on. Those early SMEs are the ones that actually developed the training process, and even folks who are currently occupational medicine still must go through that training process because it's above and beyond that.

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

DR. CANTOR: So an additional question is the trainers, who are training the SMEs. Are these -- so
you draw from ATSDR? Do you draw from CDC? Where do you draw from for these individuals?

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

MR. ENSMINGER: Who?

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

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

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

DR. DINESMAN: I'm not aware if that's commonplace in the --

DR. CANTOR: It might be helpful.

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

MR. ENSMINGER: The credentialing -- yeah, right from the get-go I found some concern. I believe that one of your SME coordinators was a Dr. Michael Cudaminer (ph) in Minnesota. The man is a convicted pedophile. He pled guilty for molesting his own sons and had his medical license pulled, and then later reinstated.
Now, I mean, you knew who this guy is, and when you say that you vet these people right up front, when you started your presentation, you lost me right there because you weren't being truthful with me.

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

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

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

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

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

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

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

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

**MR. WILKINS:** This is Kevin Wilkins. Why hasn't there been a registry starting with the VA -- at the
VA for Camp Lejeune veterans?

UNIDENTIFIED AUDIENCE MEMBER: We can’t hear you.

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

DR. ERICKSON: I’ll do it at the next item.

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

DR. BREYSSE: During this session, or?

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

DR. BREYSSE: Okay.

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

DR. BREYSSE: Any other questions on the panel?

All right. Thank you very much.

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

DR. ERICKSON: Oh, yeah.

MR. PARTAIN: Okay, I'll wait.

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

MR. PARTAIN: Yeah, I saw that.

DR. BREYSSE: We're a little bit ahead of schedule, and I'm going to take the Chair's prerogative to raise the membership issue that came to my attention. As you know, we lost a CAP member. At the same time, a former CAP member asked if she could
rejoin the CAP, Lori Freshwater. So I'd like to get
the CAP's sense of whether that would be appropriate
or not, to replace Tim with Lori.

    MR. PARTAIN: We accept that.

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

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

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

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

**ACTION ITEMS FROM PREVIOUS CAP MEETING**

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

    MR. PARTAIN: Now, out of curiosity, do we have
anyone in the audience out here today that has a
diagnosis of kidney disease or scleroderma, that
either has been reviewed? Okay, those of you that had
hands up, so there's, what, four, five, six -- I can't
count. Yeah, six, seven, okay. Those of you that
have a diagnosis of kidney disease or scleroderma, how
many of you have gotten through the VA and received a
denial? Okay. Keep your hands up so I can count.
One, two, three, four, five. Keep your hands up.

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

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

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

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

I will tell you the case of Camp Lejeune, the feeling has been that we've been working very closely with Department of Defense, with the Navy and with the Marine Corps. They have a separate registry, as
you're aware of, and we use a number of different resources to try and get the word out. We'll talk about outreach in just a minute. So we have other means that we're able to outreach, so our feeling is that to have a registry for outreach might be a little bit duplicative.

The other thing that a registry could potentially do for you is provide a means of building the population for the sake of research, and our feeling is at the present time that we have thrown in much of our effort with our colleagues in the Department of Health and Human Services, CDC, ATSDR, as they've been doing their studies. The problem is, if you do it, go down the road of creating a registry for the sake of research, it's not a population that is necessarily pristine or unbiased. There is the volunteer factor that hurts as people join the registry, but you can potentially at a later date use that registry to recruit for a variety of different types of studies. But to date we haven't felt that there's been an overriding need for a registry, and then we were asking ourselves what is the, the benefit of having a registry, given that the Navy and Marine Corps have a means by which we can reach veterans and their family members, and we work with them, and the fact that
ATSDR is doing much of the research. So I hope that at least partially answers your question.

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

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

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

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

And again, a registry does not provide benefits; a registry does not lock in benefits; a registry does
not lock in eligibility for, for benefits. And I think frequently, when people ask for a registry they think it's tied to benefits, and it's not.

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

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

**MR. WILKINS:** They have -- when you call the VA
and you're on hold, they'll direct you -- if you fit
into one registry they'll direct you to a VA point of
contact, and that's not the case with Camp Lejeune
veterans.

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

DR. ERICKSON: Sure.

MS. VINSON: We have --

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

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

DR. ERICKSON: Okay, I think we're ready to do
the due-outs. Or I'm sorry, the action items. You
don't call them due-outs here.
CDR MUTTER: Thank you. All right. So can you guys hear me in the back? Okay, good. So we'll start with the VA. The first action item is VA will request that a representative from the Health Eligibility Center in Atlanta, Georgia attend the next in-person CAP meeting in Atlanta to discuss issues such as priority groups in the electronic record and the criteria required to be eligible for the Camp Lejeune claim.

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

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

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

MS. BALDWIN: Hello, I'm Cynthia Baldwin. I'm a program specialist with -- I'm in Denver, Colorado, with the Office of Community Care. We're just going to run through these slides real quick, and this is just an overview of the Camp
Lejeune program itself, the 15 conditions. And this gives you a little background on the veteran's eligibility. So the veteran has to qualify for the veteran. You've heard before they had to serve on active duty at Camp Lejeune for at least 30 days between August 1st of '53 and December 31st of '87. And the other eligibility information is they do have to have one of the 15 conditions to be eligible to receive healthcare. They don't need to have a service-connected disability.

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

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

Now, for the family member side of the house, I help manage the family member side of the house out in Denver, Colorado. So I've been working on this since it was actually a project. Now it's a program. So
I've been here from the beginning. So we started accepting applications October 24, 2014.

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

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

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

MS. BALDWIN: Yes.

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

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

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

Thanks, Chris.

MS. BALDWIN: So here's just the family member eligibility criteria. So you have to have been a dependent, a legal dependent, of a veteran during that time frame at Camp Lejeune and you had to reside
on-base for 30 days or longer to qualify. And for reimbursement you have to have one of the 15 conditions.

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

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

(Multiple speakers discussing slide presentation)

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

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

**MS. VINSON:** Oh, okay. So it's on that but it's off on the presumptive. Gotcha. You guys are helping me out so much. Thank you so much.
MR. PARTAIN: Now, touching on the family act here, before Brady left, or actually around the time that Brady left, I became aware that post-treatment conditions for prepayment; I never applied --

DR. BREYSSE: Mike, please take the microphone.

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

I haven't seen the accounting or discounts and stuff, but at some point can you kind of describe, you know, when you think treatments you're actively treating, but as anyone that goes through cancer, you, you -- you know, you survive the treatment but there's residual effects. For example, I became diabetic during chemotherapy and I'm on diabetic medication because of that. And I have to go, like I said, back for annual screenings at my cancer center, which is,
you know, adds up because they're quite expensive. So I don't know if you've gotten to that point or if you would touch on that when you get to it, I would appreciate it.

MS. BALDWIN: Certainly.

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

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

DR. BREYSSE: Stay close to the microphone.

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

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

MS. VINSON: They're not.

MS. BALDWIN: Well, anybody that -- you first
have to qualify as a veteran. So if you don't qualify as a veteran for a sponsor for the family member, then you are not going to qualify for the program.

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

[applause]

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

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

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

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

DR. ERICKSON: I'm sorry?

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

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

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

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

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

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

UNIDENTIFIED AUDIENCE MEMBER: We can’t hear you.

MS. BALDWIN: I'm sorry. So relationship to the
eligible veteran, we have some denials for that, not meeting the residency for the 30 days. And a lot of people don't realize this but we do get a lot of applications for people that did not live on base, and we have to deny those because that is one of the criteria, that you had to live on base.

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

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

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

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

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

MR. ORRIS: So when I'm looking at this because specifically what I used to receive was a cost of administration for the family member program, which excluded the veterans' program. And in looking at this, I just want to make sure, am I reading this correctly, that you've paid out benefits of $2.2 million for family members and borne a cost of
$6.8 million for administering that program?

**MS. BALDWIN:** (Inaudible)

**MR. ORRIS:** Okay. So, so why did you put in this veteran information here? Are you trying to hide the fact that you spent three dollars in administrative cost for every dollar that you paid benefits?

[applause] I mean, in previous CAP meetings this has always been a number for family member program. I'm just curious why all of a sudden you're throwing in this, this other. I mean, I think personally it's to hide the fact that you're running 300 percent over what you pay out.

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

**MS. BALDWIN:** The veterans.

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

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

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

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

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

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

**MS. BALDWIN:** That's correct.
DR. BREYSSE: So that just does not apply solely to the family.

MS. BALDWIN: No.

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

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

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

DR. ERICKSON: Okay. So, we, we had a number of personnel changes, and we're looking to bring as much information as we could, to be responsive to you guys.
You know, as we have mentioned, we've come in force today, and we're at two different programs right now. We'll do a better job on this one. We'll do a better job.

MR. ORRIS: Thank you.

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

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

MR. ENSMINGER: Don't know yet.

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

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

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

MS. STRATFORD: Can everybody hear me?
DR. BREYSSE: Yes.

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

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

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

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

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

MR. PARTAIN: Subtitle it.

MS. STRATFORD: Well, we can subtitle but then
you can't run it in line with the slides. It's a
technology issue. So that's going to be the biggest
challenge.
MR. PARTAIN: One thing I saw on your list here, town hall meetings.

MS. STRATFORD: Yes.

