

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

THIRTY-THIRD MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

December 4, 2015

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STEVEN RAY GREEN AND ASSOCIATES
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TRANSCRIPT LEGEND

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

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

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

(alphabetically)

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BREYSSE, DR. PATRICK, NCEH/ATSDR
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CLANCY, DR. CAROLYN, VHA
CLAPP, DR. RICHARD, CAP TECHNICAL ADVISOR
CORAZZA, DANIELLE, CAP MEMBER
ENSMINGER, JERRY, CAP MEMBER
ERICKSON, DR. RALPH LOREN, VHA
FLOHR, BRAD, VA
FORREST, MELISSA, DEPARTMENT OF NAVY
FRESHWATER, LORI, CAP MEMBER
GILLIG, RICHARD, ATSDR
HODORE, BERNARD, CAP MEMBER
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, CAP MEMBER
RUCKART, PERRI, ATSDR
STEVENS, SHEILA, ATSDR, CAP LIAISON
TEMPLETON, TIM, CAP MEMBER
UNTERBERG, CRAIG, CAP MEMBER
WHITE, BRADY, VHA
WILKINS, KEVIN, CAP MEMBER

P R O C E E D I N G S

(4:00 p.m.)

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

MS. STEVENS: Okay everyone, welcome and thank you for coming to today's Camp Lejeune CAP meeting. For the next -- from now until 8:30 we will be having a meeting discussing -- you should have an agenda, if you -- when you first walked in the door. The agenda, basically we're going to have the welcome and introductions, following by the previous action items from the CAP meeting. Updates from health assessments, then we'll have updates on health studies. We'll break for about 40 -- or for 15 minutes, and then we'll have a briefing from Dr. Cantor on TCE, Veterans Affairs updates, CAP updates and concerns, a follow-up of the summary items that came from today's meeting. And then for the folks that are here and new to our meeting in our -- and joining us, we're going to have an opportunity for you to ask questions for about 30 minutes. And then we'll wrap up and adjourn the meeting.

My name is Sheila Stevens, I am the Camp Lejeune coordinator for this meeting. I work with the Agency for Toxic Substances and Disease Registry, and, and I work directly with the CAP members that are sitting

1 around the table, and other members that are
2 participating in the meeting. If you need to go and
3 use a restroom, exit door is over -- I'm pointing over
4 towards it, the exit sign. There's a women's and a
5 men's bathroom off to the right. Yeah, my right.
6 You're -- that way. Just point to where I'm pointing
7 at.

8 I also -- if you've lost your phone, I have a
9 cell phone here. It belongs to one of our CAP
10 members. Lori Freshwater, come on down; you're the
11 next contestant.

12 So also I would like to take the time to
13 recognize a few people in the audience that are here.
14 We have Michael -- what are you saying Jerry? I want
15 to first also -- I want to recognize a few folks that
16 are in the audience right now. Michael Simonia[ph],
17 and I'm just butchering your name; I am so sorry.
18 With -- oh, my goodness; I'm sorry. We'll get back to
19 that one. And I have Stephanie Germon with Kathy
20 Castor, Congressman Castor's office. I have Digna
21 Alvarez with Senator Bill Nelson's office. And
22 Michael, come back and I'm going to recognize you
23 again after the break so I have your information
24 correct.

25 **UNIDENTIFIED SPEAKER:** Congressman ^ office.

1 **MS. STEVENS:** Thank you. Sorry about that.

2 **UNIDENTIFIED SPEAKER:** No problem.

3 **MS. STEVENS:** So, next one I introduce -- okay,
4 also, if you have a cell phones on right now, please
5 turn them off. Take a moment and turn your cell
6 phones off.

7 And the next thing I want to do is I want to
8 introduce the Director for the Agency for Toxic
9 Substances and Disease Registry. He's also the Center
10 Director for the National Center for Environmental
11 Health, which is part of the Centers for Disease
12 Control and Prevention in Atlanta. Please welcome
13 Dr. Patrick Breysse. [applause]

14 **DR. BREYSSE:** No, no need to clap. So I want to
15 add my welcome to everybody here today. It's
16 thrilling to see such a large contingency from the
17 community here as well. Hopefully you'll find this an
18 informative day. That's what our goal is.

19 The purpose of the Agency for Toxic Substances
20 and Disease Registry, ATSDR, is to address community
21 concerns about chemicals and hazardous chemicals in
22 their environment. And obviously Camp Lejeune is one
23 of the more important sites that we're addressing
24 through ATSDR. We hopefully will spend some time
25 talking about the work that we're doing, and you'll be

1 informed by that.

2 I'd like to go around, start by asking for a
3 moment of silence. So the shooting in California over
4 this week hit us very close to home at ATSDR and NCEH.
5 They were environment health professionals. Many of
6 the people killed were from the Department of
7 Environmental Health in the county out there, and
8 these are colleagues that many of our colleagues at
9 ATSDR and NCEH had worked with before. And it's awful
10 when this stuff happens but it's even worse when you
11 think that the people who are doing important
12 environmental health work in the country were killed
13 as a part of this disaster. So if people wouldn't
14 mind, just us taking a moment for that. (moment of
15 silence) Thank you very much.

16 So I'd also like to just say a few personal notes
17 that I think one of the things that the tragedy in
18 California, and the other tragedies around the world,
19 reminded me is that it's the one thing that we can
20 anchor ourselves on, it's the one thing that we can
21 use to keep us from going insane in this crazy world
22 we live in, and that's a commitment to civility. And
23 I think, as a civil society, that's what separates us
24 from a lot of this madness around us. So I'd like to
25 remind people today that there's a commitment to be

1 civil towards one another. And we can have
2 disagreements, and we can talk about those
3 disagreements but we're going to insist on civility,
4 and I remind people in the audience as well that there
5 will be time for you to participate, and if you could
6 hold off until that time is available, we would
7 appreciate it.

8 So I'd like to now go around the room and ask
9 people to introduce themselves so everybody -- we get
10 on the record who's here and people in the audience
11 can see who we have here. And why don't we start over
12 on my right with Brady.

13 **MR. WHITE:** My name is Brady White. I am with
14 the VA. I am the program manager for the family
15 members side of the Camp Lejeune program.

16 **DR. ERICKSON:** My name is Loren Erickson. I'm
17 the chief consultant for post-deployment health. Our
18 office works many of the environmental health issues
19 that involve veterans, to include all the Camp Lejeune
20 issues.

21 To my left, at the moment there's a gap, but
22 shortly Mr. Brad Flohr from the VBA will be joining us
23 as will Dr. Clancy, who has been the interim
24 undersecretary of health for a year, and is now the
25 deputy undersecretary of health for organizational

1 excellence. And so they'll be joining us here
2 shortly.

3 **MS. FORREST:** Melissa Forrest. I am the
4 Department of the Navy representative for the CAP.

5 **MR. GILLIG:** My name is Rick Gillig. I'm the
6 branch chief for the central branch in the division of
7 community health investigations at ATSDR. And this is
8 the branch that is responsible for doing the public
9 health assessments, one on ground water and one on
10 soil vapor intrusion.

11 **MS. RUCKART:** Perri Ruckart, ATSDR,
12 epidemiologist. I work on the health studies.

13 **MS. STEVENS:** Again, my name is Sheila Stevens.
14 I'm with the Agency for Toxic Substances and Disease
15 Registry, and I also have an announcement that Chris
16 Orris, one of our CAP members, is on the line and
17 listening and participating in this meeting.

18 **DR. BREYSSE:** As Sheila said, my name is Patrick
19 Breysse. I'm the Director of ATSDR and the National
20 Center for Environmental Health.

21 **DR. BOVE:** My name is Frank Bove. I'm an
22 epidemiologist with ATSDR, and I work on the health
23 studies.

24 **DR. CANTOR:** My name is Ken Cantor. I'm an
25 environmental epidemiologist, retired from the

1 National Cancer Institute, and consulting with NCI on
2 a part-time basis at the moment.

3 **DR. CLAPP:** My name is Richard Clapp. I'm an
4 epidemiologist, member of the CAP.

5 **MR. ENSMINGER:** My name's Jerry Ensminger. I'm a
6 member of the Camp Lejeune CAP.

7 **MR. PARTAIN:** My name is Mike Partain. I'm also
8 a member of the Camp Lejeune CAP.

9 **MR. TEMPLETON:** Tim Templeton. I'm a member of
10 the Camp Lejeune CAP. I was stationed at Camp Lejeune
11 as a Marine, 1984 to 1986.

12 **MR. UNTERBERG:** Craig Unterberg. I'm a member of
13 the Camp Lejeune CAP and I lived on Camp Lejeune from
14 1974 to 1976.

15 **MS. FRESHWATER:** Lori Freshwater. I lived on
16 Camp Lejeune as a dependent from 1979 to 1983.

17 **MS. CORAZZA:** Danielle Corazza, member of the
18 CAP, and I was born on base and was there from '80 to
19 '86.

20 **MR. WILKINS:** Kevin Wilkins. I'm an ex-Marine
21 and member of the CAP.

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

23 **DR. BREYSSE:** Thank you very much. Are there any
24 announcements we need to make, Sheila, at this point?

25 **MS. STEVENS:** Just, for those folks that are

1 participating tomorrow in our public meeting, the
2 meeting -- we'll have some people here at
3 9:00 o'clock. We'll have some tables set up if you
4 have questions or just want to talk to subject matter
5 experts or other members who participate in this
6 meeting. We'll have tables set up. That'll start
7 around 9:00 o'clock. And then from 10:00 to 1:00 will
8 be the public meeting. It'll be in this room, just
9 like -- and it'll be in a little different setup, but
10 that's a three-hour meeting that you're welcome to
11 join us tomorrow. And hopefully you've registered for
12 that meeting. Thank you.

13
14 **ACTION ITEMS FROM PREVIOUS CAP MEETING**

15 **DR. BREYSSE:** So with that, I'd like to move onto
16 the formal part of the agenda. So Ms. Ruckart, if you
17 can lead us in a discussion of the previous action
18 items from the previous CAP meeting -- action items
19 from the previous CAP meeting.

20 **MS. RUCKART:** Sure. I'm going to start off with
21 some action items that are for the VA. So the first
22 one is for VHA CBO. The CAP requests that the VA
23 website encourage families of veterans to sign up to
24 be administratively eligible for the family healthcare
25 program.

1 **MR. WHITE:** Yeah, this is Brady, and we made sure
2 that on our website that folks -- it's very clear that
3 they do not have to have one of the 15 conditions in
4 order to apply for the program.

5 **UNIDENTIFIED SPEAKER:** Can you say that one more
6 time?

7 **MR. WHITE:** Sure. In order to apply for the
8 program for benefits as a family member, you do not
9 need to have one of the 15 conditions. You can -- if
10 you were at Camp Lejeune during the covered time frame
11 for 30 or more days, and you were a dependent of a
12 qualified veteran, you can go ahead and sign up for
13 the program.

14 **MS. RUCKART:** Okay. The next item is for VBA.
15 The VA -- there was a request that the VA should
16 acknowledge IARC, EPA and NTP findings on TCE
17 carcinogenicity. Training for SMEs should include the
18 cancer classification of these compounds, for example,
19 that these agencies stated that TCE causes kidney
20 cancer, so that reasons for denial don't include that
21 it's unclear whether TCE causes kidney cancer.

22 **MR. WHITE:** Did you say that was for the VBA?

23 **MS. RUCKART:** Yes.

24 **MR. WHITE:** Okay. Any questions for them, we may
25 have to postpone until Brad gets here.

1 **MS. RUCKART:** Okay.

2 **MS. FRESHWATER:** When is Brad going to be here?

3 **DR. ERICKSON:** Momentarily, I hope.

4 **MR. WHITE:** Well, perfect timing.

5 **MR. ENSMINGER:** I thought I smelled sulfur.

6 **MS. RUCKART:** Okay, we're going to ambush them as
7 soon as they get here.

8 **DR. BREYSSE:** Dr. Erickson, you have such strong
9 powers.

10 **DR. ERICKSON:** Hey, listen, I was going to have
11 to start tap dancing here so you know. Brad, we have
12 a question for you.

13 **MR. FLOHR:** Yes.

14 **MS. RUCKART:** I'll let them get seated.

15 **DR. ERICKSON:** So this is Brad Flohr and
16 Dr. Clancy, and I'd provided introductions prior to
17 them being here. But yeah, it's great to see you
18 guys.

19 **DR. BREYSSE:** So as you're getting yourselves
20 settled, maybe introduce yourselves to the crowd.

21 **MR. WHITE:** If I could just mention, I'm having a
22 difficult time hearing some of you. I'm hard of
23 hearing so I'm sure probably some of the other folks
24 in the audience may have a difficult time as well, so
25 make sure you're speaking into the microphone.

1 **DR. BREYSSE:** Does that include me?

2 **MR. WHITE:** Pardon me?

3 **DR. BREYSSE:** Are you having [laughing], I fell
4 for it.

5 **MS. FRESHWATER:** Dr. Breysse, I heard somebody
6 back here say yes.

7 **DR. BREYSSE:** I fell for it.

8 **MS. FRESHWATER:** People back here are saying
9 they're having a hard time hearing us too. So I don't
10 know if we have any more microphones but we're kind of
11 short over here.

12 **DR. BREYSSE:** Well, there's one over here that
13 can be moved if they're not -- well, I guess they're
14 plugged in. That might be hard. We'll try and get
15 something at the break.

16 **UNIDENTIFIED SPEAKER:** Somebody texted me.
17 They're listening online and they can't hear the audio
18 either.

19 **DR. BREYSSE:** We've had that problem before. So
20 the online audio should be fine? So if anybody can
21 hear online? How do we verify that they can hear? So
22 we have a, right here, that is showing that it's
23 coming through.

24 **UNIDENTIFIED SPEAKER:** I'm not saying it's not
25 coming through. I'm just saying ^.

1 **DR. BREYSSE:** Okay.

2 **MR. ENSMINGER:** Tell them to try to turn their
3 computer up.

4 **DR. BREYSSE:** So, if we still have a problem at
5 the break we'll try and address it, but it appears
6 like we have audio. So we'll pass the microphone off
7 to the left. We have some handheld microphones.
8 Jona, I think they need more microphones over in this
9 area. So, Brad.

10 **MR. FLOHR:** Yes, sir.

11 **DR. BREYSSE:** Welcome. Can you introduce
12 yourself?

13 **MR. FLOHR:** Yeah, hi. I'm Brad Flohr. I'm a
14 senior advisor in compensation service with VA.

15 **DR. BREYSSE:** Dr. Clancy?

16 **DR. CLANCY:** Good afternoon everyone, and our
17 apologies for being late. It was a horrendous traffic
18 signal we got stuck at. I'm Carolyn Clancy. I'm the
19 chief medical officer and, as of today, a deputy
20 undersecretary for health at the Veterans' Health
21 Administration.

22 **DR. BREYSSE:** Congratulations.

23 **DR. CLANCY:** Thank you.

24 **DR. BREYSSE:** And I'm sorry we don't have a tent
25 for you but --

1 **DR. CLANCY:** I could make one.

2 **DR. BREYSSE:** -- we'll fix that when we can.

3 **UNIDENTIFIED SPEAKER:** We can hear online.

4 **DR. BREYSSE:** Okay.

5 **DR. CLANCY:** Terrific.

6 **DR. BREYSSE:** So do we want to go back to the
7 question at hand? And the question that was asked,
8 Brad, people punted. They said we can't answer that
9 'til Brad gets here. So that's why it was perfect
10 that you walked in when you did.

11 **MS. RUCKART:** So it's that portion of the meeting
12 where we go over the action items from last time, and
13 this one was for VBA. It was a request that the VA
14 should acknowledge IARC, EPA and NTP findings on TCE
15 carcinogenicity. Training for SMEs should include the
16 cancer classification of these compounds, for example,
17 that these agencies stated that TCE causes kidney
18 cancer, so that reasons for denial don't include that
19 it's unclear whether TCE causes kidney cancer.

20 **MR. FLOHR:** As I recall, after the last couple of
21 meetings this was brought up, and we went back and
22 talked to our office of disability medical assessment,
23 to make sure that that -- they understood that that
24 was in fact -- kidney cancer is causative -- or TCE is
25 causative for kidney cancer. So hopefully that's

1 changed.

2 **MS. RUCKART:** Okay. The next item is for -- oh,
3 do you --

4 **DR. CLANCY:** I was just going to say, the office
5 of disability and medical assessment -- assessment,
6 excuse me, actually is under Veterans' Health
7 Administration, so I will confirm that that was
8 followed through on.

9 **MS. RUCKART:** Okay. The next item is VHA item as
10 well -- or a VHA item. The V -- the CAP would like
11 the VA to take steps to make Camp Lejeune a
12 presumptive using the IOM report for Camp Lejeune.

13 **DR. CLANCY:** Can you say that again?

14 **MS. RUCKART:** Mm-hmm. The CAP would like VA to
15 take steps to make Camp Lejeune a presumptive using
16 the IOM report for Camp Lejeune.

17 **DR. ERICKSON:** Yes, I --

18 **DR. CLANCY:** Go.

19 **DR. ERICKSON:** May I take that? Again, this is
20 Loren Erickson. The IOM report, I believe, that's
21 being referred to is the review of the clinical
22 guidelines, that we asked them to review. I will
23 assure you that the work group and the task force at
24 VA has studied that very carefully; however, that
25 particular decision is what we call pre-decisional at

1 the present time. In other words, I cannot speak for
2 my big boss, in terms of what his decision is, is that
3 it is shortly forthcoming, but I can tell you that we
4 did look at that very carefully. We did consider that
5 very carefully.

6 **MS. RUCKART:** Okay. The next item is for VHA as
7 well. The CAP would like the VA to conduct more
8 education and outreach to VA clinicians on Camp
9 Lejeune.

10 **MR. WHITE:** I'm sorry, could you repeat that?

11 **MS. RUCKART:** Mm-hmm. The CAP would like the VA
12 to conduct more education and outreach to VA
13 clinicians on Camp Lejeune.

14 **MR. WHITE:** Okay. Yeah, that's part of my
15 presentation about showing exactly what we've done
16 since the last CAP meeting. But we have done
17 additional outreach. We've trained some additional
18 individuals. We've got some online training that's
19 available 24/7. So I believe we tackled that.

20 **MS. RUCKART:** Okay. The next item is for VBA.
21 The CAP would like information on the number of male
22 breast cancer claims, how many were determined
23 diagnostically to have the condition, and how many
24 were approved and how many denied.

25 **MR. FLOHR:** We did that review about the end of

1 last year, and we sent that report to Senators Burr
2 and Hagan and Nelson, so I figured that you had all
3 had gotten that report. In fact I talked about that
4 the last time, I believe.

5 I've got it with me. We reviewed 206 claims
6 files where breast cancer was an issue; that is, it
7 was identified in our systems by a diagnostic code
8 that would indicate breast cancer or something similar
9 to that. 117 of those were from males; 89 were from
10 females. They were identified by searching our
11 database using our unique diagnostic code. They're
12 identified as decisions made on claims. Of the 117
13 identified breast cancer claims filed by males with
14 service at Camp Lejeune during the period of water
15 contamination, only 47 actually had a diagnosis of
16 breast cancer.

17 Sixteen of those claims were granted. Now, this
18 is, again, the end of last year, representing a grant
19 rate of 34 percent. Of the 89 identified breast
20 cancer claims filed by females with service at Camp
21 Lejeune, only 73, which is significantly more than the
22 males, 73 actually had a diagnosis of breast cancer.
23 31 of those claims were granted, representing a grant
24 rate of 42 percent. And I'm sure I gave this to you
25 last time, or at least one of the last meetings.

1 **MS. FRESHWATER:** I don't have that, and I
2 don't -- also those senators don't call me. They
3 might call some of the people at the table, so giving
4 it to them doesn't mean I get it. So if you could --

5 **MR. FLOHR:** Yeah.

6 **MR. PARTAIN:** Brad, the information was given
7 out, and I believe that part of the question, and I'm
8 not sure if it got garbled somewhere, was an update
9 since then, as far as after -- because I believe that
10 statistic's over a year old.

11 **MR. FLOHR:** Yes, they are, and I don't recall
12 getting any due outs to.

13 **MR. PARTAIN:** Okay. 'Cause we did have these
14 numbers.

15 **MR. FLOHR:** Yeah, that's what I thought, yeah.

16 **MR. PARTAIN:** And what I was getting at is if
17 there's any updates since then. And just out of
18 curiosity, would the -- the 117 cases, the other,
19 what, 70 that were -- I mean, I'm just a little
20 confused how someone comes in with male breast cancer
21 to the VA, and only 47 end up with a diagnosis. I
22 mean, what kind of other things were -- how were they
23 misdiagnosed, I guess?

24 **MR. FLOHR:** Well, you said when we -- we may --
25 rather than a claim for breast cancer, it may have

1 been a claim for gynecomastia. But we don't have a
2 unique diagnostic code for gynecomastia in our rating
3 schedule.

4 **MR. PARTAIN:** What about a non-cancerous tumor?
5 'Cause there were quite a few of that.

6 **MR. FLOHR:** That as well. We do have a
7 non-malignant -- not necessarily breast cancer but a
8 cancer of that body system. So although we pulled
9 them for granted and denied breast cancer, there were
10 other conditions, gynecomastia, nipple discharge,
11 things like that, that were -- were identified by a
12 unique diagnostic --

13 **MR. PARTAIN:** A disorder of the breast code or
14 something?

15 **MR. FLOHR:** Yes. A made-up code.

16 **MR. PARTAIN:** Okay. Okay. And thank you.

17 **MS. CORAZZA:** So I think part of the reason that
18 question was asked is because we've noticed some of
19 the other claims numbers going down, and so we wanted
20 specifically to know if those were going down also.
21 That approval -- I'm sorry, the granted percentages.

22 **MS. FRESHWATER:** Right, like why is the male
23 breast cancer lower than the female breast cancer on
24 approvals?

25 **MR. FLOHR:** I'm not a clinician or -- so I can't

1 tell you why --

2 **MS. FRESHWATER:** I know but I'm saying this is
3 why we keep asking, to try and get some sort of idea
4 of why.

5 **MR. FLOHR:** It's, it's -- basically it's because
6 when we get a medical opinion, which we get to
7 determine if someone has a disease that's caused by
8 contaminated water, and if we get a negative opinion,
9 then it's going to be a denial in most cases.

10 **MS. FRESHWATER:** So the new numbers won't take
11 into consideration the new study. Would that be
12 right?

13 **MR. FLOHR:** I'm sorry?

14 **MS. FRESHWATER:** The new -- when we get new
15 numbers, since Mike is saying these are the old
16 numbers.

17 **MR. FLOHR:** If you want new numbers, that can be
18 a due-out today. I mean, I can't give them to you
19 today 'cause I don't have --

20 **MR. PARTAIN:** Yeah, it'd be nice to have an
21 update.

22 **MR. FLOHR:** Okay.

23 **MR. PARTAIN:** To see where we're at. And on a
24 side note, the -- I mean, we have a pretty large
25 public contingent here tonight. I know a lot of

1 people do have questions they'd like to ask.
2 Unfortunately we're not really set up to do that here
3 now. But either -- are we going to do a public answer
4 at the end or?

5 **DR. BREYSSE:** Yeah, there'll be -- but we have a
6 whole public meeting scheduled for tomorrow.

7 **MR. PARTAIN:** That's what I wanted to bring up.
8 You know, if you can hold your questions or if you can
9 get with us at the break or something, if you need to
10 have a question or something like that. Also the VA,
11 Dr. Clancy, I'm assuming you guys are going to be here
12 tomorrow for questions and things like that. And I do
13 know there are a couple people here tonight that can't
14 be here tomorrow, like one family who's going to be
15 undergoing dialysis tomorrow and cannot be here. So,
16 you know, they have some questions. I'd like to see
17 if we can get them addressed too. But I just wanted
18 to take a second to bring that up.

19 **MR. TEMPLETON:** While we were on this topic, I
20 had an exchange with Mr. Flohr a few meetings ago,
21 talking about the diagnostic codes and so forth. But
22 Dr. Clancy, since you're here, I'd like to confirm
23 that VHA actually does use ICD-9 or ICD-10 for their
24 diagnostic codes; is that correct?

25 **DR. CLANCY:** Yes. We just transitioned to ICD-10

1 as of the end of the fiscal year. So it's coming into
2 October 1 --

3 **MR. TEMPLETON:** Right.

4 **DR. CLANCY:** -- we made that switch.

5 **MR. TEMPLETON:** And the exchange, and I'll shut
6 up real quick, but the exchange had to do with the
7 transposition between the ICD codes --

8 **DR. CLANCY:** Yes.

9 **MR. TEMPLETON:** -- that are used and the codes
10 that are used by VBA.

11 **DR. CLANCY:** Yes, so what you're saying is in
12 updated numbers we're going to need to be extremely
13 attentive to that issue.

14 **MR. TEMPLETON:** Yeah.

15 **DR. CLANCY:** Yeah, got it.

16 **MR. TEMPLETON:** 'Cause unfortunately it sounds
17 like that some of them may be getting missed during
18 that transition process --

19 **DR. CLANCY:** Yes.

20 **MR. TEMPLETON:** -- from ICD to the VBA system,
21 that maybe there are some errors that are involved
22 there?

23 **MR. FLOHR:** No, Tim, that's -- we do not use ICD
24 codes. We have a unique set of diagnostic codes. We
25 have approximately somewhere over 800 unique

1 diagnostic codes in VBA's systems to identify diseases
2 and disabilities, injuries, musculoskeletal,
3 cardiovascular, whatever. But we don't identify them
4 through ICD.

5 **MR. TEMPLETON:** Right, but I guess, the whole
6 point, and again, I'll shut up real quick here, but
7 the whole point was that when it comes to you it
8 either comes from private physicians or it comes from
9 the VHA, that are in the ICD -- that those codes are
10 in ICD, and somehow they have to get translated over
11 to something that VBA uses for their purposes.

12 **MR. FLOHR:** Well, not exactly. If someone files
13 a claim, let's say, for a low back condition. They
14 injured their back in service and they've got pain and
15 whatever. And we can do an examination to determine
16 how severe it is, 'cause we know it happened in
17 service. We need to know how severe it is, not
18 whether it occurred in service, because we have that
19 through their service medical records. And we give an
20 examination, and we have a unique diagnostic code for
21 low back disabilities. It's -- our code's 5295. It
22 has nothing to do with ICD codes. We don't need an
23 ICD code. We -- that's just how we identify it, and
24 we determine the severity and assign an evaluation.
25 But the examiner might put an ICD code on the

1 examination, but it's not something that we actually
2 use.

3 **DR. CLANCY:** I'm going to take that as a due-out,
4 though, 'cause now I'm really curious, so thank you
5 for the question. And for -- I don't -- I won't go
6 into the long drama about the switch from ICD-9 to
7 -10, but you can tune in to many places to hear people
8 yelling about it. What I will say is that it vastly
9 expands the number of diagnoses, so even when Brad was
10 just describing what other codes might be thought of
11 as breast cancer or similar and related to that part
12 of the body. ICD-10 has got a zillion and one entries
13 for things, including such things as in-laws were
14 visiting, believe it or not.

15 **MS. RUCKART:** Okay, the next item is for the VBA.
16 The CAP requests that the VA stop using the NRC report
17 as a reference or decision authority when processing
18 claims.

19 **MR. FLOHR:** I had that conversation with the
20 medical examiners when we came back from the last CAP
21 meeting. I made it a point to say, do not use that
22 solely as a basis for a denial of a claim.

23 **MS. FRESHWATER:** Well, can you define solely?
24 Like you're still using it. What weight are you
25 giving it if you're using it?

1 **MR. FLOHR:** By solely I mean don't use that as
2 the only reason for denial.

3 **MS. FRESHWATER:** Can they use it for 90 percent?

4 **MR. FLOHR:** I have no idea.

5 **MS. FRESHWATER:** Can we get clarification on
6 that, please?

7 **MR. PARTAIN:** And Brad, I mean, I don't want to
8 get into another round of semantics like we did back
9 in May, but when you're dealing with the NRC report,
10 you know, it is an old study, 2009, and there have
11 been significant advancements and studies that have
12 been completed since then.

