

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

TWENTIETH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

JULY 20, 2011

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the Burney Center, University of
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-- "*" denotes a spelling based on phonetics, without reference available.

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

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

(alphabetically)

BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR (via telephone)
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRADLEY, VA
MASLIA, MORRIS, ATSDR
PARTAIN, MIKE, COMMUNITY MEMBER
PORTIER, DR. CHRISTOPHER, DIRECTOR NCEH/ATSDR
RODENBECK, SVEN, ADMIRAL (via telephone)
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH
CENTER
SINKS, DR. TOM, NCEH/ATSDR
STALLARD, CHRISTOPHER, MODERATOR
TOWNSEND, TOM, CAP MEMBER (via telephone)
WALTERS, DR. TERRY, VA

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

1
2 **MR. STALLARD:** Welcome. Let's bring ourselves to
3 order and we'll sort out some new operating
4 behaviors. One of them is with the microphones. As
5 you know in the past we had to press the microphone
6 on and off. In this case my good friend and
7 colleague over here, Drew, he's going to turn on
8 your mike when you indicate that you're going to
9 speak somehow. So you need to pick up the
10 microphone and move it in front of you or maybe
11 raise your hand or something so he knows when to
12 turn the microphone on.

13 So we're delighted to be here. Welcome to the
14 CAP members and to the community that we have for
15 the first time come out to, to our Community
16 Assistance Panel meeting.

17 First of all, let's go around the table and
18 what I'd like to do is have each of you introduce
19 yourself by your name and your affiliation. And
20 then we'll go over, as we do, our operating
21 principles, and we'll check in on the phone.

22 So let's start here with you.

1 **MR. ENSMINGER:** My name's Jerry Ensminger. I'm a
2 member of the Camp Lejeune Community Assistance
3 Panel. I've been on the CAP from its inception
4 since 2005.

5 **MR. STALLARD:** That's good. Thank you, Jerry.
6 We'll hear more from you I'm sure.

7 **MR. PARTAIN:** My name is Mike Partain. I'm also a
8 member of the CAP, and I joined in 2007 after I was
9 diagnosed with male breast cancer.

10 **MR. STALLARD:** And where are you coming in from?

11 **MR. PARTAIN:** I'm from Tallahassee, Florida.

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

13 **MS. BLAKELY:** I'm Mary Blakely. I'm with the CAP.
14 I'm from Pleasant Garden, North Carolina. I joined
15 in, this year. I learned about the water in 2009.

16 **MR. STALLARD:** Thank you also, Mary.

17 **MS. BRIDGES:** My name's Sandra Bridges and I live
18 right outside of Charlotte. I've been with the CAP
19 since 2005, since it started. Thank you.

20 **MR. STALLARD:** Thank you.

21 **MR. BYRON:** Good morning. I'm Jeff Byron, and I'm
22 from Cincinnati, Ohio. I've been with the CAP since
23 its inception, and I found out about the water issue
24 in 2000.

25 **MR. STALLARD:** Welcome, Jeff.

1 **MS. RUCKART:** Perri Ruckart, I work at the Agency
2 for Toxic Substances and Disease Registry, ATSDR, on
3 the Camp Lejeune health studies.

4 **MR. STALLARD:** Welcome, Perri.

5 **MS. SIMMONS:** Mary Ann Simmons, Navy Marine Corps
6 Public Health Center.

7 **MR. STALLARD:** Welcome.

8 **DR. BOVE:** Frank Bove, ATSDR Division of Health
9 Studies.

10 **MR. MASLIA:** Morris Maslia with ATSDR, Division of
11 Health Assessment and Consultation.

12 **MR. STALLARD:** Welcome.

13 **DR. PORTIER:** Chris Portier, I'm the Director of
14 ATSDR.

15 **DR. SINKS:** Tom Sinks, I'm the Deputy Director of
16 ATSDR and the National Center for Environmental
17 Health.

18 **MR. STALLARD:** And my name is Christopher Stallard.
19 I'm also with the Centers for Disease Control and
20 Prevention, and I am the facilitator that has been
21 with this crew since its inception, in fact, before.

22 As we normally do, yet on the phone --

23 Tom.

24 (no response)

25 **MR. STALLARD:** Who do we have on the phone?

1 **DR. CLAPP (by telephone):** I'm Dick Clapp.
2 Unfortunately, I was trying to get to the meeting,
3 but had a delay on the flight, so I had to come back
4 and wasn't able to connect. I'm with Boston
5 University; I've been with the CAP since 2006.

6 **MR. STALLARD:** Welcome, Dick. Yes, we miss you. We
7 know you tried heroically to get here.

8 Who else do we have on the phone?

9 All right. Well, we're expecting Tom Townsend.

10 **MS. RUCKART:** And Devra.

11 **MR. STALLARD:** All right, well, we're expecting Tom
12 Townsend from Idaho to call in.

13 **MS. RUCKART:** And Devra.

14 **MR. STALLARD:** And Devra. In the meantime we're
15 going to get started. As we are accustomed to
16 doing...

17 Did someone else just join us?

18 (no response)

19 **MR. STALLARD:** We begin every meeting in order to
20 sort of establish our operating principles and
21 guidelines, how we interact with each other. So
22 these are our operating principles, guidelines.
23 Some might call it protocol. Others may call it
24 etiquette, and for those of you in the community,
25 maybe rules of engagement.

1 This is a dynamic relationship between science
2 and community and emotion, and so having to set the
3 standard for how we're going to interact is very
4 important. So along those lines: zero personal
5 attacks, transparency, one speaker at a time,
6 respect the speaker, please say your name for the
7 transcripts. This is an officially documented,
8 live-streamed event. Those here at the table and
9 those in the audience, please turn your cell phones
10 off or on silent stun.

11 And for our audience members, we're really
12 pleased that we have this opportunity to bring the
13 CAP meeting out into the community, but we ask that
14 you refrain from interrupting or interjecting. In
15 this meeting we will set some time aside at the end
16 to entertain questions that you may have. And
17 again, we have then this evening the forum where
18 you'll have additional opportunities to interact
19 with the subject matter experts here.

20 I must inform you that we are short one of our
21 CAP members. Jim Fontella has resigned his post in
22 order to deal with his health. And Frank, Dr. Frank
23 Bove, has handed out a document, handed it to Jerry,
24 and we're going to hand it out to everybody. Frank
25 received a request from an individual citizen,

1 constituent, to have this read into the record of
2 the CAP meeting. So what I would like to encourage
3 you to do is during the time that you have, perhaps
4 during the break or whatever, by today, read it and
5 then come to consensus if you wish to have it added
6 officially in the record, okay?

7 Yes, Jeff.

8 **MR. BYRON:** This is Jeff Byron. May I ask is that
9 information from Mr. Rhodan?

10 **DR. BOVE:** Yes.

11 **MR. BYRON:** Okay, thank you.

12 **MR. STALLARD:** Before we move on is there anything
13 that people would like to add to this that we
14 haven't covered?

15 **MR. PARTAIN:** I just want to ask a question. You
16 know, ever since I've been involved in December of
17 2007, we've gone over this at every meeting and
18 discussed before we had the meeting our principles
19 of how we conduct ourselves. And I guess I ask the
20 feedback question, have we ever had a problem with
21 etiquette or not following these guidelines? I'd
22 ask anybody at ATSDR, Chris, is this a functional
23 problem that we've had for anything that we've had
24 to deal with of not conducting ourselves properly, I
25 guess, is my question.

1 **MR. STALLARD:** Well, I can tell you from my
2 experience I have seen no kicking, screaming,
3 biting, brawling. What I have seen is strong
4 emotion expressed. Mike, does that answer your
5 question?

6 **MR. PARTAIN:** Yes.

7 **MR. STALLARD:** Does anyone have anything else to
8 contribute to that response?

9 **MR. ENSMINGER:** I do. The recent newspaper article
10 had a quote in it from a spokesperson at
11 Headquarters United States Marine Corps which stated
12 that the United States Marine Corps would send a
13 silent observer, which is Mary Ann Simmons, to these
14 meetings to represent the United States Marine Corps
15 but they would not send any of their subject matter
16 experts or any uniformed representative of the
17 Marine Corps because they were concerned that the
18 etiquette and civility standards had not been
19 published in writing and submitted to them for
20 approval.

21 You know, the United States Marine Corps loves
22 to speak about this family, their Marine Corps
23 family, which a lot of you out there in the audience
24 and a lot of you listening to this or watching it on
25 the internet are part of. I am. I was a member of

1 this gun club for 25 years. Now, this has really,
2 really got me pissed off, okay?

3 If you want to sent somebody, if you don't want
4 to send somebody to a meeting where the public, this
5 family you want to talk about, wants to ask you
6 questions, and you won't send a representative to
7 the meeting because etiquette and civility standards
8 have not been put in writing? And these are the
9 people that are defending our nation? Oh, we can't
10 take that hill. They haven't written the civility
11 and etiquette standards for how they're going to
12 conduct themselves.

13 No. The reason they're not sending anybody to
14 these meetings is because they know that the
15 statements that they have made publicly could be
16 refuted by myself and other members in this room,
17 and this is nothing more than another smokescreen to
18 not have to come here and be confronted, and I
19 wanted that on the record. So be it.

20 **MR. STALLARD:** Thank you.

21 For those of you in the audience and community,
22 I'd like to give you a brief overview so you have
23 some context of what this is all about.

24 So, Morris, can you give me the next slide?

25 **DR. PORTIER:** This is Chris Portier. Can you wait

1 one minute? The link is not working right now. If
2 we could just hold for a minute or two they might be
3 able to get it.

4 **MR. MASLIA:** The server went down and somebody is
5 going right now to check on it.

6 **DR. BOVE:** This is being recorded though.

7 **DR. PORTIER:** It is being recorded, yes.

8 **MR. STALLARD:** This would be an opportune time to
9 introduce Dr. Terry Walters from the VA who has
10 joined us.

11 Welcome.

12 And we're expecting Brad as well, right?

13 **DR. WALTERS:** He's coming. He'll be here this
14 evening.

15 **MR. STALLARD:** So if we could hand out that...
16 Please take this time to read that so that we can
17 come to a discussion point later in the meeting.

18 **MR. ENSMINGER:** In regards to this letter from Mr.
19 Rhodan, I'm not certain what reports he's referring
20 to in this. I mean, he's not specific. Yeah, I
21 agree there've been, there have been some bad
22 reports that came out of ATSDR in the past, the
23 Public Health Assessment from 1997 was horrible to
24 say the least.

25 All these other assertions that the man makes

1 in here, you know, I have no proof that these
2 allegations, I mean, I need more proof to take
3 something and run with it than what he's saying
4 here. I mean, this is all, a lot of this is very,
5 very speculative.

6 **MR. BYRON:** This is Jeff Byron. Can I get a copy?

7 **MR. PARTAIN:** While this letter from Mr. Rhodan,
8 Jerry mentioned about the specifics. That is one of
9 the problems in our community. We are scattered
10 throughout the country, and I've said this several
11 times in meetings. We're in all 50 states and it is
12 hard for us to have a point of consensus for people
13 to really understand what has actually happened.

14 And when you have the volumes of misinformation
15 that has been out there, most recently I think it's
16 the -- was it October CAP meeting? We pointed out
17 that the Marine Corps booklet that was issued in
18 July 2010 contained errors and was a possible
19 problem with a future upcoming study. And that
20 booklet has now finally been redacted, but as of
21 right now -- sorry, it has been withdrawn from the
22 Marine Corps' website. But what about all the
23 people that saw the booklet online? What about all
24 the people who got the booklet or heard about the
25 booklet or seen the booklet? Do they know?

1 And when you see these things, I mean, this is
2 the concern of the community. People see this, and
3 they want to know what happened but they don't know
4 who to believe. Did the Marine Corps, the
5 community, ATSDR? And you get letters like this out
6 because the information's not there for them to get.
7 And that's what this represents and along with what
8 we hear in e-mails and contacts we get that through
9 our website all the time.

10 **MR. STALLARD:** Is the need to have a central
11 information --

12 **MR. PARTAIN:** Centralized accurate information.

13 **DR. BOVE:** I would agree with that and just say that
14 Perri and I talked to him for quite a long time and
15 tried to straighten him out on some of the issues
16 because he was angry about the health assessment,
17 but he thought that all the records that was in the
18 back of the health assessment were our contractors,
19 and we made it clear that these are Navy/Marine
20 Corps contractors, not our contractors. And there
21 are issues that I tried to clarify and Perri tried
22 to clarify.

23 But he still wanted this read into the record.
24 He is angry. He's upset. He thinks his rights were
25 violated. And this is not, we've heard this before,

1 and we'll probably hear it as we go along even more.
2 So that's why I brought it up. I wanted the CAP to
3 make a decision as to what it wants to do with it.
4 He's very insistent that I bring it up so I wanted
5 to leave it to you.

6 **MR. BYRON:** Well, this is Jeff Bryon. I agree. It
7 should be read into the record because I agree with
8 quite a bit of it actually. Booz-Allen-Hamilton, I
9 didn't agree with bringing them in. I know no one
10 at the ATSDR, I'm not blaming the ATSDR. I'm
11 blaming the Marine Corps. The lack of factual
12 information in the reports that have been written
13 are due to the Marine Corps not handing over the
14 documentation needed to make a good report.

15 As far as our rights, I do believe that they
16 have been violated. I've always agreed with that.
17 We weren't told till 15 years after, at least I
18 wasn't. This gentleman wasn't notified for 26 years
19 and actually we served at the exact same time. And
20 I'm frustrated with the process and how long it's
21 taken.

22 You can go back to the Commandant of the Marine
23 Corps and tell him this is entirely out of control.
24 The in utero study won't even be finished until
25 2013, and the fault lies with the Marine Corps. So

1 please pass this on, pass this letter on. As one
2 individual of the CAP I agree with it, but I think
3 it should be read into the record.

4 **MR. PARTAIN:** One thing I'd like to throw out and
5 propose on this note here since we got a little
6 sidetracked on the discussion --

7 **MR. STALLARD:** We're going to get back on track in
8 just a second.

9 **MR. PARTAIN:** -- one thing I would like to suggest,
10 I do not know if this is possible or not. The
11 information, the historical information that is out
12 there on the web is primarily on the Marine Corps'
13 website. I would like to see ATSDR publish something
14 on their website with the historical facts.

15 I understand that the water modeling is going
16 to address that, but it will be a laborious read
17 that most people will not read or cannot read. But
18 we need something, a timeline, historical facts
19 identifying what was contaminated, where the
20 contamination took place and the severity so people
21 can instantly see it.

22 I mean, I don't know how many times we deal
23 with the press. I mean, even as late as in January
24 we had press articles still talking about ABC Dry
25 Cleaners contaminating the entire base, and it

1 wasn't just some fish-wrapper newspaper. It was a
2 major TV station with three million viewers in
3 central Florida that said that despite us pointing
4 that out at the meeting. We need this. We cannot
5 rely on the Marine Corps to provide it. We have,
6 and look what we've got.

7 **MR. BYRON:** This is Jeff Byron once again. I agree
8 with Mike, but I also think that the CAP should vet
9 that timeline and because you're looking at the two
10 individuals who know more historically about what's
11 occurred at Camp Lejeune in Jerry Ensminger and Mike
12 Partain than anyone sitting at this table including
13 the ATSDR. Am I correct or not?

14 (no response)

15 **MR. BYRON:** Would the individuals at the ATSDR give
16 me an answer there, please?

17 **MR. ENSMINGER:** I might agree with that maybe with
18 the exception of Morris and Bob Faye.

19 **MR. STALLARD:** We're going to move on. There's no
20 doubt that you all have learned more about this
21 science data collection, discovery, CSI kind of
22 stuff. There's absolutely no doubt. That's what we
23 do. You bring information that otherwise might not
24 be available or --

25 **MR. PARTAIN:** But like I said, we need to have a

1 place to put this information so it can be useful.
2 Now I see, Dr. Portier, if that's something we can
3 make happen. I think it'd be a great benefit to the
4 community.

5 **MS. BLAKELY:** Mary Blakely.

6 **MR. STALLARD:** Mary, I have to move on, but we can
7 come back.

8 I wanted to give context to the audience here.
9 Where have we been. We were established in 2006
10 after an expert panel was convened to determine if
11 future studies were warranted at Camp Lejeune. I
12 facilitated that meeting. The outcome of that
13 meeting of the expert panel and scientists was that
14 future studies, further studies were warranted
15 essentially. And so as a result of that the CAP was
16 established.

17 It's the Community Assistance Panel. We're
18 looking at a relationship with the community to
19 provide information back and forth, to provide input
20 into the activities at the base. We meet quarterly.
21 So far this would be our 20th meeting, and we meet
22 regularly. We've come a long way. For those of you
23 in the audience it's true. Your representatives on
24 this panel have become pseudo-scientists to a degree
25 in their investigatory powers. They've learned a

1 lot in 19 meetings since 2006. Next slide.

2 All right, so there are seven CAP members
3 nominated by the Camp Lejeune community to serve.
4 We have two independent members, Dr. Clapp and I
5 think Dr. Devra Davis, right. And there's an
6 unlimited term. You can either die, which we've had
7 members die, resign, but you're here until we come
8 to the end of our journey.

9 And ATSDR staff and representatives from the
10 U.S. Marine Corps and from the VA have joined us as
11 well, and I've been remiss not to introduce Mr.
12 Bradley Flohr who has joined us.

13 Welcome, thank you.

14 So that's sort of the broad contextual overview
15 of this group of people assembled. Next slide.

16 And then I'm going to be followed now by Dr.
17 Christopher Portier.

GENERAL INTRODUCTION TO ATSDR ACTIVITIES

AT CAMP LEJEUNE

18 **DR. PORTIER:** Thanks, Chris.

19 I just wanted to take a minute to welcome
20 everyone here to this CAP meeting, the 20th CAP
21 meeting, my second. It's been an interesting
22 learning experience for me in the year that I've
23 been with ATSDR, and I want to thank you all for
24 raising my awareness on this situation. ATSDR is
25

1 Agency for Toxic Substances and Disease Registry for
2 the rest of the audience.

3 This rather small federal agency, we were
4 created under the Superfund laws in 1980, and our
5 job is to go to places, communities where there are
6 toxins in the environment and work with the
7 environmental agencies, either the state or the
8 federal environmental agencies to figure out what
9 the health impact will be on that population or has
10 been on that population.

11 And currently we're doing that in about 200
12 communities around the United States. Camp Lejeune
13 is by far and away the biggest community we are
14 looking at today. Next slide.

15 I thought I would give you a little bit of
16 background on Camp Lejeune so that the audience --
17 the CAP doesn't need this background -- a little bit
18 for the audience. We've been gathering data now for
19 a number of years on water contamination at the site
20 as well as information on water usage, pumping out
21 of the wells, which wells were mixed at what time
22 and went to what communities on the Camp Lejeune
23 base. We're assembling personnel records to try to
24 understand where people were and at what time.
25 Housing records so we can specifically locate them

1 on the base. And then we will be obtaining health
2 outcome data over the next year to two from
3 individuals in our survey as well as records that
4 exist already.

5 Next slide, Morris.

6 The water modeling is quite complicated. It
7 involves taking the few observations we have of
8 contamination in these wells on Camp Lejeune and
9 extrapolating it over the entire time period. So
10 think of it as trying to model a hurricane as it
11 moves across the Gulf of Mexico. Instead of it
12 being at the Gulf of Mexico, we're modeling it
13 underground in the water in the aquifer.

14 From there we also have to pay attention to
15 what wells were used at what time and how
16 contaminated they were. And we're using other
17 information from the water system at Camp Lejeune to
18 be able to put that together. That will allow us to
19 estimate the monthly contamination levels in the
20 drinking water over the four decades that we're
21 looking at Camp Lejeune. Next slide.

22 There are a number of studies that we're
23 looking at. Some of these were previously done with
24 other water contaminant estimates that we no longer
25 trust and so we are re-doing the water contaminants,

1 and we will be re-doing these studies. The adverse
2 birth outcome study that looked at pre-term births,
3 low birth weight and small for gestational age
4 children. And birth defects and childhood cancer
5 study, which looked at neural tube defects, oral
6 cleft defects, childhood leukemia and non-Hodgkins
7 leukemia.

8 Reanalysis of these studies will proceed fairly
9 rapidly once we finish the water analysis because we
10 already have survey data, and we already have
11 outcome data for these people from when they first
12 surveyed the population.

13 New studies are focusing on mortality in the
14 population. This began in April of 2010, and we're
15 looking at causes of death occurring during the
16 period, the same period that we're using in our
17 survey to some degree. And then there's the health
18 survey which was begun in June of 2011. And this
19 will obtain information from survey participants
20 about their health conditions since leaving Camp
21 Lejeune. Next slide.

22 That's the short and sweet of it. I'll go over
23 this in much more detail this evening, and I'm sure
24 you'll hear more details from my excellent staff
25 today as we talk with the CAP about what we're doing

1 currently on Camp Lejeune.

2 Thank you very much for being here. I welcome
3 you and look forward to answering any questions you
4 might have this evening or during breaks. Thank
5 you.

6 **MR. STALLARD:** Thank you, Chris.

7 **CAP PRESENTATION/CAP UPDATES/COMMUNITY CONCERNS**

8 We're going to move on now into the agenda
9 where I invite a CAP member to -- well, first of
10 all, I'd like to start with Jerry and perhaps
11 provide context of the experience of the CAP. And
12 then briefly we'll go around and ask people to
13 provide any relevant updates since our last meeting.

14 **MR. ENSMINGER:** Yes, the CAP was recommended by the
15 expert panel that met in February of 2005, the
16 creation of the CAP. That panel of experts, which
17 met down in Atlanta, when they wrote their
18 recommendations from that meeting recommended that
19 the CAP be formed. And consequently, ATSDR took
20 that and created the CAP.

21 The Camp Lejeune CAP has been a very, very
22 useful tool and the only thing that has made this
23 CAP successful and useful was the involvement by the
24 community members themselves and dogged
25 determination. I mean, never, if you know you're

1 right, if you know that somebody is, for lack of a
2 better term, BS-ing you, don't accept it. And I
3 could tell all of you that for the entire 14 years
4 of my involvement in this situation, my bullshit
5 meter has been pegged out. And we're finally
6 getting to the truth.

7 What could make this CAP or any CAP more
8 successful would have been more sharing of
9 information between allies and the people involved
10 or the departments involved. When we first started
11 the CAP, the then Director of ATSDR, when he came in
12 to address the CAP at our first meeting, came in,
13 made his address.

14 And while he was exiting I asked him if I could
15 speak with him privately. He never even looked at
16 me, let alone acknowledged my request. He walked
17 past me, never looked back. I never had an
18 opportunity to even sit down and speak with the man
19 to share any of my concerns or the concerns of the
20 CAP or the community. I can assure all of you that
21 that has now changed and it is a very welcome
22 change.

23 The United States Marine Corps and the
24 Department of the Navy on the other hand demanded
25 that ATSDR not share any of the correspondence

1 between ATSDR and the Department of the Navy because
2 it was, quote-unquote, pre-decisional. You know, if
3 we're going to have a Community Assistance Panel and
4 this group of people is going to represent the
5 community, then we've got to be tied into the loop,
6 okay?

7 How are we going to voice our concerns about
8 proposals that are made by either ATSDR or the
9 United States Marine Corps or the Department of the
10 Navy if we don't ever see it and we don't have any
11 input into it? I mean, there's a wall put up there,
12 and it's being done on purpose by the Department of
13 the Navy, not ATSDR, not the CDC.

14 It's being done by the Department of the Navy
15 and Marine Corps. They don't want everybody to be
16 involved in it because they don't want everybody to
17 know all the information. They don't want the
18 public to see what they're doing behind the scenes.
19 They like to come out with their flowery statements
20 about our Marine Corps' family and how important
21 they are to them, but they don't want to see the
22 dirt that they're pulling behind the scenes and the
23 rug that they're trying to pull out from under our
24 feet.

25 So information sharing is something in CAPs

1 that has got to improve. It will make them that
2 much more effective. Now granted, every CAP is not
3 related to another federal government agency, okay?
4 How many of you have ever testified to Congress and
5 they give you five minutes to tell your life story?

6 Anyhow, a CAP that's involved with a commercial
7 industry that's formed for a commercial industry
8 that's polluted a site. I don't know. I don't have
9 any experience with those. Are they different? Is
10 the information more open between them?

11 I mean, without, without the political contacts
12 and allies that it has taken years and years and
13 years to create and develop, and that's because
14 myself and a few others have expended a bunch of
15 shoe leather on Capitol Hill and a bunch of time on
16 the phone, bunch of time on the internet, e-mail
17 back and forth. There's more than one way to skin a
18 cat.

19 We had to take these alternative methods to get
20 the information we needed to make decisions for the
21 community because it wasn't coming through the
22 channels that it should have come through. We had
23 to go around the back door to get it, but we got it,
24 and we kept moving.

25 You know, I'm a bull-headed SOB, I mean, and I

1 don't take no for an answer. And I don't think
2 anybody in here should accept no for an answer
3 because this affects all of you, your health,
4 possibly your family's health. Nobody knows the
5 importance of that any more than I do. And I just
6 want everybody that's listening to this to
7 understand that your concerns are our concerns, and
8 we will address them for you. You have a voice.
9 Use it.

