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 North Carolina, Wilmington, North Carolina, on July 20, 2011.
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>July 20, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS</td>
<td>5</td>
</tr>
<tr>
<td>CHRISTOPHER STALLARD</td>
<td></td>
</tr>
<tr>
<td>GENERAL INTRODUCTION TO ATSDR ACTIVITIES AT CAMP LEJEUNE</td>
<td>20</td>
</tr>
<tr>
<td>DR. CHRISTOPHER PORTIER</td>
<td></td>
</tr>
<tr>
<td>CAP PRESENTATION/CAP UPDATES/COMMUNITY CONCERNS</td>
<td>24</td>
</tr>
<tr>
<td>JERRY ENSMINGER AND CAP MEMBERS</td>
<td></td>
</tr>
<tr>
<td>RECAP OF PREVIOUS CAP MEETING</td>
<td>42</td>
</tr>
<tr>
<td>PERRI RUCKART</td>
<td></td>
</tr>
<tr>
<td>UPDATES ON HEALTH STUDIES: MORTALITY STUDY</td>
<td>58</td>
</tr>
<tr>
<td>HEALTH SURVEY</td>
<td>66</td>
</tr>
<tr>
<td>FRANK BOVE, PERRI RUCKART</td>
<td></td>
</tr>
<tr>
<td>Q&amp;A SESSION WITH THE VA</td>
<td>74</td>
</tr>
<tr>
<td>TERRY WALTERS, BRAD FLOHR</td>
<td></td>
</tr>
<tr>
<td>DATA MINING WORKGROUP UPDATE</td>
<td>103</td>
</tr>
<tr>
<td>SVEN RODENBECK</td>
<td></td>
</tr>
<tr>
<td>WATER MODELING UPDATE</td>
<td>110</td>
</tr>
<tr>
<td>MORRIS MASLIA</td>
<td></td>
</tr>
<tr>
<td>CANCER INCIDENCE OPTIONS</td>
<td>148</td>
</tr>
<tr>
<td>FRANK BOVE, PERRI RUCKART</td>
<td></td>
</tr>
<tr>
<td>AUDIENCE QUESTIONS</td>
<td>163</td>
</tr>
<tr>
<td>WRAP-UP</td>
<td>188</td>
</tr>
<tr>
<td>CHRISTOPHER STALLARD</td>
<td></td>
</tr>
<tr>
<td>COURT REPORTER’S CERTIFICATE</td>
<td>191</td>
</tr>
</tbody>
</table>
**TRANSCRIPT LEGEND**

The following transcript contains quoted material. Such material is reproduced as read or spoken.

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

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

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

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

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

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

(alphabetically)

BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR (via telephone)
ENSINGER, 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
WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

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

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

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

So let’s start here with you.
MR. ENSMINGER: My name’s Jerry Ensminger. I’m a member of the Camp Lejeune Community Assistance Panel. I’ve been on the CAP from its inception since 2005.

MR. STALLARD: That’s good. Thank you, Jerry. We’ll hear more from you I’m sure.

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

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

MR. PARTAIN: I’m from Tallahassee, Florida.

MR. STALLARD: Thank you.

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

MR. STALLARD: Thank you also, Mary.

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

MR. STALLARD: Thank you.

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

MR. STALLARD: Welcome, Jeff.
MS. RUCKART: Perri Ruckart, I work at the Agency for Toxic Substances and Disease Registry, ATSDR, on the Camp Lejeune health studies.

MR. STALLARD: Welcome, Perri.

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

MR. STALLARD: Welcome.

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

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

MR. STALLARD: Welcome.

DR. PORTIER: Chris Portier, I’m the Director of ATSDR.

DR. SINKS: Tom Sinks, I’m the Deputy Director of ATSDR and the National Center for Environmental Health.

MR. STALLARD: And my name is Christopher Stallard. I’m also with the Centers for Disease Control and Prevention, and I am the facilitator that has been with this crew since its inception, in fact, before. As we normally do, yet on the phone --

Tom.

(no response)

MR. STALLARD: Who do we have on the phone?
DR. CLAPP (by telephone): I’m Dick Clapp.
Unfortunately, I was trying to get to the meeting,
but had a delay on the flight, so I had to come back
and wasn’t able to connect. I’m with Boston
University; I’ve been with the CAP since 2006.

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

Who else do we have on the phone?
All right. Well, we’re expecting Tom Townsend.

MS. RUCKART: And Devra.

MR. STALLARD: All right, well, we’re expecting Tom
Townsend from Idaho to call in.

MS. RUCKART: And Devra.

MR. STALLARD: And Devra. In the meantime we’re
going to get started. As we are accustomed to
doing...

Did someone else just join us?
(no response)

MR. STALLARD: We begin every meeting in order to
sort of establish our operating principles and
guidelines, how we interact with each other. So
these are our operating principles, guidelines.
Some might call it protocol. Others may call it
etiquette, and for those of you in the community,
maybe rules of engagement.
This is a dynamic relationship between science and community and emotion, and so having to set the standard for how we’re going to interact is very important. So along those lines: zero personal attacks, transparency, one speaker at a time, respect the speaker, please say your name for the transcripts. This is an officially documented, live-streamed event. Those here at the table and those in the audience, please turn your cell phones off or on silent stun.

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

I must inform you that we are short one of our CAP members. Jim Fontella has resigned his post in order to deal with his health. And Frank, Dr. Frank Bove, has handed out a document, handed it to Jerry, and we’re going to hand it out to everybody. Frank received a request from an individual citizen,
constituent, to have this read into the record of the CAP meeting. So what I would like to encourage you to do is during the time that you have, perhaps during the break or whatever, by today, read it and then come to consensus if you wish to have it added officially in the record, okay?

Yes, Jeff.

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

**DR. BOVE:** Yes.

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

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

**MR. PARTAIN:** I just want to ask a question. You know, ever since I’ve been involved in December of 2007, we’ve gone over this at every meeting and discussed before we had the meeting our principles of how we conduct ourselves. And I guess I ask the feedback question, have we ever had a problem with etiquette or not following these guidelines? I’d ask anybody at ATSDR, Chris, is this a functional problem that we’ve had for anything that we’ve had to deal with of not conducting ourselves properly, I guess, is my question.
MR. STALLARD: Well, I can tell you from my experience I have seen no kicking, screaming, biting, brawling. What I have seen is strong emotion expressed. Mike, does that answer your question?

MR. PARTAIN: Yes.

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

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

You know, the United States Marine Corps loves to speak about this family, their Marine Corps family, which a lot of you out there in the audience and a lot of you listening to this or watching it on the internet are part of. I am. I was a member of
this gun club for 25 years. Now, this has really, really got me pissed off, okay?

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

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

MR. STALLARD: Thank you.

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

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

DR. PORTIER: This is Chris Portier. Can you wait
one minute? The link is not working right now. If we could just hold for a minute or two they might be able to get it.

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

DR. BOVE: This is being recorded though.

DR. PORTIER: It is being recorded, yes.

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

Welcome.

And we’re expecting Brad as well, right?

DR. WALTERS: He’s coming. He’ll be here this evening.

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

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

All these other assertions that the man makes
in here, you know, I have no proof that these allegations, I mean, I need more proof to take something and run with it than what he’s saying here. I mean, this is all, a lot of this is very, very speculative.

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

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

And when you have the volumes of misinformation that has been out there, most recently I think it’s the -- was it October CAP meeting? We pointed out that the Marine Corps booklet that was issued in July 2010 contained errors and was a possible problem with a future upcoming study. And that booklet has now finally been redacted, but as of right now -- sorry, it has been withdrawn from the Marine Corps’ website. But what about all the people that saw the booklet online? What about all the people who got the booklet or heard about the booklet or seen the booklet? Do they know?
And when you see these things, I mean, this is the concern of the community. People see this, and they want to know what happened but they don’t know who to believe. Did the Marine Corps, the community, ATSDR? And you get letters like this out because the information’s not there for them to get. And that’s what this represents and along with what we hear in e-mails and contacts we get that through our website all the time.

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

MR. PARTAIN: Centralized accurate information.

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

But he still wanted this read into the record. He is angry. He’s upset. He thinks his rights were violated. And this is not, we’ve heard this before,
and we’ll probably hear it as we go along even more. So that’s why I brought it up. I wanted the CAP to make a decision as to what it wants to do with it. He’s very insistent that I bring it up so I wanted to leave it to you.

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

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

You can go back to the Commandant of the Marine Corps and tell him this is entirely out of control. The in utero study won’t even be finished until 2013, and the fault lies with the Marine Corps. So
please pass this on, pass this letter on. As one individual of the CAP I agree with it, but I think it should be read into the record.

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

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

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

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

I mean, I don’t know how many times we deal with the press. I mean, even as late as in January we had press articles still talking about ABC Dry Cleaners contaminating the entire base, and it
wasn’t just some fish-wrapper newspaper. It was a major TV station with three million viewers in central Florida that said that despite us pointing that out at the meeting. We need this. We cannot rely on the Marine Corps to provide it. We have, and look what we’ve got.

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

(no response)

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

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

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

MR. PARTAIN: But like I said, we need to have a
place to put this information so it can be useful. Now I see, Dr. Portier, if that’s something we can make happen. I think it’d be a great benefit to the community.

**MS. BLAKELY:** Mary Blakely.

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

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

It’s the Community Assistance Panel. We’re looking at a relationship with the community to provide information back and forth, to provide input into the activities at the base. We meet quarterly. So far this would be our 20th meeting, and we meet regularly. We’ve come a long way. For those of you in the audience it’s true. Your representatives on this panel have become pseudo-scientists to a degree in their investigatory powers. They’ve learned a
lot in 19 meetings since 2006. Next slide.

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

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

Welcome, thank you.

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

And then I’m going to be followed now by Dr. Christopher Portier.

GENERAL INTRODUCTION TO ATSDR ACTIVITIES

AT CAMP LEJEUNE

DR. PORTIER: Thanks, Chris.

I just wanted to take a minute to welcome everyone here to this CAP meeting, the 20th CAP meeting, my second. It’s been an interesting learning experience for me in the year that I’ve been with ATSDR, and I want to thank you all for raising my awareness on this situation. ATSDR is
Agency for Toxic Substances and Disease Registry for the rest of the audience.

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

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

I thought I would give you a little bit of background on Camp Lejeune so that the audience -- the CAP doesn’t need this background -- a little bit for the audience. We’ve been gathering data now for a number of years on water contamination at the site as well as information on water usage, pumping out of the wells, which wells were mixed at what time and went to what communities on the Camp Lejeune base. We’re assembling personnel records to try to understand where people were and at what time. Housing records so we can specifically locate them
on the base. And then we will be obtaining health
outcome data over the next year to two from
individuals in our survey as well as records that
exist already.

Next slide, Morris.

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

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

There are a number of studies that we’re
looking at. Some of these were previously done with
other water contaminant estimates that we no longer
trust and so we are re-doing the water contaminants,
and we will be re-doing these studies. The adverse birth outcome study that looked at pre-term births, low birth weight and small for gestational age children. And birth defects and childhood cancer study, which looked at neural tube defects, oral cleft defects, childhood leukemia and non-Hodgkins leukemia.

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

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

That’s the short and sweet of it. I’ll go over this in much more detail this evening, and I’m sure you’ll hear more details from my excellent staff today as we talk with the CAP about what we’re doing
currently on Camp Lejeune.

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

MR. STALLARD: Thank you, Chris.

CAP PRESENTATION/CAP UPDATES/COMMUNITY CONCERNS

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

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

The Camp Lejeune CAP has been a very, very useful tool and the only thing that has made this CAP successful and useful was the involvement by the community members themselves and dogged determination. I mean, never, if you know you’re
right, if you know that somebody is, for lack of a better term, BS-ing you, don’t accept it. And I could tell all of you that for the entire 14 years of my involvement in this situation, my bullshit meter has been pegged out. And we’re finally getting to the truth.

