THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

TWENTY-SIXTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

September 6, 2013

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room B, Atlanta, Georgia, on September 6, 2013.

STEVEN RAY GREEN AND ASSOCIATES
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C O N T E N T S

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TRANSCRIPT LEGEND

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

(alphabetically)

BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
CLAPP, RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRAD, DEPARTMENT OF VETERANS AFFAIRS, COMPENSATION SERVICE
FORRESTER, TINA, ATSDR, DIVISION OF COMMUNITY HEALTH INVESTIGATIONS
IKEDA, ROBIN, ATSDR, ACTING DIRECTOR
KAPIL, VIK, CHIEF MEDICAL OFFICER AND ACTING DEPUTY DIRECTOR
MARKWITH, GLENN, NAVY MARINE CORPS PUBLIC HEALTH CENTER
PARTAIN, MIKE, COMMUNITY MEMBER
RAGIN-WILSON, ANGELA, ATSDR, DIVISION OF TOXICOLOGY AND HUMAN HEALTH SCIENCES
RUCKART, PERRI, ATSDR
STALLARD, CHRISTOPHER, CDC
TOWNSEND, TOM, CAP MEMBER (via telephone)
WALTERS, DR. TERRY, VA (via telephone)

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

MR. STALLARD: All right. We have a busy day today; welcome everyone. All right. We have an agenda. I suspect everyone has a copy of the agenda for today. I want to, as I am accustomed to do, to go around and room and introduce the members of the panel so that those of you in the audience know who is speaking and that Ray, our court reporter, is able to document those who are present today.

Before I do that, though, I just wanted to set a little bit of context for why we have this CAP. Based on the recommendations of the scientific expert panel in 2005, looking at the feasibility of further studies at ^ for Camp Lejeune, they recommended the establishment of the Community Assistance Panel, and we've been meeting as an entity since 2006. And the purpose is to create a venue for members of the community and members of the ATSDR and the scientific community to be in the venue to share information related to what was then proposed studies and now ongoing studies related to Camp Lejeune.

So we've been together and -- for quite some time now and have been quite effective in moving forward in

addressing the recommendations that came out of that 2005 scientific expert panel.

So why do we need a facilitator? You know, this is the bridge between science, data, and the process that that takes, and the community members who are affected, and whose family members and former colleagues are affected, in trying to bridge those two worlds of emotion and science, if you will. So a facilitator helps to the degree that you allow me to help moderate tension, conflict, disagreement. And so I can't do that unless you allow me. And I thank you thus far for the permission you've given me to serve in this role.

So what we have are guiding principles that we all ascribe to that keep us moving forward in a positive manner. But I've been asked first of all to say, most importantly, we're the federal government and we have deadlines and we have to close out our business here, so those of you who have vouchers to submit, please do so as soon as possible.

All right, this is a public meeting. We're being streamed live. There are members of Congress, there are members of the community, we have no idea who might be on, members of the press. As such that's why we conduct ourselves in a professional demeanor. I

know it might sound grade-schoolish, but what does that mean? It means professional decorum, no cussing, kicking, screaming, biting, scratching, you understand.

MR. ENSMINGER: What are you looking at me for? Bob Barker.

MR. STALLARD: Okay. All right. So as a public meeting, that means we have audience members here from the public in the room. And we're pleased that you're able to join us; however, your role in this is to listen and, if called upon by members of the CAP to speak at a time in the agenda when it is appropriate, you'll be asked to come and speak.

Please, everyone in the room, cell phones off or silent so that we do not have any distracting noise or conversations. If you have to take a call, please take it outside the room. That's why we ask that we have no sidebar distracting conversations. One speaker at a time. It is important for the court reporter to be able to identify, for the record, who's speaking.

Keep focused on the topic relevant to why this CAP exists, and that are -- those are the studies that are currently ongoing, those that are being proposed and issues related to those topics. This is not the

forum to bring outside interests about the CAP and any activities or legal actions that are outside the purview of this CAP. Okay? Are there any other questions or guidelines that I've missed? We've been doing this six, seven years now. Did I miss anything?

MR. ENSMINGER: You've been doing it for six years; you ought to know.

MR. STALLARD: Well, well, I know but I need your input. It's not just my guiding principles, it's -- they're yours. All right, so we're going to move down into the agenda now, and what I would like to do is ask first of all those who are on the phone, to introduce themselves, and then we'll go and do the room, okay? So whom do we have on the phone?

MR. TOWNSEND: Tom Townsend.

MR. STALLARD: Oh, hey, Tom, welcome.

MR. TOWNSEND: How are you?

MR. STALLARD: I'm pretty good, thanks.

MR. TOWNSEND: CAP member, Idaho.

MR. STALLARD: Welcome. What time is it there?

MR. TOWNSEND: Six o'clock.

MR. STALLARD: Six o'clock in the morning.

MR. TOWNSEND: Yes, unfortunately.

MR. STALLARD: All right. Well, welcome, Tom. Okay.

MR. TOWNSEND: Thank you.

MR. STALLARD: Is there anyone else on the phone? Whom were we expecting?

MS. RUCKART: Terry Walters and Sandra.

MR. STALLARD: Terry?

MS. RUCKART: And Sandra.

MR. STALLARD: And Sandra? I don't hear her. Okay.

MS. BRIDGES: There were supposed to be four when I came on.

MR. STALLARD: Oh, you're on now, Sandra, okay.

MS. BRIDGES: (Indiscernible).

MR. STALLARD: All right, well, I'd like to remind you too, those of you on the phone, when you're not speaking, please keep your phones on mute. Terry, are you on the phone? Apparently not. All right. Let's start here.

MS. BLAKELY: Mary Blakely, the CAP.

MR. STALLARD: Thank you.

DR. FORRESTER: Tina Forrester, Division of Community Health Investigations.

MR. MARKWITH: Glenn Markwith, Navy/Marine Corps Public Health Center.

DR. BOVE: Frank Bove, ATSDR.

DR. KAPIL: I'm Vik Kapil, I'm Chief Medical

Officer and Acting Deputy Director.

DR. IKEDA: Good morning, Robin Ikeda, Acting Director for NCEH/ATSDR.

DR. RAGIN-WILSON: Good morning, Angela Ragin-Wilson, Division of Toxicology and Human Health Sciences.

MS. RUCKART: Perri Ruckart, ATSDR.

DR. CLAPP: Dick Clapp, the CAP.

MR. PARTAIN: Mike Partain with the CAP.

MR. STALLARD: And on his behalf is Jerry Ensminger from the CAP.

MS. BLAKELY: Yeah, he's out in the hall talking on the phone.

MR. STALLARD: On the phone. He'll be right back. All right, so we're right on track. Angela, we'd like to move into your updates at this time, if you'd like.

ACTION ITEMS FROM PREVIOUS CAP MEETING

DR. RAGIN-WILSON: Good morning. We have a full agenda today so let's get to the first action item on the agenda, and these are action items from the May 3rd CAP meeting. The Veterans Administration report that was provided to Senator Burr's office showing the breakdown for the diseases on the claims was to be sent to ATSDR. And Terry Walters, I'm not sure if

Terry or Brad is on the phone, I would like to have them respond to them.

MR. PARTAIN: I saw Brad in the front as we were walking away.

MR. STALLARD: Oh, here he comes right now. Perfect timing. All right, ladies and gentlemen, Brad Flohr from the Veterans Administration. Here's a seat for you over here. So let's get things moved to --

DR. RAGIN-WILSON: Yes, I can come back to that action item. The second action item is the follow-up on the carbon chloroform extract, which is the CCE testing, to determine if CCE tests would indicate the presence of organic contaminants in water and to determine if the U.S. Marine Corps conducted the testing. Glenn, would you like to provide an update, please?

MR. MARKWITH: Yeah, we sent the formal response. My role on the CAP is to attend these meetings and observe and report back to the Marine Corps subject matter experts. So what we did was we sent the information to them and we asked them to respond, and they sent a formal report to -- I actually forwarded it to Perri on the 8th of July. And I can read the formal response if you'd like me to do that.

DR. RAGIN-WILSON: Sure.

MR. MARKWITH: On the CAP question number 1: Did the Marine Corps conduct historical CCE testing and does the Marine Corps have any historical CCE analytical data, yes or no? And the response that we got back from the Marine Corps for the CAP states that the Marine Corps spent many hours and significant resources in search of older records that may be relevant to this issue. The substantial amount of records that resulted from our efforts have been consolidated, preserved and shared with others such as ATSDR, and the electronic versions can be found at the Senate Judiciary Committee website. However, these documents that might be relevant to the question may no longer be maintained by the Marine Corps or the Department of the Navy in accordance with records management policies.

A cursory review of more than 8,000 documents that have been produced did not yield any CCE analytical results; however, the absence of records 50 years later is not an indication that an action was or was not taken; only that no records are available.

MR. PARTAIN: So they're on the Senate judiciary site that you're saying there that there are numerous documents that are redacted and unable to be viewed by the public even though they’re on the site so it'd be

nice to be able to see those documents.

MR. MARKWITH: I can certainly take that back for action to the Marine Corps.

MR. PARTAIN: And it'd be nice to, you know, if we have a question like this and there's an answer, you mentioned the subject matter experts, it'd be nice for them to come visit and talk to us, you know, so we can ask questions and not wait three, four months down the road to hear, you know, a complete answer.

MR. ENSMINGER: They used to come to the meetings.

MR. PARTAIN: Yeah. So we extend the invitation for the Marine Corps to come back to the CAP meeting. It'd be nice to have them back.

MR. MARKWITH: I will relay that information. Thank you, Mike.

DR. RAGIN-WILSON: The next action item, Mary Blakely requested the CD with the files with the fetal deaths, and that action item was completed May 3rd, 2013. Mary, can you confirm?

MS. BLAKELY: Whether I got the CDs? Yeah, I believe I did; I don't know.

DR. RAGIN-WILSON: The next action item, the U.S. Marine Corps was to submit a copy of the muster rolls to ATSDR. Glenn, again, have you followed up with

Scott Williams?

MR. MARKWITH: I didn't have the muster rolls for action. I know Scott has been working on that. I'll have to get an update from Scott. I will get an update on that.

MR. ENSMINGER: It's the historical records, rolls of -- by unit of who was at Camp Lejeune all the way back to the 40s, out of the National Archives.

DR. RAGIN-WILSON: The next action item, Jerry Ensminger and Mike Partain requested an index of the documents that are being used to assess vapor intrusion. Dr. Forrester?

DR. FORRESTER: We will discuss those in the soil vapor discussion today. We don't have the complete list yet. We have just received many of the documents which we're currently going through and identifying what we have.

MR. STALLARD: Do you want to go back to Brad?

DR. RAGIN-WILSON: Yes. I'm just -- is Terry Walters on the phone? There are a list of action items for Terry.

MR. STALLARD: I don't know. Dr. Walters? No, I don't believe she's on. Okay, so when she joins us maybe we can go back and create a segue for her to provide an update.

DR. RAGIN-WILSON: Yes. Mike Partain requested ATSDR to determine whether the Hadnot Point area had a geological feature that permitted a rapid recharge which allowed fuel to get deep into the aquifer. And I believe Dr. Forrester sent responses to the CAP, August 29th, 2013?

DR. FORRESTER: Did you all receive an email? It was two sets of questions, one that was generated from our informal session from our understanding of the questions you had, and then the second set of questions based on the questions Mike submitted to us on the recharge issue. I'm sorry, Morris is not here today; he's celebrating a religious holiday. But we will have opportunities in other forums to discuss some answers to the questions.

DR. RAGIN-WILSON: The next action item, ATSDR is to provide the CAP with the papers on two studies that worked with a large number of cancer registries, and this was in response to Jerry Ensminger proposal that ATSDR conducts a cancer incidence study. And I believe Frank Bove has those articles to give to you today. Jerry?

MR. ENSMINGER: What?

DR. RAGIN-WILSON: You requested papers on two studies that work with a large number of cancer

registries, and Frank has those papers, and Frank?

MR. ENSMINGER: We had two visitors that were supposed to have been taken care of two days ago and they weren't. They're down at the visitors' center and they won't let them in so Frank had to go down and take care of them.

DR. RAGIN-WILSON: We'll come back to that one. And I don't believe Dr. Walters is on the phone yet so, Chris, can we come back to her action items at the end of the day? I believe the action items for the VA are all for Dr. Walters.

MR. STALLARD: All right.

DR. RAGIN-WILSON: I'll just go through them quickly. Jerry Ensminger requested a call with the Veterans Administration and congressional leaders to discuss the Janey Ensminger Act, Section 102, and to learn how the VA will provide care.

The other action item for Dr. Walters, the Veterans Administration report that was provided to Senator Burr's office showing the breakdown of diseases on the claims, was to be sent to ATSDR.

And also Jerry Ensminger requested a timeline on the process for getting the healthcare law implemented, and we can revisit these action items once Dr. Walters is on the phone.

MR. STALLARD: Absolutely. So Frank, when you stepped out your name came up on the updates about documents related to --

MR. FLOHR: Which disease? Which claims?

DR. RAGIN-WILSON: The report that was provided to Senator Burr's office showing the breakdown of diseases on the claims, that was requested by ATSDR.

MR. FLOHR: I thought we provided that already.

DR. RAGIN-WILSON: You provided it to --

MR. FLOHR: Did I send it to you, Perri?

MS. RUCKART: I thought this was an item that actually was requested by you, Jerry.

DR. RAGIN-WILSON: Did you receive it, Jerry?

MR. ENSMINGER: What?

DR. RAGIN-WILSON: The report to Senator Burr's office showing the breakdown of diseases on the claims?

MR. ENSMINGER: Yeah. I had it before you did.

DR. RAGIN-WILSON: We can revisit -- Dr. Walters isn't on the phone right now. We can revisit --

MR. FLOHR: That's actually my item.

MR. ENSIMNGER: You got updated the info that --

MR. FLOHR: Yes.

MR. ENSMINGER: **--** for this month?

MR. FLOHR: I do.

MR. ENSMINGER: Oh, okay.

MR. STALLARD: And that's next up on the agenda. I'd like to remind those who are on the phone, please, to, if you have the capability, please mute your phones.

DR. BOVE: What was the --

MR. STALLARD: The question came up -- Angela, what was the question for Frank?

DR. RAGIN-WILSON: The articles that you were to provide to the CAP.

DR. BOVE: Oh, yeah. Yeah, I have two different articles, I passed the first one around, for CAP members only and Glenn. The first one is an article about how researchers were working with cancer registries and the issues they face in getting cooperation and other issues that arose.

And the second paper I'm sending around now is a study done of a VA population, a Gulf War study, where the cancer registry data also was used as an example of how one might be done. So that's -- I promised to send them to you, I think, a CAP meeting or two ago, and so here they are in hard copy. If you need electronic, I can also send that to you.

MR. STALLARD: Are there any key points with that?

DR. BOVE: Some of these we discussed the previous CAP meeting, which there are difficulties in working nationwide with all the cancer registries given that there's no national registry. But each state has their own requirements. As for the Gulf War study, they were able to work with quite a number of registries but not all of them, not even a majority, I think, with de -identified data. So that's a possible strategy. There are difficulties. It was easier for them to do it because they just had yes/no, Gulf War. We would have a couple of categories of exposure, and that might add complexity to it but it's one example of how one could be done.

MR. STALLARD: Okay. All right.

MR. ENSMINGER: This is Jerry Ensminger. I have a question. You know, here we are at the CDC, the Centers for Disease Control, we're discussing the difficulties that everybody has in doing a cancer incidence study because of the lack of a centralized cancer registry in this country.

Now, I hear every politician that ever gets into office step up to the microphone and say that one of their goals is to defeat cancer within their own lifetime. The only way science is going to be able to defeat cancer is when the researchers have all the

tools that they need. And right now they don't have that because they are subjected to the idiosyncrasies of 50-plus different damn cancer registries. They need a one-stop shop where, with the people with the need to know, can go and get the information they need to do their research. Why can't the CDC take care of this? Why are we sitting back here saying, well, these 50-plus cancer registries, it's making it so difficult? Well, hell, do something about it.

MR. STALLARD: I do believe I will defer to others who might know more but it's -- I'm sure it's extremely complicated.

MR. ENSMINGER: I know it is but, you know, you need a federal law. You need somebody pushing to have it done. Nothing's gonna get done if everybody just sits back and says, well, it's too hard. You know, I've been up against a lot of stuff that's been hard in my life. But I'm still here and I'm still kicking and I'm still pushing.