10 **MR. STALLARD:** Before we move on, Jerry, since the
11 last meeting has there been anything new that came
12 out, like a movie?

13 **MR. ENSMINGER:** Oh, yeah, there's a, there was a
14 documentary that was made. The title of it's
15 "Semper Fi, Always Faithful". The documentary team
16 has been following us since June 11th of 2007. That
17 was the first day of filming, the day before the
18 hearing in front of the Energy and Commerce
19 Committees hearing in 2001 (sic), June 12th, the day
20 before that they started filming.

21 The film came out. It was premiered at the
22 Tribeca Film Festival in Manhattan in April. It won
23 two awards, and it's now being shown at different
24 film festivals. And it's going to be marketed. It
25 is going to go into the box office circuit first.

1 Presently, it's showing in theaters in New York and
2 Los Angeles. That was a requirement that had to be
3 made so that it would qualify for the Academy
4 Awards.

5 It's going to go on to the box office circuit a
6 little bit longer until such time that a deal has
7 been signed with a cable network outlet who will
8 eventually buy the film and then it will be shown on
9 cable TV time and time and time again so we'll all
10 be able to see it.

11 I do have a link. At lunchtime anybody that is
12 interested in watching the film, you can watch it on
13 a computer. We'll have to set that up somewhere if
14 you want to watch it over your lunch hour. I don't
15 have my computer with me. Mike's got one here.

16 Anybody else got a laptop here?

17 **MS. BLAKELY:** I have a laptop, Jerry.

18 **MR. ENSMINGER:** Well, we can set up a few laptops
19 somewhere out here and whoever wants to watch it can
20 sit there and watch it during your lunch hour.

21 **MR. STALLARD:** So you're going to set that up?

22 **MR. ENSMINGER:** Yeah. And also, the afternoon
23 schedule, some of you might be sitting out there
24 getting bored this morning. The water modeling
25 update that's scheduled for this afternoon, you

1 might want to stick around for that. It's going to
2 be very interesting and very informational. I mean,
3 would be worthwhile I'm sure.

4 **MR. STALLARD:** Thank you, Jerry.

5 Mike, Jeff, Mary, and I cut her off last time,
6 and then I'll come back to you.

7 **MS. BLAKELY:** Mary Blakely with the CAP. I want to
8 go back to this letter and why I believe it should
9 be read. The lack of information that has been
10 released by any, the Marine Corps or anybody that
11 knows what's going on is an embarrassment to the
12 Corps. And the first meeting I attended before I
13 was a CAP member, in 2010, my main question to the
14 Marine Corps representatives was why did I have to
15 learn from a CNN news report about my family's
16 exposure?

17 My father fought in the Viet Nam War. My
18 family stood up for this country even in a time when
19 nobody else would in our society. When we went
20 through airports being moved from base to base we
21 were told to not advertise our association with the
22 Marine Corps or the military.

23 But I was taught not to behave that way. I was
24 taught to stand up and be proud of who my father was
25 and what he did. I was told by the representatives

1 that the Marine Corps had done all it could to
2 inform the people that had been exposed to the
3 toxins.

4 That's not true, and I think there needs to be
5 something done by officials in our government, or I
6 don't know who, to tell everybody who ever lived on
7 that base during the times of the toxins that they
8 were exposed to them, and explain it in a way that
9 they can understand.

10 I have learning disabilities and memory
11 deficits that I believe was caused by the water; I
12 lived on here when I was a kid. And there are
13 thousands of children just like me out there who
14 don't know how to read. My sister's illiterate.
15 She can't read or write.

16 So there needs to be information released to
17 that population of affected people that they can
18 understand that they are at risk, that their lives
19 and their health are at risk. And they need to also
20 have the timeline put out to them so they can
21 understand when or if they were exposed.

22 **MR. STALLARD:** Thank you, Mary.

23 **DR. BOVE:** Mary, could you tell us a little bit
24 about what you've been doing, too. I know you've
25 been doing some work.

1 **MS. BLAKELY:** Yes, I went to Jacksonville, and I
2 went to the Register ^, and I have scanned death
3 certificates of any infants I could find that have
4 any association with the base or exposure to the
5 water. You know, like say their parents just worked
6 on the base or anything like that.

7 I have collected from 1950 to 1961 all the
8 death records of the babies and the stillborns who
9 died and also 1978 to 1979. I tried to go up to
10 1990, but my father has just been diagnosed with
11 lung cancer, and he lives in Jacksonville still in
12 the same house he and my mother bought after we got
13 to the United States in 1976, and I also have five
14 kids. My life is quite busy but, well, that's where
15 I'm at.

16 **MR. STALLARD:** Thank you. Thank you very much.

17 This is what we're going to do is we're going
18 to pick up with your update right after the break.
19 I don't think we're going to make it around. It's
20 9:50. We're supposed to break at ten.

21 Mike.

22 **MR. PARTAIN:** My name is Mike Partain. I joined the
23 CAP in December of 2007 while I was completing my
24 treatment for breast cancer. I was born at the base
25 and one of the children in the in utero study. And

1 like many others I had no idea that this was going
2 on until shortly after I was diagnosed with my
3 disease.

4 Up until then I just lived a quiet, simple life
5 with wife and four kids, and this has been quite a
6 journey and for four years have been very involved
7 in this.

8 The question about the CAP and being effective,
9 my background is I'm a, my degree is in history. I
10 spent four-and-a-half years teaching international
11 baccalaureate, which is a gifted program, and then
12 the remaining or the past ten years I've worked as
13 an insurance investigator with State Farm.

14 The critical thing about what we have is
15 there's two critical differences. One is being told
16 what happened and the other is discovering what
17 happened. If a community relies on people, agencies
18 to tell them what happened, they are not going to
19 get the truth. Not out of malice or intent,
20 whatever, but if you're being told something you
21 have to rely on what the person's telling you and
22 whatever motivations they may have.

23 When you discover something, you're asking the
24 questions. You're looking at the information, and
25 in such you have the power. And it is a critical

1 difference that what this CAP has enabled the
2 community to do is to quit relying on what the
3 Marine Corps is telling us and going out and finding
4 what they're not telling us and discovering what
5 happened to us at Camp Lejeune, and what we were
6 exposed to, and what it means to our families and to
7 ourselves.

8 Now one of the big points of, Jerry mentioned
9 the film, "Semper Fi, Always Faithful". Now they
10 followed us for four years. They were in my home.
11 They were in Jerry's home. The film represents a
12 critical turning point in this struggle. For the
13 first time we have a voice, and we have a central
14 point of focus where people across the country can
15 go, when this gets out in TV or whatever on
16 video/DVD, people can go and see what this is about
17 and hear what we're saying instead of the public
18 press releases from the Marine Corps or going to the
19 Marine Corps' website.

20 I mean, Jerry and I and Denita and Tom Townsend
21 and the other subjects of the film, we do not
22 receive any compensation for what they do. The
23 investors who produced the film, if they sell it, if
24 they market it and sell it and get contracts for it,
25 they're the ones that reap the reward.

1 The benefit that Jerry and I, Denita and
2 everyone else in the community receives from this
3 film is the fact that we get our message out for
4 people like you and the community to hear it and
5 understand what in the hell is really going on.

6 **MR. ENSMINGER:** Or a small part of it.

7 **MR. STALLARD:** Any updates since our last meeting?

8 **MR. PARTAIN:** Well, we continue to find more men
9 with breast cancer. It's not as, I haven't been
10 able to research as much and go out and look, but I
11 still get e-mails. We're up to 71 now and the
12 latest one was out of Texas.

13 **MR. STALLARD:** Great. Thank you.

14 **MR. ENSMINGER:** I'd like to add one little thing to
15 this. You know, in the documentary there is a
16 steady drumbeat by representatives from the United
17 States Marine Corps and the Department of the Navy
18 each and every time they're captured on film. They
19 talk about the importance of this Marine Corps
20 family.

21 Well, I'm here to tell you I've been involved
22 in this situation for 14 years. I have asked
23 repeatedly for the opportunity to sit down with the
24 leadership of the United States Marine Corps to
25 address these issues face to face. Not only have I

1 never been granted the opportunity to sit down with
2 the leadership of the United States Marine Corps,
3 they have taken every opportunity they've got to
4 avoid it.

5 They will not sit down with me face to face.
6 They will not sit down and address these problems,
7 these issues. So if this is a family like they
8 claim, doesn't a family sit down and talk out
9 problems whenever they're encountered within the
10 family? Yes, that's a normal family. This one
11 isn't.

12 If this is a family, it's a dysfunctional
13 family because they won't talk. And if this is a
14 family, it's "All in the Family," and they're Archie
15 Bunker and Mike and I are Meathead. Okay? I mean,
16 they said in this newspaper article from the
17 Jacksonville Daily News the other day that they were
18 trying to establish a dialogue on this issue. How
19 the hell do you establish a dialogue and don't show
20 up?

21 **MR. STALLARD:** Thank you very much. Let's hear from
22 Sandra.

23 **MR. PARTAIN:** Sandra, real quick. By the way --

24 **MR. STALLARD:** Can you guys just give a moment to
25 her?

1 **MS. BRIDGES:** Go ahead. You go ahead.

2 **MR. PARTAIN:** I just want to say there's some bumper
3 stickers over there, for people in the audience, on
4 the corner.

5 **MS. BRIDGES:** Sandra Bridges, and I'm giving out my
6 time to Jerry and Mike because everything they have
7 to say people need to hear.

8 **MR. STALLARD:** Bless your heart. Thank you.

9 **MS. BRIDGES:** I appreciate everything that they're
10 doing with this.

11 **MR. STALLARD:** Jeff, a little bit about you and what
12 you've been doing since the last meeting if you
13 would.

14 **MR. BYRON:** My name's Jeff Byron. And I found out
15 in 2000 like I said earlier about the water
16 contamination at Camp Lejeune. I left the Marine
17 Corps in 1985. For 15 years I have wondered what
18 had happened to my daughter; what I had done to
19 cause it.

20 My oldest daughter has bone marrow disease
21 called aplastic anemia, and on September 28th, she'll
22 have the rest of her teeth removed, the last ones
23 that are remaining. My youngest daughter also is
24 having issues dentally, has curvature of the spine,
25 cleft palate, and she's passed that on to my

1 grandson who has a chromosome deletion known as
2 velo-cardio facial syndrome or DiGeorge Syndrome
3 also known as 22Q.

4 So what I've been doing is dealing with medical
5 issues with my family and trying to make the money
6 to cover the dental costs and all the other issues
7 that are going to occupational therapy, speech
8 therapy. And one thing I haven't heard here is that
9 this is passed on to the third generation now.

10 I'm not the only family here that is
11 experiencing this, and I know that these individuals
12 in the audience are also being financially strapped
13 with the medical issues that keep occurring. No
14 matter what is done for our group, that will never
15 end. No matter how many studies are conducted, that
16 will never alleviate the pain you feel.

17 Last night when I called home, my grandson
18 wanted to talk to me. He's six years old. I have
19 yet to hold a complete conversation on the phone
20 with him or actually a complete conversation at all.
21 It's a repeat conversation. Every morning he wakes
22 up, he says to me, no bus. He means no school bus.
23 No work. He wants to know about where his cat is.
24 And this is repeated.

25 He was evaluated to be at two-and-a-half years

1 old intelligently. And although there is now a
2 Velo-Cardio Facial Center Clinic in Cincinnati, and
3 I have to commend the Children's Hospital there for
4 doing it, they're doing a good job with him but, you
5 know, as a grandfather and father just watching her
6 (sic) children deteriorate, I'm going to say that
7 more than likely I'll experience one of them at
8 least passing before I do.

9 I'm tired of this fight. It's taken 11 years,
10 like I said, and I have talked to, I have been to
11 the Pentagon, and I have requested a meeting with
12 the Commandant in 2001. And when I got there what
13 showed up at the meeting were lawyers asking me to
14 write a defense against sovereign immunity which is
15 for kings, and I only know of one.

16 There are no kings here, and I believe this
17 country was, had its revolution to get rid of kings,
18 but potatoes (sic), or whatever you want to call,
19 potentates. For some reason the Marine Corps seems
20 to think they're above the law. I do believe
21 they've broken the law. I do believe they've
22 violated our rights.

23 And I do have one other issue that doesn't
24 really have to do with Camp Lejeune, but it's a
25 concern because of military families. I asked ATSDR

1 and the individuals here if they were aware of the
2 autism rate in the military I've been hearing is
3 one-in-88 children that are born in the military has
4 autism. And then my understanding is in the outside
5 community, the civilian community, it's one in 110
6 so I have brought some information.

7 And I propose that the reason that that is is
8 because of contamination on the bases around the
9 country. I spoke with Jerry and Mike being the
10 experts. I wasn't trying to belittle anyone's
11 ability. What I was talking about is not the water
12 modeling that is being done. Obviously, Morris is a
13 scientist and Frank and them are educated beyond our
14 capacities for that.

15 What I was talking about is the historical data
16 that has come out that's primarily been found by
17 those individuals and others, Tom Townsend included,
18 Denita and I'm sure some other individuals here.
19 But I wasn't trying to belittle anyone. I just
20 wanted to make that clear, but I will pass this
21 down. It's about autism in the military, and I
22 believe the one-in-110 statistic comes right from
23 the CDC.

24 And I was a little surprised to find that they
25 weren't aware of this. And so hope that, you know,

1 making them aware of it and somebody will look into
2 that. It doesn't have to be done at this meeting or
3 by this group at all, but it should be addressed
4 eventually. Thank you very much.

5 **MR. STALLARD:** Thank you.

6 Okay, on the phone, Dick, are you still there
7 with us?

8 **DR. CLAPP (by telephone):** Yes, I am.

9 **MR. STALLARD:** All right. Would you care to update
10 us with what you've been doing in the past since the
11 previous meeting?

12 **DR. CLAPP (by telephone):** The main thing, I guess,
13 is attending the screening of the Semper Fi film at
14 the Capitol Auditorium last month. It was pretty
15 full, lot of emphasis, lots of questions afterwards.
16 I talked to some of the people that were there from
17 citizens' groups that were interested to learn about
18 the Camp Lejeune situation.

19 And in terms of the effectiveness of this CAP,
20 I just want to say briefly this isn't something
21 that's new since the last meeting, but I've been
22 involved with CAPs for a long time including a CAP
23 in Woburn, Massachusetts, around a childhood
24 leukemia cluster before there even was an ATSDR, and
25 I think the Camp Lejeune CAP is as effective a group

1 as I've ever seen and for all the reasons that
2 people have been talking about before me. And also,
3 I'd like to thank you, Chris, for having pulled off
4 the amazing facilitation that you've done over these
5 past several years. So I guess that's my way of
6 saying this is good work, and I hope everyone keeps
7 it up.

8 **MR. STALLARD:** Thank you. Thank you. Meathead's
9 giving us the BS meter on that one, to me. Thank
10 you very much though.

11 Is there anyone else on the phone? Tom, have
12 you joined us from Idaho?

13 (no response)

14 **MR. STALLARD:** It is time for us to take a break, 15
15 minutes. Please be back at 10:15, and we will
16 resume promptly at that time with the updates.

17 (Whereupon, a break was taken from 10:03 a.m. to
18 10:22 a.m.)

19 **RECAP OF PREVIOUS CAP MEETING**

20 **MR. STALLARD:** If you would please take your seats,
21 we'll resume. Others will join us as they return.
22 We're going to resume this and on the agenda you'll
23 see that we postponed the recap of the previous
24 meeting to start now at ten, what is now 20. So,
25 Perri, would you lead us through that, please?

1 **MS. RUCKART:** Good morning. I'd like to start off
2 our current meeting by briefly summarizing what
3 happened at the last meeting just to help orient us.
4 So at our last meeting we had a presentation and
5 discussion on water modeling. That was given by
6 Morris. He provided an update on the water
7 modeling, what they have completed at that point,
8 what they were currently working on, and on the
9 status of the Hadnot Point-Holcomb Boulevard
10 reports.

11 And at that time he mentioned they were
12 addressing the comments they received on Chapter B
13 and goal was to publish Chapter A and the Executive
14 Summary by the end of this year. And the two areas
15 being modeled at Hadnot Point and Holcomb Boulevard
16 are the industrial area which will have the PCE, TCE
17 and benzene model, and the landfill area which will
18 have a PCE and TCE fate and transport model.

19 And he discussed the intermittent exchange of
20 water between Hadnot Point and Holcomb Boulevard
21 treatment plants. And he reported that they're
22 simulating an event-based scenario using
23 documentation in the logs when that is available,
24 indicating when the booster pump or valve is turned
25 on. And all this will include an uncertainty

1 analysis around his findings.

2 And he reported that ATSDR, if they want to
3 factor into the model the capacity of each of the
4 individual sprinkler systems used to water the golf
5 course, they found some information for that. So
6 good news. And after the meeting, Morris provided
7 his presentation to the CAP members; there was a
8 request for that. Later this afternoon Morris will
9 provide an update on his water modeling since that
10 meeting.

11 There was also discussion at the last meeting
12 about the data mining effort and the vapor intrusion
13 issue. Sven Rodenbeck provided an update on the
14 data mining, and he will be here by phone later this
15 afternoon at 1:00 p.m. to give his next update.

16 At that time at the last meeting he reported
17 that most of the activity of the data mining
18 involved trying to find information beyond the
19 control of the federal government or not in
20 possession of the federal government such as
21 contractors. So they were preparing to send letters
22 to former contractors and consultants to see if they
23 can dig up anything else. And they're really
24 working hard to close out activities related to
25 water modeling.

1 At that time the CAP provided some suggestions
2 for where ATSDR could look, some specific
3 contractors' names, and again, hopefully Sven can
4 provide an update on that when he joins us.

5 And also during the last meeting there was a
6 question about when we would receive a sworn
7 statement by Elizabeth Betz. She previously worked
8 at the base. And Sven had reported at that time
9 that ATSDR had repeatedly asked for a statement but
10 had not yet received one. There has been some
11 update on that, and Sven can give you further
12 details.

13 There was also some discussion about vapor
14 intrusion, the 1997 Public Health Assessment, called
15 PHA, did not consider vapor intrusion because at
16 that time it was a relatively new area for
17 environmental health. And there was a request for
18 the agency to obtain air sampling records from 1988
19 through 1999. And we responded that the agency's
20 highest priority is to finish the water modeling
21 before we look into the vapor intrusion issue
22 because everyone really needs to keep their current
23 work moving forward.

24 We also had Brad Flohr at our last meeting and
25 he provided his VA update. At that time he

1 mentioned that the VA had reviewed 195 claims that
2 were previously denied, and they found that 30
3 claims could benefit from additional review. And he
4 mentioned that after meeting with House and Senate
5 staffers the VA drafted a separate training letter
6 on Camp Lejeune which was shared with us for
7 comment. And we did get an opportunity to provide
8 some feedback on that. I think that letter has
9 since been revised again; ^ about that.

10 **MR. STALLARD:** Well, Brad's on the agenda.

11 **MS. RUCKART:** So Brad can talk about that later this
12 morning.

13 And he reported that as of April the Louisville
14 office, that's where all of the Camp Lejeune claims,
15 I think, are consolidated, has granted about 28
16 percent of the claims which is higher than before
17 the claims were consolidated. So that was good news
18 to the group.

19 There was a request at that time during the
20 last meeting that the VA identify how many male
21 breast cancer cases in the VA system are Marines and
22 how many are connected to Camp Lejeune so maybe we
23 could hear more about that.

24 We provided an update on the mortality study
25 and basically in a few minutes here I'll be giving a

1 further update that will sort of include that so
2 let's just table that for now.

3 And the health survey, a similar situation.
4 We'll be getting into some more details here that
5 will cover what was discussed last time. I do want
6 to mention though that last time we mentioned that
7 the survey letters were revised in January 2011 to
8 specifically mention the drinking water
9 contamination on the base. And at that time we were
10 waiting on OMB approval for those revised letters,
11 and just a couple days after our last CAP meeting,
12 we found out that OMB did not approve those versions
13 of the letter so we had to go back to our previous
14 version which did not specifically mention the
15 contamination. We have gotten our approval and
16 things are moving forward again.

17 **MR. STALLARD:** When you do can you just talk briefly
18 about what the OMB process is?

19 **MS. RUCKART:** If you'd like, sure.

20 And we also mentioned that we held an expert
21 panel meeting in March. I think it was March 8th.
22 At that time the summary notes were undergoing
23 agency review, and they were also shared with panel
24 members for their review and comments. They are now
25 posted on our website. They've been finalized.

1 Basically, the panel is supportive of moving forward
2 with medical record confirmation of self-reported
3 diseases regardless of the participation rate. And
4 the panel also suggested that we develop a strategy
5 to promote the survey, and we were working with a
6 contractor to do that. And we have done that.

7 And just some other things. Frank provided
8 some handouts showing the different rates of disease
9 based on several scenarios and assumptions of
10 participation rates, age and lag time to developing
11 disease.

12 We spent some time at the last meeting planning
13 for this meeting, and the CAP requested that the VA
14 have enough staff on hand at this meeting to answer
15 questions during the forum. And Brad and Terry will
16 be joined by some local staff, and he told me that
17 now they'll have five people.

18 **MR. STALLARD:** At this forum.

19 **MS. RUCKART:** At this forum.

20 **MR. STALLARD:** And then updates on what we discussed
21 at the previous meeting will come this afternoon or
22 during your session.

23 **MS. RUCKART:** Yes.

24 **MR. STALLARD:** Okay.

25 **MS. RUCKART:** So I didn't want to focus too much

1 time on where the mortality study and health survey
2 were last time because we're just going to talk
3 right now about where they are now.

4 **MR. STALLARD:** Do you need the slide?

5 **MS. RUCKART:** The point is that because normally we
6 just get right into our updates, but because we have
7 a larger audience we wanted to just give a little
8 bit more background on the health studies so that
9 the updates will make more sense to the audience.

10 We have several health studies going on. In
11 1998 we published a study on adverse pregnancy
12 outcomes, and this was prior to the water modeling
13 effort which began in 2003. And that study
14 evaluated the relationship between maternal exposure
15 to the contaminated drinking water at Camp Lejeune
16 and birth weight and pre-term birth for births
17 occurring during 1968 to 1985. Now we chose this
18 year because in 1968 the birth certificate data
19 began to be computerized and the heavily
20 contaminated wells were taken out of service in
21 1985.

22 Now as I mentioned, we did not have water
23 modeling at that time so the 1998 study categorized
24 exposure simply as exposed and unexposed. And the
25 exposed group combined different levels of exposure.

1 And data that were gathered during the water
2 modeling effort showed that previous information on
3 who was exposed is incorrect.

4 So we're going to re-analyze that data using
5 the modeled monthly drinking water contamination
6 results when they're available. And although we
7 found slight elevations the findings are likely to
8 change when the data are analyzed. We're expecting
9 an updated report in 2012. Next, please.

10 ATSDR is also conducting a study on birth
11 defects and childhood cancers among children who
12 were born during 1968 to 1985, to mothers who were
13 exposed to contaminated drinking water at any time
14 on base during their pregnancy. And because there
15 are no birth defects or cancer registries that
16 covered the time period we're looking at, we
17 conducted a telephone survey during 1999 to 2002 to
18 identify the cases. Medical records were used to
19 confirm the reported cases of neural tube defect,
20 oral cleft defect and childhood leukemia and non-
21 Hodgkins lymphoma. Parents of the cases of controls
22 were interviewed in 2005. And this study will be
23 completed when water modeling results are available
24 and expected to be completed in 2012. Next one.

25 Okay, the mortality study. This is one of our

1 more recent studies. In April of last year we began
2 a mortality study which included Marines and sailors
3 who began active duty after May 1975, and who were
4 stationed on base any time during June 1975 to
5 December 1985, and civilian employees who began DOD
6 employment after May 1974, and who were employed at
7 Camp Lejeune any time during June 1974 to December
8 1985.

9 But we were limited to starting in these years
10 because there were no data available before then, no
11 electronic data, to show where the units were
12 stationed before 1975, and there was no hiring
13 information for civilian employees until June 1974
14 to determine at which base they were working.

15 Now this study includes comparison groups from
16 Marine Corps Base Camp Pendleton who were unexposed
17 to contaminated drinking water and who were never
18 stationed or worked at Camp Lejeune. And since Camp
19 Pendleton will be used in our current health survey
20 I'll talk about that a little bit more in a minute
21 or two.

22 And currently, we're obtaining the cause of
23 death information for those who we've identified as
24 deceased and in a minute here we'll get into some
25 more details about the numbers of records we're

1 looking at.

2 **MR. ENSMINGER:** Hey, Perri. Pardon me. The dates,
3 I thought we were going, we extended the dates from
4 '85 up to '87.

5 **MS. RUCKART:** We had asked for the data through 1987
6 from the DMDC to find out who was at Camp Lejeune
7 and who was at Camp Pendleton. And we did provide
8 data through 1987 to the contractor, Westat, to
9 search for their deaths. Our main focus has always
10 been through 1985, and we were hoping to look at
11 1987 but the main focus was through 1985, but they
12 recently have returned the files so I believe they
13 just went through '85.

