

**THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Agency for Toxic Substances and Disease Registry**

convenes the

THIRD MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

JULY 20, 2006

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, 1825 Century Boulevard,
Atlanta, Georgia, on July 20, 2006.

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TRANSCRIPT LEGEND

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-- "*" denotes a spelling based on phonetics, without reference available.

-- "^" represents inaudible or unintelligible speech or speaker failure, usually failure to use a microphone.

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

(alphabetically)

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BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR
DYER, TERRY, COMMUNITY MEMBER
ENSMINGER, JERRY, COMMUNITY MEMBER
FISHER, JEFFREY, PH.D., SCIENTIFIC EXPERT
GRIFFITHS, Linnet, ATSDR
MARTIN, DAVE, COMMUNITY MEMBER
MASLIA, MORRIS, ATSDR
MCCALL, DENITA, COMMUNITY MEMBER
RENNIX, CHRIS, DOD
ROSSITER, SHANNON, ATSDR
RUCKART, PERRI, ATSDR
STALLARD, CHRISTOPHER, CDC, FACILITATOR
TENCATE, MIKE, U.S. MARINE CORPS
TOWNSEND, TOM, COMMUNITY MEMBER

P R O C E E D I N G S

(1:00 p.m.)

WELCOME, INTRODUCTIONS, RE-CAP OF APRIL 2006 CAP MEETING

1
2 MR. STALLARD: Greetings everyone. This is --

3 UNIDENTIFIED: Greetings.

4 MR. STALLARD: Greetings. Hello. This is Christopher
5 Stallard. I'm your facilitator. I think we've all met
6 before, and I'm going to attempt to moderate to the
7 degree possible in this new way of interacting, this
8 virtual Community Assistance Panel meeting. So first of
9 all I'd like to welcome everyone today. And what we're
10 going to do, for the benefit of the court reporter who's
11 here, we're going to go through the introductions. Then
12 I'm going to go over some ground rules and then I'm going
13 to do a recap, a brief overview of our last meeting and
14 then we're going to follow the agenda. Does everyone --
15 has everyone received a copy of the agenda? I imagine
16 they have. Yes?

17 MR. MARTIN (on telephone): Yes.

18 MR. STALLARD: Okay. Good. All right. So I'm going to
19 allow the folks who are in the room first to introduce
20 themselves and then I'll turn it over to the -- the folks
21 on the -- on the phone. Okay. So Christopher Stallard
22 is here in the room.

1 **DR. BOVE:** Frank Bove is here.

2 **MR. ENSMINGER (on telephone):** Can't hear him.

3 **MR. STALLARD:** Okay.

4 **MS. RUCKART:** Frank just said he was here, and this is
5 Perri Ruckart.

6 **MS. ROSSITER:** And I'm Shannon Rossiter.

7 **MR. STALLARD:** Okay. Who else? Let's just let folks
8 know who's here. Do you mind?

9 **MR. MARTIN (on telephone):** I'm David Martin.

10 **MR. STALLARD:** Okay.

11 **MR. ENSMINGER (on telephone):** Jerry Ensminger, over.

12 **MR. STALLARD:** Okay. Thank you.

13 **MR. TOWNSEND (on telephone):** Tom Townsend, over.

14 **MR. BYRON (on telephone):** Jeff Byron.

15 **MR. STALLARD:** Okay.

16 **MR. BYRON:** Over.

17 **MR. STALLARD:** Yeah, Dick --

18 **MR. BYRON (on telephone):** And out.

19 **MR. STALLARD:** Over and out. Dick Clapp?

20 **DR. CLAPP (on telephone):** Dick Clapp, over and out.

21 **MR. STALLARD:** Okay. Jeff Fisher is here, right?

22 **DR. FISHER (on telephone):** Jeff Fisher here.

23 **MR. STALLARD:** All right. Who have we not heard from?
24 Christ Rennix is here?

25 **DR. RENNIX (on telephone):** Chris Rennix is here.

1 **MR. STALLARD:** Okay.

2 **MS. DYER (on telephone):** Terry Dyer. Over.

3 **MR. STALLARD:** Terry Dyer is on. Yay, okay. There you
4 are.

5 **LT. COL. TENCATE (on telephone):** Mike Tencate.

6 **MR. STALLARD:** Okay. Mike Tencate. And Denita already
7 said, right?

8 **UNIDENTIFIED:** (Unintelligible)

9 **MR. STALLARD:** And one more in the room here, please?

10 **MS. GRIFFITHS:** Yeah, Linnet Griffiths.

11 **MS. RUCKART:** Is Sandra on the phone?

12 **UNIDENTIFIED:** No.

13 **UNIDENTIFIED:** Not here.

14 **MR. STALLARD:** Okay. The reason that we're having this
15 meeting this way is that at the last meeting it was
16 expressed that we should give this a try and see if it
17 would work to everyone's benefit rather than having
18 everyone fly in for a special meeting. So we're going to
19 do the best we can and assess how this process works at
20 the end of today's meeting to see if it's a viable
21 alternative to in-person meetings.

22 Along with that I need to go over a few ground rules
23 that you probably have seen and I'm going to try to abide
24 by them as well. We need to identify ourselves before we
25 speak. That means that if you're going to speak just

1 please say your first name. I don't think we have two
2 Jeffs, do we? No, not this time.

3 **MS. RUCKART:** Two Jeffs.

4 **MR. STALLARD:** Oh, we have two Jeffs?

5 **MS. RUCKART:** Byron and Fisher.

6 **MR. STALLARD:** So in this case we're going to have to
7 say, you know, which Jeff, Jeff Byron or Jeff Fisher.

8 **MR. BYRON (on telephone):** I have an idea. Dr. Fisher
9 can be addressed as Dr. Fisher.

10 **MR. STALLARD:** There you go. Dr. Fisher it is. Okay.
11 That clarifies that. That will help with the court
12 reporter transcription responsibilities. Identify
13 yourself first. When you're finished we need you -- it
14 sounds, you know, almost militaristic but we need to
15 follow this protocol so that we know that the line of
16 thought in the communication that you wish to express,
17 you've come to the end of your -- your speaking so say
18 over, okay? That way that will give permission for
19 someone else to speak and we will try to manage.

20 It's very difficult in this environment when you
21 can't see and you don't have the body language cues to go
22 off of. So we're going to do the best we can and let's
23 try and respect each other's need to speak. And if I
24 have to line you up, I'll do that in terms of, okay,
25 who's next, who's next, who's next.

1 So in that regard I'll intervene -- I'll intervene
2 as appropriate just to get clarity on who's going to
3 speak next if there are competing demands for the mike
4 time. Also you might hear Ray, our court reporter,
5 interrupt, which can be annoying, if you do not say your
6 name first because he has to get it into the record who
7 is speaking.

8 All right. Are there any questions about the ground
9 rules, over?

10 **UNIDENTIFIED:** Nope.

11 **MR. STALLARD:** Okay. Christopher speaking again here. A
12 recap of the April 2006 CAP meeting. As you recall, that
13 meeting was to move forward with the feasibility
14 assessment and at that point we identified the cohort
15 members, base family housing records to serve as the
16 registry. Later in today's meeting I believe we're going
17 to hear what type of progress has been made in that
18 regard. ATSDR had begun computerizing the base family
19 housing records and ATSDR had met with the DMDC and
20 CHAMPS staff.

21 We also wanted to create a place on the ATSDR
22 website that was perfectly accessible database where
23 former Camp Lejeune residents can enter where and when
24 they lived on base and find out if they were exposed and
25 to what levels. As we determined, Morris was working on

1 that as of the last meeting.

2 I think that you all have been encouraged to -- or
3 members have been encouraged to talk to Drs. Clapp and
4 Fisher in between formal CAP meetings. I understand
5 there was a -- a conference call that had been estab--
6 set up but that there might have been some
7 misunderstanding or confusion about the time that it was
8 scheduled and the access that people could call in. I
9 understand as well that in order to overcome that that
10 Drs. Clapp and Fisher have also reached out to community
11 panel members individually so we'll be looking to hear
12 from them respectively on -- on some of the things that
13 emerged from those dialogues.

14 It was expressed that we need -- needed to have
15 transparency between the CAP members, DOD and ATSDR. It
16 will be interesting, and I heard that said in your open
17 mike dialogue about the need for transparency so at some
18 point in time I'd like to have that addressed by the CAP
19 members to see a pulse check of where we are on that
20 issue of transparency, making a note of that,
21 transparency pulse check.

22 We also identified the need for more and better
23 communication. At the meeting, ATSDR gave everyone CAP
24 members the contact info. I will also ask at some point
25 here shortly for a pulse check on the level of

1 communication.

2 A pulse check means, for those of you who may not be
3 familiar with the term, I am going to ask for basically a
4 range between one and ten, ten being exceptional, one
5 being very low, how would you rate the level of, in this
6 case, communication or the level of transparency. It
7 gives us a baseline in order to guide our progress toward
8 becoming more transparent or improving the communication
9 where it is within our power to do so. So that will
10 happen at some point in this dialogue today.

11 Let's see. I have a note here that it was suggested
12 at the last meeting that ATSDR try to access the Camp
13 Lejeune school records. I have a note here, and that
14 might be addressed later, but that a message was left
15 with the superintendent. I don't know if there has not
16 yet been a response on that.

17 (Whereupon, Mr. Maslia entered the proceedings.)

18 **MR. STALLARD:** Morris just walked in the room to join us.
19 I welcome Morris who is with us now. Also you got the
20 update on the water modeling from Morris at the last
21 meeting and I don't know, did everybody get this recap?
22 Right? No? Okay.

23 So what we discussed at that last meeting was that
24 Tarawa Terrace, the ground water flow model, flow and
25 dispersive transport model, water distribution mixing

1 model and water distribution hydraulic water quality
2 models are calibrated, sensitivity analyses are completed
3 and uncertainty analyses were ongoing at that point.
4 Holcomb Boulevard and Hadnot Point. Ground water flow
5 model is under construction. This is of the last
6 meeting. Morris will have additional updates for you
7 during the course of today's meeting. But as of last
8 meeting the ground water flow model was under
9 construction and the goal is to have it calibrated by the
10 end of September 2006.

11 Hydraulic and water quality water distribution
12 systems models calibrated. Additionally preliminary
13 results from the model simulations for the Tarawa Terrace
14 areas were presented. And if you recall, Morris reported
15 that PCE at five parts per billion arrived at well TT26
16 in June of 1957. By February of '58 mixed water coming
17 out of the treated water plant at Tarawa Terrace reached
18 a -- reached a concentration of five points per billion.

19 Morris reported at the time from '68 through '85,
20 time frame of the current health study, TT26 has a mean
21 value of 409 parts per billion and a maximum of 831 parts
22 per billion. From August '84 through April of '85 TT23
23 had a mean of 61 ppb and a maximum of 77 ppb, that's
24 points per billion. Concentration coming out of the
25 treated water plant had a means of 66 points per billion

1 and a maximum of 177 points per billion.

2 **DR. FISHER (on telephone):** Which well was that?

3 **MR. STALLARD:** This was at TT26.

4 **UNIDENTIFIED (on telephone):** 23.

5 **UNIDENTIFIED (on telephone):** Oh, I thought you said --

6 **MR. STALLARD:** No, 23. I'm sorry, 23. Okay? And that
7 was reported. Those were average monthly values as
8 reported by Morris in his update during the last meeting.
9 Additionally we discussed the budget process for ATSDR
10 requesting funds from DOD, and DOD mentioned that some
11 efforts are funded directly by Congress.

12 We -- I'm hopeful that someone during today's
13 discussion will be able to shed some light on any issues
14 relative to budget. We'll find out. I'll have to ask
15 Lt. Col. Mike Tencate if he's heard anything. Okay.

16 So the purpose and intent of our meeting today is to
17 provide an -- I'll do that then -- to provide an update
18 to the CAP about ATSDR Camp Lejeune activities including
19 the feasibility assessment and water modeling. It's an
20 opportunity for discussion among CAP members, ATSDR, and
21 DOD; and discussion on lessons learned regarding the CAP
22 conference call and subsequent calls with Drs. Fisher and
23 Clapp.

24 Also need to schedule September 2006 meeting. I
25 would like for you all by the end of the meeting to be

1 able to tell me which dates in September, if we decide to
2 have a -- a face to face meeting in September, we are
3 looking at the 25th, the 26th, the 28th or the 29th. So I'm
4 going to do a roll call at the end and you're going to
5 give me a number and it's going to be one of those dates
6 that's best for you. Okay?

7 This is Christopher saying out and turning it over
8 to -- to Dick to give us a highlight about the
9 discussions that he had with CAP community members. And
10 then after we hear from Dick I'd like to hear from Dr.
11 Fisher as well. Out.

12 **DISCUSSION BETWEEN CAP COMMUNITY MEMBERS AND INDEPENDENT**
13 **SCIENTISTS**

14 **DR. CLAPP:** Okay. Well, actually I really haven't had
15 much chance to have further discussions. Jerry had
16 mentioned at the beginning of this that did I get any
17 rosters of names. We tried to talk after having played
18 phone tag. I was literally on the road to Maine and so
19 it was a very brief conversation and I didn't have phone
20 -- cell phone connection after that. And then I did --
21 I'm trying to -- I'm blanking on who it was that I talked
22 to about the Stand website.

23 **MS. DYER:** Me, Terry.

24 **DR. CLAPP:** Terry, sorry. Terry and I talked about some
25 of the information that was on the Stand website about --

1 well, actually I think it was a story about -- about the
2 Mattel study from Oregon and in that there was a
3 reference to a -- a study of people in Woburn,
4 Massachusetts that was published several years ago.

5 And so I went and looked that up which was a study
6 of family members of children with leukemia that was
7 published in a clinical immunology journal and Dr.
8 Ozonoff, David Ozonoff was one of the co-authors, so I
9 could say a little more about that. But Dr. Ozonoff just
10 -- I just spoke to him a little while ago this morning
11 and he said that he actually thinks that it was a study
12 that was useful for -- for litigation and which it was --
13 for which it was prepared but it was very specific and
14 limited to family members of the children with leukemia.

15 So it wasn't really a list of effects that might be
16 expected in all families or all people exposed and he
17 wouldn't want it to be used that way. I think at the end
18 of the article, which I have and I can forward to anybody
19 that would like to see it -- at the end of the article
20 they ask for further studies in a controlled trial or a
21 controlled study which means looking at people who were
22 exposed and looking at people who were not exposed and
23 seeing if there was some difference in these symptoms.
24 So that I followed up on.

25 I think that's it. That's -- That's what I have to

1 report. We tried a couple other phone calls that, you
2 know, were -- either weren't available or I wasn't able
3 to connect.

4 **MR. STALLARD:** Okay.

5 **DR. CLAPP:** Over.

6 **MR. STALLARD:** Over. Thank you. Dr. Fisher, do you have
7 anything to contribute in terms of discussions between
8 you and CAP members since the last meeting?

9 **DR. FISHER (on telephone):** I have nothing to report.
10 Over.

11 **MR. STALLARD:** Okay. Thank you. Well, that takes care
12 of the time allotted between 1:20 and 1:50.

13 **MR. BYRON (on telephone):** Hey Chris, hang on just a
14 minute. This is Jeff Byron.

15 **MR. STALLARD:** Yeah.

16 **MR. BYRON (on telephone):** I wanted to ask Dr. Fisher I
17 guess it was whether or not -- I wanted to make sure I'm
18 clear on this point. You said that that study was
19 primarily of the family members of someone who was
20 identified to have leukemia in the family. Were they
21 studying the family members or the individual that had
22 the leukemia and what was the connection?

23 **DR. CLAPP (on telephone):** Yeah, this is Dick. It wasn't
24 Dr. Fisher that was talking about that.

25 **MR. BYRON (on telephone):** All right. Sorry about that.

1 **DR. CLAPP (on telephone):** Yeah. It was family members
2 and as I say it was done for a lawsuit and so the
3 litigants so to speak were the patients with leukemia.

4 **MR. BYRON (on telephone):** And they were exposed to TCE?

5 **DR. CLAPP (on telephone):** Yes.

6 **MR. BYRON (on telephone):** Okay. Thank you very much.
7 Over.

8 **MR. STALLARD:** Thank you. I'd like to offer this time
9 that we have allotted for this -- for the dialogue that
10 maybe did not occur in phone calls that if Drs. Clapp and
11 Fisher are willing and available I'd like to encourage
12 the CAP members to use this time to ask questions that
13 they have not had an opportunity to in previously
14 scheduled and attempted phone calls. Over.

15 **MR. BYRON (on telephone):** Well, Dr. Clapp, this is Jeff
16 Byron again. If you could send me that study or the
17 information on it I'd appreciate it. I think you have my
18 contact information. And then I had a question. If you
19 can hold on just a second I have an email here from Jerry
20 Ensminger concerning a ^ study. Are you still there?

21 **UNIDENTIFIED:** My phone fell off.

22 **MR. BYRON:** Is everybody there?

23 **UNIDENTIFIED:** Yeah.

24 **MR. BYRON (on telephone):** Okay. An ^ study ^ that
25 controversial EPA methods for estimating TCE risk. Are

1 you familiar with that? Did you see that on either
2 website or was that sent to you? What it was concerning
3 was the relationship between consuming alcohol and -- and
4 TCE risk involved in that.

5 **DR. CLAPP (on telephone):** This is Dick. I don't recall
6 seeing that.

7 **MR. BYRON (on telephone):** You don't recall seeing that?
8 Well, I'd like to send that to you. I'll send that this
9 week and then I wanted to get some kind of -- I'll get
10 some questions together as to what kind of a risk can
11 people expect and is it possible that the EPA -- I
12 believe it's on the EPA report actually but -- NAS is
13 about to ^ the findings. Is it possible that they should
14 know about the Camp Lejeune veterans and since they are
15 known to drink, it's possible to, you know, look into the
16 study and maybe include ourselves or not?

17 **DR. CLAPP (on telephone):** Well, I'd like to --

18 **MR. BYRON (on telephone):** Over, sorry.

19 **DR. CLAPP (on telephone):** Jeff, this is Dick again. I'd
20 like to see the -- the information that you're talking
21 about. I'm not sure whether Camp Lejeune could be just
22 added to the study or whether it's more of a risk
23 assessment that's based on prior studies.

24 **MR. BYRON (on telephone):** Right. Right. Okay.

25 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.

1 If this is the -- this is part of the ongoing TCE risk
2 assessment thing that's going on at the National Academy
3 right now --

4 **DR. CLAPP (on telephone):** Yeah.

5 **MR. ENSMINGER (on telephone):** -- and evidently ^ report
6 EPA had some ^ but the EPA just arbitrarily was throwing
7 that in as a blanket risk assessment for these -- these
8 chemicals back in 2001/2002 time frame and it was one of
9 the issues that this National Academy of Sciences panel
10 is reviewing. They're supposed to be coming out with
11 their report. That's what this -- this report was a
12 preliminary report on the progress of work and where
13 they're at, basically what we can expect. From
14 everything I've looked at it looks like they're going to
15 open EPA's initial risk assessment. That might be --
16 that might be a little bit optimistic for my part but
17 that's the way this report looked. That was late last
18 month that report was issued so anyhow, over.

19 **MR. BYRON (on telephone):** Jerry, this is Jeff again. Is
20 it possible or -- or Dr. Clapp, that you guys can take a
21 look at this and then maybe report at a future meeting as
22 how that affects the veterans and other individuals that,
23 you know, some of us had drinking problems in the past,
24 myself included, and I consumed probably more than I
25 should have but whether that makes a difference, you

1 know, I think I should know in the future what to expect
2 or not so far as a victim, you know, drinking this water.
3 I think the other individuals in the community would like
4 to know, too.

5 **DR. CLAPP (on telephone):** This is Dick.

6 **MR. BYRON (on telephone):** Over.

7 **DR. CLAPP (on telephone):** I'd be glad to look at that.
8 I think Dr. Fisher would be a good person to talk about
9 the interaction of these two combined as well.

10 **MR. BYRON (on telephone):** Okay. Thank you.

11 **DR. FISHER (on telephone):** Jeff Fisher.

12 Trichloroethanol is a metabolite of trichloroethylene and
13 you're talking about ethanol and so there are studies
14 done on animals trying to understand the interactions and
15 toxicity on the liver and one thing that happens with
16 ethanol, large amounts of consumption, is that it induces
17 enzymes and these enzymes are the enzymes that metabolize
18 trichloroethylene. So there's been work done in human
19 liver slices, you know, in vitro work, as well as animal
20 studies with cells and liver slices.

21 **MR. BYRON (on telephone):** Dr. Fisher, this is Jeff
22 Byron. So are we looking at something that may cause
23 cirrhosis of the liver, cancer to the liver? What --
24 What -- What would actually occur in individuals that
25 might be susceptible from the water and also their

1 drinking habits? What can you expect and is there a test
2 to determine whether you may be falling victim to that so
3 you can get help or -- or any of that? Over.

4 **DR. FISHER (on telephone):** Well, I read the National
5 Academy report and the draft that's yet to come out, and
6 it's still in the -- the report and I really can't
7 comment on it. There's not a lot in the literature to
8 answer the questions you just asked. So it's a research
9 need of Camp Lejeune victims -- veterans that may be
10 heavy drinkers would be a good subject for a study
11 perhaps. Thank you. Over.

12 **MS. DYER (on telephone):** This is Terry Dyer. Dr. Clapp,
13 I wanted to talk to you a little bit more about the
14 article that Dr. Jan Semenza, S-E-M-E-N-Z-A, did, the
15 study. I understand that you said that Dr. Ozonoff, that
16 it was only, you know, the families but in this article
17 it says that researchers found that 52 percent of the
18 exposed individuals had stomach problems such as
19 recurrent diarrhea, constipation, chronic nausea, ^
20 rashes, frequent chronic sinusitis, inflammation of the
21 membrane of the nose, heart problems including heart
22 spasms and irregular heart rhythms. And it says that the
23 doctor -- this doctor, a professor at Portland State
24 University School of Community Health was involved in an
25 ongoing TCE Viewmaster research but his work has since

1 been stopped due to an agreement between the Agency for
2 Toxic Substances and Disease Registry and the CAP,
3 keeping the former worker database off limits to anyone
4 outside the two parties. I'd like to know why we can't
5 get that study if it would help us, from the ATSDR, why
6 it was kind of silent. And I don't see anywhere in here
7 that this was a group of just family members. And even
8 if it was it still seems like that this study would help
9 us. I mean a lot of this stuff that it's mentioning
10 we're seeing the effects of this. Over.

11 **DR. FISHER (on telephone):** If that was a question to me
12 I -- I really can't comment on the arrangement between
13 ATSDR and this Dr. Semenza.