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

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

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

MR. ENSMINGER: I've got a proposal. I mean, you guys are benefiting -- the VA is benefiting on the Camp Lejeune issue because the Department of the Navy
is paying for these CAP meetings. ATSDR is tasked with organizing them, and you get the luxury of coming, if you can call it that, and talking to the community. Now, you guys got a bigger budget than ATSDR and you've got a --

DR. BREYSSE: Just by a little bit.

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

[applause]

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

UNIDENTIFIED AUDIENCE MEMBER: Say yes.

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

And we look to make meaning -- so I told you guys I was a military man. One of the hallmarks of military discipline is doing what we call on-the-spot...
corrections. You can put out policies. You can try and educate. You can do any means of other types of follow-up. But a key component is on-the-spot correction. And when you let us know of a given facility that seems to be falling down on the job of having brochures available or posters posted or the individuals that are properly trained, we do take that very seriously.

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

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

**DR. ERICKSON:** Well, I'll tell you what, we will make sure that you get the link. I thought this had
gone out. I will tell you that in addition there is a memorandum. There is a memorandum. Do you have it to show? Maybe after lunch we'll show it. That'd be great.

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

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

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

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

**MR. PARTAIN:** Dr. Erickson, going back to the posters and video, and things and stuff, where can we expect to find them in the hospitals? I know in the past we've had, you know, our community members that we've advised to put on Facebook, going out and looking at different hospitals, to see what was there and not there. I know myself, a couple weeks ago, went to New Port Richey clinic and almost got tackled by a guard because I took a picture of where the posters were, and (indiscernible). And, you know, if a veteran's walking in and looking -- you know, trust and verifying, where would we find these posters at a VA hospital or a VA clinic? Is there a specific spot?
MS. STRATFORD: Well, I'll tell you, over the last month, month and a half, I've talked to a lot of these medical facilities to find out where they have the posters, and it varies by facility, because there -- you know, they don't all have the same layout. They don't all have the same locations where they can put posters. However, I can say a lot of the ones that I've talked to, specifically Louisville, Lexington, those that were brought to our attention that didn't have the (indiscernible) available, for the most part it put them in the main lobby so that when you walk in, you'll see the poster there.

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

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

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

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

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

**CDR MUTTER:** We have quite a few.
DR. BREYSSE: Okay, we'd better move on.

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

DR. ERICKSON: Check.

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

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

MS. CARSON: So while we're waiting on the slides -- Laurine Carson, again, from VBA -- I wanted to mention again that, over to your right, outside this door, during the lunch hour and until, we have a group of employees that we brought in from the local Atlanta regional office, the HEC center, as well as people from central office, who can help you with statuses of claims, any benefit questions that you have, Camp Lejeune related, of course. We have some materials already in there as well that you can get to, including the posters are up in that room. But even if you have just general benefits questions,
questions about dependent benefits, education benefits, we have a group of folks over there that have computers, that can look up the status on your claim, help you with an intent to file a claim, if you want to do that today, and other things that you need. So please take advantage of that. And we'll be around all day.

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

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

MR. MENDEL: Yes, sir.

MR. PARTAIN: You're saying claims, and this is part of the reason why there's confusion between the word claims and conditions. Are these individual one-person claims or are these conditions?
MS. CARSON: These are veterans' claims.

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

MS. CARSON: Claims, yes.

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

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

MR. MENDEL: Yeah, that includes seven thousand --

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

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

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

MR. MENDEL: Individual claims, yes.

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

MR. MENDEL: No.
MR. PARTAIN: Do you know how many of these 47,506 claims have been approved and how many have been denied?

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

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

MR. PARTAIN: Of the law, yeah.

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

MR. MENDEL: The current grant rate is 75 percent, so since establishing the presumptive service connection regulation, the grant rate has increased. The most common reasons for denial of claims would be no diagnosis, so then there's no medical evidence of a condition that was found at the time, not incurred or caused by service or not established prior presumption. And those can be a host of elements, whether it's a lack of qualifying service to establish for the presumption or if there's
something else in the file that would prevent service connection being granted. Those are, again, a whole host of reasons.

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

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

MR. MCNEIL: I want to say thanks for having the
other room over there with people to assist our veterans. Is that going to be something that you guys would be willing to do every time we have these meetings?

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

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

**MR. MCNEIL:** Thank you.

**MR. ASHEY:** Just some quick comments. Last March at a CAP meeting, when I asked how many Camp Lejeune
veterans had been approved for VA healthcare, that number was about 30,000. Today it stands at almost 50,000. So in one year we've gone up 20,000, which is great. Congratulations. [applause]

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

UNIDENTIFIED AUDIENCE MEMBER: Kentucky, death row.

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

UNIDENTIFIED SPEAKER: I'm sorry.

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

CDR MUTTER: Okay, so I'm going to move on so we
can get some of these checked off. So the next action item's for the VA. The VA will check with the general counsel to see if there are any other Camp Lejeune cases having to do with contamination at either CAVC or CABC?

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

**CDR MUTTER:** Okay.

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

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

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

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

And the VA will ask the Office of Disability Medical Assessment to provide a formal presentation that will update where the SME program is at as it relates to training and potential bibliography. Done.
The next one is for ATSDR.

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

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

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

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

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

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

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

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

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

Okay, the next one for ATSDR: Commander Mutter will forward the link to the training materials the VA provides to the regional office for processing Camp Lejeune claims. The VA will provide Commander Mutter with a link. I sent this to -- it wasn't a link; it
was actually a list of documents. And let me know if any of the CAP members did not get that. It was too big through email but I sent that yesterday to you guys.

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

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

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

**DR. ERICKSON:** Craig.

**MR. PARTAIN:** Craig?

**CDR MUTTER:** Okay, so I'll follow up with him personally. Okay.
All right, so on to the DoD action items. The first one is the DoD will confirm that the definition of a barracks is approximately 250 feet with 90 individual dorm rooms.

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

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

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

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

**MS. FORREST:** They, they were -- yes, we identified an issue with a dry cleaner, yes.
MR. ORRIS: And, and so TCE and PCE are the chemicals that we talk about that caused all of the conditions and illnesses that the Marine Corps and the DoD claim ended in 1987; is that correct? So let me reword that. So in the water at Camp Lejeune the Department of Defense claims that they -- there is no more contamination at Camp Lejeune related to the drinking water, correct?

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

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

MS. FORREST: Related to drinking water.

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

MS. FORREST: We have a robust environmental restoration program that addresses vapor intrusion, and we've been looking at it.
MR. ORRIS: So, so your website's misleading in stating that contamination ended in 1987, when in fact contamination has occurred regularly since 1987, specifically with a barracks where you're quartering female Marines who are of an age that they could be pregnant and then exposing them to TCE and PCE, knowing that that can cause a congenital heart defect in utero of a pregnant woman. Correct?

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

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

DR. BREYSSE: So Chris, I understand your point but is there something specific you're asking of the --
MR. ORRIS: I'm trying to understand why the Department of Defense claims that the contamination at Camp Lejeune ended in 1987 even though we know that that contamination did not end in 1987. It's misleading --

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

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

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

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

DR. BREYSSE: Stay close to the microphone.

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

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

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

DR. BREYSSE: I think we'd like to wait 'til the
agenda --

UNIDENTIFIED AUDIENCE SPEAKER:  (Inaudible)

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

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

MS. FORREST:  The Department of the Navy uses appropriate available state and federal guidance for evaluating potential risks to human health in the environment. The EPA Region 9 indoor air screening levels, which take into account prenatal exposures, were used in the HP-57 evaluation. Based upon this guidance and current data, vapor intrusion is not occurring at HP-57.
MR. ORRIS: Well, can I ask, has that vapor intrusion exceeded those guidances any time in the last 20 years?

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

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

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

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

CDR MUTTER: Okay, so the next action item is the CAP asked for a clarification of North Carolina's
DENR's rule, what the rule is and what the Navy sees as the rule in this particular situation.

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

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

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

**CDR MUTTER:** Thank you. The next action item is
for DoD. The CAP asked if the female Marines who are billeted in that barracks, HP-57, have been notified of the problem.

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

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

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

**MR. ORRIS:** I'm sorry, 37 female Marines resided at HP-57 since 2008. Of those 37 Marines, the Department of the Navy stated that eight women were identified as being pregnant while living in that barracks and that there were nine total pregnancies. Of those 37 Marines who were residing in that barracks during a period of contamination, how many of those female Marines has the Department of Defense reached out to and notified them of their exposure and the exposure to their unborn children?
MS. FORREST: I don't have that information.

MR. ORRIS: Because you haven't.

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

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

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

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

MR. ORRIS: So, so you're not interested in going
back and addressing this issue with people who might have previously been exposed there.

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

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

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

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

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

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

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

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

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

**CDR MUTTER:** Okay. We have about four more action items. So the next one is the CAP asked why
the Marines are not moved out of the building.

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

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

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

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

**MS. FORREST:** The Department of the Navy does not determine health risk but rather uses guidance provided by ATSDR, US EPA, OSHA and other agencies for evaluating potential risk to human health in the environment. The EPA Region 9 indoor air screening levels that were used in the HP-57 evaluation take into account prenatal exposures. Based upon this guidance and current data, vapor intrusion is not occurring at HP-57.
MR. ORRIS: So when the vapor intrusion was two times the EPA Region 9's accelerated response level at that barracks where female Marines were being quartered, how did the Navy feel about that exposure to unborn children at that time?

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

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

DR. BREYSSE: Did we record that?