14 **DR. BOVE:** No, no, no, this was the (inaudible) --

15 **MR. STALLARD:** Use the microphone.

16 **DR. BOVE:** We requested data up to the end of '85.
17 DMDC sent us data up to, for the active duty, up to
18 September '87. There were a couple of different
19 files going back and forth between us and DMDC about
20 civilians, and I think that Westat finally got the
21 file that ended in December of '85 for the
22 civilians. So we probably will not be able to go
23 beyond that for the civilian workers at this point.

24 **MR. STALLARD:** And the DMDC is what?

25 **DR. BOVE:** The DMDC is the --

1 **MR. ENSMINGER:** Defense Manpower Data Center.

2 **MS. RUCKART:** Yeah, they store all the records for
3 the military personnel.

4 **MR. ENSMINGER:** Now, let's clarify this. The active
5 duties are still going through September of '87
6 then? Okay. I want to make that clear because --

7 **MS. RUCKART:** The main focus will still be through
8 '85.

9 **DR. BOVE:** We'll have mortality for all the active
10 duty from '75 to '87.

11 **MR. ENSMINGER:** Okay, good.

12 **MR. STALLARD:** Okay, please continue. Pull that
13 mike a little closer to you, Perri.

14 **MS. RUCKART:** I usually don't have a problem with
15 speaking too loud.

16 **DR. PORTIER:** Chris, can I ask a question?

17 **MR. STALLARD:** Yes, sir.

18 **DR. PORTIER:** A clarifying question to make sure
19 everybody understands. You're going to be looking
20 at deaths up until what year?

21 **MS. RUCKART:** Okay, in a minute I'll talk about
22 deaths will go up through 2008. I'll get into that.

23 **DR. PORTIER:** So I just want to make it clear to
24 everybody. We're not looking at deaths prior to
25 1987. We're following people who were employed till

1 1987 and looking at their deaths until 2009.

2 **MS. RUCKART:** Yes. We will be talking about that.
3 This is just the background so it will orient us for
4 a discussion where we give the updates. But this is
5 just the background. I'll give you some more
6 specifics and then you can ask questions just in
7 just a minute.

8 So the health survey. The health survey came
9 about because of the 2008 National Defense
10 Authorization Act which required the agency to
11 develop a health survey of individuals possibly
12 exposed to contaminated drinking water at Camp
13 Lejeune. As we mentioned here in our discussions,
14 we had a panel in February of 2005 of independent
15 scientific experts met at ATSDR. They also
16 recommended that we conduct mortality studies and
17 cancer incident studies so the health survey is also
18 to be responsive to that request or recommendation.

19 The health survey will include anyone who lived
20 or worked at Camp Lejeune during the period of
21 drinking water contamination. The problem is that
22 we can't identify all of these people from the
23 available records. So we have to send surveys out
24 to the people we can identify. Who is that? That's
25 former active duty Marines and sailors who were

1 stationed at Camp Lejeune any time between June 1975
2 and December 1985, civilian employees who worked at
3 the base any time between December 1972 and December
4 1985. And these groups of people were provided by
5 the DMDC data. We also have information on the
6 families who took part in the previous survey that I
7 mentioned, so we'll be trying to locate them and
8 send them surveys. And we're mailing surveys to
9 people who requested a health survey by registering
10 with the Marine Corps by June 15th. It was necessary
11 to cut it off then so that the contractor had enough
12 time to manage those people's information and send
13 them a survey. Surveys will also be sent to a
14 sample of former active duty and civilian employees
15 from Pendleton. I do want to just let you know,
16 just because someone doesn't get a survey, you know,
17 the results of what we find would still apply to
18 anyone, Marine, sailor, dependent, civilian worker
19 who received the contaminated drinking water at Camp
20 Lejeune. So it's not necessary to fill out a survey
21 to have the results apply to you if you were
22 exposed.

23 **MR. STALLARD:** So the survey cut-off date was when?

24 **MS. RUCKART:** The registration for the Marine Corps
25 cut-off date was June 15th. I do want to say we

1 still are encouraging people to register with the
2 Marines even though they won't be sent a survey as
3 part of this effort because then they will still be
4 on the Marine Corps' list to receive the updates
5 that the Marine Corps will send out. Keep that in
6 mind.

7 **MR. STALLARD:** Do we know how many registered?

8 **MS. RUCKART:** I think there was like 190,000 records
9 but some were duplicates so we need to de-duplicate
10 it and then get a sense. And also people who
11 registered can still be on these other databases so
12 there's some duplication there as well.

13 **MR. STALLARD:** Thank you.

14 **MS. RUCKART:** So the health survey will ask about
15 cancers and other diseases that are thought to be
16 related to the exposures to the chemical
17 contaminants in the drinking water at Camp Lejeune.
18 And the survey will ask about residential history on
19 base, work activities on base, occupational history
20 and some other risk factors.

21 Now we expect to mail about 300,000 surveys,
22 and a group of health surveys will be mailed out
23 every three weeks from June, starting in June
24 through the end of this year. And we're sending
25 them out in waves like this to be able to manage the

1 responses more efficiently because that's a very
2 large number to have to deal with. And the diseases
3 reported by survey participants will be confirmed
4 using medical records, data from cancer registries
5 or by using death certificates. Next slide.

6 So I mentioned that we have a comparison
7 population from Camp Pendleton. So for the health
8 survey and mortality study we have several
9 comparisons we're going to be doing. We're going to
10 compare the disease rate and mortality rate just for
11 people at Camp Lejeune so the people with the high
12 exposure to the people with little or no exposure.
13 And we're also going to compare the rates between
14 the two bases to see if there are any differences.

15 And for the cancer incidence rate we're going
16 to compare Camp Lejeune and Camp Pendleton with
17 national age-specific cancer rates. Now for
18 diseases other than cancer there are no national
19 age-specific rates, but we have mortality rates. So
20 the mortality study will be comparing what we find
21 at Camp Lejeune and Camp Pendleton to these national
22 mortality rates. Next.

23 So why did we choose Camp Pendleton. There are
24 two main reasons why the mortality and health survey
25 studies include a comparison group from Camp

1 Pendleton. The first is that Marines and sailors
2 are typically healthier than the general U.S.
3 population. So if we compared them to the general
4 -- if we only compared them to the general U.S.
5 population, we may miss something or underestimate
6 something. We don't want to do that.

7 Another reason, this actually was kind of
8 brought up by the CAP, is a concern that there are
9 no unexposed people at Camp Lejeune. People are
10 traveling all around the base. People are getting
11 exposed to contaminated water at various activities,
12 different from their residence or where they worked.

13 So this way this would be using Camp Pendleton
14 provides a group that is similar to Camp Lejeune,
15 and this was also suggested to us by our scientific
16 panel that we had meeting in 2008. And Camp
17 Pendleton has a Superfund site like Camp Lejeune.
18 The main difference is there's no documentation that
19 they had contaminated drinking water.

20 And here's our timeline for completion. Anyone
21 at the table have any questions or do you want me to
22 go into the update?

23 **MR. BYRON:** This is Jeff Byron. Could we get a copy
24 of your select presentation for all the CAP members?

25 **MS. RUCKART:** I'll mail it out to you when I'm back

1 in the office.

2 **MORTALITY STUDY**

3 So now as promised some updates on our work,
4 the mortality study. I'm very happy to report it's
5 progressing on schedule. We have identified
6 approximately 43,000 deaths that occurred during
7 1979 to 2008 among the Camp Lejeune and Camp
8 Pendleton cohort of about 500,000 former Marines and
9 sailors who were on base during the time period as
10 mentioned.

11 We're starting in 1979. That's when the
12 National Death Index started, and that's the source
13 we're using to identify the deaths and cause of
14 deaths. We're going up through 2008 because that's
15 the latest date for which data are available.
16 There's a little bit of a lag between when the
17 states send their death certificate information to
18 the NDI.

19 And in addition to those 43,000 identified
20 deaths, there were about 6,000 people in this group
21 of about 500,000 who they didn't know their vital
22 status. There was no way to determine if they were
23 alive or dead.

24 So we're also sending those names on, or we
25 have sent those names on to the NDI to obtain their

1 approximate cause of death, and we're also getting
2 secondary cause of death. And the data has come
3 back from NDI and we're doing a preliminary review
4 of that so I can't report exactly what deaths we're
5 seeing, but we're going through those records now
6 for the data that has come back from NDI.

7 And part of this, also we need to assign
8 exposure and we're working on matching the married
9 Marines to the residential housing records and also
10 identify the location of barracks. And we've made
11 this plea to you all before. Unfortunately, there's
12 no electronic data anywhere or no data really to
13 show where units were barracked and to show where
14 they were and who received what water. So we've
15 been asking all of you for your help and that
16 continues, still need your help.

17 **MR. BYRON:** I'm sorry. This is Jeff Byron again.
18 Was there any way of getting the DD-214 records?

19 **MS. RUCKART:** The what?

20 **MR. BYRON:** DD-214 records of the Marines that were
21 at Camp Lejeune because that's listed where you
22 lived, right?

23 **MR. ENSMINGER:** Well, it lists the unit. It doesn't
24 list where you lived.

25 **MR. BYRON:** Well, it lists where I lived, mine does.

1 **MR. ENSMINGER:** What?

2 **MR. BYRON:** Mine lists exactly where I lived
3 everywhere on base while I was in the military. It
4 actually even lists where I came from, Cincinnati,
5 Ohio. Pretty sure; I'll look it up.

6 **MR. ENSMINGER:** Your DD-214 only shows the units you
7 were assigned to, but this stuff about the Marine
8 Corps, Department of the Navy not being able to
9 provide the historical information about where units
10 were located aboard the base is a crock of bullshit.
11 Now, if they can go back and find General -- what
12 was his name? Oscar --

13 **MR. BYRON:** Buell?

14 **MR. ENSMINGER:** No, he was my CG when I went to boot
15 camp at Paris Island for God's sake. They found a
16 pay record where he was the pay officer during the
17 Battle of Guam. They have those records. I mean,
18 Frank and I have been working back and forth about
19 trying to figure out when 8th Marines moved from
20 Mainside and went to Camp Geiger. I spoke to a
21 former Marine at a meeting that I was at who was
22 with 8th Marines, and he places the movement of 8th
23 Marines to Camp Geiger in 1976. Now, we have tried
24 to get the -- what do they call it, Frank?

25 **DR. BOVE:** Command chronologies.

1 **MR. ENSMINGER:** Yeah, the command chronologies from
2 the units. We've gotten them piecemeal, but those
3 records exist. The records exist for where those
4 units were barracked, and nobody's telling me any
5 different. I know it. They're there. All it's
6 going to take is somebody that wants to cooperate to
7 find it.

8 **DR. BOVE:** Just to update you, I did get two more
9 command chronologies from the Marine Corps just a
10 few days ago. ^ the Marines. And I'm wondering if
11 -- what we need to know is simply were the barracks
12 on Mainside or not, simple question. They don't
13 have to tell me exactly where on base other than
14 that. Were they on Mainside because Mainside is
15 where the Hadnot Point water system served Mainside,
16 and that's the contaminated system. The other
17 barracks were other places on base where the water
18 isn't contaminated, or wasn't contaminated.

19 **MR. ENSMINGER:** Well, and Mainside includes French
20 Creek and the old hospital, the old Naval hospital.
21 Now the cutoff came when the Holcomb Boulevard
22 system came online. You know where the bridge is
23 right there after the old hospital, right there when
24 you go across Wallace Creek there at the Marston
25 Pavilion, that bridge right there? That would be

1 the cutoff for the Holcomb Boulevard water, okay?
2 Or Hadnot Point water.

3 **DR. BOVE:** One question I had maybe -- I don't know
4 if you know the answer to this, but could it be that
5 parts of 8th Marines could be moved and other parts
6 not?

7 **MR. ENSMINGER:** No.

8 **DR. BOVE:** I'm getting some strange information like
9 they went back to Geiger, parts, the second -- is
10 the 8th Marines the second regiment, I guess it would
11 be or second --

12 **MR. ENSMINGER:** Second Battalion.

13 **DR. BOVE:** Second Battalion.

14 **MR. ENSMINGER:** Yeah, I mean, they could have
15 piecemealed it. It could have --

16 **DR. BOVE:** So that may be what's going on here
17 because in one discussion with another retiree he
18 told me he remembered '81, and so I'm wondering if
19 that's the case. I do have command chronologies for
20 this period. You have to wade through it, and so
21 far it's unclear, and I'm going to have to -- and
22 we've been relying on the memories of retired
23 Marines to help us out with this.

24 So those in the audience, too, 8th Marines in
25 particular but any of your units if you remember

1 whether you were on Mainside or not that's important
2 information for us to have. And so we encourage you
3 to talk to your friends about that, and I've always
4 encouraged the CAP to do that. It's been up on the
5 website that that's been helpful.

6 **MR. STALLARD:** Surely there's a document that would
7 effect and authorize a unit move, right? And so
8 likely that document. Now I don't want to lose
9 Jeff's point that he says on his DD-214 that it was
10 there. So if that's the case I want you to verify
11 and share that with us because maybe we have not
12 looked at that.

13 **MR. BYRON:** I'll try to get that information by this
14 evening when we meet again. I'll see if I can get
15 Mary to fax us over a copy.

16 **MR. STALLARD:** Because I don't think you could pick
17 a whole unit up and move them without something.

18 **MR. BYRON:** And I have one other question. The
19 mortality and health survey, you said stationed at
20 Camp Lejeune. Does that also include if you were
21 resident on Camp Lejeune like at Tarawa Terrace or
22 Midway Park? Because I was stationed at the New
23 River Air Station even though I'm obviously listed
24 with the Marine Corps and ATSDR for the health
25 survey, but I was stationed at New River.

1 **MS. RUCKART:** Yeah, we've been getting reports of
2 people who are getting the health survey, they've
3 been what they're calling these satellite locations,
4 and they are included in the ^.

5 **MR. BYRON:** But I'm to understand if you lived at
6 Camp Lejeune but you were stationed at New River or
7 Geiger because the staff sergeants and above at New
8 River Air Station were at New River Air Station.
9 Below that you were barracked, or not barracked, but
10 billeted in base housing at Camp Lejeune.

11 **DR. BOVE:** This is how it worked. To develop the
12 database for notification the Marine Corps asked
13 DMDC to come up with a list of units at Camp
14 Lejeune. This was back in 2007 I guess it was, and
15 they used that to identify people for their registry
16 or whatever you want to call it. They realized
17 there were errors there so we went back to DMDC, the
18 Marine Corps went back to the DMDC, came up with a
19 new list, a better list.

20 And the DMDC added to it people that New River
21 units, some from Geiger are in there, and Perri was
22 just saying there are some from satellite, mostly
23 air stations, Cherry Point, for example, was one.
24 There's also an air station that's a satellite of
25 Pendleton.

1 **DR. BOVE:** So there were some errors in coming up
2 with the units or some of these units are in
3 multiple places. That's possible, too, I guess. So
4 that's what we're working from is the unit list that
5 was developed by the DMDC. They did do a lot of
6 research we were told to come up with a better list
7 than the one that was used for verification. So
8 that's what we're using in these studies. So our
9 studies are as good as those lists are.

10 **MR. BYRON:** Okay, because I haven't received a
11 health survey yet.

12 **MR. STALLARD:** All right, Perri.

13 **HEALTH SURVEY**

14 **MS. RUCKART:** Before we get into the health survey,
15 I just want to give some general background about
16 epidemiologic studies in general. So we mentioned
17 why we're doing some of our work here. Some of it
18 was mandated by Congress. Some of it was
19 recommended to us by our expert panels. In general,
20 the goals of our health studies at Camp Lejeune and
21 health studies in general are to add to the
22 knowledge base when there's gaps and things are not
23 known, to do research, try to fill those gaps. And
24 also to answer questions that people have about
25 their health.

1 And the way we do that is by comparing groups
2 of people that are similar in some respects but have
3 different ^ exposure and then try to determine if
4 the group that we think is exposed is likely to have
5 elevated rates of whatever diseases that we're
6 looking at. That's generally how these things work.
7 Any questions about that?

8 (no response)

9 **MS. RUCKART:** So the health survey, I mentioned just
10 a few minutes ago that we did not receive approval
11 for our January 2011 letter so we have to go back to
12 an earlier version. Chris asked me to briefly talk
13 about the OMB process.

14 All surveys that are sent to more than nine
15 people, federal surveys, need to be approved by the
16 Office of Management and Budget, and unfortunately,
17 this is not a quick process. It's a very, very
18 lengthy process. I would say it takes a minimum of
19 nine months, but I've never even really seen it
20 taking nine months.

21 So you have to start very early on in
22 developing the materials they like to see, and then
23 sharing your health surveys with them and all your
24 communications that you're going to have with
25 participants. And you can't send out anything until

1 you receive that. Unfortunately for us, during our
2 process of developing the materials, the census was
3 being sent out, and there was a moratorium on
4 sending out any new health surveys during the time
5 the census was being conducted. That caused a
6 delay.

7 OMB was not really reviewing our materials.
8 Nothing could go out during that time. So in
9 addition to the normal amount of time it takes which
10 is already very lengthy, we have this additional,
11 you know, length of time added to that. So it seems
12 like, wow, it's taking you guys a long time to get
13 started. If you started this three years ago, why
14 are you just now mailing out surveys today. And
15 that's one of the reasons why things were delayed as
16 long as they were.

17 **MR. STALLARD:** Just to be clear, OMB's processing,
18 why do they do that?

19 **MS. RUCKART:** It's the Paperwork Reduction Act to
20 make sure they're not burdening participants.

21 **MR. STALLARD:** Or invasive questions. Can you
22 address that, please?

23 **DR. PORTIER:** Perri's got it exactly right. It's
24 the Paperwork Reduction Act, and it's an attempt to
25 not burden the American public with too many surveys

1 from the U.S. Government. It is a federal law, and
2 so we must get approval.

3 I do want to take some blame for the delay
4 here. It was at my request that they tried to
5 change the original letter going out to the Marines
6 and the former employees of DOD. After our
7 discussions with OMB it became perfectly clear to me
8 that any further discussions with them on that
9 particular issue would only delay the survey and
10 eventually in the long run OMB would win anyway.

11 So rather than delay the survey any more, I
12 asked them to go back to the original letter and to
13 move forward from there. I know the CAP had asked
14 us last time to look at this issue, and we did in
15 all sincerity, but really in weighing moving forward
16 versus remaining stuck, I decided moving forward was
17 the better decision.

18 I will also point out that unless my brilliant
19 staff tells me I'm wrong I believe from this point
20 onward this is totally in our control. We no longer
21 have oversight by OMB or other groups that I'm aware
22 of, and so at this point I, as the Director, expect
23 this thing to hopefully move in a timeline we've
24 already set forward.

25 **MS. RUCKART:** That's true. OMB has approved our

1 materials and we're able to send out the health
2 survey, but I do believe they want to see results of
3 the first phase of the health survey before we move
4 into the medical records confirmation. They do want
5 to look at the mid-term report. They want to have a
6 little bit more involvement than they typically
7 have, but I don't think they could stop us really,
8 but they do want to be kept in the loop and
9 involved. That doesn't usually happen, but this is
10 a very, very important type of ^.

11 **MR. STALLARD:** (Inaudible).

12 **MS. RUCKART:** So anyway, as we mentioned the health
13 survey mailings began last month in June, and
14 they're going to continue through the end of the
15 year in waves about every three weeks. That's how
16 far they'll be spaced apart. Each wave will consist
17 of repeat mailings. That's because we're really
18 trying to increase the participation.

19 You're going to get pre-notice letter signed by
20 Deputy Commandant. And then you're going to get a
21 mailing with an invitation letter from the
22 Commandant and an invitation letter from ATSDR and
23 the survey. And then after a few weeks you'll get a
24 reminder or thank you post card, and then after that
25 for those who've not responded, they will get a

1 second survey mailing.

2 And if you still have not responded, a little
3 while after that, a few weeks, you'll get a reminder
4 phone call. So that whole process takes about ten
5 weeks, and the point is we're really trying to
6 increase the participation by giving people many
7 opportunities and reminders to complete their
8 survey. And the surveys can be completed on the
9 hard copy form you get and there's also instructions
10 for filling it out online.

11 So the first wave of health survey pre-notice
12 letters was sent to approximately 27,000 potential
13 participants. That was on June 7th. The first
14 survey invitation letter and the survey itself was
15 sent on June 23rd, and the thank you-reminder
16 postcard was sent on June 30th.

17 So the pre-notice letters for the second wave
18 were sent to approximately 80,000 potential
19 participants on July 12th. The second wave of the
20 survey invitation letter and the survey will be sent
21 on July 28th. So as of Friday, July 15th, we have
22 received a total of 4,214 completed surveys. That
23 broke out as 3,220 paper surveys and 994 web-based
24 surveys.

25 So overall, this is about a 17 percent

1 participation rate, but I want to point out that we
2 still need to send out the first wave second survey
3 mailing and a reminder phone call. So that is going
4 to increase when people get those reminders.

5 As I mentioned, we had our health survey expert
6 panel meeting on March 8th, and I'll just reiterate
7 the panel recommended that we move forward with
8 confirming medical record confirmation of self-
9 reported diseases regardless of the participation
10 rate. And we promote -- we have a strategy to
11 promote filling out the survey and we did have, I
12 think, a successful media strategy for that.

13 Things will be rolling out, the media strategy,
14 over the next few months after the surveys are
15 coming out. It's not like we just did it in June
16 and we're not going to continue. We're going to
17 continue on with that as the surveys are continued
18 to be mailed. And I believe that's all I have to
19 update you on. Do you have any questions?

20 **MR. BYRON:** This is Jeff Byron again. I wanted to
21 hear from Mary Ann Simmons on what the steps the
22 Marine Corps has taken to get a greater
23 participation rate on the survey questionnaire.
24 I've asked for letters to be written by the
25 Commandant for serve your country again, serve your

1 fellow Marines. I'd like to know if that's
2 happened.

3 **MS. SIMMONS:** This is Mary Ann. I'm not, I don't
4 know exactly what all they've done. I know they've
5 been working with ATSDR's public affairs office.
6 Our public affairs officers have worked with them I
7 believe to provide lists of places where they
8 normally send out press releases, and other than
9 that I don't have information but I can get back to
10 you. We have worked with them.

11 **MR. BYRON:** Okay, I'd like to recommend --

12 **DR. BOVE:** We have a plan. We've been working with
13 them, but we did, because of the CAP, because I
14 think in particular your suggestion, we did work
15 with the Marine Corps to get the Commandant to sign
16 the letter that goes out with the survey and the
17 Deputy Commandant, as Perri said, and the pre-notice
18 letter. So those letters go out with each wave.

19 **MR. BYRON:** Will there be a follow up?

20 **DR. BOVE:** Of the --

21 **MR. BYRON:** Will there be a follow up after the
22 survey is sent, the pre-notice, will there be a
23 post-notice saying we need this information?

24 **DR. BOVE:** Yeah, yeah. There's several parts to
25 each wave. This first wave's not over yet because

1 you get the second mailing of the survey if you
2 haven't completed it, you get another postcard
3 reminder and then finally even a phone reminder. So
4 there's various parts to each wave to increase
5 participation.

6 **MR. BYRON:** Thank you.

7 **MR. STALLARD:** So you wrapped up your update.

8 Frank, was there anything else because it was,
9 you know, Frank and Perri.

10 **DR. BOVE:** No.

11 **Q&A SESSION WITH THE VA**

12 **MR. STALLARD:** Well then we're going to move in now
13 to our representatives from the Veterans
14 Administration, Dr. Terry Walters and Mr. Brad
15 Flohr, to provide us their updates, and I think are
16 you availing yourselves for questions and answers?

17 **DR. WALTERS:** Sure. I think Brad has more
18 information than I do so I defer to my colleague.

19 **MR. FLOHR:** Good morning, everyone. Once again it's
20 truly a pleasure and an honor to be here with you
21 and go through this issue. You're all aware, some
22 of you are not aware, but earlier on in December we
23 briefed -- that is myself, Dr. Walters and others --
24 briefed the Secretary of Veterans Affairs on the
25 Camp Lejeune issue. He made a decision that pending

1 the results of all the studies that are being done
2 by ATSDR we should consolidate all the claims that
3 VA receives based on service at Camp Lejeune to one
4 regional office in an effort to get those people
5 updated on what happened at Camp Lejeune and to have
6 the most consistent decision-making process.

7 So we consolidated all of our claims to our
8 Louisville regional office. We did that because
9 they had a history in the past of having done such
10 consolidations. Like when undiagnosed illnesses was
11 passed by Congress for Gulf War veterans, Louisville
12 was one of the offices that worked on that. And
13 because they were very high performing and very high
14 quality office in producing decisions. So they have
15 been doing this since January when they started.

16 I can tell you that there's been quite an
17 increase in their workload. The first report they
18 provided to us in the middle of January was they had
19 somewhere around 320-some issues. Now that's not
20 claims because claims generally can take more than
21 one issue, multiple issues in each claim. So they
22 had about 323 issues in January. The last report we
23 got last Friday, July 15th, they had over 2,300
24 issues that were pending.