DR. RAGIN-WILSON: Well, we are exploring the feasibility of conducting the cancer incidence study. We have noticed there are a number of difficulties, as you point out, such as approval and consent, and we are exploring some of the feasibility of conducting the cancer incidence study. And we plan to keep the

CAP informed on our progress.

MS. BLAKELY: We can't hear you.

MR. STALLARD: Yeah. Where's the AV guy? Okay, so just to confirm, we're all coming unplugged here. Okay, so Jerry, your point is well-taken about the need for it.

DR. BOVE: By the way, I misspoke a minute ago. The Gulf War study used 28 registries, so they had a majority, a small majority.

MR. ENSMINGER: Yeah, yeah.

MR. STALLARD: For those of you who -- if you can hear me, those of you on the phone, we're trying to fix a little audio challenge at the moment. That is why you might --

DR. WALTERS: This is Dr. Walters. I'm on the phone if anybody has any questions about the Camp Lejeune law implementation.

MR. STALLARD: Well, as a matter of fact I think we do have some questions. Welcome, Dr. Walters.

MR. ENSMINGER: She might not be able to hear you.

MR. STALLARD: Can you, can you hear me, Dr. Walters?

DR. WALTERS: I can barely hear you; it's kind of faint.

MR. STALLARD: I know. I would have to shout up to the microphones on the ceiling. All right, Angela will ask you some questions; thank you.

DR. RAGIN-WILSON: Thank you, Dr. Walters, for joining us. We have them --

DR. WALTERS: I'm sorry that I couldn't be there this time but I had a conflict.

DR. RAGIN-WILSON: We had a few action items for you, Dr. Walters. One, and I think this item has been completed but I'll repeat it again. The Veterans Administration report that was provided to Senator Burr's office showing the breakdown of the diseases on the claims was to be sent to ATSDR, and I will stand corrected, it was to be submitted to the CAP, and that was completed already.

Jerry Ensminger requested a call with the Veterans Administration and congressional leaders to discuss the Janey Ensminger Act, Section 102, and to learn how the VA would provide care. Would you like to provide an update on that for us today?

DR. WALTERS: Surely. So first let me -- I'm getting a little bit of feedback so it may be difficult. The veteran -- I'm going to start with the regulations first. The veteran regulation has been accepted by OMB and will be published in the Federal

Register in the next week or two and will be available for a 30-day public comment period. We will then take all those comments after the 30-day public comment period, revise the regulation to make it a final regulation and then publish -- go back to OMB and after OMB blesses off on that, the veteran regulation will be published.

The family member regulation, which is a separate regulation, is nearly com -- is nearly ready to go to OMB. We have asked OMB for -- to make it an interim final. What this means is that the public can comment on it but while it is being commented on, VA can implement so we don't have to wait for the public comments and the review again and then the re-review. And we're asking for that because we want to implement the program as quickly as possible.

We have made some changes on our website and provided information to family members that they should collect their bills and what documentation they should collect to prove that they were at Camp Lejeune and that they have one of the 15 conditions.

We have also been very active in people -- a lot of people have signed up for updates to our website, and we have seen a real surge in, as we make changes to the website, people getting those changes via

social media.

We have -- we're nearing completion of the financial services center, which is a part of VA that will actually pay the bills. But we have to make a lot of computer changes; we have to hire clinicians to review claims. We're well underway. The plan is, the current timeline is, if the regulation goes as we hope, that we will be able to start accepting people into the program and pay claims by the end of the year. We will pay back to the start of the appropriation, which, I believe, was March of this year.

Let me see, what else. I think that's about it right now. Of course I can -- I'll answer your questions as you have them.

MS. BLAKELY: I have one. This is Mary Blakely. So the funding for the dependents has come in; is that what you're saying? I don't understand.

DR. WALTERS: Yeah, it was part of the March appropriation. There are questions though, and this is tied to, you know, whether the debt ceiling and Congress and all that mess is, is this a new program. If it's a new program, we may have issues with a continuing resolution.

MS. BLAKELY: Well, I have a concern that

pertains to the financial end of funding for the dependents and the veterans, and it might bring up a problem, so I would request that I be allowed to fully state my question and concern without interruption.

DR. WALTERS: Go ahead.

MR. STALLARD: Well, go ahead. What is it?

MS. BLAKELY: Excuse my way of doing things. I have a learning disability, as y'all know, and so I don't do things quite like other people or explain myself quite like other people.

MR. STALLARD: That's okay, Mary. Do you have your question ready?

MS. BLAKELY: Yes, do. I'm -- yeah.

MR. STALLARD: Okay.

MS. BLAKELY: I'm gonna read it.

MR. STALLARD: Okay.

MS. BLAKELY: I asked in the conference call last week with the ATSDR, August 26th, 2013, but I'll repeat it for those of you who are here who couldn't make that meeting.

MR. STALLARD: Wait a minute, wait a minute. Is this related to Dr. Walters right now? I mean, the question --

MS. BLAKELY: Well, that's why I asked if I could fully read this before I started.

MR. STALLARD: Is it --

MS. BLAKELY: So in order for me to do this right, because of my disability, please, I beg for your tolerance.

MR. STALLARD: Well, I need to ask you: Is this related to Dr. Walters' presentation about funding --

MS. BLAKELY: Yes.

MR. STALLARD: -- for the regulation --

MS. BLAKELY: Yes, yes, it is, because it's a true concern for everybody.

MR. STALLARD: Okay.

MS. BLAKELY: It pertains to my position as a seated member of this CAP, so I am not asking this for any other reason than that. It is a concern for the exposed population of Camp Lejeune including the dependents, the veterans and the civil service workers who help run and maintained the base.

My concern is due to my own personal experiences since learning about my family's exposure to the toxic water: my mother's death being a potential result of that, my learning disabilities and short-term memory deficit were most probably caused by being exposed as a very young child. As most Americans, my first response was to sue the hell out of anybody and everybody involved.

MR. STALLARD: Mary, what is the question?

MS. BLAKELY: I'm not done.

MR. STALLARD: What is the question?

MS. BLAKELY: That's why I asked if I could read it fully, because this is the way I do things and I, I'm sorry. This is how I am able to explain myself in a way that others can understand.

I spent days on the computer searching for information and joined The Few, The Proud, The Forgotten website. I was invited by mail -- is my mic on? I was invited by mail, a mailed letter April 12, 2010, and from the office of J. Ryan Heiskell, and signed by -- Esquire, and signed by Vanessa C. Bertka, the paralegal for Bell Legal Group, to an informational meeting on Saturday, May 1st, 2010. It also stated that Bell Legal Group LLC had combined with Larcade and Heiskell, PLLC, located in Raleigh, North Carolina. It had emailed through link on The Few, The Proud, The Forgotten site --

MR. STALLARD: Mary --

MS. BLAKELY: I have to read it fully or nobody will understand what I'm trying to say. I'm sorry. It also told me to --

MR. STALLARD: All right --

MS. BLAKELY: -- encourage additional military

families I know --

MR. ENSMINGER: All right, she needs to be -- she needs to be removed.

MS. BLAKELY: -- that they may benefit also to attend.

MR. ENSMINGER: She needs to be --

MS. BLAKELY: The speakers were Jerry Ensminger and Mike Partain. There were also attorneys from Larcade and Heiskell, Raleigh's office. Vanessa Bertka, Ryan Heiskell from Bell Legal Groups, their South Carolina office, on September 27, 2010. The Department of the Navy, Office of the Judge Advocate General in Washington Navy Yard, DC, received my Marine Corps Base Camp Lejeune water contamination claim equaling $160 million.

MR. STALLARD: Mary, I have to ask you to, please --

MS. BLAKELY: For all five of my --

MR. STALLARD: -- to ask a question.

MS. BLAKELY: -- children, myself and my mother for a wrongful death suit. I noticed several mistakes in the paperwork in the claims, most notably that my three youngest children from my current marriage were the children of my first husband, Carl Champion Singer, a Camp Lejeune Navy brat, a retired Navy

corpsman, Sydney S. Champion, a Korean and Vietnam War veteran.

My husband was a civil service worker in the print shop on the base when I got pregnant with my first daughter, Courtney. We had an older son, Carl Champion, Jr. He and Courtney were our only two children. My youngest three children, who are all still minors, are the children of my current husband, Michael D. Blakely, an 82nd airborne veteran, who served ^ board at Fort Bragg in North Carolina and never stepped foot on Camp Lejeune during the nine years he served.

I tried multiple times to have these and other mistakes corrected with Bell Legal Group, Larcade and Heiskell, through the paralegal, Vanessa Bertka -- almost done. On multiple phone call messages left, once in person, when she attended one of these staff meetings; they were never corrected.

I was concerned because it clearly printed on the claim, standard form 95, prescribed by Department Justice 2-BCFR-14 criminal penalty for presenting fraudulent -- is my mic on? Fraudulent -- I'm getting to it. I'm getting to it. Claims of making false statements, fine, imprisonment or both.

The problem with the misinformation was -- wait a

minute. There is also more painful examples regarding -- am I still on?

MR. STALLARD: Yes.

MS. BLAKELY: Okay, 'cause I don't hear myself. Examples regarding my father, U.S. Marine Corps Master Sergeant James J. Leak, retired Marine Corps veteran of the Vietnam War and a lifer who died on January 5th, 2012 of Agent Orange-related lung cancer. When my dad died, I decided I wanted to drop my claims because I realized who I am; I'm the daughter of a Marine. And because of the work I did with the infants, having to read each and every death certificate. I realized that there is no price you can put on any of their lives; they're priceless. Or my mother. They were personal sacrifices made by the dependents, just as the sacrifices are made by the Marines and those who serve this country. I'm almost done.

MR. STALLARD: What is the question?

MS. BLAKELY: I called Bell Legal Group, Vanessa Bertka, about dropping my claims. She casually mentioned my dad's claim. I was shocked because my dad reluctantly provided permission for my mother's wrongful death suit and had voiced that he wanted it put in his will that nobody was to take out a claim

regarding his health or death.

She said Bell, Larcade and Heiskell had legal documents with his signature on them regarding that very thing. I told her that any documents that were supposedly signed by my father regarding his health and death were forged and were not signed by him. Her response was that his file had been closed.

MR. STALLARD: Okay, excuse me --

MS. BLAKELY: I'm almost done. I am worried. I am -- this is the point. This is the point, this is the point.

MR. STALLARD: What is the question?

MS. BLAKELY: That is my question.

MR. STALLARD: What is the question?

MS. BLAKELY: Okay.

MR. STALLARD: We're going to break, Mary. We'll take a break.

MS. BLAKELY: I am concerned about the funding for the dependents because if -- I have to read the full statement.

MR. STALLARD: No, no. No, you don't. We're gonna, we're gonna break. What is the question?

MS. BLAKELY: Okay, my question is: How are these dependents gonna be taken care of if lawsuits are allowed to be pushed through? Not just regarding

Camp Lejeune but other military bases all across this country and around the world, that lawyers are currently reaching out to the victims of and encouraging to sign up for lawsuits. If one of those claims goes through, there won't be money for funding for anything including the dependents from Lejeune because the budget will be gutted.

MR. STALLARD: Okay --

MS. BLAKELY: I don't know much about math but that's common sense.

MR. STALLARD: Thank you. We're going to take a break right now. Dr. Walters, that question was posed to you. I don't think it was related, though, to the area of expertise you're involved in, and so what I'd like to do right now is take a ten-minute break and we're going to get back to Jerry, okay? Ten minutes, please.

(Break, 9:40 a.m. until 9:50 a.m.)

MR. STALLARD: All right, so Dr. Walters is back on the phone. She did address one -- when you all -- when we took a recess, that money has been appropriated for this year and is expected to be for next year to pay claims that arise out of the family members and veterans, so that answers in part the specific question Mary was getting to, where's the

money coming from.

DR. WALTERS: Now, this --

MR. STALLARD: So --

DR. WALTERS: Tom, can I say this is for medical care. It's not compensation dollars; it's medical care only.

MR. STALLARD: Correct.

DR. WALTERS: For those 15 conditions covered by the law.

MR. ENSMINGER: So when do you see family members beginning to see the benefits of this?

DR. WALTERS: Okay. They will be able to apply for the program hopefully in late this year, early next year. They will -- they're supposed to be paid retroactive to the date of the appropriation.

MR. STALLARD: Did you hear that? You faded out there, Dr. Walters. Retroactive to the date of?

DR. WALTERS: The appropriation.

MR. ENSMINGER: And the money was appropriated what month?

DR. WALTERS: I think it's March, but I'd have to go back and look on that.

MR. ENSMINGER: And is this money that was appropriated for this year, which is not being used because you don't have the regulations finished yet,

is that money going to be rolled over to the next budget?

DR. WALTERS: The VA document is on a two-year cycle.

MR. ENSMINGER: So what year are we in on your budget cycle?

DR. WALTERS: You're getting into finance here. I can't, I can't answer --

MR. ENSMINGER: Is this the first or second year of your budget cycle?

DR. WALTERS: I don't know.

MR. STALLARD: Okay, so that's an outstanding clarifying question in terms of what year we're in in the two-year budget cycle. Right, does that answer your question?

MS. BLAKELY: Wouldn't it be this year, March 2013, since you said that it would be retroactive from March 2013?

MR. ENSMINGER: Budget years go by October 1st.

MS. BLAKELY: Oh.

MR. FLOHR: VHA is on a different funding than the VBA and the rest of the VA is. They have like a -- they're funded at the beginning of each year or two years, whatever it is.

MR. ENSMINGER: You talking fiscal year or

calendar year?

MR. FLOHR: I think fiscal year.

MR. ENSMINGER: Okay.

MR. STALLARD: All right, so thank you, that pretty much brings us on the agenda to the updates. We did want to briefly address Jerry's question about the importance and the need and desire for a national cancer system.

MR. ENSMINGER: Registry.

MR. STALLARD: Registry.

DR. RAGIN-WILSON: I just want to point out that ATSDR has been exploring the feasibility of conducting a cancer incidence study, and a number of difficulties have been identified and they have to do with, as you pointed out, approval and consent. Obtaining approvals from each state cancer registry will be an extremely lengthy process and some states may ultimately refuse to grant approval. So we are aware of a lot of the difficulties and we're still exploring the feasibility as well as other scientific issues that may prevent us from conducting a study. Our current studies are our top priority right now, and we're focused on completing those studies, and I'll show you that we are still exploring the feasibility of conducting an incidence study.

MR. ENSMINGER: The cancer incidence study -- oh, I'm sorry.

DR. IKEDA: I was just going to talk about the, you know, the desirability of a national cancer incidence registry or a national cancer registry, and certainly we share that desire. We would like nothing better than to have a national registry here at CDC and the researchers would be delighted. We're always talking about how we wish we were Sweden because they have the ability to do those national-type studies.

But just to remind folks, and I know you all know this, but we're not a regulatory agency here at CDC and we don't issue any mandates. We influence the recommendations and guidance and suggestions, and that's how we, you know, work in the national level.

I will say that, you know, the other thing to remember is of course the sovereignty of the states so there's not only, as Chris was talking about, how difficult it would be and some of the feasibility issues that Angela was talking about but we need that political will too from the 50 states to participate in something that's national. And so just --

MR. FLOHR: Sounds like someone needs to propose legislation to do that --

MR. ENSMINGER: Absolutely.

MR. FLOHR: -- for a member of Congress to create a national cancer registry.

MR. ENSMINGER: Well, I mean, I mean, the need for that, I mean, especially with the CDC, because cancer is a plague. I mean, it has -- I'll bet it's touched every person in this room's family in one way or another.

DR. IKEDA: And one thing that perhaps might be useful for our next meeting is to bring someone from our national cancer registries here at CDC so they can talk in more detail about the challenges and whether, you know, working with partners to propose legislation might be an appropriate step.

MR. ENSMINGER: But for going back to the cancer incidence study for Camp Lejeune, if we had the cooperation of 28 states or 28 registries, like they had for the Gulf War, would be better than what we've got now, which is nothing, because the health survey, which is due out next year, only had a 27 percent participation rate. And it was a self-reporting so trying to track down all these people and verify what they put on their surveys would be -- it would take forever. You only have 27 percent participation so you're missing a lot. If we had 28 cancer registries, that's over 50 percent, and we have a cohort

identified.

The expert panel in 2005, February 2005, recommended, above and beyond the in utero study that was already taking place, that a mortality study and a cancer incidence study be conducted on the populations if, if a feasible cohort could be identified. That cohort was identified and you have gone forward with the mortality study, all right?