13 The weight of what Lori was asking is concerning
14 what weight is the VA placing with the NRC report.
15 Frankly I would question whether -- why that should be
16 even a part of the review. 'Cause you say that one --
17 not one report should be considered. I mean, when
18 you're looking at scientific evidence, you're looking
19 at the weight of the evidence, the body of the
20 evidence, not just one or two reports. But and --
21 well, as Jerry's reminding me here, the NRC report
22 wasn't even a study. It was a review of scientific
23 literature.

24 **MR. FLOHR:** Right.

25 **MR. PARTAIN:** And there were some fundamental

1 flaws with that report, including, as we've mentioned
2 in the past, the fact that the peer reviewer was
3 cherry-picking the peer review, and a former executive
4 of -- was it Honeywell?

5 **MR. ENSMINGER:** Honeywell, Limited.

6 **MR. PARTAIN:** Honeywell, Limited, who is a major
7 TCE contaminator in this country. And the fact that
8 the VA is using the report in any capacity at this
9 point is a concern from the community. I mean, and
10 we've got letters from other epidemiologists. We have
11 a letter from one of the former directors of ATSDR,
12 back in 2010, stating that there was a hazard at Camp
13 Lejeune and contradicting the findings of these
14 reports -- of the NRC report.

15 So going back to the question, if the report is
16 going to be used, I think the VA needs to articulate
17 in what manner, and also what counterpoints are being
18 provided to these SMEs in the use of this report. Are
19 they aware of the limitations, the shortcomings, the
20 problems with that report?

21 **DR. ERICKSON:** Mike, maybe I can jump in. I
22 don't, I don't do the claims evaluations, though I
23 have a lot of contact with this disability group that
24 does these medical assessments. And what they would
25 tell you is that they have an ever-growing

1 bibliography, which includes, for instance, the study
2 that's on the screen, okay, in terms of this
3 bibliography is growing as new studies are published
4 in the peer reviewed literature, as they're made aware
5 of new information. And I think to a person they
6 would tell you they're not relying upon the NRC report
7 as the basis of their claims today. They have an
8 ever-dynamic and ever-evolving fund of information
9 that is that body of knowledge that you were talking
10 about.

11 **MR. PARTAIN:** And on that point, Dr. Erickson,
12 the bibliography --

13 **DR. BREYSSE:** Mike, can I interrupt, please? We
14 have a lot of other former action items to go through.
15 Can we go through that? If we have time, we come back
16 to this issue or?

17 **MR. PARTAIN:** Okay. Let me make just one point
18 with this bibliography, and I'll end right here with
19 the bibliography and this case in point. Yes, the
20 bibliography's important. Hopefully Wikipedia's not
21 part of that. But that bibliography should be public
22 and made available to the public so we can see what
23 they're saying. And I know I've asked for this in the
24 past but I would like to have a copy of that
25 bibliography of what's being relied upon by the SMEs.

1 Thank you, Dr. Breysse. I'm sorry about --

2 **MR. ENSMINGER:** Well, I want to go back to
3 Dr. Erickson for a minute, on the IOM report and the
4 review of it. Who did the review?

5 **DR. ERICKSON:** Okay. Just so I know which one
6 we're talking about, is it the most recent IOM study?

7 **MR. ENSMINGER:** Yes, yeah.

8 **DR. ERICKSON:** Where the IOM was asked by VA to
9 review the VA clinical guidelines?

10 **MR. ENSMINGER:** Yes.

11 **DR. ERICKSON:** Okay. Okay, good. So VA
12 commissioned a study with --

13 **MR. ENSMINGER:** IOM.

14 **DR. ERICKSON:** -- IOM, and said, you know, we
15 have a list of clinical guidelines that we provide to
16 our clinicians that help us to execute, to carry out
17 the wishes of Congress, as stated in the 2012 law,
18 which you know very well, the 15 conditions, et
19 cetera. And the goal of the clinical guidelines, of
20 course, were to describe to the clinicians how they
21 would approach being able to fill the requirements of
22 that legislation.

23 Realizing that, you know, our best efforts needed
24 to be peer reviewed, needed an external independent
25 body to look at what we were doing, we asked the IOM

1 to look at that, and in fact commissioned them to do a
2 study to respond back to us to tell us, you know, are
3 we on target? Did we get this right? If we need to
4 change it, what things do we need to change? And they
5 actually then published, you're right, in this last
6 year, a document -- and in fact I held that document
7 up --

8 **MR. ENSMINGER:** No, I, I have the report.

9 **DR. ERICKSON:** Okay, very good. And so at that
10 point, then VA is put back into the response mode,
11 where VA then needs to bring our SMEs, our subject
12 matter experts, together and say, okay, IOM is making
13 recommendations to us. How can we take those
14 recommendations and rewrite our clinical guidelines so
15 that they're better, so that they take into account
16 what the IOM is recommending that we do?

17 I will tell you that there was a committee of
18 SMEs, a work group. They have done this. This
19 document has been rewritten. It's in final ^ right
20 now, but because it's pre-decisional, I cannot show it
21 to you today. Okay, and this is, this is a
22 bureaucratic thing, and I'm sorry, but I will tell you
23 that it's -- we have taken to heart every word of the
24 IOM report.

25 **MR. ENSMINGER:** Well, I remember whenever you

1 announced that you were forming this task force to do
2 this review of the IOM report and make
3 recommendations, I remember asking you if you would
4 consider including, like for Camp Lejeune -- I know
5 every situation and every issue that the VA deals
6 with, you don't have a community assistance program or
7 group. But we do, and I asked you to include some of
8 our experts in that task force, on that review, and
9 you didn't do it. I mean, we got two of the best,
10 most renowned epidemiologists in the world sitting
11 here.

12 **DR. ERICKSON:** Right, and Mr. Ensminger, this is
13 a clinical document.

14 **MR. ENSMINGER:** Well, that's fine.

15 **DR. ERICKSON:** This involves -- well, but a
16 clinical document involves physicians who touch
17 patients, who make diagnoses.

18 **MR. ENSMINGER:** So this was all done by
19 physicians?

20 **DR. ERICKSON:** This was primarily -- yes.

21 **MR. ENSMINGER:** You said subject matter expert.

22 **DR. ERICKSON:** Well, which is a very broad term.
23 But again, this is --

24 **MR. ENSMINGER:** Yeah, I'll say.

25 **DR. ERICKSON:** Well, but it's a clinical

1 document. Well, it is. But it's a, it's a clinical
2 document.

3 **DR. BREYSSE:** I think we need to move on;
4 otherwise we're not going to get close to getting
5 through this section.

6 **MS. RUCKART:** Okay, our next item is also for
7 VBA. The CAP requests more information, such as a
8 breakdown of miscellaneous conditions with the claims.

9 **MR. FLOHR:** I actually have -- I do have that for
10 you. The top ten that make up miscellaneous
11 conditions, by a very large number, is diabetes. Then
12 there's hypertension, colon cancer, a kidney condition
13 -- not cancer but another condition -- high blood
14 pressure, depression, heart conditions, sleep apnea
15 and erectile dysfunction. Those are the top ten.

16 **MS. RUCKART:** Okay.

17 **MS. FRESHWATER:** Can you be more specific about
18 the kidney?

19 **MR. FLOHR:** I'm sorry?

20 **MS. FRESHWATER:** The kidney. You're saying
21 anything that's not diagnosed as cancer --

22 **MR. FLOHR:** Not cancer but a chronic renal
23 disease or whatever.

24 **MS. FRESHWATER:** So you're familiar with Willy.
25 We've been working together with Willy Copeland down

1 in Georgia, right? He has end-stage renal disease.

2 **MR. FLOHR:** No, I don't know.

3 **MS. FRESHWATER:** Okay, well, we've talked about
4 it, but anyway that's where he would fall into a
5 miscellaneous as opposed to -- do you see what I'm
6 saying?

7 **MR. FLOHR:** Sure.

8 **MS. FRESHWATER:** So that's what -- that would
9 cover him.

10 **MR. FLOHR:** I think so, yes.

11 **MS. FRESHWATER:** Okay.

12 **MR. TEMPLETON:** Brad, can we get a copy of that?
13 And is there a number for each one of the top ten that
14 you had there?

15 **MR. FLOHR:** Yeah, for example diabetes is 1,246.

16 **MS. FRESHWATER:** Brad, he's called -- he called
17 in. He's a double amputee. He was a police officer.
18 He's been on the news now down there in Georgia. Do
19 you remember now?

20 **MR. FLOHR:** I really don't.

21 **MS. FRESHWATER:** Okay, that's all right.

22 **DR. BREYSSE:** I think we can come back to that
23 but we need to move along. And Brad, can you get the
24 numbers off line?

25 **MR. FLOHR:** I'll send it to Perri, when I get

1 back to the office on Monday.

2 **MR. PARTAIN:** Actually, Brad, and just the
3 numbers, before we move on, the cancers, the 15
4 conditions that are on the healthcare law, are they
5 included in this breakdown too? 'Cause I'd like to
6 see the number of kidney cancers, leukemias, liver
7 cancer, bladder cancer --

8 **MR. FLOHR:** That's right. Those are the
9 normal --

10 **MR. PARTAIN:** Okay, 'cause I'm not sure --

11 **MR. FLOHR:** -- claims that we track. And you've
12 seen the report I've given --

13 **MR. PARTAIN:** No, I just want an update on that.

14 **DR. BREYSSE:** Remember at the end of the list,
15 there's miscellaneous? So this is just breaking down
16 what was -- there's a huge number of cases of
17 miscellaneous, and you guys asked, what does that
18 encompass?

19 **MR. PARTAIN:** Okay.

20 **DR. BREYSSE:** And so I think Brad is being clear
21 about that.

22 **MS. FRESHWATER:** I think we were curious as to
23 how many toe fungus cases were reported.

24 **MR. FLOHR:** I have the most recent Camp Lejeune
25 report as through November as well.

1 **MR. PARTAIN:** Okay. Thank you.

2 **MS. RUCKART:** Okay, the next item. The CAP
3 requested clarification on the maximum copay amount
4 per day for healthcare and per prescription for the
5 VA. And that -- I have information that Brady has
6 that to go over when he gives his presentation.

7 **MR. WHITE:** I am going to be going over that in
8 my presentation, but real quickly, for inpatient care,
9 for Camp Lejeune veterans, what we're talking about
10 here, they don't have any copayments for a Camp
11 Lejeune condition. But they would pay normal VA
12 copays for care that's not related to one of the 15
13 conditions, okay. And then if you break that down,
14 for inpatient care it's ten dollars a day, plus
15 \$1,260 for the first 90 days. For outpatient care,
16 it's \$15 for primary care, \$50 for specialty care.
17 And I'm running through these a little quickly but
18 it'll be on the slide, and I think you guys are going
19 to get a copy of that after this. And then outpatient
20 medication, it's eight dollars per day for a 30-day
21 supply for veterans that are in priority group 2
22 through 6.

23 **DR. BREYSSE:** Brady, can we do this tomorrow, if
24 we're going to do it tomorrow? I'm really --

25 **MR. WHITE:** Okay, yeah.

1 **DR. BREYSSE:** -- worried about the time.

2 **MR. WHITE:** Absolutely, I'm just trying to answer
3 the question.

4 **DR. BREYSSE:** Yeah, I appreciate that.

5 **MS. RUCKART:** Okay. And the CAP requested that
6 Brady White give his PowerPoint presentation from the
7 Greensboro meeting at the meeting in Tampa. So he'll
8 do that tomorrow.

9 There was a question for the VBA. How frequently
10 are Camp Lejeune veterans submitting information the
11 first time for claims and benefits so that their
12 requests are not required to go through further SME
13 review. They wanted numbers.

14 **MR. FLOHR:** I'm sorry, the question was how many
15 times do we make a decision on a claim without getting
16 an SME/VHA review? Those numbers I don't have. Our
17 data folks are looking into that. They might be able
18 to do that but they're going to have dig deep in that.
19 And as soon as I get that I'll give it to you.

20 **MS. RUCKART:** Okay. There was a request, this is
21 for you, Brad, to check if denial letters are
22 following the CAVC criteria for fully articulating the
23 decision.

24 **MR. FLOHR:** We've got some notice letters from
25 Louisville, and yes, they do. They are very, very

1 in-depth, provide all the information about the
2 decision, how it was made, how it was arrived at, how
3 they can appeal it. Talks about very, very --

4 **MR. TEMPLETON:** Is that after a certain date or?

5 **MR. FLOHR:** That's current. I don't know if it's
6 changed.

7 **MR. TEMPLETON:** Okay.

8 **MR. FLOHR:** Everything has changed. I mean,
9 we're going through transformations. We're doing
10 electronic claims processing now. Almost 99 percent
11 of all claims we do are electronic, which I never
12 thought I'd see that in my career. We've done that
13 really, really quickly. So now everybody can -- like
14 right now we have Camp Lejeune in Louisville; we have
15 radiation cases in Jackson, Mississippi.

16 At some point in time, this is called the
17 national work queue, we can send claims to any
18 regional office, not just where a veteran lives. One
19 office may have more ability to do claims than another
20 office, may be backed up. And eventually I believe
21 we'll be able to do more targeting of specific types
22 of claims, environmental exposure type claims. We'll
23 have PTSD experts and TBI experts in one regional
24 office or another. All those people are in one
25 office. They're specially trained people, really good

1 folks. So that's down the road. That's not now but
2 it's down the road.

3 **MS. RUCKART:** Okay, the next item was for both
4 VBA and VHA. The CAP reiterated their request to have
5 a presentation at the public meeting tomorrow on the
6 difference between VBA and VHA, and what each covers.

7 **MR. FLOHR:** We're prepared to do that.

8 **MS. RUCKART:** Okay. The next item is for VHA.
9 There was a request for the VA to provide at the Tampa
10 meeting the budget for the Camp Lejeune family member
11 program and how much has been spent so far, and I
12 believe Brady will discuss this during his
13 presentation.

14 This is an item for the DON. There was a request
15 to put together a process on how to release the
16 documents to the CAP that have already been released
17 to ATSDR. The CAP wanted to know if there was a way
18 to grant access specifically to the CAP members while
19 the issue of public release is being worked out. A
20 suggestion was made for the CAP to view the documents
21 at Camp Lejeune in a secure room where they did not
22 have any access to electronic recording devices.

23 **MS. FORREST:** As outlined in the general charter,
24 the ATSDR community assistance panels, or CAPs, are
25 non-statutory groups that provide a mechanism to

1 exchange information with the affected community and
2 to obtain input from the community. CAP members are
3 not special government employees, consultants or
4 experts to ATSDR. Therefore the CAP members are
5 considered members of the public for purposes of
6 access to government documents.

7 Since all DoD unclassified information must be
8 reviewed and approved for release before it is
9 provided to the public, any access to documents,
10 whether in a secure room or otherwise, is not
11 permissible until the formal review process under FOIA
12 is completed.

13 **MR. ENSMINGER:** Thank you for that lecture. I
14 mean, but that still doesn't answer the question. You
15 know, how long are you people going to take reviewing
16 these documents so that they can be released to the
17 public? I mean, your legal people have had long
18 enough.

19 **DR. BREYSSE:** Do you have a time limit?

20 **MS. FORREST:** Do I -- I think I would have to
21 know specifically which documents --

22 **MR. ENSMINGER:** All the documents that they're
23 working on the public health assessment, on the vapor
24 intrusion, that we've been asking for for years.
25 That's what we're talking about. Now, where are they?

1 **MR. PARTAIN:** The Marine Corps and the Navy did
2 not have a problem releasing documents. Matter of
3 fact ATSDR, in their water modeling, enclosed several
4 DVDs of the documents. They didn't -- this did not
5 become an issue with these FOIA requests until we
6 started putting together the documents and making a
7 sensible storing, and asking questions. And it is --
8 I mean, the latest trove -- and when we started, we're
9 talking probably 8,000 documents or so that, when I
10 got involved in this back in 2007-2008, and my
11 understanding we're up to, what, 45,000 documents that
12 were disclosed to us last year. And now over a year
13 later, and we still don't have any release or any
14 type, you know, even a partial release of these
15 documents.

16 Many of these documents go back to the 1980s.
17 The Navy has been in possession of these documents for
18 over 30 years in some cases. Now granted there are
19 documents that are coming out today, but the thing is,
20 what are you people doing? This information is not a
21 national security; it's a national tragedy, the fact
22 that you people poisoned a million Marines and their
23 families over a 38-year period on the base. We have a
24 right to know what transpired on the base. We have a
25 right to know what was in our water. And we have a

1 right to these documents.

2 **MR. ENSMINGER:** And what was in our air.

3 **MR. PARTAIN:** And I'm sorry, what was in the air
4 and the soil, too, in the case of the child daycare
5 building -- center, in building 712 that was the
6 former pesticide shop, that they put the kids in in
7 1966.

8 **DR. BREYSSE:** All right. So Melissa, is there
9 anything additional you can add?

10 **MS. FORREST:** I can't add anything additional at
11 this time. I mean, to me this sounds like maybe
12 something that -- I know ATSDR and the Navy, we do
13 program review meetings. It sounds like something
14 that needs to be worked out between the two agencies
15 on exactly what point in the process --

16 **DR. BREYSSE:** So --

17 **MS. FORREST:** -- because I -- because if I'm
18 not -- I just wanted to finish and say I mean, as far
19 as I understand, ATSDR is getting all of the
20 documents --

21 **DR. BREYSSE:** Yes.

22 **MS. FORREST:** -- from the Navy that they need to
23 conduct --

24 **DR. BREYSSE:** So we have the documents, and the
25 CAP has asked for us to show them to them, and the

1 Navy said we can't because they haven't been released.
2 And then I believe the CAP then FOIA'd the documents.
3 And they're waiting to hear --

4 **MS. FORREST:** Has, has the CAP FOIA'd the
5 documents, all of the documents?

6 **MR. PARTAIN:** We've been asking for these
7 documents for the past year. I know every CAP meeting
8 I bring it up.

9 **DR. BREYSSE:** Is it an official FOIA request or
10 is it just a CAP request?

11 **MR. PARTAIN:** I don't know what the FOIA -- at
12 this point we've got 45,000 documents. We don't even
13 know, really, what's out there. All we got is the
14 index that you --

15 **MR. ENSMINGER:** Well, the point is this. When
16 ATSDR gets their study done, and their assessment, is
17 a better word, and they want to issue that assessment,
18 they can't issue it without the supporting documents
19 to back it up. And if we don't have our hands on it,
20 it'll go right back to the way it was with the water.
21 We found things in the water documents that ATSDR
22 overlooked.

23 **DR. BREYSSE:** So if we can make it an action item
24 for us to revisit with the Navy the time frame and the
25 conditions under which those data can be released,

1 it's clear to me, when we publish our report all the
2 documents that we cite have to be made publicly
3 available, and I believe the Navy knows that. But
4 there's probably going to be many other reports that
5 we don't cite that won't be released as a matter of
6 fact at that point, that I think, the CAP is still
7 going to want to see. So I think that that's -- we
8 can do our best to talk to the Navy through the APOW
9 process but we'll do that.

10 **MS. FORREST:** If I'm understanding --

11 **MR. PARTAIN:** With all due respect to you, and
12 thank you for being here, but the fact that the Marine
13 Corps does not have a uniformed officer representing
14 them here at this table, and has withdrawn because
15 they consider themselves a distraction to our
16 proceedings, is an insult to the community. And I do
17 want to note that here now. [applause]

18 **DR. BREYSSE:** And the thing is -- I think we need
19 to keep this on a more professional plane. I
20 appreciate the enthusiasm of the audience, but if we
21 can hold back on that and, and I think we've
22 discovered that this is probably something we still
23 need to work on.

24 **MS. FORREST:** Yeah, and I want to make sure I
25 understand the full complexity of the action item,

1 'cause we just talk about all documents, all
2 documents.

3 **MR. PARTAIN:** Well, Camp Lejeune is a Superfund
4 site, and under CERCLA these documents should be in
5 the administrative record that is publicly available,
6 and for some reason they're not. And case in point,
7 and I'll leave off at this point because we're kind of
8 -- to avoid beating a dead horse, but the case in
9 point is the presence of 1.5 million gallons of fuel
10 in the aquifer at Camp Lejeune.

11 Okay, up until 2009, we did not have a clue. The
12 Marine Corps/Navy was telling Senators Burr and the
13 Congress that they -- according to their inventory
14 records they lost 30- to 50,000 gallons of fuel, which
15 was the truth, 'cause their inventory records did
16 include -- indicate that.

17 What they weren't telling us and Congress was
18 that there was a password-protected electronic portal
19 with 1,500 Navy documents detailing the loss of
20 1.5 million gallons into the ground at Hadnot Point.
21 That's the kind of stuff that's a problem.

22 Now, and not criticizing ATSDR, but as Jerry
23 mentioned, when they went through the public health
24 assessment, and we did a presentation of this back in
25 September of 2014, they missed a lot of stuff. They

1 missed a lot of information, and critical information,
2 including the presence of benzene in the water, that
3 ultimately forced ATSDR to withdraw the public health
4 assessment ^ 2009.

5 **MS. FORREST:** But to help me formulate this
6 action item, you are saying -- I understand, you know,
7 the process --

8 **MR. ENSMINGER:** Ask Rick Gillig. He'll give you
9 what the documents we're talking about.

10 **DR. BREYSSE:** Well, we have a large library of
11 documents that the Navy made available to us for our
12 ongoing public health assessment. Those are the
13 documents that the CAP has asked to have access to.

14 **MS. FORREST:** For the public health assessment --

15 **DR. BREYSSE:** We have a list, and we could give
16 that to you, I assume, Rick? Tell me if I'm saying
17 something wrong?

18 **MS. STEVENS:** Rick is right here.

19 **MR. GILLIG:** The list has been provided to Scott
20 Williams. Scott Williams is serving lead on this. We
21 talk to Scott at least once a week about the status of
22 releasing those documents. And I know Scott's working
23 on it.

24 **MS. FORREST:** Yes, I know they're working on
25 reviewing them. They have to be reviewing them.

1 **MR. UNTERBERG:** Melissa, it seems like you raised
2 at the beginning somewhat of a legal issue on why you
3 can't release it. Who is your internal counsel that's
4 dealing with it? Is that someone we can talk to?
5 'Cause I find it hard to believe that you guys don't
6 have situations where you enter into confidentiality
7 agreements and NDAs with non-consultants and
8 non-employees, and we could have a legal discussion
9 about that prohibition, 'cause it sounds like you're
10 saying we're public, and there's no way to get around
11 giving us the documents from a legal perspective.

12 **MR. ENSMINGER:** Well, the eastern area counsel's
13 office is the ones that are doing this review,
14 supposedly, so.

15 **MR. UNTERBERG:** Could we have a specific name?
16 I'd like -- I'm an attorney, I'd like to talk to them,
17 'cause I think there should be a solution.

18 **MS. FORREST:** I will have to get back to you with
19 a name, for you to speak with. There are multiple
20 lawyers who work with different aspects of this.

21 **MR. UNTERBERG:** Fine.

22 **UNIDENTIFIED SPEAKER:** You can tell 'em we'd like
23 it released this week.

24 **DR. BREYSSE:** Perri?

25 **MS. RUCKART:** Okay. The next item is also for

1 the DON. There was a question about the need to
2 clarify for the building 133 vapor intrusion
3 investigation, what was the justification for using
4 the industrial standard versus using different
5 screening methods if that building was classified as
6 an administrative building.

7 **MS. FORREST:** I apologize. It's a little long
8 but we wanted to clear up two different possible
9 confusing items related to the term industrial. So
10 the Environmental Protection Agency industrial or
11 non-residential risk-base screening level was the
12 proper screening level for building 133, an
13 administrative building. The difference between
14 industrial, or non-residential, and residential is the
15 amount of time spent at the location. The EPA
16 industrial, non-residential air risk-based screening
17 value is based on a person being at that location for
18 250 days per year, an example of five-day work week,
19 two weeks of leave per year, for eight hours per day.

20 The EPA residential air risk-base screening
21 values are based on exposure conditions for 350 days
22 per year for 24 hours per day.

23 Please note that at the time of the building 133
24 vapor intrusion investigation in 2013 the EPA risk-
25 based screening levels were classified as industrial

1 and residential. Since that time EPA has renamed the
2 industrial screening level as non-residential. This
3 change in terminology did not affect the screening
4 level values and therefore does not change the
5 conclusion of the 2013 building 133 vapor intrusion
6 investigation. For clarification, industrial
7 health-based values, such as those set by the
8 Occupational Safety and Health Administration, or
9 OSHA, were not used in this evaluation. It was EPA
10 screening values.

11 **MS. RUCKART:** And the last action item. There
12 was a request that we invite Dr. Sarah Blossom of the
13 University of Arkansas to the Tampa CAP meeting to
14 discuss immunotoxicology. She was invited. She
15 couldn't attend today. And we are going to invite her
16 to our next meeting.

17 **MS. FRESHWATER:** Just to be clear, she was
18 available for the meeting, and then we had to change
19 the date. But she was available for the original
20 meeting, and we're very much looking forward to
21 working with her.

22 **DR. BREYSSE:** And we're committed to getting her
23 here.

24 **MS. RUCKART:** Pardon?

25 **DR. BREYSSE:** And we are committed to getting her

1 here.

2
3 **HEALTH ASSESSMENT UPDATES**

4 **DR. BREYSSE:** So the next item on the agenda is
5 an update on the health assessments, soil vapor
6 intrusion, drinking water re-analysis. Rick, can you
7 walk us through that?

8 **MR. GILLIG:** Sure. First I'll go through the
9 soil vapor intrusion project. As I mentioned last
10 time we got together, we have contractors on board.
11 We have nine total contractors on board. These
12 contractors are reviewing that library of documents.

13 I think I talked before about 22,000 documents
14 that we had narrowed it down to. We wanted to review
15 those and pull out data. We have actually found a
16 number of duplicate documents out of those 22,000;
17 that's not surprising. I think we've identified
18 around 1,500 duplicate documents. So we're just over
19 20,000 documents that we're going through. We're
20 going through those documents to pull out information
21 on soil vapor, soil gas, shallow ground water, and
22 that's ground water 15 feet or more shallow; ambient
23 air and indoor air.

24 We're pulling more than just the sampling
25 results. To really make sense of this data we have to

1 have information on the location of where the
2 contaminant -- or where that sample was taken. In
3 many cases it's not near a building. We're more
4 interested in what's close to the buildings. But
5 again, we're collecting all that information as well
6 as the date of sample collection. That'll give us an
7 opportunity to do both spatial and temporal analysis
8 of the data.

9 So at this point we're continuing to go through
10 those documents. We've gone through about -- we've
11 gone through over half a million pages so far.
12 Unfortunately we have over two million pages, so it's
13 a long, drawn-out process. It's going to take a lot
14 of time, even with nine people doing it full-time.
15 Any questions?

16 **MR. PARTAIN:** Well, we would love to be able to
17 help you in the CAP.

18 **MR. GILLIG:** We would love to have the help.

19 **MS. FRESHWATER:** Can we get -- is there any
20 current testing going on on the base? I'm not sure if
21 this should be for Melissa or you. But are we testing
22 anything on the base currently, for vapor intrusion?

23 **MR. ENSMINGER:** I can answer that. I sit on the
24 restoration advisory board for Camp Lejeune. And yes,
25 there's continuous testing, constantly. They got

1 contractors on there, left and right. Now, whether
2 you get to see the results, that's another story. But
3 they're taking the tests.

4 **MS. FRESHWATER:** Well, because I was on base in
5 October, and I went to TT-2 for the first time since I
6 went to school there, and I was really surprised at
7 the density of the housing. It was a different place.
8 I mean, the housing -- they've just stacked houses on
9 top of each other on TT-2, and it's on top of plumes
10 that we know are there.

11 So I know this seems like -- I don't know, it
12 just seems obvious to me that we should know that
13 those houses are being tested, if they're sitting on
14 top of plumes on TT-2. So who do I found out -- like
15 how -- is that information that I need to send in a
16 FOIA for?

17 **MR. ENSMINGER:** Yes.

18 **MS. FRESHWATER:** Really?