14 **MS. DYER (on telephone):** (unintelligible)

15 **MR. BYRON (on telephone):** I think that means trans--
16 transparency, right?

17 **MR. STALLARD:** That was --

18 **MR. BYRON (on telephone):** -- a part of it.

19 **MR. STALLARD:** That was --

20 **MR. BYRON (on telephone):** -- you know. I'm speaking --
21 this is Jeff --

22 **MR. STALLARD:** -- Fisher and then Jeff Byron.

23 **MR. BYRON (on telephone):** -- Are we going to be
24 transparent, you know. I mean are we actually helping or
25 are we just placating? And I think maybe the answer, you

1 know, where they stand on that --

2 **DR. BOVE:** Well, this is -- this is Frank Bove.

3 **MR. BYRON (on telephone):** Over.

4 **DR. BOVE:** First of all, there is no agreement between
5 ATSDR and Mattel for anything of this sort. The Health
6 Department has the data so that's -- that's who has an
7 agreement if they have one with Mattel.

8 And the Health Department the last I heard was
9 working on proposals and they have a science advisory
10 panel of their own, which Dan Wartenberg is on among
11 others so I would -- if you want to know more about
12 what's going on -- and I haven't had a chance to talk to
13 Dan lately about Mattel because I've been doing other
14 things but -- but if any of you would like to contact Dan
15 and ask him about what's happening at Mattel, by all
16 means do that. He's -- He's -- If he's -- If you can
17 get a hold of him he's very helpful; he's a very
18 knowledgeable person as far as he does know what's going
19 on at Mattel because he's on that panel and he could tell
20 you what the latest word is about where the Health
21 Department is in doing studies there.

22 The -- The arrangement with ATSDR was that we
23 helped -- we funded their preliminary study that looked
24 at mortality and several cancers were elevated as you --
25 as you know. And we were then waiting for the State to

1 develop a protocol for the next step. That never
2 arrived.

3 Also we -- we don't have funds either so that we
4 were -- we couldn't support them but they didn't have a
5 protocol at the time anyway for us to support anything.
6 So they -- so the State Health Department is going after
7 other avenues of money including NIH and EPA.

8 So I think Dan would know where they stand on -- on
9 this if you want more information. That's all I know
10 right now because I've been out of the loop with -- with
11 the Mattel situation for about a year now because of my
12 other work I have to do with Camp Lejeune. So that would
13 be my suggestion.

14 The other suggestion would be to talk to, of course,
15 to the State Health Department. I -- I forget the name
16 of the contact person but Dan would know. And they might
17 also -- wait; do you know, Morris?

18 **MR. MASLIA:** Yeah, this is Morris. I happen to have
19 been, not for professional reasons, but I had some
20 personal business at the Department so I stopped in and
21 the head of the Health Department there is Michael
22 Heumann, H-E-U-M-A-N-N, Michael. And they actually were
23 nice enough to give me a briefing as to the Mattel/Tyco
24 site because at one point we were considering doing some
25 exposure dose reconstruction on that. And as Frank has

1 said, there were two issues there and they brought them
2 up.

3 One was the protocol which about a year ago they
4 were working on or were told they needed to, and I've
5 never seen one come -- come by here. Not that I'm in the
6 health -- you know, since -- since I had been in and out
7 of the project over the last five or ten years they would
8 have sent it to me.

9 And number two, the funding issue. Again they
10 acknowledged that -- that they were pursuing other
11 avenues for the funding.

12 And the third thing, just to without going into that
13 study of course is that was or -- or is a primarily
14 worker issue because it was a single well, one well on an
15 industrial site plant so that's --

16 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
17 Wasn't that Mattel site a superfund site?

18 **MR. MASLIA:** Not to my knowledge. It may have been
19 classified as a superfund under the state of Oregon but
20 not -- to my knowledge I don't believe it was ever
21 classified under EPA.

22 **UNIDENTIFIED:** Okay. All right. Over.

23 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
24 Now, Frank -- Dr. Bove?

25 **DR. BOVE:** Yeah?

1 **MR. ENSMINGER (on telephone):** Hey, where does Dan
2 Wartenberg work?

3 **DR. BOVE:** Dan Wartenberg is at -- is at UMDNJ,
4 University of Medicine and Dentistry of New Jersey or
5 Rutgers University. I can give you his email address
6 that I have. Dick, do you have a -- a new contact
7 information for Dan? Have you talked to him lately?

8 **DR. CLAPP (on telephone):** Well, yes, a conference call
9 with him in about a week. But it's DEW@EOHSI --

10 **MR. ENSMINGER (on telephone):** DEW at what?

11 **DR. CLAPP (on telephone):** EOHSI --

12 **MR. ENSMINGER (on telephone):** O --

13 **DR. CLAPP (on telephone):** -- .Rutgers.edu.

14 **DR. BOVE:** Yeah, that's what I have. Okay.

15 **MR. TOWNSEND (on telephone):** Tom Townsend here.

16 **MR. STALLARD:** Go ahead, Tom.

17 **MR. TOWNSEND (on telephone):** I have a question for --
18 for the doctors. My wife -- My wife as you probably all
19 know passed away in February from lymphatic cirrhosis and
20 in '05 she had a needle biopsy of her liver and the
21 needle biopsy indirectly indicated the exposure to
22 trichloroethylene. And I -- I was wondering if -- if a
23 needle biopsy can in fact discriminate between
24 halogenated hydrocarbons like TCE, PCE and DCE.

25 **DR. FISHER (on telephone):** This is Jeff Fisher. I

1 cannot answer that question.

2 **DR. CLAPP (on telephone):** This is Dick Clapp. I can't
3 answer it either. Over.

4 **MR. TOWNSEND:** Well, I just wondered if the Von Hippel-
5 Lindau is a test or a syndrome or -- or is that related
6 to diagnoses by needle biopsy. Does it have any
7 relationship?

8 **DR. CLAPP (on telephone):** This is Dick. I would have to
9 ask a kidney specialist about that. I don't know the
10 answer to that.

11 **DR. FISHER (on telephone):** Yeah, there's been work done
12 in Germany with tumors suppressed ^ gene Von -- Von
13 Hippel-Lindau tumor suppression and trying to relate that
14 to cardboard box factory workers. That work still may be
15 ongoing with the National Cancer Institute and there
16 could be someone there that might be able to answer that
17 question.

18 **MR. TOWNSEND (on telephone):** Well, I -- I think because
19 the -- the microscopic description doesn't -- is in
20 medical terms that I don't understand but it -- it does -
21 - it struck me as quite provocative that a -- a
22 laboratory that's not associated in my opinion at all in
23 terms of ^ would -- could put out a -- put out a -- a
24 clinical report that -- in spite of existence in the
25 tissue of -- of a -- of a given halogenated hydrocarbon,

1 in this case, trichloroethylene which -- which resulted
2 in lymphatic cirrhosis and that was the cause of her
3 death. And the -- And the local medical examiner cited
4 that as the possible cause of death, the contamination
5 over a 40-year period. And so it just -- it's -- it's a
6 thin thread but it seems to me pretty -- pretty obvious -
7 - seems pretty obvious that if this -- if this -- if this
8 contamination or -- or exposure can last in -- in one's
9 tissues for a period of 40 years. We were -- We were
10 last exposed in 1967 or 1966 or so -- and my wife just
11 passed away in February. That -- That to me means that
12 all of us that lived down there from that period onward
13 are -- are at risk even though ATSDR's original public
14 health assessment first indicated that individuals over
15 20 years of age were not particularly at risk. I find
16 that sort of hard to believe at this point in time.

17 **MS. McCALL (on telephone):** Denita McCall here. Over.

18 **MR. TOWNSEND (on telephone):** Over, yeah.

19 **MS. McCALL (on telephone):** Sorry. I didn't say over.

20 **MR. STALLARD:** That's okay. Tom was supposed to say
21 over.

22 **MR. TOWNSEND (on telephone):** I was supposed to say, yes.
23 Over.

24 **MS. McCALL (on telephone):** I have a question about that
25 Von Hippel. Are you talking about a tumor suppressing

1 gene?

2 **MR. TOWNSEND (on telephone):** Denita, I -- I don't know
3 what it's called.

4 **MS. McCALL (on telephone):** Somebody (unintelligible).

5 **DR. FISHER (on telephone):** Yeah, that was me, Jeff
6 Fisher. That -- That's associated with kidney and some
7 kidney cancers -- human cancers from workers in Germany.
8 We are trying to look for biomarkers of exposure and they
9 had all the kidneys -- diseased kidneys from all the
10 workers and they did molecular profiling. And worked in
11 this one marker that geo-- the incidence was correlated
12 they thought with exposure and they reported on it, was
13 connected by a physician. That was several years ago and
14 the National Cancer Institute got involved with them.
15 And I don't know much more about what it's doing now.

16 **DR. BOVE:** This is Frank.

17 **MS. DYER (on telephone):** This is Terry Dyer. Tom, are
18 you saying that within the tissue they found TCE present
19 after she died? Over.

20 **MR. TOWNSEND (on telephone):** This is Tom here. No, this
21 biopsy was done before her death. It was done in April
22 of '05 which would have been a year -- a year before her
23 death. It -- It -- It doesn't -- It doesn't -- It
24 doesn't say that they found -- that they said that they -
25 - they said there had been exposure to trichloroethylene

1 and other halogenated hydrocarbons and the micro-granule
2 may be secondary for the amount of inflammation. I don't
3 know if it's -- I don't know if that means that they have
4 to find evidence of trichloroethylene in her liver but
5 that's -- that's -- that's what she -- that's what --
6 that's what the medical examiner in my part of the world
7 wrote on the death certificate, contaminated for a period
8 of 40 years.

9 **MS. DYER (on telephone):** This is Terry Dyer again.

10 Frank, with what Tom is saying what do you have to say
11 about that? Over.

12 **DR. BOVE:** Okay. Two things. One, again Dan Wartenberg
13 has been keeping up with the -- the work done on that
14 particular kidney biomarker so I would float that
15 question when -- when and if you contact him and ask him
16 what he knows about further research in that area. Okay,
17 that's the first thing.

18 Second thing is that my understanding, and correct
19 me everybody or anybody if I'm wrong, is that you would
20 not be able to detect TCE much later than when you were
21 exposed. There's a certain amount of time it stays in
22 the body and then it's gone.

23 **MR. ENSMINGER (on telephone):** This is Jerry. I imagine
24 what they were looking at in Ann's biopsy was evidence of
25 damage which was created by the chemical, which would

1 probably show up -- that's probably what they were
2 looking at and how they came to that determination I
3 don't know. I'm speculating. Over.

4 **MR. STALLARD:** Thank you, Jerry. This is Christopher.
5 I'd like to interject here. Morris has some other
6 pressing things that he's going to have to move on to.
7 So if it's all right with the members I'll cut short by
8 about ten minutes this discussion and we can resume the
9 dialogue with Drs. -- with everybody. But at this point
10 in time I'd like to allow Morris to give his update and
11 entertain any questions that you might have of him, and
12 then he's going to have to depart. Any objections?
13 Over.

14 (General negative response)

15 **MR. STALLARD:** Thank you.

16 **UPDATE AND Q&A ON WATER MODELING**

17 **MR. MASLIA:** Thank you. This is Morris, and I basically
18 -- the updates I gave you last time are the same for now.
19 We're working on receiving technical comments and views
20 on the reports that we have drafted as well as drafting
21 other reports; that's basically where -- where we are.
22 I'll be happy to answer any questions you may have.
23 Over.

24 **MR. BYRON (on telephone):** This is Jeff, Morris. So
25 there is no further information other than what you

1 showed --

2 **MR. MASLIA:** Other than are you talking --

3 **MR. BYRON (on telephone):** (Unintelligible)

4 **MR. MASLIA:** -- talking about simulation results in terms
5 of information?

6 **MR. BYRON (on telephone):** Simulation results, the -- I
7 mean I know we -- has the peer review been done on the
8 water modeling? Has everybody seen it? Is there --

9 **MR. MASLIA:** No.

10 **MR. BYRON (on telephone):** -- back in or are we still
11 waiting? Over.

12 **MR. MASLIA:** Let me explain about -- and I'm calling it a
13 -- a colleague review because we send them out. We send
14 the individual chapters; as you are aware there are ten
15 or eleven different chapters and we send them out
16 depending on the topic of the chapter. For example like
17 the contaminant transport report, we have sent out to a
18 national or internationally renowned individual and he is
19 currently reviewing it. We have to allow at the minimum
20 a month's time -- a month person time to do a review.
21 These are not simple reports and they don't work for
22 ATSDR obviously and so we have to abide with their
23 schedule so that one's currently going under review. And
24 we have done that for the flow model, for the contaminant
25 model and so on. And then they send back their review

1 and of course I then myself and the primary author then
2 go over their review comments to address them -- address
3 them for the record. They put them in writing and we
4 have to agree or disagree technically or otherwise with
5 them, and that takes time. The final reports obviously
6 will have significantly more simulation results in them.
7 They will be presented, maps, contour maps and so on as
8 well as they will have model input data files so anyone
9 who wants to learn their public domain code using our
10 input data file can run it and replicate our results as
11 they should be able to.

12 **MR. ENSMINGER (on telephone):** Hey, Morris?

13 **MR. MASLIA:** Yes?

14 **MR. BYRON (on telephone):** Thank you, Morris. This is
15 Jeff. Over.

16 **MR. ENSMINGER (on telephone):** Morris, This is Jerry
17 Ensminger.

18 **MR. MASLIA:** Yes, sir.

19 **MR. ENSMINGER (on telephone):** My sources tell me you
20 were just up at Camp Lejeune. I keep track of that.

21 **MR. MASLIA:** I'm sure you do. Yes, sir. What can I help
22 you with?

23 **MR. ENSMINGER (on telephone):** I had a report from
24 Wilmington (phonetically) that you guys were down -- up
25 here.

1 **MR. MASLIA:** Yeah.

2 **MR. ENSMINGER (on telephone):** Did you guys find anything
3 in your recent trip?

4 **MR. MASLIA:** As a matter of fact the reas-- the purpose
5 for that trip was for the Tarawa Terrace area and I want
6 to make this perfectly clear so everyone understands. We
7 did not put any finality on all the discovery. We made
8 this clear to the folks at Camp Lejeune as well in our
9 contacts to Camp Lejeune that we were going there to put
10 finality so to speak on the Tarawa Terrace discovery.

11 Basic-- And we did obtain information and data that
12 we previously have not had or will add. The consultants
13 to the Marine Corps who were gathering the data and going
14 from building to building have done an excellent job in
15 categorizing and we -- we -- we had information relating
16 to our water modeling and other things specifically set
17 aside so we would not have to spend days rifling through
18 boxes.

19 And we did gather some additional information, and
20 what we were using that information for is to do quality
21 assurance and quality control on -- on the information
22 that we already have. So to assure that when we do put
23 out a report and the agency does clear it and it has the
24 agency stamp of approval that we have gone through any
25 and all data sources known to anybody.

1 **MR. ENSMINGER (on telephone):** Yeah. What -- what --
2 This is Jerry again. What was this new information you
3 found?

4 **MR. MASLIA:** The -- The information was basically some
5 specific locations of wells that are no longer in use,
6 historic wells that have been cemented up back in -- in
7 '87 or so, that time period. And it gets construction
8 data, it gets well locations, things of that nature that
9 we wanted to make sure we -- we had correct information,
10 not only from information say that USGS had given us but
11 information that we are using in the model as far as well
12 locations versus information from the original consultant
13 when they were asked to do test wells as to where to
14 perhaps locate some of these historic water supply wells.
15 So all of that needs to jibe or agree and if they don't
16 agree then we need to resolve it through a preponderance
17 of the evidence as to -- again these wells are no longer
18 in existence so it's not a matter of going up and finding
19 the well. It's finding where you think the best location
20 where you think that that well may have been.

21 **MR. ENSMINGER (on telephone):** Let me ask you a question,
22 Morris. This is Jerry again. So you're telling me that
23 they cannot show you exactly where those wells was? I
24 mean, in what spot?

25 **MR. MASLIA:** No, because the well is not -- the well

1 casing is usually pulled or cemented up.

2 **MR. ENSMINGER (on telephone):** Well, if they're cemented
3 up there's concrete there.

4 **MR. MASLIA:** No, there's not. There's gravel. So what
5 we have to do then is see is there gravel around where we
6 think a -- a -- a truck may have been able to roll in.
7 Most of them have trees planted around, you know, to try
8 to bring it back to the way it naturally was before the
9 well or well house was put in there. That's not uncommon
10 at any -- any -- any location. In fact I would say
11 probably you have a better case at Camp Lejeune being a
12 military base at even guessing where a historic well was
13 than most locations.

14 **MR. BYRON (on telephone):** Morris, this is Jeff Byron.
15 What time frame are we saying these wells were in
16 existence?

17 **MR. MASLIA:** Well -- Well, for Tarawa Terrace all the
18 wells were -- had ceased to been used in '87. Now
19 whether they were actually plugged up or the casing
20 pulled or whatever, but if we use '87 they were then
21 prior to that time period. Some of them go back to the
22 '70s. And then they may have been plugged up in '87 or
23 stopped being used in that area. But now none of them
24 are in existence any more.

25 **MS. DYER (on telephone):** Morris, this is Terry Dyer.

1 Are you saying that there's no like historical maps or
2 anything that would show where these wells were?

3 **MR. MASLIA:** No, that's not what I'm saying. What I'm
4 saying is we may -- we may have certain locations based
5 on previous work that previous consultants and previous
6 agencies have done. For example USGS has done work.
7 They did reports -- I believe filed their reports in '89
8 to '93. We're all aware of those reports that are
9 published. The Marine Corps has had a number of
10 consultants on base doing work. The Marine Corps has
11 their own GIS system. We -- We get all that
12 information. And the purpose of this trip or our site
13 visit was to gather any additional maps that we may have
14 found. And what we want to make sure is that all these
15 different and disparate data sources are in agreement as
16 to where all the wells are located. I'm not talking
17 about if there's a disagreement of ten, 50 or even 100
18 feet. I want to make sure there's not a disagreement of
19 a mile or two.

20 **UNIDENTIFIED:** Yeah.

21 **MR. BYRON (on telephone):** Morris, Jeff Byron again.

22 **MR. MASLIA:** Yes.

23 **MR. BYRON (on telephone):** And I'd like to ask the DOD
24 Department if any of this information was presented for
25 water modeling. I know some of the CAP members didn't

1 have some of the water data that had come out previously.
2 Is that information now available on the Marine Corps'
3 Camp Lejeune site or is that -- are those documents now -
4 - I haven't been on the site in a while so I couldn't
5 tell you but if you could comment I'd appreciate it.
6 Over.

7 **LT. COL. TENCATE:** This is Mike Tencate. The documents
8 you're talking about are still in boxes down in Camp
9 Lejeune. Booz Allen Hamilton the consultant, is in the
10 process of archiving that stuff and developing an index.
11 Whether or not that stuff will be scanned to the -- is
12 the next step that we'll look at next. We're -- We're
13 talking about a whole bunch of documents. But it is
14 available at ATSDR. Morris and company have gone through
15 and got what they needed out of there I guess. Over.

16 **MR. MASLIA:** This is Morris. That is correct. We -- We
17 brought hard copy files as well as scanned document files
18 back with us and just wondering if I could take the
19 opportunity to mention what we are also developing which
20 will be available when we publish the summary of findings
21 report.

22 One of our collaborators at our request is
23 developing either on -- probably on DVD because of the
24 size of the database -- but all the documents historic
25 and otherwise that we are using as part of our analysis.

1 And I'm speaking in general terms at this -- this point.
2 And the documents such as the -- that have been publicly
3 released, what's referred to as the CLW documents, Camp
4 Lejeune water documents, they will be put into a
5 searchable database where someone can enter a keyword or
6 some key phrases and it will actually bring back the
7 documents -- a document or a list of documents with that
8 keyword or those key phrases are contained. And that
9 will be part of the summary of findings report.

10 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
11 I hope Baker Environmental is not creating this because
12 their space is unusable. Over.

13 **MR. MASLIA:** We -- We have gotten -- well, we have had
14 access to the Baker site. We have also through the
15 corroboration of the Marine Corps obtained documents
16 directly from the U.S. Marine Corps.

17 **MR. ENSMINGER (on telephone):** Yeah, but what I was
18 saying is Baker Environmental, their site is so user
19 unfriendly; it's terrible.

20 **MR. MASLIA:** I'm not talking about --

21 **MR. ENSMINGER (on telephone):** They created it that way.

22 **MR. MASLIA:** Let me clarify this again. And again, this
23 is a search engine that is being developed specifically
24 at the request of ATSDR by one of our collaborators. It
25 has nothing to do with the Baker site. It has nothing to

1 do with either -- the Marine Corps is not developing it.
2 We are developing this at our request to -- to meet a
3 specific need.

4 **MR. ENSMINGER (on telephone):** Okay. Over.

5 **MR. BYRON (on telephone):** Lt. Col. Tencate, this is Jeff
6 Byron again. When Booz Allen Hamilton gets all the
7 documents catalogued and so forth, will there be a index
8 of information, you know, as far as what documents are
9 there that will be available to the public?

10 **LT. COL. TENCATE (on telephone):** Yeah, we're in the
11 process of -- of finishing up that search. I think
12 they're doing the last three boxes this week. Then the
13 search will be finished. And the search has -- just to
14 clarify here. The search has got everything that met the
15 search criteria which is really broad. Booz Allen
16 fortunately kept their eyes open while they were doing
17 the search and was able to set aside stuff that they
18 thought would be useful to ATSDR up front here for the
19 water model as -- as Morris said it was. So we've got a
20 whole bunch of documents, some of which are responsive to
21 ATSDR's needs, some of which probably won't be
22 responsive.

23 Booz Allen is developing an index of all the
24 documents they've collected, everything, and they're in
25 the process of developing an archive that include

1 communiqués and also I guess what you could call metered
2 data. It includes everything that met the search
3 criteria.

4 **UNIDENTIFIED:** And what was the search criteria, please?
5 Over.

6 **LT. COL. TENCATE (on telephone):** I -- I can send you a
7 binder. It's very broad.

8 **UNIDENTIFIED:** All right.

9 **LT. COL. TENCATE (on telephone):** It included, you know,
10 stuff that talked about water, stuff that talked about
11 GPE, stuff that talked about drinking water systems.

12 **UNIDENTIFIED:** So we would have to communicate between
13 the labs or you and then the base more than likely.

14 **LT. COL. TENCATE (on telephone):** They looked at every
15 piece of paper on the base. And if that piece of paper
16 had a word that met the search criteria they pulled it.

17 **UNIDENTIFIED:** Thank you.