25 So I don't know if that's representative of new

1 claims being filed or if it's offices realizing they
2 have a Camp Lejeune claim and they're just sending
3 the file then to Louisville or its appeals ^. That
4 is when a decision's been made that is unfavorable
5 to the claimant, and they appeal. That goes to
6 Louisville as well, so a lot of issues.

7 I can also tell you that as of last Friday the
8 favorable decisions at Louisville making claims is
9 approximately 25 percent of the claims that they
10 have completed. We do this, and they do this after
11 getting all the available evidence that they can,
12 requesting medical opinions.

13 Dr. Walters and I were in Las Vegas a couple of
14 weeks ago at a conference with medical examiners,
15 and in a breakout session -- I did a breakout
16 session with someone from the Board of Veterans
17 Appeals on specialized medical and legal issues in
18 claims processing -- and of those BAMC VA physicians
19 that came to the breakouts, a number of them had
20 been asked to provide medical opinions.

21 And they also talked about the difficulties in
22 providing medical opinions when they don't really
23 know how much water that an individual was exposed
24 to. That, of course, is based on doing these
25 claims, but they're all very able and willing to

1 provide medical opinions doing the best research
2 they can do when asked to give a good medical
3 opinion.

4 So that's really -- Perri mentioned OMB. OMB
5 is involved in a lot of federal agencies and what
6 they do. We did do a training letter for Camp
7 Lejeune, specifically for Camp Lejeune. We did
8 release it to our field. We shared it with ATSDR.
9 We shared it with our colleagues in DOD.

10 We have a joint DOD-VA deployment health
11 workgroup which is focused primarily on deployment-
12 related exposures among current ^ soldiers. We have
13 a data transfer agreement that we're working where
14 we'll be able to share data. DOD will share data
15 with us on exposures so the VA will have good
16 information when they get claims. And because Camp
17 Lejeune is such a high profile issue, we've also
18 included that in our deployment health workgroup and
19 that has been of major focus.

20 But we get comments from a lot of DOD folks,
21 Navy scientists, Marine Corps personnel, offices,
22 health affairs and DOD and from ATSDR. And we've
23 incorporated the comments; we released our training
24 letter. We then learned that there were some people
25 in DOD and OMB and the Department of Justice who

1 didn't get a chance to comment, and they brought us
2 together and voiced their concerns about the
3 training letter.

4 And they had some good concerns and so we said
5 that we would revise it; however, we were not going
6 to make any substantive revisions because the
7 training letter is for our claims processes. It's
8 how we process claims. So we'll make some non-
9 substantive changes to it. They do not have
10 concurrence authority in our training letter, but
11 they do have an interest.

12 So we finished that this week, and we'll get
13 that out. And when that is finally released, if you
14 haven't gotten it yet, we'll make sure that you get
15 that.

16 **MR. BYRON:** One question. Since veterans of the
17 military, under the Fairness Doctrine, cannot sue,
18 what hand does the Department of Justice have in
19 this?

20 **MR. FLOHR:** The Department of Justice represents all
21 federal agencies in tort claims, for example.

22 **MR. BYRON:** But these are veterans. The only tort
23 claims that are being filed under Camp Lejeune are
24 the family members of veterans. I'm not aware of
25 any tort claims with the veterans themselves.

1 **MR. FLOHR:** There are a few out there. There are a
2 number actually and DOJ represents the Navy.

3 **MR. STALLARD:** Wait a minute here. Because of the
4 microphone situation there are several of you who
5 want to speak.

6 Mike, you wanted to respond.

7 I'm not sure if you're done, Brad, with your
8 presentation.

9 **MR. FLOHR:** For the moment.

10 **MR. STALLARD:** For the moment. We're coordinating
11 with Drew over there.

12 **MR. PARTAIN:** One thing I just want to make a quick
13 point out thing and recognize and thank Brad and the
14 VA for being here first of all. We chewed on Brad
15 quite a bit the first couple times. If you look
16 closely, he has bite marks on his neck where we did
17 bite his head off.

18 And I'm sure things will get heated at times.
19 And unlike the Marine Corps, we didn't have a
20 request from the VA to undergo any type of
21 sensitivity training or publish our etiquette rules.
22 So thank you guys for being here and continuing to
23 be here.

24 **MR. STALLARD:** Tom.

25 **DR. SINKS:** Mike, you and I think an awful lot alike

1 so I have also just wanted to express our real
2 sincere thanks for the collaboration and cooperation
3 we've gotten from the VA over the last 18 months.
4 It has just really been terrific and tremendous, and
5 I think the ultimate end of the work regarding Camp
6 Lejeune goes far beyond the research that we're
7 doing, but how our work will be used to help
8 servicemen and servicewomen who were at Camp
9 Lejeune.

10 And the VA is holding the bag, if you will, in
11 terms of how that will happen. And their interest
12 now in our work rather than waiting a couple years
13 is just fundamental to our being able to do this.
14 The other thing you had mentioned, Brad, concerns
15 about exposure and trying to determine that.

16 And while we don't know yet ultimately how a
17 lot of these claims will be dealt with, I just do
18 want to put out there that if the water modeling
19 that we're doing which is to try to identify
20 exposures and doses, if you will, if that has other
21 uses besides the epidemiologic studies, perhaps for
22 the VA, it will be available to you. It is
23 something that we're hoping will be more of a
24 resource than simply to feed our research studies.

25 **DR. WALTERS:** The other aspect I'd like to address

1 is a couple of months ago, is it April, June -- I
2 forget -- ATSDR, Dr. Bove, talked to us about having
3 a collaboration with the VA in doing a male breast
4 cancer study. And my office couldn't help them
5 directly, but we put them in touch with some cancer
6 researchers in the VA, and hopefully that will bear
7 fruit.

8 I'm not sure that, Brad, we were able to get
9 the number of male breast victims in the VA who were
10 associated with Camp Lejeune. I'm not sure we can
11 tease that information out because generally cancer
12 does not come with a location data on it. And
13 generally in the medical record you have, the
14 patient has cancer or breast cancer, but generally
15 there is no location data in the medical record.

16 And similarly in the VBA record they have
17 claims data but there's often not a location tag
18 with that. I know the VBA, given the experience
19 here at Camp Lejeune, has started including a tag of
20 Camp Lejeune on their claims data. That is how they
21 can actually consolidate the records on Camp
22 Lejeune.

23 Medical records it's a little bit more
24 difficult, and we're not there yet. So I'm not sure
25 we can actually get the number of veterans with male

1 breast cancer who were at Camp Lejeune.

2 Research in the VA is really difficult because
3 we like to get the entire population, not the entire
4 population of veterans seeks healthcare at the VA.
5 So we only have a subset, and some would say a
6 sicker subset, of the entire VA population. And
7 this affects our problem with doing any
8 environmental exposures.

9 Our most famous one, of course, is Agent
10 Orange, and it's still the same old, age old
11 question of what was the dose; what was the
12 exposure. And as you probably know, Congress
13 legislated the exposure. If you were in Vietnam
14 even for a second you were exposed.

15 We're having the same issue, you've heard of ^
16 and ^. You've heard of hexavalent chromium. It's
17 all exposure, exposure and dosage information. So
18 if this modeling works out the water maybe bad is
19 going to be useful for modeling other things, and
20 that would be very useful.

21 But I want to emphasize that I represent the
22 Veterans Health Administration. Brad represents the
23 Veterans Benefit Association, but we're both VA and
24 it's important that we are at this table and
25 collaborating with ATSDR because I do think we have

1 issues above and beyond Camp Lejeune.

2 **MR. ENSMINGER:** I have a comment. The information
3 on the male breast cancer cases, if you can't
4 identify where the people were at, which I can
5 understand that, you can't identify where these
6 people were during their active duty service, but
7 you can identify what branch of service they were in
8 from their record, right?

9 **DR. WALTERS:** Generally, yes.

10 **MR. ENSMINGER:** Okay, I mean, if you could just
11 identify out of the 648 cases per your VA article
12 that was written back in the mid-2000s about the 648
13 male breast cancer cases that were VA-wide, how many
14 of those were Marines?

15 **DR. WALTERS:** We don't know at this point.

16 **MR. ENSMINGER:** Well, I mean, can you find that out
17 at least?

18 **DR. WALTERS:** We could possibly find that out, but
19 some of that VA study, I haven't read that
20 particular study. I possibly could find that out.

21 **MR. PARTAIN:** Well, Dr. Walters, the thing about the
22 male breast cancer, and granted we talk a lot about
23 it, but it's one of the rare cancers that
24 theoretically if you've got a weird, unusual cancer
25 that is showing in exposed populations an indication

1 of an effect. But the cancer's rare enough that
2 we're dealing with small numbers, and I would think,
3 I mean, 648 in the whole VA system according to that
4 article is not a lot of people to deal with. And it
5 doesn't require a lot of resources to go back and
6 find this out.

7 **MR. FLOHR:** You know, I'm not aware of that study.
8 If we're able to identify the 648 people, then, yes,
9 we can run across the database and possibly --

10 **MR. PARTAIN:** Or even identify --

11 **DR. WALTERS:** But recognize that that may be because
12 historically about only 30-to-40 percent of veterans
13 use the VA that could be misleadingly under-
14 representative. So say we took those 600 and ten of
15 them were in the Marine Corps. That would be
16 possibly an under-representation of the actual true
17 number in the total population.

18 **MR. PARTAIN:** But we should still look.

19 **MR. ENSMINGER:** Yeah, absolutely.

20 **MR. PARTAIN:** I mean, ten to the 71 that we've got
21 now is more. Just by poking around ourselves we
22 find 71. I would imagine in the VA going through
23 your records identifying male breast cancers. I
24 said it's a rare enough disease that it's going to
25 stand out like a sore thumb.

1 **MR. STALLARD:** So the action item here is of those
2 within the database --

3 **MR. PARTAIN:** How many Marines.

4 **MR. STALLARD:** How many Marines.

5 Tom, are you still wanting to speak here or...

6 **DR. SINKS:** Sure. Let me -- and Terry alluded to
7 this -- Frank and Perri and I are actively
8 evaluating what we can and cannot do regarding male
9 breast cancer through the VA databases. We're not
10 prepared today to present this because we haven't
11 done the feasibility work. Hopefully, at the next
12 CAP meeting we'll be further ahead and be able to
13 address it.

14 But we are looking at these issues. We're
15 actively seeing if we can do some kind of a data
16 analysis on male breast cancer different from the
17 current studies that we have planned. So hopefully,
18 there will be more we can share with you at the next
19 meeting.

20 **DR. WALTERS:** You've talked to Dr. Kelly, right --

21 **DR. SINKS:** We've spoken to the registry people --

22 **DR. WALTERS:** -- and that's the person who can get
23 you the information.

24 **DR. SINKS:** -- we are reasonably far along in trying
25 to develop a protocol, and hopefully, we'll be able

1 to show you what we've got at the next meeting. We
2 just don't know yet. Part of this issue is what is
3 in the databases in terms of services, where they
4 were --

5 **MR. ENSMINGER:** Well, my point is out of the 648, if
6 you just break out the number that were in the
7 Marine Corps out of that 648, you can give that
8 information to ATSDR, then ATSDR can take it and go
9 to the DMDC and find out where these guys were.

10 **DR. BOVE:** The 640-some was from that study that we
11 used the patient treatment file the VA has. The
12 cancer registry actually has better data and there's
13 probably going to be a lot more than 640. Because
14 when we're discussing this with the VA, we're
15 talking about updating it so there are probably over
16 a thousand cases at that point. So we are exploring
17 this.

18 We have someone on our staff who may take it on
19 as a dissertation project, for example, and Perri
20 and I will work very closely with that person and
21 develop a feasibility assessment just like we did
22 for the other studies, it's up on our website, and
23 move along with the VA on this issue.

24 I think that they're very interested. We were
25 very pleased at the response we got when we

1 discussed this with the registry, the VA Registry,
2 and I think that it looks good. But we have a lot
3 of steps to go before we're there.

4 **MR. ENSMINGER:** There's one other point I want to
5 make and this is for the audience and anybody that's
6 listening to this meeting. The exposure dates that
7 were being talked about by the VA people here of
8 when you were exposed, how much you were exposed to.
9 Dr. Warren, who's a member of the audience out here,
10 he's in attendance today, was a former Navy doctor.
11 He's a Korean hero.

12 But Dr. Warren called me and Brooks Tucker from
13 Senator Burr's office the other week, and he brought
14 up some concerns, and they're very valid points
15 about the dates that the media is using for
16 exposures in their articles. And it states right
17 now from 1957 through 1985. Those dates are for
18 Tarawa Terrace.

19 Let me make that clear right now. Those dates
20 are for Tarawa Terrace water system only. The
21 Hadnot Point and Holcomb Boulevard systems are being
22 worked on now. We're going to have an update this
23 afternoon from Mr. Morris Maslia, the engineer from
24 ATSDR, who is actually executing the water models.
25 But remember '57 to '85 is for Tarawa Terrace only.

1 **MR. MASLIA:** May I interject one clarification,
2 Jerry? Actually, '85, January, February, is the
3 date of two primary contaminated wells were shut
4 down at Tarawa Terrace. We actually went through
5 the model at Tarawa Terrace was through '87.

6 **MR. ENSMINGER:** Yes.

7 **MR. MASLIA:** By '87 all wells were --

8 **MR. ENSMINGER:** I'm sorry, '87.

9 **MR. MASLIA:** But I just wanted to clarify that.

10 **MR. STALLARD:** Thank you, Morris.

11 **MS. RUCKART:** One thing I wanted to just briefly
12 mention when we're talking about the cancer cases
13 from the previous analysis of the article you were
14 referring to, the 640-some. Frank said that the VA
15 Registry has more. That's because I think those
16 640-some is only up through like '97, 1997, so it's
17 older, we would have ten more years of data.

18 **MR. STALLARD:** Jeff.

19 **MR. BYRON:** Yeah, this is Jeff Byron. I have one
20 question. I recently had an e-mail from an
21 individual that says that they went to the VA --
22 they're a veteran, I guess, in the Marines -- the
23 situation and had a liver cancer of some kind or a
24 liver issue. And they were denied access to
25 healthcare based on their income. Is that true? I

1 mean, is that considered when you --

2 **DR. WALTERS:** Okay, in order to get access to the VA
3 healthcare there are eight levels of eligibility.
4 And if you have a service-connected disease, so if
5 his disease was not service connected, and he was a
6 level eight, i.e., owned a lot of money, he would be
7 denied care. But if his, even if he was a
8 multimillionaire and his disease was service
9 connected, he would receive care.

10 **MR. BYRON:** My understanding is that our situation
11 here is because since the surveys have not been
12 completed or the studies have not been completed,
13 then he may have been denied based on that alone.
14 Is that correct?

15 **MR. FLOHR:** I'm sorry, based on --

16 **MR. BYRON:** He might have been denied healthcare
17 based on the fact they can't determine whether his
18 exposure was at Camp Lejeune or say, you know,
19 related to his work environment after his military
20 service.

21 **MR. FLOHR:** Being from VBA, I'm not completely
22 familiar with the levels of eligibility of VHA, but
23 I know that someone who, for example, is non-service
24 connected but it's determined that due to a disease
25 they're permanently and totally disabled, they can

1 get care for that if they're entitled to a
2 disability pension. Of course, you have to have
3 limited income to qualify for that program.

4 **MR. BYRON:** So, Terry, can I get those eight levels?

5 **DR. WALTERS:** Sure, I'll give you the website.

6 **MR. BYRON:** Thank you.

7 **MR. STALLARD:** Okay, this is the session still for
8 questions and answer with our VA colleagues at the
9 table. Is there anything else, pressing issues?
10 Questions?

11 **MS. BRIDGES:** Mike, did you get anything from Hutton
12 (ph)?

13 **MR. PARTAIN:** No.

14 **MS. BRIDGES:** An e-mail? She said she sent you an
15 e-mail.

16 **MR. PARTAIN:** No, I haven't seen it. I'll look real
17 quick.

18 **MS. BRIDGES:** And this is pertaining to her husband.
19 She wanted us to bring that up.

20 **MR. PARTAIN:** I have to find her e-mail. One thing,
21 I don't know. Did Jerry bring up what we discussed
22 here about one of the members with the kidney
23 cancer? Because one of the concerns --

24 Frank, stop me if this has already been
25 discussed because I was outside for a little bit.

1 There's still a concern that the information in
2 the VA is not getting out and disseminated. We have
3 a member of our website contact me a couple of
4 months ago who has Stage IV terminal kidney cancer,
5 and he was denied. We escalated up to Congress and
6 also Mr. Flohr helped us out considerably.

7 And it turns out that the decision was made
8 outside Louisville, I believe. Jerry knows the
9 specifics and unfortunately stepped out, where
10 someone was stating that kidney cancer was not,
11 someone in the VA was basically didn't read the
12 training letter and determined that kidney cancer
13 was not service connected to Camp Lejeune, which we
14 all know PCE is being reviewed by the EPA as a human
15 carcinogen based on its effects of kidney cancer.

16 So are we still, I mean, is this still
17 happening where there's the left hand doesn't know
18 what the right hand's doing? Is the information
19 getting out? You mentioned that the training letter
20 is being re-done. But what are we going to do to
21 make sure that the people making the decisions for
22 veterans and their families are getting the right
23 information to make the correct decision?

24 I mean, I can understand some of the other
25 stuff, but a kidney cancer case, Stage IV metastatic

1 kidney cancer, and their during the time periods, I
2 mean, he had four NEXUS letters. Two were strong.
3 Two were mediocre but they all connected it, and
4 this guy was denied, so comments?

5 And also to follow up I do know that they did
6 get service connection but when they got the service
7 connection they were granted temporary benefits. So
8 I'm not sure if the VA expects this gentleman to get
9 better with Stage IV kidney cancer or why he was
10 given temporary benefits rather than a full benefit.

11 **MR. FLOHR:** The last I heard, Mike, was that a
12 subsequent medical opinion from that veteran's
13 physician was being sent to the office indicating
14 this was permanent disability, and that should have
15 been taken care of. I've not heard the final
16 outcome but I don't see why it wouldn't have been
17 taken care of.

18 **MR. STALLARD:** Dr. Walters, do you have anything on
19 that?

20 **DR. WALTERS:** I'm going to respond in general to the
21 whole issue of exposure and medical NEXUS and
22 medical opinions.

23 **MR. STALLARD:** Please do.

24 **DR. WALTERS:** Throughout the VA often these exposure
25 issues are not included in medical school curricula.

1 Benzene and TCE and hexavalent chromium, or indeed
2 Agent Orange, and but physicians within or
3 clinicians within the VA, that should be our stock
4 in trade. We should be experts in this.

5 But getting the information throughout a huge
6 organization that has residents and interns and
7 personnel coming and going, getting that education
8 out to Dr. Schmidlap in Podunk wherever, is a big,
9 big challenge. Particularly, when it is not as
10 mainstream as say diabetes or hypertension or
11 cardiovascular disease.

12 So what we've determined to do is -- and this
13 is not just Camp Lejeune. It's Agent Orange. It's
14 ^, the whole panoply of environmental exposures --
15 we've created a three level, three-tiered level of
16 expertise in environmental health within the VA, and
17 this is an evolving thing.

18 The first level is I want every primary care
19 doctor, that's the doctor you usually see, to be
20 able to, when a veteran comes in, understand their
21 military culture; i.e., what the Marine Corps is,
22 what the Navy is, what the Army is and understand
23 what deployment means. And maybe not have specific
24 technical information about their TOTCE but know
25 where to go to ask, who to go to ask the questions

1 and recognize that it is indeed a problem.

2 So that's the first queue, if you will. I'm
3 never going to be able to make every primary care
4 provider in the VA expert in benzene or TCE. It's
5 just an impossibility. Just trying to keep up with
6 everything else in medicine is also an
7 impossibility.

8 The second level at each of our medical centers
9 we have an environmental health commissioner. That
10 is who I want to be the local expert. So when these
11 come in and say, hey, I was exposed to benzene, you
12 don't get this deer-in-the-headlights look, what the
13 heck is benzene. Okay, or TCE or hexavalent
14 chromium or the myriad of other things ^ Agent
15 Orange. I want to, the key is to make sure that
16 local expert is up to date on all the latest
17 information, that is, exposure information, and is
18 readily available to be a consultant to that primary
19 care doctor.

20 The third level is a thing called a war-related
21 intravenova (ph) study centers. Basically, this is
22 predominantly combat vets where we have a
23 multidisciplinary approach. We often admit veterans
24 for a week or put them in local hoptel, and we do an
25 intensive, multidisciplinary look at these veterans

1 to see what's going on in their lives.

2 And predominantly this is for multi-symptom
3 illness. People who have multiple different things
4 going on and trying to get an understanding of,
5 while we may not be able to cure that veteran, but
6 we may be able to help their pain. We may be able
7 to help them deal with their symptoms.

8 So that's a long answer to a very short
9 question is how do we disseminate specialized
10 knowledge throughout a big, big organization and so
11 best take care of veterans. So my hope is that any
12 veteran who comes in who has, I was exposed to
13 benzene, you won't get a deer-in-the-headlights look
14 from your primary care provider. They will know
15 where to go to find the answers.

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

17 Just a moment, please. I got a hi from Dr.
18 Portier first.

19 **DR. PORTIER:** Jerry, I did want to offer. We live
20 in a time of medical education even within ATSDR, in
21 that they already have online course materials and
22 in-person course materials on trichloroethylene and
23 tetrachloroethylene. We don't have benzene yet.

24 That material's also available to anybody who's
25 listening, who's on the web, any medical personnel

1 who would like to learn a little more about what to
2 look for on a variety of environmental chemicals,
3 cadmiums, Chrome-6 --

4 **DR. WALTERS:** Chromium ^.

5 **DR. PORTIER:** They're on our website, and I would
6 encourage you to go look at that.

7 **MR. STALLARD:** Okay, Mary and then Jerry.

8 **MS. BLAKELY:** This goes back to informing the
9 public. Isn't there some way that your organization
10 or our government -- I mean I'm not looking for
11 government for help or anything like that -- but
12 there has to be a better way to inform not just the
13 public and the people that were affected but the
14 medical community. Nobody knows about it. And I
15 personally have gone to my doctors, and when you
16 even mention that you were exposed to toxic
17 contaminants in your drinking water, you get a look
18 like oh, my god, get out of my office. I don't want
19 to end up in court.

20 There has to be a release of this information
21 in a mass way where everybody is informed what's
22 going on, at least the medical community. Something
23 more has to be done. It's ridiculous that people
24 don't know about this, especially people who are in
25 Jacksonville.

1 I had to tell my father and my brother about
2 this. They live in Jacksonville. My family's lived
3 there since 1976. My father retired in '78. People
4 don't know. It's not right.

5 **MR. STALLARD:** Thank you, Mary.

6 Jerry's up.

7 **MR. ENSMINGER:** Yeah, Mike brought up Gerald Coppin
8 (ph). I look at Mr. Coppin's evaluation and all of
9 his paperwork and his claim that was initially
10 denied by Louisville. There was a write-up done by
11 a medical representative in Muskogee, Oklahoma.
12 This person wrote to Mr. --

13 **DR. PORTIER:** Jerry, I just want to caution you
14 about giving his medical information out in too much
15 detail. You can tell the rest of the story, but be
16 cautious about his medical information.

17 **MR. ENSMINGER:** I checked with the family, and they
18 said it was fine so I wouldn't do it otherwise but
19 thank you for the warning.

20 There was a VA medical evaluator at Muskogee
21 that wrote a recommendation on Mr. Coppin's claim
22 where he said that it was less likely than not that
23 Mr. Coppin's kidney cancer was caused by his
24 exposures to the contaminants in the drinking water
25 at Camp Lejeune. And that there is no evidence that

1 relates to any of the contaminants in the water at
2 Camp Lejeune to kidney cancer.

3 This was after the VA training letter was sent
4 out to all these points in the VA. Kidney cancer's
5 the number one cause of exposure to TCE. That
6 kidney cancer is why TCE is going to be considered a
7 known human carcinogen here shortly.

8 So my question is to the VA, what do you do
9 with a character like this guy out in Muskogee? Do
10 you have any follow-up stuff on these people? Do
11 you go back and say, hey, are you out of your damn
12 mind or what? Have you been reading our
13 correspondence? Have you been reading what the
14 higher headquarters has been putting out? Because
15 evidently they haven't.

16 **MR. FLOHR:** Jerry, our training letter doesn't state
17 that anybody with kidney cancer was at Camp Lejeune,
18 all it does is point to the known scientific facts
19 that exposure to TCE can cause kidney cancer. But
20 each individual case is different and nobody knows,
21 as I said, nobody knows the actual exposure amounts
22 that someone was contaminated with. So it's up to
23 each medical examiner to provide their best medical
24 opinion in terms of do they believe that based on
25 their knowledge, based on their ability to research,

1 is it at least as likely as not to be, knowing the
2 potential exposures, knowing the potential causes
3 that it's at least as likely as not due to exposure.
4 And that's what the medical examiners do. It's not
5 always going to be, come out favorably.

6 **MR. ENSMINGER:** Yeah, I can buy that explanation,
7 Brad, but this guy came out and made a blatant
8 point-blank statement that the contaminants found in
9 the drinking water at Camp Lejeune could not be
10 linked to kidney cancer. I mean now, if he wouldn't
11 have made that obvious blatant statement, yeah, I
12 could buy what you're saying. But this guy said
13 there was no scientific evidence linking kidney
14 cancer.