CDR MUTTER: It will be on the transcript.

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

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

CDR MUTTER: Okay. So we have one more action item for the DoD, and then we'll close out this part
of the agenda. The CAP asked why a V-9 designation would be used in FOIA exemptions.

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

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

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

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

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

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

And one more note on the restoration advisory board, the next quarterly meeting is actually tomorrow evening in Jacksonville, for anyone who's interested and would like to attend.
MR. ASHEY: Thank you. I have three questions for DoN that they can record, if you'll take them back, please. They're very simple questions. First one is: Are there presently charcoal filtration systems on the drinking water well heads? That's the first question.

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

THE COURT REPORTER: Yes.

DR. BREYSSE: (Inaudible)

MR. ASHEY: No, water quality samples.

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

MR. ASHEY: I'm talking about from the drinking water wells, one, are there charcoal filtration systems on those well heads? And the reason why I'm asking that question is because there is still a lot of contamination, there are a lot of plumes, underground. And the soil there is highly permeable. Over time those new wells, screened at whatever depth they've been screened at, are just going to pull that contamination towards those wells. That's just the
nature of an underground plume. It may take five years; it may take ten years; it may take six months. It may already have happened on some of those wells.

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

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

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

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

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

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

**DR. CIBULAS:** Good afternoon, everyone. My name is Bill Cibulas, and I am the Director of the Division
of Toxicology in Human Health Sciences at ATSDR. And unfortunately Dr. Breysse has a commitment, has a very important meeting with our new acting director, Dr. Schuchat, this afternoon, and apologizes for having to leave the meeting, but asked me to help facilitate and work with the CAP and help you get through the afternoon, and I'm very delighted to do so. I was just sharing with Sarah, I’m one of those Ph.D. toxicologists that are rare. So there's at least two of us on the bench here today.

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

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

(Video plays.)

**DR. CIBULAS:** Thank you, Loren. Any member of the CAP have any comment or question for Loren about the video real quick?
MR. ENSMINGER: I would like to know when he's going to put his directive out to the rest of the VA. I understand that that's not been approved yet?

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

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

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

SOIL VAPOR INTRUSION PROJECT
MR. GILLIG: Thank you. Can everybody hear me? I'll speak very loud, okay? I'd like to introduce Danielle Langman. She's sitting in the audience. She is the lead, the technical lead, on the soil vapor intrusion project.

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

Contamination in groundwater will work its way up through the soil into buildings that are above that contamination or nearby that contamination. So the next -- one of our next projects at ATSDR is to assess soil vapor intrusion across Camp Lejeune. So this is a fairly large project. We've spent a couple years collecting and reviewing environmental reports. We pulled out environmental sampling results from those reports. We populated a large database with that information. We will do modeling and also collect additional information on the buildings at Camp Lejeune, look at the spatial distribution of the contamination, and assess those buildings for soil vapor intrusion.
As many of you probably know much better than I, Camp Lejeune is a large base. There are approximately 14,000 buildings at Camp Lejeune, and that would be part of our analysis.

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

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

MR. ASHEY: Rick, we had two teleconferences on this, and I provided you some very substantive
comments, and second iteration of the work plan appears to address some of those. And I thank you for the CDC and the ATSDR accepting Gordon Dean as a peer reviewer. He had about 35 years of experience, so, and he and I go back a long way. He's a PE in 32 states.

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

Now, for the audience, air sparge systems pump high-pressure air into the ground via wells that have screens at various depths. And in theory what an air
sparge system does is it will volatilize petroleum products that float on top of the groundwater, and theoretically there should be a complementary system called a soil vapor extraction system, that pulls those volatilized contaminants out of the ground before they percolate up through the soil through the surface and into a building. Well, they didn't have the complementary SVE, just the air sparge systems. So they made a bad situation worse.

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

So the question became what did CH2M Hill do with the two sets of data? They had data from the air sparge systems that were in proximity to buildings, and they had data from biosparge systems in proximity
to buildings. Did they mix that data together?
Because if they did, then they diluted the data that
was from buildings that had air sparge systems of
potential soil vapor intrusion into those buildings.

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

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

And I almost missed that one sentence, 'cause
this is a pretty big document. It was the second time
I went through it that I caught this. So again, now
I'm asking the Department of the Navy, you know,
either we need an answer to the question, and it's a
complex answer so CH2M Hill, it would be real good if we could have them at the next meeting so I could ask them these questions. Thank you.

DR. CIBULAS: Thank you, Mike.

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

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

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

MR. ASHEY: Yeah, about five acres.

MR. ENSMINGER: That had a 15-foot-thick layer of
pure gasoline floating on top of the aquifer, the shallow aquifer.

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

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

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

So Chris is right: The exposures did not end in 1987 when they took the wells offline. And there were other buildings that had volatile organic compounds,
chemicals, like PCE and TCE and vinyl chloride plumes that were under them.

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

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

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

DR. CIBULAS: So Rick, any, any last comments?

Anything further you want to respond to?
MR. GILLIG: Not really.

DR. CIBULAS: Okay.

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

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

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

And we all want the answers to these questions. But it's, as Jerry said earlier, now we get to the hard science, the hard stuff. Junk science is easy.
Real science is hard, and so that's what Rick and his staff at ATSDR are going to do. So we just need to, you know, do the best we can to, to help them wherever we can. Thank you.

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

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

UNIDENTIFIED AUDIENCE SPEAKER: And say I'm sorry.

MR. PARTAIN: Or say I'm sorry. Now, unfortunately that has not happened, and it probably won't happen. That leaves the hard way, and what we
are doing here today, and every quarter, is the hard way, where we get science, we become involved as a community and push things forward one step at a time, so you can take away all the excuses and denials until the truth is what's left.

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

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

MR. GILLIG: Just one more comment. I want to
reassure everyone that in our investigation, if we identify any contaminants at levels of concern in any of the buildings, we will work with the people at Camp Lejeune to make sure those buildings are addressed. So our first focus will be stopping existing exposures, and then we'll look at historical exposures.

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

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

MR. PARTAIN: Instantaneous.

MR. GILLIG: -- instantaneous communication.

MR. PARTAIN: Okay.

MR. ENSMINGER: Well, I know for a fact when we took the tour of the base, when we had our CAP meeting in Jacksonville, when we went past building 1601,
which used to be the motor transport maintenance third
echelon, there is a contamination plume under those
buildings in that area of TCE, PCE, vinyl chloride
that is sky high. And they had civilian contractors
working in that building. They had offices in that
building, 'cause the guide for the tour said that they
had offices in that building. So I think that's
something that ought to be addressed.

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

UPDATES ON HEALTH STUDIES

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

So this survey was done quite a while ago, in
2011-2012. We tried to locate 312,000 people, Marines and civilian workers, and we were able to locate about 80 percent of them. Sent surveys out through the mail. 76,000 responded, so the participation rate was about 30 percent.

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

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

The study we're working on right now is probably the most important one of all the studies we'll do, and it's looking at cancer, and trying to involve all the state cancer registries throughout the country as well as the VA cancer registry and the Department of Defense cancer registry, and also registries in Puerto
Rico, Guam and Samoan Islands and the District of Columbia, DC's cancer registry.

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

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

We want to get data up till 2016. The cancer registries have almost a two-year lag, so 2016 data becomes available the fall of this year, so we're going to ask the cancer registries to give us data starting in the fall of this year.
We're also going to be getting death certificates as well so we're going to expand the mortality studies that we did a couple of years -- that we published a couple years ago.

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

So are there any questions from the CAP?

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

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

Then we're looking at civilian workers at both Camp Lejeune and Camp Pendleton. Civilian workers who
were there employed any time between December 1971 and
at the end of '87. The dates here have to do with
what data are available, computerized data, are
available. The data comes from an entity called the
Defense Manpower Data Center, where all the services
send their personnel data to, and that's where it gets
to a repository for that.

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

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

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

MR. ENSMINGER: And Navy personnel.
DR. BOVE: Oh, I'm sorry, Navy personnel. On both bases.

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

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

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

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

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

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

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

DR. CIBULAS: So just a few minutes. I know, Mike, if you want to --
MR. PARTAIN: Are you talking about the mortality study or?

UNIDENTIFIED AUDIENCE SPEAKER: No, the actual studies of the --

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

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

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

UNIDENTIFIED AUDIENCE SPEAKER: Yes.

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

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

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

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

DR. CIBULAS: Thank you. So if there aren't any additional comments or questions for Frank right now,
what I'd like to do is go ahead and move to the next part of the agenda.

**CAP UPDATES/COMMUNITY CONCERNS**

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

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

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

**MR. ASHEY:** I just have one --
DR. CIBULAS: Okay. Please, go ahead.

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

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

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

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

Then I am coming out, I've had all kinds of medications, Serotine (sic), Seroquel, Atropine and everything. I've been going to mental health for years, okay. I'm able to work and to maintain certain instances, but I deal with aggression, and I have to use the VA crisis line. And in fact they were the one that came up with one disorder. I've had some legal situations which they saw that I get help. Now, I've been in about ten different institutions, trying to get treatment and what have you.
Now, the disturbing thing is how are we going to associate, categorize, neural behavior? Because that's just for me. When I was married my wife had a miscarriage. My girlfriend had a miscarriage. In her 20s she's never been able to have another child. Then I have a son who has a disorder, and he's special needs.

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

DR. CIBULAS: Okay.