19 **MR. ENSMINGER:** Yes. But I can tell you right
20 now that those -- the construction of those homes, the
21 homes were not constructed over the plumes, and those
22 houses that are even near a plume -- well, I can
23 guarantee you that all of them have a vapor barrier
24 under the slab to stop any kind of vapor intrusion
25 from coming up into the living quarters.

1 **MS. FRESHWATER:** And what about the school and
2 the daycares? I mean, I hope so because, remember, we
3 found all those daycare centers operating out of
4 houses? And now that's the thing I was going to ask
5 about --

6 **MR. ENSMINGER:** What daycare center?

7 **MS. FRESHWATER:** They are operating daycare out
8 of houses on TT-2.

9 **MR. ENSMINGER:** Well, but they're all new
10 construction. All those houses are new construction,
11 and they took precautions when they built those. They
12 got vapor barriers under the slabs.

13 **MS. FRESHWATER:** So you're saying they don't need
14 to be tested, Jerry?

15 **MR. ENSMINGER:** Yes.

16 **DR. BREYSSE:** But Lori, we can find out if they
17 are testing, where they're testing, and if -- we can
18 see if that -- at least that general information can
19 be made available to you.

20 **MS. FRESHWATER:** And that particularly, like I
21 said, the houses, we have those addresses. We gave
22 them to Rick. So we have the addresses. Did the
23 Defense Department ever come forward and give us the
24 addresses? Do you remember, we requested from the
25 Marine Corps the addresses for the daycares?

1 **MR. GILLIG:** They gave us some addresses. Some
2 of the information we can release. Other information
3 they ask that we not release, and it's their policy
4 not to release it, I believe, for safety concerns.

5 **MS. FRESHWATER:** Did you tell them that we were
6 able to get it through a Jacksonville Daily News
7 reporter?

8 **MR. GILLIG:** No, I did not tell them that.

9 **MS. FRESHWATER:** Well, I'm telling them now that
10 we got the information very easily. I mean, I found
11 it through a nutrition program, a document online,
12 about whether these daycares were giving the kids
13 proper nutrition during the day. And here I am
14 wondering, you know, what -- because, Jerry, I mean,
15 the houses are -- the houses are everywhere. They
16 cover the whole place now. I was really shocked.

17 And Tim and I found stuff about the school. And
18 so I would like to know -- I would like an update,
19 have they tested that school, because that school,
20 when you look at it on a map, it's a lot different
21 than when you are actually there, and you're standing
22 by a yellow school bus and you're looking at the ditch
23 where the tanks were, you know. And again, I'm not a
24 scientist. I'm coming at this from my perspective.
25 But it's kids so why not just know what's going on?

1 **DR. BREYSSE:** We'll see if we can find out for
2 you.

3 **MS. FRESHWATER:** Thank you.

4 **DR. BREYSSE:** Rick, can you remember to do that,
5 help with that?

6 **MR. GILLIG:** Yeah, that's all I have on the soil
7 vapor intrusion. But Tim, you have a question?

8 **MR. TEMPLETON:** I do, just piggyback on the
9 question for Melissa: the documents, release of
10 documents. Do you have any update on a release of
11 additional documents for us?

12 **MR. GILLIG:** Unfortunately I do not have an
13 update.

14 **MR. TEMPLETON:** Okay. You know I ask this every
15 meeting.

16 **MR. GILLIG:** I expect it every meeting, Tim.

17 **MR. TEMPLETON:** There you go. All right.

18 **MR. GILLIG:** Not a problem.

19 **MR. PARTAIN:** And just to make sure, Rick, no new
20 documents have turned up since we've last asked?

21 **MR. GILLIG:** No new documents have turned up.

22 **MR. PARTAIN:** Okay. Just want to make sure.

23 **MR. GILLIG:** So that's all I have on vapor
24 intrusion. I'd like to talk about the next project,
25 the drinking water reevaluation. As you know we

1 discussed in the last meeting, and we actually handed
2 the document out to you all in the last meeting. We
3 gave the document to the CAP. We gave the health
4 assessment to five peer reviewers, and we also
5 provided it to the Navy.

6 We received comments, about 26 pages of comments.
7 We've been going through and addressing those
8 comments. I have a copy of the revised document here.
9 We will put this into clearance next week.
10 Dr. Breyse has asked that we do a concurrent review,
11 which means it'll be an abbreviated process.

12 We're going to get together on January 13th in a
13 room, all the reviewers. We're going to discuss it,
14 reach an agreement, this is what we're going to go out
15 with. It'll then go through CDC clearance and out for
16 public comment. We expect it out for public comment
17 in February. It'll be out for public comment,
18 probably for at least 60 days.

19 **MR. ENSMINGER:** All right. Of the -- how many
20 pages?

21 **MR. GILLIG:** The comments, 26 pages.

22 **MR. ENSMINGER:** How many of them came from the
23 CAP and the five peer reviewers?

24 **MR. GILLIG:** I would guess probably 18 or so.

25 **MR. ENSMINGER:** Really?

1 **MR. GILLIG:** From the CAP and the peer reviewers?

2 **DR. BREYSSE:** No, he wanted to know how many --
3 of those pages came from the CAP versus how many came
4 from peer reviewers, correct?

5 **MR. ENSMINGER:** No. I want to know how many --
6 well, let me ask you straight out. How many came from
7 the Department of the Navy? How many pages?

8 **MR. GILLIG:** I would guess it was eight pages or
9 so.

10 **MR. ENSMINGER:** Oh, really.

11 **MR. GILLIG:** And many of their comments were
12 reflective of what the peer reviewers commented on.

13 **MR. ENSMINGER:** Okay.

14 **MR. PARTAIN:** Rick, for the benefit of the
15 audience, can you explain what the document is that
16 we're talking about?

17 **MR. GILLIG:** Sure. I'm talking about the public
18 health assessment, which is an evaluation of exposures
19 to the drinking water. So we evaluate the exposures
20 and the health impacts that are associated with those
21 exposures. We also make recommendations in the
22 document. So we're looking at VOC contamination as
23 well as lead contamination in the drinking water.

24 We're relying very heavily on the modeling that
25 Morris Maslia did. Morris underwent an eight-,

1 ten-year effort to do the modeling, and we're basing
2 it on that information.

3 **DR. BREYSSE:** So the public health assessment is
4 our way of estimating what we think the health impact
5 would be if you drank the water or were exposed to the
6 contamination over a period of time, and based on
7 known risk relationships about how much causes how
8 much disease. And so that's our way of looking back
9 in time, because we're investigating things today.
10 And the water contamination obviously occurred many
11 years ago.

12 **MR. ENSMINGER:** Well, it occurred many years
13 before you even issued the first one.

14 **DR. BREYSSE:** We're trying to do better.

15 **MR. GILLIG:** Any questions on the drinking water
16 project?

17 **MR. ENSMINGER:** No.

18
19 **UPDATE ON HEALTH STUDIES**

20 **DR. BREYSSE:** So the next item on the agenda is
21 an update on health studies. Perri and Frank?

22 **MS. RUCKART:** Sure. Okay. I want to start off
23 by just summarizing the results of our male breast
24 cancer study. This was published in the journal
25 *Environmental Health* in September of this year.

1 There's some slides there so you can follow along with
2 me. That's its official title. Okay.

3 So we conducted a case control study. This is to
4 evaluate whether residential drinking water exposures
5 at Camp Lejeune were associated with an increased risk
6 of male breast cancer among Marines.

7 The cases and controls came from Marines who were
8 in the VA's central cancer registry. We call that the
9 VACCR. And -- or they call it the VACCR. The VACCR
10 contains information on eligible Marines who were
11 diagnosed with or treated for cancer at a VA clinic.

12 And this study was prompted by community concerns
13 that the drinking water exposures at Camp Lejeune may
14 have caused male breast cancer. Although we included
15 male breast cancer in the mortality studies done at
16 Camp Lejeune, we couldn't really evaluate this because
17 of small numbers of deaths due to this cause. So to
18 be eligible for this study, the male Marines had to be
19 born before January 1, 1969, and be diagnosed with or
20 treated for a cancer at a VA medical facility from
21 January 1, 1995 to May 5, 2013. We also needed to be
22 able to identify the Marines' tour dates and location.

23 And we chose these dates because VACCR started
24 collecting data on January 1, 1985, and May 5, 2013
25 was the date -- was the latest date for which the

1 complete VA cancer registry data were available when
2 we conducted the study.

3 We didn't include Marines born after January 1,
4 1969 because they were too young to serve during the
5 period of drinking water contamination at Camp
6 Lejeune, meaning they were not at least 17 years of
7 age by the end of 1985.

8 And this was a data linkage study that did not
9 involve contact with the participants. So for each
10 case and control we obtained data from the National
11 Personnel Record Center, that's NPRC, in St. Louis, on
12 their military personnel file, so we could identify
13 which of the cases and controls were stationed at Camp
14 Lejeune before 1986.

15 So VACCR initially identified 78 cases of male
16 breast cancer. This was based on primary diagnosis
17 and histological confirmation. To minimize the
18 possible selection biases and ensure that the controls
19 were similar to the cases, we selected controls from
20 cancers that are not known to be associated with
21 solvent exposure.

22 So the controls and cases both came from the VA
23 cancer registry, and the controls included non-
24 melanoma skin cancers, bone cancers and mesothelioma
25 cancers of the pleura and peritoneum.

1 So we needed to know where the people were at
2 Camp Lejeune and what they were exposed to, so ATSDR
3 conducted extensive water modeling to reconstruct the
4 residential drinking water exposures at the base
5 before 1987. This was necessary because there was
6 very little measured data for the period of the
7 drinking water contamination.

8 And although we know that exposures to
9 contaminated drinking water likely occurred during
10 training and elsewhere on base, we didn't have
11 information on that, so we were only looking at their
12 residential exposures. And I just want to point out
13 that the water modeling is a unique feature of our
14 Camp Lejeune studies. Other studies that evaluated
15 these associations didn't have monthly estimates of
16 the contaminants at the residences.

17 So we combined the water modeling results with
18 information abstracted from the personnel records and
19 information from base family housing records and
20 information on where units were barracked to assign
21 contaminant-specific residential exposure levels to
22 each case and control who were stationed at Camp
23 Lejeune.

24 So in terms of analyzing the data, we calculated
25 odds ratios and 95 percent confidence intervals in the

1 main analysis. So an odds ratio compares the risk, or
2 odds, of disease among those exposed. So in this case
3 the risk of male breast cancer in Camp Lejeune
4 Marines, and we compare that with the risk among those
5 unexposed. That would be the risk, in this case, for
6 Marines at Camp Pendleton.

7 An odds ratio greater than 1 indicates a higher
8 risk of the disease among those exposed compared to
9 those who are unexposed. We calculated 95 percent
10 confidence intervals for the estimates, to give us a
11 sense of how uncertain we are of the actual risk. So
12 a wide confidence interval indicates there's a lot of
13 uncertainty about the risk and that the estimate's not
14 very precise. So we have an estimate, that's a
15 number, and we're -- a number greater than 1 would
16 indicate that there's a higher risk at Camp Lejeune
17 than -- because that's just an estimate, we have some
18 kind of limits around that, an upper and lower limit,
19 and that gives us a sense of what the actual risk
20 could be.

21 So to interpret our findings, we use two
22 criteria: one, the size of the odds ratio, how large
23 it is, greater than 1; and an exposure-response
24 relationship. So what I mean by that is a monotonic
25 exposure-response relationship occurs when the risk of

1 the outcome increases with increasing levels of
2 exposure. So meaning those who have -- who were
3 exposed to a low level have a number, and those who
4 were exposed to a higher level of contamination have a
5 higher risk. That would be an exposure-response
6 relationship.

7 And the confidence intervals were only used to
8 indicate the precision of the estimates. And we don't
9 use statistical significance testing to interpret our
10 findings.

11 We also compared how our findings matched up with
12 findings of other studies of male breast cancer and
13 breast cancer, to evaluate what we did.

14 We also conducted exploratory analyses using
15 proportional hazard methods and hazard ratios to
16 evaluate whether being stationed at Camp Lejeune and
17 the cumulative exposures to the contaminants were
18 associated with earlier age at onset of male breast
19 cancer.

20 So what did we find? Our study results suggested
21 possible associations between PCE, DCE and vinyl
22 chloride at Camp Lejeune and male breast cancer.
23 These results took into ^ -- took into account, age at
24 diagnosis, race and service in Vietnam. However, the
25 results were limited because of wide confidence

1 intervals and only two or three cases with high
2 exposures. For PCE there was a slight monotonic
3 exposure-response relationship, meaning there was
4 slightly higher risk with increasing levels of the
5 exposure.

6 So the OR for high -- the high category of
7 exposure to PCE was 1.20, and I want to just point out
8 this is similar to odds ratios observed in the Cape
9 Cod study for PCE in drinking water. That was for
10 female breast cancer. Also that Cape Cod study found
11 increased risk at higher levels of PCE exposure, so
12 that's in line with what we found.

13 The odds ratio that we found for PCE of 1.2 was
14 within the range of estimates observed in occupational
15 studies of solvents and female breast cancer.

16 The exploratory analyses found an earlier onset
17 of male breast cancer among those stationed at Camp
18 Lejeune compared to other bases as well as among those
19 exposed to higher cumulative exposures to TCE, PCE,
20 DCE and vinyl chloride.

21 So these results provide additional support to
22 what we saw in the main analysis. I just do want to
23 point out that we only found something with TCE in
24 terms of earlier onset. We didn't find something with
25 TCE and risk of male breast cancer in the main

1 analysis.

2 So every study has limitations so I just want to
3 point out what they were in this study. As I
4 mentioned, the findings were based on small numbers of
5 exposed male breast cancer cases, and that resulted in
6 the wide confidence intervals. We were unable to
7 include seven cases of male breast cancer in the
8 analysis because we had no information about where
9 they were stationed. That's very critical. We needed
10 to know if the cases were at Camp Lejeune or another
11 base, so we could see about the risk. Only about
12 25 percent of veterans reported using the VA
13 healthcare facilities; therefore, we likely missed
14 some cases, and that underestimated -- and that would
15 underestimate our sample size. While missing cases
16 who were diagnosed at non-VA facilities reduced the
17 power of the study, it's unlikely that this limitation
18 led to selection bias because veterans at Camp Lejeune
19 were no more or less likely to get care or treatment
20 at the VA than Marines from other bases when this
21 study was conducted because there were no laws enacted
22 or anything at that time.

23 As I mentioned it was a data linkage study. We
24 didn't interview any of the participants to find out
25 more detailed information about where they were on

1 base or other activities, so it's likely that exposure
2 misclassification occurred, meaning we weren't, you
3 know, exactly sure of their exposures. We had to just
4 use the records we had available to us. However, we
5 feel that this wouldn't really differ between cases or
6 controls. And wouldn't really affect the results.

7 It's possible that confounding by unmeasured risk
8 factors could've affected the findings in the study,
9 that could've affected the odds ratio in another way.
10 So what I mean by that is we know that the BRCA1 gene
11 mutations and family history of breast cancer and
12 other occupations affect the results but we just were
13 unable to get any information about that.

14 So if there are any questions I can take them
15 now.

16 **MR. PARTAIN:** Perri, I have a question. When
17 you're talking about the chemicals, TCE and PCE, DCE,
18 vinyl chloride, when you're looking at the risk
19 assessments, were they evaluated individually as a
20 chemical or as a toxic cocktail that they were
21 drinking?

22 **MS. RUCKART:** So both ways. We looked at each
23 chemical separately, and then we looked at something
24 that we just called total VOCs, where we'd add up the
25 levels of all the contaminants a person was exposed

1 to.

2 So we looked at -- we had information from the
3 personnel records showing when they were stationed at
4 the base. And so we were obviously here only looking
5 at those at Camp Lejeune. So we would know when they
6 were stationed on base and their unit. Then we match
7 that up with information we have about which -- where
8 the units were stationed. And then we matched that up
9 with the water modeling to find out the levels of
10 contamination, and we gave the monthly levels for all
11 the tours of duty. And then for TCE that would be,
12 you know, one measurement, and then PCE, et cetera.
13 And then we have that catch-all where we added them
14 all up, the total limit -- total levels.

15 **MR. PARTAIN:** And because I just -- you know, the
16 point I was trying to understand, you know, the
17 effects of one chemical is bad, but when you're adding
18 three others or four together and putting them into a
19 cocktail that they're drinking, bathing, breathing,
20 you know, that -- I mean, how is that reflected in the
21 study, I guess, is probably a better question.

22 **MS. RUCKART:** So if you -- I have here the
23 published article. So when we have the tables here,
24 we show what the odd ratios were for each of the
25 chemicals. But really, the measure that we have that

1 we call TVOC, the total chemicals all together, it
2 didn't show anything different or add anything
3 different than looking at each chemical separately.
4 We did look at it but it didn't really change things.
5 It wasn't like so much higher for that. Actually it
6 was just in line with what we saw of PCE and TCE. It
7 didn't really add anything.

8 **DR. BREYSSE:** But the reality, Mike, is you're
9 asking a very complicated question, as I'm sure you
10 know. And the science, epidemiology science isn't
11 well situated in the absence of a clear mechanistic
12 information that allows us to group things, so maybe
13 it's not all the VOCs; maybe it's just three of the
14 VOCs. So rather than just -- you know, we could've
15 gone through an exercise where you just go fishing,
16 but that's usually not how we proceed. But so when we
17 group things toxicologically -- you know, in these
18 studies, there's usually a toxicological basis in
19 terms of a mechanism of action that would allow us to
20 group things, and we're just not there yet. And
21 that's a limitation in this arena and lots of other
22 regions. We're not just -- epi's not well situated to
23 address what you're asking.

24 **MR. PARTAIN:** Well, until we find the -- you
25 know, the biological triggers, then you can't really

1 answer the question. So certainly when you're being
2 exposed to three human carcinogens, something's going
3 on. And I would postulate that possibly, you know,
4 being exposed to one carcinogen, and then three,
5 there's going to be different risk factors involved.

6 **MS. RUCKART:** You know, I do want to add, I
7 forgot to mention that we did look at just, besides
8 the individual chemical exposures and then the total
9 chemical exposure as a level, as a number, we looked
10 at just being stationed at Camp Lejeune versus being
11 stationed at other bases, because, as I mentioned, we
12 didn't have information about people who didn't have
13 residential exposures but still had exposures from
14 elsewhere on base. And that odds ratio was actually
15 lower than the individual chemical exposures, but that
16 kind of gets at what you're talking about a little bit
17 too.

18 **MR. PARTAIN:** Oh, I know we see it on the back
19 end from the VA, where you have a veteran's exposed to
20 a chemical, and then they smoked or they were obese,
21 and somehow or another obesity and smoking caused
22 their cancer rather than -- or caused their kidney
23 cancer rather than PCE or what have you, and that's
24 why I asked that question.

25 Now, if I heard you right, you said that the

1 study itself was correlating with the Cape Cod study,
2 as far as the same factors?

3 **MS. RUCKART:** Well, that study was looking at
4 PCE, and so I'm saying our findings for PCE were in
5 line with that study. That's also a drinking water
6 study of the residential exposures. And then our
7 results for PCE were also in line with occupational
8 studies that looked at the --

9 **MR. PARTAIN:** Now, didn't the Cape Cod study also
10 have a findings of male breast cancer as well?

11 **MS. RUCKART:** They found odds ratios of, I think,
12 1.2.

13 **MR. PARTAIN:** No, but didn't they have male
14 breast cancer --

15 **MS. RUCKART:** Oh, not male breast cancer, no.
16 Female breast cancer. Female.

17 **MR. PARTAIN:** Now, are you talking about the
18 Aschengrau study? 'Cause I believe there were some
19 male breast cancers identified in that study? No?
20 Well, okay. But I thought I'd heard that too.

21 And you said the occupational studies, that what
22 you were finding there was in correlation with -- was
23 there any particular studies that -- I'm not familiar
24 with the occupational ones.

25 **MS. RUCKART:** Right. So there is a few studies

1 that looked at solvents and female breast cancer, and
2 they had different measures, not, you know,
3 necessarily the odds ratio. But so for PCE they had
4 measures ranging from 1.09 to 1.48, that's standard
5 incidence ratios. And then SMRs, so that's mortality
6 ratios, ranging from 1.14 to 1.66 for PCE, and ours
7 was 1.2, so it's in line.

8 **MR. PARTAIN:** Okay. So it seems like the body of
9 evidence is still going in the same current. Would
10 that be fair to say?

11 **MS. RUCKART:** I would say they're consistent.

12 **MR. PARTAIN:** Okay.

13 **MR. TEMPLETON:** I do have one question. Was it
14 factored in the age of -- of when the individuals were
15 exposed?

16 **MS. RUCKART:** Not when they were exposed but the
17 age that they were diagnosed. However, I mean, in a
18 sense you could say the age that they were exposed is
19 somewhat related to -- well, how old they were when
20 they joined, and most people join kind of right away.
21 And then we know obviously our levels take into
22 account when they were there. So I mean, in a sense
23 that's tied into how old you were, when you would
24 join, when -- where you were stationed. So we have
25 the individual levels.

1 **MR. PARTAIN:** One last question, Perri. What was
2 the average age of diagnosis? I know male breast
3 cancer's typically seen in men who are 70 years of age
4 or older. Do you have an average age?

5 **MS. RUCKART:** Let me see here. I don't know off
6 the top of my head but let me check here. All my
7 pages are out of order.

8 **DR. BREYSSE:** Can we get that back to him, maybe,
9 and we'll move ahead?

10 **MS. FRESHWATER:** Well, I could ask a question --

11 **MS. RUCKART:** Oh, I'm sorry, I have it now.

12 **MS. FRESHWATER:** I was just going to ask, Brad,
13 this is what I was saying earlier. Can we -- will
14 this be now included in the -- in the bibliography, so
15 to speak, that we were talking about earlier, for male
16 breast cancer cases? Like immediately?

17 **MR. FLOHR:** The study?

18 **MS. FRESHWATER:** Yes.

19 **MR. FLOHR:** It is.

20 **MS. FRESHWATER:** It -- okay. Good.

21 **DR. ERICKSON:** Yeah, in fact when this first came
22 out, in fact there was a lot of discussion about the
23 results and what they meant.

24 **MS. FRESHWATER:** Okay, great.

25 **DR. BREYSSE:** Perri, I think we need to move on.

1 Let's get that number to them.

2 **DR. CLANCY:** Can I ask a quick question? I'm
3 just curious. Tim's question intrigued me. Not an
4 area I know well, but what is the latency between
5 exposure and diagnosis found in other studies?

6 **MS. RUCKART:** So with our study, the latest they
7 could've been exposed was the end of 1985. Then the
8 cancer registry began on 1995, so it's at least --
9 it's ten years. But the Cape Cod study, it was
10 about -- they had some different measures. They
11 looked at 11 years or 15 years, so we were lining up
12 with them. It was in the same ballpark, I would say.

13 **DR. CLANCY:** Thank you.

14 **DR. BREYSSE:** Cancer incidence study?

15 **DR. BOVE:** I have a bad cold so I apologize.
16 Just a little background on the study. It's a new
17 study. We had conducted studies of deaths due to
18 cancers and other diseases. We looked at Marines and
19 we looked at civilian workers, and those were
20 published last year. And we decided that it would be
21 important to look at cancer incidence because deaths
22 due to cancer -- cancers are survivable. And so just
23 looking at deaths does not give you a full picture of
24 the situation.

25 So instead we're going to -- we're embarking on a

1 multiyear study, because it's going to take that long,
2 and we're going to use data from all -- as many state
3 cancer registries as we can get to participate. There
4 are 51. There are 50 state cancer registries, plus
5 Washington, D.C. has a cancer registry, as well as the
6 VA registry and the Department of Defense cancer
7 registry as well. So we're going to try to use as
8 many of those as possible, and look -- and evaluate
9 the cancers that occur to Marines as well as civilian
10 workers.

11 So in the process of getting started with the
12 study we developed a protocol, which goes through how
13 we're going to do the study. We had that peer
14 reviewed by independent peer reviewers, outside peer
15 reviewers. We went through our agency clearance
16 process, including a review of human subjects, to make
17 sure there was confidentiality and privacy, it's
18 protected. And so we've done all that at this point.

19 So the way we're going to conduct the study
20 initially is to use staff internally to contact each
21 state cancer registry, and go through their approval
22 process. And we figure that's going to take at least
23 two to three years to do that, based on what other
24 researchers have found when they've tried to do some
25 similar study; although this study will probably be

1 the most ambitious, if we can get most of the cancer
2 registries to participate. So we're planning to do
3 that.

4 We're waiting to see what our budget looks like.
5 We're waiting for Congress to pass its budget. And
6 then we'll see who internally will be available,
7 because their program is cut, for example, or
8 diminished. We're going to use those staff to start
9 contacting the cancer registries.

10 So that's where we are at this point. So we've
11 done all the clearance processes. We're ready to go;
12 we're just waiting for the budget. So any questions
13 about?

14 **DR. ERICKSON:** Can I just make a comment? VA's
15 had a lot of really great interaction between the
16 scientists at ATSDR and our scientists. And I just,
17 for the record, I just want everyone to know we really
18 look forward to this study launching and getting the
19 results and what's going to come from this. And I
20 don't want it to be lost on everyone here. This is a
21 very big deal in terms of the enormity of, you know,
22 contacting that many registries. I mean, the man-
23 hours, the expense, the blood, sweat and tears, this
24 is a big deal. And I, you know, I salute you, Frank,
25 and your team.

1 **MS. FRESHWATER:** Maybe we'll get a national
2 cancer registry out of it.

3 **DR. BREYSSE:** The health survey?

4 **MS. RUCKART:** Okay. So for the health survey,
5 that was a massive effort involved sending surveys out
6 to over 300,000 people and asked about upwards of 60
7 conditions. So we're finally at the point where we're
8 wrapping up the final report, and we plan to start
9 that in our clearance next week. And we're also going
10 to ask for that kind of flat review, where all the
11 parties have it for a certain amount of time and
12 review it. And then we meet and we can hopefully get
13 that cleared as quickly as will be possible.

14 **MR. TEMPLETON:** Is there a rough estimate of when
15 it might come out?

16 **MS. RUCKART:** I don't know. Pat, if you want to
17 speak to that. If we started it in clearance in
18 December, when do you think it would be available?

19 **DR. BREYSSE:** Sorry?

20 **MS. RUCKART:** If we start the health survey in
21 clearance in December, when do you think it would be
22 available?

23 **DR. BREYSSE:** In December? Well, I'm relatively
24 new but we will expedite the review, like we've done
25 all our documents. So we can do it in two or three

1 months instead of six months is probably not
2 unreasonable.

3 **MR. TEMPLETON:** One other point, just for the
4 benefit of the people in the room and that are also
5 watching, there's no more entries that are being taken
6 for that survey, correct?

7 **MS. RUCKART:** That's correct because, I mean,
8 we've already finished analyzing the data, and we're
9 just putting the finishing touches on the final
10 report. It's just, you know, obviously a passed that
11 point at this date.

12 **DR. BREYSSE:** All right. Any other questions or
13 concerns about the updates on the health studies that
14 we're working on? So right now we have a break
15 scheduled. But we have a short presentation on TCE.
16 I suggest we do that. If, Ken, if you're willing?

17 **DR. CANTOR:** If I could get this loaded quickly.

18 **DR. BREYSSE:** Let's take a break, then, if we got
19 to load it up. Okay, I thought you were ready to go.
20 So right now, we got back on time. My clock's just
21 miraculously turned to 5:30. So at 5:45 we're going
22 to start up again. Fifteen-minute break.

23 (Break, 5:30 to 5:50 p.m.)

24 **DR. BREYSSE:** If people can take their seats.
25 Ken, you all already to go? (pause) So I'm not --

1 I'm not usually used to eating dinner so late, so I
2 want to get us and keep us on time. Ms. Freshwater.

3 **MS. STEVENS:** Please, take your seats. Please,
4 take your seats.

5 **DR. BREYSSE:** Ms. Freshwater. Ms. Freshwater.

6 **MS. FRESHWATER:** Yes.

7 **DR. BREYSSE:** Please take your seat.