But we're only getting half the picture because treatment protocols have improved over the years and medical advancements, and everybody that's being diagnosed with cancer is not dying. They're surviving. So they're not showing up on your mortality study, okay? And we're only getting half the picture of what happened at Camp Lejeune if we don't capture that other snapshot of how many of these people in that cohort actually contracted cancer and what kinds of cancers.

I mean, we're doing this for the betterment of science. You have a laboratory here; let's take advantage of it. Not dig our heels in and say, hey, we want to get the hell away from Camp Lejeune so we're not doing any more studies. That ain't going to get it, okay? I'm here to cooperate with you. I'm here to advance science's knowledge about what happens

to people when they're exposed to these contaminants.

I'm not happy with the National Academy of Sciences. I never have been. In my opinion they're nothing more than scientific hired guns that will write a report for the highest bidder. The CDC should not be that way; they're not. But we've got to go forward with what we have available, and we've got a cohort, a good sized one, that would have a meaningful report and outcome. And that study needs to be done and it won't involve contacting a soul, personally. It'll all be done by computers.

DR. RAGIN-WILSON: Well, Jerry, we, as I said, we are exploring the feasibility of conducting the study and that's conversation we can have, continue the discussion on the conference calls or at perhaps the next CAP meeting but our priority now is completing our current studies, but it is something certainly that's on our radar and we have time to discuss internally, if you keep the CAP involved on our updated progress on the study during the conference calls.

MR. ENSMINGER: And what is the CDC and the Department of Health and Human Services doing about pushing for a national cancer registry? I understand all this crap about sovereignty of the individual

states, but when it comes to something that is affecting the health like cancer is of our entire nation, then sometimes the states got to take a back seat and federal, federal -- and common sense has got to take over and say, hey, this is a tool we need. We need to stop this. Or has cancer become so profitable for certain people that they don't want to approach this?

DR. IKEDA: And again, I think, you know, we can take this up at the next CAP meeting, we can invite our partners from the cancer registries here at CDC, 'cause they know the ins and outs of what's going on, what's been proposed, what has worked, what hasn't and much, you know, better versed than we are in terms of how to implement such a national system.

MR. ENSMINGER: Well, I'll look forward to that, then, that conversation.

MR. STALLARD: Yeah, me too. Dr. Clapp.

DR. CLAPP: I'd like to just add to this. There's a group called POGO, Project on Government Operations that has actually got their own site, that is drafting some legislation for what we're talking about here, a national -- either a national cancer registry or a way that the national program of cancer registries at CDC could make available data for

researchers on a national basis, so they might be worth contacting and adding to the conversation next time or if not, when they're proposed legislation is ready.

MR. STALLARD: So, we have that as an action item for the next meeting.

MR. ENSMINGER: But it would be nice to, when this legislation is advanced and starts moving forward, to have the backing and support of the CDC and the Department of Health and Human Services, that will have you guys step up to the mic and say, yeah, this is something we need. We definitely need this. Or is everybody afraid to do that?

DR. IKEDA: You know, you -- we can't advocate for a specific legislation so it puts us in an awkward --

MR. ENSMINGER: No, but you can advocate for a cancer registry, not for legislation.

DR. IKEDA: Right but we can -- right, but we can talk about the general positive aspects of having that kind of data and work with partners to get the message across.

DR. KAPIL: And Jerry, I believe that, you know, on an individual basis, there's probably nobody in this room that would argue with you. The program has

the cancer registries program and chronic disease center, I'm virtually certain, has raised these issues in the past about the deficiencies in the current system. I think it would be very valuable for the CAP to hear from the program itself 'cause they have so much expertise and experience in dealing with these issues and all that falls, and the challenges that they face on a daily basis, because they are dealing with 30-some different states and territories, trying to collect this data, so it's as difficult for them as it is for anybody who's trying to do this kind of work. So I think having that discussion maybe at the next CAP meeting, if everybody's agreeable to that, in inviting them to come and maybe give a presentation so you could ask some of these questions would probably be pretty helpful for all of us.

MR. STALLARD: It really would. So we have that for an agenda item for the next meeting. And we'll talk at the end of today's meeting on scheduling of the next meeting.

MR. ENSMINGER: And to be honest with you, I'm the one that approached POGO about a national cancer incidence -- or national cancer registry, and thankfully they've taken that up and they contacted Dr. Clapp because Dr. Clapp's been fighting for this

for a lot longer than I have. But, you know, I'm prepared to advance the issue and push it into Congress. I mean, and I know there's going to be people that have special interests that are supporting them that aren't gonna go along with that but we'll flush them out of the closet.

MR. STALLARD: Well, we know if can be done if there's political will to do so.

MR. ENSMINGER: I got it.

MR. STALLARD: Okay. Brad, I think we had you next on the agenda on VA updates, if you have any additional ones to offer.

VA UPDATES

MR. FLOHR: Just some basic information for you. We continue of course to process claims in our Louisville office, based on Camp Lejeune, as well as claims from all veterans. We undertook a very aggressive project, if you want to call it, I'll just say project, earlier this year to start working our oldest claims, in particular claims that were over two years old. And we -- a lot of people said we couldn't do it but we did complete working all those claims over two years old in March of this year. And then we started on claims over one year old and are now currently working on all those to get those worked. A

lot of those claims of course are from Camp Lejeune veterans. So we're working really hard with VHA to get examinations and medical opinions to get those completed.

My current data, I don't have August data yet; I'll have that probably next week. And I'll be happy to send that to Perri and she can share it, put it on your -- or send it to someone.

MS. RUCKART: We can talk about that later.

MR. TOWNSEND: I have a question.

MR. STALLARD: Yes, go ahead, Tom. Go ahead, Tom.

MR. TOWNSEND: My claim has been with the VA for over six years, so why, why this long delay?

MR. FLOHR: Mr. Townsend, I called you the other day and left a message, didn't get you. I left one on your voicemail. But I can't answer -- of course I've never seen your claims file so I don't know what is in there or what's been going on but I cannot talk about your individual claim in this public forum. I'll be glad to talk to you next week, one-on-one. I'll be in the office Monday, Tuesday, Wednesday, if you're going to be home but in a public forum, I cannot talk about your claim.

MR. TOWNSEND: Give me a call, please, at my home

phone number.

MR. FLOHR: Okay, I'll do that.

MR. STALLARD: Tom, and you don't need -- and you don't need to give that out over the airwaves right now. We have it, all right?

MR. TOWNSEND: Thank you.

MR. STALLARD: All right, Tom.

MR. FLOHR: We have, as of the end of July, we've granted service connection for almost 800 individual issues. Of course all of those, generally all of those are cancers, and the grant rate has been pretty good and consistent with over 50 percent granted for like bladder cancers and 51 percent of kidney cancers, almost 50 percent for leukemias/lymphomas and Parkinson's disease, so the majority of claims is denied. The majority of the issues, individual issues, have been denied because they're miscellaneous type things. Subjects claiming their arthritis was caused by -- or their hearing loss. We get those claims all the time. So like I said, we continue to work on those, and we can try to get them all done as soon as we can. Any questions?

MR. ENSMINGER: Have you provided a breakdown of these claims recently?

MR. FLOHR: Not -- no one has asked for them

recently. We provided a breakdown to Senator Burr's staff two months ago, I think.

MR. ENSMINGER: Yeah, but no, it was longer than that.

MR. FLOHR: Yeah. We haven't gotten any requests since then.

MR. ENSMINGER: Yeah, okay. All right, thank you.

MR. FLOHR: Okay.

MR. PARTAIN: Brad, are you guys keeping track of like the call -- number of calls from people inquiring? Is there any type of data being collected on that?

MR. FLOHR: No, I don't believe so. We have national call centers and we get millions of calls.

DR. WALTERS: Yeah, well, on the, on the VHA side, we do have a sort of poll about the implementation of health law. We had about 800 family members contact VHA and about 4,400 veterans. Of that approximately 70 percent of the veterans are already eligible for VA care.

MR. STALLARD: Did that answer your question?

MR. PARTAIN: Yes.

MR. STALLARD: Okay.

MR. PARTAIN: Thank you.

MR. STALLARD: All right. Any other business with Brad and the VA?

MR. ENSMINGER: Well, I would just mention, again, that Brad, I hear from veterans every day of every week and I'm still hearing complaints by veterans when they go to their local VAs. Their local VAs act like they've never heard about Camp Lejeune. And it -- I mean, perhaps a reinforcing training letter to go out to these folks and say, hey, you know, what's the deal here?

MR. FLOHR: I think Dr. Walters and the folks at public health have put pamphlets and things like that in every VA medical center where they have an occupational exposure specialist there to handle those questions. Terry, is that right?

DR. WALTERS: Yeah, we recently had a train the trainer champion training in Salt Lake City, where we briefed over 40 environmental health specialists on Camp Lejeune, and in the end of September we're going to be briefing another 50 in Albany.

MR. FLOHR: I attended the -- I was at the training in Salt Lake City and will be in Albany as well, talking about the claims process and asking the occupational health commissions what we can do at VBAs to make their job easier and giving them information.

MR. ENSMINGER: Okay. But, you know, Dr. Walters, I have a veteran sitting in this room right now that you provided him four different people at Louisville who were their environmental specialists at the Louisville, the veterans' center, and the veteran went there with this list of four names, and they denied that they had anybody that was an environmental specialist on their staff.

DR. WALTERS: I hear you, Jerry, and it's a continuing problem in terms of the VA is a very decentralized organization.

MR. ENSMINGER: Is a what?

DR. WALTERS: And I have no -- decentralized. And I have no control over separate divisions or separate VA medical centers.

MR. ENSMINGER: Well, wouldn't it be nice to have central command or control? I mean, it's just like the military, you've got to have command and control. Somebody's got to have control.

DR. WALTERS: Well, that, I do not have that but I do encourage and educate.

MR. ENSMINGER: Wow. Okay. You're answering some question -- this is starting to draw a picture for me here. Thank you.

MR. STALLARD: What was your assumption, that it

was a command-driven, from the top down throughout the clinics?

MR. ENSMINGER: My assumption is that nobody's in charge and these, these regional offices are running willy-nilly and nobody's got control of the reins. Basically the horse is running away.

DR. WALTERS: Well, I don't think that's (telephonic static) but in terms of environmental (telephonic static), I do not (telephonic static) the resources. These resources (telephonic static) by the chief who's running the individual (telephonic static).

MR. ENSMINGER: Okay.

MR. STALLARD: All right, the issue is trying to ensure that the word continues to filter down to the appropriate level where clinicians are seeing veterans, that those veterans from Camp Lejeune are getting the same treatment and care throughout the nation. So I think that seems to be a continuing challenge to ensure that communication filters down to the right level.

DR. WALTERS: And I pledge my efforts to continue getting the word out and doing the best we can.

MR. ENSMINGER: Well, yeah, I -- I'll just repeat that every day I hear from somebody that's gone to a

regional veterans VA center and they're told by the people at the reception desk that they haven't even heard of Camp Lejeune. I mean, they must have been living under a rock for the last five years but, you know, whatever.

MR. STALLARD: Okay, so part of -- I think what we may consider is even with the good intentions and efforts of communication, what other approaches might we consider to employ to ensure that there is consistency of the message down to the level it needs to get to? If it could be done, how would we do it? I just offer that out, that we hear the concerns raised and from assistance perspective are looking at how best to ensure awareness, understanding and compliance.

MR. ENSMINGER: And another thing that the VA -- you know, the Secretary, Secretary Shinseki has the capability of declaring an issue, a presumptive issue. Now, we've got a bill that was signed into law, the Caring for Camp Lejeune Veterans and Families Act. That law only provides healthcare to the veterans and then ultimately, hopefully soon, the family members that qualify. In short, that law is an admission. I mean, how can you say we're gonna provide healthcare to you veterans that were on active duty at Camp

Lejeune, and you were poisoned? There is no ifs, ands or buts about it, you were poisoned. We're going to provide you healthcare but we're not providing you the rest of the benefits. You have to jump through all the hurdles just like everybody else. That ain't right. This should be --

MS. BLAKELY: Well, maybe if there weren't all the lawsuits that they're facing, they could do that.

MR. STALLARD: Mary, Mary, please.

MS. BLAKELY: Sorry. Sorry.

MR. STALLARD: Nothing to do with lawsuits.

MS. BLAKELY: It's the funding.

MR. STALLARD: Mary.

MS. BLAKELY: The funding for the bill has to be there. You have to have money to fund it.

MR. STALLARD: Mary. Frank? Okay, message sent, message received?

MR. ENSMINGER: Yeah. Let's make this a presumptive issue, at least for the 15 items that are already listed in the law.

MR. PARTAIN: And Brad, the VA requires -- and I'm not an expert, a legal expert, but my understanding is they've got to have -- what's the terminology? It's escaped my brain. That is more than reasonable.

MR. FLOHR: Or at least as likely as not.

MR. PARTAIN: Yeah, at least as likely as not.

And the -- so, you know, roughly just over 50 percent is given.

MR. FLOHR: Or equal to 50 percent --

MR. PARTAIN: Okay. My understanding --

MR. FLOHR: Not more than.

MR. PARTAIN: 50.0001 but -- so it's 50 percent. So if veterans are required to provide 50 percent evidence to support their case to be considered for VA benefits and such, and Jerry's point, we have a law that names 15 specific conditions. And we --

DR. WALTERS: But I would point out that this law has, right in the first paragraph, it says: If eligible for hospital care and medical services for any of the following illnesses or conditions, notwithstanding the insufficient medical evidence to conclude that such illnesses or conditions are committable to such service. That's what makes the ATSDR study so important, to provide that evidence.

MR. ENSMINGER: Absolutely. And but then that's why I'm pushing for these cancer incidence studies to go forward, which I haven't had any luck with thus far but maybe we will. I mean, that's a very good point, Dr. Walters, because that shows the people sitting in

this room how important the work that we're, we're proposing is to people's lives.

MR. FLOHR: Yeah, and once those studies are complete, then we in Washington and the VA will get together and we'll review them, and if we believe there should be a presumptive, we'll make that recommendation to the Secretary.

MR. STALLARD: Okay. We're going to take a break. I wanted to just clarify that not only is the work being proposed and the studies important but the work that has been achieved and accomplished to this point I also think equally important.

MR. ENSMINGER: Before we take the break, I would like to make one announcement, please. I've got two new prospects for the CAP, for membership of the CAP, to replace Jeff Byron and Dr. Akers, who passed away.

MR. STALLARD: Right.

MR. ENSMINGER: Got Kevin Wilkins who's been going from Kentucky on his own dime to these meetings sitting over here and Lori Freshwater, the daughter of Mary Freshwater, who recently passed away this year from two types of leukemia.

Those of you that don't know who Mary was, she was in the documentary. She was the lady that got up at a meeting and explained and discussed the death of

her two infant children, sons. It was very heart-wrenching. But Lori and Kevin, I'm willing to propose them and to nominate them to become active members of this CAP. That's it.

MR. STALLARD: Thanks, can we take that up? What's that? Oh, yeah. I'm reminded, this is important administrative detail. Make sure that you have signed in, please, over here. There's a sign-in sheet for when you come in. So let's take a ten-minute break, please. And then we'll resume and then we are back on agenda. Thank you very much.

(Break, 10:20 a.m. until 10:33 a.m.)

MR. STALLARD: All right, folks, welcome back. Let's please resume. I just wanted to point out to those of you who are on the phone, we have no way of muting your conversations so anything you talk about amongst each other while we're on a break, if you remain on the phone, will be widely dispersed throughout the universe. Okay.

So I wanted to address briefly the process of Jerry having nominated two individuals to fill the two vacancies on the CAP. And those two individuals are in the room today. So our process will be that we will allow other members to nominate, if there are others. I don't know if you talked amongst yourselves

and that would have been an unanimous recommendation from Jerry or if there are other CAP members who are on the phone who wish to self-nominate, but the fact is that there are two vacancies and that there has been a motion to fill those two seats and we have two nominations, and we will -- pardon me? And we will fill those nominations either with those two at the next CAP call or, if there are more than two, we'll have to take a voting process to identify, of those nominated, which two will fill those seats. Does that seem reasonable and fair to all those affected and involved? So we're going to vote on the next CAP call. Because there may be those who wish to self-nominate, who didn't know about it, who are listening in right now, so who do they communicate to?

MS. RUCKART: People could submit to the Camp Lejeune email box. We have an email box that we can check. It's atsdrcamplej@cdc.gov, and people can send their recommendations and nominations there.