MR. BAKER: You know, I've had some situations where even Loren will tell you we're going to get you some help. And you know it's kind of like we just need some love for this here, too, you know. I hear things. When I heard about guys that were dishonorably discharged, I was honorable; I was fortunate. But I had to get the record straight, okay. And I was honorable but there are guys that who knows what they suffered from, okay. And you know, it helped me at one point to even get away from Lejeune
'cause see, at first I was in a lot of those target areas. I was at Main Side division. I go to New River Air Station. I lived in Tarawa Terrace I. I come back from the air base, back to the Main Side. I go to 8th and I (ph). I come back and I'm in a frenzy. So all these target areas, how can -- you know, how we going to classify certain things like that?  

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

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

I can answer your question about neural behavioral effect the following way. The 2012 law, which used that term, did not define the term. It didn't, so in other words there's a law that's written, gets passed by Congress, it gets signed by the President, but it was never defined. It was left
to the agency to then define what that meant. The agency will do that based upon our authorities to write rules, regulations, to interpret the law so that it can actually be executed as was intended by the legislators.

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

**MR. BAKER:** I have one quick question before I go. Now, I know about the Camp Lejeune water, but I was also at the air base with all these solvents, tetra -- what was it -- toluene, 'cause I was dealing with helicopters and dealing with airplanes. How do those chemicals affect the contamination, 'cause I know we're talking about water but have we took a look at the other chemicals that many of us was exposed to,
you know, the paint thinners? I mean, those green cans that a lot of us had with all of the oils and then we're taking that home to our families.

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

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

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

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

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

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

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

   **MR. HIGHTOWER**: Yeah. My name is Tony Hightower,
and I'd like to thank everybody for coming out and
thank the committee. I know a lot of you came out
because I put the literature in your hand, and I try
to stay in touch with you. I passed around the
registry thing for us to be able to stay in touch with each other until the next meeting, future meetings. It's very important not only for you to come back but to bring a Marine, bring a friend, a colleague.

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

DR. CIBULAS: The person raising their hand.

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

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

DR. CIBULAS: Thank you for your question. Go ahead.

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

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

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

MR. HIGHTOWER: Because I read it.

MS. VINSON: Okay.

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

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

MR. HIGHTOWER: The email came from HEC.

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

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

MS. VINSON: Yes. Me and Lisa.

MR. HIGHTOWER: Okay, from eligibility in Atlanta.
MS. VINSON: Yes. But is it from HEC or is it from the medical center?

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

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

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

MS. VINSON: That's totally incorrect.

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

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

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

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

And so but there's a lot of misinformation being put out between different people at the medical
centers. And this is why the eligibility part is so important, because they're also telling people, okay, if you have a DVA or if you are other than honorable, if you're just a reservist, it's on the eligibility side with HEC. It's a lot of misinformation. So that's why I was careful to say, meet the definition of a veteran and be eligible -- meet the criteria for VA healthcare.

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

**MR. HIGHTOWER:** Thank you.

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

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

**MS. VINSON:** You’re welcome.

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

**MR. HUNT:** Yes, sir. My name's Wayne Hunt. I am a United States Marine, and I was stationed at Camp
Lejeune in the Marine Corps. I have two cancers and possibly a third. I have 11 nexus letters by six different doctors, all VA doctors, and on the 27th of last month the VA denied me.

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

**MR. PARTAIN:** '53.

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

In '71, when the EPA was -- discovered it and set out to clean up the environment, the Superfund was issued so that they can clean up all the bases around the world. Marine Corps took that money and started
covering up the water contamination. They started hiring so-called experts to come in there to deny the water contamination. They did it all the way up until '84, until they were forced to shut those wells down. A criminal act was committed against the Marines and their personnel there at Camp Lejeune.

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

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

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

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

MR. HUNT: Yes, sir.

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

MR. HUNT: Yes, sir.

MR. ENSMINGER: Okay.

MR. PARTAIN: What type of cancers, sir?

MR. HUNT: Colon, prostate and possibly breast.

MR. ENSMINGER: And what?

MR. PARTAIN: Possibly breast cancer?

MR. HUNT: Yes. Colon and prostate.
DR. ERICKSON: And sir, did you meet with our folks in the room to the right?

MR. HUNT: Yes.

DR. ERICKSON: Okay, thank you.

DR. CIBULAS: Thank you again, sir, very much.

Thank you, Jerry, for following up on that.

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

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

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

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

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

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

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

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

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

MS. GRAHAM: Yes.

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

MS. GRAHAM: Right, correct.
MR. ENSMINGER: Okay. Those claims are still being held.

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

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

MS. GRAHAM: Right.

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

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

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

MS. GRAHAM: No, I'm just going to put it out there, because you would think in this area that you
would see more exposure about it.

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

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

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

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

**MS. GRAHAM:** Right.

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

And you know, people served aboard Camp Lejeune. They're a year, a year or two years, three years, some ten, some longer. But that's not our home town. You can't drive down Lejeune Boulevard, unless you got a pass or something, and go look and see where little Johnny lived or where, you know, Jamie lived and what happened to them. We're scattered all over the country. We're in every little town, every moderate town, large city, work in every state across this country, and we even got members who are overseas.
So the community, you know, for the VA or anyone else to go out and notify the community, it has to be done through the media. And it has to be done through people like you all getting in touch, getting together locally and going to your media and talking to them. And also going to your U.S. Senators, you've got two of them, and your Congressmen. And say, look, I'm here. I'm a part of this. There are efforts going on. You need to get out the word.

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

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

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

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

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

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

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

**MS. GRAHAM:** Okay, and my final question, and
this came up -- thank you, Chris, for the information
you provided, because my daughter also served at Camp
Lejeune. She was on her training there for four
months, and she was in the barracks that you talked
about today, that I had no clue. And she probably has
no clue that she may have been exposed as well. So
I'm very concerned about that, and I can't wait to get
out of here and get on the phone and call her and talk
to her about it, because something needs to be done.
If there is still contamination there, whether it's in
the soil, in the air, in the barracks' walls,
something needs to be done to clean it up, fix it and
make contact with those Marines who served their
country for four years, six years, ten years, 30
years, however long it was, and they need to be
contacted and be checked and be given opportunity to
have their concerns addressed.
MR. ORRIS: Contact the Marine Corps and make them live up to their family first motto.

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

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

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

DR. CIBULAS: Thank you very much, ma'am.

MS. GRAHAM: Thank you.

DR. CIBULAS: We do have a comment over here in response to the VA. Go ahead.

MS. CARSON: Hi. So this is Laurine Carson again, from the benefits side. So I think the question was how many -- at how many locations across the country are we processing Camp Lejeune claims. Okay, so all claims that have been established since 2017, under the regulations, we process them at all 56
regional offices. They are not only processed at Louisville. So any other new claims are processed at those locations.

For all claims which had a previously denied disability prior to that regulation being established, they are still processed at the Louisville, Kentucky regional office, and that is because that's where the expertise for these conditions has been most prevalent, and that they've been processing these claims at that location since 2012. Any previously denied claim goes through them. It is also where we work with our SMEs on the VHA side to be able to work those claims. So 56 regional offices are processing Camp Lejeune claims across the nation.

DR. CIBULAS: Thank you very much for coming over. Sir?

MR. TERRY: Yeah, my name's Alvin Terry, and I have a question for Dr. Dinesman, is it? Are you a subject matter expert?

DR. CIBULAS: I'm not sure who you're referring to? Oh, I'm sorry, here he is, okay.

MR. TERRY: You know, all of a sudden there came up eight presumptive diseases. The 22 subject matter experts plus unknown number of contractors, working for the VA, and none of them seem to be able to
discover this evidence.

MR. ENSMINGER: On what?

MR. TERRY: For the presumptives. How does that happen? All scientists and doctors need scientific and intellectual curiosity. What happened to theirs?

DR. DINESMAN: I think those are separate. The presumptives are not going to the SMEs.

MR. TERRY: Are not going to be what?

DR. DINESMAN: The presumptive cases are the ones that were just spoken about, that go to the multiple ROs, but they do not go for opinion if they're presumptive.

MR. TERRY: Why did not the subject matter experts discover this evidence that proved the presumptions?

DR. CIBULAS: Loren wants to help out there. Go ahead, Loren.

DR. ERICKSON: Yeah, not a problem. Sir, again, thank you for your service. I think your question's a good one, and I think the question you're asking comes more to my office, which is at central office, a block and a half from the White House.

MR. TERRY: No.

DR. ERICKSON: We are very much involved in writing policy, and we are the ones that then work
with the folks who actually write rules and regulations. And the subject matter experts that are participating in these other tasks, they can certainly contribute, and some of them in fact contributed to a work group that we had put together, but that wasn't their primary job.

Whereas it was in my office where we worked with our ATSDR partners, where we looked at all the literature. We talked to other subject matter experts in other agencies, where we brought in together as a coherent package for the Secretary to consider. So it wasn't Dr. Dinesman’s job to do that, though some of his people had input to this process. But rather it was my office that was charged with being able to bring forward that type of policy.

And I'm very glad to tell you, you know, that we were successful in being able to then establish, under the Secretary's signature, eight presumptions for a garrison-based exposure. That's historic. It doesn't exist for any other garrison-based exposure.

MR. ENSMINGER: And let me explain to you how the presumptive program came to be. I'm trying to explain to you how this --

MR. TERRY: I'm listening.