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

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

The United States Marine Corps and the Department of the Navy on the other hand demanded that ATSDR not share any of the correspondence
between ATSDR and the Department of the Navy because it was, quote-unquote, pre-decisional. You know, if we’re going to have a Community Assistance Panel and this group of people is going to represent the community, then we’ve got to be tied into the loop, okay?

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

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

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

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

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

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

You know, I’m a bull-headed SOB, I mean, and I
don’t take no for an answer. And I don’t think
anybody in here should accept no for an answer
because this affects all of you, your health,
possibly your family’s health. Nobody knows the
importance of that any more than I do. And I just
want everybody that’s listening to this to
understand that your concerns are our concerns, and
we will address them for you. You have a voice.
Use it.

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

MR. ENSMINGER: Oh, yeah, there’s a, there was a
documentary that was made. The title of it’s
“Semper Fi, Always Faithful”. The documentary team
has been following us since June 11\textsuperscript{th} of 2007. That
was the first day of filming, the day before the
hearing in front of the Energy and Commerce
Committees hearing in 2001 (sic), June 12\textsuperscript{th}, the day
before that they started filming.

The film came out. It was premiered at the
Tribeca Film Festival in Manhattan in April. It won
two awards, and it’s now being shown at different
film festivals. And it’s going to be marketed. It
is going to go into the box office circuit first.
Presently, it’s showing in theaters in New York and Los Angeles. That was a requirement that had to be made so that it would qualify for the Academy Awards.

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

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

Anybody else got a laptop here?

MS. BLAKELY: I have a laptop, Jerry.

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

MR. STALLARD: So you’re going to set that up?

MR. ENSMINGER: Yeah. And also, the afternoon schedule, some of you might be sitting out there getting bored this morning. The water modeling update that’s scheduled for this afternoon, you
might want to stick around for that. It’s going to be very interesting and very informational. I mean, would be worthwhile I’m sure.

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

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

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

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

But I was taught not to behave that way. I was taught to stand up and be proud of who my father was and what he did. I was told by the representatives
that the Marine Corps had done all it could to inform the people that had been exposed to the toxins.

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

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

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

Mr. Stallard: Thank you, Mary.

Dr. Bove: Mary, could you tell us a little bit about what you’ve been doing, too. I know you’ve been doing some work.
MS. BLAKELY: Yes, I went to Jacksonville, and I went to the Register ^, and I have scanned death certificates of any infants I could find that have any association with the base or exposure to the water. You know, like say their parents just worked on the base or anything like that.

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

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

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

Mike.

MR. PARTAIN: My name is Mike Partain. I joined the CAP in December of 2007 while I was completing my treatment for breast cancer. I was born at the base and one of the children in the in utero study. And
like many others I had no idea that this was going on until shortly after I was diagnosed with my disease.

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

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

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

When you discover something, you’re asking the questions. You’re looking at the information, and in such you have the power. And it is a critical
difference that what this CAP has enabled the community to do is to quit relying on what the Marine Corps is telling us and going out and finding what they’re not telling us and discovering what happened to us at Camp Lejeune, and what we were exposed to, and what it means to our families and to ourselves.

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

I mean, Jerry and I and Denita and Tom Townsend and the other subjects of the film, we do not receive any compensation for what they do. The investors who produced the film, if they sell it, if they market it and sell it and get contracts for it, they’re the ones that reap the reward.
The benefit that Jerry and I, Denita and everyone else in the community receives from this film is the fact that we get our message out for people like you and the community to hear it and understand what in the hell is really going on.

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

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

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

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

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

Well, I’m here to tell you I’ve been involved in this situation for 14 years. I have asked repeatedly for the opportunity to sit down with the leadership of the United States Marine Corps to address these issues face to face. Not only have I
never been granted the opportunity to sit down with the leadership of the United States Marine Corps, they have taken every opportunity they’ve got to avoid it.

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

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

MR. STALLARD: Thank you very much. Let’s hear from Sandra.

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

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

MR. PARTAIN: I just want to say there’s some bumper stickers over there, for people in the audience, on the corner.

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

MR. STALLARD: Bless your heart. Thank you.

MS. BRIDGES: I appreciate everything that they’re doing with this.

MR. STALLARD: Jeff, a little bit about you and what you’ve been doing since the last meeting if you would.

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

My oldest daughter has bone marrow disease called aplastic anemia, and on September 28th, she’ll have the rest of her teeth removed, the last ones that are remaining. My youngest daughter also is having issues dentally, has curvature of the spine, cleft palate, and she’s passed that on to my
grandson who has a chromosome deletion known as velo-cardio facial syndrome or DiGeorge Syndrome also known as 22Q.

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

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

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

He was evaluated to be at two-and-a-half years
old intelligently. And although there is now a Velo-Cardio Facial Center Clinic in Cincinnati, and I have to commend the Children’s Hospital there for doing it, they’re doing a good job with him but, you know, as a grandfather and father just watching her (sic) children deteriorate, I’m going to say that more than likely I’ll experience one of them at least passing before I do.

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

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

And I do have one other issue that doesn’t really have to do with Camp Lejeune, but it’s a concern because of military families. I asked ATSDR
and the individuals here if they were aware of the
autism rate in the military I’ve been hearing is
one-in-88 children that are born in the military has
autism. And then my understanding is in the outside
community, the civilian community, it’s one in 110
so I have brought some information.

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

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

And I was a little surprised to find that they
weren’t aware of this. And so hope that, you know,
making them aware of it and somebody will look into
that. It doesn’t have to be done at this meeting or
by this group at all, but it should be addressed
eventually. Thank you very much.

MR. STALLARD: Thank you.

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

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

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

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

And in terms of the effectiveness of this CAP,
I just want to say briefly this isn’t something
that’s new since the last meeting, but I’ve been
involved with CAPs for a long time including a CAP
in Woburn, Massachusetts, around a childhood
leukemia cluster before there even was an ATSDR, and
I think the Camp Lejeune CAP is as effective a group
as I’ve ever seen and for all the reasons that people have been talking about before me. And also, I’d like to thank you, Chris, for having pulled off the amazing facilitation that you’ve done over these past several years. So I guess that’s my way of saying this is good work, and I hope everyone keeps it up.

MR. STALLARD: Thank you. Thank you. Meathead’s giving us the BS meter on that one, to me. Thank you very much though.

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

(no response)

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

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

RECAP OF PREVIOUS CAP MEETING

MR. STALLARD: If you would please take your seats, we’ll resume. Others will join us as they return. We’re going to resume this and on the agenda you’ll see that we postponed the recap of the previous meeting to start now at ten, what is now 20. So, Perri, would you lead us through that, please?
MS. RUCKART: Good morning. I’d like to start off our current meeting by briefly summarizing what happened at the last meeting just to help orient us. So at our last meeting we had a presentation and discussion on water modeling. That was given by Morris. He provided an update on the water modeling, what they have completed at that point, what they were currently working on, and on the status of the Hadnot Point-Holcomb Boulevard reports.

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

And he discussed the intermittent exchange of water between Hadnot Point and Holcomb Boulevard treatment plants. And he reported that they’re simulating an event-based scenario using documentation in the logs when that is available, indicating when the booster pump or valve is turned on. And all this will include an uncertainty
analysis around his findings.

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

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

At that time at the last meeting he reported that most of the activity of the data mining involved trying to find information beyond the control of the federal government or not in possession of the federal government such as contractors. So they were preparing to send letters to former contractors and consultants to see if they can dig up anything else. And they’re really working hard to close out activities related to water modeling.
At that time the CAP provided some suggestions for where ATSDR could look, some specific contractors’ names, and again, hopefully Sven can provide an update on that when he joins us.

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

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

We also had Brad Flohr at our last meeting and he provided his VA update. At that time he
mentioned that the VA had reviewed 195 claims that were previously denied, and they found that 30 claims could benefit from additional review. And he mentioned that after meeting with House and Senate staffers the VA drafted a separate training letter on Camp Lejeune which was shared with us for comment. And we did get an opportunity to provide some feedback on that. I think that letter has since been revised again; about that.

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

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

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

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

We provided an update on the mortality study and basically in a few minutes here I’ll be giving a
further update that will sort of include that so let’s just table that for now.

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

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

**MS. RUCKART:** If you’d like, sure.

And we also mentioned that we held an expert panel meeting in March. I think it was March 8th. At that time the summary notes were undergoing agency review, and they were also shared with panel members for their review and comments. They are now posted on our website. They’ve been finalized.
Basically, the panel is supportive of moving forward with medical record confirmation of self-reported diseases regardless of the participation rate. And the panel also suggested that we develop a strategy to promote the survey, and we were working with a contractor to do that. And we have done that.

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

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

MR. STALLARD: At this forum.

MS. RUCKART: At this forum.

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

MS. RUCKART: Yes.

MR. STALLARD: Okay.

MS. RUCKART: So I didn’t want to focus too much
time on where the mortality study and health survey were last time because we’re just going to talk right now about where they are now.

MR. STALLARD: Do you need the slide?

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

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

Now as I mentioned, we did not have water modeling at that time so the 1998 study categorized exposure simply as exposed and unexposed. And the exposed group combined different levels of exposure.
And data that were gathered during the water modeling effort showed that previous information on who was exposed is incorrect.

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

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

Okay, the mortality study. This is one of our
more recent studies. In April of last year we began a mortality study which included Marines and sailors who began active duty after May 1975, and who were stationed on base any time during June 1975 to December 1985, and civilian employees who began DOD employment after May 1974, and who were employed at Camp Lejeune any time during June 1974 to December 1985.

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

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

And currently, we’re obtaining the cause of death information for those who we’ve identified as deceased and in a minute here we’ll get into some more details about the numbers of records we’re
looking at.

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

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

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

MR. STALLARD: Use the microphone.

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

MR. STALLARD: And the DMDC is what?

DR. BOVE: The DMDC is the --
MR. ENSMINGER: Defense Manpower Data Center.

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

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

MS. RUCKART: The main focus will still be through ’85.

DR. BOVE: We’ll have mortality for all the active duty from ’75 to ’87.

MR. ENSMINGER: Okay, good.

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

MS. RUCKART: I usually don’t have a problem with speaking too loud.

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

MR. STALLARD: Yes, sir.

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

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

DR. PORTIER: So I just want to make it clear to everybody. We’re not looking at deaths prior to 1987. We’re following people who were employed till
1987 and looking at their deaths until 2009.

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

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

The health survey will include anyone who lived or worked at Camp Lejeune during the period of drinking water contamination. The problem is that we can’t identify all of these people from the available records. So we have to send surveys out to the people we can identify. Who is that? That’s former active duty Marines and sailors who were
stationed at Camp Lejeune any time between June 1975 and December 1985, civilian employees who worked at the base any time between December 1972 and December 1985. And these groups of people were provided by the DMDC data. We also have information on the families who took part in the previous survey that I mentioned, so we’ll be trying to locate them and send them surveys. And we’re mailing surveys to people who requested a health survey by registering with the Marine Corps by June 15th. It was necessary to cut it off then so that the contractor had enough time to manage those people’s information and send them a survey. Surveys will also be sent to a sample of former active duty and civilian employees from Pendleton. I do want to just let you know, just because someone doesn’t get a survey, you know, the results of what we find would still apply to anyone, Marine, sailor, dependent, civilian worker who received the contaminated drinking water at Camp Lejeune. So it’s not necessary to fill out a survey to have the results apply to you if you were exposed.

MR. STALLARD: So the survey cut-off date was when?
MS. RUCKART: The registration for the Marine Corps cut-off date was June 15th. I do want to say we
still are encouraging people to register with the Marines even though they won’t be sent a survey as part of this effort because then they will still be on the Marine Corps’ list to receive the updates that the Marine Corps will send out. Keep that in mind.

MR. STALLARD: Do we know how many registered?