18 **LT. COL. TENCATE (on telephone):** But it was as broad as
19 you could possibly make it.

20 **MS. DYER (on telephone):** Terry Dyer. Can you answer the
21 question if it would be made public so that everyone can
22 see it once they get it? Over.

23 **MR. MASLIA:** We're -- We're in the process of -- of
24 figuring out what to do with that. I mean Booz Allen's
25 got the index and the index I suspect will be available

1 but then to look at anything you'd have to actually go in
2 and root through all the boxes, find the box you need,
3 and then root through the box and find the document. So
4 at this point we're trying to figure out the best way to
5 I guess archive or catalogue the results of the search.

6 **MR. BYRON (on telephone):** But we will have the index. I
7 mean you will have an index or --

8 **LT. COL. TENCATE (on telephone):** Yes.

9 **MR. BYRON (on telephone):** Okay.

10 **MR. STALLARD:** This is Christopher. This is Christopher.
11 I'm going to interject. Excuse me.

12 **MR. ENSMINGER (on telephone):** (unintelligible)

13 **MR. STALLARD:** Excuse me. This is Christopher, your
14 facilitator. I'm going to interject here that the issue
15 raised by Terry was one of transparency and the question
16 on the table is once the cataloguing index and discovery
17 is done what will be done to make it available. And so
18 we have that on the table and we'll have to get an answer
19 back here. Morris is going to have to leave shortly.
20 I'm going to give it back to Morris right now and if you
21 have no more questions for Morris he's going to leave.
22 So Morris --

23 **MR. MASLIA:** Yeah, I --

24 **MR. MARTIN (on telephone):** This -- I'm sorry. Morris,
25 this is Dave Martin. I did have one question.

1 **MR. MASLIA:** Yes, go ahead.

2 **MR. MARTIN (on telephone):** You had stated that you are
3 working on a DVD and compiling these documents to -- to
4 be placed on this as far as the keyword search. Is that
5 something that will be made available to the CAP members?

6 **MR. MASLIA:** When the reports are published, yes. It
7 will be part of -- of -- of the summary finding reports.
8 Don't -- Don't hold me to exactly the media. There's a
9 large number of documents. Whether it's a number of CD's
10 which is standard, or DVD which does not have a standard
11 yet to it. We haven't made the decision yet but it'll --
12 it will be available in electronic form so when you get
13 the report, you know, you'll be able to use it and search
14 it and do whatever.

15 **MR. MARTIN (on telephone):** Okay.

16 **MR. MASLIA:** And speaking of searching I want to make it
17 clear also because we spoke about this a little bit last
18 time and again just to commit to this, there will be a
19 web application available through ATSDR's web and I guess
20 the Marine Corps should choose to use it also, whereby
21 the Tarawa Terrace area you would be able to put in a
22 month and year and then obtain a result which would be a
23 modeling result, a simulation as to what the
24 concentration of PCE in the drinking water that was
25 delivered from the treatment plant. You'll be able to

1 put in a single month and year or you will be able to put
2 in a range of a beginning month and year and a little
3 table will set out by month of what the delivered water
4 concentration was. Again simulated.

5 **LT. COL. TENCATE (on telephone):** This is Lt. Col.
6 Tencate. Hey, Morris, is there a projection for when you
7 guys expect to have that implemented? Over.

8 **MR. MASLIA:** We're working on it. We have people
9 currently working on it and my guesstimate would be it
10 would be available at the same time that we release the
11 summary of findings report, not -- not before obviously
12 because the summary of findings report is released
13 indicates a -- a agency clearance approval.

14 **LT. COL. TENCATE (on telephone):** And that was originally
15 expected to be the September/October time frame?

16 **MR. MASLIA:** Somewhere in -- in that -- that is our best
17 guess at this point in time.

18 **LT. COL. TENCATE (on telephone):** Thanks.

19 **MR. MARTIN (on telephone):** Morris, this is Dave Martin
20 again. You clearly in-- indicated that that search is
21 going to determine the amount of ^ . Is there -- there
22 anything correlating with the TCE which is the really up
23 until this point has been the major -- major topic all
24 along? Over.

25 **MR. MASLIA:** At that point it would be but again these

1 series of reports deals specifically with PCE,
2 tetrachloroethylene, and that's what -- that was a major
3 constituent that was measured while we were doing some
4 subsequent analyses on degradation products, you know,
5 such as TCE, DCE, vinyl chloride. There will be a
6 separate report for Tarawa Terrace on that. We are not
7 planning to put that as a web ap-- application. The web
8 application would strictly tell you what you were exposed
9 in terms of PCE.

10 **MR. BYRON (on telephone):** Morris, this is Jeff Byron.
11 As we were talking in the last CAP meeting and you're
12 talking right now, the degradation of PCE, so really for
13 the affected community what has -- has occurred is even
14 if you drank PCE, basically were exposed to TCE, DCE, PCE
15 and vinyl chloride? Am I correct or not? Because you're
16 just searching out PCE, you just went out sort of from
17 1958 to 1985 so there's PCE that was in the ground from
18 1958. Does that degrade to PCE or to --

19 **MR. MASLIA:** No. No, there -- there is, and there is a
20 well, and is actually some data provided by the Marine
21 Corps and they -- they -- well, I think TT26 actually in
22 '85 shows degradation. In other words, there's
23 measurements for PCE involved, TCE and DCE so there is
24 degradation going -- going on.

25 **MR. BYRON (on telephone):** But the individual Tarawa

1 Terrace at that time frame were exposed to not only TCE
2 and not only PCE but were exposed to vinyl chloride, DCE;
3 and then if they were drinkers there's also according to
4 the study from the EPA that NAS is talking about,
5 metabolized into what the doctor -- Fisher I believe --
6 called it. I'm sorry, could you comment, Dr. Fisher?
7 Over.

8 **DR. FISHER (on telephone):** What I called what?

9 **MR. BYRON (on telephone):** What you -- You said that
10 these chemicals metabolized due to the alcohol
11 consumption.

12 **DR. FISHER (on telephone):** Yes. Yes, it induces enzymes
13 that are responsible for degradation. Tetrachloride, ^
14 or trichloroethylene P415 enzymes.

15 **MR. BYRON (on telephone):** Thank you. So Morris, back to
16 you. This is Jeff again. So what you're saying is if I
17 lived in Tarawa Terrace in 1985 and water from well 26
18 came to my house, I was exposed to all this, yes or no?
19 Over.

20 **MR. MASLIA:** Oh, I'm sorry. That was for me. Yes.
21 Again we are using modeling to keep it as "simple" as
22 possible so we can get the -- get some of the answers to
23 you. We're using PC -- tetrachloroethylene because it
24 was the primary constituent as a surrogate for all of the
25 halogenated products. However again there's degradation

1 that -- that's going -- going on.

2 **MR. BYRON (on telephone):** So you're saying in the report
3 you expect to put that information for the victims as far
4 as what the actual levels including the degraded
5 organic chemicals?

6 **MR. MASLIA:** We will have -- We will have -- We've got
7 several -- One of the chapters of the report, I forget
8 what chapter or letter it is but we have additional
9 simulations where we have actually and will be simulating
10 the degradation of PCE.

11 **MR. BYRON (on telephone):** Thank you, Morris. This is
12 Jeff. Over.

13 **MR. MASLIA:** And one thing I want again to make sure
14 we're all clear on and understanding. While we are right
15 now just specifically talking about Tarawa Terrace or the
16 results of Tarawa Terrace, whether it be the searchable
17 database of the documents or later on possibly
18 contaminated water delivered from the various treatment
19 plants, we -- we will be doing this for all -- all of the
20 sites, Hadnot Point, Tarawa Terrace and such. We just
21 primarily right now concentrated on Tarawa Terrace so we
22 can release results as quickly as possible and provide
23 people with some initial results for that -- that area.
24 But again the searchable database will be applicable for
25 all the sites that we are currently -- working under the

1 current health study.

2 **MR. STALLARD:** Any other -- this is Christopher. Any
3 other questions for Morris?

4 **MR. TOWNSEND (on telephone):** I have a -- this is Tom
5 Townsend.

6 **MR. STALLARD:** Go ahead, Tom.

7 **MR. TOWNSEND (on telephone):** Morris, do you intend at
8 any point in time to do any modeling at the rifle range?

9 **MR. MASLIA:** That is not under the objectives that we --
10 we were told to follow or deliver under the current
11 health study. However we are collecting data there. In
12 other words, we're not ignoring it from a data analysis
13 standpoint. Whereas the geohydrology and the hydrologic
14 framework extends far beyond just Tarawa Terrace or
15 Hadnot Point. So in putting our hydrogeologic framework
16 together in our ground water flow of transport models you
17 remember the presentation that I made had some
18 rectangular boxes in one of the -- the maps there it
19 showed it extending past just the areas that we've been
20 talking about. And so we do have to take that into
21 account. And we are taking it into account.

22 **MR. TOWNSEND (on telephone):** Thank you.

23 **MR. STALLARD:** If there are any --

24 **UNIDENTIFIED:** Thank you, Morris.

25 **MR. STALLARD:** Okay. Thank you all. If there are no

1 further questions for Morris he is allowed to depart.

2 **MR. MASLIA:** Thank you.

3 **MR. STALLARD:** Thank you.

4 (Whereupon, Mr. Maslia exited the proceedings.)

5 **MR. STALLARD:** Okay. We have -- it is cur-- this is
6 Christopher. It's ten after the hour and we have some
7 time if we'd like to go back to the discussion between
8 the community CAP members.

9 **MS. DYER (on telephone):** Somebody's making a lot of
10 noise.

11 **MR. STALLARD:** Yeah, is there someone playing with a
12 kitchen utensil there?

13 **UNIDENTIFIED:** (unintelligible)

14 **MR. STALLARD:** I see.

15 **UNIDENTIFIED:** Sorry about that.

16 **MR. STALLARD:** That's all right.

17 **UNIDENTIFIED:** Can we take a couple minute break to use
18 the facilities please?

19 **MR. ENSMINGER (on telephone):** Before we do that Chris,
20 this is Jerry Ensminger. I want to go back to Lt. Col
21 Tencate a minute.

22 **LT. COL. TENCATE (on telephone):** Thanks, Jerry. I was
23 going to try and move back to answer the question myself.

24 **MR. ENSMINGER (on telephone):** Well, the question I have
25 about these documents that Booz Allen Hamilton are

1 putting together, all the other documents pertaining to
2 the situation have CLW numbers on them. Do these -- have
3 these documents been assigned CLW numbers?

4 **LT. COL. TENCATE (on telephone):** No.

5 **MR. ENSMINGER (on telephone):** All right. Why not?

6 **LT. COL. TENCATE (on telephone):** Well, my understanding
7 is that what we -- the place we'd like to get is to merge
8 all the disparate places that all these documents are and
9 have one comprehensive document archive that has all of
10 Camp Lejeune's water documents in it but that's a little
11 bit ways away. So at this point we're not going to try
12 CLW numbers and have, you know, perpetuate the process of
13 having separate archives.

14 **MR. ENSMINGER (on telephone):** I was just looking at
15 this. This is Jerry again. You know.

16 **MR. BYRON (on telephone):** You know, Jerry, this is
17 getting into transparency here. This is Jeff. Over.

18 **MR. ENSMINGER (on telephone):** Well, yeah. It's leading
19 to that. But still I --

20 **LT. COL. TENCATE (on telephone):** Okay.

21 **MR. ENSMINGER (on telephone):** The issue -- The issue is
22 that, you know, as long as you -- as long as you keep
23 these documents in a form where we don't know what to ask
24 for we can't even FOIA anything.

25 **LT. COL. TENCATE (on telephone):** Well, I mean if you

1 give a request that's descriptive enough of -- of the
2 documents.

3 **MR. ENSMINGER (on telephone):** How can we -- we have no
4 description of what you're holding.

5 **LT. COL. TENCATE (on telephone):** Well, let me -- let me
6 back up for a second here. We have an electronic index
7 of all the documents that -- that met those certain
8 criteria and these are ^ and are in their -- their little
9 archive room down there at Camp Lejeune.

10 **MR. ENSMINGER (on telephone):** All right. Now, I ask you
11 this question.

12 **LT. COL. TENCATE (on telephone):** Yes.

13 **MR. ENSMINGER (on telephone):** Will you provide me with a
14 copy of your electronic index?

15 **LT. COL. TENCATE (on telephone):** Yes.

16 **MR. BYRON (on telephone):** You said you'd make it
17 available. This is Jeff Byron. Over.

18 **LT. COL. TENCATE (on telephone):** Yeah. And let's get
19 back to Jeff's original question was is it going to be
20 available to the public. Everything released, yes, will
21 be available to the public.

22 **MR. ENSMINGER (on telephone):** Everything --
23 (unintelligible)

24 **LT. COL. TENCATE (on telephone):** You can look at the
25 index and if you want to go down there you can look

1 through the boxes and look at the documents.

2 **MR. ENSMINGER (on telephone):** Where are they located?

3 **LT. COL. TENCATE (on telephone):** They're at Camp
4 Lejeune.

5 **MR. ENSMINGER (on telephone):** Where? I mean EMD or --

6 **LT. COL. TENCATE (on telephone):** No.

7 **MR. ENSMINGER (on telephone):** -- what building?

8 **LT. COL. TENCATE (on telephone):** No. We're trying to
9 find a permanent -- a semi-permanent location for them
10 along with a custodian right now. But the search, as I
11 said, is not completed. Booz Allen hasn't even written
12 up their final report. And we have not figured out
13 exactly how to do an archive for these things yet. So
14 we're working through these issues right now.

15 **MR. BYRON (on telephone):** Okay. This is Jeff.

16 **MS. DYER (on telephone):** This is Terry Dyer.

17 **LT. COL. TENCATE (on telephone):** I think that -- is that
18 transparent?

19 **MR. BYRON (on telephone):** It's transparent to a point.
20 I mean I think you can see in the past that -- this is
21 Jeff -- that, you know, when the water modeling came out
22 at the last meeting that there were some of us that were
23 shocked that there was I guess testing going on between
24 years that even though we were FOIA-ing for information
25 in those years it was told to us that it wasn't

1 available. Now, maybe it was just recently sent out or I
2 have no idea but when we're talking transparency, to find
3 out that after six years that you found documents from,
4 you know, '82 to '85 that were supposedly no longer
5 available or weren't available previously, now that's not
6 quite as -- you know, we don't see that as transparent to
7 the affected community and what Jerry was hinting at is
8 that without a catalogue number I guess the possibility
9 is that somebody could go in there and glean out the
10 records they don't think are, you know -- from a legal
11 standpoint helpful to the Marine Corps --

12 **MS. DYER (on telephone):** This is Terry Dyer.

13 **MR. BYRON (on telephone):** -- and also helpful to the --

14 **MR. STALLARD:** Wait, wait, wait. This is Christopher,
15 your facilitator. And we're falling away from our ground
16 rules here. I understand that this is a very heated
17 topic, particularly about transparency and -- and the
18 notion -- I'll just say what I feel you're thinking. The
19 fox guarding the henhouse here in terms of documents that
20 are available. So I'm going to try to intervene here and
21 ask once again that you express your thought and say your
22 name first and finish your thought with over. I know
23 that Terry wants to speak. I've heard a couple more
24 voices back there. And Mike, I want -- I would like for
25 -- let Mike listen to all the questions here that you

1 have for him. The issue that I hear is what can we do to
2 ensure that the work being done by Booz Allen Hamilton is
3 done objectively and is there an opportunity to get an
4 interim report on the status of things, or is there an
5 opportunity for a CAP member to be present.

6 **MS. DYER (on telephone):** Right.

7 **MR. STALLARD:** Seems to me that is what the substantive
8 issue is on the table.

9 **MS. DYER (on telephone):** Right. Chris, this is Terry
10 Dyer.

11 **MR. STALLARD:** Over.

12 **MS. DYER (on telephone):** I would like to put forward
13 that we nominate one of the CAP members. I would like to
14 see Jerry Ensminger be given full access at any time to
15 those -- to the same thing that Booz Allen -- Booz and
16 Hamilton is -- is doing. I would like to be able to see
17 him go in there and go through anything he wants to at
18 any time. I think that Jerry has a knowledge that, you
19 know, some of us don't have and I think that he could
20 look at those things and if there's things that he feels
21 like that the rest of the CAP members need or the ATSDR,
22 I would like to see him. Now, I think that I recall him
23 saying that he could go in there. So if that's the case
24 then I would like to as a -- as a CAP member, nominate
25 him to -- to be a part of this and to work with them and

1 to be allowed to see anything that's there.

2 **MR. MARTIN (on telephone):** This is Dave Martin. I'll
3 second that.

4 **LT. COL. TENCATE (on telephone):** This is Mike again. I
5 appreciate your nominations but at this point we're --
6 we're not there where the stuff is that available. Booz
7 and Allen hasn't even finished their search yet. And as
8 far as transparency goes, that's why we hired Booz Allen
9 to do it.

10 **MR. ENSMINGER (on telephone):** Hold on. This is Jerry
11 Ensminger. I didn't mean to cut you off.

12 **LT. COL. TENCATE (on telephone):** But you did.

13 **MR. ENSMINGER (on telephone):** When you were initially
14 talking to me earlier you said that the stuff was readily
15 available and I could sit down and look at it.

16 **MS. DYER (on telephone):** That's right.

17 **LT. COL. TENCATE (on telephone):** Well --

18 **MR. ENSMINGER (on telephone):** Now all of a sudden you're
19 changing and you're backpedaling.

20 **MS. DYER (on telephone):** That's right.

21 **MR. ENSMINGER (on telephone):** And I'd like to --

22 **LT. COL. TENCATE (on telephone):** I --

23 **MR. ENSMINGER (on telephone):** I mean I'm right here --
24 I'm right here in North Carolina, and I can go down there
25 on the base.

1 **LT. COL. TENCATE (on telephone):** I understand that and I
2 perhaps misspoke and used the wrong verb tense. When
3 it's finished it will be available.

4 **MS. DYER (on telephone):** This is Terry Dyer. Why does
5 it have to be finished? That's one of the things that
6 we're concerned about is there's going to be something
7 that we feel like should be included that they're not
8 including. And Jerry has a good grasp of this stuff. I
9 mean if we're talking transparency and we're supposed to
10 be working together then all of this stuff should be
11 readily available to us and not secret. There should be
12 no -- and I know you're saying that there aren't but to
13 say that we can't go in there tomorrow and walk in with
14 them, why wouldn't we be able to?

15 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
16 Let me add one other thing. And perhaps this will --
17 this will resolve the issue.

18 **THE COURT REPORTER:** Who is this?

19 **MR. STALLARD:** Jerry Ensminger.

20 **MR. ENSMINGER (on telephone):** You said they already have
21 a website in place now?

22 **LT. COL. TENCATE (on telephone):** They have been
23 developing one as they go along. Yeah, but --

24 **MR. ENSMINGER (on telephone):** Well, I --

25 **LT. COL. TENCATE (on telephone):** Pardon me. As I said,

1 the search is not quite finished. And once it's finished
2 they're going to have some wrap-up work to do to finish
3 up their index and write up their final report. Now, we
4 expect that to be within, oh, two or three weeks. And
5 then Booz Allen will be done. And -- And the documents
6 will be in a room in Camp Lejeune. The electronic index
7 will be finished and we'll have to find a custodian to
8 allow people to come in and -- and look at the documents.
9 Now, there is one other concern here, too. Privacy Act
10 issues, privileged materials, those kind of things that
11 are not available to the general public. So we have to
12 make sure that those things are taken care of as well.

13 **MR. ENSMINGER (on telephone):** So I --

14 **LT. COL. TENCATE (on telephone):** Over.

15 **MR. ENSMINGER (on telephone):** Yeah, this is Jerry again.
16 Privacy Act issues, all you have to do is screen out the
17 person's name and their home numbers or any kind of
18 contact information from the document.

19 **LT. COL. TENCATE (on telephone):** Jerry, you're
20 absolutely right. What that means is that now that Booz
21 Allen is done the Marine Corps or perhaps another
22 contractor or perhaps Booz and Allen again is going to
23 have to go through the documents and screen out those
24 kinds of issues.

25 **MR. ENSMINGER (on telephone):** Well, I'd like to make one

1 recommendation, that you give a copy -- a dated copy of
2 this electronic database that they now possess to our
3 facilitator and he can hold it.

4 **LT. COL. TENCATE (on telephone):** We are -- We are happy
5 to make the electronic index available. Over.

6 **MR. ENSMINGER (on telephone):** Okay.

7 **MS. DYER (on telephone):** This is Terry Dyer. One more
8 question. If Booz and Hamilton or whoever they are can
9 look at it and read it and -- why doesn't the Privacy Act
10 --

11 **MR. BYRON (on telephone):** Apply to them.

12 **MS. DYER (on telephone):** -- apply to them because, you
13 know, back again -- I mean I want to see this stuff
14 looked at before they get a chance to look at it and say
15 we're going to box this. We don't think that -- that
16 it's necessary to include it. Whereas we get someone
17 like Jerry who sees something, he might say that it is.
18 We -- Why can't he work together with them? Over.

19 **MR. STALLARD:** This is Christopher and I think that we're
20 getting into a debate back and forth and what I would
21 like to have is a good answer to that. And I don't know
22 if Col. Tencate can make that determination himself. But
23 it seems to me clear and evident from -- from the panel
24 members that if there is a way for Jerry to be seconded
25 to the Booz Allen Hamilton contractors doing the work as

1 Jerry is himself a subject matter expert based on his own
2 experience and study of what is relevant to the issue at
3 hand, that's the question.

4 So Col. Tencate, can we find out what are the
5 possibilities of having Jerry be somehow involved
6 throughout the time period henceforth from today to the
7 end of the indexing in working as a subject matter expert
8 with the Booz Allen Hamilton? And if we can get an
9 answer to that or who has the authority to make that
10 decision I think that would be helpful for the panel to
11 know. Over.

12 **LT. COL. TENCATE (on telephone):** I -- I think that is
13 doubtful that he be seconded as you say or made part of
14 the process for all the reasons that I said before. Booz
15 Allen doesn't have to worry about the Privacy Act because
16 they're our contractor and they are bound by non-
17 disclosure agreements. Someone like Jerry, a third
18 party, and actually Jerry, you even have a claim filed,
19 don't you?

20 **MR. ENSMINGER (on telephone):** Yeah.

21 **LT. COL. TENCATE (on telephone):** Yeah, I mean, you're
22 technically a party opponent to us. That -- That is --
23 That's a problem.

24 **MR. ENSMINGER (on telephone):** Well, Booz Allen Hamilton
25 is not exactly a -- a neutral contractor either. I mean

1 they're -- they're the largest contractor for the
2 Department of Defense.