8
9 **TRICHLOROETHYLENE PRESENTATION**

10 **DR. BREYSSE:** All right, we have a short
11 presentation on trichloroethylene, otherwise known as
12 TCE, by Dr. Ken Cantor. Ken?

13 **DR. CANTOR:** Thank you. So I'm going to talk
14 about ten or 15 minutes on some relatively new
15 findings from my colleagues at the National Cancer
16 Institute. One or two things. First of all, I'm
17 going to be talking about rather some biological
18 effects of TCE, that maybe -- that we think are
19 related to lymphoma. There are some other studies
20 with kidney cancer as well. This is a set -- this is
21 basically one study, and it's led to multiple
22 publications on different aspects of the effects of
23 TCE. I am sorry that Dr. Blossom, is that her name,
24 is not yet here because I'm sure she'd have many
25 comments on what I'm going to...

1 **MS. FRESHWATER:** We'll make sure that she sees it
2 before it goes down on the live stream. You know,
3 I'll make sure that she has an opportunity, or Tim, if
4 you could let her know to maybe try and watch this
5 part.

6 **DR. CANTOR:** She may well be familiar with these
7 studies. First of all, I'd like to thank my
8 colleagues at NCI: Dr. Nathaniel Rothman and Qing
9 Lan, who are the -- at, at NCI and Dr. Roel Vermeulen,
10 who are the principal investigators of this study.

11 Okay, so why was this study done? First of all,
12 to study the early biological effects of TCE at
13 airborne exposures in levels below the U.S.
14 occupational standard, which is a hundred parts per
15 million as an eight-hour time weighted average.

16 And also it provides an insight into the
17 carcinogenic mechanism of TCE exposure, especially for
18 non-Hodgkin's lymphoma and for kidney cancer.

19 So the studies design -- is everything showing up
20 there? I'll read what isn't showing -- showing up on
21 the left but not the right; I'll read it. First of
22 all, 40 factories in Guangdong, China were screened to
23 identify those factories that use TCE with none to
24 minimal use of other chlorinated solvents.

25 So the idea was to focus on TCE without the

1 potential confounding effects of other exposures. And
2 of those 40, six were chosen, and from those six, 80
3 workers were chosen from those with almost exclusive
4 exposure to TCE.

5 And elsewhere, six -- 96 unexposed controls were
6 enrolled from three other factories. There was
7 extensive monitoring for TCE, personal monitoring, and
8 blood and urine samples were collected after extensive
9 exposure. All these workers had worked for at least
10 six months in these places.

11 So this is an example, this photograph, of one of
12 these working places. They were small places, you can
13 see the workers having direct exposure to these -- to
14 TCE, which was used as a metal cleaning agent in these
15 settings.

16 Okay, so the first thing that was looked at was
17 white blood cells, particular types of white blood
18 cells. They looked at white blood cells from the
19 myeloid lineage and then from the lymphoid lineage.

20 The immune system of all of us is extraordinarily
21 complex. The basic cells are white blood cells but
22 there are many different types. And so I'm going to
23 show you the results from the myeloid lineage and the
24 lymphoid lineage of these white blood cells.

25 Okay, so on the left of your -- of this graphic,

1 are the results from the myeloid lineage. I only have
2 one marker that can point to the -- and I'm using it
3 on the right-hand screen, so if you'll just bear with
4 me there. So from the myeloid lineage, from
5 granulocytes, monocytes and also some platelets, there
6 was no association with increasing levels of TCE.

7 And let me just go back and tell you in each set
8 of results there are three columns. The first are
9 workers with no exposures. Those are from the control
10 factories with no TCE. And what they did, they took
11 the workers in the exposed factories and they divided
12 them into two groups according to the median level of
13 TCE, which was 12 parts per million. So the red
14 column in each set are people who were exposed to less
15 than 12 parts per million, and the third column is
16 people who were exposed to more than 12 -- 12 or more
17 parts per million of TCE. So you can see, for the
18 myeloid lineage, there's no decrement or increase as
19 you increase the level of TCE.

20 On the other hand, for lymphocytes there was a
21 systematic decrease of the lymphocyte count with
22 increasing levels of TCE. So for those with less than
23 12 you see some slight decrease, and for those with
24 more than 12 parts per million you see a greater
25 decrease. And this was true for every different type

1 of lymphoid cell that was looked at.

2 And we see here the basic types of lymphoid cells
3 are T-cells and B-cells; they looked at three types of
4 T-cells, and in each type there was a linear decrease
5 with increasing levels of TCE, as well as for B-cells
6 as well as for natural killer cells, NK-cells, in the
7 last group.

8 In addition to this they looked at -- so they
9 looked also for a type of signaling chemical in the
10 serum called cytokines, and they also looked for
11 antibodies in peripheral blood of these unexposed and
12 exposed individuals.

13 So cytokines are cell signaling molecules that
14 aid cell-to-cell communication in immune responses.
15 And the three types that were looked at here are
16 simply called CD27, CD30 and IL-10. The s before the
17 CD simply means soluble CD27, and so on. In many
18 cases these molecules are found attached to cells but
19 these were ones in the circulating system. And they
20 also looked at two types of antibodies, IgG and IgM.

21 And so for the results of these, in each case
22 there was a significant linear decrease with
23 increasing levels of TCE for -- and for each of them:
24 for CD27, CD30, IL-10, IgG and IgM. And these are all
25 statistically significant.

1 So the conclusions of this are that TCE exposure
2 results in alterations in multiple types of immune
3 markers. It supports the biological possibility that
4 TCE may cause non-Hodgkin's lymphoma. And all of the
5 effects were seen in exposures less than 12 parts per
6 million, which is only about one-eighth of what the
7 current U.S. occupational standard is. So it raises
8 concerns about that standard, of course. And this has
9 had impact both on the IARC evaluation of TCE and also
10 the EPA risk assessment of TCE exposures.

11 **DR. BREYSSE:** Ken, can I ask you a favor? So
12 there's a lot of lay people in the audience.

13 **DR. CANTOR:** Yes.

14 **DR. BREYSSE:** Can you give a -- maybe give just a
15 two- or three-minute overview that maybe just wraps us
16 up, for the audience members who probably don't know
17 what a cytokine means and things?

18 **DR. CANTOR:** Okay. So --

19 **MR. ENSMINGER:** Yeah, dumb it down.

20 **DR. BREYSSE:** No, I wasn't saying that.

21 **DR. CANTOR:** So we're looking at immune system
22 function basically, on the one hand. We're also
23 looking at effects that have been linked in other
24 studies with non-Hodgkin's lymphoma. So before frank
25 non-Hodgkin's lymphoma is observed, you often observe

1 a decrease in these lymphocyte counts, that we -- that
2 we've seen. So things that affect immune function,
3 for example -- well, there are many diseases that,
4 that affect immune function, HIV, for one, which is a
5 precedent for lymphoma, among many other diseases. Or
6 kidney transplant patients, for example, and other
7 people with compromised immune systems, often later in
8 their life, will have -- show up with a diagnosis of
9 lymphoma. So that's the importance of that. The
10 cytokine -- the cytokine evidence is just another
11 measure of immune function behavior.

12 **DR. BREYSSE:** So lymphoma is a cancer of the
13 immune system.

14 **DR. CANTOR:** Correct. Yeah.

15 **DR. BREYSSE:** Right. And these are potentially
16 markers that, if somebody was looking for an early
17 precancerous indicator, that might be in the future,
18 clinical relevance?

19 **DR. CANTOR:** It's very early relevance that this
20 could be related, yes.

21 **DR. BREYSSE:** So the Holy Grail is to try and
22 find some early changes that occurred before frank
23 cancer appears.

24 **DR. CANTOR:** Exactly.

25 **DR. BREYSSE:** And so if this basic science

1 research leads to that, it could be a huge boon to
2 people who were exposed to chemicals, who are at an
3 increased risk for this type of cancer, so that they
4 can have some screening that might protect them or
5 identify them before they become too sick.

6 **DR. CANTOR:** Right. It's not clear at this point
7 whether this decrement in levels would be adequate for
8 a prescreening concern, but certainly it's in that
9 direction.

10 **DR. BREYSSE:** Sure.

11 **MR. TEMPLETON:** I've got a --

12 **DR. CANTOR:** Okay, let's see, I think that's --
13 so this is a list of five articles. I've just put it
14 in here for the use of anybody who's going to use this
15 set of slides, including ATSDR, VA or --

16 **DR. BREYSSE:** So we have two questions over here.

17 **DR. CANTOR:** Yeah. Okay, so --

18 **DR. BREYSSE:** Danielle's using the -- raise your
19 tent to indicate.

20 **MS. CORAZZA:** I just wanted to know the time of
21 exposure. So these workers, how long was it before
22 these changes in the markers?

23 **DR. CANTOR:** They, they had been working for at
24 least months.

25 **MS. CORAZZA:** Months, okay.

1 **DR. CANTOR:** Yeah, months, but at these
2 relatively low levels, you know, 12 -- and, and --

3 **MS. CORAZZA:** So my question, like if you were in
4 vitro, and I admit that was 35 years ago for me, would
5 this be -- if I had this blood work, is it plausible
6 that those -- that the effect would be long-term or is
7 it within a certain amount? I'm just curious. We
8 don't know yet?

9 **DR. CANTOR:** I can't -- someone smarter than me
10 could answer that. I, I would doubt that you would
11 see it now. I don't know what the recovery period
12 would be for that.

13 **MR. ENSMINGER:** In other words does the exposure
14 suppress the bone marrow temporarily or your lymph
15 glands temporarily or does it -- is it permanent
16 damage? You don't know?

17 **DR. CANTOR:** I don't -- I don't know the answer
18 to that, especially at these levels. The, the other -
19 - the other thing that has not been done is that a lot
20 of people at Camp Lejeune obviously were exposed, not
21 to airborne, but to ingested. And these are two very
22 different types of exposure, for a few reasons. One,
23 when you ingest something, it goes first to the liver,
24 through the circulatory system. And the liver has a
25 lot of the enzymes that would modify these, these

1 compounds; whereas if you were exposed to airborne
2 TCE, it goes directly into the blood stream, to affect
3 every organ, as TCE.

4 **MR. TEMPLETON:** So the subjects here were
5 acute -- it was a -- or it was a chronic low level
6 exposure that these guys were.

7 **DR. CANTOR:** Correct. Chronic at --

8 **MR. TEMPLETON:** Talking about -- go ahead.

9 **DR. CANTOR:** Chronic at eight hours or however
10 many hours these workers were working per day, yes.

11 **MR. TEMPLETON:** Okay. Got it. You were talking
12 about the cytokeens[ph] --

13 **DR. CANTOR:** Cytokines.

14 **MR. TEMPLETON:** Cytokines, sorry about that. Is
15 there any correlation or any type of study that was
16 done on, let's say, B-cell switching or some of the
17 other mechanisms that have to -- that have to do with
18 the changes between lymphocytes?

19 **DR. CANTOR:** In this particular study? At this
20 point, no. They may have the samples or they may have
21 the data that --

22 **MR. TEMPLETON:** Okay.

23 **DR. CANTOR:** -- that's there. There are at least
24 -- there's at least one publication that's still in
25 process from this, and I'm sure they're thinking of

1 others to do as well.

2 **MR. TEMPLETON:** The main reason why I ask, I have
3 low IgM and IgG, so there you go.

4 **MS. FRESHWATER:** And tell him what you did.

5 **MR. TEMPLETON:** Oh, yeah, I worked with
6 trichloroethylene, with the pure -- I worked with pure
7 trichloroethylene in electronics repair. We cleaned
8 circuit cards with them. But then of course --

9 **MS. FRESHWATER:** Closed building.

10 **MR. TEMPLETON:** It was in a closed structure
11 where we had fumes, but that was in addition to
12 drinking the -- our -- the best water in the world.

13 **MS. FRESHWATER:** Dr. Cantor, I have a question,
14 and I'm just looking more for your kind of -- and
15 anybody could answer -- more of a -- just your
16 opinion, and I'm not asking for like a scientifically
17 sound answer to this, but I'm really fascinated with
18 immunotherapy for cancer, and I -- you know, I've been
19 reading a lot about it, and our immune system
20 reaction, which is an allergic reaction and
21 inflammation, and how it's all tied in, and now how
22 they're kind of reversing it and actually injecting
23 children with leukemia with a version of the AIDS
24 virus and having success with it. Do you know about
25 that case?

1 **DR. CANTOR:** I'm not familiar with that, no.

2 **MS. FRESHWATER:** I can't remember the hospital
3 but they --

4 **MR. ENSMINGER:** Now what?

5 **MS. FRESHWATER:** They changed the AIDS virus
6 slightly, and they actually inject it into the cancer
7 patient, the leukemia patient, a child, and it made
8 her almost die but she didn't die. And it made the
9 body attack the cancer. So I mean, it -- this is like
10 a big deal obviously.

11 So what I'm asking is could -- like we've all
12 suffered a great deal from what happened to us. So
13 I'm always looking at ways to find where our research
14 and our science can be helpful for, you know, other
15 areas. So the more we find out about what -- how our
16 bodies react to these exposures, the more it's going
17 to help -- like a rising tide situation -- all boats,
18 right? I mean, this is important stuff that we're
19 talking about, I think. And to have this control
20 group seems, to me, to be a good thing.

21 **DR. CANTOR:** Yeah, absolutely. I think this line
22 of research will open a lot of doors to a lot of the
23 questions that you're asking me. I, I don't have all
24 of the answers.

25 **MS. FRESHWATER:** I mean, instead of just always

1 looking at what's made us sick, you know, to be able
2 to look at, as this -- as this immunotherapy -- these
3 drugs advance more and more, it seems to me that it
4 could help us look at what makes us well too.

5 **MR. ENSMINGER:** Duke University just did a -- not
6 just, they've been working on this for quite a while
7 but they took the polio virus, and they used it on
8 brain cancer, and it was successful, very successful.

9 **MS. FRESHWATER:** Multiple cases, Jerry, now.

10 **MR. ENSMINGER:** Yeah. But as far as this thing
11 with leukemia and AIDS, I don't -- I've never heard
12 that one now.

13 **MS. FRESHWATER:** Well, just because you haven't
14 heard it doesn't mean it's not true.

15 **MR. ENSMINGER:** No, I know.

16 **MR. TEMPLETON:** Dr. Breysse, I do have one
17 quick --

18 **DR. BREYSSE:** Sure.

19 **MR. TEMPLETON:** -- thing that I do want to make
20 here, and it ties right into this. It's an excellent
21 presentation. I think it's not only timely but very
22 informative for us.

23 I want to speak kind of a little bit more
24 directly, even though I'm not a scientific person, on
25 this, is that I have a feeling that there are probably

1 a large number of people within the Camp Lejeune
2 exposed community that have low levels of IgG and IgM,
3 and it's possibly due to the exposure.

4 Now what that does for them, they don't -- they
5 may not have non-Hodgkin's lymphoma today, but what
6 that could be doing for them is causing them to be
7 sick on a regular basis, and it's something that is
8 extremely difficult for doctors to chase down. It
9 took 27 years for my doctor to finally figure out what
10 my -- what the problem was. Of course other people
11 know what my problem is, but anyway.

12 **DR. BREYSSE:** Thank you. So I just want to make
13 sure I didn't miss anybody. So studies like this can
14 lead to, you know, understanding mechanisms of disease
15 that, down the road, might be diagnostic or testing
16 methods. This science is clearly not there yet, but
17 pursuing this kind of research is crucial to helping
18 communities address exposure-related concerns as well
19 as workers. And so at ATSDR we follow this research
20 very carefully, and we support it with our own studies
21 whenever we can.

22 **MS. FRESHWATER:** Thank you for that, Dr. Cantor.

23
24 **VETERANS AFFAIRS UPDATES**

25 **DR. BREYSSE:** Everybody ready? Now comes the

1 best part of the agenda. Updates from the VA.

2 **MR. FLOHR:** I think we're on the agenda tomorrow,
3 right, myself and Brady, to talk about VBA and VHA and
4 differences?

5 **DR. BREYSSE:** Yeah.

6 **MR. FLOHR:** So that would be our updates, I
7 think.

8 **MS. FRESHWATER:** But we're not talking about
9 general, like, bureaucratic stuff, though, right?
10 We're looking for updates on -- for the presumptions
11 and all of that. Do you have any information on that?

12 **MR. FLOHR:** Information on that, it's currently
13 we are looking at that very closely. We had a phone
14 call, the Secretary did, with Senator Tillis the other
15 day, that I was part of.

16 **UNIDENTIFIED SPEAKER:** We cannot hear you.

17 **MR. FLOHR:** Oh, sorry. We've been working very
18 closely, we have, with Dr. Breysse and his staff. We
19 met with them on two occasions, and they did a lot of
20 work. The first time we came down, Dr. Clancy and
21 Loren and myself were very impressed with what they
22 provided to us. The second time we met it was a much
23 larger document. But it's just a document which
24 talked about various studies that have been done,
25 IARC, NTP, things like that.

1 So then we put together basically a group to look
2 at the issue and to determine what recommendations, if
3 any, we wanted to make to the Secretary, and he's been
4 provided with an options paper. And he has not yet
5 signed it, although personally I think that's going to
6 be fairly soon, when he makes an announcement.

7 **MR. ENSMINGER:** I got some questions.

8 **DR. CLANCY:** Well, could I just add to that
9 before, and then we'll take questions? Let me just
10 say that the work our colleagues did at ATSDR and the
11 work we did together was a serious game changer. So I
12 know many of you are aware that there was an
13 announcement last summer that we're going to declare a
14 presumption for three conditions. Not that that's
15 unimportant but that's a very small number of veterans
16 who served at Camp Lejeune. And it is fair to say
17 that the recent work with ATSDR has vastly expanded
18 our thinking. If you like football metaphors, the
19 ball has moved way, way down the field.

20 We still have some additional steps to take. The
21 process is not complete. But I'm here on behalf of
22 the Secretary to say thank you and how much we
23 appreciate the work, and that we are close.

24 **MS. FRESHWATER:** I, I appreciate --

25 **MR. ENSMINGER:** Hold it hold it. I asked for

1 these questions first.

2 **MS. FRESHWATER:** All right, Jerry.

3 **MR. ENSMINGER:** On 16 July there was a meeting
4 with Secretary McDonald, Senator Isakson, the chairman
5 of the senate VA committee, Senator Burr and Senator
6 Tillis, and various staff. In that meeting Secretary
7 McDonald announced the creation of a presumptive
8 status for Camp Lejeune. In that meeting he never
9 mentioned three health effects.

10 **MR. FLOHR:** Yes, he did.

11 **MR. ENSMINGER:** No, he didn't.

12 **MR. FLOHR:** I was there.

13 **MR. ENSMINGER:** No, he didn't.

14 **MR. FLOHR:** Yes, he did.

15 **MR. ENSMINGER:** Then why did he ask Dr. Breyse
16 to assist the VA in creating the health effects that
17 would fall under the presumption?

18 **MR. FLOHR:** That's not actually what he asked
19 Dr. Breyse to do. He asked him to assist in
20 determining the duration of exposure that might be
21 pertinent to creating a presumption. He specifically
22 told the senators -- I was right behind him --

23 **MR. ENSMINGER:** Whoa, whoa, whoa. Wait a minute.
24 Wait a minute. You also said, Brad, that he never
25 said anything about stopping Camp Lejeune claims from

1 being processed.

2 **MR. FLOHR:** That's true, and it wouldn't make
3 sense if we did.

4 **MR. ENSMINGER:** He did.

5 **MR. FLOHR:** He did not. I was there, again.

6 **MR. ENSMINGER:** I'll tell you what, you've got a
7 bad memory.

8 **MR. FLOHR:** No, I don't.

9 **MR. ENSMINGER:** I've got this from two other
10 senators, okay?

11 **DR. BREYSSE:** But the point is looking forward.
12 I think we've moved beyond that meeting and --

13 **MR. ENSMINGER:** Well, in that meeting he also
14 said he wanted this done in weeks, not months. Are
15 you denying that?

16 **MR. FLOHR:** He said he would do it as quickly as
17 possible.

18 **MR. ENSMINGER:** He said he wanted it done in
19 weeks, not months.

20 **MR. FLOHR:** I don't remember that. I remember he
21 said it may be months, but that's not always possible.

22 **MR. ENSMINGER:** Yeah, no kidding. Well, what's
23 this I hear about this was sent over to OMB, and it
24 got kicked back because you didn't have a cost
25 analysis on it?

1 **MR. FLOHR:** No. We haven't done costing. There
2 was supposedly -- I don't know if it occurred -- there
3 was a meeting scheduled this morning with OMB. You
4 know OMB has to approve everything. Nothing goes
5 forward without OMB approval.

6 **MR. ENSMINGER:** And the Secretary said he wanted
7 this in the Federal Register before the end of this
8 calendar year. Well, folks, you got about 26 days.

9 **MR. FLOHR:** We have -- as I said, we have drafted
10 a cost analysis; we have drafted a preliminary
11 regulation, a proposed rule, that as soon as the
12 Secretary signs off on what he wants to do, it's ready
13 to go forward.

14 **MR. ENSMINGER:** He hasn't signed off on this?

15 **MR. FLOHR:** But it has to go through concurrence.

16 **MR. ENSMINGER:** The Secretary has not signed off
17 on this?

18 **MR. FLOHR:** He has not announced his decision
19 yet.

20 **MR. ENSMINGER:** Really?

21 **MR. FLOHR:** Really.

22 **MR. ENSMINGER:** That's not what I heard from
23 Senator Tillis. I heard that this was at OMB, already
24 approved.

25 **MR. FLOHR:** Well, I don't know. But there was a

1 meeting today with OMB. I don't know what happened.

2 **MR. ENSMINGER:** You don't know that this was in
3 OMB.

4 **MR. FLOHR:** No.

5 **DR. CLANCY:** The Secretary's working very closely
6 with OMB and with the Congress, because obviously all
7 partners are going to be required to not just say this
8 was great work, it was great work, but to say we're
9 going to declare a presumption and we've got the
10 resources behind it to make it a real commitment to
11 all the affected veterans. We're very close. We're
12 not ready to make that announcement just yet.

13 **MR. ENSMINGER:** What's the holdup?

14 **MR. PARTAIN:** Let's put a human face on this. I
15 mean, we have quite a few people here. In the
16 audience, by show of hands, how many of you were
17 service men or women aboard Camp Lejeune or are --
18 have a service woman or man on Camp Lejeune that is
19 now deceased or has cancer, please raise your hand.

20 **MS. FRESHWATER:** Look behind you.

21 **MR. PARTAIN:** Now, those of you who have your
22 hands in the air, just -- we'll take out one cancer.
23 Everyone keep it up real quick, 'cause I want to see.
24 Okay, there's quite a few people here. Of these
25 families that are here, how many of y'all have had

1 kidney cancer in your family? Keep your hand up,
2 please. We got one, two, three, four, five, six,
3 seven. Yeah, kidney cancer is the big boogiemán here
4 with TCE, and we got seven people here, or seven
5 families, or whatever you want to say, that have
6 kidney cancer on it. Matter of fact one of these
7 people sitting behind me earlier today gave me a stack
8 of bills that they're being charged copays for their
9 kidney cancer treatment by the VA, even though the
10 2012 health law says they're not supposed to. The
11 veteran in question has both kidney cancer and bladder
12 cancer. It's not toe fungus. And he has no kidneys.
13 They were removed for cancer. And they gave him
14 service connection for bladder cancer and denied him
15 his kidney cancer. What is going on?

16 **MR. FLOHR:** I talked to his wife right here
17 during the break, and I asked her to --

18 **MR. PARTAIN:** I asked her too.

19 **MR. FLOHR:** -- I asked her to contact me with his
20 name and information. It doesn't sound right to me
21 but I don't know.

22 **MR. PARTAIN:** Okay, and we have another veteran
23 widow sitting behind me who's now getting bills from
24 the VA. Her husband died, Mr. Burpee[ph], we talked
25 about him in May. And he went through appeal and was

1 denied and denied and denied. And now they're getting
2 bills from the VA, requesting copay for kidney cancer.

3 But the kidney cancer, I mean, EPA recognized TCE
4 as a human carcinogen due to kidney cancer. We got
5 seven kidney cancers sitting right here in a meeting
6 in Tampa, Florida. And these are all -- by the way
7 this -- everyone here is local. Anyone not local from
8 Tampa? I mean, I'm sorry, central Florida, I'll
9 expand that out, 'cause we're a driving state. I live
10 in kind of Orlando-ish, but I grew up here, okay.
11 But, you know, most of these people are coming from
12 just hearing about this in the media and through
13 efforts of ATSDR to get out there. Florida has got --
14 we have 20,000 people registered with the Marine
15 Corps, okay? So these are the faces of the delays.
16 You know, the gentleman that spoke to you, he is
17 undergoing treatment. He is undergoing issues because
18 of his cancer. Weeks, not months.

19 **DR. BREYSSE:** If I can add, I've been impressed
20 over the last couple months with the commitment to
21 make this work on behalf of the VA. And being new to
22 the federal government myself, I know that we can't
23 always make things happen as quickly as we'd like.
24 It's quite frustrating, but I'm certain and I'm
25 convinced that this compensation program is coming,

1 and it'll be supported by the science, and the
2 information that we provided them will be used to come
3 up with a logical scheme for a compensation program.
4 I'm confident that's going to happen.

5 **MR. ENSMINGER:** Well, that's fine, but, you know,
6 when I -- we deal with real people. I mean, we talk
7 to them on a daily basis, and weekly basis. You guys
8 look at numbers. You're not in direct contact with
9 these people. You are here now, but we work with this
10 daily. I'm getting emails and phone calls every day.
11 And this is very frustrating, and it's very difficult.
12 What do I tell them? That the Secretary is taking his
13 time? You're telling me right now that the Secretary
14 has not signed off on this. Is that your words right
15 now?

16 **DR. CLANCY:** The process is not complete. When
17 the Secretary signs off, it will be because he's got
18 full confidence that everything is ready to go, that
19 the commitment is real. I -- we all have the highest
20 respect and appreciation for what you do every day.
21 And I hear you. And I hear the frustration loud and
22 clear. If I could wave a wand and make it faster,
23 that would be done.

24 **MR. ENSMINGER:** You know, we keep hearing -- I'm
25 sorry to cut you off, Dr. Clancy, but we keep hearing

1 different things. We keep hearing different things
2 from the VA. Oh, yeah, this is at OMB. It's being
3 taken care of.

4 **MS. FRESHWATER:** And it's kind of put us on the
5 spot, because people are now coming and saying, but
6 the letter in August, and, and so --

7 **MR. ENSMINGER:** So I'm going to go back and I'm
8 going to check with my senators.

9 **MS. FRESHWATER:** They're just waiting for us to
10 die.

11 **MR. ENSMINGER:** -- because my senator -- one of
12 my senators spoke with Secretary McDonald on Tuesday.

13 **DR. CLANCY:** Yes.

14 **MR. FLOHR:** Yeah, we were there.

15 **MR. ENSMINGER:** And I'm going to find out.

16 **DR. BREYSSE:** All right. Bernard has been
17 patient.

18 **MR. HODORE:** Hello, Mr. Flohr, I have a comment
19 from one of the statements from the VA, and it states,
20 the most important risk factor for the development of
21 prostate cancer is increasing in age. Clinically
22 diagnosed prostate cancer is more common in
23 African-Americans than Whites or Hispanic males. It
24 is most likely that a veteran age and ethnicity are
25 the greater risk factor in his prostate cancer

1 developed than his brief exposure potentially while
2 stationed at Camp Lejeune. Can you back up that
3 statement, sir?

4 **MR. FLOHR:** I cannot. I'm neither a clinician
5 nor a scientist. And that sounds like something that
6 a medical professional looked at, looked at all the
7 evidence and made a decision on that basis.

8 **MR. ENSMINGER:** Well, I've seen some --

9 **MR. FLOHR:** I think we all know, though, that if
10 males live long enough we would all develop prostate
11 cancer some day or some time or another.

12 **MR. HODORE:** But it says African-Americans than
13 White or Hispanic.

14 **MR. FLOHR:** I have no information on that.