15 **MR. STALLARD:** Well, you just said that it's soon to
16 be declared a human carcinogen, right? So there's
17 clearly going to be an education process here.

18 Folks, we're going to be wrapping it up --
19 Just a moment, just a moment.

20 Just so you're aware we're going to end
21 promptly at quarter till because we are starting
22 promptly at one o'clock with Admiral Sven Rodenbeck,
23 and I just wanted to caution you, so final comments
24 here.

25 **DR. WALTERS:** The other thing you need to know is

1 that these medical opinions can also be given by
2 civilian clinicians. They don't actually have to be
3 VA doctors. So I'm not sure if this gentleman was a
4 VA clinician. And our challenge is really getting
5 the information out not only to the VA physicians
6 but the entire clinical population as well.

7 **MR. STALLARD:** Thank you.

8 And now Perri.

9 **MS. RUCKART:** I just wanted to respond to what Mary
10 was talking about before, education of the medical
11 community. I know you're talking about a much
12 larger issue, but I did want you to know that we are
13 taking some small steps in that effort. CDC has a
14 publication, The MMWR, Morbidity and Mortality
15 Weekly Report. And I think it was in May we
16 published something -- and I want to say the
17 audience for that is the medical professionals --
18 and we published something in there about the Camp
19 Lejeune health survey and a little blurb about the
20 situation at Camp Lejeune to reach the medical
21 community to make them aware and to encourage any
22 patients they have who were at Camp Lejeune or
23 Pendleton to complete the health survey. So we're
24 taking some small steps in that direction.

25 **MS. BLAKELY:** I recognize that, but there are people

1 getting sick and dying right now, and they need to
2 be informed right now. So I know that it's not your
3 responsibility to do that because your job is to
4 study and do the science end. What I'm asking is
5 can't your community ring a bell somewhere and say,
6 look, somebody needs to inform the public about this
7 because people are getting sick and dying. My
8 father was just diagnosed with lung cancer. People
9 are still dying.

10 **MR. STALLARD:** Thank you.

11 Jeff, are you going to take us out here?

12 **MR. BYRON:** Yes. That's also what the appeals
13 process is for. And when the appeal is made they
14 don't include the same doctors that made the initial
15 finding, does it? I mean, he may give a report, but
16 there'll be other doctors and other experts in the
17 field that --

18 **MR. FLOHR:** Not necessarily, Jerry -- I'm sorry,
19 Jeff. An appeal is basically, it's a legal
20 determination made by attorneys and judges. And if
21 they feel that there is insufficient evidence to
22 decide the appeal, they may remand it, ask for a new
23 examination. That does happen.

24 **MR. BYRON:** So would that mean that the individual
25 requesting benefits or medical care, it would almost

1 be his responsibility to get another opinion?

2 **MR. FLOHR:** Not the responsibility, but any evidence
3 that they can provide, medical opinions that's
4 favorable to their claim is certainly always
5 helpful.

6 **MR. BYRON:** And then for Mary. Three individuals in
7 my family are all losing their teeth, my two
8 daughters and my grandson, and I still can't get the
9 dentist to -- and they all tell me that the only
10 time they've seen that kind of tooth decay is with
11 heroin addicts and meth addicts. I can assure him
12 that that's not the case, not with a six year old.

13 **MS. BLAKELY:** Try to have a mental deficit or any
14 mental problem and approach a doctor, they're not
15 going to listen to you about anything.

16 **MR. BYRON:** They're scared.

17 **MS. BLAKELY:** They're not just scared. They don't
18 believe you.

19 **MR. STALLARD:** Okay. We could go on a long
20 discussion about the distinction of clinical
21 practice, psychology, psychiatry and all that, but
22 what we're going to do now is go on to lunch. And
23 what I'd like to tell everyone in the audience is
24 that those of us who you see with coffee is because
25 we found a place right outside the front door to the

1 right. It's like a student cafeteria with food and
2 beverages, so please wherever you go, if you'd like
3 to be here when we start, we're going to start
4 promptly at one o'clock.

5 Dick, are you back on the phone with us?

6 **DR. CLAPP (by telephone):** Yes.

7 **MR. STALLARD:** All right, we'll see you at one.

8 Thank you, we're out.

9 (Whereupon, a lunch break was taken from 11:43 a.m.
10 to 1:00 p.m.)

11 **MR. STALLARD:** For those of you in the audience I'd
12 like to ask you to tone down your conversations now.
13 If you can hear my voice, please clap your hands
14 once.

15 (audience responds)

16 **MR. STALLARD:** If you can hear my voice, clap twice.

17 (audience responds)

18 **DATA MINING WORKGROUP UPDATE**

19 **MR. STALLARD:** Thank you very much. So we have
20 scheduled for one o'clock Admiral Sven Rodenbeck to
21 give us the data mining workgroup update.

22 Sven, are you on the line?

23 **ADMIRAL RODENBECK (by telephone):** Yes, I am. Can
24 you hear me?

25 **MR. STALLARD:** We hear you fine. We have a room

1 full of folks here from the community.

2 Let me just check in. Is Dick back on the
3 line?

4 **DR. CLAPP (by telephone):** I'm here.

5 **MR. STALLARD:** Let's resume. Sven, go ahead.

6 **ADMIRAL RODENBECK (by telephone):** Well, good
7 afternoon, everybody, and thank you for allowing me
8 to give a quick update from the data mining
9 technical workgroup that the Department of the Navy
10 and ATSDR has had for a little more than a year.
11 We're in the process of ^ our ^ as they would like
12 to ^ that is historical ^ groundwater monitoring and
13 ^ health survey ^ presently ongoing.

14 Just a couple of things to bring you up to
15 speed on what we've been doing. Back in May the
16 Department of the Navy and ATSDR wrote a joint
17 letter to 35 former ^ contractors. These are the
18 former laboratories that previously did a ^ for the
19 Navy, also contractors like water and air research ^
20 in Gainesville ^ that did some other efforts for the
21 Navy ^ contract. This was an attempt to try to
22 achieve the ^ so to speak and see if there's
23 anything else that we're not aware --

24 **MR. STALLARD:** Sven, Sven, let me interject real
25 quick. You're breaking in and out just a little

1 bit. Is it possible for you, are you on a speaker
2 phone or could you pick up a hand held?

3 **ADMIRAL RODENBECK (by telephone):** I'm on a signal
4 speaker phone. I'll be happy to dial in on a
5 regular phone.

6 **MR. STALLARD:** Now there you were just coming in
7 really good. So I just wanted to alert you that
8 we're all, I mean, everyone's here, turned up to
9 hear what you have to say, so you either have to get
10 closer to the phone or slow down your tempo just a
11 bit so that we can all hear.

12 **ADMIRAL RODENBECK (by telephone):** All righty.

13 **MR. STALLARD:** Thank you very much.

14 **ADMIRAL RODENBECK (by telephone):** Okay. From the
15 top, I guess, again just to make sure we have all
16 the information, one of the projects that we're
17 pretty much finished up as far as the data mining
18 activities as they relate to the dose reconstruction
19 and the ongoing health studies at Camp Lejeune right
20 now is we sent a joint letter to 35 former
21 contractors of the Navy requesting that they search
22 their files for any drinking water analysis that
23 they did or let us know what additional work that
24 they had done for the Navy.

25 In those letters it was also specified that if

1 they needed assistance in copying anything that that
2 could be arranged to avoid the problem of spending
3 their own money to copy stuff. So that went out in
4 May. Eight of the letters were undeliverable even
5 though we did a very thorough internet search to try
6 to make sure we had the most current address.

7 Some of these companies apparently have gone
8 out of business. Thirteen responded that they had
9 nothing new to add, and then 14 we have not heard
10 back from. We asked that they reply back to us by
11 June 17th, this last June 17th.

12 So that is, if you're following the meeting
13 summaries for the technical work group, that is
14 related to After Action 9-0-26. We also got the
15 statement from the former Marine Corps employee
16 regarding some questions we had about sampling
17 results and how they were conducted. So that has
18 been completed.

19 And so now basically what we're doing is
20 getting ready to write the close-out report and
21 close out the, as far as the heavy lift activities
22 related to data mining for these particular
23 projects. So that will be closed up.

24 On the radar, of course, will be the data
25 mining activities related to the vapor intrusion.

1 That will, I'm guessing, start up probably the fall
2 time period. And so that's basically where we are.
3 If you have any questions, be more than happy to
4 answer them.

5 **MR. STALLARD:** I do, thank you Sven, and we heard
6 you very loud and clear. Thank you for
7 accommodating the technology.

8 For the benefit of this community here, would
9 you give us a brief summary of what is the purpose
10 of the data mining working group?

11 **ADMIRAL RODENBECK (by telephone):** The purpose of
12 the data mining workgroup, first of all, this was an
13 effort between the Department of Navy and ATSDR to
14 overcome some of our communication issues and to
15 make sure that ATSDR had in its possession the
16 relevant information and data to conduct the dose
17 reconstruction, the drinking water analysis, so to
18 speak, and the health study had the appropriate
19 information so we could move forward with those
20 activities. So that's it in a quick summary.

21 **MR. STALLARD:** All right, thank you.

22 I think Jerry has a question or he did. Do
23 you?

24 **MR. ENSMINGER:** Yeah. Sven?

25 **ADMIRAL RODENBECK (by telephone):** Yeah, hey, Jerry.

1 **MR. ENSMINGER:** You said you had a list of 35
2 contractors that were sent letters?

3 **ADMIRAL RODENBECK (by telephone):** Right. The
4 predominant ones were the laboratories. We sent
5 letters to all the labs that previously did drinking
6 water analysis for the Navy. And then the ATSDR
7 staff selected a few of the former contractors, the
8 environmental consultants that we just wanted to
9 double check and make sure we had everything. So it
10 wasn't an all inclusive list as far as contractors,
11 but the primary emphasis of this effort was, of
12 course, trying to find some of the missing drinking
13 water analysis to fill those gaps.

14 **MR. ENSMINGER:** Who has this list of 35 contractors?

15 **ADMIRAL RODENBECK (by telephone):** We do, and we can
16 provide it to you.

17 **MR. ENSMINGER:** That'd be good because I want to do
18 some cross-checking. And you say you got the Betz
19 letter?

20 **ADMIRAL RODENBECK (by telephone):** We have a
21 statement from her, yes.

22 **MR. ENSMINGER:** Who has that?

23 **ADMIRAL RODENBECK (by telephone):** ATSDR has that.

24 **MR. ENSMINGER:** Okay, thank you.

25 **MR. STALLARD:** Morris might address that when we get

1 to that. The question was who has the Betz letter.

2 **ADMIRAL RODENBECK (by telephone):** It's not really a
3 letter.

4 **MR. MASLIA:** It's not a letter. It's a response to
5 questions. It's a Word document. Sven has it, and
6 I've got a copy of it.

7 **MR. ENSMINGER:** Is it signed?

8 **MR. MASLIA:** I'm not sure it's signed. I can look
9 at the break and see if it's signed.

10 **ADMIRAL RODENBECK (by telephone):** No, it's not
11 signed but it was a direct communication to ATSDR
12 from her. We have an e-mail train on it.

13 **MR. ENSMINGER:** Okay. Thank you.

14 **MR. STALLARD:** Sven, I have a question in terms of
15 the contractors. Was any of this information
16 generated from the Booz-Allen-Hamilton review?

17 **ADMIRAL RODENBECK (by telephone):** It was a mixture.
18 Yes, but it was also other sources to help guide us
19 in this effort.

20 **MR. STALLARD:** Thank you.

21 Any other questions for Sven?

22 (no response)

23 **MR. STALLARD:** All right, sir, we thank you for your
24 time and thank you for the update in the
25 information. We look forward to continuing efforts

1 in this regard.

2 **ADMIRAL RODENBECK (by telephone):** All right.

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

4 **ADMIRAL RODENBECK (by telephone):** Thank you.

5 **WATER MODELING UPDATE**

6 **MR. STALLARD:** All right. Now I'm glad we have most
7 of the people who were with us this morning. This
8 afternoon we have, with Dr. (sic) Morris Maslia, the
9 water modeling update. And Morris is a humble man
10 and so I'm going to speak on his behalf, but the
11 water modeling that they are doing is really amazing
12 science. And they're very good examples of
13 remodeling in this field. And so I will allow him
14 to perhaps elaborate a small tad bit with their,
15 just understand, this is science at its highest
16 degree in terms of hydrotechnology and modeling. So
17 with that I'll turn it over to Morris.

18 **MR. MASLIA:** Thank you.

19 First, I know I'm talking with my back to some
20 members of the audience so I apologize about that,
21 but that's the sort of room setup that we have. And
22 secondly, on some of the slides that I'll be
23 showing, some of the graphics, we've got some
24 posters out front with bigger-sized images on them
25 that will be easier to see. So at the break or

1 whenever you've got specific questions, we'll be
2 happy to answer that.

3 I wanted to first start off by reviewing or
4 saying that the birth defects and childhood cancer
5 study, otherwise known as the case control study, is
6 a multi-step process. And one of the steps that I
7 needed is to reconstruct the concentrations in the
8 drinking water that were at Camp Lejeune in the
9 '50s, '60s, '70s to the mid-'80s.

10 And that is what I'm going to speak to and that
11 is what our effort has been is to provide the
12 epidemiologists those concentrations, monthly
13 concentrations. So that's sort of the big picture.
14 We're one step in a multi-step epidemiological
15 process.

16 And I don't know, Frank, if you want to add
17 anything else to that just briefly.

18 **DR. BOVE:** The reason we need monthly estimates is
19 because for birth defects in particular there are
20 small windows of time when the mother's exposed that
21 a birth defect can happen, and I'll give you an
22 example.

23 Neural tube defects, spina bifida and
24 anencephaly are the two neural tube defects. The
25 fourth week of pregnancy is when if the mother gets

1 exposed during that time that that defect could
2 happen. If the mother's exposed later, that defect
3 doesn't happen. If the mother's exposed earlier
4 than that period, it doesn't happen. There's a one
5 week period when the mother is vulnerable to
6 exposure to cause that particular birth defect.

7 For cleft lip it's a little later in the
8 pregnancy, a few weeks later, but again it's a short
9 period of time. So we need to know month by month
10 what the mother might be exposed to for these kinds
11 of illnesses so that's why we needed monthly
12 estimates.

13 **MR. MASLIA:** And with that I'll proceed with the
14 formal presentation. Again, my name is Morris
15 Maslia. I'm with the Division of Health Assessment
16 and Consultation of the Agency for Toxic Substances
17 and Disease Registry. And I thank the CAP for
18 allowing me to present a status and update on data
19 and information efforts and water modeling analyses.

20 Because there are probably people who have not
21 been to a CAP meeting before, I'll beg the CAP's
22 indulgence to allow me to go over some background
23 water modeling information that we have presented
24 previously to bring everybody up to speed.

25 What you'll notice as we go through the

1 presentation is that the water modeling approach
2 consists of basically four steps. And that's a data
3 and information step, an interpretive step where we
4 interpret the data and information, a modeling step
5 or water modeling step where we reconstruct
6 information where we have not measured that
7 information, and then finally a summary or analysis
8 of the results. And throughout all of the steps for
9 the water modeling process we have followed this
10 four-step procedure.

11 Just to let you know that we do have a number
12 of -- ATSDR has brought on a number of staff
13 especially since the conclusion of the Tarawa
14 Terrace analyses, and we have people with experience
15 and expertise in geohydrology, numerical modeling.
16 We've gone to cooperative agreements with university
17 partners. So we have a very experienced and
18 knowledgeable staff because it is a very complex and
19 challenging problem.

20 When we started back in the summer of 2003 and
21 proposed this approach and then presented it both to
22 ATSDR, the Marine Corps and so on, we proposed a
23 five-step process or five questions to be answered,
24 to correct myself. And those questions are the ones
25 that we're still answering. It's still valid for

1 the Hadnot Point-Holcomb Boulevard area just like
2 Tarawa Terrace.

3 Basically, we wanted to find out which chemical
4 compounds contaminated the water at Camp Lejeune,
5 what the contaminant sources were. At Tarawa
6 Terrace there was one. At Hadnot Point there are
7 multiple contaminant sources.

8 When did the contaminated water reach the
9 groundwater supply wells. At Camp Lejeune they get
10 one hundred percent of their drinking water from
11 groundwater wells. How was the contaminated water,
12 once it reached the treatment plant, distributed
13 through the pipes to the different areas of Camp
14 Lejeune, Tarawa Terrace, Hadnot Point, Hospital
15 Point and so forth?

16 What were the frequency, duration and
17 distribution of the exposure to contaminated
18 drinking water? That's the question that Frank said
19 we needed the monthly drinking water concentration.
20 What is the concentration at a given month on a
21 given year at a given location?

22 And finally, because we have very limited data,
23 and our results are based on computer simulation
24 using that data, we have uncertainty or ranges in
25 concentration for a given month, not just one value.

1 And again, the epidemiologists require that
2 information. Those are the questions that we
3 started off with. Those are the questions that our
4 analyses are addressing.

5 With respect to the epidemiology side of the
6 analysis we have exposed and unexposed groups.
7 Tarawa Terrace was primarily exposed to dry cleaning
8 fluid, perc, tetrachloroethylene. And based on our
9 analysis, which we began publishing in 2007, we know
10 that it started above the MCL in 1957 and went
11 through '87.

12 The two primary contaminated wells, TT-26 and
13 TT-23, were shut off in 1985, January May, but the
14 other wells kept on operating with lower level of
15 concentrations, but they still contained water
16 contaminated. And all wells were taken out of
17 service in 1987 when, in fact, the Holcomb Boulevard
18 plant began providing a hundred percent of the water
19 to Tarawa Terrace and Holcomb Boulevard today
20 provides the water to Tarawa Terrace.

21 **MR. STALLARD:** Morris, what is MCL?

22 **MR. MASLIA:** MCL stands for the maximum contaminant
23 level. It's a level established by the U.S. EPA as
24 to what concentration of contaminants are allowed in
25 drinking water. It's based on the technology of the

1 time that it was published, not today's technology.
2 So for PCE the MCL is five micrograms per liter or
3 five parts per billion.

4 The second exposed group at the beginning of
5 our analysis was for the Hadnot Point area, ^ . And
6 based on data that we have obtained, we know people
7 were exposed to PCE just like at Tarawa Terrace,
8 TCE, trichloroethylene, an industrial solvent, and
9 BTEX compounds which come from gasoline products
10 stored in underground and above-ground storage
11 tanks.

12 **MR. ENSMINGER:** What about vinyl chloride?

13 **MR. MASLIA:** Vinyl chloride is a degradation product
14 from either PCE or TCE. And, in fact, we showed
15 results for vinyl chloride at Tarawa Terrace when we
16 did the degradation of PCE. We will be doing that
17 as well. So we do not analyze the data at the
18 source itself but it degrades from the source of TCE
19 or PCE.

20 We do not know the exact date that exposure
21 began at Hadnot Point, and that is what we are
22 currently working on. And that is what we want the
23 water modeling to assist us in determining.

24 And BTEX stands for, is an acronym for Benzene,
25 Toluene, Ethylbenzene and Xylene. And those are

1 compounds in gasoline.

2 And finally the third area, which is Holcomb
3 Boulevard right here in the center, that was
4 primarily unexposed. However, in reviewing data and
5 information as we were doing the water modeling and
6 from many sources, we now understand that there was
7 intermittent exposure during the dry spring and
8 early summer months when, in fact, contaminated
9 water from Hadnot Point was pumped through a pump
10 here to supply additional water demands at Holcomb
11 Boulevard.

12 **MR. ENSMINGER:** You need to clarify that those areas
13 in Berkley Manor and Watkins Village and Paradise
14 Point and Midway Park are from 1972, after 1972.
15 Prior to '72 they were all exposed because they were
16 all on Hadnot Point.

17 **MR. MASLIA:** Right, I was getting to that.

18 **MR. ENSMINGER:** Just checking.

19 **MR. MASLIA:** You are correct. So anyway, there was
20 intermittent exposure from '72 on because we now
21 understand based on documentation that was obtained,
22 that Holcomb Boulevard came online as a separate
23 water treatment plant in about June of '72. And as
24 Jerry said, prior to that water from Hadnot Point,
25 which we know is contaminated, supplied these areas

1 as well.

2 There was also a period, a ten-day period,
3 January 27th through February 7th, 1985, when the
4 water treatment plant at Holcomb Boulevard had to be
5 shut down so Hadnot Point supplied all of the water,
6 contaminated water, to that area as well for that
7 ten-day period. And we will be analyzing for that
8 and the epidemiological study will, in fact, take
9 that into account.

10 But we still term this area as predominantly
11 unexposed except for the intermittent exposures.
12 And I will be talking a little bit about that
13 towards the end of my presentation about how we
14 model or what we're going to model the
15 interconnection or the transfer of water from Hadnot
16 Point to Holcomb Boulevard.

17 So to go back a little bit as to why we want to
18 rely on models when, in fact, we may have limited
19 information or data. If we had data for the
20 duration of the study time frame -- in this case
21 from '68 through '85 or '87 -- and we had
22 information every so often, we could use that and
23 make some pretty good estimates as to what the
24 concentration in the water supply, in the drinking
25 water.

1 What we have generally in many sites, not just
2 at Camp Lejeune but also at Camp Lejeune, is we have
3 this situation. We have a study time frame, and we
4 only have very limited data near the end or past the
5 time frame of the study. For example, at Lejeune
6 they just started sampling in the early '80s, and
7 really started sampling after '85 and in the '90s.
8 So we have no information in terms of concentrations
9 in this area back here.

10 So the question then is what would be the
11 concentration in the drinking water when we don't
12 have any measured information over here. The answer
13 is we could use other information, operations of how
14 the wells were operated, how the water treatment
15 plant was operated and computer modeling, computer
16 simulation, to try to recreate.

17 The question that makes this difficult is you
18 could have exposure scenario of that, you could have
19 that one, that type, that type and all those given
20 only these data here would seem to fit the pattern.
21 And that is where additional information, talking
22 with plant operators, other information the CAP has
23 provided as well, helps us better define what's
24 happening in the past and see how realistic any of
25 those exposure scenarios. So that's why we use

1 modeling to generate these different scenarios.

2 So with that now I'd like to get to where we
3 are in terms of water modeling. Again, the overall
4 goal is to provide the epidemiological study with
5 monthly concentrations of contaminants in drinking
6 water. I will be talking about two types of models,
7 groundwater, groundwater fate and transport models
8 and the water distribution system model, the
9 interconnection model.

10 So with respect to the groundwater model we
11 have completed a regional model, and I'll show you a
12 slide in a minute, studies taken before any pumping.
13 You have to start these models at a time when you
14 know what the water levels were and so that's before
15 any pumping took place.

16 Then we then put the wells in and that is for
17 the Hadnot Point-Holcomb Boulevard area a very
18 complicated process of knowing when the wells turned
19 on, when they were turned off, and do the computer
20 simulation. And in this case we're running from
21 approximately July 1942 through December 1994 on a
22 monthly basis, and we have completed that. We have
23 the model running, and it's completed, and I will
24 show some results from that for one period in time.

25 And then once we have completed those two

1 steps, we need that information from the transient
2 model to do the contaminant fate and transport, that
3 is, the movement of contaminants in the groundwater
4 to the supply wells and into the water treatment
5 plant. And that is ongoing, and we are actively
6 putting in the sources and running the model.

7 One of the difficulties and complexities in the
8 Hadnot Point area, is unlike Tarawa Terrace, there
9 are multiple, multiple sources and not every
10 contaminant spot in the ground constitutes a source
11 for the model. They're potential sources that we
12 need to evaluate, and that's what we're doing. We
13 are doing fate and transport on PCE, TCE and
14 benzene. I put BTEX contamination, but we're
15 looking at benzene. And that's ongoing.

16 And finally, we're looking at the
17 interconnection, the transfer of water from the
18 Hadnot Point to the Holcomb Boulevard. That
19 required a water distribution system model analysis
20 rather than a groundwater analysis and that is
21 ongoing, and I'll show you some results from that as
22 well.

23 It's important, again, to understand and I want
24 to re-emphasize the process that we're using to
25 obtain water modeling results. We look at, take

1 information and locate the information sources. We
2 have a variety of sources and it's been spoken about
3 a lot here, and as we have come to discover, there
4 is not one central location at the Marine Corps base
5 for epi consultants where all this information
6 exists. And that has been the challenge to obtain
7 it.

8 We have to then extract the information that's
9 pertinent to the water modeling, build electronic
10 databases. The information that we've obtained, I
11 would say probably 99.99 percent work on paper copy,
12 old paper copies. None of them were in electronic
13 format.

14 And then we have to build from that electronic
15 database, we have to build databases that these
16 particular groundwater flow models, water
17 distribution models, require. Once we've done that
18 we run the models, assess the results, and once
19 we're satisfied with that, extract them for the
20 epidemiologists to use.

21 As you recall, as I started off saying, we had
22 a four-step process. There's the information and
23 data, interpretation going into the model,
24 simulation and summary or extraction of results;
25 it's the same process that we're using.