3 **MR. MARTIN:** In almost every matter.

4 **MR. ENSMINGER (on telephone):** Yeah.

5 **LT. COL. TENCATE (on telephone):** Well --

6 **MR. ENSMINGER (on telephone):** I mean, you know, where --
7 where -- where is the --

8 **MR. BYRON (on telephone):** People that they employ? This
9 is Jeff. They're also getting contracts for the
10 government and, you know, in their companies, too, that
11 they start after being congressmen and senators and
12 government officials and --

13 **MR. ENSMINGER (on telephone):** (unintelligible)

14 **MR. BYRON (on telephone):** -- the upper echelon. Over.

15 **LT. COL. TENCATE (on telephone):** Gentlemen --

16 **MR. STALLARD:** This is Christopher. Excuse me.

17 **LT. COL. TENCATE (on telephone):** I believe these same
18 issues would be present regardless of who the contractor
19 was. But let me suggest this. I believe all the CAP
20 members have my phone number and why don't you guys call
21 me. We can discuss this at length outside of CAP --

22 **MR. ENSMINGER (on telephone):** Well, (unintelligible) --

23 **LT. COL. TENCATE (on telephone):** -- and try and find a
24 way that will -- that will walk the tightrope between us
25 not violating the Privacy Act and other -- other laws and

1 being as transparent as we can for you?

2 **MR. ENSMINGER (on telephone):** Well, and, you know, I
3 hate to say this but you know, the Privacy Act is a
4 crutch and --

5 **LT. COL. TENCATE (on telephone):** Unfortunately it is the
6 law of the land.

7 **MR. ENSMINGER (on telephone):** Yeah, it is. But it's
8 also a -- a real crutch the DOD has fallen back on
9 particularly in this instance. I'm not going to get in
10 an argument but the issue has been raised by the CAP.
11 It's been tabled and we think we should have access or be
12 able to see these documents and calling you after the CAP
13 meeting is not going to resolve this issue. This issue
14 has been a tabled matter. It has been seconded and it's
15 something that we need a response to. I'm not going to
16 take this call me later stuff. I've heard that too many
17 times for nine years.

18 **MR. STALLARD:** Okay, Jerry. Thank you. This is
19 Christopher.

20 **MR. TOWNSEND (on telephone):** This is Tom Townsend. Can
21 I get in?

22 **MR. STALLARD:** You may have one comment here, and I would
23 like to bring us back to a point of moving forward. Go
24 ahead. Over. Tom.

25 **MR. TOWNSEND (on telephone):** My -- My comment relates

1 to the transparency and availability of documents. I
2 have -- I have all these -- I have all these documents
3 from the invest-- thorough investigation conducted by EPA
4 for -- of this issue that was requested of the Department
5 of Justice. I have a listing of all the -- of all the
6 documents, a property inventory of all the documents
7 provided by the Marine Corps to the EPA for CID. And I
8 have been requesting these documents under the Freedom of
9 Information Act from the Marine Corps and Camp Lejeune
10 depending on whose is the ownership, and within that --
11 within that are many, many by name. They describe Camp
12 Lejeune documents, reference etcetera. There are
13 different versions of -- of the same -- there are
14 different versions of the same reports going to the ^
15 that was done by Booz and Allen. So these things have
16 all been asked for. They have -- They have just dropped
17 off the end of the world as far as I'm concerned. I
18 probably requested these things close to a year ago and
19 nothing has ever come up.

20 So I -- I -- I feel that -- that this information --
21 I have the names -- if people are wondering what you call
22 these documents, I have their titles because that's
23 exactly -- that's the title that the CID applied for and
24 referred to at the conclusion of the CID investigation.
25 I'll just put that out there. They've been in the system

1 now and I -- I -- I expect to get nothing but the request
2 has already been made.

3 **UNIDENTIFIED:** Tom?

4 **MS. DYER (on telephone):** Chris, this is Terry. Can I
5 ask you a question before we go on? Is there any way
6 that we can find out if Jerry can sign some kind of a
7 waiver to, you know, with the Privacy Act as far as not
8 disclosing anything so that he can do this? Can they
9 find that out?

10 **MR. STALLARD:** Well, Terry --

11 **LT. COL. TENCATE (on telephone):** Terry, this is Mike.

12 **MR. STALLARD:** Yeah, let Mike speak to that and then I'll
13 give you a perspective. Over.

14 **LT. COL. TENCATE (on telephone):** Yeah, that's -- I mean
15 the fact that he's a party of -- of the claim against the
16 Marine Corps and the U. S. government really -- really
17 kind of defeats that.

18 **MR. STALLARD:** Negates his -- you're right. Excuse me.

19 **LT. COL. TENCATE (on telephone):** Yeah, I mean it's just
20 -- it's a standing problem.

21 **MR. ENSMINGER (on telephone):** Well --

22 **MR. STALLARD:** Okay. Wait a minute, Jerry. Jerry --

23 **MR. ENSMINGER (on telephone):** This is Jerry again. And
24 as far as violating the Privacy Act, Colonel, the Privacy
25 Act was violated time and time and time again in your

1 initial library that you finally took down off the
2 Internet with people's full contact information, phone
3 numbers, you name -- you name it. I mean it was up there
4 for three to four months.

5 **LT. COL. TENCATE (on telephone):** I'm -- I'm sorry to
6 hear that. I don't want something like that to happen on
7 my watch.

8 **MR. ENSMINGER (on telephone):** Well, I mean it's already
9 happened.

10 **MR. STALLARD:** Okay. This is Christopher. Jerry, Terry,
11 Mike, what we have before us is that clearly there's a
12 conflict of interest based on Jerry's standing. Of
13 interesting to the CAP though is this question. If it
14 could be done, how could it be done? If it's not Jerry,
15 is there someone else who is not a standing claimant in
16 this issue, could have access as an interested third
17 party that's recognized and authorized to -- to be there.
18 That's the one issue that's on the table so I'd like for
19 us to think about it and we'll have to come up with some
20 solution if it could be done. Or if it can't be done
21 then here are the reasons why.

22 Number two, Mike has already made a good faith --
23 expressed a willingness to provide you with an index that
24 he has to date of what's been accomplished or what's been
25 accomplished or what's been listed.

1 **UNIDENTIFIED (on telephone):** (unintelligible)

2 **MR. STALLARD:** Mike, wait a minute. Jerry, please. Is
3 that what Mike said -- you said you would do, provide
4 some listing?

5 **LT. COL. TENCATE (on telephone):** Electronic index.
6 We'll -- We'll make it available once completed, yeah.

7 **MR. STALLARD:** Once it's completed. Okay. So there's
8 the clarification, once it's completed. I had --

9 **LT. COL. TENCATE (on telephone):** And to reiterate, we
10 expect that Booz Allen should be wrapping things up here
11 in the next few weeks.

12 **MR. STALLARD:** Okay.

13 **MS. DYER (on telephone):** This is Terry again. I've got
14 something that -- that I'd like you to add to that
15 because it's kind of when -- when he was talking about
16 it, the fact that Jerry has got a claim and everything,
17 that puts us at a --

18 **MR. ENSMINGER (on telephone):** Disadvantage.

19 **MS. DYER (on telephone):** -- against -- you're against us
20 kind of thing. And if that's the case, if it is wrong,
21 you know, you're against us, then I definitely think that
22 we do need a third party on, or second party, whatever
23 you want to call it, on our side.

24 **UNIDENTIFIED:** Mediator.

25 **MS. DYER (on telephone):** So -- and look at those and be

1 able to look at every single one of those documents even
2 before it's indexed. And the fact that Jerry is not --
3 he's a CAP member so, you know, to me it looks like, you
4 know, you're talking about transparency and everything
5 again but it's looking like it's a you against us thing.
6 And I thought we were supposed to be working together to
7 get tuned in to this. And if that's the case then why
8 aren't we allowed to look at everything they've got?
9 Whether we've got a case against them or not, you know,
10 if there's nothing to hide then these should be fully
11 disclosed to us.

12 **LT. COL. TENCATE (on telephone):** Terry?

13 **MS. DYER (on telephone):** Yes?

14 **LT. COL. TENCATE (on telephone):** This is Mike.

15 **MS. DYER (on telephone):** Over.

16 **LT. COL. TENCATE (on telephone):** I understand. We are
17 working together on this and that's why the releasable
18 stuff will be released. I want to -- I want to clarify
19 also that the governmental agencies, ATSDR and GAO have
20 had full access because they're governmental agencies and
21 they have different standing than private parties do. So
22 those folks have had full access to these documents if
23 that clarifies the issue for you. Over.

24 **MS. DYER (on telephone):** It clarifies in some ways but I
25 still believe that we as the injured party should be able

1 to look at anything you've got, and if Jerry can't do it
2 that I would want us to be able to find someone who's not
3 involved, you know, that is not military, that is not
4 Booz and Allen, that we have on our side to be able to go
5 in there and someone that's knowledgeable to be able to
6 look at those documents. I think that's only fair. I
7 think that if you've got somebody that you've hired, you
8 know, that they can go in there and they can decide
9 what's to be looked at and what's not, then we should
10 have that same opportunity.

11 **MR. ENSMINGER (on telephone):** What about -- This is
12 Jerry. What about somebody from a Congressional office
13 looking at stuff?

14 **LT. COL. TENCATE (on telephone):** And that's GAO, Jerry.

15 **MR. BYRON (on telephone):** Lieutenant, this is Jeff. The
16 point being --

17 **UNIDENTIFIED:** Lieutenant Colonel.

18 **MR. BYRON (on telephone):** Lieutenant Colonel, he knows.

19 **LT. COL. TENCATE (on telephone):** Okay.

20 **MR. BYRON (on telephone):** The point being is that every
21 one of those people that you're talking about, when they
22 get their check at the end of the week what does it say
23 at the top? United States of America. When I get my
24 check it says Byron Products. That's the point. So I
25 understand where you're coming from, that these

1 governmental offices don't really have a say in this but
2 in a way they do, okay, because in the end what we're
3 looking for is health care and things to help our family.
4 I mean this is why we're involved in this, okay? Because
5 we've become victims without our consent. And like I
6 said, someone that doesn't receive a check from the
7 United States of America might be the person to do this.
8 But indirectly if you had to hire them they'd all do that
9 anyway. It would almost have to be a volunteer, somebody
10 that has an interest in this but has no interest in this.
11 You know what I'm saying?

12 **MR. STALLARD:** Yes.

13 **MR. BYRON (on telephone):** Over.

14 **MR. STALLARD:** Over. This is Christopher.

15 **LT. COL. TENCATE (on telephone):** I think Chris has
16 framed it beautifully that -- that we nominate somebody,
17 we can try to find somebody or if we can't we'll give you
18 the reasons why that person can't do it.

19 **MR. STALLARD:** And that's where we're going -- this is
20 Christopher. That's where we're going to leave this
21 subject right now and move on. And this is what I would
22 like to say. That Mike, I need for you and your good
23 offices to ask the question through your legal channels.
24 And I think that we can probably do the same here through
25 our procurements since a procurement is a, you know, U.S.

1 government process.

2 So the question is is there a mechanism that will
3 allow for a third party outside of the Marine Corps, Booz
4 Allen Hamilton who represents the CAP and it's an
5 ombudsman of sort I guess in this case, if they can have
6 access during these intervening three weeks. That's the
7 question that we need to have answered. I'm hopeful that
8 if we could have that within -- by the end of next week
9 would be -- some kind of response would be helpful.

10 Number two, we understand that you are going to make
11 available what you get from Booz Allen as soon as they're
12 finished with the project; is that correct? You will
13 make that available?

14 **LT. COL. TENCATE (on telephone):** Yeah. The index that
15 they will generate.

16 **MR. STALLARD:** Okay. Very good. Now, let me just speak
17 to Terry and Jerry for just a moment.

18 **MR. ENSMINGER (on telephone):** I have one question.

19 **MR. STALLARD:** I'm going to let you speak in just a
20 minute. When I say over. I want you to practice saying
21 that, Jerry, over, when you're finished, okay?

22 **MR. ENSMINGER (on telephone):** Over.

23 **MR. STALLARD:** Okay.

24 **MR. ENSMINGER (on telephone):** Over.

25 **MR. STALLARD:** All right.

1 **MR. ENSMINGER (on telephone):** Over.

2 **MR. STALLARD:** All right.

3 **MR. ENSMINGER (on telephone):** Over.

4 **MR. STALLARD:** That's good. That's good for now.

5 Listen. I think that if you have contacts that have
6 brought us to this point you are certainly encouraged to
7 use whatever network you have if you feel it's important
8 to have access to these documents and you're looking for
9 a mechanism on your own rights. So I'm just going to
10 leave it at that. Over.

11 **MR. ENSMINGER (on telephone):** Well, we're at a point
12 here where we have --

13 **MR. STALLARD:** Jerry -- that's Jerry.

14 **MR. ENSMINGER (on telephone):** I mean everything we want
15 to get is controlled by them and, you know, nobody wants
16 to turn the stuff over. I realize that, especially if
17 you're guilty. And, you know, you talk about
18 transparency. You know the organization that I served
19 for 25 damn years, I had to get a Congressional amendment
20 to get these people to live up to their motto. And now
21 here they are refusing access to documents because I have
22 a vested interest. Well, hell, if you lost your child,
23 Colonel, you would have a vested interest, too.

24 **MR. BYRON (on telephone):** Or if your daughter was
25 suffering -- This is Jeff.

1 **MR. ENSMINGER (on telephone):** And, you know, as far as
2 transparency goes, there is no transparency in this
3 situation. There is none. You guys have the upper hand,
4 the DOD, and you're taking full advantage of that.
5 You're -- You're feeding us piecemeal what you think we
6 need to see.

7 **LT. COL. TENCATE (on telephone):** Jerry --

8 **MR. ENSMINGER (on telephone):** Yes? Over. Over, by the
9 way.

10 **LT. COL. TENCATE (on telephone):** CAP members, everyone,
11 we're trying to cooperate completely. ATSDR has had
12 complete access to these records. We bent over backwards
13 to get them the stuff that we thought would be most
14 useful to them for the water modeling as fast as we
15 could. So I understand you feel disgruntled but to
16 characterize us as holding all the cards and not showing
17 them to anybody really is a mischaracterization.

18 **MR. ENSMINGER (on telephone):** No, it's not. Well, why -
19 - Why has it taken 30 years --

20 **LT. COL. TENCATE (on telephone):** We're sharing them with
21 the other governmental agencies who are most involved in
22 this. I think that's -- I think that's being as
23 forthcoming as we can be.

24 **MR. ENSMINGER (on telephone):** Well, and --

25 **MR. STALLARD:** Jerry, stop. Folks, folks. This is

1 Christopher. Stop now. Stop. This is the time --

2 **MR. ENSMINGER (on telephone):** (unintelligible) Chris.

3 **MR. STALLARD:** This is the time --

4 **MR. ENSMINGER (on telephone):** No, I got one more thing
5 to say, damn it. And, you know, for the Marine Corps to
6 sit here and tell me how forthcoming they have been
7 through this thing, that is a crock because they have
8 hidden information and they have provided false
9 information to another federal agency that was looking
10 into this thing back in the '90s. I have the proof.

11 **UNIDENTIFIED (on telephone):** I'll second that. Over.

12 **MR. ENSMINGER (on telephone):** Don't sit there and tell
13 me how forthcoming the Marine Corps has been in all this
14 because it really pisses me off when you tell me that
15 stuff. I -- I been in this nine years now. Nine years.
16 And I've seen what you people have done. And I want that
17 on the record. Over.

18 **MR. STALLARD:** Thank you.

19 **MR. MARTIN (on telephone):** This is Dave Martin. And
20 Mike Tencate, I'd like to address this question to Dr.
21 Bove. Dr. Bove, the lieutenant colonel has stated that
22 you have had access to these records. Do you actually in
23 fact have copies and -- and documentations that your
24 agency can release to us?

25 I think the big issue on we're running into is the

1 word governmental. It would be like a division of my
2 corporation. If -- If a certain division of my
3 corporation was under fire and I had all the records
4 pertaining to that object, of course I would want to
5 withhold or retain any information that would be used
6 against me in any formal litigation.

7 However, you know, we -- we stated in the beginning
8 and I do feel there is a spirit of cooperation between
9 DOD and this CAP. However I -- I do understand the
10 people that have been involved in this much longer than I
11 have. I've reviewed some of the documents that have been
12 shared and also the -- the prior previous library that
13 was posted that's now -- now removed and there's --
14 there's definite reason for some -- some caution here or
15 some questioning.

16 If we're going to bring everything out into the open
17 I think we all need to be a part in -- in finding this
18 because no matter what's hidden or what's exposed, the
19 arrow points back to the water was definitely
20 contaminated and people are suffering. So that's going
21 to be the final outcome.

22 I just think if everything is placed in front where
23 we can make reasonable decisions it would be much easier
24 for all of us to cooperate and trust each other. So Dr.
25 Bove, if you do have the records and if you're in a

1 position to release them to us, you could be our
2 mediator, our go-between in this.

3 **DR. BOVE:** Okay. I --

4 **MR. MARTIN (on telephone):** Over.

5 **DR. BOVE:** This is Frank. I think Morris would be the
6 better person to answer this question but as he said, any
7 document that had any relevance whatsoever in our
8 estimating of exposures or when the wells were
9 contaminated, any of the modeling, any of that
10 information will be available in a DV-- searchable DVD or
11 CD or whatever media he talked -- he mentioned earlier.

12 But I have a feeling that there probably is other
13 materials that would be more relevant to your legal case
14 or whatever that was not directly relevant or indirectly
15 relevant to what Morris is doing and I -- I have a
16 feeling that you want that material, too, and we wouldn't
17 have that. Or at least we wouldn't have a -- a -- as
18 much of that information as you might be able to if you
19 were involved in this process so --

20 But what we have and we used to justify anything
21 we've done in terms of modeling water or understanding
22 the situation and interpreting the contamination, that
23 will be available when Morris releases his reports.

24 Okay.

25 In other words, we don't have all the stuff that you

1 would want probably. You know, I'm not involved
2 obviously in the legal stuff. I don't know exactly what
3 your strategy is either and don't need to know but I have
4 the feeling that there's probably documents that would be
5 relevant to that strategy that wouldn't be necessarily
6 relevant to our purposes so I still think this is an
7 issue. And I think that Chris is trying to figure out
8 ways to resolve it and I think it's going to take, you
9 know, some more back and forth but I don't know if this
10 is the best place now for it.

11 **MR. MARTIN (on telephone)** Yeah. This is Dave again.
12 One person that I would like to suggest and also, to you,
13 Mike, as a possibility would be Chris Mazzolini with the
14 Jacksonville Daily News. I know he's an impartial third
15 party at -- at this point and has been and has stayed on
16 top of this story from the beginning. There again, we've
17 had no communication with him and his possibly
18 volunteering to -- to be on this I guess we would have
19 another committee involved here. Would that be a
20 possibility for your consideration with the DOD and with
21 your legal staff? I'm sure you'd have to present that
22 but do you feel that's a possibility? Over.

23 **LT. COL. TENCATE (on telephone):** I think you guys can
24 submit him and it's -- maybe we can respond to that.

25 **MR. MARTIN (on telephone):** Okay.

1 **LT. COL. TENCATE (on telephone):** A technical I guess
2 logistic or administrative question for -- for Chris
3 Stallard. How -- How do you want me to -- to
4 disseminate --

5 **MR. STALLARD:** To Perri.

6 **LT. COL. TENCATE (on telephone):** -- the response?
7 Email?

8 **MR. STALLARD:** Yes. Just email. And please send it to
9 Perri and Perri will disseminate it to the group.

10 **LT. COL. TENCATE (on telephone):** The group?

11 **MR. STALLARD:** Yes. We want all things coming through
12 Perri from -- for this purpose.

13 **LT. COL. TENCATE (on telephone):** And then we have -- we
14 have Jerry's suggestion and Chris Mazzolini.

15 **MR. MARTIN (on telephone):** Right.

16 **LT. COL. TENCATE (on telephone):** If there's other people
17 you want to suggest that we can look at as potentially --

18 **MR. STALLARD:** Yeah.

19 **LT. COL. TENCATE (on telephone):** -- for holding this
20 role, I mean you could submit it to me and I can give an
21 official response once I coordinate it.

22 **MS. DYER (on telephone):** This is Terry Dyer. Just for
23 the record have you been told by the powers that be that
24 there are things that they -- that you do not want to
25 share with us and to keep it away from us? Over.

1 **LT. COL. TENCATE (on telephone):** No. No, I have been
2 down at Camp Lejeune. I have seen the room with boxes in
3 it and there's all kinds of records. I know the search
4 criteria were broadened. We specifically designed them
5 as being very broad so that we could get any potentially
6 remotely responsive documents. And I know having done
7 this kind of work before with -- with documents that
8 that's going to bring in all kinds of stuff. Stuff
9 that's privileged, stuff that's Privacy Act covered, all
10 kinds of things. And it's not just releasable to the
11 general public or to people outside of the Marine Corps.
12 The Marine Corps has a duty to protect those records.
13 That's all.

14 **DR. RENNIX (on telephone):** This is Chris Rennix. Mike,
15 could you make that criteria you used to do the search
16 available to everybody so they can see what -- what the
17 net-- how wide the net was that you were using to capture
18 the documents?

19 **MR. BYRON (on telephone):** This is Jeff. He said he'd do
20 that, he'd provide the whole catalogue.

21 **DR. RENNIX (on telephone):** No, this is the search
22 criteria. That's the result of being catalogued.

23 **MR. BYRON (on telephone):** No, he said he -- the criteria
24 would be there.

25 **DR. RENNIX (on telephone):** Oh, the -- Okay.

1 **LT. COL. TENCATE (on telephone):** But for both of you
2 guys, the answer is yes. I can provide the -- the search
3 criteria. I can give those to Perri so she can
4 disseminate them to the group. And when Booz Allen
5 finishes their search and finishes up the index and
6 writes up their final report I can make the -- the index
7 available to the group as well.

8 **MR. ENSMINGER (on telephone):** Well, Colonel, this is
9 Jerry Ensminger. When can we reasonably expect this
10 electronic index?

11 **LT. COL. TENCATE (on telephone):** As I mentioned earlier
12 we expect Booz Allen to wrap things up in a few weeks.
13 I'm estimating two to three weeks but that's the best
14 info I have based on conversation with them earlier this
15 week.

16 **MR. ENSMINGER (on telephone):** No, I mean when can we
17 reasonably expect to see an electronic index after they
18 wrap up?

19 **LT. COL. TENCATE (on telephone):** Oh, it's just -- I
20 think it's just a matter of burning it onto CD's. I --

21 **MR. ENSMINGER (on telephone):** So within a month?