MR. ENSMINGER: -- happened. It was not up to
the SMEs. There was a meeting in July of 2015 in the office of Chairman Isakson, Senator Isakson, who is the Chairman of the VA Committee for the Senate. Senator Burr, Senator Tillis, some of their staff, the VA was represented at it. They were calling in Secretary McDonald to it. He came. Dr. Breysse, Dr. Bove were both there. And they thought it was going to be a knock-down-drag-out meeting because the Senators were loaded for... And when Senator Isakson opened the meeting up, Secretary McDonald basically took charge of the meeting and announced right away that he wanted to create a presumptive status for Camp Lejeune.

At that time he looked at Dr. Breysse and said, Pat -- called him by his first name -- and asked him, would you commit your agency to assisting us in developing a list of health effects that would fall under this presumptive program? And Dr. Breysse responded in the affirmative. Yes, he would.

Dr. Bove was tasked with that. And Dr. Bove looked at the list of scientific evidence, and the Secretary's guidance was any health effect that had sufficient or moderate evidence for causation, and that was what Dr. Bove did. And he looked at all the scientific data, all the studies that had been done up
to that time, and picked out the health effects that could be proven scientifically, to have moderate or sufficient evidence. And that's how the list came to be.

Now, there were two other things on that list that didn't make it, and I'm still fighting that. And I will fight it 'til they get on it. So the SME -- I mean, I don't know where you came up with that idea but --

**MR. TERRY:** Well, the SMEs are the ones that looked at all these claims.

**MR. ENSMINGER:** No, not the presumptives.

**MR. TERRY:** Many people have filed those presumptive claims, before they were presumptives.

**MR. ENSMINGER:** Well, I need -- before they were presumptive?

**MR. TERRY:** Yes.

**MR. ENSMINGER:** Well, if they were filed before they were presumptive they need to refile now.

**MR. TERRY:** The point I'm making is, if you sit there -- if you're an SME and you're reviewing claim after claim after claim after claim, and you're doing your job, your intellectual and your scientific curiosity would lead you to that evidence.

**MR. ENSMINGER:** But they don't have any
authority.

MR. TERRY: Authority to do what?

MR. ENSMINGER: The Secretary has the authority to create a presumptive status if he sees --

MR. TERRY: Exactly.

MR. ENSMINGER: -- so fit to do so.

MR. TERRY: Exactly. But nevertheless, the evidence was there.

MR. ENSMINGER: All right, but we got the presumptive program. What, what --

MR. TERRY: The point is, the point is when they examine these claims, they did not use their intellectual and scientific curiosity, which is necessary --

MR. ENSMINGER: I agree.

MR. TERRY: -- for any doctor.

MR. ENSMINGER: I agree. I agree with you.

MR. TERRY: They did not use it because that's not their job.

MR. ENSMINGER: Well, I agree with you, and that was wrong. But we've got the presumptive program to fix it. And now I still don't agree with the SME program that they got going now.

MR. TERRY: Nothing is fixed except for those eight diseases.
MR. ENSMINGER: But, but I mean, I still don't know where you're going with this.

MR. TERRY: I want the SME to tell me why they did not approve some of those claims, because the evidence was already there before this meeting that you had.

MR. ENSMINGER: I didn't have it. They wouldn't let me in there.

MR. TERRY: Okay.

MR. ENSMINGER: I wish they would've but they wouldn't let me in there.

DR. CIBULAS: Thank you, sir. I understand that you're still struggling, looking for an answer here, but I think Jerry's done a remarkable job of telling us how we got here.

MR. TERRY: I understand that, but Dr. Dinesman can tell me, possibly, why he could not, or they could not, discover that same evidence that got those diseases presumptive.

MR. ENSMINGER: Well, I'll give you an answer that I got, which they're not going to like, but I'm a firm believer that the VA created this so-called subject matter expert program to deny more claims. [applause]

MR. TERRY: Well, now, that's my point.
MR. ENSMINGER: But we're fighting that. And you need to understand that, with the creation of the presumptive status -- I mean, Dr. Erickson was right: It was historic, because this has never happened before. There has never been a stateside, peacetime exposure, or any other type of incident, where the VA has created a presumptive status. Camp Lejeune is the first.

MR. TERRY: Well, why would he need to ask ATSDR --

MR. ENSMINGER: Yeah?

MR. TERRY: -- to review all this evidence when he's got 22 subject matter experts and an unknown number of contractors?

MR. ENSMINGER: Well --

MR. TERRY: -- supposedly experts in the field.

MR. ENSMINGER: And in the presumptive status, this has got -- all the scientific evidence has got to be revisited, what, every two or three years? What is it?

MR. PARTAIN: You got to understand that this issue just didn't pop up in March 2017, with the presumptive service connection. When we got involved in this, and the VA started coming to the CAP meetings, there was no Louisville. The claims were
being held and being turned in in local areas. You had people in Florida, Massachusetts, Michigan turning in claims. And what was happening because of social media, the internet, would -- like for example, and this is pretty much one of the scenarios, we had a guy in Massachusetts approved for male breast cancer. We had a guy denied in Florida. We had another guy denied in Michigan. Well, we -- the guy in Massachusetts contacted Jerry and I; we looked at the stuff, worked with the other veterans and challenged what was going on with the VA because there were inconsistencies in what the VA was doing.

And, you know, once again, Dr. Erickson might not like this, but they pulled everyone together in Louisville to consolidate the claims to straighten out the stories. And then from that point on we saw a consistent, around 25 percent, approval rate for several years, a little above, a little below, every year for the VA claims. Then in 2013 we find the VA implemented the SME program and the approval rates plummeted to around 4 or 5 percent.

Now, that question you're asking about, well, why -- you know, all this information was here; why weren't they awarding the kidney cancers, the bladder cancers, the leukemias, the non-Hodgkin’s lymphomas
prior to the presumptive? Well, that's what we've been fighting for for the past ten years.

And that's the question that, if you go back in the CAP transcripts, we were asking the VA. Well, TCE was rated a human carcinogen in 2011 because its effects on the human kidney and kidney cancer. But they were denying kidney cancer claims all the way up until March -- or I'm sorry, they put them on hold for a while -- but up until the presumptive announcement.

So that -- I mean, I don't know if that's the answer that you're looking at but there's more to it than just the SME making a decision.

**MR. TERRY:** What can Dr. Dinesman tell me?

**MR. PARTAIN:** I don't believe he was doing a lot of this stuff at the beginning either, so.

**MR. TERRY:** He's a subject matter expert.

**DR. CIBULAS:** I don't think there's anything else we can add at this time. I understand you're a little dissatisfied but perhaps we can carry on the conversation later, but I would really like to get some other people up.

**MR. PARTAIN:** Yeah, we do need time for other people.

**DR. CIBULAS:** Thank you, sir. Sir?

**MR. BAILEY:** Dan Bailey from Florence, Alabama.
I got a couple of questions. Why aren't we studying diseases of the endocrinology system? I mean, the EPA has listed 72 chemicals that they've mitigated from Camp Lejeune, and there's got to be diseases associated with those, so that one should be a presumption.

And my second one is, the Agency for Toxic Substances and Disease Registry, when I went online four years ago to register with you guys, you gave me an email back saying it was highly unlikely, because most of the contaminated wells were shut down in '85, that any illnesses would be related to Lejeune. Now I'm hearing that things are going to be related even past '87, it sounds like. I mean, I'm getting double-talk here.

**MR. ENSMINGER:** No. That was the old ATSDR. They wrote their public health assessments on bases like Camp Lejeune back in the 1990s, like '97.

**DR. CIBULAS:** That's correct, '97, Jerry.

**MR. ENSMINGER:** Yeah. They would write their public health assessments with their feet up on their desks, looking out the window over at Century Center, and the original public health assessment for Camp Lejeune was a joke. And they state it right in there: No, with those kind of exposures you had at Camp
Lejeune, the likelihood of cancer in adults, no. I mean, this is -- I mean, this is an evolution, and it's taken since 1997 for me.

MR. BAILEY: I hear you, Jerry.

MR. ENSMINGER: I mean, and we've come a long way.

MR. BAILEY: Yes, you have.

MR. ENSMINGER: But we have to keep going, and you're not going to change this overnight. You've got to change it with evidence.

MR. PARTAIN: And the changes that you're talking about, too, that you saw in the past versus now, that occurred because of the interaction in the community, the CAP in particular, and other people outside the CAP that have worked to challenge the narrative that has been sent out by both the Navy, the Marine Corps, and ATSDR at one point. And frankly, if people hadn't stood up, done the research and didn't accept what was told to them, then we would be right back in 1997. So that's why the narrative's changed.

MR. BAILEY: Yes, sir.

MR. PARTAIN: And you know, that's the importance of getting involved.

MR. ENSMINGER: I mean, you should've seen what I went through up on Capitol Hill, trying to explain
this to Congress. I mean, it was hell. You know, I knew just enough to make me dangerous to begin with, and I had to educate myself so that I could educate the others and get this thing moving in the right direction. And it took from 1997 until 2004 before I testified to Congress the first time about Camp Lejeune.

**UNIDENTIFIED AUDIENCE SPEAKER:** Thank you, Jerry.

[applause]

**MR. ENSMINGER:** And from that point on, that was April of 2004, and then Congressman John Dingell got involved in this, and his staff, and they got behind us.

Then we had another hearing, *Poisoned Patriots*, in 2007, and then another one in the House Science and Technology Committee in 2008, several, a couple hearings there. And then in the Senate. I mean, this has been a long, hard fight, and all of you that are frustrated, hey, I know what you feel.