1 The question may come up, how do you know if
2 the model's correct? What happens if the model
3 comes up with results that you're not expecting?
4 That happened at Tarawa Terrace, for example. We
5 have a feedback group, and this feedback really
6 means a person with expert knowledge, not an
7 automatic thing.

8 But we examine, look at the results, go back if
9 we obtain unexpected results. It may be a data
10 input error. It may be us not interpreting
11 correctly information when we spoke to operators or
12 it may be missing information and we go back and re-
13 evaluate that. And once we are satisfied that we
14 have done that and that the results that we've
15 obtained from the model are rational and realistic,
16 then that concludes the process.

17 So where we are at this point is at Tarawa
18 Terrace we have completed the process and those
19 results have been published and are on our website.
20 At Hadnot Point we're at the point where I've just
21 said that we are developing and running the
22 simulation model. So we're here, and this is an
23 intricate process running the model, evaluating the
24 results, going back and looking at the information,
25 assessing if that's, you know, where there may be

1 improvements on that. That's where we are right
2 now, steps three and four at the Hadnot Point and
3 Holcomb Boulevard areas.

4 So at this point I want to go into actually
5 some specific examples of the models that we're
6 using. This is a groundwater flow model, and it may
7 be a little hard to see. We refer to this as a
8 regional model. It covers an area between 50 and 84
9 square miles. It's the shaded area; looks like
10 green cells. We call it, the term regional and
11 local are relative terms. Somebody else doing a
12 countywide or several countywide model, our model
13 may look like a speck to them.

14 So in terms of what we're doing at Camp
15 Lejeune, we're referring to this as a regional
16 model. The cells, computational cells, are 300-by-
17 300 feet, and we obtained results in all these
18 computational cells. You see the water supply wells
19 in here. You see some streams. And the areas that
20 we're particularly interested in are these red
21 rectangular areas. That's the Hadnot Point
22 industrial area and that is the Hadnot Point
23 landfill.

24 And in those areas we have to develop what we
25 call local models. That is, because of the

1 numerical, the model requirements to do the
2 contaminant transport, we cannot use 300-by-300 foot
3 grids; that violates properties of the model. We
4 have to use only 50-by-50 foot cells, and that's a
5 function of the aquifer property.

6 If you get these models in some other area, you
7 may have different requirements. But for Camp
8 Lejeune, the geology, the limestone, all that, we
9 cannot go. So for the Hadnot Point landfill that's
10 50-by-50 cells, and the same thing for the
11 industrial area.

12 And what that leads us to if you look at the
13 box here, the regional model is an area 50-to-84
14 square miles. The Hadnot Point industrial area is
15 an area of two square miles and the landfill is
16 about 2.4 miles. By comparison the Tarawa Terrace
17 model, which was 50-by-50 cells everywhere, was
18 about two square miles. And you can see that up
19 here. You can see the rectangle behind the quads
20 there.

21 These are very computationally intensive
22 models. We could not do with our existing equipment
23 50-by-50 feet everywhere. That's what we did with
24 Tarawa Terrace, and that's just, we don't have the
25 computational power. Also, we don't need to know

1 what contamination was out here in Northeast Creek.
2 It wouldn't get there.

3 And so in trying to minimize our work effort
4 and conclude as quickly as we did, we basically have
5 three models. We have a regional model that's 300
6 feet in each cell, and we've got two local models
7 that we will do the fate and transport. And it's an
8 iterative process.

9 The other requirement -- and this is important
10 -- why we're having to use the regional model, the
11 question may be why not just go to two small models
12 and be done with it, is these files have to go out
13 to the hydrologic boundaries, hydrologic boundary
14 being Northeast Creek on this side and then
15 topographic divides. If you look at it, we've
16 divided this, all the streams on this side flow to
17 the creek, and the streams on this side flow to the
18 east.

19 And so that's a requirement and anybody
20 reviewing our work, any peer reviewers, the first
21 question they're going to look at if we only
22 presented this model right here, their first
23 question is where are the hydrologic boundaries. So
24 that is the reason for having three models, and
25 we've got three full-time people working on that.

1 So to get the model running what we have to do
2 is translate the geology into something that the
3 model can use. And again, this gets into that
4 process of data, information, interpretation and
5 modeling. But we've got the geology here. We've
6 got the hydrogeology, which is interpretation from
7 the geology from well cuttings, well drillings, well
8 borings. Some layers are confining it, some supply
9 water, water bearing units.

10 We've got depths, and then the interpretation
11 of how we represent that in the model, and that's
12 represented as seven layers, four aquifer layers and
13 two, three confining units. Primarily the wells
14 pumped at Camp Lejeune come from layers three, layer
15 five and layer seven, ^ aquifer.

16 So this is how the information we put into the
17 actual model is from this column, and again, that is
18 in keeping with our approach of interpreting the
19 data and putting it in the model.

20 We also needed to know -- and this was a very
21 big challenge -- of how the wells operated. At Camp
22 Lejeune there were 96 water supply wells that
23 contributed to either the Hadnot Point water
24 treatment plant or the Holcomb Boulevard water
25 treatment plant. Compare that with 16 wells at

1 Tarawa Terrace of which only six at any one time
2 operated.

3 For example, if you go here to 1970 and go up
4 vertically, every time you hit a gray line or a
5 circle, that's an operating well. So you may have
6 30 to 35 wells operating at any one time, and we had
7 to know how to put that into the model in terms of
8 what months to operate them, what months to turn
9 them off.

10 And so that took extra effort that we did not
11 need to do for Tarawa Terrace because we only had 16
12 total wells.

13 **MR. PARTAIN:** Morris, as a point of clarification
14 for mainly the audience that's listening, when you
15 talk about the operational wells like 30 wells
16 operating, at any one particular time when they
17 would pump for treatment for the day, how many wells
18 were operating at that point?

19 **MR. MASLIA:** They could have upwards of 30 wells.

20 **MR. PARTAIN:** Pumping all at one time?

21 **MR. MASLIA:** Yes, yes, probably about 35, 40 percent
22 of the wells, but not the same wells all the time.
23 That's the challenge.

24 **MR. PARTAIN:** So say like Sunday if the operator
25 wants to replenish the reservoir at Hadnot Point,

1 typically how many wells would they use that day to

2 --

3 **MR. MASLIA:** They may have turned, they may have
4 operated, they may have ten, 15 wells already
5 operating and then they may turn on another five or
6 ten wells depending on the requirements.

7 **MR. PARTAIN:** But they weren't all operating at the
8 same time.

9 **MR. MASLIA:** They were not entirely operating all at
10 the same time. And the primary requirement -- and
11 this is for Camp Lejeune specific, so, of course,
12 that's what we're addressing -- is their primary
13 objective was to keep the water tanks, the storage
14 tanks, filled.

15 We have conducted tests there. We've gone
16 through their records, and they do not allow the
17 water level in the storage tanks to go less than a
18 foot, foot and a half, below the maximum. And that
19 is for fire protection. So their primary objective
20 is fire protection. You'll find different
21 objectives at different water facilities, but that
22 is Camp Lejeune's objective.

23 So and I'm going to show you some specific
24 wells here. But that was the challenge. And it was
25 a challenge that could not be met by just trying by

1 trial and error to operate. At Tarawa Terrace we
2 were able basically to use an iterative process of
3 trial and error because we only had six wells
4 operating at any one time to do. That was not do-
5 able here.

6 But this took an immense amount of probably
7 several years of effort to accumulate all this
8 information, put it down, organize it and then
9 sequence it so it operates. And again, while they
10 may have some daily operations for some wells at
11 Camp Lejeune, our model runs on a monthly basis so
12 all the information we present will be how the wells
13 operated on a monthly basis.

14 Also, not all these wells -- I want to make it
15 clear -- not all the wells here are contaminated.

16 **DR. BOVE:** There are some that are very contaminated
17 and then others that are not. So part of the effort
18 is to figure out when the contaminated wells are on
19 or off as well as the uncontaminated wells and the
20 mixture and all that so it's complicated.

21 **MR. MASLIA:** So for example, this is an example of
22 the information that we put together by going
23 through all these slips of papers, folders from the
24 water treatment plant and other information to try
25 to reconstruct an active operation of a supply well.

1 This is supply well 602 which is in the Hadnot Point
2 fuel farm area. Hadnot Point industrial area I
3 should say.

4 And there are some information, like we'll have
5 a piece of information, a capacity refers to
6 basically the potential or the volume of water that
7 a well is potentially capable of pumping or
8 producing in gallons per minute, then there's no
9 information, then another piece of information and
10 so on. And from other records we were able to
11 determine if it was operating or if it wasn't. For
12 example, in 1979, they took it out of service, then
13 they put it back into service. Right here out of
14 service November 30th.

15 If you read the footnote, the footnote says it
16 was taken out of secured due to VOC contamination.
17 And we did that for 100 wells. As I said, that was
18 a fairly massive effort.

19 Here's an example of a long-term well. I'm
20 calling it long term because it's still operating
21 today. Well 643 went into operation in 1971, and
22 it's in service the entire time and is still
23 operating.

24 We are stopping, we made a decision with the
25 Marine Corps that we would stop the modeling

1 analysis at 2008, and there's a reason for that.
2 I'll get into that in just a minute. The health
3 study obviously goes through '85 or '87, but in
4 terms of water modeling we have other requirements.
5 And so like at Tarawa Terrace although the health
6 study stops at '87, we had to run the model through
7 1994 because there are more information and more
8 data in latter years and that helps us check and
9 verify the model results.

10 So what I'm going to show you now are some
11 simulation slides. And I just want to make sure
12 everybody's clear on this. I'm showing them to
13 illustrate the water modeling process. They're
14 preliminary, subject to change and they have not
15 been peer reviewed.

16 To reconstruct water supply operations we need
17 two parameters, the volume of water that a well's
18 capable of pumping and how many days a month it
19 operated. So, for example, here's well HP-643.
20 This is the volume, and you see the volume changes
21 over time. Where we don't have information, we keep
22 it the same, then there's a new piece of
23 information.

24 The blue line right here is daily information,
25 actual data from 1998, ten years' worth of daily

1 data that the Marine Corps supplied to us, and we
2 use that and some programs developed by our
3 cooperator at Georgia Tech to reconstruct the
4 operation where we didn't have any information. So
5 the green line is what is reconstructed as to the
6 operation.

7 It's going up and down here, goes up and down
8 here. It's fairly realistic. In terms of operating
9 days, again, you can see they don't operate this
10 well or any well constantly every day. It goes on
11 and off or up and down, and that's what we show up
12 here. This will be tested, the green area will be
13 tested when we do the fate and transport model and
14 then come back and vary these operations.

15 These are water levels, again, layer five which
16 is the layer that the wells pump from, one of the
17 layers, for January 1984. Nineteen eighty-four was
18 a very heavily pumped period, high water demand.
19 The blue lines represent the water levels. If you
20 put a well in at this area, this is the water level
21 referenced to sea level, in this case it would be 30
22 feet above sea level that the water level would have
23 risen into a well.

24 The areas we're interested in are these, and
25 you can see how the round cones, the round circles,

1 represent pumping wells. You can see the influence
2 of the pumping wells, and this also shows how we
3 have to use this outer model to generate answers
4 before we can get the local area. Because we could
5 not just do a model here because of the interference
6 of the pumping wells.

7 What I'm going to show you now are some results
8 for these two areas, these two local areas. And the
9 other thing you notice is that water level always
10 flows from high water level to low water level. So
11 25, 20, 15 down to sea level, ten, down to here,
12 ten, five, four, three and so on.

13 What you see here, this is the industrial area,
14 which is that southern, rectangular area, you see
15 pumping wells here. This is HP-602. You see the
16 water levels. There's 13, 12 and so on, and these
17 lines represent the direction of groundwater flow.
18 We refer to those as groundwater flow vectors,
19 groundwater flow velocity, the longer the arrow the
20 higher the velocity. So what you see here, for
21 example, right over here -- I don't know if you can
22 see it, but right in this area this is where the
23 fuel farm is located. So if contaminants got into
24 the fuel farm, they would go right in here, and this
25 well pulls it right into there.

1 **MR. PARTAIN:** Actually, a little up a little bit
2 more.

3 **MR. MASLIA:** What?

4 **MR. PARTAIN:** It's more in the number 13.

5 **MR. ENSMINGER:** No, no, no, no, no, no. Ash
6 Street's right there.

7 **MR. MASLIA:** The point to be made is that if a
8 contaminant is in the groundwater, layer five, then
9 in fact you can see this well pulling into this
10 well. So the results, the purpose of showing you
11 these results look very what we would expect. And
12 then you've got another well over here so the flow
13 would go into this well as well. That's well 603
14 and 608.

15 I caution you that this is only the flow of
16 groundwater. There's another process going on in
17 contaminant transport and that is the chemical in
18 the water dispersing into the pores in the soil.
19 This does not take that into account, and that's why
20 you need to go to a fate and transport model.

21 **MR. ENSMINGER:** Now --

22 **MR. MASLIA:** Go back?

23 **MR. ENSMINGER:** Yeah. You said the arrows show the
24 flow of the groundwater. Is that natural flow or is
25 that being pumped?

1 **MR. MASLIA:** That's under the influence of pumping.
2 We could do the same thing for prior to when pumping
3 went in, and we'll do that, and in the report we'll
4 show that. The flow vectors are what are required
5 for the fate and transport model.

6 **MR. ENSMINGER:** So the contamination plume at 901,
7 902, 903 area, show us that with your little laser
8 there.

9 **MR. MASLIA:** But the industrial area is this here.

10 **MR. ENSMINGER:** Yeah, I know the industrial, go up
11 there to the yellow bricks up there. Okay, there
12 was a huge plume of TCE and PCE there.

13 **MR. MASLIA:** Right.

14 **MR. ENSMINGER:** Okay.

15 **MR. MASLIA:** So you see it's going to come here and
16 curves around and the well's pulling it in. Again,
17 this is the situation for a particle or a
18 contaminant moves with each particle of water.
19 There's also other processes going on.

20 **MR. ENSMINGER:** Now this is about 70-foot level,
21 right?

22 **MR. MASLIA:** This is --

23 **MR. ENSMINGER:** Layer five.

24 **MR. MASLIA:** Probably closer to 100-to-150 feet.
25 This is layer five.

1 **MR. ENSMINGER:** I thought your chart said layer five
2 was 70 feet.

3 **MR. MASLIA:** It ranges. It ranges. There's a
4 range. It depends where exactly on here. Again,
5 you have to go to each cell in the model, and each
6 cell will have a different thickness assignment to
7 it.

8 **MR. ENSMINGER:** Okay.

9 **MR. MASLIA:** The take-home message from this for us
10 is that in fact the models are working like we think
11 they should, and they're producing at the end of the
12 day rational results.

13 The landfill area is right here, 602 and
14 through right here, HP-651. Again, you see the
15 wells pulling in the groundwater into the wells. So
16 we take these, and again, this is for layer five.
17 There are results like this for every model layer,
18 one, two, three, four, five, six, seven, and for
19 every month this is what complicates and takes all
20 the time for every month from July 1942 through
21 December 1994. So that's a quick snapshot of where
22 we are on the groundwater modeling.

23 With respect to the interconnection, of course,
24 we've got documentation which are shown by the red
25 lines here as to occasions when the booster pump,

1 742, was turned on and had contaminated Hadnot Point
2 water was used, distributed to Holcomb Boulevard.
3 Our problem again is what happens when we don't have
4 documentation.

5 And so we have here, and I'm pleased to tell
6 you, that our cooperator at Georgia Tech has in fact
7 applied a well-accepted technique, and that we will
8 be able to assign a month and a probability as to
9 when the pump was turned on and not turned on in the
10 times when we don't have information.

11 And in doing so here's an example for 1980, and
12 I'm using just a hundred units because -- and we can
13 look at percentages --a hundred concentration units
14 coming in from Hadnot Point that turned the booster
15 pump on and run it for seven days. And you see how
16 the concentration distributed.

17 These black lines are the pipelines throughout
18 the Holcomb Boulevard area. This is a hundred
19 units, down here were ten to 20 or ten-to-20 percent
20 in the Berkley Manor area. Right here on the edge
21 it's about one-to-five percent. And in the Paradise
22 Point area it's about five percent of the original
23 concentration.

24 So, in fact, we're almost complete with this
25 analysis. All we will have to do is once we get the

1 results from the groundwater modeling or the water
2 treatment plant at Hadnot Point, just multiply that
3 out to get the real concentration.

4 So what are our reports? Again, using the
5 four-stage approach we've got data reports. The
6 letters represent the chapter letters. C has been
7 published. That's the installation-restoration
8 cycle on our website. Chapter D, I just received
9 the draft from the author. I'll be reviewing that,
10 and the other reports will come as we finish up with
11 the data analysis: interpretive, geohydrology, fate
12 properties, water levels, groundwater flow.

13 Simulation will be the various models that
14 we're using and then there'll be two summary
15 reports, Executive Summary and Summary of Findings.
16 One report I'll call your attention is Chapter N
17 appears three times. That is because we did conduct
18 field investigations during 2004 and '05. We
19 collected data on the water distribution system
20 there so there's data. We interpreted it, and then
21 the last slide I showed you of the water
22 distribution levels, the simulation would appear
23 under three categories.

24 And at this point I will answer any questions
25 anyone has. Thank you very much.

1 **MR. STALLARD:** Thank you, Morris.

2 **MR. PARTAIN:** Hey, Morris, the Hadnot Point fuel
3 farm is going to be discussed in Chapter D, correct?

4 **MR. MASLIA:** From a data standpoint, not from an
5 interpretive standpoint.

6 **MR. PARTAIN:** And data standpoint being the level or
7 the extent of the fuel loss at Hadnot Point as far
8 as how bad it was?

9 **MR. MASLIA:** No. It will be what is reported. The
10 dates that we know. It will not report on any
11 simulations that we have done or that we are doing.
12 It will report what is available, either files that
13 we have or in the public domain.

14 **MR. PARTAIN:** And when is Chapter D expected?

15 **MR. MASLIA:** Well, I've just received the draft. It
16 will go through our peer review and our agency's
17 review, so I expect early winter, late fall, early
18 winter.

19 **MR. PARTAIN:** And what is the current estimate of
20 fuel lost into the ground at Hadnot Point from the
21 fuel farm over the operational period of the fuel
22 farm?

23 **MR. MASLIA:** Last July in a meeting at the Marine
24 Corps they provided us with an estimate of what they
25 had recovered. They have recovered around 410,000

1 gallons. Typically, recovery of fuel is a low
2 percentage of actually what's there. So one other
3 report of consultants of the Marine Corps has
4 indicated upwards of a million gallons to be lost
5 over the time period that the losses were occurring.

6 And those are bases or ranges that we are using
7 in our model. We will be modeling, we have modeled
8 that. Those results are not ready to be presented
9 yet, but a million gallon range is not out of line
10 at all.

11 **MR. PARTAIN:** And for purpose of the audience and
12 people listening on the phone, when you say a
13 million gallons of fuel, we're talking lost into the
14 groundwater which would be basically --

15 **MR. MASLIA:** Into the soil where, and it's gasoline.
16 Let me clarify this, gasoline. And a big part of
17 that gasoline floats on top of water, and so that's
18 why we have to have a different kind of model to
19 assess that, what we call a L-NAPL, non-liquid phase
20 liquid model that actually floats the benzene on top
21 of the water.

22 **MR. PARTAIN:** That is typically the fuel, the
23 benzene in the fuel that we're seeing. Is it
24 staying up in the aqui -- surficial aquifer?

25 **MR. MASLIA:** It's floating on top of the surficial

1 aquifer. Some of it dissolves obviously, there have
2 been some depth, but predominantly it's floating on
3 top of the water table.

4 **MR. PARTAIN:** And how deep are we seeing it?
5 Benzene that is.

6 **MR. MASLIA:** Well, some of it's down at 150 feet and
7 that's in the data.

8 **MR. PARTAIN:** And what depths is Camp Lejeune
9 drawing the drinking water from?

10 **MR. MASLIA:** All those depths from 40, 50, 60 down
11 upwards close to 200 depending on the depth of the
12 wells.

13 **MR. PARTAIN:** So anyone potentially exposed to, so
14 anyone drinking that water is potentially exposed up
15 to one million gallons of fuel or more floating on
16 the aquifer potentially.

17 **MR. MASLIA:** I wouldn't state it that way because
18 people were not drinking directly from the well.
19 The well is being mixed with other --

20 **MR. PARTAIN:** Another contaminant well was being
21 used for supply so someone drinking from that supply
22 would potentially be exposed to that fuel.

23 **MR. MASLIA:** But not to the concentration
24 immediately at 602 or the fuel farm because it is
25 being diluted. They would be exposed to some

1 concentration. That's what we're trying to model.
2 It's the mixing of all the wells together and how
3 they were operating.

4 **MR. ENSMINGER:** Well, I've looked at the recent
5 sampling data for the area around Building 1100,
6 1115. If this stuff floats on top of the water why
7 are the benzene levels higher in the deeper levels
8 of the aquifer currently than they are in the
9 surficial aquifer?

10 **MR. MASLIA:** That's a good question. They could and
11 one hypothesis is, of course, the limestone's
12 fractured down there.

13 **MR. ENSMINGER:** Yeah, I know, but there's water
14 there still floating.

15 **MR. MASLIA:** When a well turns on it could be
16 pulling it down right close to the well annulus, the
17 well bore, whenever benzene is right near here,
18 okay? And so then you get as the well turns on it
19 pulls it down. The well turns off, now what's down
20 below goes into a nearby fracture and does not come
21 back up to the top.

22 **MR. ENSMINGER:** Well, it's stuck down there.

23 **MR. MASLIA:** Well, more or less.

24 **MR. ENSMINGER:** Trapped.

25 **MR. MASLIA:** So it's trapped down there. I will say

1 we cannot, and we're not modeling that type of
2 process. We will not be modeling wells and
3 fractures and stuff like that. Anything at depth
4 we'll be modeling just like we did PCE and TCE when
5 it's dissolved in the groundwater. Maybe it's
6 floating on top, but it is in the L-NAPL model.

7 **MR. ENSMINGER:** Well, didn't they do a flow model
8 themselves? Didn't they have a contractor come in
9 and execute a flow model?

10 **MR. MASLIA:** They did. I believe it was ^ did in
11 1996 they did an L-NAPL model. They looked at stuff
12 floating on top, and that's where the Marine Corps
13 and the Navy estimated that the amount lost could
14 range, the amount of loss could range anywhere from
15 400,000 to 1.1 million with an average of about
16 800,000. Again, that's dependent upon the time, the
17 water level at the time when they actually were
18 doing the model.

19 **MR. ENSMINGER:** Yeah, but I was talking about the
20 hydrology, the actual flow of the water where they
21 were using a, one of the recovery wells, one of the
22 contamination recovery wells. They executed a flow
23 model using one of the pumps out of a recovery well
24 which was pumping it like three-and-a-half gallons
25 per minute.

1 **MR. MASLIA:** Now they've done some aquifer tests and
2 that's to establish aquifer properties that they've
3 done, and we've got that data. That data are, will
4 be in subsequent chapter reports and that's where we
5 get the properties to put into our model, but they
6 also did an L-NAPL-type model using a model called
7 Spill CAD and that's the model. Again, they did it
8 for two time periods. I think one was '95, '94
9 water level, and one was like a mid-'80s water
10 level. And that's where they get the range and
11 values.

12 We will have similar ranges depending on what
13 assumptions we make for soil properties like
14 porosity. But we also will be doing it, we've
15 developed some more sophisticated approaches looking
16 at yearly time frames.

17 **MR. ENSMINGER:** One of their contractors wrote in a
18 report that I saw that the, one of the explanations
19 for the depth of these L-NAPLs into the aquifers was
20 the severe over-pumping of the aquifer in that area.

21 **MR. MASLIA:** All I can say is our models test out
22 how much pumping or over-pumping is. Again, that's
23 a right now a qualitative assessment as to whether
24 it's over-pumped or not. We've come across and read
25 several explanations of how benzene could be at

1 depths, and that's some of the things we will be
2 looking at in our modeling. Unfortunately, as with
3 a lot of the information and data that we use from
4 the Camp Lejeune area, the sampling is very
5 sporadic, maybe only one time or two times. And so
6 it's why we're using modeling, but it makes it very
7 difficult to try to hypothesize why something is
8 happening with just the modeling data.

9 **MR. ENSMINGER:** You said that the recovery of
10 petroleum products out of the ground was very
11 inefficient, the methods that are available today.
12 Where did you get that information from?

13 **MR. MASLIA:** Well, the American Petroleum Institute
14 has a website with public information, and they
15 estimate that recovery efficiencies can vary in
16 order from 25-to-60 percent.

17 **MR. ENSMINGER:** Twenty-five to 60.

18 **MR. MASLIA:** Yes. There's a public document, a
19 document both for technical and non-technical
20 members of the public, and it's free on their
21 website. In fact, that's where they say you have to
22 look at the L-NAPL issue by itself, not just ^ which
23 is what we're doing. But, in fact, that recovery
24 processes have varying efficiencies and are fairly
25 inefficient. And we're going back in history.

1 We're back into the early '90s when they started
2 recovering this stuff and so it would be the
3 assumption that the recovery process probably was
4 not very efficient.