15 **DR. BREYSSE:** I think that's a true statement,
16 but I think the question now becomes is how do you
17 tease out, and the challenge we've debated extensively
18 in the past, you know, personal risk factors versus
19 exposure-related risk factors, and the difficulty
20 teasing that out, I think, is why we've now come to
21 the situation where the model going forward is likely
22 to be some sort of presumption. So we don't have to
23 weigh those things. So those are challenges that
24 we've talked about extensively in the past. And I
25 recognize your frustration, and it's hard to be told

1 that your prostate cancer is 'cause you're old and
2 you're African-American, and not because of what you
3 did as a Marine, but I think we're trying to get
4 beyond that now. Is that fair?

5 **DR. CLANCY:** Yes, and that is actually the value
6 of a presumption. What I will tell you from my prior
7 job, which did not have anything to do with VA but had
8 a lot to do with the evidence for is it a good idea to
9 screen for prostate cancer. When the U.S. preventive
10 services task force, this is an independent group that
11 makes recommendations, looked at recommendations, and
12 they looked at the question of whether there was a
13 greater risk for African-American men, would that
14 affect how often or how early they should start
15 screening and so forth. They could not at that time,
16 so this would've been within the past two to three
17 years, find evidence to back that up.

18 Many doctors have the impression, from their
19 patient panels and the patients that they see, that
20 it's more common in African-American men. But this
21 task force combed through all the evidence that they
22 could find. Now again, as I'm thinking about it, it's
23 probably more like three years. They couldn't find
24 the evidence at that time, but I'd be happy to take a
25 further look, just on that specific question.

1 **MR. HODORE:** Thank you, ma'am. Thank you.

2 **MR. ENSMINGER:** And Dr. Clancy --

3 **MR. UNTERBERG:** Yeah, I'm fairly new to the
4 process. And when I got involved this year, and I
5 started reading -- and I'm sure this has been
6 discussed before -- but I started reading about the
7 different acts, the family act, there's these 15
8 presumptions that were -- that had been approved. So
9 I was very confused when I started reading about we're
10 trying to make those presumptions apply again. So
11 could you explain? Could you explain, I mean, is it
12 just dollars? Are the disability amounts going to be
13 a lot more? Why? We've already decided those
14 presumptions apply for paying medical benefits. Is it
15 a legal process? Could you explain to me why those
16 are not carrying over and have to be revisited now?

17 **DR. CLANCY:** The law that was passed was to
18 provide medical care --

19 **MR. UNTERBERG:** I understand. Yeah, I
20 understand.

21 **DR. CLANCY:** -- for veterans. What is being
22 discussed --

23 **MR. UNTERBERG:** Is disability.

24 **DR. CLANCY:** -- and we're in the very final
25 stages, is for disability benefits.

1 **MR. UNTERBERG:** But for three of the 15. So the
2 government --

3 **DR. CLANCY:** No, no, no, no.

4 **MR. UNTERBERG:** -- for all 15?

5 **DR. CLANCY:** It will be a bigger list than that.
6 And again, due to the really fine work of ATSDR. So
7 your work encouragement, very candid feedback,
8 combined with terrific science, I think, has actually
9 moved the process along and expanded our thinking
10 dramatically in the past few months. So I'm very
11 optimistic. I'll leave it at that.

12 **MR. UNTERBERG:** Okay, but so you had to revisit
13 those presumptions for this other -- for disability?
14 Is that what you're saying?

15 **DR. CLANCY:** What we're looking at is a greatly
16 expanded list, again, based on the scientific work
17 that ATSDR did and that we went over with them in some
18 detail, which, of course, takes a little bit of time
19 of itself.

20 **DR. BREYSSE:** Lori?

21 **MS. FRESHWATER:** So my question, I know, will be
22 about a process that I can't even wrap my head around,
23 but why can't we do this in an incremental way? So if
24 we have one that you're -- you've kind of felt like
25 you can say, without a doubt, this is -- we're going

1 to decide upon this kidney cancer, for example. Why
2 not go ahead and do that now, just so that you can
3 show some movement? Why does it have to be all
4 announced at once? Why does -- because it could mean
5 the difference, 30 days, or this, that, and the other
6 makes a huge difference to these people, so if it's
7 going to be -- do you see what I'm saying? Like if
8 it's going to be -- if it's all being held up to be
9 done together, why not do it incrementally?

10 **MR. FLOHR:** Well, I don't think -- it's not
11 really being held up for that reason. Whether it's
12 one or whether it's a hundred, they have to go through
13 rule-making. They have to be published in the Federal
14 Register and become rules that we follow. It's the
15 general rule-making process for federal agencies. So
16 we have to write regulations, again, whether it's for
17 one or ten or a hundred, and ask for public comments.
18 We receive comments from the public. And then we're
19 required by law to provide that. And then we have to
20 go back and look at their comments, and we have to
21 address each of their comments in the final
22 rule-making. So it's just not that easy.

23 **MS. FRESHWATER:** No, I wasn't saying -- I know
24 it's not easy. I'm saying I can't even imagine --

25 **MR. FLOHR:** And it's not that fast either.

1 **MS. FRESHWATER:** -- how not easy it is.

2 **MR. FLOHR:** It's not that quick.

3 **MS. FRESHWATER:** I know what it's like to file
4 taxes, so you know. But what I'm saying is, what I
5 get from the veterans, like a lot of the questions I
6 ask are on their behalf because this is what I'm
7 hearing them say. Well, why -- they said three --
8 they're desperate. They're desperate because their
9 families are burdened by the fact that they have these
10 bills. And they're, as we have mentioned, behind us,
11 you know, so it's difficult to talk about because
12 somebody passed away without knowing that they had
13 left their family in a safe place.

14 **MR. FLOHR:** I completely understand, Lori.

15 **MS. FRESHWATER:** So, so -- they're -- I know, and
16 I'm not trying to, you know, guilt you or be emotional
17 or any of that, but I'm just letting you know that I'm
18 conveying the desperation that we're getting, 'cause
19 that's our job as a community assistance panel. And
20 so when they say, well, why can't they just give us
21 the one that they're sure of? Why are -- I just
22 really want you to understand that, you know --

23 **MR. FLOHR:** I do understand. And I'm sorry,
24 Jerry, but I have veterans I talk to all the time. I
25 had a veteran and his wife in my office just the other

1 day. He's a Vietnam veteran, talking about his claim.
2 And I meet with them, and I understand their concerns,
3 and I know them and I share them. I can't tell you
4 this is going to be a lightning fast process. It's
5 not. But the Secretary has promised to make this
6 happen as soon as possible.

7 **MR. UNTERBERG:** Brad, without changing the rules,
8 couldn't you make the presumption process easier for
9 the ones that you're close to doing? Could you make
10 your people who -- the people that are deciding
11 whether the presumption's accurate, couldn't you
12 instruct them that these certain conditions should,
13 more likely than not, be presumed?

14 **MR. FLOHR:** That's what we've done. That's what
15 we've done in our work group, based on our meetings
16 with Dr. Breyse and his staff. We have looked at all
17 the evidence --

18 **MR. UNTERBERG:** But has there been an increase in
19 approvals?

20 **MR. FLOHR:** I'm sorry?

21 **MR. UNTERBERG:** Has there been an increase in
22 approvals since you did that?

23 **MR. FLOHR:** No. No. I don't think so. But
24 we're not denying those claims. We are still
25 processing the claims. It wouldn't make sense not to

1 because the rule-making process does take time.

2 **MS. FRESHWATER:** I don't think that's true,
3 actually. I, I will try and get the cases, because I
4 try and document everything I say, but I do believe
5 people have been denied since this announcement.

6 **MR. FLOHR:** Oh, they have been denied but our,
7 our instructions --

8 **MS. FRESHWATER:** Their appeals have.

9 **MR. FLOHR:** -- our instructions to Louisville is
10 if one of the 15 conditions in the healthcare law, if,
11 after getting medical opinions, reviewing the
12 evidence, it would be a denial, then we're not going
13 to deny them. We will send a letter to the person
14 saying we are not making a decision yet on this claim
15 as -- while we're going through this process. So
16 we're still granting them when we can, which, if we
17 were going to just stop doing them, it could be a long
18 time before someone who now, under our current
19 procedures, we could grant their claim, it wouldn't
20 be -- we wouldn't be able to do that. That would
21 be -- not be good for veterans and their families.

22 **MS. FRESHWATER:** Well, I haven't heard anyone
23 who's gotten that response. So I would ask that if
24 anyone has gotten that response, you know, to the
25 public that are watching, not in this room, to please

1 contact the CAP at our g-mail and let us know because
2 we have not had any word of anyone getting that
3 response. All we keep hearing are people still being
4 denied, denied, denied, and it's so frustrating --

5 **MR. FLOHR:** This is still a fairly recent
6 development as well, I mean, since July, and we're --
7 and then...

8 **MS. FRESHWATER:** So but you know -- but have
9 those responses gone out? Do you know that for sure?

10 **MR. FLOHR:** Yes, I do.

11 **MS. FRESHWATER:** So I just need to find people
12 that -- do you have a percentage or do you have like
13 any --

14 **MR. FLOHR:** No, I don't. I could get that,
15 probably, from Louisville.

16 **MS. FRESHWATER:** Okay.

17 **MR. FLOHR:** Yes.

18 **MS. FRESHWATER:** Again, just so I can bring that
19 back to the community who's asking.

20 **MR. FLOHR:** Sure.

21 **MR. HODORE:** Thank you. I have one more
22 question, Brad. I'm getting time and time again that
23 a lot of these claims, these subject matter expert
24 doctors, these veterans have nexus letters. They have
25 doctors, oncologists' records and stuff, and these

1 subject matter experts come right back and deny their
2 claim. They overruled the oncologists on certain
3 cases.

4 **MR. ENSMINGER:** Most cases.

5 **MR. HODORE:** In most cases. Time and time and
6 time and time again; it just keeps happening.

7 **MR. ENSMINGER:** Well, let me give you an example,
8 Dr. Clancy. We have a veteran in the audience who was
9 denied for kidney cancer. He was approved for
10 hypertension. The VA's subject matter expert, in his
11 write-up, stated that he had done a comprehensive
12 review of the meta-analysis that had been done on
13 several decades' worth of very good studies on TCE,
14 and could find no evidence that TCE causes cancer.
15 That denial was written in January of this year, and I
16 gave that to Brad Flohr, and it was sent back to
17 Louisville, and you know what they did? They took all
18 that erroneous language out of his decision and still
19 denied him.

20 **MR. PARTAIN:** Now, the problem with the SME
21 issue, you know, and we've been --

22 **MR. ENSMINGER:** I mean, that's the problem. I
23 mean, when you even come back and point out the
24 mistakes, and they blatantly come back and just throw
25 it back in your face, and say, okay, here, we've took

1 all the erroneous wording out of this, but he's still
2 denied. So here, jam it.

3 **MR. PARTAIN:** And the whole problem with the SME
4 issue is point-blank, no transparency. We don't know
5 what's going on. The reason why we found out about
6 the SME issue is because of veterans coming to us with
7 their denials, and we started reading denials and
8 seeing similar language, similar errors. And for
9 example, over the summer, Channel 6 out of Orlando did
10 a story about a veteran in Melbourne, Florida who has
11 non-Hodgkin's lymphoma, and the SME was copying,
12 cut-and-pasting, Wikipedia into his denial. And the
13 only thing that was missing is they took the word,
14 not, out which supported the doctor's conclusion, but
15 everything else matched the Wikipedia article.

16 The issue about the bibliography that I asked
17 about earlier, the literature review, we were told no
18 at first, as far as getting this information out.
19 We've been asking for it. We've been asking for
20 transparency. We did a FOIA request. We recently got
21 back a disk on the FOIA request on the training
22 materials for the subject matter experts. And most of
23 it -- a lot of it was Dr. Walters running interference
24 including they put a blank over the label that she
25 used to describe the CAP member that made the request.

1 We don't know what she said but it looked like it was
2 pretty long. She said the requester is a blank, and
3 it has a blank black block on there from the FOIA
4 request. And then she also goes on to say that all
5 the people who were involved in this do not need to be
6 subjected to the personal attacks and vicious attacks
7 that I've undergone from the community, meaning us.
8 Now, we're not calling you guys names; we're not
9 making fun of you all. We are here to resolve this
10 problem.

11 And you talked nicely about ATSDR and the
12 progress that's being made. Great. I'm happy for
13 that, but include the community in this as well.
14 Include the experts that we know, like Jerry
15 mentioned, with Dr. Clapp and Dr. Cantor. And more
16 importantly, this SME process, get it out in the
17 public so the public can understand it. Get the
18 materials that they're using, the training materials,
19 and show that to the public so everybody can
20 understand how an SME can take a treating doctor, who
21 is a specialist, an oncologist in their field, and
22 totally refute their nexus letter, if they're a
23 veteran, when they're not even qualified to do so, is
24 beyond me.

25 And, you know, Jerry mentioned about a veteran,

1 here, I was talking about earlier. The veteran has
2 bladder cancer, kidney cancer. They gave him service
3 connection for his bladder cancer but nothing, and
4 they denied him for his kidney cancer. But yet the
5 weight of evidence is out there that kidney cancer is
6 tied to TCE, and we're still going round and round and
7 round, and chasing our tails in circles. That's where
8 the frustration's at.

9 **DR. CLANCY:** I hear you.

10 **MR. ENSMINGER:** And I have another question.
11 Once this is -- once this presumption is official, is
12 the VA going to go back and look at all these denials
13 that --

14 **MR. FLOHR:** Absolutely.

15 **MR. ENSMINGER:** Well, I believe the Secretary
16 said he would do that. So how far back are you going
17 to go?

18 **MR. FLOHR:** As far back as we can identify people
19 in our system, that have filed claims over the years.

20 **MR. ENSMINGER:** And you're going to approve them?
21 And -- well, how far back are you going to grandfather
22 their benefits?

23 **MR. FLOHR:** As a general rule, regulations, when
24 they're published, are effective the date they are
25 published. So whether we need to go back earlier than

1 that, that's something to be discussed further. Don't
2 know.

3 **MR. PARTAIN:** So a veteran who's been arguing a
4 claim for the past four years, and received denial
5 after denial, bogus, you know, citations from
6 Wikipedia on their denial, they're get -- their
7 presumptive service, say it's announced in January,
8 their claim matures beginning in January, and they
9 lose the four years that they've been trying to fight
10 this? Is that what I'm hearing?

11 **MR. FLOHR:** That depends, Mike, again. If --
12 generally, effective dates of rules would apply to
13 claims filed on or after the date of publication in
14 the Federal Register or claims still pending or on
15 appeal.

16 **MR. PARTAIN:** Okay, 'cause, I mean, that's where,
17 you know, we are hearing from veterans who have been,
18 you know, denied. After the meeting on July 16th, I
19 got an email from a veteran here in Tampa, or sorry, a
20 widow here in Tampa, whose husband has been denied
21 several times. He died of prostate cancer at the age
22 of 45. He spoke -- she spoke to somebody at
23 Louisville, just this -- I believe this week or last
24 week, and she has a name and phone number who she
25 spoke to, and said, oh, your claim is denied but we

1 can't tell you, and release the information until the
2 Secretary releases the presumptive service
3 connections. So that's what's going on.

4 **MS. FRESHWATER:** I have a question for
5 Dr. Clancy.

6 **DR. BREYSSE:** Lori, can Tim go? He's been
7 waiting patiently.

8 **MS. FRESHWATER:** Oh, I'm sorry, Tim. Sorry,
9 sorry.

10 **DR. BREYSSE:** He's got his tent up.

11 **MR. TEMPLETON:** I've been very... I have
12 hopefully into a little bit of a side track,
13 interesting question. Given what Dr. Cantor has given
14 us, as far as the presentation goes, and also the
15 collective scientific evidence that we have up to this
16 point leading into this, could we come up with a
17 battery of tests, let's say, for immunoglobulin,
18 that's one that would detect -- that's one that would
19 detect this, if we were to do an immunoglobulin test
20 on Camp Lejeune veterans or family members that happen
21 to come our way, we allow them to have medical care.
22 Now, of course, it's only, you know, no copay for the
23 15 conditions, but when they present themselves to the
24 VA, can we have a battery of tests to ascertain
25 whether their immunoglobulin levels are improperly

1 low, et cetera, with some of the others?

2 **DR. BREYSSE:** That's a medical screening issue.
3 I don't know who would address that.

4 **DR. ERICKSON:** Well, let me give this a shot
5 here, just for the public. I served 32 years of
6 active duty in the U.S. Army. In fact two of those
7 years were here at McGill Air Force Base. And so I'm
8 within a long walking distance of where I used to live
9 down here, and so it's good to be back down in Tampa.

10 I've been with VA for two years. The fact that
11 the four of us would show up today and tomorrow, I
12 want you to know, is not evidence that we think we're
13 perfect, but in fact evidence that we want to improve.
14 We want to make things better. You know, the -- Tim,
15 you know, you and I were talking earlier, and what you
16 have just said is a very constructive interaction,
17 that I would want to have more of, because you've
18 touched on something that is -- is, I mean, for me as
19 a scientist and a doctor, it excites me. As a veteran
20 it excites me.

21 Now, Dr. Cantor, you know, two thumbs up. It's
22 early work, by his own admission. If it could lead to
23 a screening test, if we could determine what the
24 cut-offs were, in terms of screening and such, yeah,
25 this could be something that could be very, very

1 viable, in terms of how we could best take care of
2 Camp Lejeune veterans and such. But to be able to
3 say, right now tonight, that we're ready to do that is
4 just -- it's a little early.

5 **MR. TEMPLETON:** That's great. Thank you very
6 much.

7 **MS. FRESHWATER:** And also, not to say that this
8 would be why you would make any decision, but it would
9 save money if you catch things earlier.

10 **DR. ERICKSON:** Can I say something else? And,
11 you know, I was telling my wife this earlier, before I
12 left home early this morning, and you guys are going
13 to say, you know, this Erickson losing his mind, okay.
14 Stay with me, folks. Working at VA, working within a
15 couple blocks of the White House, it's been like a
16 civics lesson for me. When I first showed up, I
17 thought, my gosh, everything moves at the pace of a
18 glacier, you know. Where is the urgency? You know,
19 where is the ability to just make that change, you
20 know, reach out and do something that would
21 immediately help a million veterans at a time?

22 There are laws; there are rules and regulations.
23 We're bound up in lots of things that go ten and 20
24 years back. A lot of the stuff that we deal with that
25 deals with that word presumption is actually -- goes

1 back 20 years to Agent Orange law. And the Agent
2 Orange laws were in fact the starting point for modern
3 day presumptions. And they set in motion some of
4 those calendar dates, some of those timelines that are
5 required, some of those processes that are required.

6 Now, I will be the first to say I'm not
7 satisfied, as a veteran, as an American, as a VA
8 employee, that the timelines, you know, are what they
9 should be. I want them to move faster. I think we've
10 been moving this particular issue very fast. I spoke
11 with a few of you at the break and before. I wish
12 tonight we were telling you a whole lot more than we
13 can but, because we're not the boss, we can't tell you
14 certain things. But I will tell you that, as a
15 veteran, we've made tremendous steps forward in this
16 regard. We just don't have the ability to talk to you
17 directly about it tonight.

18 **MS. FRESHWATER:** No, I understand. I appreciate
19 you being here. I appreciate ATSDR. I appreciate
20 that I live in a country who is making any effort to
21 be open about this at all, because there are many
22 countries in the world who poison people and don't
23 ever make an effort to fix it. So I am someone who is
24 very grateful for this process, and I hope I've made
25 that known at every meeting, and that includes the VA.

1 My question for Dr. Clancy is going back to the
2 SME program. I only met you today but you seem
3 clearly like a straight-forward person and a common
4 sense kind of person. Does it make sense to you to
5 have a subject matter expert deciding cases for the
6 VA, who also has a business that works for industry,
7 deciding cases?

8 **DR. CLANCY:** I think the question is what is the
9 business and is there an obvious conflict of interest?

10 **MS. FRESHWATER:** It is.

11 **DR. CLANCY:** Well, I have been told, and I don't
12 know as many of the details as you do, to be honest.
13 I have been told that this has been reviewed by our
14 ethics folks. But I want to say one thing in response
15 to a lot of the comments here. There's no question
16 that we have to do a better job at being transparent
17 with how we're doing business, and we're committed to
18 doing that. I will also say, in the weeks versus
19 months, you know, earlier -- early in this calendar
20 year we got a report from the Institute of Medicine on
21 C-123, the people who flew in those airplanes, and I
22 actually think we all believed, including the
23 Secretary, that we could just like have that out in a
24 week. It wasn't quite that quick. It wasn't all that
25 long, though. I mean, it was a matter of several

1 months. And when we put that out we were very, very
2 confident that we had checked every last detail, that
3 we weren't missing people, and that we had strategies
4 in that instance to be able to find people who would
5 benefit and so forth.

6 So that's the kind of leadership that this
7 Secretary has brought, and we're continuing to push
8 forward. I hear the frustration, but I also recognize
9 that you all do phenomenal work in bringing this to
10 our attention.

11 **MS. FRESHWATER:** But I just want to go back to
12 the SME program.

13 **DR. CLANCY:** Yeah.

14 **MS. FRESHWATER:** I found, in my investigation on
15 my own, that several of the subject matter experts had
16 side businesses. And if you're telling me that
17 there's been an ethics investigation, I'd like to know
18 what I need to ask for it, to FOIA, because I'd like
19 to have a look at it, because it's very difficult for
20 me, when I see veterans being denied by someone who
21 works for Dow Chemical. It's not right.

22 **DR. CLANCY:** Well, I'm not altogether sure, right
23 at this very second, that we're talking about the same
24 person, but I'd be happy to follow up with you on
25 that.

1 **MS. FRESHWATER:** I would really like that because
2 I'm -- and I have no problem with this person, or
3 these people, actually, there's several. I have no
4 problems, personally. I think -- I'm not trying to
5 get them kicked out of the VA or --

6 **DR. CLANCY:** No, I get that.

7 **MS. FRESHWATER:** -- I'm sure they're
8 professional, good people. But this is not the right
9 position for them if they want to work for industry.
10 You can't work for the people who use the chemicals,
11 and then decide that the veteran is not -- shouldn't
12 get disability because they have cancer from the same
13 chemical. You know, it's just not -- so I just really
14 want to impress upon you that that's something --
15 that's the kind of thing that -- it is frustrating
16 because, if it happened in, I'm venturing a guess, in
17 a legal profession or corporate America, that kind of
18 conflict of interest would not -- would be immediately
19 divulged. There would be an openness about it.

20 And we had to find out about it on our own, and
21 I'm a journalist, so I -- you know, I was able to find
22 it out. But the SME program is a big deal. And I --
23 as Mike said earlier, we've just had no access to any
24 of it.

25 As far as the timeline, I just want to say I do

1 understand. I really do. And I -- what I am, to
2 bring it back to the positive, I think that,
3 hopefully, what we're doing here will help the many,
4 many veterans from Iraq and Afghanistan that, in the
5 next years are going to be needing --

6 **DR. CLANCY:** Yes.

7 **MS. FRESHWATER:** -- the same kind of help.

8 **DR. CLANCY:** That's exactly right.

9 **MS. FRESHWATER:** So whatever pain we're having to
10 go through, I'm really hoping that we're setting a
11 framework that those veterans won't have to go through
12 this kind of thing, because those veterans are going
13 to come back with problems. I mean, the military, the
14 Army has admitted that they were exposed to chemical
15 weapons, and all kinds of stuff that you all know a
16 lot about. So, you know, hopefully what we're doing
17 here is going to make -- because you're going to be --
18 you're going to have a lot of them coming,
19 unfortunately, so.

20 **DR. CLANCY:** Without question.

21 **DR. BREYSSE:** Thank you, Lori. Before --
22 Danielle, we have a question here that we want to
23 address first.

24 **MS. STEVENS:** So this question is actually from
25 Chris Orris. He asked me to pass this on. He said,

1 please ask the VA what they are doing to add
2 congenital heart defects to their list of covered
3 illnesses.

4 **MR. ENSMINGER:** That is for the healthcare law.

5 **DR. BREYSSE:** In your conditions that you're
6 provided healthcare is congenital heart -- are
7 congenital heart defects being considered for
8 inclusion?

9 **MR. ENSMINGER:** That's something that we're
10 working on as an amendment.

11 **DR. ERICKSON:** That's exact -- that's part of the
12 civics lesson is who -- whose job is it, and that's
13 Congress's job. And just so everyone knows, the issue
14 of congenital heart defects related to these chemicals
15 we've talked about, there can't be a presumption for
16 that because the children are not veterans.

17 **DR. CLANCY:** Not without a law change.

18 **MR. ENSMINGER:** And by the way, we're reviewing
19 all the health effects on that law and some of the
20 stuff that's -- can't be determined. You know, that
21 was made up from the NRC report.

22 **DR. ERICKSON:** No, it was.

23 **MR. ENSMINGER:** Yeah.

24 **DR. ERICKSON:** You're, you're, you're exactly
25 right.

1 **MR. ENSMINGER:** And, you know, just to show you
2 how great that NRC report is, a bunch of stuff in that
3 law is crap, okay?

4 **DR. ERICKSON:** Jerry, let me engage you. Listen,
5 for all of you that are here, Jerry and I, we gave
6 Senate testimony two months ago, and there was
7 actually an issue that we both agreed on, and that was
8 really cool.

9 **MR. ENSMINGER:** Just once in our lives.

10 **DR. ERICKSON:** No, no, but here's perhaps another
11 area of agreement, and I want to exploit this, you
12 know, even though you're a jarhead, okay? All right.

13 **MR. ENSMINGER:** How's come you got away with 18
14 years in the Army. You said you only served 18 years?
15 What they do, kicked you out?

16 **DR. ERICKSON:** Thirty-two. Thirty-two years.

17 **MR. ENSMINGER:** Oh.

18 **DR. ERICKSON:** Thirty-two years. So but here's
19 what I want -- where I want to go with this. For the
20 veterans in the crowd here, you probably remember your
21 first time going to the range and being familiarized
22 with a variety of weapons. And, you know, your first
23 shot group was probably spread all over the place, may
24 not have even hit the, you know, the Canadian Bull, if
25 you remember the Canadian Bull. Anybody remember

1 that? Okay. And yet as you got better, you brought
2 the shot grouping together, okay. I'm the first to
3 tell you, and you know this already 'cause you just
4 picked up this point, the initial law, as written, is
5 not perfect. It needs to be amended.

6 **MR. ENSMINGER:** Yeah.

7 **DR. ERICKSON:** And for us to work together in
8 this regard is another fruitful avenue for us. The
9 ATSDR helping us with science, our engagement with you
10 as CAP members, because there are disconnects.
11 There's no question there are disconnects. And yet
12 different parts of the solution are going to belong to
13 different people, okay. We've talked about certain
14 members of Congress, some of them are going to have to
15 help us amend that law for some of those parts of the
16 problem. We agree on that.

17 **MR. ENSMINGER:** Yeah, and I mean, and, you know,
18 all this talk about cooperation and all that is fine,
19 but it's just like the point that I made earlier about
20 that decision where this so-called subject matter
21 expert said that they had done that comprehensive
22 review of the meta-analysis of well-conducted -- two
23 decades' worth of well-conducted studies and could
24 find no evidence that TCE caused cancer. We brought
25 that back to the VA. We did. We brought it back to

1 Brad. He sent it back. They cleaned it up, sent it
2 back, denied. I mean, you want to talk about
3 cooperation? Let's talk about cooperation. I mean,
4 when that kind of stuff happens, that is a slap back
5 in my face saying, here, tough. You know, but we beat
6 this long enough.

7 **MS. FRESHWATER:** But it also goes into the TBI,
8 the subject matter -- I know you're aware of the --
9 that there was a big problem with the subject matter
10 experts who were not qualified to be -- or they were
11 examiners actually to examine TBI. Where was that,
12 Brad? Was it in Oregon?

13 **MR. ENSMINGER:** No, Minnesota.

14 **MR. FLOHR:** Minnesota.

15 **MS. FRESHWATER:** So the other thing -- you know,
16 so this is kind of an infection, so to speak, that is
17 going beyond Camp Lejeune.