But you've got to stay consistent. And I never go to Capitol Hill and make an allegation that you can't support, because if you go up there and you say something that's not true and you can't prove it, you ruin your credibility. It's not only your own credibility that you're ruining; you're ruining it for
all of you too, your entire issue. So be careful when you speak to the media. Be careful to when you speak to members of Congress. But keep speaking.

DR. CIBULAS: Thanks. Thank you, Jerry. A quick comment from one of our CAP members before we move on.

MR. HODORE: Hello, my name is Bernard. I'm a CAP member. Let me start by saying how many of y'all have filed a claim before? How many of y'all have got an NOD in your claim? Notice of disagreement. Well, if you got a notice of disagreement that's an appeal. You don't doubt your case until the appeal process. Atlanta's working on cases from 2012. So that's five years ahead of you. That was the trick to get you to do an NOD. They would not rescind an NOD. That is an appeal.

An appeal is a lengthy process, very lengthy. I know some cases where the appeal been going on ten years. So you got to understand when you're filling this paperwork out you got to -- why not do motion for reconsiderations? So it takes forever to do these cases. They got a backlog of five years here sitting in Atlanta. Thank you.

DR. CIBULAS: Thank you. Ma'am?

MS. WESBROOK: Yes. My name is Peggy Wesbrook. I was stationed in Camp Lejeune in 1971, the old
Corps. I was diagnosed with breast cancer in 2012. Now I was diagnosed with colon cancer just last year. I'm just finishing my treatment. I would like to know would colon cancer be in the study that he's working on?

**DR. BOVE:** All cancers.

**MR. ENSMINGER:** All cancers.

**MS. WESBROOK:** That's all I needed to know.

**DR. CIBULAS:** Thank you very much, ma'am. Sir?

**MR. GRANT:** Name's Willie Grant. I'm a veteran service representative from an outside organization, other than the VA. I talked with Jerry earlier, and my question to the -- not to the CAP, but to the VA, is what recourse does a surviving spouse or dependent have if the individual dies from one of the cancers that's in the presumptives, and they go and they try to file a claim, and it gets denied? What's the recourse? After talking with Jerry -- I've won more cases through tort than I have by submitting claims through the VA. That's real honest.

**MS. CARSON:** I'll try to answer you. So I'm not sure if that claim was filed prior to the March of 2017 law; however, that claim, even though it was previously denied, can be requested to be reopened or the person, first and foremost, of course should file
an appeal if you get a denial and you feel that it is wrong. However, that claim can be reopened under the March 2017 law, because those conditions are now presumptive conditions that may have been previously denied before that rule was implemented. And so that person should be, if they have one of those conditions that's on that list, should be able to file that claim as a death indemnity compensation benefits, it's the DIC benefits, as a survivor. There is no delimiting date on filing for DIC benefits, so it didn't have to be only one year after the veteran's date. There is no delimiting date. Just get -- I would say get that person to refile the claim. And I believe you and I talked about that.

MR. GRANT: Right. So --

MR. ENSMINGER: And then let me clarify something else. If your spouse, the veteran, passed away after the March activation date of 2017, if they passed away after that date, they also --

MS. CARSON: Yes.

MR. ENSMINGER: -- would receive, not only DIC, but they'll get benefits --

MS. CARSON: Right.

MR. ENSMINGER: -- that their spouse had rated up to the point where they passed away.
MS. CARSON: Absolutely, because claims for the DIC benefit for anyone, if you file a claim and there was a claim that was pending at the time that a person passed away, because we know that these claims we held them for a time, you would get the claim as what's called a substitutant for the deceased veteran, yes.

UNIDENTIFIED AUDIENCE SPEAKER: How do you spell that?

DR. CIBULAS: How do you spell it?

MS. CARSON: Substitutant, let me see. Like substitute -ant. But s-u-b-s-i-t-u-t-a-n-t.

UNIDENTIFIED AUDIENCE SPEAKER: Is that for all claims or just Lejeune claims?

MS. CARSON: Actually the approved benefits and substitution of claims is for any claim where a veteran had a pending claim at the time of his death. It applies to this but it also applies to any claim. You generally would have to file it within one year from the veteran's death.

But in these cases where we held those claims, and someone may have died before the 2017 enactment, I would still do both. I would do the DIC claim and the substitutant claim.

MR. GRANT: So, so my other question is why is there such a lack of continuity within the VA system?
From department to department, from agency to agency within the VA. If you're dealing with someone that has a pension, and he dies, and he's in the medical system also, when you report his death it doesn't automatically go over into the medical system.

And I just had one of my clients passed away this past Saturday. He was -- he had bladder cancer. We filed his bladder cancer claim for Camp Lejeune three days before he passed away. So when we reported his death to the compensation side, all of a sudden, because of his insurance, we have to go to pension and we have to go to the insurance and let everybody know individually that this individual had died.

That makes absolutely no sense. There should be some kind of reporting system within the VA so that we, as the individual working as a representative or working with the family, doesn't have to go through the remorse that the family goes through trying to help them to report their death.

**MS. CARSON:** Totally agree with you. I will say this, that if you report a death and it is totally correctly in the system, it hits the pension center, the insurance center and the service center, because we use a system that's called the veterans benefits management system, and that's a system that goes
across that.

However, the challenge between VBA and the healthcare side is still a challenge. VA is working, as you heard the Secretary state earlier, around Veterans Day, that we're working on a consolidated health and electronic health record that would include all the VA systems talking. Some of the challenges and the reasons that we had that is because you have a healthcare treatment system of records and you have this benefits claim system of records, and we need to merge those together better and VA needs to do a better job in that area. So no excuses here. You are preaching to the choir because, guess what, when my frontline person is trying to help a veteran in front of him, he needs access to any and all records pertaining to that veteran as well. So we understand and we hear you.

DR. CIBULAS: Sir, thank you very much for your comments. I do want to try to get everybody who's still standing up. I think there are some people that need to leave, so let's keep moving, if I could. Ma'am?

UNIDENTIFIED AUDIENCE SPEAKER: I want to thank you for your dedication and for just being able to come out. This is my first meeting, and I'm learning
a lot. But my question is why is it that the women
Marines -- I'm being one of them; I enlisted in
1970 -- are having such a hard time with the VA
accepting, those of us that were stationed on Camp
Lejeune, our female infertility and any other disease
that led up to our infertility and that we've
developed since, why is it being disregarded? I mean,
I have filed and refilled and refilled and refilled, but
it's being disregard -- oh, you -- it's no connection.

And the last letter I got from the compensation,
it says: You need to provide us with your scientific
study. I am not a scientist. I don't do scientific
studies. If you want your taxes done, I'm the girl
for you, okay? But they want me to provide my
scientific studies, and they want my doctor to provide
my scientific studies.

We didn't even find out about Camp Lejeune water
working together trying to find what's wrong and why,
and all along the Marine Corps knew why. So I'm just
very disappointed. I'm very discouraged but I'm not
defeated.

Why are you asking us, the individual, for a
scientific study? Why are you asking us, the
individual, to ask our doctors for a scientific study?
We've got millions of doctors in the U.S., so every
doctor is supposed to now have a scientific research
team, so that just in case a veteran comes up that may
have been stationed at Camp Pendleton, Cherry Point or
Camp Lejeune, or all three, that they've got a study
available? I don't get this. Is this just a way of
the VA circumventing the obvious, and that women
Marines were damaged.

DR. CIBULAS: Thank you, ma'am.

UNIDENTIFIED AUDIENCE SPEAKER: And we are still
damaged. What are you going to do to make me whole?
You want to go back and do some forensics on the
organs they took out? I don't even know where they
are. They're probably burnt and destroyed. But
that's what you're asking me for, and I have no way of
providing that. So to me it seems like you're asking
for information that you know the likelihood of being
provided is zero.

MR. PARTAIN: And that's precisely what we've
been asking the VA with this SME program, and I'd like
to hear an answer on that. 'Cause for a veteran to go
out and hire a doctor to do what these SMEs do, you're
talking thousands of dollars to get a comparable
medical opinion. So Dr. Erickson?

DR. ERICKSON: I want to be -- let me say first
of all say thank you for your service, ma'am.
Appreciate that you served our country.

I want to be real sensitive that you're bringing up a very personal and private issue here.

**UNIDENTIFIED AUDIENCE SPEAKER:** Yes.

**DR. ERICKSON:** And I don't -- I don't want to expose you to any kind of discussion now in front of, you know, 300 people here. What I would ask is perhaps speak to Dr. Dinesman afterwards, so you could have a private discussion.

We work very hard right now to try and educate doctors, both within and outside of the VA. We have a number of means that we do that. Having said that, it is an ongoing process. It's we're never reaching enough. I'm very sensitive to the comment you say about each doctor having to have their own scientific team. It may be that, as you talk to Dr. Dinesman, there may be something unique about your situation that we can touch on that we can provide you with a strategy.

**DR. CIBULAS:** So and, as I said, thank you, ma'am, some of us are going to have to be leaving. Jerry is one of them. I'm going to stay here and there are members of the CAP that can stay here with me are going to continue to stay. I want to hear from
everybody who's standing for sure, but Jerry just indicated he needs to leave, and I wanted Jerry to have an opportunity to just say a few words before he leaves. Jerry?