MR. STALLARD: Okay, we're losing the lights again. What's up with that?

MS. RUCKART: So people can send in any nominations till the end of this month, September, and then we can vote in --

MR. ENSMINGER: Wait, we lost it.

MR. STALLARD: No, that doesn't work. Shouting does not work. I've learned that. Okay, so for those of you who are on the phone, we're --

MR. ENSMINGER: They're on now.

MR. STALLARD: Okay, we are all wired for sound. Ready to go?

MR. ENSMINGER: For the moment.

MR. STALLARD: No, we're good. It was a loose plug. All right. Ready to get with the -- did you have anything else?

Okay, so are we clear on the nomination process to fill the two vacant seats? We have two standing nominees. If there are others who wish to nominate, send them to the Camp Lejeune mail box.

DR. RAGIN-WILSON: And if they have any questions they can call me, and it's Angela Ragin-Wilson.

MR. STALLARD: Okay.

MR. ENSMINGER: Now, because we lost communication while Perri was making the -- giving the information about the website, go ahead and give that information again.

MS. RUCKART: Right, so I was just saying that we can keep the nomination process open 'til the end of this month. Requests can be sent to atsdrcamplej@cdc.gov, that's the email address for our

Camp Lejeune mailbox, and then we can vote, if necessary, at the October meeting -- at the October conference call, I'm sorry.

MR. STALLARD: Good.

MR. ENSMINGER: And Lori and Kevin, today, before we depart here, why don't you write down all your pertinent information, your contact information and everything so we have that, okay?

MR. STALLARD: Great, and thank you for being here today. Okay. Here we are. Hey, Tom, what's up?

MR. TOWNSEND: I don't have -- I'm not on the internet so you have to send me some stuff.

DR. RAGIN-WILSON: Tom, we have your -- we'll get your address and we'll send the information via postal mail.

MR. TOWNSEND: Whatever postal process I need.

MR. STALLARD: Okay. That would include any of the handouts and presentations that we're talking about next coming up, which we're going to get to forthwith. That's the public health assessment updates. And so we're going to turn it over to Dr. Forrester.

PUBLIC HEALTH ASSESSMENT UPDATES

DR. FORRESTER: Okay. Thank you very much. I want to hand out the attachment I sent on the email

regarding the answers to the informal and the formal questions regarding the karst geology. Can you pass these around to the CAP members to make sure everybody has those? And you all also had a request to me about data sets and I want to make sure this is what you wanted. I'll just read you what it is. The analysis of groundwater flow contaminant fate and transport distribution of drinking water at Tarawa Terrace and --

MR. PARTAIN: The three-disc set?

DR. FORRESTER: Yes. Is this it?

MR. ENSMINGER: Yes.

DR. FORRESTER: But we also have the hard copy with the disc. So which did you want? These are...

MR. ENSMINGER: Give me the whole set.

DR. FORRESTER: Okay, so how many of these do you need?

MR. ENSMINGER: Two.

DR. FORRESTER: They're both -- and everything?

MR. ENSMINGER: Yeah.

DR. FORRESTER: Okay, we'll get you one more of these. And I have plenty of these discs in case.

MR. ENSMINGER: You can pass that first one right back there to Lori. Kevin, we'll get you yours next.

DR. FORRESTER: Okay, we would have a discussion

today about three things: One is the revision of the health assessment; two is to talk about the parameters that we're using in the drinking water evaluation; and three, to start a preliminary discussion about the soil vapor intrusion evaluation.

I've formed a multidisciplinary team in our division. I have all walks of expertise: health assessors, modelers, environmental health scientists, toxicologists, experts in vapor intrusion, groundwater to move forward with this process of updating the health assessment.

So to get started with the first slide, ATSDR does plan to revise the 1997 public health assessment based on available data and community input. This will include specifically an updated section evaluating the drinking water pathway based on the water modeling and a new section completely evaluating the vapor intrusion pathway. I do understand that there are corrections needed to be made in the document based on new evaluations, new data. We will entertain and take comments and concerns on those and make those corrections in the documents as needed. The revised public health assessment and the new sections will undergo peer review and will be placed for public comment. And as we go through the process,

we would be glad to get your input in order to make the correct assumptions. In the end, ATSDR will post the revised PHA to the website for the public.

In 1997 the public health assessment at Camp Lejeune examined exposures for ten different pathways including drinking water, surface water, sediments, fish and shellfish in several creeks and soil at several different locations at Camp Lejeune. The document was prepared based on the data and science available in 1997. Therefore the soil vapor intrusion pathway was not evaluated. It was not until 2002 there was adequate guidance developed by EPA to actually evaluate the pathways so correct sampling strategies were incorporated to evaluate the pathway.

We had identified some issues that I think are important in the PHA: the exposures to lead in the drinking water, the potential for exposure through ingestion of fish, the identifying past public hazard pathway for the drinking water based on VOC contamination.

I do understand there's concern about how the no apparent and the apparent public health categorization is written in the document. It does appear confusing. There definitely was a public health hazard to exposure to drinking water from VOCs, and that was

documented in the document as a past public health hazard based on exposure up to 1985. It is confusing because the area that discusses the no apparent is in concluding that there is no public health hazard to drinking water after 1985, and that's confusing. It also doesn't take in account the soil vapor intrusion pathway from exposure to VOCs in ground water, which would need to be corrected throughout the document.

Based on those discussions and reviews in that health assessment, some important things were done. The lead abatement and education occurred across the base, fish advisories were issued and fencing of some areas of soil contamination occurred.

There was discussion in August of 2009 that ATSDR leaders should agree to revisit the drinking water pathway in the PHA. The new information related to volatile organic compounds, including benzene, in the drinking water at Camp Lejeune needed to be added and it was agreed that the 1997 PHA would be removed from the ATSDR website -- yes? Can you hear me? Okay, to reduce confusion about the findings of the drinking water pathway while water modeling results were completed. Currently we have been working on developing a new section for the PHA based on the water modeling results.

We understand that you have many concerns about the PHA, and I wanted to list a few that have received through email. I know this is not an all-inclusive list but we wanted to make sure that we are getting the items of concern. You don't have to give me everything today. Obviously this is a discussion that we can carry on into our monthly calls as well as we plan to have an informal meeting around the January CAP. And I'm having real trouble reading that.

MR. STALLARD: Here, let me help with that.

DR. FORRESTER: Okay, the first item, let's see.

MR. STALLARD: How close do you need it to be?

DR. FORRESTER: That's good, that's good, that's good. With the vapor intrusion pathway and the first concern that I received was the pathway was not included in the analysis, and we do plan to do that. The drinking water pathway needed to be redone based on the water modeling, and that is another area that we planned to evaluate and put in the new PHA.

There was a question about the inclusion in the RCRA sites and its evaluation in the original 1997 PHA. I do have an answer to that question. It appears that RCRA sites were evaluated, and there is some cross-confusion about the defense installation restoration program in RCRA sites. The defense

installation restoration program is an overall umbrella to address the CERCLA and the RCRA sites. We did look in a number of RCRA sites, CERCLA sites, lead and copper rural sites and also other areas included in regulatory programs including the fishing advisories on the site.

I can give you a list of a number of sites that were RCRA that were evaluated in this assessment. I can read them off now or we can talk about these later. If you went to the back of the old health assessment, there was a list of sites including the -- I'll just give you a few of them: Transformer storage site, industrial area, white ash dump, storage lot 231, the mercury dump site and there's -- let's see 1, 2, 3, 4, 5 -- I think five or six more that -- no, actually there's 11 more that were evaluated in the initial PHA, and I'll be glad to give you the list of those.

MR. ENSMINGER: What about site 22?

DR. FORRESTER: Site 22. It'll take me a minute to find it.

MR. GILLIG: Page 82-4 of the Appendix.

DR. FORRESTER: Okay. Am I looking right at it, the first one? Industrial area truck farm? I don't see where y'all --

MR. ENSMINGER: Tank farm.

DR. FORRESTER: Tank farm. Oh, I'm sorry, I'm sorry, I'm sorry. Yes, it is circled, yes.

MR. ENSMINGER: Read the evaluation.

DR. FORRESTER: Okay. I'm sorry, I can't read it, the type's too small.

MR. ENSMINGER: All right, I'll read it, I'll read it. This site was included in the original 22 priorities sites. A separate investigation of Hadnot Point industrial area was conducted. Therefore this site is not included in the operable unit installation restoration program. Groundwater contamination, benzene, et cetera was detected in base drinking water supply well 602. That well has not been used since 1984. Groundwater contamination at this site is being monitored and tracked under several base programs. Why wasn't it include -- why wasn't it included in this public health assessment?

DR. FORRESTER: I'm not sure. I will have to get you the answer for that.

MR. ENSMINGER: Because both benzene -- all BTEX was identified in that drinking water supply well and TCE and PCE and vinyl chloride.

DR. FORRESTER: Okay.

MR. ENSMINGER: In a July 1984 sample. That well

was continued to operate until 30 -- well, no, I'm sorry, 21 November 1984.

DR. FORRESTER: Okay.

MR. ENSMINGER: When it was taken out of -- just on the normal rotation of wells. And then it was retested again on 30 November of 1984, and then again on 3 December, and then again on 7 December.

There were mixed contaminants in that drinking water supply well, both BTEX and chlorinated solvents. How the hell was this ever transferred from CERCLA and put under, strictly under RCRA? I mean, that is a fallacy in itself, which the EPA Region 4 needs to answer. However, your health assessors knew this. This information was available and outlined in all of the remedial investigations and feasibility studies for this site. Why was it left out of the public health assessment? Why was it not assessed?

DR. FORRESTER: I'll have to get you the answer to the question. We'll follow up on your concern.

MR. PARTAIN: Tina, a few minutes ago you said all RCRA sites were evaluated. Site 22 is a RCRA site and it was not evaluated.

MR. ENSMINGER: It was, it was --

DR. FORRESTER: No.

MR. ENSMINGER: -- transferred to RCRA in 1992.

DR. FORRESTER: There is a caveat in their investigation. There were pathways where humans could be exposed, and I don't know if that was the exception to this one or not but I will find out the answer.

MR. ENSMINGER: And the 1988, May 5th, 1988 feasibility study, which is CERCLA document 428, it was written -- that report was -- the final report was written by the environmental science and engineering firm out of Gainesville, Florida. Vapor intrusion, ambient air quality was addressed as an interim protective measure in that feasibility study. The Department of the Navy and Marine Corps accepted those recommendations from their contractor and announced publicly, in what they called the TRC meeting, the technical review committee meeting, which is -- was the predecessor to the RAB, that they were going to execute all of those protective measures into protective measures. That was to avoid further human exposures while the stuff was being cleaned up.

DR. FORRESTER: Okay.

MR. ENSMINGER: They announced that they were going to do those ambient air samples. They even identified the buildings that needed to be tested. All the buildings that were located above or near these big plumes of contamination in the industrial

area. You have requested those tests or the results of them. Have you gotten them?

DR. FORRESTER: We'll talk about the data that I have received in the soil vapor intrusion section; is that all right?

MR. ENSMINGER: Yeah, but, I mean, that was a -- that was a known pathway and your assessors had access to that report when they wrote this public health assessment. Why wasn't that exposure pathway addressed in this '97 health assessment?

DR. FORRESTER: Soil vapor intrusion?

MR. ENSMINGER: Yeah, it was identified in an '88 report, feasibility study report, and we have documents that the court recorded documents -- minutes of a meeting where the Marine Corps announced publicly that they were -- that they had taken those under advisement, that they reviewed them and they were going to execute them.

DR. FORRESTER: I'd probably tell you that until 2001-2002, were there guidance on how to evaluate the soil vapor intrusion pathway. And I'm willing to go through these reports and make sure that the data is evaluated correctly.

MR. PARTAIN: Well, the point about the data or not, whether it was 2001 or 1997 or 1988, is that

there -- while ATSDR was there conducting the health assessment, the Marine Corps identified and stipulated a health -- an exposure pathway and even talked about what buildings to test, and nothing was done; it was left out of the health assessment. And the same site's responsible, the tank farm, site 22, it's responsible for a missed exposure pathway in the drinking water and a missed exposure pathway through vapor intrusion, and, you know, oddly enough, fast forward to 2000, what, about '3, '4? Several buildings in the Hadnot Point industrial area around the Hadnot Point fuel farm were closed because of vapor intrusion.

MR. ENSMINGER: It was '97 -- no, it was '99.

MR. PARTAIN: '99? And ultimately demolished. This is all missed in the public health assessment. Now, you said earlier there's confusion. Is, you know, is, is it confusion or is it the public health assessment is incorrect?

MR. ENSMINGER: Now, let me point something else out here.

DR. FORRESTER: Can I go back to one thing? I want to make sure that we have this adequately portrayed on this list.

MR. ENSMINGER: Yeah, okay.

DR. FORRESTER: So the concern is that we missed the assessment on site 22, that we needed to evaluate the drinking water and the soil vapor intrusion pathway.

MR. ENSMINGER: What I want to bring up right now is that it wasn't missed. If you look at the brown copy, the February '95 version of the health assessment, this statement at the end of this write-up was conveniently left out of the '97 write-up. And the last sentence in the '95 version says groundwater contamination at this site contributes to ATSDR's overall concern for potential human health hazards from exposure to contaminated drinking water.

DR. FORRESTER: Okay, what page are you on?

MR. ENSMINGER: This is 82-3 of the brown copy.

DR. FORRESTER: Okay.

MR. ENSMINGER: The February '95. And from '95 to '97, that concern just went away?

DR. FORRESTER: I'm sorry, I can't answer the question. I wasn't in the chain of command or the preparer of the document.

MR. ENSMINGER: Well, you'd have -- where are they? Where is -- I mean, I sent an email the last week requesting that Diane Jackson and Carol Hossom be here.

MR. STALLARD: Okay, so the question, though, is right now that '95 there was a -- there was a very clear-cut concern raised about --

MR. ENSMINGER: Yeah, about contamination.

MR. STALLARD: About contamination.

MR. ENSMINGER: At that site.

MR. STALLARD: At that site.

MR. ENSMINGER: And it was a hazard.

MR. STALLARD: Clearly stated.

MR. ENSMINGER: Yeah, and then it was dropped off the '97.

MR. STALLARD: Right. And so the question is why was it dropped off if it was such a clear and understood health hazard?

MR. ENSMINGER: I mean, and when you look at the small for gestational age and adverse pregnancy outcome study, that was written by a different person who was working on her thesis, the write-up that she did, the narrative, for these contamination sites on that base, is the best one that ever came out of this agency. It had some errors in it --

MS. BLAKELY: Excuse me, where'd you get that from?

MR. ENSMINGER: I've had it for years.

MS. BLAKELY: Oh, really?

DR. BOVE: It's on the website.

DR. FORRESTER: Do you want a copy?

MS. BLAKELY: Yes, I would like a copy.

MR. PARTAIN: I'd also like to get a copy of the '95 draft. I'd asked about it before and was told you guys didn't have it, so.

MS. BLAKELY: And Jerry, if you have anything else like that regarding the infants, do you?

MR. ENSMINGER: No.

MS. BLAKELY: That's all you got?

MR. ENSMINGER: Yeah.

MR. STALLARD: That's all you got.

DR. FORRESTER: And so there's three versions of the health assessment in the process. There is a red cover, brown cover, and blue cover. Are you all aware of those different --

MR. ENSMINGER: Yeah.

DR. FORRESTER: -- stages of the document? Okay, so Mike, you're referring -- you don't have a copy of the --

MR. PARTAIN: All I have is the final copy. I'd like to get the other two copies.

DR. FORRESTER: Okay. I'll get you --

MR. ENSMINGER: And there was a huge metamorphosis that took place; you can see it.

MR. STALLARD: Okay.

DR. FORRESTER: I can tell you, in the stages of preparation, there's data validation and there's addressing a comments if the interpretation of the data is not correct. And we do go back to the provider of the data to, you know, verify that we understood what the data samples represent.

MR. ENSMINGER: I mean, the author of the small -- or volatile organic -- to the adverse pregnancy outcome study, she even identified the benzene contamination in well 602. Well 602 didn't just have BTEX in it. It had organic solvents in it too, chlorinated solvents. So it doesn't make any sense why this last sentence was dropped out from 1995, and then when the final one was issued, the only explanation for that was somebody was cooperating with somebody.

DR. FORRESTER: I don't know the answer to that.