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

MR. STALLARD: Thank you.

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

Now we expect to mail about 300,000 surveys, and a group of health surveys will be mailed out every three weeks from June, starting in June through the end of this year. And we’re sending them out in waves like this to be able to manage the
responses more efficiently because that’s a very large number to have to deal with. And the diseases reported by survey participants will be confirmed using medical records, data from cancer registries or by using death certificates. Next slide.

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

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

So why did we choose Camp Pendleton. There are two main reasons why the mortality and health survey studies include a comparison group from Camp
Pendleton. The first is that Marines and sailors are typically healthier than the general U.S. population. So if we compared them to the general -- if we only compared them to the general U.S. population, we may miss something or underestimate something. We don’t want to do that.

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

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

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

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

MS. RUCKART: I’ll mail it out to you when I’m back
MORTALITY STUDY

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

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

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

So we’re also sending those names on, or we have sent those names on to the NDI to obtain their
approximate cause of death, and we’re also getting secondary cause of death. And the data has come back from NDI and we’re doing a preliminary review of that so I can’t report exactly what deaths we’re seeing, but we’re going through those records now for the data that has come back from NDI.

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

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

MS. RUCKART: The what?

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

MR. ENSMINGER: Well, it lists the unit. It doesn’t list where you lived.

MR. BYRON: Well, it lists where I lived, mine does.
MR. ENSMINGER: What?

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

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

MR. BYRON: Buell?

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

DR. BOVE: Command chronologies.
MR. ENSMINGER: Yeah, the command chronologies from the units. We’ve gotten them piecemeal, but those records exist. The records exist for where those units were barracked, and nobody’s telling me any different. I know it. They’re there. All it’s going to take is somebody that wants to cooperate to find it.

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

MR. ENSMINGER: Well, and Mainside includes French Creek and the old hospital, the old Naval hospital. Now the cutoff came when the Holcomb Boulevard system came online. You know where the bridge is right there after the old hospital, right there when you go across Wallace Creek there at the Marston Pavilion, that bridge right there? That would be
the cutoff for the Holcomb Boulevard water, okay?
Or Hadnot Point water.

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

**MR. ENSMINGER:** No.

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

**MR. ENSMINGER:** Second Battalion.

**DR. BOVE:** Second Battalion.

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

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

So those in the audience, too, 8th Marines in
particular but any of your units if you remember
whether you were on Mainside or not that’s important information for us to have. And so we encourage you to talk to your friends about that, and I’ve always encouraged the CAP to do that. It’s been up on the website that that’s been helpful.

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

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

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

MR. BYRON: And I have one other question. The mortality and health survey, you said stationed at Camp Lejeune. Does that also include if you were resident on Camp Lejeune like at Tarawa Terrace or Midway Park? Because I was stationed at the New River Air Station even though I’m obviously listed with the Marine Corps and ATSDR for the health survey, but I was stationed at New River.
MS. RUCKART:  Yeah, we’ve been getting reports of people who are getting the health survey, they’ve been what they’re calling these satellite locations, and they are included in the ^.

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

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

And the DMDC added to it people that New River units, some from Geiger are in there, and Perri was just saying there are some from satellite, mostly air stations, Cherry Point, for example, was one. There’s also an air station that’s a satellite of Pendleton.
DR. BOVE: So there were some errors in coming up with the units or some of these units are in multiple places. That’s possible, too, I guess. So that’s what we’re working from is the unit list that was developed by the DMDC. They did do a lot of research we were told to come up with a better list than the one that was used for verification. So that’s what we’re using in these studies. So our studies are as good as those lists are.

MR. BYRON: Okay, because I haven’t received a health survey yet.

MR. STALLARD: All right, Perri.

HEALTH SURVEY

MS. RUCKART: Before we get into the health survey, I just want to give some general background about epidemiologic studies in general. So we mentioned why we’re doing some of our work here. Some of it was mandated by Congress. Some of it was recommended to us by our expert panels. In general, the goals of our health studies at Camp Lejeune and health studies in general are to add to the knowledge base when there’s gaps and things are not known, to do research, try to fill those gaps. And also to answer questions that people have about their health.
And the way we do that is by comparing groups of people that are similar in some respects but have different ^ exposure and then try to determine if the group that we think is exposed is likely to have elevated rates of whatever diseases that we’re looking at. That’s generally how these things work. Any questions about that?

(no response)

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

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

So you have to start very early on in developing the materials they like to see, and then sharing your health surveys with them and all your communications that you’re going to have with participants. And you can’t send out anything until
you receive that. Unfortunately for us, during our process of developing the materials, the census was being sent out, and there was a moratorium on sending out any new health surveys during the time the census was being conducted. That caused a delay.

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

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

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

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

**DR. PORTIER:** Perri’s got it exactly right. It’s the Paperwork Reduction Act, and it’s an attempt to not burden the American public with too many surveys
from the U.S. Government. It is a federal law, and so we must get approval.

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

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

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

MS. RUCKART: That’s true. OMB has approved our
materials and we’re able to send out the health survey, but I do believe they want to see results of the first phase of the health survey before we move into the medical records confirmation. They do want to look at the mid-term report. They want to have a little bit more involvement than they typically have, but I don’t think they could stop us really, but they do want to be kept in the loop and involved. That doesn’t usually happen, but this is a very, very important type of.

MR. STALLARD: (Inaudible).

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

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

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

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

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

So overall, this is about a 17 percent
participation rate, but I want to point out that we still need to send out the first wave second survey mailing and a reminder phone call. So that is going to increase when people get those reminders.

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

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

MR. BYRON: This is Jeff Byron again. I wanted to hear from Mary Ann Simmons on what the steps the Marine Corps has taken to get a greater participation rate on the survey questionnaire. I’ve asked for letters to be written by the Commandant for serve your country again, serve your
fellow Marines. I’d like to know if that’s happened.

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

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

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

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

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

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

**DR. BOVE:** Yeah, yeah. There’s several parts to each wave. This first wave’s not over yet because
you get the second mailing of the survey if you haven’t completed it, you get another postcard reminder and then finally even a phone reminder. So there’s various parts to each wave to increase participation.

MR. BYRON: Thank you.

MR. STALLARD: So you wrapped up your update. Frank, was there anything else because it was, you know, Frank and Perri.

DR. BOVE: No.

Q&A SESSION WITH THE VA

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

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

MR. FLOHR: Good morning, everyone. Once again it’s truly a pleasure and an honor to be here with you and go through this issue. You’re all aware, some of you are not aware, but earlier on in December we briefed -- that is myself, Dr. Walters and others -- briefed the Secretary of Veterans Affairs on the Camp Lejeune issue. He made a decision that pending
the results of all the studies that are being done by ATSDR we should consolidate all the claims that VA receives based on service at Camp Lejeune to one regional office in an effort to get those people updated on what happened at Camp Lejeune and to have the most consistent decision-making process.

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

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

So I don’t know if that’s representative of new
claims being filed or if it’s offices realizing they
have a Camp Lejeune claim and they’re just sending
the file then to Louisville or its appeals ^. That
is when a decision’s been made that is unfavorable
to the claimant, and they appeal. That goes to
Louisville as well, so a lot of issues.

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

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

And they also talked about the difficulties in
providing medical opinions when they don’t really
know how much water that an individual was exposed
to. That, of course, is based on doing these
claims, but they’re all very able and willing to
provide medical opinions doing the best research they can do when asked to give a good medical opinion.

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

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

But we get comments from a lot of DOD folks, Navy scientists, Marine Corps personnel, offices, health affairs and DOD and from ATSDR. And we’ve incorporated the comments; we released our training letter. We then learned that there were some people in DOD and OMB and the Department of Justice who
didn’t get a chance to comment, and they brought us together and voiced their concerns about the training letter.

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

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

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

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

**MR. BYRON:** But these are veterans. The only tort claims that are being filed under Camp Lejeune are the family members of veterans. I’m not aware of any tort claims with the veterans themselves.
MR. FLOHR: There are a few out there. There are a number actually and DOJ represents the Navy.

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

Mike, you wanted to respond.

I’m not sure if you’re done, Brad, with your presentation.

MR. FLOHR: For the moment.

MR. STALLARD: For the moment. We’re coordinating with Drew over there.

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

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

MR. STALLARD: Tom.

DR. SINKS: Mike, you and I think an awful lot alike
so I have also just wanted to express our real sincere thanks for the collaboration and cooperation we’ve gotten from the VA over the last 18 months. It has just really been terrific and tremendous, and I think the ultimate end of the work regarding Camp Lejeune goes far beyond the research that we’re doing, but how our work will be used to help servicemen and servicewomen who were at Camp Lejeune.

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

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

DR. WALTERS: The other aspect I’d like to address
is a couple of months ago, is it April, June -- I
forget -- ATSDR, Dr. Bove, talked to us about having
a collaboration with the VA in doing a male breast
cancer study. And my office couldn’t help them
directly, but we put them in touch with some cancer
researchers in the VA, and hopefully that will bear
fruit.

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

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

Medical records it’s a little bit more
difficult, and we’re not there yet. So I’m not sure
we can actually get the number of veterans with male
breast cancer who were at Camp Lejeune.

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

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

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

But I want to emphasize that I represent the Veterans Health Administration. Brad represents the Veterans Benefit Association, but we’re both VA and it’s important that we are at this table and collaborating with ATSDR because I do think we have
issues above and beyond Camp Lejeune.

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

DR. WALTERS: Generally, yes.

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

DR. WALTERS: We don’t know at this point.

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

DR. WALTERS: We could possibly find that out, but some of that VA study, I haven’t read that particular study. I possibly could find that out.

MR. PARTAIN: Well, Dr. Walters, the thing about the male breast cancer, and granted we talk a lot about it, but it’s one of the rare cancers that theoretically if you’ve got a weird, unusual cancer that is showing in exposed populations an indication
of an effect. But the cancer’s rare enough that
we’re dealing with small numbers, and I would think,
I mean, 648 in the whole VA system according to that
article is not a lot of people to deal with. And it
doesn’t require a lot of resources to go back and
find this out.

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

MR. PARTAIN: Or even identify --

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

MR. PARTAIN: But we should still look.

MR. ENSMINGER: Yeah, absolutely.

MR. PARTAIN: I mean, ten to the 71 that we’ve got
now is more. Just by poking around ourselves we
find 71. I would imagine in the VA going through
your records identifying male breast cancers. I
said it’s a rare enough disease that it’s going to
stand out like a sore thumb.
MR. STALLARD: So the action item here is of those within the database --

MR. PARTAIN: How many Marines.

MR. STALLARD: How many Marines.

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

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

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

DR. WALTERS: You’ve talked to Dr. Kelly, right --

DR. SINKS: We’ve spoken to the registry people --

DR. WALTERS: -- and that’s the person who can get you the information.

DR. SINKS: -- we are reasonably far along in trying to develop a protocol, and hopefully, we’ll be able
to show you what we’ve got at the next meeting. We just don’t know yet. Part of this issue is what is in the databases in terms of services, where they were --

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

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

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

I think that they’re very interested. We were very pleased at the response we got when we
discussed this with the registry, the VA Registry, and I think that it looks good. But we have a lot of steps to go before we’re there.

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

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

Let me make that clear right now. Those dates are for Tarawa Terrace water system only. The Hadnot Point and Holcomb Boulevard systems are being worked on now. We’re going to have an update this afternoon from Mr. Morris Maslia, the engineer from ATSDR, who is actually executing the water models.

But remember ’57 to ’85 is for Tarawa Terrace only.
MR. MASLIA: May I interject one clarification, Jerry? Actually, ’85, January, February, is the date of two primary contaminated wells were shut down at Tarawa Terrace. We actually went through the model at Tarawa Terrace was through ’87.

MR. ENSMINGER: Yes.

MR. MASLIA: By ’87 all wells were --

MR. ENSMINGER: I’m sorry, ’87.