MR. ENSMINGER: Now, the Justice Act that I announced this morning has not been introduced yet. We're working on it. Lord knows how long it'll take but it's going to take the support of all of you. And remember this, if your spouse was a service member, you can't sue the government. There's a thing called the Feres Doctrine that bars you from suing the government for the death of a person that was serving in the military.

However, if you are a dependent or, in my case, my dependent daughter, yes, I can file a suit against the government. And if you're a dependent you can file a suit against the government.

So, nice seeing all of you.

MR. PARTAIN: Thank you, Jerry. [applause]

UNIDENTIFIED AUDIENCE SPEAKER: We wouldn't be here if it wasn't for you.

MR. ENSMINGER: Maybe, maybe not.

DR. CIBULAS: Sir?

UNIDENTIFIED AUDIENCE SPEAKER: All right, so unfortunately I didn't serve in the military. My
father was in the United States Marine Corps. And I'm 30 years old, and my dad served from '83 to '89, and I was born in '87. My mother lived on the base from '85 to '89.

When I was born, I was born with a defect. I was born with testicular cancer. Now, I'm here because for 28 years I didn't have any answers. I didn't know why, I didn't know what it was that I was going through, from the emotional side of it, not being able to develop like any other males growing up. I never went through puberty.

So when my dad got testicular cancer a couple years ago, that was the first time I even learned about, oh, Camp Lejeune water contamination. I didn't know anything about it 'til one of the reps approached him after he had testicular cancer.

So my question comes to when, on the 15 conditions that are listed, there is female infertility, what about the male infertility? What about the male organs that no longer work because the water contamination or however that goes? So I've spent the better parts of my life not having any information, any answers, and I would like to know my course of action.

MR. PARTAIN: Out of curiosity, what housing area
were you living in when you were born?

UNIDENTIFIED AUDIENCE SPEAKER: I'm not sure.

MR. PARTAIN: Check your birth certificate. It should be -- the street should be on there. And send me an email through the website.

UNIDENTIFIED AUDIENCE SPEAKER: Okay.

MR. PARTAIN: Just remind me who you are too.

UNIDENTIFIED AUDIENCE SPEAKER: Okay. And where would I get your email?

MR. PARTAIN: The website -- I'm sorry, The Few, the Proud, the Forgotten. If you go on Facebook: Camp Lejeune Toxic Water Survivors, and you can find me through there and message me, what have you. But the main website, go to The Few, the Proud, the Forgotten. You'll see my name, Mike Partain, as one of the administrators. Send me an email through there. I mean, I can't answer your question on the health-wise, but I was born on Lejeune too so I like to keep track of the kids.

UNIDENTIFIED AUDIENCE SPEAKER: Okay. Is there any other --

DR. BOVE: Let me just say that those 15 diseases that are in the 2012 law were based on a report that was done by the National Academy of Sciences back in 2009, I think it was. There's a lot of problems with
that report. What they basically said was that evidence for female infertility and the other 15 of those diseases that are mentioned, the evidence was very weak but they thought that there was nothing that had strong evidence for TCE and PCE. It was part of the flaws of that report.

Anyway, Congress picked that up anyway. They picked up those 15 diseases that were listed as weak evidence, or whatever the category was; I can't remember exactly. So, insufficient. So that's the law. That's -- it's not really based on good science, I have to say.

However, for male infertility and female infertility, there isn't a lot of evidence, unfortunately, that TCE or PCE can cause those illnesses, and that's probably because they're understudied. Most of the studies that are done on worker populations. It's difficult to study these endpoints in workers, and that's where a lot of our information comes from.

So that's -- the reason male infertility's not among the 15 is because it wasn't in that report, but also both female and male infertility, there really is not strong evidence at this time.

MR. PARTAIN: One thing, just to let you know,
sir, you're not the only one I've come across with testicular cancer from Lejeune. I know of another dependent in Tampa, Florida, who lived on base as a child and had testicular cancer, and there's been others.

**UNIDENTIFIED AUDIENCE SPEAKER:** Okay.

**DR. CIBULAS:** Thank you, sir. Thank you for your comment. I appreciate it.

**DR. BOVE:** One other quick thing, testicular cancer is one of the cancers we'll be looking at.

**DR. CIBULAS:** Sir?

**MR. CRAWFORD:** My name is Neal Crawford. I present with all sorts of neural behavioral problems over the years since Camp Lejeune, from anger issues to, you know, PTSD. And I also present with maladaptive disorders, to where the doctors had no answers to what it was. It was not Celiac's disease or anything along those lines. I actually just about died at that point.

I have presented with primary Sjogren’s, fibromyalgia, autoimmune ear disease, and I was speaking with Dr. Blossom earlier, and these diseases even to present in a black American male are basically impossible. And I guess my question would be to the VA: Why do they deny, the ATSDR report, where it says
autoimmune disorders are actually part of what is coming out of Camp Lejeune, and, you know, maladaptive issues, and things along those lines, that are presenting in a lot of these people? I mean, it's clear science for us there.

DR. CIBULAS: Go ahead.

MS. CARSON: So I don't know if Dr. Erickson left the room or not, but that would be a question that he would have to answer, about the, the science and why...

MR. CRAWFORD: And what strides are being made to add more disorders, such as autoimmune disorder? Because we're seeing our veterans present with immuno-suppressive disorders, also seeing our veterans, you know, present with Sjogren's syndrome and all sorts of autoimmune disorders, and just want to know what kind of strides are going to be made to add autoimmune disorders, maladaptive disorders? And who's to say exactly what -- I mean, the ATSDR report says, you know, PTSD, bipolar depression, depression and anxiety, all these things are part of the neural behavioral, but they say that the only thing that long-term presents is, you know, the hearing and the visual. Well, I have visual and I have hearing things going on with me. Is it because of the autoimmune
disorder? It gets disregarded. You get thrown out of the VA.

These are things that are going on. They try to tell them about it, but, you know, -- and I was sharing with Ralph earlier that it's kind of tough because I am a reservist. I am the one that has the minimum days in, the one that they want to eject out of the system because of the two years, the 24 months. But the neural behavioral is always presented; it just didn't present in that first 30 to 45 days. Now, it may have presented with other people when they had been in for 60, 90, 120 days, but who's to say that it's going to present within that first 30 to 60 days?

DR. CIBULAS: Loren, you want to try to address that as best as you can?

DR. ERICKSON: Yeah. And of course we did speak earlier, and I very much appreciate the fact that you're bringing this to the group. About all I can say at this point in terms of these issues, autoimmune and endocrine issues are a very intriguing area of inquiry as it relates to the number of pollutants and the number of chemicals such as these. I don't know that there's a lot of data right now that's available to show endpoints that are tied to those. Frank, are you including, you know, either autoimmune or
endocrine endpoints in your study?

DR. BOVE: No, just the cancers that are related to those. But in our assessment, it's on our website, we do talk about scleroderma. We also talked about immunosuppression as a possible mechanism for the leukemias and non-Hodgkin’s lymphoma. So that's discussed in our assessment. But only scleroderma at this point we have some evidence, for TCE in particular, and it's scleroderma.

DR. BLOSSOM: I did want to say something that I think Dr. Bove made the point earlier, that autoimmune diseases, it's not that they're -- it's not an effect. I've been studying effects of TCE in autoimmunity for 15 years in the animal model, and there's clear effect on autoimmune promoting effect.

What makes it difficult to study in human populations is that, while in general autoimmune diseases are very common, individually they're very rare. So I think it could be a matter of sample size, just getting enough individuals with diseases in order to get adequate statistical power for the study. So I do take your point, and I understand there's a lot of people with autoimmune issues associated with Camp Lejeune. And that's about all I can say about it. But I just wanted to add that.
DR. CIBULAS: So hopefully more data in the future on this so we can get a better understanding of the effects. Thank you, sir. Ma'am?

MS. KENDRICKS: My name is Lavita Kendricks. I am retired woman Marine. Speaking on women Marines, I have to agree with this other young lady that spoke. We're in a special category, especially when you talk about infertility and all that other stuff.

I was stationed in the Camp Lejeune area for seven consecutive years, from '79 to '86. That meant I was at New River, Camp Lejeune for two schools. Well, Camp Johnson for two schools at Camp Lejeune. At any rate we had to wait for the water to run 20 minutes before it was clear, before you could get in there and do what you had to do. And those of us who went ahead and took showers, you men didn't have a problem 'cause your stuff's straight down. Ours was not. So with everything that was going on with us from the infertility, the miscarriages, the still-borns. Speaking of still-borns, when we went to Camp Lejeune last year I saw what Chris was saying. They didn't have our stillborn child's birth certificate, or death certificate, or whatever you want, on record. No such thing. But the fact that we miscarried so many times, the fact that we have problems taking a
bath today. I can't take a bath, much as I would love
to. I can't sit in the water without any adverse
reaction.

I worked in the Army for three years, dealing
with all the different solvents and chemicals and
stuff, to the point that, to this day when I sweat I
itch or break out in hives. All this started at Camp
Lejeune. Before I went to Camp Lejeune or came in the
Marine Corps I had none of these problems. But as I
ger older and more -- the more problems arises.