5 **MR. ENSMINGER:** Well, we know it wasn't. I mean,
6 I've read all the reports about their recovery
7 system and how inefficient it was. They had to try
8 several different techniques to make it more
9 efficient. They had to put more wells in. But at
10 25 percent they recovered 410,000 gallons to date.
11 That would tell me that we're somewhere around 1.65
12 million gallons of fuel in the ground?

13 **MR. MASLIA:** I will not disagree with that.

14 **MR. STALLARD:** Anything else?

15 (no response)

16 **MR. STALLARD:** This is a reminder about... I would
17 like to thank Morris for yet another riveting
18 journey down the field to geohydrodynamics. Right
19 after lunch he's the one to keep you all awake.

20 **MR. MASLIA:** There are posters out there --

21 **MR. STALLARD:** There are. There are posters out
22 there where you can see more in detail and actually
23 a younger Morris is featured there.

24 Okay, Jeff.

25 **MR. BYRON:** I did talk with my wife, and she tells

1 me that the form that tells you where you were at on
2 base is SF-85. And I think I did cut through my DD-
3 214. She's going to fax that over to the motel, so
4 hopefully, I'll have that tonight, but it's Sierra-
5 Foxtrot-85.

6 **MR. FLOHR:** Yeah, some personnel records.

7 **MR. BYRON:** Yeah. That's right. That is where we
8 can find it.

9 **MR. ENSMINGER:** I'm aware of the fact that the, in
10 the last National Defense Authorization Act there
11 was a requirement for the Government Accountability
12 Office to conduct a study of basically an
13 investigation of the efficiency of the Department of
14 Defense environmental programs and policies. We
15 have some of those folks present here today.

16 I've spoken with one of them. I would
17 recommend that they speak in detail with Mr. Maslia.
18 And also we have a representative from North
19 Carolina's Department of Environment and Natural
20 Resources, Bruce Reed, here. I would also recommend
21 that they speak with him about Camp Lejeune and the
22 issues that took place there. You will have a
23 nightmare on your hands when you talk about
24 efficiency of environmental programs.

25 **CANCER INCIDENCE OPTIONS**

1 **MR. STALLARD:** Okay, Frank, would you like to give
2 us a brief update on cancer incidence?

3 **DR. BOVE:** Yes, the work that was done since the
4 last CAP meeting focused on actual male breast
5 cancer, and we've talked a little bit about that
6 already. And again, it's an early stage working
7 with the VA's cancer registry and that group and
8 also with Dr. Walter's group as well and see what's
9 available. But again, we're working first on
10 developing a feasibility assessment like we've done
11 for the other studies in the past and see what kinds
12 of data there are, how we could link it up with DMDC
13 data, with other additional sources of data we'll
14 need because for those people who are serving in the
15 Marine Corps before '75 there's no DMDC data. So
16 there has to be other sources of data, what kinds of
17 data we need to get access to and how to do that.
18 We're trying to do this in a step-by-step fashion
19 working very closely with the VA on this. And so
20 far things have been working pretty good. A lot of
21 cooperation from the VA. It's been great, and I
22 think we'll see how -- so hopefully at the next CAP
23 meeting we'll have more to say about the progress of
24 that.

25 The other issue has been, and it's always been

1 on the table, is that concern that mailed surveys,
2 like any mailed surveys, the health survey, mailed
3 survey, they have low participation rates. Even the
4 U.S. Census, which is a mailed survey of sorts, had
5 something like a 60-some percent response until they
6 went door to door. But other surveys that have been
7 done by other academic institutions have had less,
8 lower participation rates.

9 Now, this hurts the credibility of these kinds
10 of surveys, so we don't know what participation rate
11 we'll get. In this health survey we hope that
12 anyone who gets a survey will fill it out as quickly
13 as possible and send it in. And if you know anybody
14 who's gotten a health survey, please encourage them
15 to do that. But even so it could be that this
16 survey doesn't have the participation rate that we
17 would like.

18 And it's very important to get a handle on what
19 kinds of cancers are occurring in this population.
20 And one way we're doing that, of course, is through
21 the mortality study, but a lot of cancers people
22 don't die of and, you know, fortunately, and there
23 needs to be other ways to get at cancers besides
24 mortality and the survey is one way to do that.
25 It's not the best way to do it, but it's one way to

1 do it.

2 The best way to do it is unfortunately
3 impossible at this present time, and that would be
4 to get data from all 50 state cancer registries.
5 Each state has a cancer registry. Many have been
6 operating for many years now, some more recent, but
7 each state has its own rules. You have to work with
8 each state individually.

9 Some states will not provide you data, period.
10 Other states you have to go through a lot of hoops,
11 and some states more readily give you data. So it
12 varies across the country. It would be nice if
13 there was one place to go for all this information.
14 Some day that may happen. There are countries where
15 that is true.

16 But there are other possibilities here. We've
17 talked about in the past and it's still being
18 thought about although we're going to wait until we
19 finish the studies we have on our plate now before
20 we start to try to embark on something else. But
21 one possibility is what the VA did in the Gulf War
22 study which was to get information from a number of
23 cancer registries without personal identification
24 information.

25 And that's a possibility, and we'll be thinking

1 about that as we finish up certainly the first three
2 studies that we're trying to finish up, the
3 childhood cancer-birth defects study, the reanalysis
4 of the birth weight study and the mortality study.

5 When we finish those three, then we'll just
6 have the survey still going on verifying those
7 diseases that are reported to us, and we'll have
8 some time, maybe, at that point to seriously pursue
9 that. And again, we'll also be working on this, or
10 we think we'll be working on this male breast cancer
11 study, too, if that pans out.

12 So we don't have anything more to report on
13 cancer incidence studies per se. They're still on
14 the table. If you have any questions about that, we
15 can discuss it now. I wanted to leave a lot of time
16 at the end for questions and answers from the
17 audience so any questions you have about -- yes.

18 **MS. BLAKELY:** This is about the infant, the birth
19 defects. I don't know, you know, I've been
20 collecting the death certificates, but I don't even
21 know what I'm looking for. So I need to know what
22 exactly a neural tube defect is. Is anencephaly and
23 hydrocephaly?

24 **DR. BOVE:** Yeah. Hydrocephaly is a central nervous
25 system defect, so neural tube defects are a subgroup

1 of central nervous system defects. So they're
2 central nervous system defects. Hydrocephaly was
3 water on the brain, that's a central nervous system
4 defect.

5 Then there's another group called neural tube
6 defects. And within that there's anencephaly, which
7 is born with part or all of your brain missing,
8 roughly, and spina bifida, which is a failure of
9 your spine covering to close. Anencephaly is fatal
10 so a lot of stillborns would be anencephaly. Spina
11 bifida sometimes is fatal. Other times it's very
12 debilitating. The person goes through --

13 **MS. BLAKELY:** Well, that's funny that you would say
14 that because I was just sitting here and just making
15 little notes on just what I have in front of me.
16 And in 1961 there were two anencephaly or
17 hydrocephalies in November, two in November, two in
18 December and one in May. And in 1953 there were two
19 in May and four in October. What kind of odds are
20 those?

21 **DR. BOVE:** No idea. No idea.

22 **MS. BLAKELY:** And also I have another one. This
23 concerns cancer. I have one that had in 1961 with
24 bronchial carcinoma, and the baby was stillborn.

25 **DR. BOVE:** Right, I've never heard of --

1 **MS. BLAKELY:** How common is that?

2 **DR. BOVE:** I've never heard of it.

3 **MS. BLAKELY:** And that's just from me going over
4 what I have.

5 **DR. BOVE:** We tried to look at fetal deaths,
6 stillbirths, not miscarriage, stillbirths, for the
7 birth weight study. We did get data from the state
8 on still births. And we found that obviously it was
9 underreported because there were far less
10 stillbirths at Camp Lejeune than the national
11 average. It doesn't make any sense. I don't think
12 Camp Lejeune is permiss (ph) so there's something
13 wrong there.

14 The data, you know, when you go back in time,
15 states get better as time goes on. The data early
16 back in the '60s and '70s, at least computerized,
17 may not have been very good. And then I worked in
18 New Jersey for ^ in the mid-'80s, and when I was
19 there, the data, the birth certificate data, was
20 very important.

21 We improved it by doing studies. Working with
22 the data we realized this data needs to be fixed up.
23 And I think that that's true across the board in
24 other states, too. So we try to look at fetal
25 deaths. Most of the fetal -- I shouldn't say most -

1 - many of the fetal deaths did not have, stillborns,
2 did not have cause of death information. So we
3 didn't have cause of death. We had some cause of
4 death information, but again, we didn't know what to
5 do with this data when we expected far many more
6 stillbirths than we were --

7 **MS. BLAKELY:** Well, actually, those numbers I gave
8 you were off of infants that died after birth.

9 **DR. BOVE:** Infants that died after birth is a
10 regular death. Stillbirths are a separate --

11 **MS. BLAKELY:** I understand that. Those numbers that
12 I just gave you that I had, they were infants that
13 were born.

14 **DR. BOVE:** Born, okay.

15 **MS. BLAKELY:** Except for the bronchial carcinoma,
16 that was a stillbirth.

17 **DR. BOVE:** And the anencephaly could either be a
18 stillbirth or it could be an infant that dies pretty
19 much after birth.

20 **MS. BLAKELY:** Right.

21 **MR. BYRON:** This is Jeff Byron. I'd like to ask you
22 a question. So a stillbirth is the same as a child
23 dying in the womb, right?

24 **DR. BOVE:** Stillbirth would be 28 weeks.

25 **MR. BYRON:** How about within the first month? We

1 have no idea, do we?

2 **DR. BOVE:** What?

3 **MR. BYRON:** A child dies in the womb within the
4 first month of conception.

5 **DR. BOVE:** Most women don't know they're pregnant
6 the first --

7 **MR. BYRON:** Exactly, and there wouldn't be a report
8 of it.

9 **DR. BOVE:** Yeah. Well, I mean, on this -- roughly
10 around 50 percent of pregnancies don't even make it
11 to the point of implantation. And then there's
12 another percentage that died before the mother is
13 even aware of the pregnancy.

14 **MR. BYRON:** So we have no idea of what that would
15 be.

16 **DR. BOVE:** No, I don't. No, it's only been in the
17 last decade or so that birth defect registries have
18 been able to get data on not just live births but on
19 data from miscarriages even and stillbirths from
20 genetic labs and so on to get a better idea of the
21 prevalence of these birth defects. In other words
22 not just rely on live births.

23 **MR. BYRON:** I have one other thing. We're talking
24 about birth defects and cancers, blood disorders.
25 What about learning disabilities? I'm going to use

1 this term, not to offend anyone, but in the
2 educational field they call it learning
3 disabilities. But I'd like to know how many of
4 these children have been diagnosed as mentally
5 retarded as a medical field. That would be curious
6 to see in our health survey.

7 **DR. BOVE:** Well, there's, the survey asks for
8 diseases that we have some suspicion being caused by
9 this, but we have a question in the survey that asks
10 for any other conditions that the person receiving
11 the survey has.

12 **MR. BYRON:** But I mean, everything we've covered has
13 been physical, not mental, so far.

14 **DR. BOVE:** Well, if a person receiving the survey,
15 again, most of the people receiving the survey will
16 be active duty Marines. There are some dependents
17 who will be getting the survey because they
18 participated in Previous 1999-2002 ATSDR survey.
19 And so if any of them have a learning disability,
20 there's room in the survey to put down any diseases
21 they have, a learning disability like a disease, an
22 illness or whatever, a condition.

23 **MS. RUCKART:** Right. I don't think it says
24 necessarily any diseases. It's pretty open, any
25 other health concerns or health-related --

1 **DR. BOVE:** Yeah, yeah, I mean, they're going to
2 report that, and we'll look at it. There's been no
3 studies.

4 **MR. STALLARD:** All right, I'd like to move on right
5 now to maximize the remaining time that we have.
6 This is somewhat different than past CAP meetings,
7 but we'd like to offer our community members --

8 They want me to get to the dates. Okay.
9 Perri's going to scold me if I don't get you all
10 specific dates. November 7th, 10th or 14th for our
11 next meeting, so why don't you think about that. We
12 can't leave here until we have a date.

13 **MR. ENSMINGER:** Seventh, 10th?

14 **MR. STALLARD:** Or 14th of November.

15 **MS. RUCKART:** I e-mailed these out to everybody.

16 **MR. ENSMINGER:** I don't remember the 10th being on
17 there.

18 **MS. RUCKART:** The 7th, 10th and 14th.

19 **MR. ENSMINGER:** That would be fitting. That's the
20 Marine Corps' birthday.

21 **MR. STALLARD:** Okay, so are we done with that?

22 **MS. RUCKART:** Does everyone want to go with November
23 10?

24 **MR. ENSMINGER:** Yeah.

25 **MR. PARTAIN:** Sure.

1 **MR. ENSMINGER:** What day is that?

2 **MS. RUCKART:** Thursday.

3 **MR. BYRON:** My boy's serving in the Marine Corps
4 now. He may ask me to go to the ball. I have no
5 idea, but I guess I'll say okay.

6 **DR. PORTIER:** There were a couple of questions
7 addressed to me by the CAP. Could I respond to
8 those now?

9 **MR. STALLARD:** Absolutely.

10 **DR. PORTIER:** Trying to keep track of things before
11 we get into the next stage. I won't be very long.

12 Jerry, you asked about historical information
13 being more available on the web, being, like you
14 mentioned it, truth. I'll look into that. I
15 haven't looked over the Camp Lejeune website lately,
16 but I will go back, leaving here, look it over and
17 see what we can do in terms of getting you better
18 information.

19 **MR. ENSMINGER:** One thing that I wrote down during
20 that conversation, Dr. Portier, this morning, was on
21 like Chapter C's and D's, that's got all the data on
22 examination sites, yada-yada, you know, why not just
23 do a quick, easy breakout of Chapters C and D? Make
24 like a kind of simplified Chapter C and D on a
25 timeline where people can just, you know, a quick

1 glance and look at that timeline?

2 **DR. PORTIER:** Okay.

3 **MR. ENSMINGER:** And if you need any help, Mike will
4 help you. I just volunteered him.

5 **DR. PORTIER:** The second issue that was brought up
6 was the issue of transparency, our documents being
7 available for everyone to see. And the question was
8 whether federal agencies dealing with each other is
9 different than us dealing with a polluter at a
10 particular site who's not a federal government
11 agency.

12 The answer to that question is yes. There are
13 indeed rules that protect interaction between
14 federal agencies that can be invoked by either of
15 the two agencies. That would indeed prevent me on
16 some of the notes I might get from any federal
17 agency that is a polluter from sharing that
18 information without their express agreement to doing
19 that. That's it.

20 I generally would not put any of my
21 correspondence routinely out on the web with any of
22 the polluters that we deal with simply because it's
23 not as important as being transparent on everything
24 we're doing and why we're doing it. And so I would
25 say to you, CAP, that if there's ever an indication

1 that you think we're doing something secret, that
2 you feel there's not enough transparency in our
3 processes, that we're not telling you where we're
4 going for any reason, ask. And we will try to tell
5 you what we can tell you, and we'll tell you why we
6 can't tell you if there is anything.

7 But our goal in anything we do is to be as
8 transparent as we possibly can be. I believe with
9 the President on that issue. I think it's an
10 important aspect of being a government agency, and
11 so if you see things that you are worried about, let
12 me know. We'll do our best to make it open up for
13 you.

14 The third issue, I love the enthusiasm of my
15 staff diving into these issues and getting excited
16 about them, but just to caution you, Frank's
17 discussion about this additional study and that
18 additional study, that's not a promise from this
19 agency we're going to do it.

20 They have to come to me. They have to justify
21 it. There has to be resources to do it, and I have
22 to balance it against the cost effectiveness of the
23 other 200 sites that we're looking at around the
24 country. And so while I love their enthusiasm, I
25 just want to make sure we're not misleading you in

1 any way, shape or form. If we plan to do any of
2 these studies, we will come to you and say this is
3 what we plan to do, and here's the study we're going
4 to put forward.

5 Finally, I want to remind you all that the last
6 interchange we had, which was an excellent
7 interchange discussing some of the medical issues
8 associated with spontaneous abortions and pre-term
9 birth and issues of early pregnancy loss, while very
10 interesting and exciting and something that we might
11 be able to pick up in these studies, these chemicals
12 have a long history. They've been studied in a
13 number of settings and there is knowledge of some of
14 the things that occur.

15 That said, I would point out that much of that
16 knowledge derives from occupational studies and not
17 environmental studies. And so it's not clear that
18 these issues of childhood exposure or in utero
19 exposure have been adequately ^. That doesn't mean
20 they will be there. That doesn't mean they're not
21 going to be there.

22 The purposes of these studies are to give us
23 some definitive answers on those questions. So I
24 want to make sure nobody's leaving here thinking
25 that, oh my god, it's caused this, it's caused that.

1 We don't know. We honestly do not know. We do know
2 that benzene causes cancer. We do know that
3 trichloroethylene and tetrachloroethylene are
4 probably carcinogens, and we know some things about
5 their ability to depress the nervous system. We
6 know these things from previous studies.

7 We don't know that this has occurred here
8 because a magnitude of exposure matters for those
9 types of things to occur. And so the purposes of
10 these studies are to answer those questions for you.
11 Thank you.

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

13 **MR. ENSMINGER:** That was a disclaimer speech.

14 **DR. PORTIER:** It wasn't a disclaimer speech. It was
15 to make sure that everybody's on the same page.

16 **MR. STALLARD:** Managing expectations in the interest
17 of transparency. Thank you for closing that up.

18 **AUDIENCE QUESTIONS**

19 We have a mike, thanks to our excellent AV
20 staff here at UNCW, that I would like to offer to
21 community members who are here. I will, just a
22 little operating guidelines. We have the VA here.
23 I would suggest that if you have an individual,
24 specific VA issue that you not address it in this
25 forum but more broad based information that you have

1 about the VA, practice, policies, procedures. These
2 people here are not in a position to address your
3 individual VA situation should you have one. Aside
4 from that the floor is open.

5 **UNIDENTIFIED SPEAKER:** I have a question. We talked
6 about a lot of the surveys, all the surveys, but you
7 haven't mentioned anything about the dependents or
8 whoever lived on the base and what type of care
9 they're going to get. How accurate is the survey
10 when everyone hasn't been seen by a doctor?

11 There are a lot of people out there who don't
12 have health insurance, former spouses, and who have
13 been exposed to different chemicals. I myself am a
14 former DOD employee who has been exposed several
15 times on the base. I have not received a survey. I
16 don't have too much information.

17 What are they going to do with people who have
18 been exposed? What type of care will they provide
19 or what type of information are they giving them
20 besides the survey? Because it seems like a lot of
21 money is being spent on surveys and not enough money
22 being spent on treatment, and they're waiting while
23 we have a list of people who are dying, but we need
24 that before it happens.

25 **MR. STALLARD:** Thank you. Who would like to field

1 that question?

2 **MR. ENSMINGER:** I'll address some of it. Yeah,
3 there's a lot of money being spent on studies, the
4 water modeling. The fact that the Department of the
5 Navy and the United States Marine Corps continue to
6 deny, deny, deny that anything was caused by their
7 negligence is forcing all of this money to be spent
8 on these studies, and time, to prove.

9 So if you really want to get pissed off at
10 somebody, get pissed off at the Department of
11 Defense and their entities. I mean, you've got two
12 senators. You've got a congressman or
13 congresswoman, and those are the people you need to
14 start chipping your teeth at and pushing.

15 I mean, Senator Burr and Senator Hagen,
16 Congressman Brad Miller, all from North Carolina,
17 they are pushing to try to get benefits for the
18 people that were exposed at Camp Lejeune, especially
19 veterans and their dependents. And that's for
20 people who are alive. My daughter Janey is dead.

21 **UNIDENTIFIED SPEAKER:** We heard this last week.
22 Heard it last week.

23 **MR. ENSMINGER:** So you understand what I'm saying.

24 **MR. STALLARD:** Thank you, Jerry. Is there anyone
25 else who can address the question as you understand

1 it about whether the DOD civilians who were there,
2 how might they be included?

3 **DR. BOVE:** The civilian workforce will be getting
4 surveys if they were there any time from December
5 '72 to December '85. If you were there before that,
6 we don't have data so that we know you existed at
7 least from the DMDC. So the people who worked there
8 before '72 and then left before '72, we just don't
9 have any information on you. So the people who
10 worked there will get a survey if we can find your
11 current address, and for the most part we have been
12 able to find people's current addresses.

13 **MR. STALLARD:** All right, thank you.

14 Next question, please.

15 **DR. BOVE:** And as Perri said earlier, the results,
16 even if you don't get a survey, but the results from
17 the survey will apply to anybody who was at the base
18 and who was exposed to the drinking water.

19 **MR. STALLARD:** Thank you. We have another question
20 from our community.

21 **UNIDENTIFIED SPEAKER:** The reason I'm here today is
22 I'm here to talk before I die. I nearly died twice
23 last year, and the doctors that saw me is civilian.
24 They all put it on the water. I go to the VA, I
25 don't have no service connection. I'm a Vietnam

1 veteran. They say I got Agent Orange, they said ^
2 for Agent Orange, but they told me Agent Orange, the
3 local VA can't determine when I was Agent Orange.
4 I've been in Camp Lejeune four times. I drank water
5 all up and down Camp Lejeune. I went to advanced
6 infantry training. I went everywhere in Camp
7 Lejeune, in Headquarters, MT, all of that. I've
8 seen my best friend die. They said it was, they
9 don't even know what it was and he died. He was at
10 Camp Lejeune. It was water. ^, DOD. But you know
11 what? I'm here today. I traveled all the way to
12 North Carolina from Ohio Springs.

13 You can take it all ^ in a coffin, 'cause the
14 crooks is somebody ^. ^^ Vietnam veteran, Marines,
15 they ^^^^.

16 I can't go to the VA and talk like ^ I'm mean.
17 They mean. Leave it alone. Give us some dignity.
18 Stop ^. I don't have no money. They took my social
19 security check and used it for the same thing.
20 Social security paid me first and guess what? The
21 VA took for seven months almost \$200 out of my
22 check, said I owed them for a bill, five years ago.
23 What in the world is going on in this country? ^
24 and I talked the other day. I'm sick of looking at
25 all the bureaucratic bull crap. Go back and tell

1 that. Let me die with some dignity. Now I put my
2 claim in like everybody else, but what are they
3 doing about the water? I'm not ^ like that. I'm
4 all broke out.

5 Look at this list. You know what in that list?
6 Cancer, heart disease, glaucoma, ^ , neuropathy. I
7 can't hardly see some. I take my pain pills 24 --
8 this my list. The only reason I didn't take one
9 today 'cause I wanted time tell you what I want to
10 tell you. I'm not mad with you. This country is
11 going down in flames. You ought to take care of
12 your -- Look at me. You don't have to look around
13 towards no video camera. You don't have to ^. Look
14 at me. Sick of it. ^. Look at my chair. Go buy
15 me a chair, somebody. Go tell that. You're crooks.
16 You're wicked.

17 Don't take this long to pay nobody some money
18 to help them. Give me a ^. ^^ . I'm not a man of
19 want. I fought for this country. I went all over
20 southeast Asia, shooting at the Communists, ^. I
21 served over there. What y'all doing? It's a shame.

22 That's why I come here today. I didn't come
23 here for no form or fashion. I helped pay to get
24 here off my little bit of social security check. If
25 it weren't for the veteran, the owner of the place

1 that I live, and the tornado came through, the VA
2 still wouldn't give me nothing. Put the United
3 State Senate on it, and they still playing games. I
4 ain't mad with that man there; he doing his job.
5 He's paid to tell you what he's not to do. I got
6 one good eye, I can see just as plain as day. I
7 ain't mad at you.

8 But you supposed to be American? Don't be
9 afraid of America. I fought the Communists. What
10 did you fight?

11 **MR. STALLARD:** Thank you for your story.

12 **UNIDENTIFIED SPEAKER:** ^.

13 **MR. STALLARD:** Would you, please. We have a forum
14 tonight as well.

15 **UNIDENTIFIED SPEAKER:** I don't know if I'm going to
16 be here. I've got to take my medicine. I hope I
17 get to see you, okay?

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

19 You had a question did you not?

20 **UNIDENTIFIED SPEAKER:** Yes, I was employed at
21 Lejeune from August of 1972 until January or
22 December of '02. That's a little bit longer than
23 the average Marine stayed at Lejeune and had the
24 pleasure of drinking the water. I have had cancer.
25 I'm fighting it now. There's no case of it in my

1 family. Where did it come from? Thank you.

2 **MR. PARTAIN:** What kind of cancer?

3 **UNIDENTIFIED SPEAKER:** Kidney, bladder.

4 **MR. ENSMINGER:** Oh, my god.

5 **MR. PARTAIN:** Where did you work out at the base?

6 **UNIDENTIFIED SPEAKER:** Maintenance.

7 **MR. PARTAIN:** Base maintenance?

8 **MR. STALLARD:** Anyone else from the community,
9 please. This is an opportunity, although you'll
10 have -- we're going to go back since we have time
11 for just a...

12 **DR. BOVE:** Can I ask you where on the base you
13 worked?

14 **UNIDENTIFIED SPEAKER:** Base maintenance, base
15 utilities division.