22 **LT. COL. TENCATE (on telephone):** I would think it would
23 be that long, yeah.

24 **MR. ENSMINGER (on telephone):** Okay.

25 **DR. RENNIX (on telephone):** Could -- This is Chris

1 Rennix again. Could the database you created, could we
2 get a list of the fields that are going to be searchable
3 so that if we did have a request for information we would
4 know where to go look and what kind of questions to ask?

5 **LT. COL. TENCATE (on telephone):** Yeah.

6 **DR. RENNIX (on telephone):** Okay.

7 **MR. BYRON (on telephone):** This is Jeff. Mike, just to
8 put a kind of human note on this. The reason it feels
9 like some animosity here is because there's people out
10 here suffering and the DOD has not provided even any kind
11 of care, any kind of concern in that matter. I haven't
12 gotten a letter asking how my children are, you know.
13 What's really happening is being pushed to the legal end
14 of those when it should be the legislative end or when
15 the Marine Corps should live up to that motto. And that
16 -- I think we don't want to put -- put this on you
17 personal. We're saying you guys, we're meaning
18 headquarters, Marine Corps, the Department of Defense.
19 And that's really I think the concern is there's people
20 suffering out here emotionally and physically of the
21 same, you know -- from contamination that occurred 25
22 years ago. And this is -- this has gone on for 30-some
23 years. And -- And that's really where it comes from
24 just so you know. Over.

25 **LT. COL. TENCATE (on telephone):** Yeah, I understand. I

1 -- I don't take it personally.

2 **MR. STALLARD:** Okay. Thanks. This is Christopher. This
3 is an appropriate time for a what, five minute break, ten
4 minute break?

5 **MR. ENSMINGER (on telephone):** This is Jerry.

6 **MR. STALLARD:** Five minute break. Over. Jerry, you can
7 bring it back when we come back. Thank you.

8 **MR. ENSMINGER (on telephone):** Well, I was told to make
9 an announcement.

10 **MR. STALLARD:** Okay.

11 **MR. ENSMINGER (on telephone):** It's good information for
12 everybody. I got a call this morning from Congressman
13 Dingle, who is one of the members of ^, so our interests
14 are being watched over.

15 **UNIDENTIFIED:** Very good.

16 **MR. STALLARD:** Very good. Thank you very much. It is
17 now quarter 'til 3:00. We will resume in ten minutes, at
18 ten -- at five 'til. Thank you. Over.

19 (Whereupon, a break was taken from 2:45 p.m. to 2:56
20 p.m.)

21 **MR. STALLARD:** We're going to resume. It is now four
22 minutes before 3:00 and we will continue with our
23 meeting.

24 **DR. BOVE:** Can I ask Dr. Fisher a question? This is
25 Frank. The court reporter here wants to know how to

1 spell that kidney -- the kidney cancer biomarker that we
2 think is related to TCE.

3 **DR. FISHER (on telephone):** I don't know.

4 **DR. BOVE:** I -- You mentioned it to me. You said --

5 **DR. FISHER (on telephone):** Von Hippel? I don't know. I
6 don't know how to spell the last word.

7 **DR. BOVE:** Say the last word again.

8 **UNIDENTIFIED:** Lindau, L-I-N-D-A-U.

9 **DR. BOVE:** Okay. Yeah. Okay.

10 **DR. FISHER (on telephone):** Thank you. That's it.

11 **MR. STALLARD:** Lindau, L-I-N-D-A-U. There's a ^ in there
12 actually.

13 **MR. MARTIN (on telephone):** This is -- This is Dave.

14 Before we get into immediate things, Lt. Col. Mike, I get
15 return mail from you each time I try to email you. Has
16 your address changed or have you gotten blocked or --

17 **LT. COL. TENCATE (on telephone):** We have -- We have
18 gone through a computer change. Send it to
19 Michael.D.Tencate@usmc.gov.

20 **MR. MARTIN (on telephone):** At usmc.gov? Okay. You're
21 not at hqmc?

22 **LT. COL. TENCATE (on telephone):** That's gone now.

23 **MR. MARTIN (on telephone):** Okay. Thank you.

24 **MS. RUCKART:** This is Perri Ruckart. You've been getting
25 the emails that I've sent recently haven't you? Over.

1 **LT. COL. TENCATE (on telephone):** Yeah, I got the emails
2 that you sent.

3 **MS. RUCKART:** Okay.

4 **LT. COL. TENCATE (on telephone):** Yeah.

5 **MS. RUCKART:** I just wanted to make sure that I had your
6 information.

7 **MR. STALLARD:** Great. This is Christopher and I heard
8 someone just join us. Would that be Tom or Chris?

9 **MR. TOWNSEND (on telephone):** Tom is here.

10 **MR. STALLARD:** Tom is on the line. All rightie. So any
11 pressing issues that need to be addressed before we move
12 on to the next point with the update on the epidemiologic
13 activities? I'm going to allow approximately five
14 minutes of anything that you need clarified from previous
15 discussions.

16 **MS. DYER (on telephone):** Chris, this is Terry Dyer.

17 **MR. STALLARD:** Uh-huh.

18 **MS. DYER (on telephone):** I wanted to kind of back up for
19 just a minute and talk to Frank. This thing with Annie,
20 it -- what was done to her before she died, that testing
21 that was done, if you can you shed any light on this
22 thing; then I think it's his responsibility to contact
23 Tom's doctor and find out what was done and what the
24 results were. And also I mean because if this test was
25 done before she died, if we need to get a liver biopsy

1 done, you know, then we need to know that.

2 Also there was -- the gentleman that you were
3 talking about, he's another doctor that was involved and
4 you keep telling us to call him. I would say
5 respectfully that I think you need to get in touch with
6 him because you know the questions to ask and it was a
7 study that was done that hopefully you would be able to
8 take and use to help. It just seems to me that there's a
9 lot of studies that have been done already out there and
10 they're not being used with this to help this further
11 along, you know, quicker. Over.

12 **DR. BOVE:** There's a couple of -- this is Frank. There's
13 a couple of things in there. The first thing is I have
14 no idea what was done in terms of a biopsy. If -- If
15 Tom wants to send that material to me or -- that's fine.
16 We -- We intend -- we hope to look at liver cancer,
17 kidney cancer, non-Hodgkin's lymphoma among adults. We
18 intend to do these kinds of studies because there's
19 literature out there suggesting that there's an
20 association and Dan Wartenberg's meta-analysis done a
21 couple years ago pinpointed a few other cancers as well.
22 And other studies, you know, my own included, have --
23 have -- have found non-Hodgkin's lymphoma and so on. So
24 there -- there are a whole bunch of cancers that we want
25 to look at regardless of what this biopsy was all about,

1 you know. So that's the first thing I want people to
2 know. We believe these studies and we take them
3 seriously.

4 I mentioned Dan Wartenberg because I think he's a
5 good resource for CAP members to contact who's not
6 associated with ATSDR. I plan to talk to Dan, too, and
7 find out what's going on anyway because I haven't been in
8 the loop and I'm just interested in finding out what's
9 going on. Until people actually -- the Health Department
10 contacted me a year and a half ago and asked my opinion
11 as to what they should do so I've been in -- I've been
12 contacting them back and forth over the years. But
13 again, Dan is more -- is in that science panel and knows
14 exactly what's going on up to date. So I will talk to
15 him but I offer the CAP members can talk to him, too and
16 find out whatever information they want.

17 **MS. DYER (on telephone):** Yes, this is Terry again.
18 There -- the TCE blog, I don't know if you're familiar
19 with that, when y'all first started and everything, you
20 can get a lot of studies from around the country that I
21 think there might be something that we need to start
22 looking at. You might be able to get a lot of
23 information from that. And as far as Annie, hers was not
24 cancer. That's why I think it's so interesting. I
25 think, you know, if you can get the information from Tom

1 because it wasn't cancer. But they're still saying that
2 she was affected by it.

3 **DR. BOVE:** See, I did not -- this is Frank. I have never
4 heard of -- of a liver biopsy being able to determine
5 what caused it -- what chemical caused it unless we
6 already know what the person might have been exposed to
7 and either they worked with it or so on. I didn't -- it
8 seems to me that -- that the same damage that they saw in
9 the liver, and anyone can correct me if I'm wrong, could
10 be done by various types of chemicals or -- or alcohol or
11 whatever and it would not be clear what the cause of the
12 agent is just by looking at a liver biopsy. But we could
13 -- we could check that but certainly I wouldn't advise
14 anybody doing such a drastic test because it's not going
15 to indicate whether it was caused by TCE or any other
16 chemical as far as I know. And I've never heard it being
17 used for that purpose in the occupational or anywhere
18 else.

19 **MS. DYER (on telephone):** You indicated that Dan Warden
20 (phonetically), is that his name? Warden?

21 **DR. BOVE:** Wartenberg.

22 **MS. DYER (on telephone):** Wartenberg is not --

23 **DR. BOVE:** Let me spell you his last name. W-A-R-T-E-N-
24 B-E-R-G.

25 **MS. DYER (on telephone):** Okay. You indicated that he

1 was not with the ATSDR, right?

2 **DR. BOVE:** Right.

3 **MS. DYER (on telephone):** He is not?

4 **DR. BOVE:** No, he -- he is not an employee of ATSDR.

5 **MS. DYER (on telephone):** Okay. Well, who is the --
6 where is the office in the ATSDR that is working with the
7 Mattel situation? Is there an agency in the ATSDR or a -
8 - a committee or a group of scientists that are in charge
9 of that?

10 **DR. BOVE:** The -- Actually we're getting an echo in our
11 -- hold off for a second. Why -- Why are we getting
12 this echo?

13 **UNIDENTIFIED:** Yeah, we're getting a lot of feedback on
14 it.

15 **DR. BOVE:** I think -- I think there might be --

16 **UNIDENTIFIED:** We might have too many mikes open.

17 **DR. BOVE:** Excuse us for one second. We're getting an
18 echo.

19 **UNIDENTIFIED:** We are, too.

20 **DR. BOVE:** What I've been told is that there are too many
21 what -- too many of these mikes open?

22 **MR. STALLARD:** No, they're in different locations.

23 **UNIDENTIFIED:** Too close together.

24 **MS. DYER (on telephone):** Any speakerphones?

25 **UNIDENTIFIED:** Is anybody on speakerphones?

1 **MR. STALLARD:** Yeah.

2 **MS. DYER (on telephone):** I'm not.

3 **UNIDENTIFIED:** No.

4 **MR. STALLARD:** Well, something just changed. It just
5 changed.

6 **UNIDENTIFIED:** I just shut off speakerphone and went to a
7 private line.

8 **DR. BOVE:** That's what it was.

9 **MR. STALLARD:** All right.

10 **DR. BOVE:** Okay. Are we still --

11 **MS. DYER (on telephone):** My question -- My question is
12 what -- what -- who is the contact person in the ATSDR
13 that is working with the Mattel situation? The reason
14 I'm asking is because not only with the Mattel situation
15 but with other health studies or even litigation across
16 the country they always refer back to the ATSDR. And I
17 was under the -- I'm under the assumption that there is
18 somebody that's handling all these different PCE
19 questions from all these different cases because I'm
20 becoming aware that PCE is quite prevalent in our
21 community and it's not just in Camp Lejeune. It's
22 everywhere.

23 And the ATSDR is the source that these lawyers and
24 communities and doctors and everywhere across the
25 country, they're citing ATSDR. And Frank says and you

1 say that there is some guy named Dan who's not with the
2 ATSDR so I'm kind of confused.

3 **DR. BOVE:** Let me try to clarify this all together. Dan
4 Wartenberg did the meta-analysis on trichloroethylene
5 that was used in the EPA's risk assessment that still
6 hasn't seen the light of day. Dan has been involved in a
7 lot of different kinds of work that he's been -- done --
8 done a lot of work on trichloroethylene. He's on the
9 science panel that was organized for the Mattel situation
10 by the Health Department under our -- with our
11 recommendation that they do so, so he is a member of that
12 panel.

13 So he would be -- anything the Health Department
14 wants to do at Mattel they're going to go through that
15 panel. And that's why I said Dan would know more than I
16 would what's happening because I've been out the loop for
17 about a year.

18 **MS. DYER (on telephone):** Right. But he's not with the
19 ATSDR?

20 **DR. BOVE:** No, he's not with the ATSDR. Now, he -- he is
21 on our board of scientific -- or was on our board of
22 scientific counsel. He may still be which means -- which
23 is another review body. We use Dan quite a bit because
24 he's very good and because he's inde-- obviously he's
25 independent. He -- He's from Rutgers. That's also why

1 we use Dave and -- and Dick and a lot of other people,
2 too, who are very good as outside people to give us
3 advice, you know. So that's where -- that's where Dan
4 is.

5 **MS. DYER (on telephone):** Yeah, I think he's very
6 important because he has been working on it for a lot
7 longer than we have.

8 **DR. BOVE:** Now, as for ATSDR, we -- in my division there
9 is someone who is assigned to the state of Oregon. I
10 went to him and asked him what's happening with Mattel.
11 He said nothing at this point recently. So that's why I
12 want to talk to Dan Wartenberg about what's happening
13 recently myself because apparently the -- the Department
14 of Health is sort of going -- not -- bypassing us because
15 we can't offer them any money at this point. We don't
16 have any to offer and so that's -- so they've sort of put
17 us out of the loop and they're going directly to NIH and
18 EPA where there are sources of money to do the kinds of
19 work they want to do.

20 So that's why, you know, we're out of -- I'm out of
21 the loop. The person that's assigned Mattel in our
22 division is sort of out of the loop it sounds like to me,
23 too. The -- We have another division called the
24 Division of Health Assessment and Consultation which
25 would also be interested in what's happening in Mattel

1 but not on a -- would probably be out of the loop, too,
2 because now it's really an epi-- epidemiological study so
3 that's my division. So that's the situation right there.

4 Now, ATSDR is involved with a lot of sites that have
5 trichloroethylene. Almost every toxic waste site in the
6 country has trichloroethylene in it. And there's also
7 TCE problems in New York state in drinking water and I
8 think you've heard about Endicott --

9 **MS. DYER (on telephone):** Right.

10 **DR. BOVE:** -- and so on so there's a lot of different
11 sites and a lot of different people are assigned to those
12 sites. There's not one person who consolidates it all.
13 I think we're still getting an echo though.

14 **MS. DYER (on telephone):** Oh, I think we should
15 consolidate it all. Don't you see? That's the problem.

16 **DR. BOVE:** The consolidation gets done when we -- when we
17 do a toxicological profile which is a whole other issue.
18 When the toxicological profile is done on
19 trichloroethylene or any chemical the -- our division of
20 toxicology gets information from all -- all the human
21 studies, all the animal studies, and -- and summarizes it
22 and -- and -- and interprets it. So that's when --
23 that's where all this summarization comes in.

24 **MR. ENSMINGER (on telephone):** Yeah.

25 **DR. BOVE:** Yeah. That's another issue. We can talk

1 about the tox profile sometime; in fact I talked to you
2 about that, Jerry, already.

3 **MR. ENSMINGER (on telephone):** Yeah.

4 **DR. BOVE:** So we -- if you want to we'll -- we'll do
5 that. But -- And what the NAS is -- is going to be
6 asked to do in your amendment sounds like an effort to
7 bring together all the literature summarizing it so
8 that's good, too, that another entity is -- is going to
9 be doing that. I think that's great.

10 **MR. STALLARD:** This is Christopher. Are we ready to move
11 on now with the update from Frank?

12 **MR. ENSMINGER (on telephone):** Yeah.

13 **MR. STALLARD:** Is Chris on the line? Dr. Rennix?

14 **DR. RENNIX (on telephone):** I'm here. Sorry. I had you
15 on mute.

16 **MR. STALLARD:** All right. Thank you.

17 **DR. BOVE:** Well, you're going to have to be off mute
18 soon.

19 **DR. RENNIX (on telephone):** I'm off mute. I've
20 definitely got you off mute.

21 **MR. STALLARD:** All right.

22 **DR. BOVE:** Move on.

23 **MR. STALLARD:** Right.

24 **DR. BOVE:** I hope I've answered all your questions here.
25 If not we'll -- we'll get back to it. But I -- let's --

1 let me explain what we did Monday and Tuesday of this
2 week.

3 **MR. MARTIN (on telephone):** Excuse me. Dr. Bove, this is
4 Dave Martin. Is Dr. Wartenberg, is he with the
5 University of Medicine of -- and Dentistry of New Jersey?

6 **DR. BOVE:** Right, Rutgers.

7 **MR. MARTIN (on telephone):** Okay. Medical School?

8 **DR. BOVE:** Right. That's him. Okay.

9 **MR. MARTIN (on telephone):** I'll have some information
10 for everybody before this is over.

11 **MR. TOWNSEND (on telephone):** Tom Townsend here.

12 **MR. STALLARD:** Yes, Tom. We're about ready to go into
13 Frank's presentation on --

14 **MR. TOWNSEND:** This will be very quick. The -- The
15 needle biopsy for my wife, Ann was done a year ago, and I
16 don't -- it was done by a lab 100 miles away. I don't
17 think that they actually -- honestly they did not say
18 there was a direct correlation between whatever they
19 found in -- in the biopsy and -- and it was not cancer.
20 It was lymphatic cirrhosis and that there isn't -- that's
21 why on Hippel Von Lindau (sic). I thought maybe they --
22 they had a way to discriminate between effects.

23 But we'll -- we'll -- we'll do -- doing that at some
24 point in time and -- which I -- it was interesting to see
25 that. I -- I -- I was curious how -- how a laboratory

1 would come up with a -- with a writing in the biopsy
2 statement about trichloroethylene. But I -- they may --
3 they may have had knowledge of her exposure in the past
4 so it's not a -- it's not a 100 percent check. Over.

5 **MR. STALLARD:** This is Christopher. Thank you, Tom.
6 Over.

7 **DR. BOVE:** Thanks, Tom.

8 **UPDATE ON EPIDEMIOLOGIC ACTIVITIES/DISCUSSION**

9 **DR. BOVE:** Okay. We went to -- we meaning --

10 **UNIDENTIFIED:** Can't hear you, Frank.

11 **DR. BOVE:** Okay. Is this mike on?

12 **MR. STALLARD:** Yeah. You've got to talk right into it.

13 **DR. BOVE:** All right. On Monday Richard Clapp, myself,
14 Chris Rennix and -- and Capt. Otte met with the Naval
15 Health Research Center which has the CHAMPS database. If
16 you remember I think in our first CAP meeting I
17 distributed a sheet of paper which had -- what CHAMPS was
18 and what kind of data they had with -- what we had in our
19 housing records and what we had in the DMDC data so if
20 you have that that's helpful. If not, that's fine. I'll
21 -- I'll go over this stuff.

22 Anyway we met with them to talk about what their
23 CHAMPS database could do for us and the -- and again if -
24 - if Chris or -- or Dick want to jump in, that's fine.
25 But what we found was that the database for

1 hospitalizations, and that would be a one-day
2 hospitalization minimum, starts in 1980 for the Marines.
3 And therefore it would not pick up hospitalizations
4 obviously before 1980.

5 It probably would be most useful for those who have
6 had relatively long-term service although the -- after
7 1980 there would be some who didn't have long-term
8 service also in that database if they were hospitalized
9 for a certain disease. So what we thought we might do
10 with this database is to pick some ICD9 disease codes for
11 particular diseases we thought would be captured well by
12 this database. That is they are likely to lead to
13 hospitalization for at least one day. And asked the
14 CHAMPS people to give us frequencies of those diseases in
15 a database for Marines or even for the entire database
16 that they have just so we get a sense first of all how
17 many they have and whether it would -- might -- it would
18 be feasible if we had enough numbers that it would be
19 useful to study. So that's --

20 **MS. DYER (on telephone):** Hi, this is Terry.

21 **DR. BOVE:** Yeah.

22 **MS. DYER (on telephone):** Can you please give some
23 examples of those that you're going to ask for or --

24 **DR. BOVE:** The first example, and -- and -- and Dr. Clapp
25 is going to also look into this, too, is particular

1 kidney diseases that might be useful because there's been
2 an association with kidney cancer and also there's been
3 some evidence that other kidney diseases besides cancer
4 might be related to trichloroethylene. Liver diseases we
5 were thinking about as well.

6 In fact any diseases that would lead to one day
7 hospitalization so you have to think hard about what
8 kinds of diseases they are that would lead to that. I
9 would -- I would actually like to look at some of the
10 immunological diseases, you know, because there has been
11 some association with lupus and other autoimmune diseases
12 for example.

13 But we -- But that's -- that's the next task is to
14 identify which of these diseases might be captured well
15 by the CHAMPS database and get an idea of how many they
16 have, how many cases of that disease they have in that
17 database among the Marines and then in general and then
18 trying to see if that makes sense. Because what they
19 have in the CHAMPS database, for every person in that
20 database they have all the DMDC data on that person in
21 chronological fashion so we can get a sense of who -- who
22 in that -- when to -- who -- who was stationed in Camp
23 Lejeune and who wasn't. That would be useful.

24 Although we did find out in our discussions that
25 probably many if not most Marines probably had some

1 exposure to Camp Lejeune, not necessarily to the -- the
2 contaminated drinking water but to Camp Lejeune, to
3 training courses and other courses that they had on the
4 base. So there's going to be some uncertainty in that
5 sense.

6 But -- But the database may be useful for that
7 purpose. So the drawbacks for that database are again
8 that it will be -- it probably will be better for long
9 term service people than -- than shorter term service
10 people and it may be small numbers of a particular
11 disease that we might be interested in. And again it's
12 limited to hospitalizations. It doesn't have outpatient
13 data until the '90s. Okay.

14 So I think we can do something with this database
15 and -- and -- and that's basically what we can do with it
16 at this point is to look at those who have longer served,
17 who had -- were hospitalized that were in that database.

18 **MR. MARTIN (on telephone):** Frank, this is Dave Martin.

19 **DR. BOVE:** Yeah.

20 **MR. MARTIN (on telephone):** Just to clarify something.

21 Is that only for military personnel or is that dependants
22 as well?

23 **DR. BOVE:** It would be as far as I know only for military
24 personnel. Chris, do you have any --

25 **DR. RENNIX (on telephone):** That's correct. It's only

1 military.

2 **DR. BOVE:** Yeah.

3 **MR. BYRON (on telephone):** Frank, this is Jeff Byron.

4 I'd like to know when -- when you're looking for these
5 individuals, say me as a veteran I had can-- say kidney
6 cancer in the '90s. I go into a hospital; I stay for a
7 week for it and they treated me or whatever they did.

8 You're saying that even though I'm not active service
9 that I was a -- that I spent my four years there in the
10 '80s and have been out since '85, that that should come
11 up that I should be out of the CHAMPS database?