18 And just one more final point, another thing that
19 confuses the veterans is they'll have the same doctor.
20 One person will have that doctor as an examining
21 doctor, and then another person will have that as a
22 subject matter expert. Which are they? You know, and
23 they're making decisions that seem to make absolutely
24 no sense. It can't be explained, you know. So that's
25 it. Danielle?

1 **DR. BREYSSE:** You had your tarp up and I
2 interrupted you.

3 **MS. CORAZZA:** No, I was just going to say I feel
4 like really the spirit of this is that, I guess and VA
5 said this. I want to say when I came onboard in
6 January with the CAP, that the process was to be
7 erring on the side of the veteran, and honestly I
8 don't think we can look at any of the people that have
9 come to us with their issues and say, this is a clear
10 case of, hey, the VA erred on the side of the veteran.
11 I don't think that has been the case to-date. I agree
12 there's a lot of movement forward, but that is still
13 not a true statement from my personal perspective, and
14 I think most of the CAP would agree with that.

15 And then secondary, Dr. Erickson, I don't know
16 who we should address, but like with the IOM stuff and
17 some of the clinical screening and medical screening,
18 I just wanted to -- for the record, like scleroderma
19 testing is very expensive, and the VA doesn't offer a
20 complete ANA panel. As a veteran they didn't offer it
21 to me. They definitely -- it's not really listed
22 under family -- the family member program, 'cause you
23 have to have a diagnosis, but that's really, again,
24 like a nebulous thing, so some of that, I think, could
25 be worked on, and I would love to be involved in maybe

1 some of those discussions, so.

2 **DR. CLANCY:** We'd be happy to follow up with you
3 on that. I'm not all that clear that an ANA panel is
4 actually a good screen for scleroderma, because
5 it's --

6 **MS. CORAZZA:** Well, it's not but gastroparesis on
7 its own, which is one of the only other things --

8 **DR. CLANCY:** Yeah.

9 **MS. CORAZZA:** -- is also not a clear standing,
10 per the VA head rheumatologist at VCBAMC as a
11 differentiator either. And so as a family member,
12 that was -- my exposure came from that. And the VA is
13 like, well, we don't -- you know, you have both but
14 you don't have it. So I think some of that needs to
15 be massaged.

16 **MS. FRESHWATER:** And I think like Willy Copeland
17 has all the symptoms of scleroderma. He has end-stage
18 renal failure, lost both legs in a VA hospital, and
19 now he's being forced to pay for private nursing home.
20 And he has all the symptoms of scleroderma, and I
21 can't get him a work-up. And so he doesn't have
22 kidney cancer so he can't get disability. But the
23 doctors have told him that -- his quote was that they
24 said it looked like he had moonshine in his blood.

25 **MR. ENSMINGER:** Moonshine. Could I make a

1 suggestion? Could we possibly, like the afternoon
2 before the next CAP meeting, have a meeting with just
3 representatives of the VA and the CAP, without ATSDR?
4 At the facility, but, you know, they -- they'd
5 facilitate the meeting, the meeting area, within the
6 campus down there. And we could meet that afternoon
7 before, and discuss issues with you guys that we --
8 you know, things that come to our attention, and you
9 can tell us some things maybe we don't know.

10 **DR. CLANCY:** No, I think that would be a great
11 idea. We would appreciate it, if you've called the
12 press, if you let us know ahead of time.

13 **MR. ENSMINGER:** Excuse me?

14 **DR. CLANCY:** I said, if you notify the press, if
15 you could tell us ahead of time, we would like to know
16 that.

17 **MR. ENSMINGER:** Oh, okay. The press can't --
18 they won't let the press in there.

19 **DR. CLANCY:** Oh, you mean on the CDC campus.

20 **MR. ENSMINGER:** Yeah.

21 **MS. FRESHWATER:** Can we have Sheila there?

22 **MS. STEVENS:** So just, I do have a date for that
23 next meeting. If we have the CAP meeting itself I'm
24 planning on March 24th to Thursday. And so if we were
25 to have a meeting prior, that would be the 23rd, which

1 is a Wednesday. So we would have the ATSDR/VA meeting
2 on Wednesday, and I would find a location on our
3 campus for that meeting and --

4 **DR. BREYSSE:** It would be a CAP/VA meeting.

5 **MS. STEVENS:** Yeah.

6 **DR. BREYSSE:** Not ATSDR/VA meeting.

7 **MS. STEVENS:** No, we're talking about having a
8 separate meeting but the actual CAP meeting would be
9 March 24th.

10 **DR. CLANCY:** And we'll stay at the CDC Hilton.

11 **MR. PARTAIN:** With this meeting --

12 **MR. WHITE:** Mike, sorry for interrupting. Can
13 you hear me? I don't have a name thing to fold up
14 here. Did I hear you mention earlier that there was a
15 veteran here that was denied healthcare coverage for
16 one of the 15 covered conditions?

17 **MR. PARTAIN:** No, he wasn't denied healthcare
18 coverage; he's being charged copays.

19 **MR. WHITE:** Okay, well that's -- I'm going to
20 have -- if that person can come talk to me afterwards,
21 tomorrow, part of my presentation is going to be
22 veteran eligibility, and copays are --

23 **MR. ENSMINGER:** Well, he's got a -- he's going to
24 be here.

25 **MR. PARTAIN:** And the other one, they're being

1 billed, the veteran is deceased, and they're receiving
2 bills now for items -- prescriptions for kidney
3 cancer.

4 **MR. WHITE:** Okay. Yeah, if they could come talk
5 to me 'cause we definitely need to get that cleared.
6 If a veteran was at Camp Lejeune, and it's a very easy
7 process for them to go through to prove eligibility,
8 they should not have any copayments for treatment of
9 those 15 conditions. They are made a category,
10 priority 6 veteran, and copayments shouldn't even be
11 entering into the picture. So we need to clear that
12 up.

13 **DR. CLANCY:** So just one quick question on that,
14 Mike. Is the veteran being charged or is his or her
15 insurance being charged?

16 **MR. PARTAIN:** I believe the veteran.

17 **DR. CLANCY:** Got it, got it. No, just very
18 important information.

19 **MR. PARTAIN:** Yeah, I've got --

20 **DR. CLANCY:** That's all, thanks. And Brady can
21 help.

22 **MR. PARTAIN:** Now, on this meeting that Jerry's
23 talking about beforehand, I would like to see --
24 'cause a lot of times we bring in the denials,
25 especially when there is precedents and things like

1 this about Camp Lejeune, the veterans do contact us
2 and they give us these denials, and that's how we
3 found out about this SME process. And when we discuss
4 them, we're always put the wall up, which I
5 understand. We can't talk about privacy.

6 Is there a form that you can provide us, that,
7 when we do have these veterans' cases, we can have
8 them sign off on it so that we can talk to you about
9 the claim and get into the dirty and the specifics,
10 like the Wikipedia, for example, when we have this
11 meeting or discussion? That way we can come prepared.
12 I mean, get y'all's form? I mean, we can't make the
13 form 'cause we don't know the rules and regs. But I'm
14 sure you've got some type of disclosure form that we
15 can get signed by the veteran.

16 **DR. BREYSSE:** Is there a HIPAA release form of
17 some kind that would allow them to advocate on behalf
18 of the veteran and discuss their medical --

19 **MR. FLOHR:** I don't know that there's a specific
20 form, Mike.

21 **MR. WHITE:** Yeah, there's a release of
22 information form that they can sign that we can talk
23 to you about healthcare issues.

24 **MR. PARTAIN:** Is there any way you can get a copy
25 of it ahead of time so we can start working on that on

1 our end?

2 **MR. WHITE:** Yeah, I can send it out to the CAP.
3 If you can make that an action item for me so I don't
4 forget.

5 **MS. FRESHWATER:** Melissa, can we sign one of
6 those for the documents?

7 **MS. FORREST:** I'm sorry, I didn't -- I missed
8 what you were saying.

9 **MS. FRESHWATER:** I was making a joke.

10

11 **CAP UPDATES AND CONCERNS**

12 **DR. BREYSSE:** So we're going to transition now
13 into the CAP updates and concerns, since it's
14 7:00 o'clock, keeping us on time. And I think we may
15 have addressed some of these in the last hour, and if
16 we can save some time, I'm happy to do that, but I
17 give you guys the floor.

18 **MR. PARTAIN:** Well, I've got my questions.

19 **DR. BREYSSE:** Why don't we just go down the line
20 and see. So we'll wait 'til, you know, Jerry comes
21 back, and we'll come back to him. But Ken, or
22 Richard, do you have anything you'd like to raise from
23 your perspective? Okay, Mike?

24 **MR. PARTAIN:** No, I'm good, thank you.

25 **DR. BREYSSE:** Tim?

1 **MR. TEMPLETON:** Very good.

2 **DR. BREYSSE:** Craig?

3 **MR. UNTERBERG:** Me? Sure. Sheila had asked me
4 to introduce myself. This is my first meeting. I
5 just joined the CAP, and I'm very happy to be here and
6 helping out with the CAP and with the community. I'm
7 an attorney in New York City.

8 I was diagnosed this year with kidney cancer. I
9 lived on the base from ages two to four, and my
10 brother also lived on the base, was born there and had
11 a tumor. So we've been affected greatly by living on
12 the base.

13 My reason why I got involved is I applied for my
14 medical bills to be paid, and I, as a lawyer, I was
15 very precise about what I submitted, and I got denied.
16 I think they asked me for electro bills and moving
17 invoices from 1974, 1976, I mean, things I could never
18 produce. So I figured if I got denied others would be
19 denied. And so I wanted to help out. And so that's
20 why I'm involved.

21 **DR. BREYSSE:** Thank you. Craig, do you have any
22 additional items you want to raise for anybody around
23 the table?

24 **MR. UNTERBERG:** Oh, no.

25 **DR. BREYSSE:** Lori?

1 **MS. FRESHWATER:** I guess this would be for you,
2 Melissa, now that I've got our dialogue going again.
3 Where do I go to find out information about current
4 sites on the base? Because when I was on base,
5 there's a site where there was radiation. There were
6 dogs dug up, the old carcasses, radioactive, and
7 supposedly been remediated. I won't go through the
8 whole thing 'cause it is late.

9 But when I went to the site it's -- the
10 vegetation is thick, years thick, and there's no
11 fencing around it. I know radiation. I'm doing a
12 case in St. Louis, so I've made it my business to
13 learn about it. And so where do I go to ask a
14 question like why is that -- why is that site not
15 marked? Why is it so -- why is it right on the edge
16 of a parking lot? I have pictures. I'm not going to
17 put them up because I don't want to be accused of --

18 **MS. FORREST:** Is this part of an environmental
19 clean-up site, a former environmental clean-up? Okay.
20 The first place for you to start is a similar board to
21 this, the restoration advisory board, because there
22 are officials from Camp Lejeune who participate on
23 that board, and they'll talk with you about, not just
24 sites that they're doing current investigations on,
25 but ones that have been closed. That's your best

1 avenue to get answers related to environmental
2 clean-up sites.

3 **MS. FRESHWATER:** So I could ask them about any of
4 the sites.

5 **MS. FORREST:** I can't guarantee that they -- you
6 know, what information they'll be able to provide you.

7 **MS. FRESHWATER:** But you're saying that's their
8 purview.

9 **MS. FORREST:** That's the forum to ask questions.
10 That is intended to be very similar to this, to allow
11 for community participation in the environmental
12 clean-up program.

13 **MS. FRESHWATER:** Okay. 'Cause when I was in
14 St. Louis, and I was walking around a contaminated
15 creek bed, I was not allowed to get into someone's car
16 because she was fearful of what might have gotten on
17 my shoes, and she had kids. So the fact that this
18 site, which I know had quite a bit of radiation dug
19 up, and it doesn't look like -- it was -- nothing was
20 done, to me, maybe it was. We still don't know where
21 the soil is.

22 No, Jerry, it's -- they don't have the records.
23 But anyway, and so it's right across from a brand new
24 mess hall, the enlisted mess hall that's named after
25 two Iraq war heroes. I could very easily see those

1 guys wandering onto this lot, right, just to see what
2 this old building is that's still there, that was
3 there in the 40s, when they were experimenting on
4 beagles and shooting them up with radiation to see how
5 long they lived, and beta buttons and barrels. So,
6 you know, I'm also concerned for the Marines that are
7 still there.

8 And a lot of these sites were very dangerous. It
9 wasn't just the stuff that went into the water.
10 There's a bunch of sites that have different kinds of
11 contamination.

12 **MS. FORREST:** And they have a very large
13 environmental clean-up program on Camp Lejeune. It's
14 very involved.

15 **MS. FRESHWATER:** I understand, and I appreciate
16 everything they've done, but when I saw that lot --

17 **MS. FORREST:** Yeah, definitely start with the
18 restoration advisory board, going through that. If
19 you don't get the answers, you know, you're not
20 getting the information, I can try and reach out to a
21 contact at Camp Lejeune to --

22 **MS. FRESHWATER:** Okay. All right, thank you.

23 **DR. BREYSSE:** Anything else, Lori?

24 **MS. FRESHWATER:** No, thank you.

25 **DR. BREYSSE:** Danielle?

1 **MS. CORAZZA:** No.

2 **DR. BREYSSE:** Kevin, you've been your normal
3 talkative self. Bernard has left. What are we going
4 to do without the magical Jerry Ensminger?

5 **MS. CORAZZA:** Oh, he's walked out for a second.
6 Go ask him does he have anything to say; we're going
7 home. We're going to bed.

8 **MR. WHITE:** Okay, while we're waiting, I wanted
9 to address something, Craig, you mentioned earlier.
10 And without getting into your specific situation, I'd
11 like to talk to you afterward about it. But for the
12 family member side, one of the key challenges we've
13 had with this law, the way it's been enacted is we
14 have to prove that a family member was stationed, or
15 with a veteran that was stationed at Camp Lejeune
16 during the covered time frame. That's been one of the
17 biggest challenges that we face.

18 Now, one of the ways we have helped overcome that
19 is we have worked closely with the Marine Corps, and
20 they have actually a whole bunch of records dating
21 from the early days of veterans that were stationed at
22 Camp Lejeune and assigned to base housing.

23 So what they've done is they've digitized those
24 records, and we have access to those. And our Office
25 of General Counsel has agreed that we can do this,

1 that as long as we can show the family member, and I'm
2 going to go over this more tomorrow in my
3 presentation, but I know some of the family members
4 may not be here, as long as we can show a family
5 member has a dependent relationship with the veteran,
6 the veteran was stationed there, and if we can show
7 that the veteran was assigned to base housing, then we
8 can show that the family member was on base.

9 Now, without that it gets to be very challenging.
10 And, you know, I'll be the first to admit. So help
11 us, you know, figure out what kind of records we can
12 help show that a family member was on base, if they're
13 not in the housing database. That's a really key
14 challenge for us.

15 **DR. BREYSSE:** So Jerry, we were doing CAP
16 updates, and we wanted to make sure everybody had a
17 chance. Is there anything additional you wanted to
18 add?

19 **MR. ENSMINGER:** Just that my favorite Chihuahua,
20 Tigger, if I wanted to declare him a subject matter
21 expert, doesn't really make him a subject matter
22 expert.

23 **DR. BREYSSE:** Thank you very much.

24 **MS. CORAZZA:** Brady, I just wanted to add, I
25 actually found some really good information on my

1 mom's military records, the beneficiary forms have all
2 of the previous base addresses listed on them. So for
3 family members that was a random -- but it had my
4 dad's Social and her Social, and all of the addresses
5 that the two of them have had -- and their units,
6 which is helpful in some historical re-creation.

7 **MS. FRESHWATER:** Do you accept report cards,
8 because I -- like I -- no, I have all my report cards.

9 **MR. WHITE:** Yeah, that would show that you went
10 to school on base but not necessarily that you resided
11 on base, right?

12 **MS. FRESHWATER:** Right, okay.

13 **MR. WHITE:** You can live off base and
14 unfortunately you would not be covered because of the
15 way the law is written.

16 **MS. FRESHWATER:** I was okay.

17
18 **SUMMARY OF ACTION ITEMS**

19 **DR. BREYSSE:** So I'd like to turn to Jona Ogden
20 now to review the action items. Now, pay attention
21 carefully so in case we're attributing something that
22 we expect to be done, and you don't think that's what
23 we heard or if we missed something, now would be the
24 time to catch it.

25 **MS. OGDEN:** So for the VA, Dr. Clancy, I have

1 that you're going to make sure TCE is listed as
2 positively associated with kidney cancer. The VA,
3 Brad, you're going to update the breast cancer claims
4 acceptance statistics. Again, Dr. Clancy, you're
5 going to look into the ICD code issues. VA, Brad, you
6 are going to look into what does solely use the NRC
7 report mean. What weight of evidence are you putting
8 on the NRC report, and we're going to look into making
9 the bibliography of the studies used for determination
10 public.

11 **MS. FRESHWATER:** Can I add something? I'm sorry.

12 **MS. OGDEN:** Yeah.

13 **MS. FRESHWATER:** I just want to add to that
14 action item, Brad. Don't get mad at me but could I
15 get some justification as to why we're still using the
16 NRC report?

17 **MR. FLOHR:** I don't know. Again, it's about the
18 third time now I've had to say this. I'm not a
19 clinician; I'm not a scientist. I don't use it.

20 **MS. FRESHWATER:** No, I'm asking you to ask them.

21 **MR. FLOHR:** Ask who?

22 **MS. FRESHWATER:** The subject matter experts.

23 **MR. ENSMINGER:** The NRC report is not a
24 scientific study. It was a literature --

25 **MR. FLOHR:** Well, we will take it back to the

1 disciplinary medical assessment office.

2 **MR. ENSMINGER:** So it should be out of -- it
3 should be out of the formula.

4 **MS. FRESHWATER:** Why not just get rid of it,
5 right?

6 **MR. ENSMINGER:** How about that?

7 **MS. FRESHWATER:** Instead of talking about it at
8 every meeting.

9 **MR. ENSMINGER:** Let's just -- let's drop the NRC
10 report from the formula.

11 **MS. CORAZZA:** It did get taken off one of the VA
12 websites since the last meeting.

13 **MS. OGDEN:** Okay, and VA, also, provide a list of
14 the miscellaneous diseases and the numbers to the CAP.
15 VA, Brad, specifically, how many claims aren't
16 requiring the SME review. ATSDR, revisit with the
17 Navy the time frame for when the reports can be
18 released to the CAP. Rick and Scott Williams are
19 going to connect and we will follow up on that. DoD,
20 Craig requested that you get the name of your advising
21 attorney or attorneys to him.

22 **MS. FORREST:** Can you go back to the one on the
23 documents?

24 **MS. OGDEN:** For when they can be released to the
25 CAP?

1 **MS. FORREST:** Yeah. What exactly do you have
2 there?

3 **MS. OGDEN:** Revisit with the Navy the time frame
4 for when your reports can be released to the CAP.

5 **MR. ENSMINGER:** Not reports.

6 **MR. GILLIG:** Is that a follow-up item for the
7 Department of Navy?

8 **MS. OGDEN:** No, no, no, no. That's ATSDR and the
9 Department of Navy. So we're going to work with them.

10 **MR. GILLIG:** We've been working with them for a
11 couple years.

12 **DR. BREYSSE:** This is specifically about can we
13 help the CAP know when they can expect to be able to
14 see the documents that we're reviewing.

15 **MR. GILLIG:** So work with the Navy to identify a
16 date.

17 **DR. BREYSSE:** Yeah. At least find out what's
18 being done and how long it will take to make it so
19 those reports can be publicly available.

20 **MS. FRESHWATER:** 'Cause we're public.

21 **MS. FORREST:** Yeah, I had taken down that the CAP
22 wants to review all documents provided to ATSDR for
23 their consideration in updating the PHA, regardless of
24 whether ATSDR uses or cites the documents in the final
25 report.

1 **MR. ENSMINGER:** That's good.

2 **DR. BREYSSE:** Yeah, those are the documents we're
3 talking about.

4 **MS. FORREST:** Yeah, I took that, and then so then
5 you wanted to know -- you have that request, so does
6 the CAP have to provide an official FOIA request for
7 these documents, or what do you -- what has to be done
8 so that you can get these documents. That's how I
9 captured it.

10 **MS. OGDEN:** Perfect.

11 **MS. FRESHWATER:** And just to put on the record
12 one more time, at each meeting, we would like to
13 request the Marine Corps send a representative from
14 the Marine Corps to one of our meetings, to the next
15 meeting, please. And it's not that we don't love you.

16 **MS. OGDEN:** Okay, and I also have that ATSDR is
17 going to invite and notify Dr. Blossom of when our
18 next meeting is. ATSDR, find out what current SVI
19 vapor intrusion testing is being done and where at
20 Camp Lejeune. ATSDR, get the average age of the male
21 breast cancer cases in the ATSDR male breast cancer
22 study. So we wanted the age, Perri.

23 **MS. RUCKART:** We did that. That's in table 1 of
24 our published journal article.

25 **MS. OGDEN:** Got it. The CAP, specifically, Tim,

1 send Dr. Blossom a link of the live stream for
2 Dr. Cantor's TCE presentation. VA, Dr. Clancy,
3 connect with Bernard to examine his personal claim.
4 The VA, we were interested in the percent -- the CAP
5 was interested in the percent of people who have
6 gotten letters letting them know their claim is
7 pending while the new rules are being developed. Is
8 that right wording? Yeah? Okay. VA, CAP is
9 interested in transparency in the SME process, and
10 provide Lori what she needs to FOIA the ethics review
11 of the SMEs. VA, follow up with Danielle about the
12 sclero --

13 **DR. BREYSSE:** Can I just talk about that? That's
14 really not very accurate, to say they want more
15 transparency. I don't think that's specific enough to
16 be an action. I think that was more of a --

17 **MR. PARTAIN:** Transparency with the SME program.

18 **DR. BREYSSE:** -- yeah, just more of a comment
19 that the SME program should be more transparent.

20 **DR. ERICKSON:** I think there was an accusation
21 about unethical behavior or something.

22 **MR. ENSMINGER:** Well, it's not only that, but
23 when you got -- you got these SMEs that are writing
24 opinions that are included in these people's -- well,
25 if they're approved they don't really care. But all

1 these denials? I mean, these people are refuting what
2 these people's own doctors are saying. So they're
3 actually making life and death decisions that will
4 affect these people's lives and their families. And
5 the veteran -- we have a right to know who these
6 people are that are making this, these decisions, and
7 so we can check them out and find -- vet them and find
8 out what their qualifications are. Don't you think?
9 I mean, really?

10 **MS. FRESHWATER:** We have veterans fundraising to
11 be able to find doctors to refute the SMEs, because
12 the oncologist was overturned. So they're having --
13 so they have no money but they're trying to get
14 someone else to, then, refute the SME. I mean,
15 that's -- you know, that just doesn't make any sense.

16 **MR. PARTAIN:** And we also have records where a
17 doctor -- I mean, a veteran gets a nexus letter from a
18 doctor, a treating doctor, that connects their cancer
19 to Camp Lejeune, and then their doctor receives a
20 letter from the VA demanding that they do a, you know,
21 an explanation to how they came to that conclusion,
22 which, I mean, if you're going to ask a medical doctor
23 to do that, there's going to be a charge, a
24 significant charge, to do that. And, you know, these
25 treating doctors, in the past, with other VA issues,

1 the nexus letters, from my understanding, weren't
2 questioned. And why are they being questioned now
3 with Camp Lejeune? And, you know, it's disturbing.
4 It's intimidating to both the doctor and the veteran,
5 that if the treating doctor's going to write a letter
6 and then be challenged on it by the VA -- and that's
7 some of the transparency -- transparency statements
8 that I was making, because it seems like everything --
9 you know, when we try to get something going, to help
10 the veterans, the rules change. And it's like the
11 game -- as the game keeps going, the rules keep
12 changing to whatever, you know, is best for the VA
13 rather than the veteran. And that's the impression we
14 get. You know, that's what we're hearing back from
15 the veterans.

16 **MS. FRESHWATER:** I unearthed some VA slides that
17 said give the veteran the benefit of the doubt. And
18 it was previous to the SME program. And then after
19 the SME program came in, everything changed. And so I
20 can show you the timeline.

21 And I -- just to answer you, I have not called
22 anyone personally. This is not a personal thing. I
23 am not saying anyone's acting unethically. I think
24 that the system is unethical right now.

25 **DR. ERICKSON:** Yeah. Let me make a comment. I

1 know there was concern earlier about home pictures
2 being posted and, you know, names of SMEs and this
3 kind of thing. There was a bit of threatening actions
4 that were out there on the web. And I'm not accusing
5 anybody; I'm just saying that there --

6 **MS. FRESHWATER:** No, you should address that to
7 me directly, 'cause I did it.

8 **DR. ERICKSON:** Okay.

9 **MS. FRESHWATER:** And I did not put anything up
10 that wasn't on the internet. And I didn't put
11 anyone's home. What I said was this is somewhere that
12 they registered a business, that -- where they were
13 giving decisions to people, they were saying a
14 veteran --

15 **DR. ERICKSON:** Right.

16 **MS. FRESHWATER:** -- can come hire me to help them
17 get a better decision, and then denying our veterans.

18 **DR. ERICKSON:** Right, right. So, and what I --
19 because we're having sort of an honest discussion
20 here, I mean, and the fact that workplace violence is
21 a real occurrence, and, you know, we've had this issue
22 within our system, we need to work together in a
23 professional way, in a respectful way.

24 And so what I think might -- you know, just an
25 idea I'm going to kick over, and I haven't discussed

1 this with Dr. Clancy. As there are these specific
2 cases that are viewed as being egregious, you know,
3 you've talked about individuals who submit their
4 claim, and there's a specialist who has a letter
5 that's included and how it gets handled and such,
6 perhaps we need an ombudsman or some type of parallel
7 track that the CAP, you can help us with, because I --
8 you know --

9 **MS. FRESHWATER:** But Brad Flohr served as that
10 person, and he didn't help us --

11 **DR. ERICKSON:** Well, okay --

12 **MS. FRESHWATER:** -- and I'm sorry, it --

13 **DR. ERICKSON:** Stay, stay, stay with me on this.
14 Stay with me on this. If, if we get nine out of ten
15 correct, you're not going to hear from the nine;
16 you'll hear from the one out of the ten. But to have
17 a more formalized process as opposed to just saying
18 send it to Brad, okay, this is what I'm implying is
19 that we could have internal processes at VA that
20 provide peer review checks and double-checks, our own
21 quality assurance, if you will, of the process for the
22 SMEs.

23 But then to have a feedback, in particular, from
24 Camp Lejeune families and veterans, that perhaps you
25 as CAP members, because you're -- like you said,

1 you're hearing all these stories. You're getting sent
2 things. Having that somewhat formalized back to us,
3 you know, I think would go a long ways because then I
4 think we -- you know, and Mike, you're exactly right.
5 We need to find out what is that piece that allows us
6 to talk so that, you know, we don't break any laws
7 about HIPAA, et cetera. But to get past those
8 stories, to get past the mistakes or the
9 misunderstandings, to get past the emotional
10 indignation, and help us make the program what it
11 needs to be.

12 **MS. FRESHWATER:** I -- here's what --

13 **DR. CLANCY:** Lori, I want to --

14 **MS. FRESHWATER:** Let me just answer this really
15 quickly, Dr. Clancy, please. I did not write anything
16 I wrote emotionally, and I only did it after -- and
17 I've not mentioned a name here, to prove the point
18 that I am not being personal.

19 But there was a doctor who called into the CAP
20 meeting in Greensboro, and I asked directly, Jerry
21 asked directly, what is your business, this other
22 business that you have. And we were told it was none
23 of our business.

24 So I said, well, I'm a journalist so I'll just
25 find out. And I just went and found out. And I

1 didn't go do anything that anyone else couldn't have
2 done. I found -- you know what I mean? So it was
3 after trying to talk with her and being condescended
4 to and being treated as if we weren't deserving to
5 know what her conflict of interest may be, because at
6 that point I didn't -- you know, no one had any -- no
7 one had made up their minds.

8 So I just want to say I -- going forward I would
9 love to have this kind of process, but I stand by
10 everything I did, and I don't -- I didn't disclose
11 anything that would put anyone in any danger. I'm a
12 very professional, military brat, you know. So I just
13 don't want that -- I want that on the record, and I
14 want you to know that I did what I did only after
15 running into brick walls.