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

MR. STALLARD: Thank you, Morris.

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

MR. STALLARD: Jeff.

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

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

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

MR. FLOHR: I’m sorry, based on --

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

MR. FLOHR: Being from VBA, I’m not completely familiar with the levels of eligibility of VHA, but I know that someone who, for example, is non-service connected but it’s determined that due to a disease they’re permanently and totally disabled, they can
get care for that if they’re entitled to a
disability pension. Of course, you have to have
limited income to qualify for that program.

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

DR. WALTERS: Sure, I’ll give you the website.

MR. BYRON: Thank you.

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

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

MR. PARTAIN: No.

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

MR. PARTAIN: No, I haven’t seen it. I’ll look real
quick.

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

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

Frank, stop me if this has already been
discussed because I was outside for a little bit.
There’s still a concern that the information in
the VA is not getting out and disseminated. We have
a member of our website contact me a couple of
months ago who has Stage IV terminal kidney cancer,
and he was denied. We escalated up to Congress and
also Mr. Flohr helped us out considerably.

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

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

I mean, I can understand some of the other
stuff, but a kidney cancer case, Stage IV metastatic
kidney cancer, and their during the time periods, I mean, he had four NEXUS letters. Two were strong. Two were mediocre but they all connected it, and this guy was denied, so comments?

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

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

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

DR. WALTERS: I’m going to respond in general to the whole issue of exposure and medical NEXUS and medical opinions.

MR. STALLARD: Please do.

DR. WALTERS: Throughout the VA often these exposure issues are not included in medical school curricula.
Benzene and TCE and hexavalent chromium, or indeed Agent Orange, and but physicians within or clinicians within the VA, that should be our stock in trade. We should be experts in this.

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

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

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

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

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

The third level is a thing called a war-related intravenova (ph) study centers. Basically, this is predominantly combat vets where we have a multidisciplinary approach. We often admit veterans for a week or put them in local hoptel, and we do an intensive, multidisciplinary look at these veterans
to see what’s going on in their lives.

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

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

MR. STALLARD: Thank you.

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

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

That material’s also available to anybody who’s listening, who’s on the web, any medical personnel
who would like to learn a little more about what to
look for on a variety of environmental chemicals,
cadmiums, Chrome-6 --

DR. WALTERS: Chromium ^.

DR. PORTIER: They’re on our website, and I would
courage you to go look at that.

MR. STALLARD: Okay, Mary and then Jerry.

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

There has to be a release of this information
in a mass way where everybody is informed what’s
going on, at least the medical community. Something
more has to be done. It’s ridiculous that people
don’t know about this, especially people who are in
Jacksonville.
I had to tell my father and my brother about this. They live in Jacksonville. My family’s lived there since 1976. My father retired in ’78. People don’t know. It’s not right.

MR. STALLARD: Thank you, Mary.

Jerry’s up.

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

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

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

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

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

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

MR. FLOHR: Jerry, our training letter doesn’t state that anybody with kidney cancer was at Camp Lejeune, all it does is point to the known scientific facts that exposure to TCE can cause kidney cancer. But each individual case is different and nobody knows, as I said, nobody knows the actual exposure amounts that someone was contaminated with. So it’s up to each medical examiner to provide their best medical opinion in terms of do they believe that based on their knowledge, based on their ability to research,
is it at least as likely as not to be, knowing the potential exposures, knowing the potential causes that it’s at least as likely as not due to exposure. And that’s what the medical examiners do. It’s not always going to be, come out favorably.

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

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

Folks, we’re going to be wrapping it up --

Just a moment, just a moment.

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

**DR. WALTERS:** The other thing you need to know is
that these medical opinions can also be given by
civilian clinicians. They don’t actually have to be
VA doctors. So I’m not sure if this gentleman was a
VA clinician. And our challenge is really getting
the information out not only to the VA physicians
but the entire clinical population as well.

MR. STALLARD: Thank you.

And now Perri.

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

MS. BLAKELY: I recognize that, but there are people
getting sick and dying right now, and they need to be informed right now. So I know that it’s not your responsibility to do that because your job is to study and do the science end. What I’m asking is can’t your community ring a bell somewhere and say, look, somebody needs to inform the public about this because people are getting sick and dying. My father was just diagnosed with lung cancer. People are still dying.

MR. STALLARD: Thank you.

Jeff, are you going to take us out here?

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

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

MR. BYRON: So would that mean that the individual requesting benefits or medical care, it would almost
be his responsibility to get another opinion?

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

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

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

**MR. BYRON:** They’re scared.

**MS. BLAKELY:** They’re not just scared. They don’t believe you.

**MR. STALLARD:** Okay. We could go on a long discussion about the distinction of clinical practice, psychology, psychiatry and all that, but what we’re going to do now is go on to lunch. And what I’d like to tell everyone in the audience is that those of us who you see with coffee is because we found a place right outside the front door to the
right. It’s like a student cafeteria with food and beverages, so please wherever you go, if you’d like to be here when we start, we’re going to start promptly at one o’clock.

Dick, are you back on the phone with us?

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

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

Thank you, we’re out.

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

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

(audience responds)

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

(audience responds)

**DATA MINING WORKGROUP UPDATE**

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

Sven, are you on the line?

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

**MR. STALLARD:** We hear you fine. We have a room
full of folks here from the community.

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

DR. CLAPP (by telephone): I’m here.

MR. STALLARD: Let’s resume. Sven, go ahead.

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

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

MR. STALLARD: Sven, Sven, let me interject real quick. You’re breaking in and out just a little
bit. Is it possible for you, are you on a speaker
phone or could you pick up a hand held?

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

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

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

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

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

In those letters it was also specified that if
they needed assistance in copying anything that that
could be arranged to avoid the problem of spending
their own money to copy stuff. So that went out in
May. Eight of the letters were undeliverable even
though we did a very thorough internet search to try
to make sure we had the most current address.

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

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

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

On the radar, of course, will be the data
mining activities related to the vapor intrusion.
That will, I’m guessing, start up probably the fall time period. And so that’s basically where we are. If you have any questions, be more than happy to answer them.

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

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

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

MR. STALLARD: All right, thank you. I think Jerry has a question or he did. Do you?

MR. ENSMINGER: Yeah. Sven?

ADMIRAL RODENBECK (by telephone): Yeah, hey, Jerry.
MR. ENSMINGER: You said you had a list of 35 contractors that were sent letters?

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

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

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

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

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

MR. ENSMINGER: Who has that?

ADMIRAL RODENBECK (by telephone): ATSDR has that.

MR. ENSMINGER: Okay, thank you.

MR. STALLARD: Morris might address that when we get
to that. The question was who has the Betz letter.

ADimiral Rodenbeck (by telephone): It’s not really a letter.

Mr. Maslia: It’s not a letter. It’s a response to questions. It’s a Word document. Sven has it, and I’ve got a copy of it.

Mr. Ensminger: Is it signed?

Mr. Maslia: I’m not sure it’s signed. I can look at the break and see if it’s signed.

Adimiral Rodenbeck (by telephone): No, it’s not signed but it was a direct communication to ATSDR from her. We have an e-mail train on it.

Mr. Ensminger: Okay. Thank you.

Mr. Stallard: Sven, I have a question in terms of the contractors. Was any of this information generated from the Booz-Allen-Hamilton review?

Adimiral Rodenbeck (by telephone): It was a mixture. Yes, but it was also other sources to help guide us in this effort.

Mr. Stallard: Thank you.

Any other questions for Sven?

(no response)

Mr. Stallard: All right, sir, we thank you for your time and thank you for the update in the information. We look forward to continuing efforts
in this regard.

ADMIRAL RODENBECK (by telephone): All right.

MR. STALLARD: Signing out. Thank you.

ADMIRAL RODENBECK (by telephone): Thank you.

WATER MODELING UPDATE

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

MR. MASLIA: Thank you.

First, I know I’m talking with my back to some members of the audience so I apologize about that, but that’s the sort of room setup that we have. And secondly, on some of the slides that I’ll be showing, some of the graphics, we’ve got some posters out front with bigger-sized images on them that will be easier to see. So at the break or
whenever you’ve got specific questions, we’ll be happy to answer that.

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

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

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

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

Neural tube defects, spina bifida and anencephaly are the two neural tube defects. The fourth week of pregnancy is when if the mother gets
exposed during that time that that defect could
happen. If the mother’s exposed later, that defect
doesn’t happen. If the mother’s exposed earlier
than that period, it doesn’t happen. There’s a one
week period when the mother is vulnerable to
exposure to cause that particular birth defect.

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

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

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

What you’ll notice as we go through the
presentation is that the water modeling approach consists of basically four steps. And that’s a data and information step, an interpretive step where we interpret the data and information, a modeling step or water modeling step where we reconstruct information where we have not measured that information, and then finally a summary or analysis of the results. And throughout all of the steps for the water modeling process we have followed this four-step procedure.

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

When we started back in the summer of 2003 and proposed this approach and then presented it both to ATSDR, the Marine Corps and so on, we proposed a five-step process or five questions to be answered, to correct myself. And those questions are the ones that we’re still answering. It’s still valid for
the Hadnot Point-Holcomb Boulevard area just like
Tarawa Terrace.

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

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

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

And finally, because we have very limited data,
and our results are based on computer simulation
using that data, we have uncertainty or ranges in
concentration for a given month, not just one value.
And again, the epidemiologists require that information. Those are the questions that we started off with. Those are the questions that our analyses are addressing.

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

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

MR. STALLARD: Morris, what is MCL?

MR. MASLIA: MCL stands for the maximum contaminant level. It’s a level established by the U.S. EPA as to what concentration of contaminants are allowed in drinking water. It’s based on the technology of the
time that it was published, not today’s technology. So for PCE the MCL is five micrograms per liter or five parts per billion.

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

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

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

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

And BTEX stands for, is an acronym for Benzene, Toluene, Ethylbenzene and Xylene. And those are
compounds in gasoline.

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

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

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

**MR. ENSMINGER:** Just checking.

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

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

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

So to go back a little bit as to why we want to rely on models when, in fact, we may have limited information or data. If we had data for the duration of the study time frame -- in this case from ’68 through ’85 or ’87 -- and we had information every so often, we could use that and make some pretty good estimates as to what the concentration in the water supply, in the drinking water.
What we have generally in many sites, not just at Camp Lejeune but also at Camp Lejeune, is we have this situation. We have a study time frame, and we only have very limited data near the end or past the time frame of the study. For example, at Lejeune they just started sampling in the early ‘80s, and really started sampling after ‘85 and in the ‘90s. So we have no information in terms of concentrations in this area back here.

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

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

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

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

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

And then once we have completed those two
steps, we need that information from the transient model to do the contaminant fate and transport, that is, the movement of contaminants in the groundwater to the supply wells and into the water treatment plant. And that is ongoing, and we are actively putting in the sources and running the model.

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

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

It’s important, again, to understand and I want to re-emphasize the process that we’re using to obtain water modeling results. We look at, take
information and locate the information sources. We have a variety of sources and it’s been spoken about a lot here, and as we have come to discover, there is not one central location at the Marine Corps base for epi consultants where all this information exists. And that has been the challenge to obtain it.

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

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

As you recall, as I started off saying, we had a four-step process. There’s the information and data, interpretation going into the model, simulation and summary or extraction of results; it’s the same process that we’re using.
The question may come up, how do you know if the model’s correct? What happens if the model comes up with results that you’re not expecting? That happened at Tarawa Terrace, for example. We have a feedback group, and this feedback really means a person with expert knowledge, not an automatic thing.

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

So where we are at this point is at Tarawa Terrace we have completed the process and those results have been published and are on our website. At Hadnot Point we’re at the point where I’ve just said that we are developing and running the simulation model. So we’re here, and this is an intricate process running the model, evaluating the results, going back and looking at the information, assessing if that’s, you know, where there may be
improvements on that. That’s where we are right now, steps three and four at the Hadnot Point and Holcomb Boulevard areas.