MR. ENSMINGER: I do.

DR. FORRESTER: I'm try --

MR. ENSMINGER: I'm showing you in black and white.

DR. FORRESTER: Well, Jerry, I was not here in the preparation. And --

MR. ENSMINGER: I understand that. But you're

here now --

DR. FORRESTER: I understand and I --

MR. ENSMINGER: Here it is in black and white.

DR. FORRESTER: I understand that there's a difference in the documents. I will have to get you the answer. I can't tell you that it was because somebody was swayed. I think that there's good reason that people change things and I'll try to get to the bottom of that.

MR. STALLARD: So, what --

MR. PARTAIN: And well --

MR. STALLARD: Wait a minute, wait a minute, wait a minute. What -- I guess the question I have is: How does the omission of that and based on what we now know, how does that influence the current planned study for vapor intrusion, and I think that's what --

DR. FORRESTER: Well, it's influencing how we --

MR. ENSMINGER: How they rewrite the --

DR. FORRESTER: Rewrite the health assessment.

MR. ENSMINGER: Yeah. I mean, that poor guy right there has been tasked with rewriting this mess.

MR. PARTAIN: This is the base file.

DR. FORRESTER: Let me clarify. There's a huge team that's responsible for rewriting this document. And there's many expertises that are going to be used

and many people's skills and abilities, so it's not just one person.

MR. PARTAIN: Yeah, okay.

MR. ENSMINGER: He's sitting here.

MR. PARTAIN: Well, the thing -- and here's the point with this public health assessment. It is a baseline, it's an attitude of we have been fighting since before I was on this CAP.

ATSDR has sat on their high horse. I remember Tom Sinks sitting here telling us, there's no evidence that benzene was ever in the drinking water. Yeah, it was in the wells, never in the drinking water. And we're not doing anything with it. We kept hearing over and over again, we're not doing anything; we're not changing it. And then we finally produce the evidence that there was a pathway and lo and behold, the public health assessment comes down.

Now, one of the things that we requested was to have Carol Hossom here. She's the one that was responsible for writing this. And Diane Jackson. She can answer these questions. And there's some documents that we're gonna show up here and talk about, that paint a different picture, including a document from the state of North Carolina pointing out the very things that we're talking about.

Now, what I'd like to see, I mean, it is not confusing on the document. If you guys made a mistake, fine. Admit you made a mistake; that's the baseline. But the baseline -- if the baseline is that this document is fundamentally okay, it just needs to be tweaked or needs to be revised, that is incorrect. This document is significantly flawed for a number of reasons. And it needs -- I mean, it, you know, it needs to be looked at with fresh eyes and start with a fresh mind with a fresh approach. And that's the concern I have that, as a community member and a CAP member, is what is ATSDR's attitude approaching this? Are you going back and revising it or are you going back and doing a correct -- admitting, oh, we didn't get it right.

This whole thing about the vapor intrusion in site 22? Okay, regardless that paragraph that Jerry mentioned just a minutes ago that was conveniently left off on the final document, someone may have come back and said well, there wasn't supporting evidence for that, there's no proof of that because the primary source documents, a good majority of them, for the public health assessment are gone. They're destroyed. So how can you defend the document in the first place.

But the thing about this is these pathways that

are talked about, that we're bringing up, are established and real people drank that water, including me and my mother. Real people breathed the air, like Sherry Tomlin who is now dead from multiple myeloma. In these buildings that this vapor intrusion leeched up into the airway well after the 1997 public health assessment was released. People have died and been exposed to something that ATSDR missed. If you made a mistake, admit the mistake and start from ground zero and do it right.

MR. ENSMINGER: Well, to admit a mistake, it had to be a mistake. And when people resist admitting their mistakes, well, then, perhaps it wasn't a mistake; it was done on purpose, okay?

DR. FORRESTER: Okay --

MR. ENSMINGER: Now, one thing you need to understand that ATSDR and your health assessment people need to understand when they're working on military sites, the military is not like your normal industrial sites out here in private industry. This assumption was put in this public health assessment, and it says: Before current established environmental regulations, previously accepted hazardous material handling and disposal led to environmental contamination at several areas on the base. This is

right in the front of the book of the assessment under the summary. They had their own regulations. The military is not like your normal civilian and industry site. They're a government amongst themselves. In 1950 Congress authorized the Department of Defense to create and maintain its own judicial system, called the Uniform Code of Military Justice. And when the Congress did that, the military's orders and directions and bulletins became their laws.

You can't make this assumption in the public health assessment for a military base until you look at all of their regulations. They had regulations for organic solvents in the third version of a base order, where they declared organic solvents as hazardous. That order was dated June of 1974. And they cited in that -- in the discussion of that order what would happen, what could happen if improper disposal of these hazardous substances was done improperly. Gee, go figure, they put it right in black and white. Contamination of drinking water. And your people put in here previously accepted hazardous material handling and disposal? Accepted by who?

MR. STALLARD: Well, evidently it wasn't accepted if that was the process to be followed.

MR. ENSMINGER: We got the order right here.

It's in your -- it's in your documents. It's in these documents right here. It's CLW-596.

MR. PARTAIN: 996.

MR. ENSMINGER: Nine -- I mean, I'm sorry, 5996.

DR. FORRESTER: Okay.

MR. ENSMINGER: And that order was canceled in 1976 because Congress passed the Toxic Substances Control Act which did away with their ability to maintain their own chemical dumps on these sites. Then they had to handle this stuff differently and have trained contractors come in and -- under contract and remove this stuff from the base, okay? So when you look at that -- when you look at that document, that handwritten canceled at the top? It was only canceled because the Toxic Substances Control Act came out in 1976.

But there were two previous versions of that order. That order is base order 5100.13-b. So there was a 5100.13 alpha, and then there was -- the original one was 5100.13, with no letter designation following.

And I know for a fact that the administrator of that chemical dump was assigned in writing in 1959. And I know how the military works, having spent almost 25 years of my life in it. When they appoint somebody

in charge, they write orders for them to follow, okay? That's automatic because if you don't -- if, if you don't do your job right, and then they got these orders to fall back on to hang your butt, okay?

MR. STALLARD: Performance management.

MR. ENSMINGER: Yeah, so.

MR. STALLARD: So?

DR. FORRESTER: So I understand there are many concerns on the health assessment, and we'll be glad to work with you to identify the areas that we need to revisit and work diligently to address your questions.

MR. ENSMINGER: And I was talking to Angela during the break. I mean, you guys work with tribal -- on tribal -- on the reservations and stuff. They're, they're separate --

DR. FORRESTER: Sovereign.

MR. ENSMINGER: Sovereign entities, okay? So you can't go by all the federal regulations pertaining to what your normal industrial sites would be held accountable to.

DR. FORRESTER: Okay.

MR. ENSMINGER: So you gotta treat the military almost in the same process that you treat tribal sites.

MS. BLAKELY: I find that offensive; I'm sorry.

But the military is the iron that holds this nation up, okay? They're more than just somebody that you can sue and take to the friggin' floor over bull crap, through private lawyers and stuff, Jerry.

MR. ENSMINGER: But the --

MS. BLAKELY: They are what make us strong.

MR. ENSMINGER: The Department of Defense --

MS. BLAKELY: You shouldn't attack -- I find it offensive that you attack the --

MR. ENSMINGER: The, the --

MS. BLAKELY: -- them like that.

MR. ENSMINGER: -- United States Department of Defense is our nation's largest polluter. They have more superfund sites than any private entity in this country.

MS. BLAKELY: Well, maybe if they didn't have to worry about private lawyers --

MR. STALLARD: Mary --

MS. BLAKELY: -- suing them, they wouldn't have to hide --

MR. STALLARD: Mary --

MS. BLAKELY: -- or so you say hide information.

MR. STALLARD: Mary, Mary. Mary. Okay, our operating guidelines -- all right, let me remind you all, we are here to talk about the issues pertaining

to the scientific integrity of data available, known or unknown, regarding exposure at Camp Lejeune. That is what we're here to talk about.

MS. BLAKELY: Right.

MR. STALLARD: Nothing else.

MS. BLAKELY: Okay, so no personal attacks, right?

MR. ENSMINGER: Well, that's not a personal attack.

MS. BLAKELY: Well, you're personally attacked me previously.

MR. ENSMINGER: You are -- you are continuously bringing up --

MS. BLAKELY: And you --

MR. ENSMINGER: -- private funding --

MS. BLAKELY: -- continue to attack me.

MR. STALLARD: All right, kids, do you want to take it outside?

MS. BLAKELY: Sure, let's go, Jerry.

MR. ENSMINGER: No, I don't want to take it outside; I want her outside.

MS. BLAKELY: Oh, yeah, I'm sure you do 'cause I disagree with you and you can't handle that.

MR. STALLARD: We'll talk about --

MR. ENSMINGER: She's talking about things that

have no, no bearing on anything we're discussing here. None.

MR. STALLARD: And I am asking you all to honor --

MS. BLAKELY: Okay.

MR. STALLARD: -- the guidelines.

MS. BLAKELY: No, I will honor, just make him honor also.

MR. ENSMINGER: Point the finger where it belongs.

MS. BLAKELY: I know that's difficult for you to honor.

MR. STALLARD: I'm not pointing any fingers.

MR. ENSMINGER: Okay. Go ahead, Tina.

DR. FORRESTER: Okay, all right, so we need to move forward on gathering the concerns and getting your input. There's an informal meeting each month, and we plan to have an informal meeting before the CAP in January because we need more time to discuss and work on these issues. But the larger CAP is really hard to do that and to get down to look at the data and the analysis. So I appreciate your help on that.

MR. PARTAIN: Tina, on these -- I'm assuming you're referencing the phone calls?

DR. FORRESTER: Yes.

MR. PARTAIN: Monthly phone calls? My concern with that is, and the concerns that we're going to bring up or discuss is how we -- sorry, how are we going to preserve for the record what we've brought up.

DR. FORRESTER: Okay.

MR. PARTAIN: That would be my concern on the call. And also there are people who are listening to the streaming, do read the transcripts. I get emails all the time where people pulled our past transcripts and read them and had questions and so forth. You know, this is an opportunity for the community to be involved, too, so what we're discussing needs to be available to that community.

MR. ENSMINGER: I recommend that the people that are working directly on the corrections for this public health assessment and the rewrite, while I have this here today is to take this and copy it but with a color copier, because I've got every error, every omission either highlighted or written.

DR. FORRESTER: Okay, these are your concerns on the document, correct?

MR. ENSMINGER: Yeah, this is, this is --

DR. FORRESTER: Okay, I'll do that.

MR. ENSMINGER: -- I mean, everything that I have

identified in here, I have documents to support it, so I mean, this isn't something I've just dreamed up.

DR. FORRESTER: No, I really appreciate your input. If you'll provide me that, I'll get the copies made and give you back your document before you leave today. And I'll distribute it to the team and we will go through it in our weekly meetings to work on the document.

MR. STALLARD: Angela?

DR. RAGIN-WILSON: I just wanted to address Mike's concern. The conference calls, we do take notes on the conference calls and they are posted on our website along with any other documents.

MR. ENSMINGER: I saw that. They're on there.

MR. STALLARD: Yeah, and it's more about -- it's more about working together, like remember how we got together for the water modeling, smaller working group, to really spend the time to address your questions and issues that come up and progress made, so let's go.

DR. FORRESTER: Okay, let's move on to the next section, and this is regarding the drinking water and parameters around the ingestion rates. And we did understand from you previously that there are different post -- individuals on the base with

different activities with different ingestion rates that are not covered standardly by our methodology.

We have been talking to Frank about how the analysis was done for the health study. We are concerned that we pick up every kind of person that was exposed and have the ingestion rates correct, so I have asked Rob to come today and talk with you about our assumptions, and we're open to some guidance or other additions that we may need to consider.

MR. ENSMINGER: Well, I mean, and in the '97 public health assessment they based their calculations on two liters of water a day? Really?

DR. FORRESTER: Okay, we understand there are, there are people on the base that consumed large quantities of water because of their activities from training and drills and other things and --

MR. ENSMINGER: PT, physical training.

DR. FORRESTER: Yes. We want to talk about those with you.

MR. ENSMINGER: I mean, and it's -- and Camp Lejeune is hot and humid. And then you have folks who work around water on a constant basis, like people, the cooks and bakers and the folks in the naval hospital that are constantly washing their hands, plus drinking and stuff.

DR. FORRESTER: So we'd like to go over some of the different parameters we've come up with, and then let's discuss all of these things and see what we need to add.

MR. ROBINSON: Yeah, you'll see how we've handled the different exposure populations and the ones we have for this current evaluation.

MR. ENSMINGER: And then also something else in the '97 public health assessment, they based the exposure on four days out of the seven. Where in the hell was I supposed to be the other three days of the week?

MR. ROBINSON: That'll be addressed as well.

So I guess move back one side, please. My name -- my name is Rob Robinson. I am the author of the revised drinking water evaluation.

MR. ENSMINGER: Lucky you.

MR. ROBINSON: It's not just me, it's also Mark Johnson, who's a senior toxicologist and risk assessor, with us. He will be making significant contributions to this document as well.

MR. ENSMINGER: Well, and now that you brought that up, ATSDR's website still classifies TCE as a suspected human carcinogen. Why?

DR. FORRESTER: We do not make the cancer

classifications.

MR. ENSMINGER: No, the EPA does.

DR. FORRESTER: That's right.

MR. ENSMINGER: And the EPA has already classified TCE as a known human carcinogen, so has IARC. But my understanding is that ATSDR is now waiting on the NTP at the NIEHS.

Now, the law states that only substances, and this is in CERCLA, only substances that the EPA and ATSDR do not have enough information on to classify, then that substance will be taken to the NTP and evaluated, and the assessment will come out from them. Now, that's only substances that don't have enough information to be classified or put up in a classification by ATSDR. You have that. The EPA has classified TCE as a known human carcinogen, and so has IARC, the International Agency for Research on Cancer. So why hasn't ATSDR followed suit on your website? Your website still has it as reasonably anticipated.

DR. FORRESTER: We have a person from our division of toxicology.

DR. MURRAY: Hello, my name is Edward Murray, I'm the Acting Director for the Division of Toxicology and Human Health Sciences.

I think you raised a good issue here. If you go

to the web portal there, on that page that comes up, you know, it does use the NTP classification that you mentioned. In fact if you go into the document itself, we have all three there. But since you have mentioned this, and we've -- you know, we've considered it, we're gonna refine the language on the website, and we're going to include all three of those.

MR. ENSMINGER: Why?

DR. MURRAY: Why? Well, I think that it needs to be -- you know, there are three organizations that classify or categorize, and we don't do it. But we do, at least in our profiles, list how they are classified agency by agency. So we're gonna put that information out there.

Now, you mentioned that IARC, it designates the TCE is probably carcinogenic to humans.

MR. ENSMINGER: They posted an article in their magazine where they came out and said that it was a known human carcinogen. What's the name of that magazine again?

DR. BOVE: It came out in "The Lancet".

MR. ENSMINGER: Yeah, "The Lancet".

DR. BOVE: Yeah, I was at the meeting. The decision was made to call it a human carcinogen there.

They published an article in "The Lancet" a month later, and the monograph hasn't come out yet as far as I know. I keep checking their website to see. But "The Lancet" article clearly states their position, which is it's a known human carcinogen, and I have the references. We actually referenced it in the mortality study.

DR. MURRAY: And you are correct, the EPA does classify it as carcinogenic to humans. So we have three different categories here, which is confusing.

MR. ENSMINGER: Yeah, I mean, and especially when you click on TCE and the first thing that comes up is highlighted right there --

DR. MURRAY: Right.

MR. ENSMINGER: -- as reasonably anticipated.

DR. MURRAY: Right. Typically we use the NTP classification 'cause it is a sister agency.

MR. ENSMINGER: Don't get me started on sister agencies.

DR. MURRAY: So, but yeah, we're gonna refine that language.

MR. ENSMINGER: Okay. Thanks. Sorry, but you -- I have another -- I mean, it's like a snowball, this thing. I mean, it's just like an onion, every time you peel off one layer, it gets more rotten.

MR. STALLARD: Or you get your answers, as you just did.

MR. ENSMINGER: Yeah, yeah, thanks, and I appreciate that.

MR. ROBINSON: So, the two main objectives of the drinking water evaluation are to ensure that Camp Lejeune -- to take a look at lead and make sure they're still mitigating lead exposure to protect all those on base because it was identified as a past public health hazard.