16 **DR. BREYSSE:** Can I suggest that the SME process,
17 and if we're still at that point during your first
18 meeting together, might talk about how to
19 operationalize what Dr. Erickson just suggested?

20 **DR. CLANCY:** Yes, that's what I was going to
21 suggest. And also to see I wanted to follow up with
22 you about the people specifically you were concerned
23 about.

24 **MR. ENSMINGER:** And your peer review coordin- --
25 or your SME coordinator, you need to take a look at,

1 and you know why.

2 **MR. FLOHR:** I need to make a comment about the
3 SMEs too. These are subject matter experts provide
4 medical opinions in claims. They do not make
5 decisions in claims. That is a piece of evidence that
6 is used by the claims processors in Louisville to make
7 a decision on a claim.

8 **MS. FRESHWATER:** And we have asked you repeatedly
9 to show us one case where the people ruled against the
10 SME. And you have not given us one example where an
11 SME said deny this claim, in my opinion, I would deny
12 it, and it came back, no, we're going to approve it
13 anyway.

14 **MR. ENSMINGER:** And they reversed it.

15 **MS. FRESHWATER:** Not one time. We've asked you
16 every meeting, Brad, show us one time when the SME
17 didn't win.

18 **MR. PARTAIN:** And in June I sat in Donald
19 Burpee's appeal over at Bay Pines, and the judge --

20 **MR. FLOHR:** Well, we have granted a number of
21 claims based on their opinions, a number.

22 **MR. PARTAIN:** Okay. Brad, in June I sat at Bay
23 Pines when Donald Burpee did an appeal. The VA judge
24 sat there and basically said that, without, you
25 know -- that the VA has gotten an SME opinion, and

1 until Mr. Burpee could produce something similar to
2 that, there's no way he could reverse the claim.

3 **MS. FRESHWATER:** They are putting much more
4 weight on the SME decisions than what either you know
5 or what you're admitting to.

6 **MR. PARTAIN:** While they may not be making the
7 decisions, their write-ups are extremely clear that
8 the decision cannot be made -- you know, well, I
9 should say, the decision is made in the write-ups.

10 **MR. FLOHR:** And that is the job of the
11 adjudicator. That's what that means, to adjudicate a
12 claim. It means to review all the evidence, determine
13 the credibility of all the evidence and determine the
14 weight of the evidence.

15 **MS. FRESHWATER:** Can you show me, again, one case
16 where the SME's decision wasn't followed?

17 **MR. ENSMINGER:** Was overruled by the --

18 **MR. PARTAIN:** And just like in the training, the
19 training PowerPoints that we got from the VA, the
20 purpose of the SME program is to make a basically a
21 legal proof -- a legal claim -- I can't remember the
22 wording on it now.

23 **MR. FLOHR:** It's to provide a medical opinion.

24 **MR. PARTAIN:** Well, not a medical opinion, but
25 it's -- there was a slide in there that discussed

1 this, and I forgot the exact word of it, but it's to
2 provide -- sorry, my brain is just frying right now.
3 I'm getting tired. But I'll find the slide and send
4 it to you. But basically in laymen's term, the
5 slide -- the purpose of the wording in the slide was
6 to create a claim that is legally defensible. Okay,
7 that -- an SME being a medical review's one thing, but
8 what's end up happening, and it may not be the intent
9 of the VA, is that the SME program and the reviews
10 that are coming out, and we're seeing it in the
11 denials, there is just no way that they can make a
12 decision contrary to what the SME is finding. And it
13 just -- you read through them, and, you know, you see
14 it. But that's -- I want to give time to the families
15 to ask questions but one --

16 **MS. FRESHWATER:** But there's also inconsistencies
17 with the fact that some of the denials have the SME
18 name on them and other denials don't. So some people
19 get to know who their SME is, then other veterans
20 don't. Then the veterans go on Facebook and they're
21 like, well, why didn't I get to know my SME's name?
22 And it's not just me. The veterans are looking up the
23 SMEs' names, when they get them, and they're trying to
24 find out -- why wouldn't they? They want to know what
25 their qualification is to overrule their oncologist.

1 And they can't find any.

2 **MR. PARTAIN:** And the point of everything here, I
3 mean, we -- between now and May, I mean, I will step
4 out and come in, there's a distinct change in tone
5 here, that I'm hearing from the VA. I hope it's
6 something that matures into a relationship with the
7 community so you can build back that trust. That
8 trust is not there. It is not with the veterans. And
9 what you guys say we take with a very small grain of
10 salt because, it just -- we've seen it time and time
11 again.

12 I appreciate your words, Dr. Erickson. I
13 appreciate your words, Brad. And I hope this is a new
14 direction that we're going. Time will tell, and I --
15 keep talking to us. Okay?

16 One off thing, those of you here in the audience
17 that are from Florida, before you go, I would like to
18 get your contact information, 'cause I do work with
19 Senator Nelson's office quite a bit and some of the
20 Congressional offices here. And it's important that I
21 know who you are too. And this is our opportunity to
22 do so.

23 **DR. BREYSSE:** Okay. We have two more action
24 items we want to go through. Then we'll open it up to
25 the community.

1 **MS. OGDEN:** So quickly, the first one is that the
2 next meeting in Atlanta at CDC, we are going to have
3 time for the CAP and VA sole discussion. And the VA
4 is going to provide the CAP with a form needed to
5 speak on behalf of a veteran for a claim.

6 So that's all I have. If I've missed something,
7 how about you find me after we open it up for the
8 community members.

9
10 **QUESTIONS FROM AUDIENCE MEMBERS**

11 **DR. BREYSSE:** So we have some handheld mics which
12 we can take around the room. So now we're
13 transitioning to the part of the agenda where we take
14 questions from the audience. So we have one.

15 **MS. CALLUN:** My name's Kim Callun. I was in
16 utero at the base, and lived there until I was two
17 years old. My dad was a Marine. I'd list for you all
18 the ailments I've had throughout my life but I don't
19 need any competition with the rest of the people here.
20 They're extensive. They continue and they're ongoing.
21 I have compromised immune system which has caused lots
22 of other problems along the way.

23 I've been partnering with members of the CAP to
24 do some research. And in-artfully I'll call it my
25 dead baby research, but I say that bombastic term for

1 a reason. Chris Orris, whose name has been brought up
2 here today, member of the CAP, accidentally came upon
3 some graves in New Bern cemetery. He was there, and
4 he started noticing a lot of baby graves at that
5 cemetery, which happens to be a Civil War cemetery,
6 part of the national cemeteries throughout our land.

7 I have a list, this is my dead baby research, of
8 373 graves there for babies that were born and died on
9 the same day or born and died within 30 days. And I
10 have a list from other Jacksonville cemetery -- not
11 cemeteries but funeral homes, which gave us an
12 additional 120 names, mostly from 1951 through 1955, a
13 few from 1950, which suggests that the contamination
14 at the base may have been farther back than we even
15 know, and we've, you know, talked about.

16 The more eyes on the case that we have, the
17 better. We need any of you that were stationed at
18 Camp Lejeune or know people that were stationed at
19 Camp Lejeune to go out. If you're near a national
20 cemetery, go and look around. If you happen to start
21 finding a lot of baby graves, for babies born and died
22 on the same day, if they have a designation of the
23 Marine Corps, that's great. Take a picture. Even if
24 it doesn't have a Marine Corps designation, take a
25 picture anyway, because there's been, let's say, some

1 shadiness in the listing of the dead babies that I
2 have on the listings from various cemeteries, trying
3 to hide the fact that these were babies that were from
4 the Marine Corps or born on the base to Marine --

5 **MS. FRESHWATER:** We have, we have proof that many
6 of the babies were Marine babies, and their grave
7 stones actually say Army or different services.

8 **MS. CALLUN:** Or the listing with the cemetery
9 lists Army or a rank insignia that is indicative of
10 the Marine Corps and not of the Army or Navy or
11 whatever.

12 So I ask you, especially the people in the
13 audience, if you know someone, have them contact me
14 directly so I can further the research. We want to
15 find out and we want to talk to these people. They
16 can contact me at my email directly, callunzo,
17 c-a-l-l-u-n-z-o at aol.com, or if they feel better
18 about contacting CAP, I'll have that information
19 forwarded to me. But I'm working on it so we don't
20 put burden on the people on the CAP that are already
21 working on other things. I ask you contact me
22 directly. Again, my name is Kim Callun, and I'll be
23 happy to help you out that there.

24 **MR. ENSMINGER:** And you can put that on our
25 website, The Few, The Proud, The Forgotten, on the

1 discussion board.

2 **MS. CALLUN:** That's fine with me.

3 **MS. FRESHWATER:** I mean, I think the babies
4 should have the right designation. They're Marine
5 babies.

6 **DR. BREYSSE:** Thank you, Kim.

7 **MS. CALLUN:** My second thing is a question I
8 wanted to ask this. This is about the presumptive
9 list, is do we know -- is melanoma included on that
10 list? We don't know that? The reason I ask is 'cause
11 when Perri did her slide show, she specifically did a
12 comparative analysis for the male breast cancer with
13 diseases that, she said, were non-contamination-
14 caused. And among those, what stood out to me, she
15 said non-melanoma skin cancers, which then makes me
16 presume that melanoma is caused by one of the
17 contaminants. And I specifically have had melanoma,
18 not once but twice, in addition to leukemia and other
19 diseases. So I was just wondering if that's included.
20 If not, why not? And have we any -- do we have any
21 studies relating to melanoma among family members or
22 Marines?

23 **MS. RUCKART:** Well, I think this is a question
24 for the VA, but I will say that when we looked at
25 cancers that we could use as comparison cancers, that

1 were not associated in the literature, it's with
2 solvents in general, first of all, not just
3 necessarily the ones at Camp Lejeune. And it's just
4 what's in the literature. We had our -- we started
5 out with a much larger list, and we vetted it with a
6 lot of other scientists to get it down to that point.
7 But I just wanted to make a case that we were looking
8 at just solvents in general, not limiting it to the
9 ones just found on Camp Lejeune.

10 **MS. CALLUN:** Well, I've had discussions with my
11 oncologist, and she has read literature and done
12 research that, you know, some of the diseases that
13 I've had, including melanoma are linked to some of the
14 chemicals that I was exposed to on the base.

15 **MR. ENSMINGER:** When these people just talk about
16 literature, they're talking about studies. That's for
17 all of you out there. They're not talking about
18 magazines and stuff. But when they refer to
19 literature, they're talking about study reports, okay?

20 **MS. RUCKART:** Published articles in scientific
21 journals.

22 **MS. CALLUN:** I have one more point of
23 clarification. I don't know if I made it clear. My
24 partner just let me know. But I'm looking for people
25 specifically, not only to go to the cemeteries, if you

1 see, you know, something that looks awry at a
2 cemetery, contact me with a picture or a listing of
3 what it says. But also if you know somebody that's
4 had miscarriages after miscarriages or babies that
5 were born and died within a 30-day period of their
6 birth date, those are the people I want to talk to
7 also. Thank you.

8 **DR. BREYSSE:** Thank you.

9 **MS. CALLUN:** And thank you for all the work that
10 you've done, all of you, both the CAP and the ASTDR
11 and the VA.

12 **DR. BREYSSE:** Can we get the microphone to the
13 back right?

14 **SUE ANNE:** My name's Sue Anne (inaudible). I was
15 the wife of a Marine for 48 years. And he was
16 stationed at Camp Lejeune; that was his main station.

17 He was a heavy equipment mechanic, and he worked
18 with these chemicals constantly. They washed -- these
19 chemicals. For four years, before he passed away in
20 February, we have had requests from the VA to help us,
21 because not only did he have three very rare cancers,
22 he also had cardiovascular disease which was not
23 prevalent in his family, ever.

24 He was a smoker up until about 12 years ago when
25 he quit. And all of a sudden these diseases. The

1 first cancer he had was in 1980. The second cancer he
2 had was squamous cell, which you live in Florida,
3 everything gets squamous cell but not on the palm of
4 your hand. He was also in Okinawa. And he was
5 working on all the equipment coming out of Vietnam
6 from the jungles.

7 And we've been fighting with the VA for many,
8 many years. In July of this year, I received a denial
9 on every single claim, saying that none of them are
10 related. And I'm about at my wit's end at this point,
11 but I'm glad I came 'cause I needed to speak with some
12 of you -- someone, because I'll fight this until the
13 day I die. (applause)

14 And I don't know who to blame other than the
15 Marine Corps or the government or whoever, but they
16 never ever gave my husband anything to protect himself
17 from the Agent Orange on these so-called generators
18 and things coming out of the jungles. When we
19 inquired about this five or six years ago, they said,
20 oh, no, everything's completely washed down, and it
21 was not. There was live hand grenades still in some
22 of these things. So I'm fighting two battles, not
23 only with Lejeune for the various cancers that he's
24 had, which two of them are considered very rare, I'm
25 also fighting back from the Vietnam era, so I will

1 take anybody's help I can get. Thank you.

2 **DR. BREYSSE:** So I'm very, very sorry for your
3 loss. Is there somebody here, Brady, who can speak to
4 her about helping out or...

5 **MR. FLOHR:** About Okinawa?

6 **DR. BREYSSE:** I'm sorry?

7 **MR. FLOHR:** About Okinawa?

8 **DR. BREYSSE:** No. Is there someone here who can
9 speak to her afterwards and see if you can give her
10 some assistance?

11 **MR. FLOHR:** Sure.

12 **DR. BREYSSE:** Okay.

13 **UNIDENTIFIED SPEAKER:** Hi, this is my first
14 meeting. I'm so glad to be here, and I just want to
15 say thanks, especially to the CAP for fighting on
16 behalf of the community. So grateful. Also
17 especially to Jerry and Mike, who I've just really
18 resonated with so much of your words tonight. Thank
19 you so much.

20 I traveled from out of state, representing my
21 family. I have over 20 service members in my family,
22 including many Marines and multiple Marine generals.
23 And I was affected and so was my brother. So this is
24 interesting and very insightful, and I'm so glad I'm
25 here.

1 And one thing I expected when I came here, and I
2 traveled a long way, was a lot of information and to,
3 you know, be in community with so many other people
4 similar to myself.

5 However, one thing I did not suspect when I came
6 here was to be harassed by the media. And the guy
7 from Channel 8 news asked me some very personal
8 questions out of the gate, which made me feel
9 extremely uncomfortable. And then he went around
10 talking to different people, including this gentleman
11 and those audio guys, and continued to video and take
12 pictures under the table. And I just -- there's a
13 time and place for the media, and I am so grateful to
14 everybody in the CAP that talks to the media, and that
15 speaks up on behalf of -- and rallies on behalf of all
16 of us, but I'd like to keep some -- I never
17 anticipated just being harassed by, by this guy
18 tonight. He threw out a business card: Love to hear
19 why you don't think I should be here. Now, I have no
20 problem if the media comes to these meetings. That's
21 great. But they should not be taking pictures and
22 taking video of people like this amazing family or
23 everybody else sitting around here unless we have
24 written consent, and we know that coming into these
25 meetings.

1 So for whatever that's worth, I'm fine if a
2 reporter sits in the back and takes notes and prints
3 articles and papers because I agree with everybody in
4 the CAP, that we need to tell as many people as
5 possible, and tell millions and millions of people.
6 But what I don't agree with is taking pictures and
7 video of everybody in the audience, and then this
8 reporter sneaking around, and telling this gentleman
9 and these audio guys and everybody else here to send
10 him pictures because he's been asked to leave.

11 So I'd like to set a precedent -- already, he's
12 already put an article on there today, that if any
13 pictures or video get posted by this guy about this
14 meeting, that the CAP ask that they be removed. It's
15 great to have articles but I don't think pictures and
16 videos are welcome. We didn't sign waivers. I think
17 it's irresponsible and it's unprofessional.

18 And then moving forward, I think for other CAP
19 meetings, it would be really helpful just to know that
20 media are going to be present and are going to be
21 asking you very personal and invasive questions.
22 Thank you. (applause)

23 **DR. BREYSSE:** Thank you for that feedback. I
24 apologize. I don't know -- can I -- I'll get some
25 more detail from you about that?

1 **MS. STEVENS:** Is there anybody on that side?

2 **MS. MASON:** Hi, I'm Sharon Mason. I'm from York,
3 Pennsylvania. This is the first time I'm here
4 present. I sat in on, I think, two of the meetings
5 from afar. And I don't even know where to begin. My
6 dad, he was in Camp Lejeune, and he had on here that
7 he was a lance corporal. And it was the 27th of
8 November, 1963. He was very proud. He always talked
9 about his country, very proud Marine.

10 He passed away in 2011, coronary artery disease.
11 And not long after he passed away I received a phone
12 call from the VA telling me that we had a pretty large
13 sum of money to pay back for him with the Agent
14 Orange.

15 I didn't get one call; I got two calls. Then
16 they called me back, and they changed how much it was
17 by thousands and thousands. It's interesting; I
18 didn't get a call 'til he was dead.

19 So I'm not real happy right now with the VA, and
20 I went through a lot of years with my mom and dad. My
21 mom just passed away last month. She had scleroderma,
22 CREST syndrome. It's an acronym. She had every one
23 of them. She had a liver transplant at age 50.

24 I'm a nurse almost 30 years now. I've taken care
25 of my mom and my dad for over 20-some years. That's

1 pretty sad, okay?

2 I feel like none of you at the VA are intending
3 any of this. We have a problem with leadership, not
4 just in companies with America right now, and I feel
5 like it's gotta start there. Where's the
6 accountability? Where are we -- there's people's
7 lives at the end of this. I feel like there's people
8 in the VA -- and I've had the problem about putting in
9 claims and them turning around and then denying them
10 back and forth a million times, and I feel like there
11 are people that are doing tasks, and they think
12 there's a quota, and there's just going to keep
13 denying. Maybe they'll give up.

14 Well, I'll tell you, I'm bitter right now. This
15 whole meeting has been very difficult for me because,
16 you know, my brother actually has problems. He was in
17 vitro. The way that we got information about where
18 they were stationed there was he was born in the naval
19 hospital. So we were able to find out then what the
20 address was. And right before my mom died, I finally
21 got -- that they found that they were residents there.
22 You know, a little too late.

23 So I'm hopeful, and I really hope that the people
24 sitting here really, really mean what you're saying,
25 and you're going to go back and you're going to do

1 everything in the world you can do to help us. We've
2 all been through so much, and I'll tell you, I found
3 out by accident that there was even pollution at Camp
4 Lejeune. I found out last December, while I was at a
5 meeting, a corporate meeting, with OSHA. And they
6 said to me, well, you know, Camp Lejeune, the water
7 pollution. And I went, what? And I went and
8 researched it, and I have felt like a victim ever
9 since. And I don't feel like people are listening,
10 you know? And I'm in Pennsylvania and the VA clinic
11 finally came into York, Pennsylvania. They're not
12 asking, did you live in, you know, Camp Lejeune?
13 There's nobody there that's even talking about this.
14 So if you think that the word's out, it's slow. I
15 mean, I had to found out by accident.

16 And the sad thing is my dad died in 2011. He was
17 very service-connected. He should've been a hundred
18 percent connected for years and years and years, but
19 he wasn't. He kept fighting it and going back and
20 doing this thing where he had to have a lawyer, over
21 and over. And then after he dies, we get called to --
22 here's a check? I mean, come on.

23 So please help. I just -- I could go on for days
24 but I needed to -- I had to get this out because we
25 have to help these people. There's a lot of us. This

1 isn't even -- there should be more people. There
2 should be rooms and rooms of people. The word's not
3 out there. What can we do to help get it out there?
4 I'll help and I'll go to the cancer banks or whatever.
5 I'll do whatever I can do to help get this out there,
6 because there are poor souls out there that need help.
7 And they keep getting papers. I have the papers here.
8 I have to, then, send in one page refilled out for my
9 mom for every diagnosis. She has like four or five of
10 them on your 15 list. So I have to go back to a
11 doctor to have them refill it out.

12 And see, the doctors, they use ICD-9 or -10. So
13 on the form they have the place that says ICD-9 or
14 -10, so they put that there. But I'm hearing here
15 that y'all don't use that at the VA, so why would it
16 be on the forms, you know? I think that things get
17 set up, and people have good intentions, but the
18 people maybe aren't doing the research to even make a
19 form right.

20 But at that, I'm done; I got it out. And I just
21 want to thank everyone on the CAP, because I'll tell
22 you what, you've been fighting this a long time. I've
23 only known a year, only a year, and you guys have been
24 at it for years. Thank you. Jerry, thank you.
25 That's all I can say. I'm done. (applause)

1 **DR. BREYSSE:** Thank you for your story.

2 **MR. ENSMINGER:** Thank you. I would -- I want to
3 address one point. When Dr. Breysse took over ATSDR,
4 we requested that we move our CAP meetings away from
5 the CDC, and start getting around the different areas
6 of the country to involve the communities, the
7 affected communities. And to allow these meetings to
8 be open, because at the CDC, you have to preregister;
9 you have to go through security, and you have to do
10 all that.

11 And we readily invite the media to come to these
12 meetings so that they can take our messages and our
13 stories, and share them in your areas here. And so
14 just a head's up, these meetings are public. The
15 media is invited, yes, to take pictures, and maybe we
16 should've posted that on the door. We will do so
17 tomorrow because the media's going to be there
18 tomorrow. And if you don't want to get your picture
19 taken, then don't come. But I'm not trying to be rude
20 or anything, but that's the reason for this. And
21 believe me, I've been at this for 19 years.

22 **MS. FRESHWATER:** The media needs to be here.

23 **MR. ENSMINGER:** I've been at this for 19 years.
24 Without the media I would be nowhere today. They are
25 truly the watchdogs of our democracy. And they are

1 the music that politicians dance to. No, I'm serious.

2 **MS. FRESHWATER:** But Jerry, I think we could talk
3 to them beforehand and just -- because television
4 journal --

5 **MR. ENSMINGER:** I'm not going to talk to the
6 media.

7 **MS. FRESHWATER:** I'm not saying you.

8 **MR. ENSMINGER:** This is a First Amendment right,
9 and, you know --

10 **MR. PARTAIN:** One thing about the media --

11 **MS. FRESHWATER:** Jerry, I'm just saying --

12 **MR. PARTAIN:** One thing about the media -- Lori,
13 hold on --

14 **DR. BREYSSE:** We got a lot of people who want to
15 ask questions.

16 **MR. PARTAIN:** I want to say one thing real quick.
17 On the media, with Channel 8 specifically, when I
18 first approached them in 2007, after I was diagnosed
19 with breast cancer, the response from Bob Hike(ph) was
20 basically, what does this have to do with Tampa Bay?
21 It is incredibly hard to get the media to even pay
22 attention to this. The only reasons why stories
23 appeared in Florida were because male breast cancer
24 was unusual, and a lot of the first cases of male
25 breast cancer with Camp Lejeune came out of Florida.

1 I understand the media. They have the five-
2 seconds-or-less-state-your-case before the
3 conversation's terminated, but all you have to do is
4 say, if you don't want to talk to them, say no thank
5 you. That's all you have to do. They're not rude.
6 Yeah, they may be pushy, but like Jerry said, without
7 the media's involvement, a lot of you wouldn't have
8 known about this meeting today, wouldn't know about
9 Camp Lejeune, and I can tell you for sure, without the
10 media, we would be nowhere near where we are right
11 now.

12 **MS. FRESHWATER:** Mike, can I just say, as a
13 journalist, like I -- I just, I agree with all of that
14 but there's no reason that we could not just say to a
15 television crew that there is a sensitive -- a lot of
16 sensitivity to this event, and just at least -- so
17 people feel like they have that right to say no, and
18 they're not hounded.

19 **DR. BREYSSE:** So I will speak to the press
20 tomorrow. We'll put a note on the door so people know
21 the press is there. And anybody should know that if
22 you don't want to be interviewed, you just say I don't
23 want to be interviewed. But I really want to get to
24 some of the other hands that have been up, 'cause I
25 saw many hands, and we have a limited amount of time.

1 **MS. MCPHERSON:** Good evening. My name is Jodi
2 McPherson. My husband is Ian Collin McPherson. He is
3 one of three members of his family that have passed.
4 He passed to prostate cancer at 45 years old. His PSA
5 was 1,500-plus from the time he was diagnosed.

6 He had sexual incontinence, he had urinary
7 problems from the time I met him in 1985. He was
8 still in active reserve. I've been denied six times
9 over 12 years. And like this beautiful woman back
10 here -- and I will be here for you and I will get your
11 number when I leave -- I will not give up 'til the day
12 I die, which this is killing me, by the way. I would
13 like you to know that, and many of us.

14 I am the one that Mike talked about earlier, that
15 had been denied six times, that called up to
16 Louisville. First I called Bob McDonald's office, and
17 I got Michelle. She's one of his personal
18 secretaries. She said she would help me. She called
19 up to Louisville. They said they'd call me back in a
20 week, which they did. I was grateful, talked to Kyle.
21 He's a second supervisor there, there's one of two
22 supervisors. And he told me, well, we can't do
23 anything about your claim now because it's been
24 denied. But we can't notify you because it's on hold.
25 So Michelle had told me if I had any problem with that

1 to give her a call back with the decision. So I gave
2 Michelle a call back, and she said it's not coming
3 from my director's office. The hold is not from Bob
4 McDonald. So I want to know who's got the hold on it,
5 because Kyle suggested I go to the courts because of
6 how many times I've been denied. Okay, I can't go to
7 the courts without a proper denial.

8 Now, my husband suffered for many, many years.
9 He was conceived --

10 **MR. ENSMINGER:** And he was born there, right?

11 **MS. MCPHERSON:** Yeah, conceived there, born
12 there, raised there, 105 --

13 **MR. ENSMINGER:** And then went in the Marine
14 Corps.

15 **MS. MCPHERSON:** Yeah. 1053 East Peleliu, Tarawa
16 Terrace I. His father was the Lieutenant Colonel R.
17 T. McPherson, who is, like I said earlier, deceased.
18 He went in the Marine Corps; he served very, very
19 valiantly, went over to Lebanon, you know, got medals,
20 meritorious service, everything, humanitarian service,
21 did his job.

22 And when he came back, he had a rash covering his
23 entire body as he left Camp Lejeune. And the doctor
24 asked him have you ever been in touch with any
25 chemicals around here? Well, you know what he was?

1 Corrosion control specialist, aircraft structural
2 mechanic. Worked on C-123s, C-130s in Tennessee,
3 Ohio. He was at El Toro. He was at Okinawa. And I
4 can't pronounce, Fuji-something base in, in Japan.

5 **MR. ENSMINGER:** Camp Fuji.

6 **MS. MCPHERSON:** Yeah. Has been around Agent
7 Orange and every solvent and chemical in this country.

8 And I've been denied. And you know what the SME,
9 who I don't know his name -- thank you, Lori -- you
10 know what he told Kyle the reason for my denial? Past
11 risky behavior. That's why I've been denied: past
12 risky behavior. And what I'd like to do, Brad, if
13 it's okay with you, I'd like to set up a three-way
14 call and I'd like to find out what that risky behavior
15 is, because I'll tell you, I married the man directly
16 out of the Corps. He went in at 17. He had to have
17 his lieutenant colonel father sign him in.

18 So I want to know what past risky behavior he did
19 before he was 17 years old, because they accepted him
20 as a Marine. When he joined they accepted him and
21 they took responsibility for him.

22 I want to also let you know I'm over \$500,000 in
23 debt and had to declare bankruptcy. I've lost my
24 home, and I'm living with my daughter. My husband was
25 too valiant and too brave and too good of a man,

1 husband, father, son to have me have to go through
2 this with my child, who, by the way, and I don't know
3 how many other people here have a child with a
4 problem, but she was never on base, and she's got
5 autism.

6 I want to know when the presumptives are coming
7 out, and I want to know why prostate cancer was not
8 listed in the right frame. Prostate cancer is
9 associated with TCE. ATSDR has come out and said it.
10 I want to know why it's not even in the presumptives.
11 And I also would like to know, as far as prostate
12 cancer goes, when a man dies at 80, most the time,
13 like everybody said, like we all know, he most likely
14 will die with it. But my husband died of it at 44
15 years old, very aggressive.