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

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

And in those areas we have to develop what we call local models. That is, because of the
numerical, the model requirements to do the contaminant transport, we cannot use 300-by-300 foot grids; that violates properties of the model. We have to use only 50-by-50 foot cells, and that’s a function of the aquifer property.

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

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

These are very computationally intensive models. We could not do with our existing equipment 50-by-50 feet everywhere. That’s what we did with Tarawa Terrace, and that’s just, we don’t have the computational power. Also, we don’t need to know
what contamination was out here in Northeast Creek.
It wouldn’t get there.

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

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

And so that’s a requirement and anybody
reviewing our work, any peer reviewers, the first
question they’re going to look at if we only
presented this model right here, their first
question is where are the hydrologic boundaries. So
that is the reason for having three models, and
we’ve got three full-time people working on that.
So to get the model running what we have to do is translate the geology into something that the model can use. And again, this gets into that process of data, information, interpretation and modeling. But we’ve got the geology here. We’ve got the hydrogeology, which is interpretation from the geology from well cuttings, well drillings, well borings. Some layers are confining it, some supply water, water bearing units.

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

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

We also needed to know -- and this was a very big challenge -- of how the wells operated. At Camp Lejeune there were 96 water supply wells that contributed to either the Hadnot Point water treatment plant or the Holcomb Boulevard water treatment plant. Compare that with 16 wells at
Tarawa Terrace of which only six at any one time operated.

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

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

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

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

MR. PARTAIN: Pumping all at one time?

MR. MASLIA: Yes, yes, probably about 35, 40 percent of the wells, but not the same wells all the time. That’s the challenge.

MR. PARTAIN: So say like Sunday if the operator wants to replenish the reservoir at Hadnot Point,
typically how many wells would they use that day to
--

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

MR. PARTAIN: But they weren’t all operating at the
same time.

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

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

So and I’m going to show you some specific
wells here. But that was the challenge. And it was
a challenge that could not be met by just trying by
trial and error to operate. At Tarawa Terrace we were able basically to use an iterative process of trial and error because we only had six wells operating at any one time to do. That was not doable here.

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

Also, not all these wells -- I want to make it clear -- not all the wells here are contaminated. DR. BOVE: There are some that are very contaminated and then others that are not. So part of the effort is to figure out when the contaminated wells are on or off as well as the uncontaminated wells and the mixture and all that so it’s complicated.

MR. MASLIA: So for example, this is an example of the information that we put together by going through all these slips of papers, folders from the water treatment plant and other information to try to reconstruct an active operation of a supply well.
This is supply well 602 which is in the Hadnot Point fuel farm area. Hadnot Point industrial area I should say.

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

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

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

We are stopping, we made a decision with the Marine Corps that we would stop the modeling
analysis at 2008, and there’s a reason for that. I’ll get into that in just a minute. The health study obviously goes through ’85 or ’87, but in terms of water modeling we have other requirements. And so like at Tarawa Terrace although the health study stops at ’87, we had to run the model through 1994 because there are more information and more data in latter years and that helps us check and verify the model results.

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

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

The blue line right here is daily information, actual data from 1998, ten years’ worth of daily
data that the Marine Corps supplied to us, and we use that and some programs developed by our cooperator at Georgia Tech to reconstruct the operation where we didn’t have any information. So the green line is what is reconstructed as to the operation.

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

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

The areas we’re interested in are these, and you can see how the round cones, the round circles,
represent pumping wells. You can see the influence of the pumping wells, and this also shows how we have to use this outer model to generate answers before we can get the local area. Because we could not just do a model here because of the interference of the pumping wells.

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

What you see here, this is the industrial area, which is that southern, rectangular area, you see pumping wells here. This is HP-602. You see the water levels. There’s 13, 12 and so on, and these lines represent the direction of groundwater flow. We refer to those as groundwater flow vectors, groundwater flow velocity, the longer the arrow the higher the velocity. So what you see here, for example, right over here -- I don’t know if you can see it, but right in this area this is where the fuel farm is located. So if contaminants got into the fuel farm, they would go right in here, and this well pulls it right into there.
MR. PARTAIN: Actually, a little up a little bit more.

MR. MASLIA: What?

MR. PARTAIN: It’s more in the number 13.

MR. ENSMINGER: No, no, no, no, no, Ash Street’s right there.

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

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

MR. ENSMINGER: Now --

MR. MASLIA: Go back?

MR. ENSMINGER: Yeah. You said the arrows show the flow of the groundwater. Is that natural flow or is that being pumped?
MR. MASLIA: That’s under the influence of pumping. We could do the same thing for prior to when pumping went in, and we’ll do that, and in the report we’ll show that. The flow vectors are what are required for the fate and transport model.

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

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

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

MR. MASLIA: Right.

MR. ENSMINGER: Okay.

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

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

MR. MASLIA: This is --

MR. ENSMINGER: Layer five.

MR. MASLIA: Probably closer to 100-to-150 feet. This is layer five.
MR. ENSMINGER: I thought your chart said layer five was 70 feet.

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

MR. ENSMINGER: Okay.

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

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

With respect to the interconnection, of course, we’ve got documentation which are shown by the red lines here as to occasions when the booster pump,
742, was turned on and had contaminated Hadnot Point water was used, distributed to Holcomb Boulevard. Our problem again is what happens when we don’t have documentation.

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

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

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

So, in fact, we’re almost complete with this analysis. All we will have to do is once we get the
results from the groundwater modeling or the water treatment plant at Hadnot Point, just multiply that out to get the real concentration.

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

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

And at this point I will answer any questions anyone has. Thank you very much.
MR. STALLARD: Thank you, Morris.

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

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

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

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

MR. PARTAIN: And when is Chapter D expected?

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

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

MR. MASLIA: Last July in a meeting at the Marine Corps they provided us with an estimate of what they had recovered. They have recovered around 410,000
gallons. Typically, recovery of fuel is a low percentage of actually what’s there. So one other report of consultants of the Marine Corps has indicated upwards of a million gallons to be lost over the time period that the losses were occurring.

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

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

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

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

MR. MASLIA: It’s floating on top of the surficial
aquifer. Some of it dissolves obviously, there have been some depth, but predominantly it’s floating on top of the water table.

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

MR. MASLIA: Well, some of it’s down at 150 feet and that’s in the data.

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

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

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

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

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

MR. MASLIA: But not to the concentration immediately at 602 or the fuel farm because it is being diluted. They would be exposed to some
concentration. That’s what we’re trying to model. It’s the mixing of all the wells together and how they were operating.

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

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

**MR. ENSMINGER:** Yeah, I know, but there’s water there still floating.

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

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

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

**MR. ENSMINGER:** Trapped.

**MR. MASLIA:** So it’s trapped down there. I will say
we cannot, and we’re not modeling that type of process. We will not be modeling wells and fractures and stuff like that. Anything at depth we’ll be modeling just like we did PCE and TCE when it’s dissolved in the groundwater. Maybe it’s floating on top, but it is in the L-NAPL model.

MR. ENSMINGER: Well, didn’t they do a flow model themselves? Didn’t they have a contractor come in and execute a flow model?

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

MR. ENSMINGER: Yeah, but I was talking about the hydrology, the actual flow of the water where they were using a, one of the recovery wells, one of the contamination recovery wells. They executed a flow model using one of the pumps out of a recovery well which was pumping it like three-and-a-half gallons per minute.
MR. MASLIA: Now they’ve done some aquifer tests and that’s to establish aquifer properties that they’ve done, and we’ve got that data. That data are, will be in subsequent chapter reports and that’s where we get the properties to put into our model, but they also did an L-NAPL-type model using a model called Spill CAD and that’s the model. Again, they did it for two time periods. I think one was ’95, ’94 water level, and one was like a mid-’80s water level. And that’s where they get the range and values.

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

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

MR. MASLIA: All I can say is our models test out how much pumping or over-pumping is. Again, that’s a right now a qualitative assessment as to whether it’s over-pumped or not. We’ve come across and read several explanations of how benzene could be at
depths, and that’s some of the things we will be looking at in our modeling. Unfortunately, as with a lot of the information and data that we use from the Camp Lejeune area, the sampling is very sporadic, maybe only one time or two times. And so it’s why we’re using modeling, but it makes it very difficult to try to hypothesize why something is happening with just the modeling data.

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

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

MR. ENSMINGER: Twenty-five to 60.

MR. MASLIA: Yes. There’s a public document, a document both for technical and non-technical members of the public, and it’s free on their website. In fact, that’s where they say you have to look at the L-NAPL issue by itself, not just ^ which is what we’re doing. But, in fact, that recovery processes have varying efficiencies and are fairly inefficient. And we’re going back in history.
We’re back into the early ‘90s when they started recovering this stuff and so it would be the assumption that the recovery process probably was not very efficient.

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

MR. MASLIA: I will not disagree with that.

MR. STALLARD: Anything else?

(no response)

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

MR. MASLIA: There are posters out there --

MR. STALLARD: There are. There are posters out there where you can see more in detail and actually a younger Morris is featured there. Okay, Jeff.

MR. BYRON: I did talk with my wife, and she tells
me that the form that tells you where you were at on base is SF-85. And I think I did cut through my DD-214. She’s going to fax that over to the motel, so hopefully, I’ll have that tonight, but it’s Sierra-Foxtrot-85.

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

**MR. BYRON:** Yeah. That’s right. That is where we can find it.

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

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

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

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

The other issue has been, and it’s always been
on the table, is that concern that mailed surveys, like any mailed surveys, the health survey, mailed survey, they have low participation rates. Even the U.S. Census, which is a mailed survey of sorts, had something like a 60-some percent response until they went door to door. But other surveys that have been done by other academic institutions have had less, lower participation rates.

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

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

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

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

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

And that’s a possibility, and we’ll be thinking
about that as we finish up certainly the first three
studies that we’re trying to finish up, the
childhood cancer-birth defects study, the reanalysis
of the birth weight study and the mortality study.

When we finish those three, then we’ll just
have the survey still going on verifying those
diseases that are reported to us, and we’ll have
some time, maybe, at that point to seriously pursue
that. And again, we’ll also be working on this, or
we think we’ll be working on this male breast cancer
study, too, if that pans out.

So we don’t have anything more to report on
cancer incidence studies per se. They’re still on
the table. If you have any questions about that, we
can discuss it now. I wanted to leave a lot of time
at the end for questions and answers from the
audience so any questions you have about -- yes.

MS. BLAKELY: This is about the infant, the birth
defects. I don’t know, you know, I’ve been
collecting the death certificates, but I don’t even
know what I’m looking for. So I need to know what
exactly a neural tube defect is. Is anencephaly and
hydrocephaly?

DR. BOVE: Yeah. Hydrocephaly is a central nervous
system defect, so neural tube defects are a subgroup
of central nervous system defects. So they’re central nervous system defects. Hydrocephaly was water on the brain, that’s a central nervous system defect.

Then there’s another group called neural tube defects. And within that there’s anencephaly, which is born with part or all of your brain missing, roughly, and spina bifida, which is a failure of your spine covering to close. Anencephaly is fatal so a lot of stillborns would be anencephaly. Spina bifida sometimes is fatal. Other times it’s very debilitating. The person goes through --

MS. BLAKELY: Well, that’s funny that you would say that because I was just sitting here and just making little notes on just what I have in front of me. And in 1961 there were two anencephaly or hydrocephalies in November, two in November, two in December and one in May. And in 1953 there were two in May and four in October. What kind of odds are those?

DR. BOVE: No idea. No idea.

MS. BLAKELY: And also I have another one. This concerns cancer. I have one that had in 1961 with bronchial carcinoma, and the baby was stillborn.

DR. BOVE: Right, I’ve never heard of --
MS. BLAKELY: How common is that?