MR. ENSMINGER: And as the most important one. In the public health assessment it was -- in the -- it was listed as number 1, as the most important. And there was only a couple buildings that had deep sink rooms where you washed your swabs out and filled your swab buckets. And they classified, you know --

MR. ROBINSON: There were --

MR. ENSMINGER: -- intermittent lead -- huh?

MR. ROBINSON: There were significant levels of lead found at the tap.

MR. ENSMINGER: Yeah, in a few buildings. That's it, a few buildings.

DR. FORRESTER: We all note your comment; we do have concern about lead exposure because of the (indiscernible) of children, and we want to move on to

the parameters, please.

MR. ENSMINGER: But the lead contamination on the base wasn't affecting children; it was in buildings where kids weren't at. They were in barracks and office buildings, I mean. Really?

DR. FORRESTER: We'll note your comment.

MR. ENSMINGER: Okay.

MR. ROBINSON: And we're also using the historical reconstruction model concentrations that ATSDR developed to evaluate past exposures to VOCs.

MR. ENSMINGER: Okay, good.

MR. ROBINSON: And then we're going to do a full -- a full exposure analysis using those numbers. And as noted earlier and as denoted by the text box, we would like your input on the exposure parameters on the following slides.

Now this slide shows a comparison of the -- some of these different parameters using the '97 PHA and the current evaluation. So there was less information available in the '97 document. But thanks to both your efforts and to ATSDR's data mining, we now know that exposure was continuous. We had previously thought it was intermittent, and that's denoted by the exposure frequency column, the four days per week that you spoke of earlier. So now we are going to look at

it in a continuous way, of seven days a week.

MR. ENSMINGER: All right.

MR. ROBINSON: It also denotes in the exposure route column, we're looking at dermal absorption. And this is just kind of an example of how the evolution of science has been a factor in our analyzing things today. Now, we can look at the inhalation pathway and how a chemical absorbs through the skin using chemical-specific models. In '97 it was the accepted practice to simply double the ingestion rate to account for inhalation.

MR. ENSMINGER: They didn't do that in '97?

MR. ROBINSON: I believe they didn't, sir.

MR. ENSMINGER: The maximum was two liters a day. They did not add the --

MR. ROBINSON: **--** the exposure dose after it's calculated. So after the exposure dose and -- I'm sorry, after the ingestion rate is multiplied by the concentration, by the availability factor and divided by body weight, that would be the exposure dose number that they would double to account for inhalation.

MR. ENSMINGER: Now, I mean, I --

MR. ROBINSON: But those -- and it was referenced in the document and that was the accepted practice.

MR. ENSMINGER: I hate to say this but I sweated

and voided more than two liters of water a day while under Camp Lejeune, okay?

MR. ROBINSON: Sure, and we'll discuss that on the next slide and we'll see if you're in agreement with the -- and we would value your input for the ingestion rates for the active Marine population that we'll show.

And -- well, one item -- go back, please. One item on this slide that we would like your input of, because you have first-hand knowledge there, is the long-term workers. We feel that 20 years is a fairly conservative assumption for how long a civilian employee would have spent their career at Camp Lejeune, and we could use Bureau of Labor statistics numbers but that would have been a shorter duration. But we realize that federal workers tend to stay at their jobs a little bit longer, so.

MR. ENSMINGER: And you have available to you the defense manpower data center records for the civilian employees from 1973 on?

MR. ROBINSON: Yes.

MR. ENSMINGER: And that should be able to give you some kind of idea how long these people actually worked there.

DR. BOVE: Yeah. Actually we have it from '72 to

'87. That's the period we have. The data is not great on that field.

MR. ENSMINGER: Oh, really?

DR. BOVE: Yeah, unfortunately. So I could tell if someone was in there -- December of '72 and they're still in there '87, okay that's -- we know that they were there at least that long. But we can use that -- we can try to use that variable. It's problematic, unfortunately. A lot of the DMDC data, especially back then, has its problems.

But the question, I guess, Rob is asking, though, is 20 years reasonable, and based on what I've seen in the data, I think it is, but again, we're throwing it out to you.

MR. ENSMINGER: Oh, I mean, some people stayed there longer. I mean, some people --

DR. BOVE: Yeah.

MR. ENSMINGER: -- worked 30 years.

DR. BOVE: You know, this is a worst-case scenario we're doing.

MS. RUCKART: Frank, there's a way we can address this, I think. We can look at the surveys for people who were civilians who responded, and see when they first started working on the base, and see if they were still there in '87, and that would give us more

information.

DR. BOVE: Yeah, that could help, and we're going to get that data in a couple of weeks or so from the survey. So if, to the extent that we have long-term workers in that survey, then we'll look at that too. But we'll go revisit this and see if I can tease out from that field anything different from the 20-year figure. Again, that --

MR. ENSMINGER: Well, I mean, even using your DMDC data and looking if that person was there in '72, if they were still there in '87, that's 15 years. So who the heck was gonna quit with five years to go from their retirement? Nobody. Unless you're, you know.

MR. STALLARD: And they were under the civil service retirement system which was a different retirement (indiscernible) and eligibility. I think at 50 years and 20 years of service.

MR. ENSMINGER: I think 20 among service people and the time would count toward their retirement.

MR. STALLARD: So does -- I guess the question on the table: Is 20 years' exposure duration, in your view and experience, is that a number we can work with?

MR. ENSMINGER: It's a number you can work with but I think, to keep yourself off the skyline and

being -- saying that you're fudging that too far, I would think that you might be safer saying 15.

DR. FORRESTER: We could always do a range and calculate the two exposure in 15 to 20 years.

MR. ENSMINGER: Yeah.

DR. FORRESTER: We could do that.

MR. ENSMINGER: I mean, don't leave yourself open for, you know.

MR. ROBINSON: Okay, great.

MR. ENSMINGER: Because you know it's coming.

MR. ROBINSON: Next slide, please. Now this slide continues to show the exposure parameters from '97 to how we're looking at it currently. And overall we took a -- or we're taking a conservative approach to our exposure analysis. The ingestion rates and body weights are reasonable maximum exposures, based on 2011 EPA exposure factor handbook. And these are 95^{th} percentile numbers so what that means is if you look at the adult ingestion as 3.1 liters per day. So for the population surv -- that EPA surveyed, approximately 95 percent -- they believe 95 percent of adults consumed less than 3.1 liters a day.

But as was stated earlier, we realize that an active Marine would consume more water than that, and so we have -- we are seeing the current U.S. military

fluid replacement guidelines, and we feel that nine liters per day, which is about the equivalent of 2 point -- two and a quarter gallons. We feel that that's a fairly conservative number.

MR. ENSMINGER: Is this including bathing vapor?

MR. ROBINSON: Yes.

MR. ENSMINGER: And you're going with nine?

MR. ROBINSON: Well, that's just for ingestion. We will evaluate -- that is taking to account in the inhalation, the shower models that we'll be doing to account for inhalation. So this is just ingestion. So water replacement --

MR. ENSMINGER: We all took at least two showers a day. I mean, we had PT in the morning.

MR. ROBINSON: Yes.

MR. ENSMINGER: When you got done PT-ing, which was mandatory, it was organized, you had organized calisthenics around the table, and then after calisthenics, we went out for runs, in formation a lot of times. And then when you got done PT-ing, you came back to the barracks and you got showered, you got your clothes on and you went to chow, and then you had formation, and then you went to work. And then at the end of the day, hopefully you came back to the barracks after you worked all day and took a shower.

I mean, I know I did. And if you didn't, you were a crud and you got a GI shower.

DR. FORRESTER: And how many days per year would you be doing this kind of active drilling?

MR. ENSMINGER: PT -- organized PT was done at a minimum it was three times a week.

DR. FORRESTER: For your whole tour of duty?

MR. ENSMINGER: Oh, yeah. I mean, that's standard practices. Organized athletics in the mornings is done three times.

DR. KAPIL: Jerry, it's kind of -- it's probably a dumb or naive question but would you typically have been drinking beverages other than water? I mean, if you look today at people's ingestion, it --

MR. ENSMINGER: A beer.

DR. KAPIL: -- okay, I mean, let me rephrase the question. If you look at people's liquid consumption today, a lot of it is not water. You know, people drink all kinds of bottled beverages and stuff. In your experience, were other than bottled beverages or other than tap water commonly used as a beverage or was it almost all tap water?

MR. ENSMINGER: At the time frame that we're discussing, a lot of these bottled beverages that we have today -- I mean, we only knew about bottled water

back in the 80s and the 70s, 60s. You had Coke. But Coke, if you drink a soda, it doesn't quench your thirst; it makes you thirsty. I mean --

MS. BLAKELY: And back then it was cans and glass bottles --

MS. BRIDGES: Can I say something?

MR. STALLARD: Yeah, just a moment, please.

MR. PARTAIN: Another thing too is you gotta factor in the restaurants and things that were on base and things like soda fountains which were mixed with tap water from the base.

MR. STALLARD: Okay, we have a question, yes, Sandra, go ahead.

MS. BRIDGES: Okay. You know, I'm (telephonic static) years old, okay? (Telephonic static) and I remember the commissary. Each commissary had all the (telephonic static) up there. I mean, the cases were stacked up on top of each other as you were going out the door. (Telephonic static) really had so much money. We budgeted our money. Why would anyone spend money on water? It was not -- didn't make sense.

MR. STALLARD: So you don't have --

MS. BRIDGES: Don't tell me no one knew about that water. (Telephonic static) that water (telephonic static).

MR. STALLARD: So, Sandra, what you're saying --

MS. BRIDGES: (Unintelligible) if there was no reason for it.

MR. STALLARD: Sandra, thank you very much, so what you're saying is that even back then there was access to bottled water.

MS. BRIDGES: Exactly, exactly.

MR. STALLARD: Okay. All right, well, great. Thank you for sharing that.

MR. ENSMINGER: And back in the 70s, a sergeant, a married sergeant in the Marine Corps, an E-5, qualified for food stamps because of the pay scales were so bad. So to elaborate on what Sandy just said, you had a limited budget of how much you could spend on food and stuff. I mean, you really had to pinch your pennies.

MS. BRIDGES: Yes.

MR. ENSMINGER: And it was like -- it was like God opened the sky and sent you to heaven if you got assigned to base housing because it really helped. I mean, housing stayed full back then.

MS. BRIDGES: (Unintelligible).

MR. ROBINSON: Along those lines another question that -- where your input would be valuable on: Was water used from Hadnot Point water treatment plants

for field exercises?

MR. ENSMINGER: Yes.

MR. ROBINSON: Okay, it was?

MR. ENSMINGER: There was -- now, what you gotta remember is the New River splits Camp Lejeune in two sides. You had your K ranges over on the Verona side, the far side from Hadnot Point, and then you had all your other ranges and training areas that were on the Hadnot Point side.

Now, they had a water point established with overhead pipes that came overhead, hoses, pieces of cotton, like fire hose, that were attached to the ends of these things where you could pull water tankers and water buffaloes, the trailer-mounted tanks, up under there. You stuck the hose into the lid on the top and you filled your -- and took that out to the field.

MR. ROBINSON: Okay.

MR. ENSMINGER: There were water points there. If they were training on the other side, they were getting their water from either the air station or from Camp Geiger, so on the other side. But, you know, who the heck knew where you were training? I mean, we --

MR. ROBINSON: And that's what we --

MR. ENSMINGER: And back in the 70s, they still

had ITR, 60 -- 50s, 60s and 70s, ITR took up all the training areas over in the K ranges, so all of your regular units that were stationed at main side, they trained over on the Hadnot Point side of the river because all of those other training areas were for training for new Marines coming in the Marine Corps.

MR. STALLARD: Can I interject here, just for a moment?

MS. BRIDGES: Can I say something else?

MR. STALLARD: No, not right now, Sandra.

MS. BRIDGES: Not now, okay.

MR. STALLARD: This is precisely the --

MS. BRIDGES: (Unintelligible) the water and the (unintelligible).

MR. STALLARD: Hold on just a moment, Sandra.

MS. BRIDGES: That bad water. Those kids, those babies that drank that water and mixed it with the formula.

MR. ENSMINGER: All right, all right.

MS. BRIDGES: They drank that water with the Similac formula.

MR. ENSMINGER: Hey, Sandy? Sandy, this is Jerry. Time out for a minute.

MS. BRIDGES: Okay.

MR. STALLARD: We got it. This is precisely --

MS. BRIDGES: I'll be quiet, I'm sorry.

MR. STALLARD: Sandra, can you hear our voices?

MS. BRIDGES: No, not very well.

MR. STALLARD: All right, that is abundantly clear to me at the moment. Okay, we're going to -- I want to make a few points and then get us on track to be able to close this session by noon. This is precisely the level of detail, background information, historical knowledge that we want to engage in the separate meeting about this issue, correct?

MS. BRIDGES: Yes.

MR. STALLARD: That we're talking about, so.

MS. BRIDGES: All right. Sorry.

MR. STALLARD: No worries, thank you. So what I'd like to do is invite -- to go through the rest of the presentation with the parameters --

MS. BRIDGES: Yes.

MR. STALLARD: -- and make notes so that we can follow up with the PHA. I have to beg your indulgence, though, for one thing. I'm preparing for an international trip; I have to run over to the clinic right now to prepare. And so I'm going to be gone for the next 20 minutes and am confident that you all will be able to manage right up 'til 12:00 o'clock, and stay on track. And I'll be right

back.

MR. PARTAIN: To 12:30.

MR. ENSMINGER: 12:30.

MS. BRIDGES: (Unintelligible).

MR. STALLARD: I will be back momentarily and looking forward to seeing everybody.

MR. ENSMINGER: You gotta get some shots, do you? Good.

MR. STALLARD: So please continue on, and I defer to Frank to be the moderator/mediator.

MR. ENSMINGER: Get up here, Frank.

DR. FORRESTER: Okay, we have a few more issues on the water parameters.

MR. ROBINSON: Yeah, I suppose we'll iron out those details at a later meeting. But I just wanted to also say that one of our main goals about this drinking water evaluation is we wanted to -- we wanted to show the reader, as clearly as possible, what concentrations they were exposed to, what their increasing cancer risk was, what hazard index was. And we worked with our data visualization team so that we will develop a series of plots that'll make it clear. So if a soldier was there from 1963 to 1967, they'll be able to go on and look at that time frame and just be able to identify exactly what was

pertinent to their particular time frame there.

But other than that, we can just go straight to the timeline. So this is when the internal -- we anticipate the internal review process to begin, when the peer review process will begin --

MR. ENSMINGER: This is just drinking water now.

MR. ROBINSON: This is just --

MR. ENSMINGER: Okay.

MR. ROBINSON: Correct. And the public comment period.

DR. FORRESTER: Okay, I just want to address one thing. We wanted to move forward completing each of these sections as we get done to get them cleared. We don't want to wait 'til this whole huge document is merged together. We want to get these products done.

MS. BLAKELY: So how are you gonna work that out?

DR. FORRESTER: One of the things we thought about is calling these supplements to the public health assessment, and then when the whole thing is put back together, just merge them into the document and call it public health assessment, just for the review process.

MS. BLAKELY: So you're gonna do each study one at a time and you're saying release each study one at a time.

DR. FORRESTER: Yes, because we're working on them in different time periods, and we'd like to get them worked on and completed. I don't see any reason to hold them up for another year or two. We just want to get them done.

MS. BLAKELY: Okay.

DR. FORRESTER: All right, so let's go on to the last pathway, probably the most difficult to analyze of all of them. We received a petition in February 2011 and this was requesting evaluation of vapor intrusion pathway. We have a criterion for accepting the petition: relevance to the agency's mission and mandate, availability of data, extent of exposures and potential public health impact.

Next slide. This request definitely met all of those issues. There is adequate data, there is evidence of exposure, and it's a large set of data to evaluate. But as I was telling you it's very difficult to evaluate soil vapor intrusion. There's lots of lines of evidence that we need to evaluate exposure: indoor air, sub-slab gas, soil gas, outdoor air, monitoring well data, groundwater data.

We do have a guidance document for the preferential steps for evaluating soil vapor intrusion through the health assessment process; I'll be glad to

provide that to you. We would like multiple lines of evidence to confirm our findings. I will tell you that there are bits and pieces of this information at different times for these data sets. And from 2001 forward, there's a lot more of this evidence than there is prior to 2001.

Next slide. The objectives for the vapor intrusion evaluation are to evaluate the risk to the building occupants associated with contaminated exposures from 2001 to the present; to evaluate the post-mitigation data to ensure that completed mitigation actions are health protective; and three, to continue to assess whether appropriate data are available to evaluate exposures from vapor intrusion prior to 2001.