12 **DR. BOVE:** It would only be for those that are active at
13 the time they are in.

14 **MR. BYRON (on telephone):** Okay.

15 **DR. RENNIX (on telephone):** Where would you propose you
16 received your treatment?

17 **MR. BYRON (on telephone):** Well, I'm just saying that if
18 I had -- had treatment it would have been in the civilian
19 world.

20 **DR. BOVE:** Yeah, we wouldn't -- we wouldn't --

21 **MR. BYRON (on telephone):** You wouldn't have -- you
22 wouldn't pick that up.

23 **DR. BOVE:** No.

24 **MS. DYER (on telephone):** How about the VA hospital?

25 **DR. BOVE:** VA's are different.

1 **MR. BYRON (on telephone):** Yeah, right. I mean they
2 wouldn't even ask me if I was a Marine more than likely
3 if I'm out for ten years or more.

4 **DR. BOVE:** Even then the DMDC database when the service
5 was.

6 **DR. RENNIX (on telephone):** There is an effort -- this is
7 Chris Rennix, I'm sorry. There is an effort to get a
8 Congress's mandate that the DOD healthcare database talk
9 to the VA database. There's been some experimentation
10 with maybe within a year we'll be able to share
11 information back and forth so right now they're
12 different. The VA's a different agency from Department
13 of Defense so our systems are different.

14 **MR. BYRON (on telephone):** Right.

15 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
16 Is there a -- a VA database by chance?

17 **DR. RENNIX (on telephone):** Yes. A VA database of
18 hospitalizations.

19 **MR. ENSMINGER (on telephone):** Is anybody reviewing that?
20 Frank?

21 **DR. BOVE:** Well, what I -- what I heard over -- and --
22 and this is Frank. And what I remember from the meeting,
23 and Chris again, and Dick, correct me if I'm wrong, is
24 that they haven't had much success using the VA database,
25 the CHAMPS people. And that the CHAMPS data is probably

1 better. Am I correct on that?

2 **DR. CLAPP (on telephone):** Yeah, that's what they said.
3 This is Dick. And they also said that the VA is for sort
4 of a limited subset of veterans whereas the chances for
5 those that are in services would be everybody.

6 **DR. BOVE:** Now, let me explain one thing to people
7 because, you know, this is all discussion. But remember,
8 we don't have to study everybody in order to be able to
9 establish an association between a particular disease and
10 exposures at Camp Lejeune.

11 What we need to have is good data. It can be very
12 small subset -- well, it can't be too small but it could
13 be a small subset of all the people that were ever
14 exposed at Camp Lejeune and we can still make, if it's a
15 good study, a -- a credible evidence towards an
16 association if one's there so --

17 **MS. DYER (on telephone):** Frank, this is Terry Dyer.

18 **DR. BOVE:** Yeah.

19 **MS. DYER (on telephone):** How many people are you -- what
20 -- what is the number that you're looking at to do a
21 study?

22 **DR. BOVE:** Yeah, that was the -- This is Frank.

23 **MS. DYER (on telephone) :** Over.

24 **DR. BOVE:** Yeah, right. Over. This is Frank. I was
25 asked that question by actually a couple of people in the

1 last two days and it really depends on the number of
2 people, the number of cases of the disease, the kind of
3 study design we have so I can't answer it exactly. It --
4 We would do a power calculation which -- which would tell
5 us if we had good statistical power to detect something
6 if something was really there.

7 **MS. DYER (on telephone):** Frank, this is Terry again.
8 We've got 1,000 people on the STAND website, 1,000 people
9 that lived at -- that lived at Camp Lejeune that have got
10 these diseases and even more that you're talking about.
11 Why can't we start with those 1,000 people? Over.

12 **DR. BOVE:** Do we have -- this is Frank. Do we have
13 medical records on all the diseases that they claim that
14 -- on your website?

15 **MS. DYER (on telephone):** Frank, this is Terry. That is
16 something that we would have to get from them just like
17 it is something you would have to get. But you've got
18 1,000 people that are at our -- that we can contact and
19 we can go with.

20 Do you not have to go to all these other databases
21 and find them? You got 1,000 people and we'll get their
22 medical records. But instead of trying to come up with
23 all these others, we've got 'em. They've got a list of
24 the diseases. We've given the list to the doctors that
25 were on the -- on the last panel that we had. And what

1 we were told by Ozonoff and some of the other ones was
2 that, yes, these illnesses that we were listing, we're
3 seeing these. So you got 1,000 people that we could get
4 in contact with. Why don't we go with that? Over.

5 **DR. BOVE:** The answer to that is -- my answer anyway is
6 that with the CHAMPS data we have verified outcomes.
7 With the cancer registries which ^ needs to pursue they
8 are verified outcomes. With the National Death Index
9 they are verified outcomes. If you're looking for a
10 study that has credibility, that's the kind of study you
11 want. Now, if -- we had trouble even with our case
12 control study, the people doing the survey saying that
13 their child had the particular birth defect or cancer and
14 we found out that many of them did not. Now, that -- we
15 need to verify these -- these diagnoses in order for the
16 study to have the kind of credibility you want and the
17 kind of -- the kind of impact in the scientific community
18 that we want.

19 **MR. BYRON (on telephone):** This is Jeff. So what you're
20 saying, Frank, is they make a registry, they're a
21 verified case? You don't have to go through the
22 background information, get medical records and search
23 it. You guys can come up with the numbers well before
24 that?

25 **DR. BOVE:** I'm not -- And finally, I'm not going to rule

1 anything out. I'm just -- I'm just -- All I was trying
2 to do right now is trying to tell you what we found in
3 this trip and what the CHAMPS -- at least in this case
4 the CHAMPS database could do for us.

5 Let's hold off on -- on discussing what other --
6 what other data there are and what other types of studies
7 could be done because that's a longer discussion. So
8 even though I just said what I said about the -- the data
9 that Terry mentioned, I'm not going to keep my -- I'm not
10 going to close my mind to that either. Okay? We'll --
11 We'll get to -- we need to have a discussion of that and
12 I want others to be involved in that discussion because,
13 you know, I may -- I can be persuaded that I'm wrong,
14 okay? And I'm willing to be persuaded in that case.
15 Hold on. What?

16 **DR. RENNIX (on telephone):** Frank, I think the one that -
17 - this is Chris Rennix, I'm sorry. One of the issues
18 that I think people need to understand, we need a lot of
19 the same disease in order to do a credible study from
20 whatever population we look at. We're looking at from
21 '80 to '85, you know, hundreds of thousands of potential
22 cases in the Marines, potential people in the Marines to
23 find cases versus 1,000 people local that may only have
24 five or six or ten. We need, you know, literally
25 50/60/70/80 cases to do a good study.

1 **MS. DYER (on telephone):** This is Terry Dyer. I found
2 that information. To say that we don't have that is just
3 incorrect. We've got that. We've got 50 to 80 people on
4 our website that have had some of the diseases that
5 you're talking about.

6 **DR. RENNIX (on telephone):** So we would have to go to
7 their physician and then request them to verify using
8 either a laboratory result or some sort of autopsy or
9 whatever that gives us a valid diagnosis.

10 **MR. BYRON (on telephone):** Okay. Pardon me, guys. This
11 is Jeff again and I'm --

12 **MS. DYER (on telephone):** I'm talking people that are
13 sending in their medical records to the department.

14 **MR. BYRON (on telephone):** Exactly.

15 **MS. DYER (on telephone):** Why wouldn't they not turn
16 around and send their medical records? I mean we can
17 have -- email these people and the ones especially --
18 Karen and I have gone through and we categorized them by
19 state and it's not just local. We've got people out in
20 California, Arizona, Washington state, all over the
21 United States that are on our registry and they have got
22 the diseases you're talking about. So why can't we get
23 them to get their medical records and send them to the
24 ATSDR and -- and -- and start -- start a registry that
25 way?

1 **MR. STALLARD:** Okay. End. This is Christopher. Frank
2 has already said that we need to have a discussion of the
3 thousand on the STAND website and we're going to do it.
4 Okay? We're going to have a discussion on next steps and
5 topics after Frank has finished with his presentation of
6 what they found out, he and Dick and Chris, when they
7 went on this site visit. So we're going to proceed right
8 now. Hold your thoughts. Write them down and we'll come
9 back to the topics that we need to follow up for future
10 activity. Over. Frank?

11 **DR. BOVE:** Yeah, thanks. Thanks. Okay. And then the
12 next day we went to the Data Manpower Defense -- Defense
13 Manpower Data Center in Monterrey -- Seaside, California.
14 There I had already sent them a small subset of the
15 family housing records that had been entered for Nancy
16 Sonnenfeld's, the first study that was done at Camp
17 Lejeune. So that was about 12,500 records or so which
18 had the name of the sponsor for the housing, the dates
19 that the person occupied or left the house, the street
20 address and the rank of the person.

21 I sent it to them so they could start match -- a
22 matching process to see how successful they would be.
23 They actually hadn't done the match yet but asked me to
24 see if I could add to what I sent them, date of birth.
25 And I think I can do it for up -- I have -- had about

1 12,500 records. I think only about 300 do not have the
2 father's in many cases -- in most cases -- date of birth.
3 So I will get them that data so -- so that was the first
4 thing. We gave them the housing records. We wanted to
5 see if they could match them and they will -- they'll
6 work on that once I get them the additional information.

7 They went through the various databases that they
8 have there and the gist of it all, and again Dick and
9 Chris can chime in whenever, is that the best we can do
10 with this database is identify people from the mid-'70s
11 on, and -- and people being active military, reserve,
12 civilian occupation although they may or may not have
13 full name until a little bit later than the mid-'70s. As
14 for family members linked to a sponsor, my notes tell me
15 that that started in 1988, so that's unfortunate.

16 So what -- what I think we will do working with
17 Chris -- working with Chris and Dick on this is I would
18 like to put together in tabular form or matrix form the
19 database that they have, who could be identified with it,
20 when it starts and the period it covers, what data items
21 are in it so we all know what's in these databases and
22 what they can do for us in terms of identifying who was
23 there and -- and who as not there, and any comments about
24 what we think the database could be used for as well. So
25 I'll be working with Chris and Dick on that.

1 Let me look over my notes. I think that -- so that
2 was the gist of it is that mid-'70s at best. Now, there
3 was one other data set that the DMDC folks have not
4 worked with. It's the dataset that Chris actually
5 mentioned either at the science panel meeting way back
6 two years ago now, February or whenever it was, and that
7 is a database that goes into the '60s that's -- that may
8 be text files or may be in binary format that could only
9 be accessed by experienced programmers who know the old
10 programming languages. So we're going to pursue that as
11 well because we'd like to get back -- as far back in time
12 as we can.

13 There -- There was an Agent Orange study which I
14 pointed out to people which stated that all Marines from
15 1967 to '69 were identified in a computer file that was
16 given to the researchers by the Marine Corps. So we will
17 see what we can do to find data like that goes back
18 before the mid-'70s.

19 We went over what kinds of data items we want and
20 the list of items were of course full names, Social
21 Security number, date of birth, sex, race, ethnicity,
22 level of education, rank, whether they were in Vietnam or
23 not, their start and stop dates in the service, the unit
24 codes. And they also have a death file indicator which
25 is a separate file, death indicator, death file they get

1 from Social Security I think. And although they don't
2 rely on that file to definitively say the person died
3 apparently, it still would be a good indicator that we
4 went to the National Death Index for military personnel.
5 So that's -- that's about it from my end. Do you want to
6 add anything, Chris or Dick?

7 **DR. CLAPP (on telephone):** Yeah, this is Dick. There was
8 a discussion about comparing Camp Pendleton, marines who
9 went through Camp Pendleton with Marines who went through
10 Lejeune and just for their -- I guess for their basic
11 training. And that I thought was something that the
12 folks at the naval center thought they could do quickly
13 and, you know, would be a search -- easy comparison to
14 make.

15 **DR. BOVE:** Right.

16 **DR. CLAPP (on telephone):** They were -- they were pretty
17 cooperative I would say, you know, the people we met
18 with, well, both days but the people who managed the
19 CHAMPS database seemed to be open to doing this.

20 **MR. ENSMINGER (on telephone):** This is Jerry. We ^ Camp
21 Pendleton ^. ^ San Diego ^ Paris Island ^.

22 **DR. CLAPP (on telephone):** Yeah, I misspoke.

23 **MR. ENSMINGER (on telephone):** And when they do go to
24 Camp Lejeune for their individual infantry training
25 regiment. That was over in Camp ^ which was not ^

1 contaminated water.

2 **MS. DYER (on telephone):** ^ Johnson ^ school ^

3 **MR. ENSMINGER (on telephone):** Well, that was after --
4 after initial training. So you have to get the people
5 that went to -- went to the Marine Corps Service Support
6 School in Camp ^ and you have to delineate who got
7 stationed in Camp Lejeune. When you're picking out
8 people who were stationed at Camp Pendleton you got to
9 make sure they were never stationed at Lejeune.

10 **DR. RENNIX (on telephone):** Yeah, but -- and they have
11 the history of -- this is Chris Rennix -- they have the
12 history of their assignments, the personnel file back to
13 -- if we do a cohort study then we're going to be limited
14 to back to the '70s. If we do a case control study we
15 might could go back to the middle '60s. But we'll have
16 that assignment history and then we'll know. We can have
17 one group that never touched Camp Lejeune for less than -
18 - I mean more than six months and compare them to the
19 ones that did go to Lejeune. Regardless of what water
20 they drank ^ difference in the population.

21 **MR. ENSMINGER (on telephone):** Yeah, yeah, yeah.

22 **DR. RENNIX:** And then -- And then start dicing that up
23 if you see a difference.

24 **MR. ENSMINGER (on telephone):** Yeah.

25 **MR. BYRON (on telephone):** Is that regardless of what the

1 water condition was at Pendleton and Lejeune?

2 **DR. RENNIX (on telephone):** Well, it seems so. Since
3 Pendleton wasn't studied, it didn't have a site like
4 this, maybe there wasn't contamination. We don't know
5 that. We have to assume that it was not the same
6 experience.

7 **MR. ENSMINGER (on telephone):** Yeah.

8 **MS. DYER (on telephone):** This is Terry Dyer. Please
9 give your name.

10 **DR. RENNIX (on telephone):** I'm sorry. This is Chris
11 Rennix. The -- The basic was we struck these studies is
12 to look at just basic difference in the populations and -
13 - and if there is no difference then we're stuck with
14 case control studies. If there are some differences then
15 we can do the mortality and cancer large groups that
16 might give us more information.

17 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.

18 **DR. RENNIX (on telephone):** Chris Rennix, over.

19 **MR. ENSMINGER (on telephone):** Was the -- Was one of the
20 parameters you gave these people whether or not these
21 people were married and whether or not they were in
22 assigned to base housing?

23 **DR. RENNIX (on telephone):** That would be in their
24 personnel records so yes, there would be a spouse -- this
25 is Chris Rennix, I'm sorry. That would be the spouse

1 entry on their personnel records.

2 **MR. ENSMINGER (on telephone):** They should also be able
3 to tell you whether or not the people were assigned to
4 housing because, you know, let's face it, when you're
5 assigned to housing they charge you ^

6 **DR. RENNIX (on telephone):** We -- This is Chris Rennix.
7 We talked to them about the pay record and when the --
8 the basic allowance for housing was recorded in the pay
9 record. And it was not as far back as we would hope
10 because many Marines -- it was considered back it was
11 pre-housing so there wasn't an entry on your record. It
12 was just considered like an entitlement.

13 **MR. ENSMINGER (on telephone):** What?

14 **DR. RENNIX (on telephone):** This is them talking, okay?
15 I don't think they've to ask this -- how to answer this
16 question but that's how they try to explain it today.
17 I've seen the pay records. There's a DAH stop and start
18 time so when we get that data we'll take a look at it.

19 **MR. ENSMINGER (on telephone):** Okay.

20 **DR. BOVE:** Yeah, I thought the -- this is Frank. The pay
21 files didn't start until '83. That was another issue.

22 **DR. RENNIX (on telephone):** Look at the --

23 **DR. BOVE:** (unintelligible)

24 **DR. RENNIX (on telephone):** That -- That's right. The
25 pay records did not start -- the computerized pay

1 records.

2 **DR. BOVE:** Computerized, yeah.

3 **MS. DYER (on telephone):** This is Terry Dyer.

4 **MR. BYRON (on telephone):** This is Jeff Byron.

5 **MS. DYER (on telephone):** Did anyone check with the
6 Lejeune high school? Over.

7 **MS. RUCKART:** Terry, this is Perri Ruckart. The contact
8 name that you provided, she is not the superintendent of
9 the school. And I called the number and asked to speak
10 with the superintendent and they put me through to
11 somebody's voicemail. I'm not clear if that was the
12 secretary of the superintendent or the superintendent
13 herself, and I have not heard back. That was just last
14 week so I'm going to give some time before I call back.
15 Over.

16 **MR. BYRON (on telephone):** This is Jeff Byron. I sent
17 you an email concerning some paperwork that comes with
18 your discharge papers that state where you live. Is
19 there anything else --

20 **DR. RENNIX (on telephone):** Chris Rennix here.

21 **MR. BYRON (on telephone):** Over.

22 **DR. RENNIX (on telephone):** I have a Marine Corps colonel
23 that's at the DMDC, to be looking into the form that you
24 sent me. And that we know is going to be in the
25 microfiche record that's at the National Personnel

1 Records Center but it probably is not digitized for
2 searching capability. There were -- something else took
3 its place. And again DMDC has not been given that data
4 field to archive so -- but in the personnel record it has
5 a field for your -- your assignment, unit and the start
6 date and stop date of that unit so I'm not sure how far
7 back it goes. But again, they've looked at the records.

8 **MR. BYRON (on telephone):** Okay. This is Jeff Byron.

9 And this is for those community representatives.

10 Whatever avenues privately and in the private sector have
11 you found? And as an example weservetogether.com is a
12 list of 40,000 Marines, my understanding. And I'm sure
13 that there's plenty of other websites out there that
14 lists Marines in their registry. And however the Marine
15 Corps wants to, once the water modeling data comes out
16 and it does indicate that people were exposed, how -- how
17 open to contacting these organizations and searching out
18 the individuals that were exposed and their family
19 members are you going to be?

20 Because I don't feel that -- in the past I've tried
21 to contact these organizations and they felt offended
22 because I had put what had happened to my family and so
23 forth and they didn't feel that was the right avenue.
24 Well, that's only because it came from a private person.
25 And the DOD or the Marine Corps itself have the

1 commandant send a letter to the website administrator
2 then maybe they would put the notice that that has
3 occurred at Camp Lejeune and we could find people, make a
4 much larger database, one that would be more accurate.

5 **MR. ENSMINGER (on telephone):** Yeah, hey, this is Jerry
6 Ensminger.

7 **MR. BYRON (on telephone):** This is Jeff. Over.

8 **MR. ENSMINGER (on telephone):** This is Jerry Ensminger.
9 Jeff just hit on a very key point. Colonel Tencate?

10 **LT. COL. TENCATE (on telephone):** Yes, I'm here.

11 **MR. ENSMINGER (on telephone):** This amendment, this
12 requires notification.

13 **LT. COL. TENCATE (on telephone):** Right.

14 **MR. ENSMINGER (on telephone):** And this is a good
15 official place to -- to bring this out and have it made
16 part of the record. What Jeff just mentioned is a very
17 good idea and it's one of those things that I think the
18 Marine Corps should be looking at whenever it comes time
19 for this notification portion of this amendment to get
20 done.

21 **MR. BYRON (on telephone):** And this is Jeff again and I'd
22 like to say that I would like to be able to review
23 whatever information is passed on to these groups to make
24 sure that it's put in the light that it should be. As
25 one of the affected members, if anybody else feels that

1 way I think they should speak up.

2 **MR. ENSMINGER (on telephone):** Well, all CAP should be
3 involved.

4 **MR. BYRON (on telephone):** Yeah, all CAP should be
5 involved. The reason I say that is because some you
6 know, goes into the amendment and that clears that and it
7 goes to notification. Is CAP going to be involved in
8 that aspect of the DOD's, you know, legislation that they
9 have to enforce or -- or is CAP left out? I don't think
10 that that would be fair to the victims in this incident
11 personally.

12 **MR. ENSMINGER (on telephone):** And this is Jerry again.
13 In -- In light of this -- this subject being brought up
14 that was one of the things I wanted to recommend also
15 during this CAP meeting that ATSDR director write a
16 letter to the Secretary of Health and Human Services to
17 go to the Secretary of Defense which will require A --
18 ATSDR be tied into this notification issue so that ATSDR
19 may be able to capture some information for group study.

20 **LT. COL. TENCATE (on telephone):** Jerry, this is Mike. I
21 believe the language of the proposed amendment says that
22 upon completion of ATSDR's study --

23 **MR. ENSMINGER (on telephone):** Yes.

24 **LT. COL. TENCATE (on telephone):** -- the Marine Corps --

25 **MR. ENSMINGER (on telephone):** That's the current study.

1 **LT. COL. TENCATE (on telephone):** Yes, exactly.

2 **MR. ENSMINGER (on telephone):** Uh-huh.

3 **LT. COL. TENCATE (on telephone):** The only one we got
4 going right now.

5 **MR. ENSMINGER (on telephone):** Yes.

6 **LT. COL. TENCATE (on telephone):** Upon completion of that
7 study we will do a general notification in conjunction
8 with ATSDR because a lot of the information that will go
9 out in that notification will be coming right from the
10 scientists.

11 **MR. ENSMINGER (on telephone):** Yes, I got the amendment
12 right here in front of me but it does not tie in ATSDR as
13 being -- having a hotline.

14 **LT. COL. TENCATE (on telephone):** I don't think it goes
15 into those specifics.

16 **MR. STALLARD:** Okay. Check -- Check -- Check. This is
17 Christopher. We've gone off on a tangent here that we're
18 going to get to in the discussion as soon as we are
19 complete with the presentation by Frank, Chris and Dick
20 on their visit and issues related to that.

21 I have on the table for discussion the thousand
22 people on the STAND website and the notification --
23 amendment to the notification and all that stuff we're
24 talking about now. So please hold those thoughts for the
25 discussion when we're finished with Frank's presentation.

1 Over. Frank?

2 **DR. BOVE:** Let me just say this because I -- I -- I've
3 talked about this to Jerry informally and then we'll go
4 on. And that is I think we should think about all kinds
5 of information that might be useful for the future
6 studies and have -- and try to put it all together in
7 some kind of format when -- when we have all the -- the
8 information together and just see what kinds of
9 information we still need. And that would -- and the
10 idea of using the notification as one way of getting
11 information to ATSDR might be useful or it might not be
12 useful. I'd like to have a discussion first before we --
13 I ask Dr. Frumkin to -- to -- to request anything here.