DR. BOVE: I’ve never heard of it.

MS. BLAKELY: And that’s just from me going over what I have.

DR. BOVE: We tried to look at fetal deaths, stillbirths, not miscarriage, stillbirths, for the birth weight study. We did get data from the state on still births. And we found that obviously it was underreported because there were far less stillbirths at Camp Lejeune than the national average. It doesn’t make any sense. I don’t think Camp Lejeune is permiss (ph) so there’s something wrong there.

The data, you know, when you go back in time, states get better as time goes on. The data early back in the ’60s and ’70s, at least computerized, may not have been very good. And then I worked in New Jersey for in the mid-’80s, and when I was there, the data, the birth certificate data, was very important.

We improved it by doing studies. Working with the data we realized this data needs to be fixed up. And I think that that’s true across the board in other states, too. So we try to look at fetal deaths. Most of the fetal -- I shouldn’t say most --
- many of the fetal deaths did not have, stillborns, did not have cause of death information. So we didn’t have cause of death. We had some cause of death information, but again, we didn’t know what to do with this data when we expected far many more stillbirths than we were --

**MS. BLAKELY:** Well, actually, those numbers I gave you were off of infants that died after birth.

**DR. BOVE:** Infants that died after birth is a regular death. Stillbirths are a separate --

**MS. BLAKELY:** I understand that. Those numbers that I just gave you that I had, they were infants that were born.

**DR. BOVE:** Born, okay.

**MS. BLAKELY:** Except for the bronchial carcinoma, that was a stillbirth.

**DR. BOVE:** And the anencephaly could either be a stillbirth or it could be an infant that dies pretty much after birth.

**MS. BLAKELY:** Right.

**MR. BYRON:** This is Jeff Byron. I’d like to ask you a question. So a stillbirth is the same as a child dying in the womb, right?

**DR. BOVE:** Stillbirth would be 28 weeks.

**MR. BYRON:** How about within the first month? We
have no idea, do we?

DR. BOVE: What?

MR. BYRON: A child dies in the womb within the first month of conception.

DR. BOVE: Most women don’t know they’re pregnant the first --

MR. BYRON: Exactly, and there wouldn’t be a report of it.

DR. BOVE: Yeah. Well, I mean, on this -- roughly around 50 percent of pregnancies don’t even make it to the point of implantation. And then there’s another percentage that died before the mother is even aware of the pregnancy.

MR. BYRON: So we have no idea of what that would be.

DR. BOVE: No, I don’t. No, it’s only been in the last decade or so that birth defect registries have been able to get data on not just live births but on data from miscarriages even and stillbirths from genetic labs and so on to get a better idea of the prevalence of these birth defects. In other words not just rely on live births.

MR. BYRON: I have one other thing. We’re talking about birth defects and cancers, blood disorders. What about learning disabilities? I’m going to use
this term, not to offend anyone, but in the educational field they call it learning disabilities. But I’d like to know how many of these children have been diagnosed as mentally retarded as a medical field. That would be curious to see in our health survey.

DR. BOVE: Well, there’s, the survey asks for diseases that we have some suspicion being caused by this, but we have a question in the survey that asks for any other conditions that the person receiving the survey has.

MR. BYRON: But I mean, everything we’ve covered has been physical, not mental, so far.

DR. BOVE: Well, if a person receiving the survey, again, most of the people receiving the survey will be active duty Marines. There are some dependents who will be getting the survey because they participated in Previous 1999-2002 ATSDR survey. And so if any of them have a learning disability, there’s room in the survey to put down any diseases they have, a learning disability like a disease, an illness or whatever, a condition.

MS. RUCKART: Right. I don’t think it says necessarily any diseases. It’s pretty open, any other health concerns or health-related --
DR. BOVE: Yeah, yeah, I mean, they’re going to report that, and we’ll look at it. There’s been no studies.

MR. STALLARD: All right, I’d like to move on right now to maximize the remaining time that we have. This is somewhat different than past CAP meetings, but we’d like to offer our community members -- They want me to get to the dates. Okay. Perri’s going to scold me if I don’t get you all specific dates. November 7th, 10th or 14th for our next meeting, so why don’t you think about that. We can’t leave here until we have a date.

MR. ENSMINGER: Seventh, 10th?

MR. STALLARD: Or 14th of November.

MS. RUCKART: I e-mailed these out to everybody.

MR. ENSMINGER: I don’t remember the 10th being on there.

MS. RUCKART: The 7th, 10th and 14th.

MR. ENSMINGER: That would be fitting. That’s the Marine Corps’ birthday.

MR. STALLARD: Okay, so are we done with that?

MS. RUCKART: Does everyone want to go with November 10?

MR. ENSMINGER: Yeah.

MR. PARTAIN: Sure.
MR. ENSMINGER: What day is that?

MS. RUCKART: Thursday.

MR. BYRON: My boy’s serving in the Marine Corps now. He may ask me to go to the ball. I have no idea, but I guess I’ll say okay.

DR. PORTIER: There were a couple of questions addressed to me by the CAP. Could I respond to those now?

MR. STALLARD: Absolutely.

DR. PORTIER: Trying to keep track of things before we get into the next stage. I won’t be very long. Jerry, you asked about historical information being more available on the web, being, like you mentioned it, truth. I’ll look into that. I haven’t looked over the Camp Lejeune website lately, but I will go back, leaving here, look it over and see what we can do in terms of getting you better information.

MR. ENSMINGER: One thing that I wrote down during that conversation, Dr. Portier, this morning, was on like Chapter C’s and D’s, that’s got all the data on examination sites, yada-yada, you know, why not just do a quick, easy breakout of Chapters C and D? Make like a kind of simplified Chapter C and D on a timeline where people can just, you know, a quick
glance and look at that timeline?

DR. PORTIER: Okay.

MR. ENSMINGER: And if you need any help, Mike will help you. I just volunteered him.

DR. PORTIER: The second issue that was brought up was the issue of transparency, our documents being available for everyone to see. And the question was whether federal agencies dealing with each other is different than us dealing with a polluter at a particular site who’s not a federal government agency.

The answer to that question is yes. There are indeed rules that protect interaction between federal agencies that can be invoked by either of the two agencies. That would indeed prevent me on some of the notes I might get from any federal agency that is a polluter from sharing that information without their express agreement to doing that. That’s it.

I generally would not put any of my correspondence routinely out on the web with any of the polluters that we deal with simply because it’s not as important as being transparent on everything we’re doing and why we’re doing it. And so I would say to you, CAP, that if there’s ever an indication
that you think we’re doing something secret, that
you feel there’s not enough transparency in our
processes, that we’re not telling you where we’re
going for any reason, ask. And we will try to tell
you what we can tell you, and we’ll tell you why we
can’t tell you if there is anything.

But our goal in anything we do is to be as
transparent as we possibly can be. I believe with
the President on that issue. I think it’s an
important aspect of being a government agency, and
so if you see things that you are worried about, let
me know. We’ll do our best to make it open up for
you.

The third issue, I love the enthusiasm of my
staff diving into these issues and getting excited
about them, but just to caution you, Frank’s
discussion about this additional study and that
additional study, that’s not a promise from this
agency we’re going to do it.

They have to come to me. They have to justify
it. There has to be resources to do it, and I have
to balance it against the cost effectiveness of the
other 200 sites that we’re looking at around the
country. And so while I love their enthusiasm, I
just want to make sure we’re not misleading you in
any way, shape or form. If we plan to do any of
these studies, we will come to you and say this is
what we plan to do, and here’s the study we’re going
to put forward.

Finally, I want to remind you all that the last
interchange we had, which was an excellent
interchange discussing some of the medical issues
associated with spontaneous abortions and pre-term
birth and issues of early pregnancy loss, while very
interesting and exciting and something that we might
be able to pick up in these studies, these chemicals
have a long history. They’ve been studied in a
number of settings and there is knowledge of some of
the things that occur.

That said, I would point out that much of that
knowledge derives from occupational studies and not
environmental studies. And so it’s not clear that
these issues of childhood exposure or in utero
exposure have been adequately ^. That doesn’t mean
they will be there. That doesn’t mean they’re not
going to be there.

The purposes of these studies are to give us
some definitive answers on those questions. So I
want to make sure nobody’s leaving here thinking
that, oh my god, it’s caused this, it’s caused that.
We don’t know. We honestly do not know. We do know that benzene causes cancer. We do know that trichloroethylene and tetrachloroethylene are probably carcinogens, and we know some things about their ability to depress the nervous system. We know these things from previous studies.

We don’t know that this has occurred here because a magnitude of exposure matters for those types of things to occur. And so the purposes of these studies are to answer those questions for you. Thank you.

MR. STALLARD: Thank you.

MR. ENSMINGER: That was a disclaimer speech.

DR. PORTIER: It wasn’t a disclaimer speech. It was to make sure that everybody’s on the same page.

MR. STALLARD: Managing expectations in the interest of transparency. Thank you for closing that up.

AUDIENCE QUESTIONS

We have a mike, thanks to our excellent AV staff here at UNCW, that I would like to offer to community members who are here. I will, just a little operating guidelines. We have the VA here. I would suggest that if you have an individual, specific VA issue that you not address it in this forum but more broad based information that you have
about the VA, practice, policies, procedures. These people here are not in a position to address your individual VA situation should you have one. Aside from that the floor is open.

UNIDENTIFIED SPEAKER: I have a question. We talked about a lot of the surveys, all the surveys, but you haven’t mentioned anything about the dependents or whoever lived on the base and what type of care they’re going to get. How accurate is the survey when everyone hasn’t been seen by a doctor?

There are a lot of people out there who don’t have health insurance, former spouses, and who have been exposed to different chemicals. I myself am a former DOD employee who has been exposed several times on the base. I have not received a survey. I don’t have too much information.

What are they going to do with people who have been exposed? What type of care will they provide or what type of information are they giving them besides the survey? Because it seems like a lot of money is being spent on surveys and not enough money being spent on treatment, and they’re waiting while we have a list of people who are dying, but we need that before it happens.

MR. STALLARD: Thank you. Who would like to field
that question?

MR. ENSMINGER: I’ll address some of it. Yeah, there’s a lot of money being spent on studies, the water modeling. The fact that the Department of the Navy and the United States Marine Corps continue to deny, deny, deny that anything was caused by their negligence is forcing all of this money to be spent on these studies, and time, to prove.

So if you really want to get pissed off at somebody, get pissed off at the Department of Defense and their entities. I mean, you’ve got two senators. You’ve got a congressman or congresswoman, and those are the people you need to start chipping your teeth at and pushing.

I mean, Senator Burr and Senator Hagen, Congressman Brad Miller, all from North Carolina, they are pushing to try to get benefits for the people that were exposed at Camp Lejeune, especially veterans and their dependents. And that’s for people who are alive. My daughter Janey is dead.

UNIDENTIFIED SPEAKER: We heard this last week. Heard it last week.

MR. ENSMINGER: So you understand what I’m saying.

MR. STALLARD: Thank you, Jerry. Is there anyone else who can address the question as you understand
it about whether the DOD civilians who were there, how might they be included?

DR. BOVE: The civilian workforce will be getting surveys if they were there any time from December ’72 to December ’85. If you were there before that, we don’t have data so that we know you existed at least from the DMDC. So the people who worked there before ’72 and then left before ’72, we just don’t have any information on you. So the people who worked there will get a survey if we can find your current address, and for the most part we have been able to find people’s current addresses.

MR. STALLARD: All right, thank you. Next question, please.

DR. BOVE: And as Perri said earlier, the results, even if you don’t get a survey, but the results from the survey will apply to anybody who was at the base and who was exposed to the drinking water.

MR. STALLARD: Thank you. We have another question from our community.