Next slide, please. ATSDR sent a letter on June the 5th to the Department of Navy and the U.S. Marine Corps, and we asked for documents, particularly documents providing soil gas, sub-slab or indoor air sampling results for VOCs collected between 2001 and June 2013. We asked for documents pertaining to the May 1988 feasibility study; documents describing efforts to evaluate, identify and mitigate vapor intrusion at Camp Lejeune since 2008; we asked for Camp Lejeune's policies and SOPs for addressing soil

vapor intrusion including a summary of all vapor intrusion issues not yet addressed, a listing of buildings or impacted area that have been addressed, chronology of all activities to address vapor intrusion issues and air sampling results recommended in the May '88 feasibility study.

MR. ENSMINGER: I have a question. Why are you document -- requesting documents describing efforts to evaluate, identify and mitigate vapor intrusion at Camp Lejeune since 2008? Why, why are you putting the date 2008 there when we know that there were issues about vapor intrusion and ambient air quality, indoor ambient air quality, since May of 1988?

DR. FORRESTER: Okay, just one second. Rick, you want to address that?

MR. GILLIG: Jerry, we've received lots of information from the Department of Navy and the Marine Corps. And we have a lot of information prior to 2008, so we have information that goes back to actions taken at Building 1101, which I believe is the first building --

MR. ENSMINGER: Well, that was 1999.

MR. GILLIG: Correct. So we feel like we have good data from '99 up to 2008. We were curious as to what has taken place since 2008. So that's why this

request was so specific.

MR. ENSMINGER: Well, my question is, with your vapor analysis, you've got soil gas readings dating back into the 1980s, okay. All of this information, the size of the plumes, the depth of the plumes, the levels of contaminants in these plumes, was all documented and recorded in the water models.

There is a lot of information in those water models that needs to be utilized in this vapor intrusion assessment. And I, for the life of me, don't understand why you're not using that information because you created an exposure dose reconstruction program. And they're not just for water models; they're multimedia. I mean, I've got pictures of Morris and Professor Aral receiving awards for multimedia. Why isn't your exposure dose reconstruction program involved in this work for vapor intrusion?

DR. FORRESTER: Actually, they are part of the team.

MR. ENSMINGER: They are?

DR. FORRESTER: Yes.

MR. ENSMINGER: Okay.

DR. FORRESTER: Well, Jerry, I didn't bring everybody in the division here today because, you

know, Morris is out on leave, Susan's out on leave. I have Barbara helping, Rene; a bunch of people will be helping with the project. Today we want to go over, you know, our preliminary objectives where we are thinking out the strategy to evaluate the exposures. We don't have all the answers today. We're asking for your input.

MR. ENSMINGER: Well, good. That's what I'm doing, I'm giving it.

DR. FORRESTER: Okay, I agree.

MR. ENSMINGER: And I'm looking for answers as to we have the water models and you've got all this stuff already in computers. Let's use it.

DR. FORRESTER: We plan to use it in our evaluation to the best of the ability that it answers the question.

MR. ENSMINGER: Okay.

DR. FORRESTER: Okay, so we -- this was the request made, and the next slide indicates the data --

MR. ENSMINGER: Oh, excuse me again. You told me in one of the phone calls, not the one with (indiscernible), but the one before, that you had requested that the Department of the Navy/Marine Corps provide you, in writing, yea or nay?

DR. FORRESTER: I have a statement for that. On

the 1988 data?

MR. ENSMINGER: Yeah.

DR. FORRESTER: Okay. Let me read you what they said, and I want to quote them; I don't think it's fair for me to paraphrase it. Okay, they said: We, Department of Navy, have reviewed currently available records and to date have not identified any sampling results or any other records that definitively indicate whether subsampling was or was not conducted. And that's the statement that they provided me and that's all I can tell you about that.

MR. ENSMINGER: So they didn't give you the rest of their statement that just because this is so old and their document retention period was only three or five years, that that doesn't prove whether these tests were done or not done.

DR. FORRESTER: This is the statement I asked --

MR. ENSMINGER: You read the entire statement right then?

DR. FORRESTER: This is the statement I was given. Correct, Chris? We verified with DOM and the Navy.

MR. ENSMINGER: Because their document retention period has no bearing on this because they were declared a superfund site in October of 1989, which

requires the retention of these documents pertaining to any contamination on that base. After they were declared a superfund site for 50 -- at least 50 years, okay? So if they don't have them and these tests were done, they're in violation of CERCLA.

DR. FORRESTER: Okay. Okay, so we received in this data set on July the 29th a list of all potentially responsive documents, and I'll talk about a few more that aren't listed here: two DVDs, 92 documents; about 17,000 pages; vapor intrusion evaluation approach; decision tree for new construction; an EPA letter dated August 28, 2012; excerpts from the 2000 base-wide vapor intrusion evaluation; excerpts from the CERCLA five-year reevaluation work; excerpts from RCRA and underground storage tank five-year reevaluation work plan; modified recommendation table from Phase II vapor intrusion evaluation report; buildings with vapor intrusion mitigation systems and a chronological summary of Camp Lejeune vapor intrusion activities.

And they indicated to us that in previous data sent, that we have GIS data on the sites that were cleaned up and building locations. We have some industrial hygiene monitoring prior to 2000; we have some industrial hygiene reports for Hadnot Point;

evaluate as part of Building 1101 vapor intrusion. We have documents from -- 500 miscellaneous documents on Building 1101 and evaluation spreadsheets from the CH2 (indiscernible) soil, gas and indoor air report. And these are the documents that we have.

Next slide, please. Okay, so we are working on a strategy to evaluate the soil vapor intrusion based on our health assessment guidance for evaluating soil vapor intrusion and the available data.

We're starting with the most recent time periods and working our way back. To develop our strategy, we do feel comfortable that from 2001 forward, that we should be easily able to answer the question. There are other lines of evidence that can indicate areas of potential concern before that. If we cannot model an answer or assess the pathways some other way, such as records of building evacuations, mitigations, anything else I'm forgetting, plume locations, et cetera.

MR. ENSMINGER: (Unintelligible).

DR. FORRESTER: Yes. So we need to continue interaction on this pathway and we would like to have an informal meeting before the January CAP to go in detail about our approach -- or on the monthly calls, we can talk about it either of these times, or both. Do you have issues, concerns that you want to bring up

to us?

MR. ENSMINGER: Well, I asked Professor Aral to come here today because Professor Aral is one of the foremost leading experts on these issues, and I would like to get Professor Aral up to the table and let him give his view of what capabilities there are here.

DR. FORRESTER: Okay, that's fine.

PROFESSOR ARAL: Okay, Jerry, thank you for the introduction. Those of you who don't know, Georgia Tech's involvement in this, we have been involved in the Camp Lejeune study from the beginning. And that is on the water modeling side. We had lots of contributions to that study. I think the water modeling study in itself -- the water modeling study in itself is a complete study in terms of understanding the distribution of the contaminants in the liquid phase at the site. But I also consider that data collection for that study and also the data analysis and the modeling results should be considered as a prelude or a beginning of a vapor phase study. I'm glad to hear that ATSDR has formed a team to look into this and is going to use the water modeling study outcome as an input parameter or an input concentration distributions at the site to understand the vapor intrusion in the buildings at that site.

I remember recommending the study when we did the Tarawa Terrace analysis, which was, I think, about three, four years ago, that the Tarawa Terrace analysis also leads itself to a vapor intrusion analysis but at that time the vapor pathway was not considered to be in the radar screen of ATSDR, but I'm glad to hear that now it is, and now, that you are going to look at it.

DR. FORRESTER: And I have one statement regarding that. In Tarawa Terrace, the water modeling did identify a building of concern, and there was indoor air sampling conducted, to answer that question.

PROFESSOR ARAL: But the health study I'm referring to --

DR. FORRESTER: Okay.

PROFESSOR ARAL: Was there a health study done based on that information, that was what I was proposing at least at that time.

So from a technical standpoint, the data that you have, the geologic data, the information at the site in terms of the way the buildings are used and constructed, et cetera, which you have, should be available and usable for the vapor intrusion study, and I'm glad that you're going ahead with that study.

If you have any other specific questions, I will be glad to answer.

DR. FORRESTER: I want to make sure this is clear, we're not starting a study but we are using the data from the water modeling to help us answer the question.

MR. ENSMINGER: Okay, now --

DR. FORRESTER: I just want to make sure that's clear.

PROFESSOR ARAL: Okay. That is a different statement now. From what I understood from your earlier statement, that a vapor intrusion study is going to be conducted and the health assessment based on that is going to be conducted. But now what you just said is stating that that's not the case. Is that correct or am I misunderstanding something?

DR. FORRESTER: I'm sorry I confused the issue, but we're not starting a whole new study. We're going to use information gleaned from the water modeling study to help us with the vapor intrusion that we've previously collected.

MR. ENSMINGER: Now, let's let the -- let's -- if your vapor intrusion look and work for the public health assessment indicates that there was an exposure pathway that was completed, then would ATSDR consider

a study on vapor intrusion?

DR. FORRESTER: I would say that that's -- it's not a decision that we can make at this time.

MR. ENSMINGER: Okay, well, let's just see what the vapor intrusion evaluation -- what it comes out to be.

DR. FORRESTER: Okay. I think there are other lines of evidence to answer the question before you go into an extensive modeling effort.

MR. ENSMINGER: Because -- let me clarify something here. The American public at large and mainly the people that were at Camp Lejeune, the media, Congress, are under the misconception that harmful exposures at Camp Lejeune ended in 1995 and 1987. We have documented proof that that is not the case.

Now, ATSDR declared Camp Lejeune no apparent health hazard when they issued the 1997 public health assessment. Two years later, buildings had to be evacuated because the vapors in those buildings had reached the explosive levels for benzene and BTEX. So your conclusion of no apparent health hazard was wrong, and that's documented.

And the Department of the Navy and Marine Corps in their literature have tried to blame heavy rainfall

amounts as the cause of those high levels of vapors in those buildings. We have another document that was created by a Navy contractor that said there had been complaints about vapors in those buildings for years prior to the evacuation.

I mean, you had over a million gallons of gasoline floating around right under those buildings in that one area. Now, there were other areas of the base where chlorinated solvents were high.

MS. BLAKELY: So Jerry, are you asking her if she can do -- they can do another study for the vapor intrusion --

MR. ENSMINGER: No, no. No. What I want them to do is a good evaluation of the vapor intrusion like a model, and then after that comes out, if this model does in fact show high levels of vapor intrusion, then a study of those people needs to be conducted.

MS. BLAKELY: Okay, now I'm not being offensive, but you understand that that takes funding, right?

MR. ENSMINGER: And the Department of Navy will have to pay for that.

MS. BLAKELY: Okay, well, I'm not gonna bring it up.

MR. ENSMINGER: Don’t go there. Okay.

MR. PARTAIN: Well, now that we're on the subject

about the questions with -- you know, what Jerry's brought up here and some of the things and concerns that we have with the framework of the 1997 public health assessment, what was done, what was concluded and things like that, I do have some documents I would like to go through and Jerry would like to go through that we want to put up on the screen here in a second, so.

DR. FORRESTER: All right. Do we need -- do you all need some help? Mike?

DR. BOVE: Any other questions for Dr. Aral? If not, thank you for coming and providing information. We appreciate it.

MR. PARTAIN: And this is what Jerry was just talking a few minutes ago. Shortly after the 1997 public health assessment was issued, this letter was sent by ATSDR, August 4, 1997, to Brigadier General, Commanding General, Camp Lejeune Marine Corps base in North Carolina. If you just look at the highlighted area: ATSDR has placed the U.S. Marine Corps Camp Lejeune Military Reservation in the category of no apparent public health hazard. Okay?

Now, Jerry had mentioned -- wanted to talk about the public health assessment from 1995. This is an excerpt talking about emergency backup water and

talking about the water transfer between Hadnot Point and Holcomb Boulevard in 1985. Now, look at the draft copy that Jerry's highlighted here. Emergency backup water was then pumped for the VOC contaminant Hadnot Point system into the Holcomb Boulevard distribution lines. This is on the '95 health assessment.

DR. FORRESTER: It's out of the red cover?

MR. PARTAIN: The brown cover.

DR. FORRESTER: Brown cover, okay.

MR. ENSMINGER: February, '95.

MR. PARTAIN: And we're going to find that '97 version. And this is the '97 version, same topic: Emergency backup water was then pumped from the Hadnot Point system, comma, whose VOC contamination was not yet identified.

MR. ENSMINGER: Really?

MR. PARTAIN: And as we went through the documents -- and these are documents that are, you know, readily available through the, you know, in the CLW and CERCLA files.

This is another letter from ATSDR dated June 1997, to Rick Rames from Carole Hossom. And in the highlighted part she says: I am requesting that you look over, as an informal review, to be sure that the factual information is correct and determine the

acceptance of ATSDR's recommendations.

Skip down to the second paragraph: Although such a review at this phase of our public health assessment process is not agency policy, I felt that too much time has passed since the last release and (indiscernible) information to the document. Then she goes on to ask for a, quote, informal, unquote, comma, you know, insinuating there was something else going on there, and then she also asks that these comments be given to her by phone rather than, you know, in writing.

What's going on here? Now, put yourselves -- I ask you guys, everyone here at ATSDR, put yourselves in our shoes. You're getting documents where the draft is being changed to something that's inconclusive; you're getting letters here to the Navy, to the Marine Corps, asking them to do an informal review of your work. Was this done for us? Was this provided to us? Were we given informal opportunities to review your work? No.

And what was interesting, this is a 1995 letter from the State of North Carolina. And we get down here to catch up. And one of the comments about the ATSDR's public health assessment from the State of North Carolina reads as follows: This is basically

the same comment that was made on the previous version of the document. Camp Lejeune has been on the national priorities list since November of 1989, and as a result a wealth of data and information is available regarding the health and environmental impacts of the various sites. A review of the reference listed at the back of the document still appears to indicate that vast majority of the NPL-related documents were not used in the preparation of this report. These NPL documents are in the public domain and are available for review.

MR. ENSMINGER: Oh, let me point out that the narratives for all the different drinking water systems in the public health assessment, they listed the references at the end of each sentence or each paragraph. Every assumption that was made in those narratives in that official public health assessment were made from ATSDR interviews with representatives of the responsible party, not the documents, not the historical reports.

MR. PARTAIN: And those references were --

MR. ENSMINGER: They were written -- they were written based on interviews from people who had a hand in all this. And by the way, all of those interviews are now gone. The dog ate them.

MR. PARTAIN: Now that -- those -- it would have been interesting to see what those interviews contained, especially, you know, to check them against the historical documents. And ironically enough, this was written in 1995, well before Jerry became involved, well before I became involved or anyone else in the community really knew about what was going on. And the State of North Carolina pointed out to you all that you guys were missing the boat.

Now, for the six years that I have been involved in this now, one of the first things that I did was go to the CERCLA files, the CLW files, and reconstruct the history. We all know about the timeline that's on the website and everything, and the research that we did together and with other people in the community pulling the information that we got, guess what we did? We found out that ATSDR missed the boat. They missed the benzene exposures, they missed the vapor intrusions. Here you are, North Carolina's pointing this out in 1995 and you guys didn't go through the documents. It's quite clear. That's why I was concerned earlier about the framework of what you all were doing. The basic assumptions in the documents, the way the document was constructed is fundamentally flawed.

MR. ENSMINGER: The health assessment, the '97 final health assessment, to put it into terms that a layman can understand, is it was a document that was written to make people feel good and to downplay the actual exposures that took place on the base. It was. No, keep moving, folks; nothing to see here. No problem. And then ten or 20 years down the road they got cancer. I mean, that's the problem with these public health assessments.

MR. PARTAIN: Now, this is a 1987 document from ATSDR and the letters contained as an attachment to the letter, and it explains what the public health assessment is supposed to be: An evaluation of data and the information on the release of toxic substances into the environment in order to assess any current or future impact on public health, develop health advisories or other health recommendations and to identify studies or actions needed to evaluate and prevent human health defects. That's y'all's notion going into it. Now, Jerry was talking about -- oh, well. And going one last -- coming back to Carole Hossom here, this is a letter from -- or a memorandum from the Marine Corps.

MR. ENSMINGER: That's from LANTDIV.