So but the young man with the infertility issue,
that should even be included. I mean, it's just that
we have gone through so much, and those Marines that
are sitting on the panel and their dependents,
standing up for us and everything, and the rest of
you, I'm asking that you get onboard because if you
were stationed there or you'd gone through the things
that we've gone through, you would be here standing,
saying the same things that we're saying. This is a
fight for our lives. We feel as though you all are
waiting for us to die, one day at a time. [applause]

We signed up to take care of you all, to serve
and protect. What you all doing for us? You know,
it's not fair to us that you get to decide whether or
not we are compensatable for this stuff that's going
on. We didn't ask for it. When we signed that dotted line it was a job. Okay, we're going to protect our country. We're going to fight for our country. This, that and the other. Yet our country doesn't fight for us.

And it's not fair to us that we have to continue to go through this. I should not have to keep going to the VA and fussing with VA to get a claim, only to have my doctor tell me: Oh, you have to get your letter first. No, when I retired I took four volumes of my medical case to the Atlanta, so my records would be on file. I shouldn't have to keep hearing that you have to file this. No, that's not my job. If it's in there you need to look and do your research. I've given you the go-to as to me being in the Marine Corps and stationed at Camp Lejeune. Now you need to do what you need to do, and you all need to do what you all supposed to, and that's continue to take care of these service members and their veterans.

We should not be having to come constantly to these CAP meetings, fussing, fighting and heehawing and state: Here we are, take care of us. Because I guarantee you, if it comes back, and which there are other bases that are contaminated. Those of you that were in the other branches, you all are going to be
standing here next because it's already proven some of
the other bases are contaminated. And I'll bet you,
you all are going to be standing up there to fight
with everything that you all got, just like we're
doing now. So on this end, take care of us, but look
at the other side of the women Marines' issues and
those sailors that were stationed there with us.

**MR. PARTAIN:** One thing on that -- I'm sorry to
cut you off, 'cause I've got to run here; otherwise
I'm going to be stuck in Atlanta forever -- but to tag
onto what you're saying, with taking care of the
veterans, and I'm going to ask Dr. Erickson, what is
the issue with we've got Marines who are being
approved for a service connection and then getting a
zero percent rating, even though they've had surgery
and they've had chemotherapy? I've had several people
during the CAP meeting email me and ask about that,
and it's still going on. There's a gentleman that I'm
connected with that's gone through something like
that. But, you know, how can you give zero percent
ratings when you've got a service connection, then
treated, gone through chemotherapy, radiation or had
organ removal?

**MS. CARSON:** Okay. So if I can assist, first and
foremost for any organ removal are those with
disabling effects of the condition and how it relates to a person's ability to earn. So that's what the VA's schedule for rating disability of the regulation says.

So we follow the regulation to provide a disability evaluation. For an active cancer during a time of activity and treatment it's usually rated at 100 percent. After the period of active cancer, it's then rated on the residual effects of that cancerous condition or any additional residual effects, meaning that if it causes another condition.

So we generally rate the other effects of the cancer. So the cancer may go from 100 percent when it's active down to zero because it's inactive; however, if the cancer results in the loss of use of a creative organ, that creative organ usually gets what's called a special monthly compensation K code, but it's based on a rating schedule. So if you look at the disability rating schedule, that's how we're rating them. We're not just choosing to make them all zero.

**MR. PARTAIN:** But we have people with diabetes, heart problems, scarring, you know, organ removal that are getting zero ratings, so that's why I bring that up. And like I said, I am unfortunately going to have
to leave.

**MS. CARSON:** I just want to clarify, Mike, though, you said that they have organ removal and they're getting zero ratings, and there's no special monthly compensation loss of use code for that? They're not getting any payments from VA?

**MR. PARTAIN:** Yeah, we've had one that --

**MS. CARSON:** If you have any of those please send them to me because that's the minimum you can get on that.

**MS. KENDRICKS:** Okay, and speaking of Mike says, excuse me, speaking of what Mike Partain was saying about organ removal, there are so many women Marines who have had to have their organs removed, their reproductive system removed, because of issues that were caused by the Marine Corps or while they were in the Marine Corps. And in addition it has changed their way of life because a lot of us don't have that libido, or whatever, that we need while we were married, et cetera, so on and so forth. So that there in itself is also an issue. So again, what are you all going to do about it?

**DR. CIBULAS:** I'm afraid we're going to lose half of our panel here, including our VA folks. So hopefully those of you who have issues that they
wanted to deal with the VA have had an opportunity to go back there and speak about the personal issues.

There's a few of us remaining here.

MR. PARTAIN: Let's get to quick questions. I want people who have those quick questions.

DR. CIBULAS: Sir, go ahead.

UNIDENTIFIED AUDIENCE SPEAKER: All right.

MR. PARTAIN: Just make it quick. I don't mean to cut you.

UNIDENTIFIED AUDIENCE SPEAKER: Okay, my concern is that there's a lot of confusion out there when it comes to eligibility and filing a claim. You know, because everybody here is Camp Lejeune, and they forget about the other three Marine Corps bases up there.

MR. PARTAIN: Well, remember earlier, Camp Lejeune is New River and Camp Lejeune proper, so that is one entity for purposes of filing a claim. Now, Cherry Point is not included in that.

UNIDENTIFIED AUDIENCE SPEAKER: Okay, but I was stationed in New River. I spent a week over at Johnson in the training pool.

MR. PARTAIN: Yeah, that's all Lejeune.

UNIDENTIFIED AUDIENCE SPEAKER: I can't file a
claim because my service organization keys on Camp Lejeune.

**MS. CARSON:** So that's one of the reasons that I brought folks here. We're going to stay, you guys. We're staying to four o'clock. My folks are going to stay over here 'til four o'clock, and I would encourage you to go.

There's nothing that stops you from filing a claim. That's not necessarily true, and I'm not sure what your service organization is saying that.

**MS. VINSON:** Camp Johnson, Camp Geiger and New River are part of it.

**MS. CARSON:** But I want to be clear, I want to be clear, to file a claim for disability, if you think you have disability that's related to service, whether it's related to the presumptives or not, it might be directly related to service, I say file a claim for disability benefits if you believe that what you're suffering from today is related to your military service. And I would say go through that.

Now, you may not be eligible for the healthcare services under the 2012 law, but still, if you believe you have disability there are different ways to service-connect you. One is direct service connection. Something in your military record says
it's related to what you're suffering from today, and VA can establish that link because your service records show that. The other is the presumptive, which is what we just passed because of the medical science that has -- the scientific evidence that has allowed us to connect that to your service. That doesn't require you to be directly listed in here.

I tell everybody file your claim and let us look in your service treatment records because I don't want you to get the opinion that there's nothing that you can do with regard to filing a claim. If you believe it's related to service please come to us. I would rather tell you no having looked at your service treatment records than just to blanketly tell you no because you were stationed at a place, okay?

DR. CIBULAS: Go ahead.

UNIDENTIFIED AUDIENCE SPEAKER: I'm here on behalf of my father who unfortunately passed away one year ago from multiple myeloma, with this pending claim. How long should a claim take to be looked at? We had one that was out there for two and a half years. He passed and we had to file a whole new one because it went away when he died.

MS. CARSON: And I'm so sorry for your loss. I will say this. I want to talk to you right after
this. Claims can take a significant length of time depending on how much evidence development we have to do. By law we have a duty to assist, and it speaks to the other point that was made earlier, why are we asking for veterans to go back and look at their information. Generally because we go to the military first, where the VA is required to go to the service directly. So we are required, but sometimes if the service is telling us there is no evidence, we then have to come back to you and let you know that and also ask you to look at any private treatment records or any other information you have while we also set you up for an exam. That takes a long time. We do about a million and a half claims a year, and we get about a million and a half in. And that volume, the sheer volume is a lot.

But I want to talk to you about your dad. I want to talk to you about that claim and see how I can help you today.

MR. PARTAIN: 'Cause that's one of the presumptive service connections.

DR. CIBULAS: Thank you very much. All right, last two, real quickly, sir. Go ahead.

UNIDENTIFIED AUDIENCE SPEAKER: Why -- I got a question about Camp Pendleton. Every time I turn
around I hear something comparing Camp Lejeune to Camp Pendleton. Ain't Camp Pendleton a Superfund site so ain't it polluted?

**DR. CIBULAS:** Go ahead, Frank. Why is Camp Pendleton our control population?

**DR. BOVE:** Yeah. There are Superfund sites at Camp Pendleton too but there is not contaminated drinking water, so the difference between the two bases really is in the drinking water. So that's why we use it.

**UNIDENTIFIED AUDIENCE SPEAKER:** Okay. The VA has a problem with going (inaudible). Why can't we just -- you know, don't they take (inaudible)?

**DR. CIBULAS:** I'm afraid our VA representatives have left but certainly, they are going to still be back there 'til four o'clock, I understand, so please take your question back there, see if you can get your answer.

Sir, please go ahead.

**MR. BOYD:** My name's Ryan Boyd, and my question is what is the purpose of the means, well, collection of that information, you know, with regard to, you know, your income and what have you, when, you know, not necessarily interested in, you know, a benefit as far as that, but just the idea that you want to be
considered as service-connected, and that would
suggest that, you know, the military is taking a
responsibility, you know, for your condition.

DR. CIBULAS: So is there anybody left here from
the VA that wants to respond to why information such
as your salary is connected as part of your
information? That's okay, they're in the back. I'm
sure you can get a response.

So we had a great turnout. I really appreciate
it. I think it was a wonderful meeting. Thank you
very much for your attendance and participation. The
CAP thanks you, the ATSDR thanks, the VA thanks you.
And have a good day. Thank you.

(Whereupon the meeting was adjourned at 3:17 p.m.)
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