UNIDENTIFIED SPEAKER: The reason I’m here today is I’m here to talk before I die. I nearly died twice last year, and the doctors that saw me is civilian. They all put it on the water. I go to the VA, I don’t have no service connection. I’m a Vietnam
veteran. They say I got Agent Orange, they said ^
for Agent Orange, but they told me Agent Orange, the
local VA can’t determine when I was Agent Orange.
I’ve been in Camp Lejeune four times. I drank water
all up and down Camp Lejeune. I went to advanced
infantry training. I went everywhere in Camp
Lejeune, in Headquarters, MT, all of that. I’ve
seen my best friend die. They said it was, they
don’t even know what it was and he died. He was at
Camp Lejeune. It was water. ^, DOD. But you know
what? I’m here today. I traveled all the way to
North Carolina from Ohio Springs.

You can take it all ^ in a coffin, ‘cause the
crooks is somebody ^. ^^ Vietnam veteran, Marines,
they ^^^^.

I can’t go to the VA and talk like ^ I’m mean.
They mean. Leave it alone. Give us some dignity.
Stop ^. I don’t have no money. They took my social
security check and used it for the same thing.
Social security paid me first and guess what? The
VA took for seven months almost $200 out of my
check, said I owed them for a bill, five years ago.
What in the world is going on in this country? ^
and I talked the other day. I’m sick of looking at
all the bureaucratic bull crap. Go back and tell
that. Let me die with some dignity. Now I put my claim in like everybody else, but what are they doing about the water? I’m not ^ like that. I’m all broke out.

Look at this list. You know what in that list? Cancer, heart disease, glaucoma, ^, neuropathy. I can’t hardly see some. I take my pain pills 24 -- this my list. The only reason I didn’t take one today ‘cause I wanted time tell you what I want to tell you. I’m not mad with you. This country is going down in flames. You ought to take care of your -- Look at me. You don’t have to look around towards no video camera. You don’t have to ^. Look at me. Sick of it. ^. Look at my chair. Go buy me a chair, somebody. Go tell that. You’re crooks. You’re wicked.

Don’t take this long to pay nobody some money to help them. Give me a ^. ^^ I’m not a man of want. I fought for this country. I went all over southeast Asia, shooting at the Communists, ^. I served over there. What y’all doing? It’s a shame.

That’s why I come here today. I didn’t come here for no form or fashion. I helped pay to get here off my little bit of social security check. If it weren’t for the veteran, the owner of the place
that I live, and the tornado came through, the VA
still wouldn’t give me nothing. Put the United
State Senate on it, and they still playing games. I
ain’t mad with that man there; he doing his job.
He’s paid to tell you what he’s not to do. I got
one good eye, I can see just as plain as day. I
ain’t mad at you.

But you supposed to be American? Don’t be
afraid of America. I fought the Communists. What
did you fight?

MR. STALLARD: Thank you for your story.

UNIDENTIFIED SPEAKER: ^.

MR. STALLARD: Would you, please. We have a forum
tonight as well.

UNIDENTIFIED SPEAKER: I don’t know if I’m going to
be here. I’ve got to take my medicine. I hope I
get to see you, okay?

MR. STALLARD: Thank you, sir.

You had a question did you not?

UNIDENTIFIED SPEAKER: Yes, I was employed at
Lejeune from August of 1972 until January or
December of ’02. That’s a little bit longer than
the average Marine stayed at Lejeune and had the
pleasure of drinking the water. I have had cancer.
I’m fighting it now. There’s no case of it in my
family. Where did it come from? Thank you.

MR. PARTAIN: What kind of cancer?

UNIDENTIFIED SPEAKER: Kidney, bladder.

MR. ENSMINGER: Oh, my god.

MR. PARTAIN: Where did you work out at the base?

UNIDENTIFIED SPEAKER: Maintenance.

MR. PARTAIN: Base maintenance?

MR. STALLARD: Anyone else from the community, please. This is an opportunity, although you’ll have -- we’re going to go back since we have time for just a...

DR. BOVE: Can I ask you where on the base you worked?

UNIDENTIFIED SPEAKER: Base maintenance, base utilities division.

DR. BOVE: Is that on Mainside?

UNIDENTIFIED SPEAKER: All over.

DR. BOVE: All over, okay.

MR. PARTAIN: What was your name, sir?

MR. COLLINS: Glen Collins.

MR. PARTAIN: Glen, are you aware that one of the reasons why TCE is -- the EPA’s pushing to reclassify TCE as a human carcinogen is because of its links to kidney cancer? And you’re --

MR. COLLINS: ^
MR. PARTAIN: As I would say, what contest in Hell did I win to deserve that?

MR. ENSMINGER: Hey, Glen, have you ever checked into the FECA, the Federal Employees Compensation Act?

MR. COLLINS: As long as I’ve got Blue Cross and Medicare I’m covered.

MR. ENSMINGER: Yeah, I’m talking about they have a benefits plan through the Department of Labor that — I’ll talk to you about it more in a little bit.

MR. BYRON: Glen, this is similar to what we’re talking about with veterans and those eight points and your economic status where you stand. Even though I may make, say, $100,000 a year, if my illness is related to my service, that shouldn’t matter. I should still get VA disability or VA help if I go to them. So I’m sure there’s some regulations they’d specify to us.

I was hoping that Jerry might be able to expound on what’s actually going on in Washington because it’s really there where the battle lies. The studies are being conducted so the Congress can see what’s happened to us, but they’re not just going to hand over healthcare money for disabilities just because we say we’re sick. We have to be able
to prove it, and that’s what these studies are about, that we were exposed. That we were exposed at the highest levels ever recorded in American history, if I’m not mistaken. And this is why you have to beat on your senators and your congressmen. I get no response from my senators or congressmen hardly. Recently, I have from Senator Brown. He called me the Tuesday before Fourth of July to tell me that this Janey Ensminger Act -- thank you, Jerry -- has recently passed committee. But I want to know how many senators are behind that. There’s a hundred senators. If there’s only a handful, five of them that will support it, what good is that to us as victims?

MR. FLOHR: I think there’s like 15 sponsors for that bill. I believe that’s the first bill that’s actually been -- gotten out of committee.

MR. BYRON: Well, we need to be getting through Congress, through the Senate and on the President’s desk. And really I’ve seen no party, Republican, Democrat willing to step up to the plate. They’re using us as political banter in my opinion to a degree. You can have your opinion. I’m giving mine.

But that’s just 11 years and the only way
you’re ever going to get any help is to beat on their door and demand it. It’s what we’ve been doing for -- Jerry, 14 years; me, 11. And every one of these individuals at this table has been fighting from the moment they found out.

And we have to have the same attitude we had when we were in the Marine Corps. They tell you two steps backwards, we’d stomp our feet in the barracks, never, never, sir. We don’t give ground as Marines because you never win if you give ground. You never know when to stop walking backwards. Who wants to walk backwards?

And I will say this again, if you’re going to get the opinion of the GAO, I hope they have better reporting. Their information, what they provided to the senate subcommittee or the congressional subcommittee for in 2007 where we gave testimony for energy in commerce because that was melded together so that they could give the scenario that the Marine Corps wanted.

And I know there may be individuals here; you weren’t involved. This man’s talking about American integrity right here. And they have not shown any thus far in my opinion. So you have to beat on the desk and on the door of your senators and
congressmen if you want something done. Thank you.

MR. STALLARD: Thank you, Jeff.

I’m going to exercise my prerogative here and I want to see if we have any more questions from the community.

Sir, I’d like to come back to you and have you conclude if you have more and to hear your name spoken.

And then we’re going to have Jerry give us a little update on what’s going on with the senate action.

So, yes, ma’am, you have your hand up.

UNIDENTIFIED SPEAKER: This is in regards to the health study. I understand you had mentioned 1972 forward. For those that lived prior to 1972 that may not have known to register on the Marine Corps website, is there a way that they can complete this study for themselves and/or their family members that may have either been stationed on Camp Lejeune or that worked on Camp Lejeune or that was born there? Or is it specifically for those that have registered and/or submitted some kind of form?

MS. RUCKART: As you mentioned there are certain type things we’re looking at from the DMDC data. That’s because that file is available to us, the ’72
for civilians and '75 for the active duty. As you mentioned there’s a registration process that closed on June 15th, so we’re not able to send out surveys to include them in our health survey for this registered after that cutoff.

But we mentioned a few times just because you don’t get a survey doesn’t mean that the results won’t apply to you. For example, if you were on base and received contaminated water, whatever we find in the survey would still apply to people who were unable to fill out a survey for a variety of reasons.

UNIDENTIFIED SPEAKER: I understand that, but my question comes in the form of, some of the people will not fill out a survey because they’re just a little leery about where the survey’s going and the fact that I believe the back part of it requires them to sign over so that you can get their medical records. At some point somewhere on that survey has a release for medical records. Now my question is in order to give a completed survey or assessment of those on Camp Lejeune and compare those to the ones from Camp Pendleton, there is no sign up anywhere on either ATSDR or the Marine Corps that you were actually stationed at Camp Pendleton. And there are
several people that, yes, were at both camps. So the ones prior to 1972 that want to take this survey, how do they go about doing that if they are not on any of your lists?

**MR. ENSMINGER:** You can’t. The deadline’s passed.

The deadline was June.

**UNIDENTIFIED SPEAKER:** June 15th, okay. Thank you.

**MR. STALLARD:** Anyone over here?

**DR. PORTIER:** Yes. I’d like to respond briefly.

**MR. STALLARD:** Yes, please do.

**DR. PORTIER:** There’s a reason for this. It’s not arbitrary, capricious. So I want to at least give you a little bit of an understanding of what the reason would be. If I was doing a survey of people who liked ice cream or hated ice cream, and I asked anybody who’s out there who likes ice cream to send me an e-mail, I’m going to get what’s probably called a biased sample. Because people who really love ice cream are going to respond and everybody else isn’t going to care because it’s not really that relevant to their daily lives.

So if all we did was went out and said anybody who wants to respond to us, go ahead, it’s likely to create a bias in the type of study we’re looking at. So you try to identify a population first and you do
you darned best to go out and get all of them to respond as best you possibly can. That way there’s no perceived bias in the study that you only got people who were sick replying. And that’s what we’re trying to avoid by part of the idea of drawing boundaries around the population.

**UNIDENTIFIED SPEAKER:** Thank you.

**UNIDENTIFIED SPEAKER:** I have a friend and neighbor who’s been recently diagnosed with lung cancer, Stage IV. She’s too sick to work, and she’s waiting for social security to kick in. And one of the things that would help the community is to know where to go for help for resources. She used to live on TT; she was exposed to it. She also worked on base, and she just feels helpless at this point, and she just doesn’t know where to turn to.

**MR. STALLARD:** Well, there’s information available posted on the ATSDR. I don’t think going to the website is the ultimate answer but there’s information there.

Information with your website?

**MR. ENSMINGER:** Yeah, where to go for help. But this point, that’s just my point. We talked about these different bills that were introduced in both the House and the Senate. The House version of the...
bill, which was introduced by Representative Brad Miller, was known as the Janey Ensminger Act. It was named after my daughter.

Senator Burr’s bill on the Senate side is S-277. Now that bill passed the committee, the Veterans Affairs, the Senate Veterans Affairs Committee, two weeks ago. One of the requirements for that is that one of the deals that was made prior to that passing, Chairman Murray went to Senator Burr, who’s a ranking member, and said I’m all for supporting this and getting it through the committee, but before I will support it we have to come up with a way to fund it.

So the Veterans Affairs Committee staffs went to work and came up with this plan of taking away the federal subsidies for the commissaries which they passed the bill, and then all of a sudden there was this all holy Hell broke loose about taking away the federal subsidies for commissaries. And I don’t really -- Senator Burr and Senator Murray, Senator Hagen, they didn’t really realize what the staff was proposing in that payment method.

So right now this thing is back on the back burner so to speak. Do I applaud these senators for pushing this issue forward and getting it to a point
where it is at least being discussed for some kind of resolution for all of you? Yes, most definitely I applaud them.