14 I think we still -- right now we're still trying to
15 figure out what data are available. The actual
16 discussion about what studies might make sense to do and
17 how we would do them is still needs to be done. But I
18 think before we do that we still need to know what --
19 kind of what the universe looks like, what -- what data
20 are available. And that's why we went to DMDC and CHAMPS
21 because we had some preliminary information but we needed
22 to really hear it from them themselves as to what they
23 had and to push them a little bit like we did, pushed
24 them quite a bit to -- to -- to respond to questions they
25 may never even have thought of would be asked of them in

1 this process. So that's what we were doing out there.

2 And I still think we need to have discussion about
3 what kinds of studies would be worth doing once we know
4 the kind of data we have or need to get. There will
5 probably be differences of opinion amongst myself, Chris
6 and Dick on -- on this and -- and would be good to hear
7 that, and also get the input and feedback from everyone
8 else on the CAP as well so that needs to happen but not
9 right this minute because we still need to pinpoint what
10 data are still available. We want to hear from -- about
11 the school records as well because that's an important
12 piece. And I want to find out how well DMDC can mesh
13 with our -- our family housing records because as we
14 talked about in the last CAP meeting and as Dr. Clapp
15 mentioned, that could be our key cohort is the family
16 housing records themselves. And that's -- I thought it
17 was an interesting proposal and I want to see just how
18 feasible it is and see what DMDC can do with that data.
19 And so that -- that's -- I think that's all I had to say
20 about the trip and where we're at right now.

21 **MR. MARTIN (on telephone):** Well, this is Dave Martin. I
22 have one question that, correct me if I'm wrong, up to
23 this point with your trip and the investigation into
24 these different databases and everything we're only
25 talking about active duty military or Marine Corps Navy

1 personnel; is that correct?

2 **DR. BOVE:** For the most part, yeah.

3 **MR. MARTIN (on telephone):** Okay. What as far as
4 dependants then, and that's obviously for the group that
5 I'm associated with, we are -- we were not active duty.
6 We were the children, we were the wives, we were the
7 whatever's left of the -- the surviving military
8 personnel at that point. These -- This record agency in
9 Kansas City or St. Louis or wherever it is that
10 supposedly have our dependant records, can it not be
11 requested of them or anybody that was -- or any records
12 that were sent to them from U. S. Naval Hospital at Camp
13 Lejeune from 1968 to 1980 be sent to the ATSDR?

14 And I know personally, this is off my rather unique
15 case but this is -- this, in the case of my mother, you
16 know, that should be a record, somebody you should be
17 able to grab hold of because it was the size of an
18 encyclopedia and there were only three other test studies
19 going on at the base hospital at that time for all
20 dialysis which was a brand-new experimental medical
21 treatment form at that time.

22 Yet the only records I've been able to get are old
23 records that my father had boxed up that show very little
24 from the Marine Corps but quite a bit from Duke
25 University Medical Center and bills from Chambis

1 (phonetically) and everything else.

2 You know, it just seems really strange. I mean you
3 had three people in the entire state of North Carolina
4 that were all -- and this just goes by my recollection
5 back to the age of 14 actually but three people that were
6 on a home dialysis study that were working between U. S.
7 Naval Hospital and Camp Lejeune and Duke University and
8 the records are -- are unobtainable. You know, there's -
9 - there's other indications that really the water
10 modeling and sampling and everything else isn't going to
11 do a whole lot as far as where I'm concerned because the
12 -- the blood was filtered through a solution of
13 contaminated water and saline and put back into the body
14 intravenously. There is no ^ was involved in. But we're
15 having a very hard time getting dependant medical
16 records. And really I'm at a loss. If anybody out there
17 can help me and direct me in which way I should go to try
18 to find these things out, I'm open to suggestions.

19 **MS. DYER (on telephone):** This is Terry Dyer. Also I
20 guess now is the time to mention that when we're talking
21 about dependants and we're talking about the military
22 personnel we've seen from just the people that have
23 contacted us that a lot of these guys, they were
24 overseas. They weren't even home drinking the water.

25 That's why you're getting their wives and their

1 children that are so sick. And -- But the Marines are
2 like, well, it didn't affect me. You know, I really
3 haven't had any problems but boy, my kids have been sick.
4 Well, my wife has been sick. So I know that going after
5 these military records is necessary for the Marines but
6 also, I mean these dependants are really important just
7 for the fact that they were there.

8 **DR. BOVE:** Right. And no one -- this is Frank. No one
9 is doubting that. The question before us is how we can
10 identify them and study them. And that -- That's --
11 There's no question about it. The cohorts that are
12 mentioned by the science panel way back in February in
13 Atlanta it was --

14 **UNIDENTIFIED:** 2004.

15 **DR. BOVE:** Thank you.

16 **MS. DYER (on telephone):** '05 -- '05.

17 **UNIDENTIFIED:** Oh, 2005. I'm sorry.

18 **DR. BOVE:** -- mentioned several cohorts. All of them are
19 interesting to study. The question is how can we study
20 them? Is it feasible to study them? What data we can
21 find to study and do -- do the studies that -- that are
22 going to be credible, that will have impact not only in
23 the science arena which is where our concern is, but you
24 have other concerns as well in the legal arena. And so
25 that's -- we want to -- we want to do something that will

1 be effective, okay? And that's what we talked about last
2 -- last time, too. So that's -- we need to go through
3 and see what data there are. And we may not be able to
4 study one or more of these cohorts because we can't do a
5 study that's effective. And we'll -- but we'll -- we'll
6 reach that conclusion as a CAP after discussion --

7 **MR. ENSMINGER (on telephone):** Well --

8 **DR. BOVE:** -- when we all see -- after we all see that
9 that's the case. And we're not ruling anything out,
10 absolutely not ruling anything out at all. We just
11 started the process.

12 **MR. MARTIN (on telephone):** Right. This is Dave Martin
13 again. But don't we need to identify those dependant
14 health records in order to do a study? And where are
15 those records located?

16 **MS. DYER (on telephone):** Dave?

17 **MR. MARTIN (on telephone):** That's what I'm saying. I
18 mean you have thousands of military dependants that the
19 Marine Corps had all the medical records up to a certain
20 time when our fathers retired or -- or whatever and --
21 and now we have no history, no medical history.

22 **DR. RENNIX (on telephone):** Okay. Let me do a little --
23 this is Chris Rennix. Let me do a little summary of the
24 family member health records. They are kept before 1983,
25 which is when most of these records will be, they are

1 kept in boxes up at the National Personnel Records Center
2 and each -- each box has a number on it that is -- is
3 tracked by the facility that shipped the records there.

4 **MR. MARTIN (on telephone):** Okay.

5 **DR. RENNIX (on telephone):** These are the health records.
6 Not the -- the inpatient records is not always retained.
7 It's rare that it is. It's normally destroyed after two
8 or three years because that information is supposed to be
9 transferred to the -- the regular health record. So if
10 we were going to pursue that it would require a manual
11 extraction of information from the record. That --
12 That's what it would take. So you're looking at a very
13 laborious --

14 **MR. BYRON (on telephone):** Pardon me. This is Jeff. I
15 believe you could find most of the people by 95 form
16 which means that if that's the case the DOD would have
17 already started gathering those records for those
18 individuals whose names are listed.

19 **DR. RENNIX (on telephone):** I'm not sure --

20 **MR. BYRON (on telephone):** And I would have to think
21 that, you know, it's been some years now. I'd think they
22 gathered quite a few because sooner or later the question
23 has to be addressed, yay or nay on their form --

24 **DR. RENNIX (on telephone):** Right.

25 **MR. BYRON (on telephone):** -- 95. Now, I'm fortunate

1 because my one daughter was sick real often and my other
2 was born with problems at the base so I was lucky enough
3 to get my records copied before I left. But I guess the
4 question is number one, I think you need to give them the
5 address and contact information. If you can provide that
6 we'd appreciate that for -- so we can put it on our
7 website for our people. But I think that, you know, we
8 need to do that first and that's really the question.
9 Are those records available for the dependant?

10 **MR. MARTIN (on telephone):** I was told they were not.

11 **DR. RENNIX (on telephone):** They're not available for the
12 dependant but there are -- they're there in boxes by
13 facility.

14 **MR. BYRON (on telephone):** You're talking about the
15 dependent records?

16 **DR. RENNIX (on telephone):** This is Chris Rennix
17 speaking. Yeah. Dependant records. There -- if it was
18 processed -- if it was archived before 19-- 2003 then
19 Camp Lejeune boxes them up every six months or a year,
20 whatever their SOP says. And they register with number
21 and they list all records and that gets shipped. And
22 Camp Lejeune is required to keep a receipt of that
23 shipment.

24 **MR. BYRON (on telephone):** Okay. This is Jeff Byron
25 again. And the question would be that many people told

1 me they tried to get their records and that there was
2 some type of fire or flood --

3 **UNIDENTIFIED:** Right. Right.

4 **MR. BYRON (on telephone):** -- something or other and now -
5 - are those the same records we're talking about? What's
6 the view on that? Over.

7 **DR. RENNIX (on telephone):** The records that were lost in
8 the fire of 1973 -- this is Chris Rennix -- were Army and
9 Air Force records only. They lost 80 percent of the Army
10 records between 1912 and 1960 and 75 percent of the Air
11 Force records between '47 and '64. So it really didn't
12 affect the Navy or the Marine Corps for the time period
13 we're interested in.

14 **MR. BYRON (on telephone):** And they also, for Dave Martin
15 -- this is Jeff again -- and for individuals who -- whose
16 family member was not in the Marine Corps. They were
17 just hired by the DOD to provide services on base?

18 **DR. RENNIX (on telephone):** If you got his health record
19 -- if you got his health care from the base hospital his
20 record is going to be in these boxes. See, they don't
21 know what's in the boxes. You have a retirement date of
22 the record that we can pull. So the hospital, what they
23 normally do is request that box to be shipped back to
24 them and they pull out the individual record, make the
25 copies, put it back in and ship the box back.

1 **MR. BYRON (on telephone):** Okay. This is Jeff. I'm
2 over.

3 **DR. BOVE:** This is Frank. I'm done.

4 **MR. ENSMINGER (on telephone):** Hey, this is Jerry
5 Ensminger. I know Frank, you been dancing around this
6 very cautiously because you hate to even mention this
7 fact, a survey but, you know, I don't see any other
8 avenue of taking -- finding dependents other than doing a
9 -- doing a survey just like you did with the in utero
10 people. And, you know, none of the databases that are
11 available ^ the -- the dependent people. And like Terry
12 Dyer said, unfortunately most of these dependents were
13 the ones that were right there and had the highest
14 exposure. They were the highest exposure population with
15 the exception of some other ^ some of the medical people,
16 troops, people that worked in areas of high volumes of
17 hot water. I don't see how we're going to get around not
18 doing -- not doing a survey. And I know you say that
19 that's, you know, it's so hard to do. Yes, it is. It's
20 hard to do but I thought when you set your mind to it
21 when you were doing the in utero survey you came up with
22 12,600 of those cases.

23 **MS. McCALL (on telephone):** Denita here. Not only that,
24 I was a little taken back and very, I don't know -- I was
25 -- I can't even describe what I felt when I received the

1 notice in the mail from the VA that my credit file might
2 be compromised because of the VA laptop that was stolen.

3 I know that I was contacted by Social Security
4 because they have my hyphenated name there. It's the
5 only agency that uses that is Social Security. So they
6 contacted me to tell me my credit file might be
7 compromised.

8 And we're talking about we can't locate veterans.
9 That's -- That's not true any more. I -- I mean no one
10 contacted me and told me my health would be compromised
11 because of some water and I don't understand why we
12 should start dancing around this whole situation with
13 regards to contacting people because we all know that the
14 more people that know, you know, what happened the more
15 we're really going to find out what this water has done
16 to that population. Over.

17 **DR. BOVE:** Okay. This is Frank. I've never been a very
18 good dancer and I'm not -- I haven't been dancing around
19 anything. What --

20 **MS. McCALL (on telephone):** Well, you're doing a good
21 job.

22 **DR. BOVE:** Now, let me -- let me finish, no, because I'm
23 not dancing. I'm -- I didn't say there was -- the
24 reason that we wanted to check to see how well the
25 housing records matched up with DMDC data is because we

1 need Social Security number on those housing records and
2 the Social Security number is a way of then finding out
3 where these people now live for contacting purposes.

4 That's exactly what was the major way we were able to
5 contact and find as many people as we did in the survey.

6 So we want to be able to link the housing records
7 with the Social Security number because that's going to
8 be important if we want to do a survey. I've never ruled
9 out doing a survey. I -- I was correct in saying that
10 we need to see what data are available and then based on
11 that we can see what data we could get. Some of that
12 data are computerized and we may -- we may decide that it
13 is feasible to do some kind of hand search through --
14 through boxes. If it makes sense we'll phone contact
15 people. We have not ruled any of this out, Jerry. All
16 I'm saying --

17 **MR. ENSMINGER (on telephone):** I know you've been --

18 **DR. BOVE:** All I'm saying is --

19 **MR. ENSMINGER (on telephone):** I know you've been
20 treating this thing for surveys like the plague but --

21 **DR. BOVE:** No. The reason I --

22 **MR. ENSMINGER (on telephone):** Well --

23 **DR. BOVE:** Let me finish and I'll explain why I haven't.
24 The only thing I'm concerned about with surveys, with any
25 kind of study, it's the same criteria I'm using. And

1 that is can we do something that's effective because
2 that's what you want I think.

3 **MR. ENSMINGER (on telephone):** Yeah.

4 **DR. BOVE:** Okay. And so that's -- that should be the
5 criteria. And that's why I'm glad to have Dr. Clapp
6 who's a terrific epidemiologist, and Chris with a lot of
7 experience in doing these studies as well, on this panel
8 to help me and -- and Perri and Shannon and -- and the
9 rest of the CAP, too, in coming to conclusions as to what
10 studies we may want to pursue given what we -- what's
11 computerized and even data that we may have to go out and
12 get in some way, shape or form or another. So I have not
13 ruled anything out.

14 **MS. DYER (on telephone):** Frank, this is Terry Dyer. The
15 amendment that is going to be going through that y'all
16 and Jerry have been through, it talked about the American
17 Academy of Sciences doing something.

18 **UNIDENTIFIED:** National Academy.

19 **MS. DYER (on telephone):** National Academy, excuse me.
20 We're -- What's -- How do you suppose they're going to
21 get their data to study?

22 **DR. BOVE:** National Academy of Science is the -- will
23 simply review just like Dan Wartenberg did in his meta-
24 analysis all the research that's been done. And that's
25 also how the Agent Orange work that NASB, that's what

1 they did, too.

2 They do not conduct studies unless you consider a
3 study a meta-analysis. If you call that a study, then
4 yes, they might do a meta-analysis. But they do not
5 contact any study subjects. They -- They -- All they
6 do, which it's not to say it's not important. It's very
7 important but they don't do a study like we're talking
8 about. They will do what -- what I guess a tox profile
9 should do and sometimes may not do as good a job as we'd
10 like. That's basically what they're going to be doing --

11 **MS. RUCKART:** This is --

12 **DR. BOVE:** -- my understanding.

13 **MS. RUCKART:** This is Perri. I've been wanting to
14 respond to something that Dave said about the National
15 Personnel Records Center in St. Louis.

16 **MR. MARTIN (on telephone):** Uh-huh.

17 **MS. RUCKART:** They're not just going to send us records.
18 If we want to go there to look at records we need to
19 provide them with a list of the records we want to look
20 at. So then we need to know the names of the people and
21 I believe that they file it by the military member.

22 **MR. MARTIN (on telephone):** The sponsor, that's correct.

23 **MS. RUCKART:** Right. By the sponsor. So if we want to
24 look at dependant records we need to know the sponsor's
25 name anyway. We have to give them a list of records we

1 want pulled and then we can go there and look at it.

2 **MR. BYRON (on telephone):** Okay. Perri, this is Jeff
3 Byron. I think the frustration is and what Denita is
4 trying to say is that when our needs are compromised and
5 our information is compromised with the VA, the guy lost
6 his laptop or it was stolen, there was 26 million -- 26
7 and a half million individuals whose information was
8 stolen. Within a month and a half we all received a
9 letter.

10 **MS. McCALL (on telephone):** Exactly.

11 **MR. BYRON (on telephone):** That's what she's getting at.

12 **MS. RUCKART:** Right. I was just --

13 **MR. BYRON (on telephone):** And -- And the point is that
14 there's databases out there and I guess it's in a way
15 because what Frank is saying, the information with the
16 cancers and mortality is fact. The other information
17 we're going to have to ask people for and then we're
18 going to have to ask to go get the -- the proof that
19 they've been ill.

20 **MS. RUCKART:** I was just trying to explain to Dave how we
21 can use the National Personnel Records Center. We just
22 can't ask that --

23 **MR. BYRON (on telephone):** Right.

24 **MS. RUCKART:** -- they send us the records. I was just
25 trying to shed some light on that.

1 **MR. BYRON (on telephone):** Frank, what we're talking
2 about is trying to find Marines who were at Camp Lejeune
3 and it's out there, plain and in different areas. The
4 government holds a lot of that information and there's
5 private individuals like I spoke about. And I think that
6 we're supposed to be doing this in the discussion end but
7 there are other avenues that are -- are private sectors
8 that can be utilized to find these people.

9 **DR. BOVE:** Right. And --

10 **MR. BYRON (on telephone):** The information is there.

11 **DR. BOVE:** Well, this is Frank. And right. And as I
12 said, we are at an early stage of this process.

13 **MR. BYRON (on telephone):** Yes.

14 **DR. BOVE:** The VA data we need to at least explore and
15 determine what we can do if anything with it. The fact
16 that you got a letter is interesting but that does not
17 necessarily mean that that database is going to be useful
18 for a study and that's the question, not whether you --

19 **MR. BYRON (on telephone):** Yeah, Frank, but the first
20 start is to find Marines, and you'll have a list of them
21 all the way back into probably at least 1960 from the VA.

22 **DR. BOVE:** (unintelligible)

23 **MR. BYRON (on telephone):** -- say were they at Camp
24 Lejeune and with the document I said was provided with my
25 -- my discharge paperwork it'll list everywhere you've

1 lived. And then you say did he live at TT or at Hadnot
2 Point. You start narrowing it down. It's kind of like
3 if there's 100 people that are suspect in a murder and 50
4 of them aren't there, well, you can discount those people
5 right away, you know. But the other 50 you have to look
6 at.

7 **DR. BOVE:** Well, see what you're doing now is what I want
8 to have as a discussion when we have the time to do it,
9 not at the tail end of a -- of a conference call. I
10 think that, you know -- I can respond and answer your
11 question but -- what you just said. But I'd rather wait
12 and have it, a full discussion of it.

13 **MR. BYRON (on telephone):** I'd like to do that and face
14 to face if necessary.

15 **DR. BOVE:** Absolutely, yeah.

16 **MR. BYRON (on telephone):** Over.

17 **WRAP-UP AND SCHEDULE SEPTEMBER 2006 CAP MEETING**

18 **MR. STALLARD:** Okay. This is Christopher, your
19 facilitator. We are at the point of we have 25 minutes
20 to wrap up and schedule for the next meeting. We will
21 end our bridge, we lose at 4:30. We will end at 4:30.

22 I want to do a few things right now and that is to
23 recap some of the significant things that I garnered out
24 of our dialogue today. That, well, almost first and
25 foremost, and sort of we need to kind of prioritize this

1 as it's going to influence how we're going to conduct our
2 next meeting frankly.

3 So Frank said that between he, Dick and Chris, they
4 need to come together to I guess do an after-action
5 dialogue about what they all gleaned independently from
6 their visit and what that means. What their differences
7 are and what data we have and what we need to get. So
8 that's an action item on Chris, Dick and Frank that
9 should occur at some point in the very near future,
10 correct?

11 **DR. BOVE:** (Nods head affirmatively)

12 **MR. STALLARD:** Frank is shaking his head affirmatively.
13 Okay. There is an after-action still that Perri is
14 following up to try to identify who the responsible
15 person is to obtain or at least identify what school
16 records might be available.

17 We have the issue that was talked earlier about if
18 it can be done what type of representation from the CAP
19 may there be in the Marine Corps's current activities
20 with Booz Allen Hamilton. We're looking for a very short
21 turn-around on that. That's primarily in Mike's court to
22 ask the question of his legal and acquisition contracting
23 folks.

24 Now we have the topic or records and storage that
25 came up about what's in St. Louis and how to go about

1 that. Chris has some specifics I think that he can
2 share. Is that what I understood?

3 **DR. RENNIX (on telephone):** I've already pointed out the
4 records for how a person can request access to their
5 records.

6 **MR. STALLARD:** Okay, excellent. Thank you. But more
7 importantly we are talking about the whole notion of who
8 to contact, the VA's database and the people who are
9 listed, the thousand people on the STAND website. So
10 we're talking about notification. And so what I have
11 heard today is that we need to have a separate meeting if
12 you will to talk about that -- those issues in
13 particular. Is that right, Frank, what you were talking,
14 mentioning?

15 **DR. BOVE:** Well, now that you mention notification I
16 think that's two different meetings. One meeting is to
17 talk about studies. And one meeting -- and one meeting
18 to talk about notification I would think.

19 **MR. STALLARD:** Okay. Okay. Good. This is Christopher.
20 So in that meeting, studies, that will help us to
21 identify and very narrow down to where are we on
22 recommending the feasibility of studies by cohort, by
23 whatever it is based on the data that we know we have and
24 we don't have, correct? Okay. And when might such a
25 meeting occur on such a topic?

1 **MR. ENSMINGER (on telephone):** Hey, Chris?

2 **MR. STALLARD:** Who's speaking?

3 **MR. ENSMINGER (on telephone):** Jerry. This is Jerry.

4 **UNIDENTIFIED:** Chris Rennix?

5 **DR. RENNIX (on telephone):** Yes?

6 **UNIDENTIFIED:** Or Chris Stallard?

7 **MR. ENSMINGER (on telephone):** No, this is Jerry
8 Ensminger.

9 **MR. STALLARD:** Yeah, I know you're Jerry. But I'm Chris
10 and Chris is Chris.

11 **UNIDENTIFIED:** (unintelligible)

12 **MR. ENSMINGER (on telephone):** I want to talk to the --
13 the arbitrator here.

14 **MR. STALLARD:** Yeah, okay. You can call me Christopher
15 then. That'll work.

16 **MR. ENSMINGER (on telephone):** Okay. All right. Some
17 mention was made earlier about budgeting. We never got
18 to that.