16 Well, he didn't catch his cancer within one year
17 of his last date of service. That was my first
18 denial. My second denial was that the science, the
19 NRC report, didn't quantify properly about prostate
20 cancer. Now I'm being told an SME has decided,
21 because my husband was risky.

22 So I would like to get to the bottom of this, for
23 not just me but for this nice lady back here, for the
24 gentleman that talked about prostate cancer either, or
25 earlier, for Mr. Burpee, for everybody that was in the

1 past audiences that has had prostate cancer problems
2 or a spouse, where they've left completely without
3 answers. So if you would, I would like to get with
4 you later.

5 **MR. FLOHR:** Sure.

6 **MS. MCPHERSON:** Thank you very much. And thank
7 you, Jerry, Mike. Mike, I got involved with you seven
8 years ago, and God bless you, God bless you both.

9 Because, and as far as the press goes, I
10 understand your not wanting to be on camera, but seven
11 years ago I did an article. There are still people
12 coming up to me trying to explain that they would've
13 never found out about this. And one gentleman caught
14 his kidney cancer in time because he read an article
15 done by *Tampa Bay Times*.

16 **UNIDENTIFIED SPEAKER:** I think my quote was
17 misinterpreted. I'm fine with the press and the
18 media. I, I think I stated that several times. And
19 Jerry, I completely agree with you. We need the press
20 and the media. I think it's been misinterpreted, kind
21 of a cell phone situation. I just -- I think people
22 should know about it coming into it because I was
23 surprised to see the camera here. So we need the
24 press and media, but you need to inform people. And
25 then I think, also reminding the press -- I mean, this

1 guy was like harassing me, this Channel 8 guy. So
2 that's just not right. Anyway, any press and media
3 are good.

4 **MS. MCPHERSON:** That's all I had. I appreciate
5 it and thank you.

6 **DR. BREYSSE:** Over here to my left.

7 **MR. SHUMARD:** Thank you, my name is Tom Shumard.
8 I served in the United States Marine Corps from age of
9 17 until Camp Lejeune, a beautiful place of lots of
10 Southern charm, cross-country bicycling up and down
11 the hills, sailing, a beautiful coast. It's a great
12 place to visit, just don't drink the water.

13 I spent half of the day in the friendly city,
14 Bradenton, which is where I live now. I spent about
15 38 years here in the city of Tampa, which is like the
16 Emerald City when I come up here now, lots of over-
17 passes. And I'm always humbled -- my wife has come
18 with me a couple times to the clinic in Bradenton, and
19 to Bay Pines, and I'm always humbled to be in the
20 presence of other people and their families that have
21 served. When I go to Lowe's, and they say, thank you
22 for your service, I go, I was a bookkeeper.

23 So I think I could talk about my personal story,
24 but I think I have a couple questions, maybe, for the
25 VA, and I could probably do a web search on some of

1 this stuff, but being that I have the experts, I had
2 an opportunity to speak with some of them earlier at
3 break, but what does the VA estimate the number of
4 individuals that have been exposed to industrial
5 contaminants at Camp Lejeune, either in the water or
6 through other sources? How many individuals?

7 **MR. FLOHR:** VA doesn't have its own estimate; we
8 have no way to do that. But what the Navy has
9 estimated as many as 720,000 Marines during the period
10 of water contamination.

11 **MR. SHUMARD:** Okay. And is that based on a
12 particular study or is that based on the number of
13 people that have served at Camp Lejeune?

14 **DR. BOVE:** It's based on whatever data is
15 available, from personnel records that are held in
16 California, also from estimates from that same
17 database about how many workers were on base, and then
18 estimates about how many people attended schools and
19 so on. It's very soft. They have a figure of
20 728,000, but it could be anywhere between 500,000 and
21 a million, and could be more. We really don't know
22 exactly. They don't have the records; although they
23 have scanned, now, what's called muster rolls, so they
24 could at least know how many Marines stepped foot on
25 that base from the day it started. So they do have

1 that, and that will be available for researchers and
2 for the Marines and probably the VA at some point in
3 the near future.

4 **MR. SHUMARD:** And currently how many of those are
5 registered or known exposures, individuals that have
6 already been registered through the Marine Corps or
7 through the Agency?

8 **DR. BOVE:** I don't know how many were registered.
9 There were... I don't remember.

10 **MS. RUCKART:** That was 250,000, but that was out
11 of the 20 --

12 **DR. BOVE:** Yeah, yeah. So we don't know how
13 many -- and also some of the people registered were
14 not necessarily there. It was a mailing list mostly,
15 a way the Marines could notify people about
16 information, so it wasn't a strict registry of sorts.

17 **MR. SHUMARD:** So out of those, say, quarter
18 million that might be registered, how many veterans
19 have sought VA care or have gotten care based on
20 exposure to...

21 **MR. WHITE:** I can answer that. Give me just one
22 second.

23 **MS. RUCKART:** I just want to clarify, all the
24 people that have registered with the Marine Corps are
25 not just Marines. It could be dependents, spouses and

1 civilian workers.

2 **MR. ENSMINGER:** And Navy.

3 **MR. SHUMARD:** And that number reflects that
4 civilian base as well?

5 **MR. ENSMINGER:** Yeah. And naval personnel.

6 **MR. WHITE:** Yeah, we have, as of September 30th,
7 VA's provided healthcare to 16,466 Camp Lejeune
8 veterans.

9 **MR. SHUMARD:** Out of nearly a quarter million
10 people that are registered? Is that -- did I get the
11 numbers close there? 16,000 are currently being
12 delivered medical care.

13 **MR. WHITE:** Correct.

14 **MR. SHUMARD:** And now, is there a particular
15 reason why the others are not? Because they just...

16 **MR. ENSMINGER:** Everybody that's on that
17 registry, so-called registry, the Marine Corps's got,
18 is -- it's like Dr. Bove just tried to explain, that
19 is family members. I mean, that registry's open to
20 everybody and anybody. So they weren't -- all the
21 people on that registry were not necessarily exposed,
22 okay?

23 **MR. WHITE:** But we reached out to everybody on
24 that registry, letting them know about, you know, the
25 benefit that is potentially available to them.

1 **MR. SHUMARD:** Okay. And just a couple more
2 questions. On the projected cost of the VA, does the
3 -- what, what does the VA have budgeted to service the
4 group of veterans, their families and civilians that
5 were stationed there? There's some presumed
6 additional veterans that you might be serving? I'm
7 hearing that we don't exactly know where this is going
8 to go. Is there a budgeted...

9 **MR. WHITE:** I don't have the specific numbers for
10 the amount of money that we provided for healthcare
11 for veterans, but I do know that we've covered the
12 cost, whatever that was. I don't have the specific
13 numbers right now.

14 **MR. SHUMARD:** And my question that's been related
15 to denial of benefits. If an individual comes to the
16 VA, and there is a presumption that one of these 15
17 diseases is linked to exposure, if that veteran seeks
18 evaluation, study, tests to determine whether indeed
19 that disease is present, and that request is denied,
20 is that what you're terming as denial of service?
21 What is denial of benefits, I think, is my question
22 here, is if you seek treatment for one of the 15
23 diseases, and you're denied treatment, would that be
24 denial of benefits?

25 **MR. FLOHR:** Are you talking about disability

1 compensation, monthly compensation benefits?

2 **MR. SHUMARD:** No, just the treatment.

3 **MR. FLOHR:** Just treatment.

4 **MR. SHUMARD:** You walk into a clinic, and you go,
5 hey, I was exposed, and --

6 **MR. WHITE:** Yeah, again, for -- the process is
7 supposed to be very simple as far as for a veteran to
8 be eligible to receive healthcare benefits. All they
9 need to do is -- there's a box that they can check
10 saying that they were at Camp Lejeune during the
11 covered time frame. And they are, then, supposed to
12 be able to receive healthcare in the VA medical center
13 system. They're prioritized as a category 6, priority
14 6 veteran, and their healthcare for those 15
15 conditions, then, is not supposed to be any cost to
16 that care for those 15 conditions.

17 **MR. SHUMARD:** Would -- then that would also
18 include any prescription drugs that that --

19 **MR. WHITE:** Yes, sir, absolutely.

20 **MR. SHUMARD:** Okay. So, and -- well, on a
21 personal note, I had made several requests based on
22 neural behavioral effects, and those requests were
23 denied. Am I to understand that I should indeed be
24 delivered services to determine any neural behavioral
25 effects from exposure to industrial waste in the

1 drinking water?

2 **MR. WHITE:** I'm not sure what the question is.

3 **DR. ERICKSON:** In the 2012 healthcare law, the
4 word neurobehavioral effect was used but it was never
5 defined. And so that -- it's true, okay. It just
6 wasn't defined in the law. And we had sought
7 additional guidance from the Institute of Medicine to
8 help us define that. And that is something that's
9 being worked through this revision of our clinical
10 guidelines, which, as I told you before, I can't show
11 you just right now. It is very soon to be coming out.

12 So there may be some resolution on that shortly.
13 It really depends on your -- the specifics of your
14 situation, which we probably don't want to talk about
15 in public. But the neural behavioral term was a
16 problem, just because it was put into the law but it
17 wasn't defined, and then it was -- it was one of these
18 things that simply wasn't clear to VA as how to
19 initially deal with it.

20 **DR. BREYSSE:** Thank you, sir.

21 **MR. SHUMARD:** Thank you very much for your time.

22 **DR. BREYSSE:** Okay, now we're over to the right.
23 We have time for, at the rate we're going, two or
24 three more questions. So if you're going to be here
25 tomorrow you'll have another shot, so just keep that

1 in mind.

2 **UNIDENTIFIED SPEAKER:** My wife told me when I
3 stood up to keep it short, and I will. But I just --
4 the first thing, I do want to appreciate your -- Jerry
5 and Mike's opinion, you know, when it comes to the
6 news media. I've, you know, been in the -- in jobs --
7 and exposed to the media, and one thing about it is,
8 if you don't want your picture taken, then maybe you
9 better look at where you are. If it embarrasses you,
10 maybe you're in the wrong place. And if they stick a
11 microphone in your face, all you have to do is refuse
12 to talk or refuse to answer. I mean, all of us know -
13 - have got to look at the right to free speech. And
14 amen, yes, we need the media, whether we agree with
15 them all or not.

16 But my main question is for the lady that was
17 doing the research for the dead babies. Unfortunately
18 that's a bad research, not one that would be very
19 happy. And you mentioned several times about the
20 Marines. You also want to remember that -- I was a
21 hospital corpsman in the Navy. And there were several
22 corpsmen assigned to each company on Camp Lejeune as
23 well as two or three medical battalions and the staff
24 of the US naval hospital. So as you're out there, you
25 know, looking at those grave sites you might also

1 remember those in the Navy.

2 **MS. FRESHWATER:** Yeah, we're aware of that.
3 We're mainly talking about the graves that are marked
4 Army, and some of the Navy graves have Marine Corps
5 rank, and say Navy. So it's contradictory. So
6 we're -- but we are aware of that, thank you. In fact
7 his father was in the medical field, so.

8 **DR. BREYSSE:** Okay. And in the back?

9 **UNIDENTIFIED SPEAKER:** Yes, I was curious how
10 many people in the panel are from the VA?

11 **DR. BREYSSE:** Raise your hand if you're with the
12 VA.

13 **UNIDENTIFIED SPEAKER:** Okay, thank you. Well, in
14 20 years it won't be a problem anymore. Thank you.

15 **MS. FRESHWATER:** I'm not sure what that meant,
16 but I think Dr. Breysse asked us at the beginning of
17 the meeting to keep this civil.

18 **DR. BREYSSE:** So we're moving on.

19 **UNIDENTIFIED SPEAKER:** I got handed a mic so
20 Sheila and everyone else is going to have to suffer.

21 So one of the issues that was brought up briefly
22 was anonymity of the SME people, which, while I
23 appreciate the need for it, I also was here for -- too
24 high? Too low? What? Oh, no one can hear, okay.

25 It is the reality that these people anonymously

1 screw our veterans. An occupational therapist who can
2 overrule an oncologist or your regular treating
3 doctor, or say that all the tests you've had done for
4 the past ten years are irrelevant because me, living
5 somewhere anonymously, as a private contractor for the
6 VA, has decided that I will send something to -- what
7 do you say, Louisville? We send it to Louisville,
8 right? And some piece of paper that one person looked
9 at a file for 15 minutes, with really no oversight,
10 in, say, Chicago, sent it to the VA, the VA sends it
11 to Louisville.

12 Veterans expect better than a private contractor
13 telling them that they and their doctor don't --
14 didn't do their work, didn't do their job, and aren't
15 eligible for treatment.

16 I, thankfully, am a healthy Marine. I know
17 friends who are not healthy. I've got a buddy who's
18 been texting me all night long who's watching this
19 live, Mark Davis. Don't know how it's been on
20 Facebook. Mark Davis says that court reporter -- or
21 that reporter is a douche bag and does that to people.
22 We do deserve respect from the media. And we need --
23 we do need sensitivity to it.

24 I also know, as a Marine, no one in America had
25 any problem showing my face on TV when I was in

1 uniform committing violent acts in other nations. But
2 they have absolutely put a blind eye to what we've all
3 been suffering. So I appreciate the fact that the
4 media is here. How they did it, I know, is an issue
5 for some people. But I'm glad they're here.

6 So wrapping it up, my main thing is how we get
7 any accountability for these people doing the SMEs?
8 And that's for you guys.

9 **DR. BREYSSE:** So I think we spend a lot of time
10 talking about that, and I think one of the things we
11 hope to do, as we've said earlier, in the next
12 meeting, is maybe to review the function of the SME
13 process, and the transparency of the SME process, and
14 maybe that'll -- we'll work on that and we'll get to
15 that. Is that fair?

16 **MS. FRESHWATER:** Dr. Breysse, can I ask Brad
17 something real quick? He helped me a great deal at a
18 prior meeting, and I can't remember his answer. I
19 just need to ask because people keep asking me, and I
20 can't remember the answer. You know how it says on
21 the denials that they -- their symptoms were not
22 showing up when they were on base, and clearly someone
23 doesn't get cancer immediately when they're exposed,
24 and I asked you about that? And you gave me an answer
25 that made sense, and I can't remember it. And now

1 people are still asking me, how was I supposed to see
2 symptoms of cancer?

3 **MR. FLOHR:** Well, that doesn't make sense to me
4 because, and we'll talk about this some tomorrow. The
5 claims process is based on statute that Congress
6 passed.

7 There are three requirements for service
8 connection: One, that you had an injury or disease
9 resulting in disability while you were on active duty,
10 which is -- also includes an exposure, not just an
11 injury or disease while on active duty, but an
12 exposure to something that may later develop into a
13 disability; and that you have current evidence of a
14 disability; and that you have a medical nexus, or a
15 link, between what you have now and what happened in
16 service. So what you say you saw there, that doesn't
17 make sense because you didn't have symptoms in
18 service.

19 **MS. FRESHWATER:** I know but it's on a lot of the
20 denials. And I asked you about it, and you told me
21 something that made sense.

22 **MR. ENSMINGER:** Well, is that language
23 boilerplate in your decisions?

24 **MS. FRESHWATER:** Yeah, it was something like you
25 had to put it in there for something --

1 **MR. ENSMINGER:** It says your records are -- your,
2 your --

3 **MR. FLOHR:** Oh, you know what? Yeah, yeah, yeah,
4 yeah.

5 **MR. ENSMINGER:** -- your military records or
6 health records are silent.

7 **MR. FLOHR:** Yeah. Thanks for reminding me, jog
8 my memory. Okay, we look at --

9 **MR. ENSMINGER:** I mean, it's, it's crazy.

10 **MR. FLOHR:** Jerry, let me answer.

11 **DR. BREYSSE:** I want to make sure we get back to
12 the audience, which is the purpose of this time, but
13 go ahead, we'll let you finish your thought.

14 **MR. FLOHR:** When we decide claims we not only
15 decide claims based on something that occurred in
16 service and now has caused a disability, but also
17 whether or not that particular disability was actually
18 incurred while the individual was on active duty. So
19 we use the language, there were no signs or symptoms
20 while you were on active duty, so you won't get
21 service connection on that basis, but then you still
22 may get service connection based on an exposure which
23 subsequently results in a disease.

24 **MS. FRESHWATER:** Well, maybe that might be just
25 something you could look at as being more consistent,

1 'cause some people get that listed and some people
2 don't, and it's usually for a cancer that would not
3 show up.

4 **MR. FLOHR:** Yeah. I can understand how that
5 might be -- yeah.

6 **MS. FRESHWATER:** It makes them think it means
7 more than it does.

8 **MR. FLOHR:** I can understand why it might be
9 confusing, yeah.

10 **MS. FRESHWATER:** And I appreciated you answering
11 it before, and I felt terrible I couldn't remember it.

12 **UNIDENTIFIED SPEAKER:** Why is it, when they
13 discharge, a medical discharge, and give you severance
14 and say you're discharged because of a hearing loss,
15 because of infection and stuff, but they don't tell
16 them to go to the VA and get their disability or
17 anything? They just throw them out there and just
18 say, well. And then we go and get a job and use your,
19 your insurance from your job, when it's -- when my
20 husband was there, he was on Camp Lejeune, got a
21 severe ear infection, and they did squat for over I
22 don't know how many years, 50 years, and now he's just
23 now realizing he was able to apply for all these
24 years, and they discharged him and said, bye, here's
25 \$1,200 severance.

1 **MR. ENSMINGER:** Well, I can answer that. And
2 that was a failure of his own leadership. That's not
3 the VA's fault.

4 **UNIDENTIFIED SPEAKER:** But he didn't -- nobody
5 told him that he could --

6 **MR. ENSMINGER:** That's what I'm saying. That was
7 a failure of his own leaders.

8 **MS. TRELLEM:** All right, so hi. My name's Marie
9 Trellem(ph), and I was stationed at Camp Lejeune. I
10 was there for about eight months. I had a cancer
11 diagnosis not even two years ago. I've had six
12 surgeries, a double-mastectomy, and a year of chemo
13 which I finished back in February.

14 I was denied service connection, and it's from
15 the SME, and they said because women are a hundred
16 times more likely to develop breast cancer than men,
17 that was one of the reasons, the first reason given
18 for my denial.

19 Of course this person went to a wonderful, of
20 course, scientific site, the Cancer Society, and it's
21 not a peer-reviewed study at all. And my, my thing is
22 is these chemicals are endocrine disruptors, which
23 means they mimic estrogen. By default women have more
24 estrogen receptors than men. My cancer was estrogen
25 positive, along with progesterone and the other one,

1 and so I am more likely to get it.

2 So if I am exposed to an endocrine disruptor, and
3 I have a better chance of getting it than a man
4 because I have more estrogen receptors, my question is
5 why isn't -- that should be more of a reason to make
6 it service-connected than to deny it.

7 In addition they wanted to cite -- oh, my
8 computer went to sleep -- they wanted to cite my age,
9 and quote, the risk -- this is his quote, my SME's
10 quote, the risk increases with age with about
11 12 percent of invasive breast cancers being diagnosed
12 below the age of 45, and 66 being diagnosed in women
13 over the age of 55. I was 46 at the time of
14 diagnosis. I was actually 46 by two months, which
15 means I'm way closer in the 12 percent than the
16 60 percent -- 66 percent at over age 55. That's a
17 bogus reason also.

18 No first-degree relatives; that's in my favor.
19 Here's another one. Caucasian women have a slightly
20 higher risk of developing breast cancer than do
21 African-American women, Asian, Hispanic, Native
22 American women. That's the end of his quote. But if
23 you go to the same website, again, not a peer-reviewed
24 study, that says, and this is because
25 African-Americans, Hispanics and so forth are less

1 likely to be diagnosed. They don't go for screenings.
2 So -- and again, then, if I am Caucasian, and they're
3 saying -- he didn't use the reason it's because those
4 groups of people don't get screening; he's just saying
5 because I'm white.

6 Well, if the VA truly believes that, because I'm
7 white, I should be more likely to get it, again,
8 because you've exposed me to a carcinogen, you should
9 be more likely to cause me to be service-connected
10 than not.

11 He also went on to say that, women -- quote --
12 here's a quote, women who have not had children have
13 an increased risk of developing breast cancer. Ms. ^
14 has not had any children. So if I go back to his
15 website, he conveniently left out the word slightly,
16 because if you read the real quote from the real
17 website, again, not a peer-reviewed study, it simply
18 says, not having children or having them later in
19 life, women who have not had children or had their
20 first child after age 30 have a slightly higher risk
21 of breast cancer. Again, he left out the word,
22 slightly, cherry-picking.

23 He also went on to go on to say, number 8, quote,
24 women who are using birth control pills have a
25 somewhat higher risk of developing breast cancer than

1 women who have never used them. Ms. ^ was using OCP
2 at least in 2003, 2004 and 2005, and had a tubal
3 ligation in 2008. But if you go and you do look at
4 the peer-reviewed studies, you'll find that
5 overwhelmingly the studies show that oral
6 contraceptives do not increase the risk of breast
7 cancer, only the ones back when they were first being
8 developed.

9 And then he went on for risk factor number 9,
10 drinking alcohol. His quote, those who have two to
11 five drinks daily have about a one and a half times
12 the risk of women who don't drink alcohol. Well, I
13 might drink maybe two to three drinks a year. So he
14 pigeon-toed [sic] me into somebody who drinks alcohol.
15 He also denied me, saying tobacco smoke. I have never
16 smoked a cigarette. And then also quoted obesity. So
17 two days before my double-mastectomy I ran eight miles
18 at a nine-minute pace.

19 **DR. BREYSSE:** Thank you, so --

20 **MS. TRELLEM:** And I have not been obese ever. I
21 just want you to know, VA people, this is what your
22 SME people are doing. I have my papers in, what do
23 you call it, like I filed my NOD. I have a nexus
24 letter. I've also been threatened to be removed from
25 the VA healthcare system completely, and I have a

1 bunch of copays.

2 **MR. UNTERBERG:** Brad, just, when I hear those
3 letters, it seems like the problem is that the
4 explanation for why they're getting denied, basically
5 eliminates entire categories of people. So I mean, if
6 you're saying to someone is a female or they're white,
7 that's not a specific -- you're applying such a
8 specific nexus from our side, and then you're just
9 saying that whole categories of populations can never
10 overcome the nexus -- the anti-nexus presumption. So
11 to me that means that it looks like you're looking for
12 ways to deny, and you have then in your pocket a way
13 to deny entire classes and groups of people.

14 **DR. BREYSSE:** All right, so we literally only
15 have five more minutes, and there's a couple people
16 who are desperate to be heard, including up here.

17 **MS. ZAMBITO:** I'm Judy Zambito. This is my
18 husband, Danny Zambito. He was in the Marine Corps
19 and at Camp Lejeune as well. He's lost both kidneys
20 and his bladder have been removed, from cancer. He's
21 on dialysis now. That's the only way he can live.

22 And I just wanted to just let you know what we
23 get. He was given -- granted at zero percent. He was
24 given -- service connection for bladder cancer is
25 granted with an evaluation of zero percent, effective

1 August 7, 2012.

2 Service connection for kidney cancer with renal
3 disease is denied. It goes on to tell you he was
4 assigned zero percent because his cancer is inactive.
5 A no-brainer, if the kid -- if the organ is removed,
6 it's inactive. But we're not talking about an organ
7 that you can -- you need it to live. It said a higher
8 evaluation of 100 percent is not warranted unless
9 there is active malignancy; surgery, which he had;
10 x-rays, which he had; chemotherapy, which he had;
11 other therapeutic procedure, he had BCG treatments at
12 Moffitt Cancer Center.

13 It goes on to tell you he'd get an extra ten
14 percent if he had issues in voiding. And it goes on
15 to, to wearing Depends, all of this. In other words,
16 give him an extra ten percent.

17 Should we have told his surgeons, leave the
18 bladder, leave the cancer in me, because I'll get a
19 hundred percent disability? No, he needed it removed
20 because he would die if he left it in his body.

21 He's been having surgeries on his urinary tract
22 for, how many years, 15? And the last kidney was
23 removed three years ago, four years ago, I believe.

24 But this is the kind of thing that, if you go
25 back and you say, we're going to cover you for the

1 kidney cancer. Are we going to fall under the same
2 category? It's not active anymore; he has no kidneys.
3 He's not going to need any more chemotherapy because
4 he had it. It didn't work. They had to be removed.

5 I just want you guys to know what we deal with.
6 That's the only reason I'm speaking right now. I'm
7 already going to talk to him about that because I've
8 been paying for his \$50 copay to go to the VA to have
9 his kidneys checked, which he doesn't have. He has to
10 go to a nephrologist for that. And all of his
11 medications. I told them I wasn't supposed to be
12 paying the copays. Whoever I talked to in your
13 billing told me they would gladly charge me interest,
14 which they did, for not making the payments. So now
15 I'm making the payments. They just -- they told me to
16 keep track of them because, if and when, one day, they
17 cover his kidney cancer, these drugs would be covered,
18 and the visits to the VA. So right now we're out over
19 a thousand dollars in just copays for these things.

20 **DR. BREYSSE:** Thank you for your story. We have
21 time for one more, and there's somebody's waiting over
22 there. And so we have to be out of the room is the
23 problem. We only reserved it 'til 8:30.

24 **ELIZABETH:** Hi, I'm Elizabeth. And my husband
25 isn't here today because he got too sick to come. But

1 I decided I better talk today 'cause I plan on having
2 him here tomorrow, and my problem-Marine probably
3 won't let me talk tomorrow.

4 So anyway, we have been fighting with the VA of
5 course. And I can remember not too long ago I walked
6 into an attorney's office, because I may be the
7 layperson but trying to get through your system is
8 like Greek. And I'm no dummy. I have been in that
9 hospital so many times with my husband, fighting for
10 his life. We've coded four times over the last four
11 and a half years. And I have worked with doctors at
12 other facilities, not at the VA, to understand what's
13 happening with him.

14 I recently, a year ago, was diagnosed with
15 Parkinson's. I did not think -- I mean, my first
16 thought was not about me. My thought was, I promised
17 him I would take care of him and that he would not
18 see -- he would not see a nursing home.

19 It shouldn't be this difficult for these families
20 to get through your system. I have worked with so
21 many different agencies, and the right words haven't
22 been stated. My last hope was to go to an attorney.
23 I don't know where we're going to get with this. And
24 I don't know what's going happen to me. But I know
25 that these guys should not be put through this burden

1 of fighting your system. And as the layperson, God
2 help them, because you count on us giving up. And if
3 you don't, I know that's not you personally, but it's
4 as if the system counts on us to give up.

5 And I can remember my husband's first denial, the
6 first denial, and as a proud Marine, he said, I was
7 denied, and I have to accept it. And I said, hell,
8 no. But when we went to see that attorney the
9 attorney asked him, why have you not done anything
10 yet? I had to put the attorney in time-out, and say,
11 sir, do you not understand, we have done nothing but
12 fight to live. That's all we've done. I don't have
13 time to learn the VA's codes, their language. I don't
14 have that kind of time, and he doesn't have the
15 energy.

16 And that's what I'm hearing here from all these
17 people, is they are fighting for their loved ones to
18 have the quality of life and not to have to fight your
19 bureaucracy. (applause)

20
21 **WRAP UP/ADJOURN**

22 **DR. BREYSSE:** Once again, thank you very much for
23 your story. I'm afraid we're going to have to call it
24 a night. And tomorrow we're going to set up from
25 9:00 to 10:00? Sheila, help me out.

1 **MS. STEVENS:** Yeah, so tomorrow, in this room, we
2 will have -- before you get in this room we will have
3 some desks outside. And it will be subject matter
4 experts and folks that can -- you can come and talk
5 to, and the people here that did studies. And then at
6 10:00, we start the public meeting, which is in here.
7 And there'll be chairs all facing this direction and a
8 stage up there.

9 **DR. BREYSSE:** So I want to thank you all for
10 coming and have a good night.

11
12 (Whereupon the meeting was adjourned.)
13

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Master Court Reporter, do hereby certify that I reported the above and foregoing on the day of December 4, 2015; and it is a true and accurate transcript of the proceedings captioned herein.

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

WITNESS my hand and official seal this the 28th day of December, 2015.

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