Now, do I think that the subsidies which would take away a benefit that anybody who qualifies to shop at the commissary should be taken away from those folks and where they would have to pay higher prices for their food? No, I do not support that. And I would rather let this bill die and try again later than to see veterans’ and their families’ benefits being taken away from them.

By the same token I know that there is more money wasted in the Department of Defense every year on $600 toilet seats and $300 hammers, and you name it, where the funding for an important program like this could be found if somebody wants to find it.

The fact that they’re trying to take away benefits from veterans and their families and put our healthcare on the backs of our fellow veterans, that’s bullshit, okay? And it ain’t play.

**MS. BLAKELY:** It’s not just the veterans. It’s active duty personnel.

**MR. ENSMINGER:** I mean anybody who rates shopping at the commissary. I mean, but we’re back to square one, and it’s like Senator Burr said, and
Congressman Miller and Senator Hagen, what is all the hoopla about? Damn it, it’s right here in black and white. These people poisoned us. They knew they did. They knew it. It’s right in black and white. Now they’re putting the burden on the victim stating, yeah, we poisoned you, but you prove it harmed you. Well, since when in this country is the burden of proof placed on the damn victim?

MR. BYRON: I think that this is what Mr. Rhodan was talking about when he said his rights had been violated. I’d still like to see that written, read into our record. I don’t know about the other CAP members, but I’m voting for it right now. I’d like to hear his statement read into the record.

MR. ENSMINGER: Yeah, sure. Insert it.

MR. STALLARD: So all those in favor of the CAP?

(Whereupon, the CAP voted unanimously to have the letter read into the record.)

MR. STALLARD: So there you go.

MR. PARTAIN: But as to the --

MR. STALLARD: Wait a minute.

MR. PARTAIN: I just want to answer a question.

MR. STALLARD: Okay, and then we’re going to move on here for a brief wrap up. Just so you know, we’re streaming live around the world whatever right now,
so we’re going to cut off at three o’clock. For those of you who want to linger, fine.

MR. TOWNSEND (by telephone): Chris.

MR. STALLARD: Yes? Tom from Idaho.

MR. TOWNSEND (by telephone): Tom Townsend is alive and well and has been listening.

MR. STALLARD: Very good. Welcome. Hold on just a minute. We’re going to tie up a few things here, Tom, and then we’ll see if we have some time to hear your voice.

MR. TOWNSEND (by telephone): Okay, thank you.

MR. PARTAIN: Quickly to answer your question, as far as where to go for help. I mean, the only thing we can provide in the community right now is information. And our website, thefewtheproudtheforgotten, has tons of information on it. Unfortunately, for healthcare or educating the doctors, I mean there’s --

MR. ENSMINGER: We helped to get this bill passed.

MR. PARTAIN: -- the bill and also if she’s a federal employee, FECA, she can make a claim there for health benefits and so forth.

UNIDENTIFIED SPEAKER: She’s ^.

MR. PARTAIN: I understand, ma’am. I’m going through cancer myself.
MR. STALLARD: Okay. For this gentleman here I would like for him to please give us his -- is this for you?

UNIDENTIFIED SPEAKER: Yes. I just want to say one thing to you all. After everything is said, I just listened to all the different people on the panel, which good things that’s been said, VA. I’m a ten-and-a-half year veteran myself, and even by looking at me now you would never know what’s going on inside me.

I’m service connected from the United States Marine Corps, went in in ’78, and everything that Jerry asked me or that he’s the reason I came down along with my other fellow Marine here. A lot of things has happened since I went in the Marine Corps, and I spent most of my time at Camp Lejeune and back in ’78 up until 1990.

And from 1984 to ’87 I stayed on Tarawa Terrace. I got married in ’83. And ever since -- I was a healthy man, you know, got married, me and my wife was both healthy. And once we moved on Tarawa Terrace at that year of ’84 to ’87, I mean it’s been total down. My body, everything, nervous conditions and disorders, my bowel disorders. It’s all in my family, my daughters. My wife died in ’96,
congestive heart failures and liver.

And everything just started deteriorating, and they was trying to find out where all this stuff was coming from. But I knew where it was coming from because I knew I was healthy. And when I heard, saw the article by Jerry Ensminger, that kind of woke some things up in me and wondering why all this stuff was happening. Not only me but others are suffering now and have suffered in the past. And I believe this suffering can be done even as of today when we leave here to help the other Marines.

I mean, I stayed with it since ’92 after I got out. I applied for the VA and our community, but I stayed with, I ended up, after my wife died I ended up on the streets for seven years, anywhere. He could tell you, vouch, he helped me. I stayed over at his place for a couple years and didn’t know where I was at. And this kind of stuff I don’t understand.

You know, we served our country, served God and country. And see, I’m a faithful man, a faithful person. I sign my name to something I stick to it, but I’ve loved this country. This is one of the greatest countries there is, to me, but I look at all the fellow Marines and women who went through
the Marines and so forth, even civilians, my heart goes out to them.

At this point now it’s just like everything’s just been completely turned around, and I have to go from here. So I don’t know what’s going to happen after today, but something has to done. Something’s got to be done because it starts at the top and works its way down. Something has to be done.

People’s sick. Just like you said, people’s dying, but I’m living proof, a living witness. I was gone myself, but thanks be to God, he brought me back. But my wife, I can’t get her back. She’s gone. Something that somebody else did that they knew about that they did. I’m not a fool. I know what’s going on.

So I just thank you for the time that you gave me because this is real life. Once you’re gone, you’re gone. That’s it. So the ones that are here, please, if somebody could do something to help these people, do that. Thank you.

MR. STALLARD: We’re going to have you ^ . Would you tell us your name? Are you okay with that?

UNIDENTIFIED SPEAKER: You know, it’ll be on my tombstone. I tell you what’s my name, Sergeant Taylor, U.S. Marine, U.S. ^ Marine Corps, 2-7-6-1-4-
7-2. Let me tell you something now, okay? I ain’t finished, and I’ll tell you why I ain’t finished.

Now, I told you the part about ^. I got a letter yesterday President Obama. Everybody reads it ^. ^ call me back. Then I got a letter from ^. She did the best she could do with the VA. ^ But this is all I have. I’m dying, that’s all. I don’t care. Now, I’m going to get social security. Social security got it when I had my stroke, and I had my stroke due to diabetes and according to my heart doctor, due to the water. Now they say they can’t prove the water. I’m not ^ for no water. Now I don’t get Medicare or Medicaid because now you have to wait two years to get Medicaid or Medicare. So who’s paying my bills? Who paying for my medicine? I take 26 pills, different pills. I need help. How do I go to the VA and take a means test when I got no money, and you ^ out of my social security check, half of my social security check for the Treasury Department? Told me said, well, you’ll get it back later once you’re service connected. I’ve been trying to get service connected for three years. Now they tell me it might come any day. What day? I haven’t seen ^ pay for it yet, and I won’t get anything. What do you want from me? Is this
Canada? Mexico? Help us out. Now, before I go, I
received two months ago some more conditions.
This is after the VA. They said they can prove
it’s from the water. Now if they can prove it’s
from the water, how come all these six people there
can’t prove it’s from the water? What they waiting
on? Something’s wrong in this country. Is this a
kindergarten country? Is this the Boy Scouts? I
got more conditions now than you can put on paper.
(on-going interruption from audience member)

**MR. BYRON:** One person at a time, please.

**SERGEANT TAYLOR:** And I got more conditions now than
about. And also while. It don’t matter about about the water, but how much more do you think a
person can take? what y’all trying to do. Y’all
got your rules, you got your and all this other
stuff you’re talking about. But when I was in the
Marine Corps they called it git mo. And I’m here to
tell you, it says I ain’t got nothing, I can git mo.
And all I want to say is thank y’all for just being
curious enough to come and and stand before the
VA. I’m not stupid, I’m just. A man who got the
courage of David and Goliath. You ain’t bad
people. And I’m sorry for holding up your time
’cause you might not see me no more. That’s the
truth. I really don’t feel like going on, but I have hope when I see somebody like Jerry. So I got hope. And I got hope -- he’s standing up there looking over me. I got hope looking. It’s the real thing. Let’s straighten this thing out.

MR. FLOHR: Sir, if I could just say, I have no idea what your claim involves, where it is, how long it’s been, but what I need from you is your name and your social security number. If you’ll give it to me then I will find out where your claim is and we’ll do what we can to assist you.

MR. STALLARD: I’d like to point out that Dr. Ward has given us this article, correct?

(no response)

MR. STALLARD: I said this is from you, right?

DR. WARD: From me, yes.

MR. STALLARD: Okay, so I won’t forget.

DR. WARD: Also, I know ^.

MR. STALLARD: All right, Tom. We’re about to wrap it up. I’m glad you were able to join us albeit at the end of the program. Any concluding comments you’d like to share?

MR. TOWNSEND (by telephone): I’ve been listening right along. I’m in agreement with what’s going on. I’ve had some setbacks myself. I have a claim
before the Board of Veterans, and I’m hoping to hear something from them. My claim has been there for two or three years now on the Camp Lejeune stuff. Jerry and I have been doing this since 1998 or 1999, and it seems like I sometimes have the feeling that the Marine Corps’ position is that we’ll get old and die. We’ll just go away. But I’m almost 81 and I’m not ready to go yet, so Semper Fi and let’s move on. End of story.

**MR. STALLARD:** Excellent. Okay, thank you.

**WRAP-UP**

We’re about to wrap up and take it out of here. Jerry has asked for just a moment for some concluding remarks. And I will tell you so that everybody doesn’t run out the door right away, you know that this evening we have a forum. The doors open at six. The program begins at seven. We’ll have a presentation by ATSDR and then there’ll be table sessions set up with representatives.

Yes, sir.

**UNIDENTIFIED SPEAKER:** I just wanted to ask one simple question.

**MR. STALLARD:** A simple question. Let’s hear it.

**UNIDENTIFIED SPEAKER:** Is there anything whatsoever under the heavens as an exception to being
registered for that survey?

MR. STALLARD: Jerry.

MR. ENSMINGER: Yeah, I’d just like to point out one thing. You know, I’m glad Mike brought his computer along and kept us online while the meeting was going on today because we’ve received --

How many?

MR. PARTAIN: About five.

MR. ENSMINGER: -- five different Google alerts on different articles written about today’s meeting, and gee, go figure. The Marine Corps’ statements have morphed already. Now they’re saying that, they said Wednesday the Corps has sent representatives to past meetings, but said their presence has been distracting. It seemed that our presence there would incite emotional responses. We didn’t want to aggravate the situation, so instead we chose to pull back and let the community focus on their dialogue. For god’s sake, I mean, this was just within a matter of hours. Now do you understand what we’re fighting and what we’re up against?

MR. STALLARD: All right well --

MR. BYRON: I wanted to thank those individuals who came here today because it’s hard to come up here year after year when nobody’s behind you. And I
just wanted to thank all of you who came here, victims and those who are not victims, and their doctors and supporting what’s happening here with the ATSDR and the CAP. Thank you very much.

MR. STALLARD: Just for transparency, Mary Ann Simmons is the representative. She has been here for all the meetings and sat at the table and contributes to the degree she’s able to do. And so it has not been a distraction, and we’re glad to have you sit at this table.

So with that --

MS. BRIDGES: Can I say one thing?

MR. STALLARD: No.

MS. BRIDGES: Real quick. If you want to do something, contact your senators and your congressmen. That’s the step. That’s the first step, the most important one that you can take.

MR. STALLARD: All right. The date of our next meeting we’re talking about in November. Okay, those of you who are traveling home, be safe. And those of you who are staying we’ll see you later this evening. Thank you very much for your participation.

(Whereupon, the meeting was adjourned at 3:10 p.m.)
CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA
COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of 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
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 stationed 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 Lejuene 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 Lejuene 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.