19 **MR. STALLARD:** We didn't, you're right.

20 **MR. ENSMINGER (on telephone):** And you know, budgeting is
21 going to have an awful lot to do with what we get
22 accomplished in the future, so Col. Tencate, would you
23 address this subject? Over.

24 **LT. COL. TENCATE (on telephone):** On the -- about the
25 budget?

1 **MR. ENSMINGER (on telephone):** Yes, for the -- for the
2 CAP.

3 **LT. COL. TENCATE (on telephone):** For the CAP?

4 **MR. ENSMINGER (on telephone):** Yes.

5 **MS. DYER (on telephone):** Oh, they're going to pay us
6 now? Over.

7 **LT. COL. TENCATE (on telephone):** Well, the Marine Corps
8 has funded the CAP.

9 **MR. ENSMINGER (on telephone):** Okay. Good.

10 **LT. COL. TENCATE (on telephone):** Does that answer the
11 question then? Is that the budget question?

12 **MR. STALLARD:** No, this is --

13 **LT. COL. TENCATE (on telephone):** If there's more budget
14 questions I can -- I can take them back and find out the
15 answers from our budget people.

16 **MR. STALLARD:** Thank you. This is Christopher. I think
17 what the issue is, what are we going to need to be
18 budgeting for. And -- And I don't know that it it's
19 been clearly identified except for --

20 **MR. ENSMINGER (on telephone):** Well, we haven't
21 identified those yet.

22 **MR. STALLARD:** Right.

23 **MS. DYER (on telephone):** This is Terry Dyer. The budget
24 issue, I still come back to the fact that we've only got
25 three people at the ATSDR working on this unbelievable

1 project. Don't we need to budget to get some more people
2 working on this so that we can get it done quicker? And
3 is it the fact, and I'm not trying to be ugly but if
4 there are few people do you get paid more?

5 **UNIDENTIFIED:** What?

6 **MS. DYER (on telephone):** Is that why we can't budget?

7 **UNIDENTIFIED:** Frank, are you raking in the dough?

8 **DR. BOVE:** Right. I've been holding out on you, yeah.

9 **MS. DYER (on telephone):** If that's not the case -- if
10 that's not the case then why don't we get more people
11 budgeted to work on this so that we can get it done
12 quicker. Three people is -- is not enough in this
13 enormous paperwork.

14 **DR. BOVE:** Now, wait. This is Frank. We contract out
15 for example, the survey. We didn't make the phone calls.
16 And in the -- the case control study we didn't do the
17 interviews. We contracted out.

18 So once we decide what studies we think are feasible
19 then we have to write the protocol and then we have to
20 get the money from DOD and then we contract that work
21 out, okay? So that -- but we -- we can go over all this
22 in depth.

23 I think the budget item that was supposed to be
24 discussed today was whether the CAP is being funded and
25 the feasibility work is being funded. Our trip out to

1 DMDC and -- and Naval Health Research Center for example
2 is part of the feasibility assessment so at this point
3 I'm not sure. I know we -- the -- the trip I think is
4 being -- was covered but I still think there's some
5 budget items still outstanding about the CAP for the next
6 fiscal year. And so --

7 **MS. DYER (on telephone):** Which items?

8 **DR. BOVE:** That I -- I had written a revised -- I got
9 some comments back from the DOD and revised the
10 feasibility assessment proposal and actually sent it out
11 to the DMDC and the Naval Health Research people prior to
12 our coming there as a draft that would help facilitate
13 the discussions we had out there. I could also email it
14 to the rest of the CAP as well. And we'll probably -- we
15 also need to send it through formal channels to DOD as a
16 response to their comments.

17 So that's -- after that's done I have a feeling that
18 this budget issue will get resolved. I'm hoping that's --
19 - that's all there is to it. And -- But I'll let you
20 know if we're still having trouble getting a budget for
21 the CAP this next fiscal year. But once -- once we've
22 had the discussion about the types of studies and what
23 data we either can't get or need to get, and the next CAP
24 meeting, I'm hoping that's when we'll do that, right?
25 Yeah.

1 **MR. MARTIN:** Frank, this is Dave Martin. I think what
2 Jerry was kind of referring to is what we're looking at
3 is there's still so many agencies that need to be
4 contacted to find out what data is available, whether
5 it's going to help us, whether it's going to be feasible.
6 And we've got you and -- and Perri and Shannon down
7 there.

8 Is any of this other -- this -- this research work,
9 is this farmed out to other people in the ATSDR as far as
10 contacting the DOD or St. Louis or, you know, the -- the
11 housing department at Camp Lejeune? I mean I think what
12 I'm saying is there's such a magnitude of information
13 that we still have yet to get and we've only got three
14 people which is impossible at this point to try to handle
15 that many -- that many contacts.

16 **DR. BOVE:** Dave, there's no reason that the three of us
17 can't without Dr. Rennix and Dr. Clapp, identify what's
18 out there without having to abstract anything or
19 physically obtain it. In fact in order to obtain this
20 data we're going to have to go through inter-government
21 agreements and all that rigmarole. So --

22 **MR. MARTIN (on telephone):** Right.

23 **DR. BOVE:** -- we have -- there's all that to go through.
24 But the three of us can at least iden-- for example,
25 check out the VA database. We can do that. We can do

1 anything that -- that's necessary for the discussion we
2 need to have about what studies we need to have. We can
3 do the feasibility assessment with the personnel we have.
4 But what we can't do, and what we'll have to go for
5 funding for is to actually get the data and do the
6 studies. That -- But we're not ready yet to do that.
7 We don't know what that is yet.

8 **MR. BYRON (on telephone):** Okay. So -- This is Jeff --
9 so for right now the three of you can handle it with the
10 help of personnel or -- and as soon as we come to that
11 point, then yes, you might have to put more individuals
12 on, correct?

13 **DR. BOVE:** Well, yeah. When we decide that we're going
14 to study this group of people and we're going to do these
15 kinds of studies we have to write a protocol and go get
16 funding. Yeah.

17 **MS. DYER (on telephone):** This is Terry. Frank, when is
18 this going to happen? Over.

19 **DR. BOVE:** The next meeting I thought of the CAP I -- I
20 would hope we have enough information pulled together for
21 that discussion. Is that -- let me ask Chris and Dick.
22 Is this too optimistic?

23 **DR. CLAPP (on telephone):** No. This is Dick. We're
24 talking about the end of September, right?

25 **MR. STALLARD:** Correct. This is Christopher. This is a

1 perfect segue for me to get from you before we run out of
2 time. I'm going to go down the list here. I want you to
3 tell me which dates you are not available. We have the
4 25th, 6th -- the 25, the 26th, the 28th or the 29th. That's
5 four days. I'm going to ask you for -- by name which
6 dates you are not available for. Okay. So Terry?

7 (No response)

8 **MR. STALLARD:** Terry, what dates are you not available
9 for?

10 (No response)

11 **MR. STALLARD:** Okay. Terry's not answering. Denita,
12 what dates are you not --

13 **UNIDENTIFIED:** Christopher, can I --

14 **MS. McCALL (on telephone):** I'm available for any of
15 those dates.

16 **MR. STALLARD:** Okay. We just want to quick -- Tom?

17 **MR. TOWNSEND (on telephone):** I'm available any day.

18 **MR. STALLARD:** Okay. Jerry?

19 **MR. ENSMINGER (on telephone):** I'm going to give you the
20 date that I prefer which is the 26th.

21 **MR. STALLARD:** Okay. Col. Mike?

22 **LT. COL. TENCATE (on telephone):** I'm available for any
23 of them.

24 **MR. STALLARD:** Any? Okay. Chris?

25 **DR. RENNIX (on telephone):** I'll say I'm available for

1 any of them but I might -- some of those are out that far
2 --

3 **MR. STALLARD:** Yeah.

4 **DR. RENNIX (on telephone):** -- my job so -- but I, you
5 know, set a date and I'll --

6 **MR. STALLARD:** Understood. Thank you. Dave?

7 **MR. MARTIN (on telephone):** They're really all bad for me
8 but I can fly in from an alternate area.

9 **MR. STALLARD:** Okay.

10 **MR. MARTIN (on telephone):** I can make arrangements with
11 ATSDR on that.

12 **MR. STALLARD:** All right. Jeff Byron?

13 **MR. BYRON (on telephone):** Open.

14 **MR. STALLARD:** Huh?

15 **MR. BYRON (on telephone):** I'm open.

16 **MR. STALLARD:** Open, any? Okay. Dick?

17 **DR. CLAPP (on telephone):** I'd rather do it on the 26th or
18 the 28th, but I am the other two.

19 **MR. STALLARD:** Okay.

20 **UNIDENTIFIED:** The 25th is a Monday, Chris.

21 **MR. STALLARD:** Yeah.

22 **UNIDENTIFIED:** You know, and Janie. The anniversary of
23 Janie's death is that Sunday and I don't want to be
24 traveling on Monday, on the date of her death.

25 **MR. STALLARD:** Okay. That makes sense. So we're

1 looking, it appears, at the 26th or the 29th right now.

2 **MS. DYER (on telephone):** July 27th is that too early?

3 **MS. RUCKART:** This is Perri Ruckart. We have to first of
4 all go 60 days out from this meeting because when we are
5 making the travel arrangements we need to give 60 days
6 notice and then I have -- so that left the 21st on of
7 September. And then I have to look at the availability
8 of the conference rooms here and that's where that comes
9 from.

10 **MR. STALLARD:** Okay. Jeff Fisher, are you still on the
11 line?

12 **DR. FISHER (on telephone):** Yes.

13 **MR. STALLARD:** Okay. Any dates not good for you?

14 **DR. FISHER (on telephone):** Friday, the 29th.

15 **MR. STALLARD:** Is not good for you?

16 **DR. FISHER (on telephone):** Correct.

17 **MR. STALLARD:** Okay. So it looks like the 26th would be
18 the day then. All right. We're locked in. Thank you
19 very much.

20 I'm going to ask you each now for a number and I'm
21 going to go through it real quick. I want a number and
22 no discussion about it. I'm going to just jot it down
23 and we'll try to figure out what it means after the fact.
24 This is a very unscientific pulse check. This is, what
25 is the level of trust amongst the CAP members? This is

1 not a distinction between what your role is on the CAP.
2 I just want a number. Ten is a very high level of trust.
3 One is a low level of trust, very low. So starting at
4 the top. Terry, are you still on the line?

5 **MS. DYER (on telephone):** Yes. I'm not going first.

6 **MR. STALLARD:** Okay. Frank?

7 **MR. ENSMINGER (on telephone):** I'll go first.

8 **MR. STALLARD:** Okay. Jerry, you go first.

9 **MR. ENSMINGER (on telephone):** Five.

10 **MR. STALLARD:** Five. Thank you. Okay. Tom?

11 **MR. TOWNSEND (on telephone):** Six.

12 **MR. STALLARD:** Six. Denita?

13 **MS. McCALL (on telephone):** Seven.

14 **MR. STALLARD:** Good. Thank you. Terry?

15 **MS. DYER (on telephone):** Five.

16 **MR. STALLARD:** All right. Col. Mike?

17 **LT. COL. TENCATE:** I'll go five.

18 **MR. STALLARD:** All right. Chris Rennix?

19 **DR. RENNIX (on telephone):** I'm an optimist. I'll go
20 eight.

21 **MR. STALLARD:** All right. Dave?

22 **MR. MARTIN (on telephone):** Five.

23 **MR. STALLARD:** Jeff?

24 **MR. BYRON (on telephone):** Six.

25 **MR. STALLARD:** That was Jeff Byron, right?

1 **MR. BYRON (on telephone):** Yeah.

2 **MR. STALLARD:** Okay. Dick?

3 **DR. CLAPP (on telephone):** Six.

4 **MR. STALLARD:** Jeff Fisher?

5 **DR. FISHER (on telephone):** Eight.

6 **MR. STALLARD:** Shannon?

7 **MS. ROSSITER:** Seven.

8 **MR. STALLARD:** Seven. Perri?

9 **MS. RUCKART:** Eight.

10 **MR. STALLARD:** Eight. Frank?

11 **DR. BOVE:** Six.

12 **MR. STALLARD:** Six. Okay. Thank you very much. We're
13 going to do one more thing just like we did, and we're
14 going to start with you, Jerry. The lev-- the level of
15 transparency. This is ten is very high and one is
16 extremely low. Jerry?

17 **MR. ENSMINGER (on telephone):** Three.

18 **MR. STALLARD:** All right. Tom?

19 **MR. TOWNSEND (on telephone):** Two.

20 **MR. STALLARD:** Two. Denita?

21 **MS. McCALL (on telephone):** Three.

22 **MR. STALLARD:** Terry?

23 **MS. DYER (on telephone):** Two.

24 **MR. STALLARD:** Col. Mike?

25 **LT. COL. TENCATE (on telephone):** Nine.

1 **MR. STALLARD:** Chris?

2 **DR. RENNIX (on telephone):** I'll stick with eight.

3 **MR. STALLARD:** All right. Dave?

4 **MR. MARTIN (on telephone):** I'll stick with five.

5 **MR. STALLARD:** All right. Jeff Byron?

6 **MR. BYRON (on telephone):** I'm going to be at five, too.

7 **MR. STALLARD:** All right. Dick Clapp?

8 **DR. CLAPP (on telephone):** Five.

9 **MR. STALLARD:** All right. Jeff Fisher?

10 **DR. FISHER (on telephone):** Four.

11 **MR. STALLARD:** Shannon?

12 **MS. ROSSITER:** How about eight?

13 **MR. STALLARD:** Eight. Perri?

14 **MS. RUCKART:** Six.

15 **MR. STALLARD:** Six. And Frank?

16 **DR. BOVE:** Seven.

17 **MR. STALLARD:** Seven. Okay. One more. Thank you for
18 bearing with me because I've heard that there have been
19 some issues of communication and I -- we want --

20 **MR. ENSMINGER (on telephone):** You're asking Mike these
21 questions?

22 **MR. STALLARD:** Yeah.

23 **MR. ENSMINGER (on telephone):** Okay.

24 **MR. STALLARD:** Yeah. You hear his responses. Okay. How
25 would you characterize the level of communication amongst

1 the CAP members, one being very low, ten being very high?
2 Jerry, since you're brave enough to take the first, we'll
3 go with you. Jerry?

4 **MR. ENSMINGER (on telephone):** Oh, among the CAP members?

5 **MR. STALLARD:** The level of communication.

6 **MR. ENSMINGER (on telephone):** One.

7 **MR. STALLARD:** One, very low. Okay. Tom?

8 **MR. TOWNSEND (on telephone):** Two.

9 **MR. STALLARD:** Two. Denita?

10 **MS. McCALL (on telephone):** One.

11 **MR. STALLARD:** One. Terry?

12 **MS. DYER (on telephone):** Two.

13 **MR. STALLARD:** Col. Mike?

14 **LT. COL. TENCATE (on telephone):** Seven.

15 **MR. STALLARD:** Seven. Chris?

16 **DR. RENNIX (on telephone):** Three.

17 **MR. STALLARD:** Dave?

18 **MR. MARTIN (on telephone):** Two.

19 **MR. STALLARD:** Jeff?

20 **MR. BYRON (on telephone):** Two.

21 **MR. STALLARD:** Dick?

22 **DR. CLAPP (on telephone):** Three.

23 **MR. STALLARD:** Jeff Fisher?

24 **DR. FISHER (on telephone):** Four.

25 **MR. STALLARD:** Shannon?

1 **MS. ROSSITER:** Four.

2 **MR. STALLARD:** Perri?

3 **MS. RUCKART:** Two.

4 **MR. STALLARD:** Frank?

5 **DR. BOVE:** Two.

6 **MR. STALLARD:** Okay, folks. Thank you. This is very
7 unscientific but one thing that is abundantly clear is
8 that's something we do have control over and can impact
9 the influence is our communication with each other so
10 I'll work with Frank and the rest of you and we'll try to
11 come up with some strategies for that.

12 Okay. We have the meeting date set for the next
13 time. I take it it's going to be in person?

14 **MS. RUCKART:** This is Perri.

15 **MR. STALLARD:** Yeah.

16 **MS. RUCKART:** In the next few weeks we'll be sending out
17 some information to you as far as scheduling your travel.
18 One thing I do want to mention; this is the very end of
19 our fiscal year. Our fiscal year ends September 30th so
20 it's going to be -- it's vitally important if we're
21 scheduling a CAP meeting that we get all of our travel
22 straightened out as quickly as possible. And I'll
23 mention this although this really is something to figure
24 out after the meeting. All the receipts need to be
25 turned in ASAP or our manager is going to be all over us

1 like -- it's just going to be terrible for us so -- so
2 I'll put that out to y'all.

3 **MR. ENSMINGER (on telephone):** I have one issue that I'd
4 like for somebody to think about. This is Jerry. And
5 that is some information by the next time that we meet
6 about the budgeting for the CAP for the next fiscal year
7 form Col. Tencate.

8 **MR. BYRON (on telephone):** And this is Jeff Byron. I
9 want to just ask one thing on -- because there seems to
10 be one sub-group we're forgetting and I was made aware by
11 someone who got onto my website. And that happens to be
12 children who were adopted out from veterans. There seems
13 to be -- her name is Roberta McDonald. She's with the
14 Reunited Adoptees. She's the chairwoman for the North
15 Carolina Coalition for Adoption Reform. Evidently the
16 state of North Carolina has got a whole batch of this
17 information so we need the DOD's help to get that. There
18 are children who were adopted out from the hospital.
19 They need to be notified, especially if they were the in
20 utero. So I'd like to hear something like that at the
21 meeting. This is Jeff. Over.

22 **MR. STALLARD:** This is Christopher. That's been an
23 annotation made that that will certainly have to be
24 considered when talking about who's going to be within
25 the scope of notification so that's on the table. Thank

1 you, Jeff, for bringing that up.

2 **MR. BYRON (on telephone):** Thank you for -- from Roberta
3 McDonald.

4 **MR. STALLARD:** Okay. Folks, I need to know just real
5 quickly, what worked well in this format of the meeting
6 and what didn't work so well? What was not so well? Who
7 would like to give --

8 **MR. BYRON (on telephone):** This is Jeff and I think you
9 were great. I'm glad you're there. It keeps the meeting
10 going in the right direction. Thank you. Over.

11 **MR. STALLARD:** Thank you, Jeff.

12 **MS. DYER (on telephone):** This is Terry.

13 **MR. ENSMINGER (on telephone):** This is Jerry. I can tell
14 you that the "over" didn't work.

15 **MR. STALLARD:** Well, that -- this is Christopher and
16 that's because you didn't use it.

17 **MR. ENSMINGER (on telephone):** Oh.

18 **MS. DYER (on telephone):** This is Terry, and yes, I agree
19 with Chris. Over.

20 **LT. COL. TENCATE (on telephone):** This is Mike. I think
21 it was actually fairly effective. We were all pretty
22 courteous and -- and I think everybody got a chance to
23 talk when they needed to. Over.

24 **MR. STALLARD:** Thank you. Good.

25 **DR. CLAPP (on telephone):** This is Dick. I think it

1 worked fairly well, too, but I think that's because we
2 already had had met -- had seen each other face to face.
3 I can't imagine doing this without having prior face --
4 face-to-face meetings.

5 **UNIDENTIFIED:** I agree.

6 **MR. STALLARD:** Yeah, I agree.

7 **UNIDENTIFIED:** I will say the same thing.

8 **MR. MARTIN (on telephone):** Yeah, this Dave. I'm kind of
9 used to it and I think it went very well. I think
10 everybody was open and -- and there again I just want to
11 reiterate, please don't take anything personal. I know
12 emotions get out of hand sometimes but it's not intended
13 for any one individual.

14 **MR. BYRON (on telephone):** Right. And I'd like to second
15 that. This is Jeff. I'd like to second that. Over.

16 **MR. STALLARD:** Okay. Great. Well, we know that we can
17 use this then as a fallback to the face-to-face meetings
18 and we can use this as interim update reports so --

19 **DR. FISHER (on telephone):** I have a question.

20 **MR. STALLARD:** Yes, Jeff?

21 **DR. FISHER (on telephone):** Jeff Fisher. Do CAP members
22 want to try to meet the night before the morning of or
23 something with Dick and I?

24 **MR. ENSMINGER (on telephone):** Yeah, that's a good idea,
25 you know, if you guys can get in on time. I mean, you

1 know, other times you had other engagements and just
2 didn't make it but it would be nice to sit down and have
3 dinner, you know --

4 **MR. STALLARD:** That's Jerry Ensminger.

5 **MR. ENSMINGER (on telephone):** -- discuss things among
6 ourselves.

7 **MS. DYER (on telephone):** This is Terry and I think
8 that's a great idea. We get there the day before and we
9 usually stay -- we've been staying at the hotel and
10 eating there so we didn't have to go out. So we -- we'll
11 be -- I'll be glad to meet you there.

12 **MR. BYRON (on telephone):** Okay. This is Jeff. That's
13 great. I think we should meet there.

14 **MR. MARTIN (on telephone):** That'll work, too. And
15 probably the way those meetings are scheduled I'll fly in
16 with you, Terry so --

17 **MS. DYER (on telephone):** Okay.

18 **MS. RUCKART:** This is Perri. I want to tell you that the
19 Marriott has undergone like a 14 million dollar
20 renovation so I'm sure you'll all be very pleased when
21 you stay there.

22 **MR. ENSMINGER (on telephone):** Well, that's been
23 undergoing the last two times we were down there.

24 **MS. RUCKART:** It's completed.

25 **MR. MARTIN (on telephone):** Great. Let's come in on

1 Monday and we'll meet.

2 **MR. STALLARD:** This is Christopher. This means that --
3 this means that you're coming in on the 25th, correct?

4 **MS. RUCKART:** 6th.

5 **MR. STALLARD:** 26th because the meeting --

6 **MS. RUCKART:** Oh, the meeting is the 26th.

7 **MR. STALLARD:** Yeah, the meeting is the 26th so that means
8 that you'll make plans to get together Monday night.

9 **UNIDENTIFIED:** At the Marriott.

10 **MR. STALLARD:** At the Marriott. So Perri will put that
11 somehow together in -- in the invitations that just
12 remind you that there'll be a social at such and such an
13 hour so that people -- it's not left to chance that
14 you'll run into each other in the lobby. It will be
15 scheduled and arranged for you to meet. Thank you all
16 for your participation today. This is Atlanta. Unless
17 there's anything else we're signing off and look forward
18 to keeping the progress moving forward. Over.

19 (general affirmative response)

20 (Whereupon, the meeting was adjourned at 4:30
21 p.m.)

22

23

1

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 July 20, 2006; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 14th day of August, 2006.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**