16 **DR. BOVE:** Is that on Mainside?

17 **UNIDENTIFIED SPEAKER:** All over.

18 **DR. BOVE:** All over, okay.

19 **MR. PARTAIN:** What was your name, sir?

20 **MR. COLLINS:** Glen Collins.

21 **MR. PARTAIN:** Glen, are you aware that one of the
22 reasons why TCE is -- the EPA's pushing to
23 reclassify TCE as a human carcinogen is because of
24 its links to kidney cancer? And you're --

25 **MR. COLLINS:** ^

1 **MR. PARTAIN:** As I would say, what contest in Hell
2 did I win to deserve that?

3 **MR. ENSMINGER:** Hey, Glen, have you ever checked
4 into the FECA, the Federal Employees Compensation
5 Act?

6 **MR. COLLINS:** As long as I've got Blue Cross and
7 Medicare I'm covered.

8 **MR. ENSMINGER:** Yeah, I'm talking about they have a
9 benefits plan through the Department of Labor that -
10 - I'll talk to you about it more in a little bit.

11 **MR. BYRON:** Glen, this is similar to what we're
12 talking about with veterans and those eight points
13 and your economic status where you stand. Even
14 though I may make, say, \$100,000 a year, if my
15 illness is related to my service, that shouldn't
16 matter. I should still get VA disability or VA help
17 if I go to them. So I'm sure there's some
18 regulations they'd specify to us.

19 I was hoping that Jerry might be able to
20 expound on what's actually going on in Washington
21 because it's really there where the battle lies.
22 The studies are being conducted so the Congress can
23 see what's happened to us, but they're not just
24 going to hand over healthcare money for disabilities
25 just because we say we're sick. We have to be able

1 to prove it, and that's what these studies are
2 about, that we were exposed. That we were exposed
3 at the highest levels ever recorded in American
4 history, if I'm not mistaken. And this is why you
5 have to beat on your senators and your congressmen.
6 I get no response from my senators or congressmen
7 hardly. Recently, I have from Senator Brown. He
8 called me the Tuesday before Fourth of July to tell
9 me that this Janey Ensminger Act -- thank you, Jerry
10 -- has recently passed committee. But I want to
11 know how many senators are behind that. There's a
12 hundred senators. If there's only a handful, five
13 of them that will support it, what good is that to
14 us as victims?

15 **MR. FLOHR:** I think there's like 15 sponsors for
16 that bill. I believe that's the first bill that's
17 actually been -- gotten out of committee.

18 **MR. BYRON:** Well, we need to be getting through
19 Congress, through the Senate and on the President's
20 desk. And really I've seen no party, Republican,
21 Democrat willing to step up to the plate. They're
22 using us as political banter in my opinion to a
23 degree. You can have your opinion. I'm giving
24 mine.

25 But that's just 11 years and the only way

1 you're ever going to get any help is to beat on
2 their door and demand it. It's what we've been
3 doing for -- Jerry, 14 years; me, 11. And every one
4 of these individuals at this table has been fighting
5 from the moment they found out.

6 And we have to have the same attitude we had
7 when we were in the Marine Corps. They tell you two
8 steps backwards, we'd stomp our feet in the
9 barracks, never, never, sir. We don't give ground
10 as Marines because you never win if you give ground.
11 You never know when to stop walking backwards. Who
12 wants to walk backwards?

13 And I will say this again, if you're going to
14 get the opinion of the GAO, I hope they have better
15 reporting. Their information, what they provided to
16 the senate subcommittee or the congressional
17 subcommittee for in 2007 where we gave testimony for
18 energy in commerce because that was melded together
19 so that they could give the scenario that the Marine
20 Corps wanted.

21 And I know there may be individuals here; you
22 weren't involved. This man's talking about American
23 integrity right here. And they have not shown any
24 thus far in my opinion. So you have to beat on the
25 desk and on the door of your senators and

1 congressmen if you want something done. Thank you.

2 **MR. STALLARD:** Thank you, Jeff.

3 I'm going to exercise my prerogative here and I
4 want to see if we have any more questions from the
5 community.

6 Sir, I'd like to come back to you and have you
7 conclude if you have more and to hear your name
8 spoken.

9 And then we're going to have Jerry give us a
10 little update on what's going on with the senate
11 action.

12 So, yes, ma'am, you have your hand up.

13 **UNIDENTIFIED SPEAKER:** This is in regards to the
14 health study. I understand you had mentioned 1972
15 forward. For those that lived prior to 1972 that
16 may not have known to register on the Marine Corps
17 website, is there a way that they can complete this
18 study for themselves and/or their family members
19 that may have either been stationed on Camp Lejeune
20 or that worked on Camp Lejeune or that was born
21 there? Or is it specifically for those that have
22 registered and/or submitted some kind of form?

23 **MS. RUCKART:** As you mentioned there are certain
24 type things we're looking at from the DMDC data.
25 That's because that file is available to us, the '72

1 for civilians and '75 for the active duty. As you
2 mentioned there's a registration process that closed
3 on June 15th, so we're not able to send out surveys
4 to include them in our health survey for this
5 registered after that cutoff.

6 But we mentioned a few times just because you
7 don't get a survey doesn't mean that the results
8 won't apply to you. For example, if you were on
9 base and received contaminated water, whatever we
10 find in the survey would still apply to people who
11 were unable to fill out a survey for a variety of
12 reasons.

13 **UNIDENTIFIED SPEAKER:** I understand that, but my
14 question comes in the form of, some of the people
15 will not fill out a survey because they're just a
16 little leery about where the survey's going and the
17 fact that I believe the back part of it requires
18 them to sign over so that you can get their medical
19 records. At some point somewhere on that survey has
20 a release for medical records. Now my question is
21 in order to give a completed survey or assessment of
22 those on Camp Lejeune and compare those to the ones
23 from Camp Pendleton, there is no sign up anywhere on
24 either ATSDR or the Marine Corps that you were
25 actually stationed at Camp Pendleton. And there are

1 several people that, yes, were at both camps. So
2 the ones prior to 1972 that want to take this
3 survey, how do they go about doing that if they are
4 not on any of your lists?

5 **MR. ENSMINGER:** You can't. The deadline's passed.
6 The deadline was June.

7 **UNIDENTIFIED SPEAKER:** June 15th, okay. Thank you.

8 **MR. STALLARD:** Anyone over here?

9 **DR. PORTIER:** Yes. I'd like to respond briefly.

10 **MR. STALLARD:** Yes, please do.

11 **DR. PORTIER:** There's a reason for this. It's not
12 arbitrary, capricious. So I want to at least give
13 you a little bit of an understanding of what the
14 reason would be. If I was doing a survey of people
15 who liked ice cream or hated ice cream, and I asked
16 anybody who's out there who likes ice cream to send
17 me an e-mail, I'm going to get what's probably
18 called a biased sample. Because people who really
19 love ice cream are going to respond and everybody
20 else isn't going to care because it's not really
21 that relevant to their daily lives.

22 So if all we did was went out and said anybody
23 who wants to respond to us, go ahead, it's likely to
24 create a bias in the type of study we're looking at.
25 So you try to identify a population first and you do

1 you darned best to go out and get all of them to
2 respond as best you possibly can. That way there's
3 no perceived bias in the study that you only got
4 people who were sick replying. And that's what
5 we're trying to avoid by part of the idea of drawing
6 boundaries around the population.

7 **UNIDENTIFIED SPEAKER:** Thank you.

8 **UNIDENTIFIED SPEAKER:** I have a friend and neighbor
9 who's been recently diagnosed with lung cancer,
10 Stage IV. She's too sick to work, and she's waiting
11 for social security to kick in. And one of the
12 things that would help the community is to know
13 where to go for help for resources. She used to
14 live on TT; she was exposed to it. She also worked
15 on base, and she just feels helpless at this point,
16 and she just doesn't know where to turn to.

17 **MR. STALLARD:** Well, there's information available
18 posted on the ATSDR. I don't think going to the
19 website is the ultimate answer but there's
20 information there.

21 Information with your website?

22 **MR. ENSMINGER:** Yeah, where to go for help. But
23 this point, that's just my point. We talked about
24 these different bills that were introduced in both
25 the House and the Senate. The House version of the

1 bill, which was introduced by Representative Brad
2 Miller, was known as the Janey Ensminger Act. It
3 was named after my daughter.

4 Senator Burr's bill on the Senate side is S-
5 277. Now that bill passed the committee, the
6 Veterans Affairs, the Senate Veterans Affairs
7 Committee, two weeks ago. One of the requirements
8 for that is that one of the deals that was made
9 prior to that passing, Chairman Murray went to
10 Senator Burr, who's a ranking member, and said I'm
11 all for supporting this and getting it through the
12 committee, but before I will support it we have to
13 come up with a way to fund it.

14 So the Veterans Affairs Committee staffs went
15 to work and came up with this plan of taking away
16 the federal subsidies for the commissaries which
17 they passed the bill, and then all of a sudden there
18 was this all holy Hell broke loose about taking away
19 the federal subsidies for commissaries. And I don't
20 really -- Senator Burr and Senator Murray, Senator
21 Hagen, they didn't really realize what the staff was
22 proposing in that payment method.

23 So right now this thing is back on the back
24 burner so to speak. Do I applaud these senators for
25 pushing this issue forward and getting it to a point

1 where it is at least being discussed for some kind
2 of resolution for all of you? Yes, most definitely
3 I applaud them.

4 Now, do I think that the subsidies which would
5 take away a benefit that anybody who qualifies to
6 shop at the commissary should be taken away from
7 those folks and where they would have to pay higher
8 prices for their food? No, I do not support that.
9 And I would rather let this bill die and try again
10 later than to see veterans' and their families'
11 benefits being taken away from them.

12 By the same token I know that there is more
13 money wasted in the Department of Defense every year
14 on \$600 toilet seats and \$300 hammers, and you name
15 it, where the funding for an important program like
16 this could be found if somebody wants to find it.

17 The fact that they're trying to take away
18 benefits from veterans and their families and put
19 our healthcare on the backs of our fellow veterans,
20 that's bullshit, okay? And it ain't play.

21 **MS. BLAKELY:** It's not just the veterans. It's
22 active duty personnel.

23 **MR. ENSMINGER:** I mean anybody who rates shopping at
24 the commissary. I mean, but we're back to square
25 one, and it's like Senator Burr said, and

1 Congressman Miller and Senator Hagen, what is all
2 the hoopla about? Damn it, it's right here in black
3 and white. These people poisoned us. They knew
4 they did. They knew it. It's right in black and
5 white. Now they're putting the burden on the victim
6 stating, yeah, we poisoned you, but you prove it
7 harmed you. Well, since when in this country is the
8 burden of proof placed on the damn victim?

9 **MR. BYRON:** I think that this is what Mr. Rhodan was
10 talking about when he said his rights had been
11 violated. I'd still like to see that written, read
12 into our record. I don't know about the other CAP
13 members, but I'm voting for it right now. I'd like
14 to hear his statement read into the record.

15 **MR. ENSMINGER:** Yeah, sure. Insert it.

16 **MR. STALLARD:** So all those in favor of the CAP?
17 (Whereupon, the CAP voted unanimously to have the
18 letter read into the record.)

19 **MR. STALLARD:** So there you go.

20 **MR. PARTAIN:** But as to the --

21 **MR. STALLARD:** Wait a minute.

22 **MR. PARTAIN:** I just want to answer a question.

23 **MR. STALLARD:** Okay, and then we're going to move on
24 here for a brief wrap up. Just so you know, we're
25 streaming live around the world whatever right now,

1 so we're going to cut off at three o'clock. For
2 those of you who want to linger, fine.

3 **MR. TOWNSEND (by telephone):** Chris.

4 **MR. STALLARD:** Yes? Tom from Idaho.

5 **MR. TOWNSEND (by telephone):** Tom Townsend is alive
6 and well and has been listening.

7 **MR. STALLARD:** Very good. Welcome. Hold on just a
8 minute. We're going to tie up a few things here,
9 Tom, and then we'll see if we have some time to hear
10 your voice.

11 **MR. TOWNSEND (by telephone):** Okay, thank you.

12 **MR. PARTAIN:** Quickly to answer your question, as
13 far as where to go for help. I mean, the only thing
14 we can provide in the community right now is
15 information. And our website,
16 thefewtheproudtheforgotten, has tons of information
17 on it. Unfortunately, for healthcare or educating
18 the doctors, I mean there's --

19 **MR. ENSMINGER:** We helped to get this bill passed.

20 **MR. PARTAIN:** -- the bill and also if she's a
21 federal employee, FECA, she can make a claim there
22 for health benefits and so forth.

23 **UNIDENTIFIED SPEAKER:** She's ^.

24 **MR. PARTAIN:** I understand, ma'am. I'm going
25 through cancer myself.

1 **MR. STALLARD:** Okay. For this gentleman here I
2 would like for him to please give us his -- is this
3 for you?

4 **UNIDENTIFIED SPEAKER:** Yes. I just want to say one
5 thing to you all. After everything is said, I just
6 listened to all the different people on the panel,
7 which good things that's been said, VA. I'm a ten-
8 and-a-half year veteran myself, and even by looking
9 at me now you would never know what's going on
10 inside me.

11 I'm service connected from the United States
12 Marine Corps, went in in '78, and everything that
13 Jerry asked me or that he's the reason I came down
14 along with my other fellow Marine here. A lot of
15 things has happened since I went in the Marine
16 Corps, and I spent most of my time at Camp Lejeune
17 and back in '78 up until 1990.

18 And from 1984 to '87 I stayed on Tarawa
19 Terrace. I got married in '83. And ever since -- I
20 was a healthy man, you know, got married, me and my
21 wife was both healthy. And once we moved on Tarawa
22 Terrace at that year of '84 to '87, I mean it's been
23 total down. My body, everything, nervous conditions
24 and disorders, my bowel disorders. It's all in my
25 family, my daughters. My wife died in '96,

1 congestive heart failures and liver.

2 And everything just started deteriorating, and
3 they was trying to find out where all this stuff was
4 coming from. But I knew where it was coming from
5 because I knew I was healthy. And when I heard, saw
6 the article by Jerry Ensminger, that kind of woke
7 some things up in me and wondering why all this
8 stuff was happening. Not only me but others are
9 suffering now and have suffered in the past. And I
10 believe this suffering can be done even as of today
11 when we leave here to help the other Marines.

12 I mean, I stayed with it since '92 after I got
13 out. I applied for the VA and our community, but I
14 stayed with, I ended up, after my wife died I ended
15 up on the streets for seven years, anywhere. He
16 could tell you, vouch, he helped me. I stayed over
17 at his place for a couple years and didn't know
18 where I was at. And this kind of stuff I don't
19 understand.

20 You know, we served our country, served God and
21 country. And see, I'm a faithful man, a faithful
22 person. I sign my name to something I stick to it,
23 but I've loved this country. This is one of the
24 greatest countries there is, to me, but I look at
25 all the fellow Marines and women who went through

1 the Marines and so forth, even civilians, my heart
2 goes out to them.

3 At this point now it's just like everything's
4 just been completely turned around, and I have to go
5 from here. So I don't know what's going to happen
6 after today, but something has to be done. Something's
7 got to be done because it starts at the top and
8 works its way down. Something has to be done.

9 People's sick. Just like you said, people's
10 dying, but I'm living proof, a living witness. I
11 was gone myself, but thanks be to God, he brought me
12 back. But my wife, I can't get her back. She's
13 gone. Something that somebody else did that they
14 knew about that they did. I'm not a fool. I know
15 what's going on.

16 So I just thank you for the time that you gave
17 me because this is real life. Once you're gone,
18 you're gone. That's it. So the ones that are here,
19 please, if somebody could do something to help these
20 people, do that. Thank you.

21 **MR. STALLARD:** We're going to have you ^ . Would you
22 tell us your name? Are you okay with that?

23 **UNIDENTIFIED SPEAKER:** You know, it'll be on my
24 tombstone. I tell you what's my name, Sergeant
25 Taylor, U.S. Marine, U.S. ^ Marine Corps, 2-7-6-1-4-

1 7-2. Let me tell you something now, okay? I ain't
2 finished, and I'll tell you why I ain't finished.
3 Now, I told you the part about ^. I got a letter
4 yesterday President Obama. Everybody reads it ^. ^
5 call me back. Then I got a letter from ^. She did
6 the best she could do with the VA. ^ But this is
7 all I have. I'm dying, that's all. I don't care.
8 Now, I'm going to get social security. Social
9 security got it when I had my stroke, and I had my
10 stroke due to diabetes and according to my heart
11 doctor, due to the water. Now they say they can't
12 prove the water. I'm not ^ for no water. Now I
13 don't get Medicare or Medicaid because now you have
14 to wait two years to get Medicaid or Medicare. So
15 who's paying my bills? Who paying for my medicine?
16 I take 26 pills, different pills. I need help. How
17 do I go to the VA and take a means test when I got
18 no money, and you ^ out of my social security check,
19 half of my social security check for the Treasury
20 Department? Told me said, well, you'll get it back
21 later once you're service connected. I've been
22 trying to get service connected for three years.
23 Now they tell me it might come any day. What day?
24 I haven't seen ^ pay for it yet, and I won't get
25 anything. What do you want from me? Is this

1 Canada? Mexico? Help us out. Now, before I go, I
2 received two months ago ^ some more conditions.
3 This is after the VA ^. They said they can prove
4 it's from the water. Now if they can prove it's
5 from the water, how come all these six people there
6 can't prove it's from the water? What they waiting
7 on? Something's wrong in this country. Is this a
8 kindergarten country? Is this the Boy Scouts? I
9 got more conditions now than you can put on paper.
10 (on-going interruption from audience member)

11 **MR. BYRON:** One person at a time, please.

12 **SERGEANT TAYLOR:** And I got more conditions now than
13 ^ about. And also while ^. It don't matter about ^
14 about the water, but how much more do you think a
15 person can take? ^ what y'all trying to do. Y'all
16 got your rules, you got your ^ and all this other
17 stuff you're talking about. But when I was in the
18 Marine Corps they called it git mo. And I'm here to
19 tell you, it says I ain't got nothing, I can git mo.
20 And all I want to say is thank y'all for just being
21 curious enough to come and ^ and stand before the
22 VA. I'm not stupid, I'm just ^. A man who got the
23 courage of David and Goliath. ^ You ain't bad
24 people ^. And I'm sorry for holding up your time
25 'cause you might not see me no more. That's the

1 truth. I really don't feel like going on, but I
2 have hope when I see somebody like Jerry. So I got
3 hope. And I got hope -- he's standing up there
4 looking over me. I got hope looking. It's the real
5 thing. Let's straighten this thing out.

6 **MR. FLOHR:** Sir, if I could just say, I have no idea
7 what your claim involves, where it is, how long it's
8 been, but what I need from you is your name and your
9 social security number. If you'll give it to me
10 then I will find out where your claim is and we'll
11 do what we can to assist you.

12 **MR. STALLARD:** I'd like to point out that Dr. Ward
13 has given us this article, correct?

14 (no response)

15 **MR. STALLARD:** I said this is from you, right?

16 **DR. WARD:** From me, yes.

17 **MR. STALLARD:** Okay, so I won't forget.

18 **DR. WARD:** Also, I know ^.

19 **MR. STALLARD:** All right, Tom. We're about to wrap
20 it up. I'm glad you were able to join us albeit at
21 the end of the program. Any concluding comments
22 you'd like to share?

23 **MR. TOWNSEND (by telephone):** I've been listening
24 right along. I'm in agreement with what's going on.
25 I've had some setbacks myself. I have a claim

1 before the Board of Veterans, and I'm hoping to hear
2 something from them. My claim has been there for
3 two or three years now on the Camp Lejeune stuff.
4 Jerry and I have been doing this since 1998 or 1999,
5 and it seems like I sometimes have the feeling that
6 the Marine Corps' position is that we'll get old and
7 die. We'll just go away. But I'm almost 81 and I'm
8 not ready to go yet, so Semper Fi and let's move on.
9 End of story.

10 **MR. STALLARD:** Excellent. Okay, thank you.

11 **WRAP-UP**

12 We're about to wrap up and take it out of here.
13 Jerry has asked for just a moment for some
14 concluding remarks. And I will tell you so that
15 everybody doesn't run out the door right away, you
16 know that this evening we have a forum. The doors
17 open at six. The program begins at seven. We'll
18 have a presentation by ATSDR and then there'll be
19 table sessions set up with representatives.

20 Yes, sir.

21 **UNIDENTIFIED SPEAKER:** I just wanted to ask one
22 simple question.

23 **MR. STALLARD:** A simple question. Let's hear it.

24 **UNIDENTIFIED SPEAKER:** Is there anything whatsoever
25 under the heavens as an exception to being

1 registered for that survey?

2 **MR. STALLARD:** Jerry.

3 **MR. ENSMINGER:** Yeah, I'd just like to point out one
4 thing. You know, I'm glad Mike brought his computer
5 along and kept us online while the meeting was going
6 on today because we've received --

7 How many?

8 **MR. PARTAIN:** About five.

9 **MR. ENSMINGER:** -- five different Google alerts on
10 different articles written about today's meeting,
11 and gee, go figure. The Marine Corps' statements
12 have morphed already. Now they're saying that, they
13 said Wednesday the Corps has sent representatives to
14 past meetings, but said their presence has been
15 distracting. It seemed that our presence there
16 would incite emotional responses. We didn't want to
17 aggravate the situation, so instead we chose to pull
18 back and let the community focus on their dialogue.
19 For god's sake, I mean, this was just within a
20 matter of hours. Now do you understand what we're
21 fighting and what we're up against?

22 **MR. STALLARD:** All right well --

23 **MR. BYRON:** I wanted to thank those individuals who
24 came here today because it's hard to come up here
25 year after year when nobody's behind you. And I

1 just wanted to thank all of you who came here,
2 victims and those who are not victims, and their
3 doctors and supporting what's happening here with
4 the ATSDR and the CAP. Thank you very much.

5 **MR. STALLARD:** Just for transparency, Mary Ann
6 Simmons is the representative. She has been here
7 for all the meetings and sat at the table and
8 contributes to the degree she's able to do. And so
9 it has not been a distraction, and we're glad to
10 have you sit at this table.

11 So with that --

12 **MS. BRIDGES:** Can I say one thing?

13 **MR. STALLARD:** No.

14 **MS. BRIDGES:** Real quick. If you want to do
15 something, contact your senators and your
16 congressmen. That's the step. That's the first
17 step, the most important one that you can take.

18 **MR. STALLARD:** All right. The date of our next
19 meeting we're talking about in November. Okay,
20 those of you who are traveling home, be safe. And
21 those of you who are staying we'll see you later
22 this evening. Thank you very much for your
23 participation.

24 (Whereupon, the meeting was adjourned at 3:10 p.m.)
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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 20, 2011; 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 15th day of August, 2011.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102

2

1 Statement of concerns and key issue, submission by Rodney
2 E. Rhodan (added after the meeting and not part of the
3 transcribed account of what happened at the meeting):
4

Attn: CDC, My name is Rodney E. Rhodan, I'am writing this statement of concern and key issue letter to be made a part of the July 20, 2011 meeting records, that is to be held on the topic of: The camp lejuene contaminated drinking water, in North Carolina at the University of North Carolina. My concerns in regards to the lejuene contaminated water issue is the mishandling of the process, by ATSDR to include the contractors and subcontractors that was hired by ATSDR that actually conducted or performed the research and studies. Key issues of my concerns in this matter is that the first or intial set of contractors and subcontractors hired by ATSDR, was found to have used inaccurate, faulty, false and inconclusive research data, to base the final findings report on. This report under the Bush, administration had to be then redact. My concern is the research and study programs are being used as a vehicle to allow contractors more contractual business and revenues, from the government. My second concern has more to

do with the violation of the constitution by our own government against the military servicemen and base employees. My key issue is, I was station at camp lejuene from 1982 to approx; 1985. Although the marine corps and our government elected officials knew about the contaminated toxins in the drinking water systems, there at camp lejuene, military installation. I was informed of the contamination, the toxin and the danger of the toxin, some 26 years after the fact. The mishandling of the contaminated water issue, placed my government in direct violation of the United States Constitution, this action was a direct violation of constitutional amendment 4th, 5th, and the 14th. The 4th amendment to the constitution was violated by our government as a result of me not being informed of the contamination and toxin in the base drinking water system, until 26 years after the fact. The 4th amendment to the constitution: Right of the people to be secure in their person. The 5th constitutional amendment was violated by my government against me also as a result, of my government placing

my life in danger. This occurred as a result of my government not informing me of the contamination and danger of the toxin, at and in Camp Lejeune base and water system, until 26 years after the fact. This was a direct violation of the 5th amendment to the constitution: Deprived of life, liberty and property. The 14th constitutional amendment was violated by my government against me as a result of my government not sharing the contaminated water information, with me until 26 years after the fact. The 14th amendment: Equal protection of the law. I Rodney E. Rhodan, request that this letter be made a part of the Camp Lejeune contaminated water meeting, that will be held in North Carolina, July 20, 2011. I request that this letter be placed in the records, as a part of the records of this meeting on July 20, 2011 that is to take place in North Carolina.

Sincerely,

Rodney E. Rhodan.

06/ 27 / 2011.