MR. PARTAIN: From LANTDIV, Kate Landman, which

is one of the ones that was talking to Carole Hossom. And this memorandum: Per my conversation today with members of your staff, Mary Ann Simmons and Harry Etheridge, enclosed please find a copy of the draft version of ATSDR's final health assessment report for the Marine Corps base Camp Lejeune for your review and comment. Ms. Carole Hossom of ATSDR provided this to me and my -- and to staff at Camp Lejeune for an -- oh, guess what, the informal quotes are over here again -- review prior to the formal issuance of the report.

Once again, I ask you to place yourselves into the shoes of the people who lived, worked, had their families at Camp Lejeune and ask them -- ask yourself how would you feel? One of the things that my father always taught me was to be above and beyond all reproach.

MR. ENSMINGER: Well, and let me ask this question: Can anybody in this room honestly sit here and tell me or tell anyone of us that it looks like the PRP, the responsible party for the contamination, had more of a hand in writing this public health assessment than ATSDR did? Because it was -- the information in the public health assessment, the narratives and all that, were not written from the

file documents and the official reports; they were written by their contractors.

I mean, when you take a look at the difference in that statement and the Holcomb Boulevard system for the emergency backup water in '95, they had it right in '95. From the known VOC contaminated Hadnot Point system, water was pumped into the Hadnot Point -- or Holcomb Boulevard lines. And then in '97 they said, oh, no, the VOC contamination at Hadnot Point had not yet been identified. The contamination at Hadnot Point had been identified in 1980, at least by 1980.

MR. PARTAIN: Now, the word that comes to my mind when I read these, especially going through the documents, is collusion. I mean, to sit there and see these two letters and to read these documents and go back and find historical documents that was readily available, as the State of North Carolina pointed out to ATSDR, not once but twice, 'cause the '95 version that I was reading from said that they had previously pointed this out to ATSDR before. No one bothered to go back through the documents.

MR. ENSMINGER: And your folks from ATSDR that went to Camp Lejeune on their fact-finding missions, that were the authors of this, lived on the base, lived in the VIP quarters at the officers' club. I

mean, really? Do you do this with IBM and Dow Chemical or any of these other sites that you go to? Do you accept lodging and transportation from the responsible parties?

I mean, Lord knows what went on. I mean, the NRC even, the National Academy of Sciences committee, when they went to Camp Lejeune, accepted lodging from the government, transportation from the government, meals from the government. And then they were left -- the committee was left to their own accord in the evenings while they were down there, and they were -- some of them went over to the bar at the Oak Club. Gee, do we know that there weren't any of the Department of the Navy's agents in there to sit down and talk these things over with any of the committee members? No. But the chance is there that they did.

I mean, when you go to these sites as an official entity to do a report, you can't afford to put yourself in a position where your work can be questioned because of something you did.

MR. PARTAIN: Or didn't do.

MR. ENSMINGER: You jeopardized your integrity by accepting lodging, transportation, meals.

MR. PARTAIN: Informal reviews.

MR. ENSMINGER: Yeah.

MR. PARTAIN: Now, about a month and a half ago I began my work on a master's degree in history. The thesis of my master's is going to be titled, or something close to this: The Perfect Cover. The making of -- semi -- or colon, The Making of the 1997 Public Health Assessment for Marine Corps Base Camp Lejeune.

MR. ENSMINGER: It'd be a good read.

MR. PARTAIN: And, you know, it's -- you guys, this is your chance to get it right. We weren't watching in '95. We didn't know. I was a school teacher. I relied on this agency to provide information to protect my public health. And frankly, you guys didn't do it.

MR. ENSMINGER: And what bothers me even more is I know that it wasn't you people that are in this room that did this; I know that. I want to make that clear. But the people who were responsible for this are still on your payroll and they're still in a position to write public health assessments, and the evidence is quite clear, these people should not be -- I know how hard it is to fire a government employee but they should not be in the position to be able to repeat what they did. They should not be writing anymore public health assessments, none. If I had my

way they'd be in charge of the lavatories in this complex, and that's what they'd be doing for the rest of their career until they retired.

MR. PARTAIN: And finally Jerry's point about Building 1101, this is part of a slide presentation that was out from -- was it NEHAC, Jerry, that presented -- put this together?

MR. ENSMINGER: No, that was a contractor, this one.

MR. PARTAIN: Okay. And this is -- this slide here is talking about 1101, and this is what Jerry was referencing earlier. During the latter part of November 1999, odors were detected in Building 1101. And they go through and they talk about taking samples and taking samples. They shut down and then they also go through and they talk about -- here's the heavy rains. You know, they had their own explanations there, but they also mentioned that this had been a problem well before.

And one of the things I would ask ATSDR to do to make sure, so that we don't have another electronic password-protected portal pop-up with vapor intrusion, to make sure that the Navy/Marine Corps doesn't have a specific file for vapor intrusion with information dating back to May of 1988 when they were told that

there was a problem.

MR. ENSMINGER: You know, like they did with the UST portal? They -- I mean, that information was not even known by ATSDR, that they had that separate portal. And it was discovered accidentally. A low-level worker down in Camp Lejeune gave Bob Faye the temporary password and access to that file, and when Bob Faye got into it and started looking at it, he says, oh, my God. What do we have here?

DR. FORRESTER: Mike, can we have that last section emailed to us? I don't think I've seen this.

MR. ENSMINGER: Yeah, I sent you this.

MR. PARTAIN: Yeah, we sent you the report.

DR. FORRESTER: You sent me this?

MR. ENSMINGER: Yeah, I sent --

MR. PARTAIN: It's on this computer too if you want to --

MR. ENSMINGER: Both of these slide presentations.

DR. FORRESTER: Okay, that's the one we saw in the last CAP meeting, then?

MR. PARTAIN: No, we didn't use it.

MR. ENSMINGER: We didn't use it.

MR. PARTAIN: But it's here on this computer and I can give it to you.

DR. FORRESTER: Okay, thank you.

MR. PARTAIN: And I'll go back to it in a second but I did want to ask one question, 'cause one thing did come up, and I remember talking to Frank about this at a CAP meeting a while ago, and Dr. Clapp can probably jump in here and answer this too. And I'm -- you know, my pay grade is in history and I'm not a scientist, so... Cancer slope factors. One of the things that was a concern, or at least I had heard at meetings, brought up in the past, is were -- was ATSDR using the right cancer slopes in their public health assessment to evaluate the risk for cancer? What are you all doing to address that? I mean, are we -- do we have the correct slopes? Frank, did you tell me what the problem was in your opinion, and I don't know if you recall the conversation. It was probably about a year or two years ago. Well, it was actually when we brought down the public health assessment in 2009.

DR. BOVE: My recollection is this, the -- at the time EPA was reviewing TCE. So they came up with a draft risk assessment. I think it was -- the draft I saw was somewhere around 19 (unintelligible). It's around the time -- a little bit after the health assessment was written, so late 1999-2001 there was a draft. There were some previous drafts that EPA also

had. I mean, they were working on this TCE risk assessment back then. And then there was a hiatus for many years, and then they finally published this.

So back then, there were a couple of different cancer potencies floating around. There was one done by California, for their public health goals. There was one done by New Jersey, which I was familiar with 'cause I was at the health department when it was evolved. There were -- so there were other potencies out there. Then there was EPA's earlier potency, and I think that that's probably the one that was used in the health assessment but I may be wrong. I can't remember.

DR. FORRESTER: Which one are you -- We used the EPA one in the health survey?

DR. BOVE: That's what I, I think we did. We used the earlier, not the -- because the two -- the one in 1999 and 2001, around that period or maybe it was even earlier, was much higher. One of the studies that based it on was our New Jersey study of lymphoma and leukemia, for example. And there were -- and the -- of course the -- was it Germany, the study of the kidney cancer, and then (unintelligible).

Anyway, so there was a debate back then as to what kind of potency to use. You know, my opinion was

I -- one opinion -- someone else could have another opinion back then as to what the proper potency was.

Since then, now, the EPA's done its risk assessment and I'm sure you're using the cancer potency -- so yeah, right so, so they're using the -- if that's the potency they're using, and it sounds like that is, then that's the proper one to use.

MR. PARTAIN: And what would be the difference in that cancer slope versus what was used in 1997?

MR. ROBINSON: I mean, I know it was more conservative.

DR. BOVE: Yeah, I don't know how much. I don't know by a factor of how much. But basically I never really liked EPA's old one. I can't remember the difference but this one is better. This one is the best information that we have at this time, scientifically. So I would go with the EPA one. NTP is reviewing TCE. You can go to the website and you can see it there. It's under review, and they'll probably (unintelligible) the way EPA and IARC did, but I -- you know, I think that EPA's the best one to use. You know, so if that's what you're using, that's the best to use.

DR. FORRESTER: Okay. We'll follow up on this.

MR. ENSMINGER: Now, your vapor intrusion

efforts, models that you're gonna embark upon, I want to ask one more question about this. Are you going to keep Georgia Tech involved in this? I mean, because you've got expertise right down the street and to not use it would be insane.

DR. FORRESTER: Okay, just to make it clear, all the analysis does not rely on models because we do have actual data to interpret the health risk. So for all instances, we don't need a model, and those that we do, I think that we have some staff that can estimate the exposures.

MR. ENSMINGER: Yeah, but what validity is gonna be behind these if you don't use cutting-edge science? I mean, it's just -- this is a SWAG?

MR. STALLARD: That's an assumption, not necessarily known as a fact right now.

We have about five minutes, we have to break. I want to wrap up this session.

MR. PARTAIN: Yeah, this is the -- that's the cover sheet for it. It's also on the vapor intrusion timeline that's on our website.

DR. FORRESTER: Okay.

MR. PARTAIN: And we provided to y'all prior. But that's the cover page for that. And I'll leave it on this computer here so you can take it off there if

you want.

MR. STALLARD: I want to thank you all. This is really interesting, it's the first time I've seen the CAP members bring to us and show the documentation that you've discovered and reviewed. It's right there in black and white. It backs up the concerns that you have expressed. It informs the way that the PHA-related issues will be addressed moving forward. So thank you for bringing that to us. It seems always it's been the scientists trying to say where are we today and you know, all the information flowing that way. Now we're getting it coming this way. Thank you very much for that.

So Robin, did you have something, and then we're gonna go to break.

DR. IKEDA: Yeah, just some general comments. I also want to say thank you for bringing that. It's very painful for me to hear, and although I can't speak to the past, it was very painful to see those things up there in black and white.

I did want to say that, like I said before, we're not a regulatory agency so our scientific integrity is really all we have as an agency. And so anything that calls that into question puts us all at risk here at the agency, and so we work very hard to protect that.

I liked what you said, Mike, about that now we have an opportunity to get it right. So I hope that we can continue to work with you to get it right moving forward. I did want to mention that, and Vik may want to say in more detail, that there are some things that were mentioned up there that are no longer practices -- standard practices here, so this notion of informal review doesn't exist.

MR. PARTAIN: Well, according to the documents, it shouldn't have existed at that time either.

DR. IKEDA: I'm sure that's true too.

MR. PARTAIN: Okay.

DR. IKEDA: So we have a strict peer review process now that we subject all our documents to, and, you know, Vik, like I said, can speak to other things. But again, just to say thank you and thank you for your help in terms of moving forward and making it a better process in the future.

MR. ENSMINGER: Well, and with -- on that point.

MR. STALLARD: All right, who's unplugged? All right, we're good to go now.

MR. ENSMINGER: Up to that point, you know, this issue with Camp Lejeune public health assessment, it doesn't stop here. This should be a warning signal for all of you just to go back and take a look at

these other public health assessments that were done on other sites. If they did it there at Camp Lejeune, they did it other places too, and that's something you're going to have to take a look at. I mean, that's a daunting task, I mean, to look at all those public health assessments, because you more than likely don't have people from those communities that have the knowledge that the Camp Lejeune community does now. But it's something that's got to be looked at, for the, you know, just for your own peace of mind.

MR. PARTAIN: And like Jerry said, the people who did this and wrote this are still in -- they're still in that department. So they're still producing this type of work. That's a concern. That's why I -- Jerry asked for them to be here. I also put it in writing and asked for them to be here. They're not here. Okay.

MR. ENSMINGER: But then we didn't ask for them to be here just specifically to attack them. No, yeah, really. I mean, I want answers. I mean, how in the world did this change from here to here?

MR. STALLARD: I think that's a -- that message has been received. Questions to resolve. I think --

MR. TOWNSEND: Mr. Moderator?

MR. STALLARD: Tom, yeah, that would be me, Tom, yes.

MR. TOWNSEND: Yeah, the -- I understood that they, ATSDR, canceled out any further action quite a long time ago on the other sites that had been contaminated and reported. But the ATSDR backed out of it.

MR. STALLARD: Well, I don't think we understand the question quite clearly. What sites are you talking about? I'm not aware of ATSDR --

MR. TOWNSEND: Are they NPL sites or whatever the hell it's called, special priority list (unintelligible).

MR. ENSMINGER: Are you talking about for Lejeune, Tom?

MR. TOWNSEND: No, no. I'm talking about the other -- (unintelligible).

MR. ENSMINGER: Oh, other Department of Defense sites?

MR. TOWNSEND: NPL.

MR. ENSMINGER: Oh, yeah. Well, that's what we were just discussing about going back and taking a look at all those to see if some of this stuff was done at those sites as well. I mean, we've already addressed that. But I don't know whether they will or

not.

MR. STALLARD: All right, let me just remind you that if we can help address the issues related to Camp Lejeune, that's a huge step forward and noted in the record that, based on your review of documents, it questions the validity of other actions, but that is not the purview of this CAP, okay?

So we're going to go to lunch now. Please take one hour, be back. Those of you on the phone, please disconnect and be back in one hour from now. Thank you.

(Lunch break, 12:33 p.m. until 1:33 p.m.)

MR. STALLARD: Welcome back. It is time to resume today's activities. Let me just please remind those of you who are in the room to please put your cell phone on silent or stun. It's as much for me as it is for you.

Any other questions or outstanding issues before we resume with the agenda for this afternoon's session?

MR. ENSMINGER: I just want to know where my health assessment's at. I sent it out to be copied but I haven't gotten it back yet.

DR. FORRESTER: We're working on them. We do promise you, you will get everything back.

MR. ENSMINGER: Okay.

MS. BLAKELY: Hey, Jerry, what is that infant study you have over there? Because Tina was asking what it was called.

MR. ENSMINGER: It is the Volatile Organic Compounds in Drinking Water and Adverse Pregnancy Outcome, dated August 1998.

DR. BOVE: Yeah, it's on our website. We're going to be talking about the re-analysis -- we're doing a re-analysis of that study, okay, so we'll be talking about that a little later.

MR. STALLARD: All right. So there are some of you -- we're scheduled, by the way, to go to 2:45. I know that some of you need to leave around 2:30 in order to make it to the airport on time, so if you need to leave, please do so and safe journeys.

MR. PARTAIN: Well, Chris, before we do have to leave, could we get a time, a moment to address the next CAP meeting and the dates for that.

MR. STALLARD: Yes. We're going to do that at 2:00, right after this session. Let me remind you once again, that we need your vouchers and that you'll get your copy of the public health assessment as soon as we get a copy made.

So, if we can move on, then, to the updates on

the health study. Frank, it looks like you're --

MS. RUCKART: No, that's what I was saying.

MR. STALLARD: Oh, that's what you were saying.

I'll need just a moment before we go on. Whom do we have on the phone, please?

MR. TOWNSEND: Tom.

MR. STALLARD: Welcome back, Tom. All right. Well, then, let's go.

UPDATES ON HEALTH STUDIES

MS. RUCKART: Okay. Well, good afternoon and welcome back from lunch. So to give you some updates on some of our health studies, and then Eddie will also provide an update. So the case control study of the birth defects and childhood cancers manuscript was submitted to the journal and we're currently addressing reviewer comments. We anticipate sending the manuscript back to the journal by the end of September and will notify the CAP when we do that.

As for the mortality study, the final report for the former active duty personnel was submitted for clearance and approval; it's still in that process. And the final report for the civilian workers, that's a separate publication than the active duty, was submitted for independent review; that's the first step in our extensive review process. And we received

the reviews and are responding to the comments on that one.

The re-analysis of the adverse pregnancy outcome study, Jerry was referring to the original document that was released in 1998. That is on our website; however, as we now know, that's flawed because a large group of people that we thought were unexposed at that time, it came to light that they were exposed so I'm not sure how much, you know, time you want to spend reviewing that document. It is up on the web. But we are re-analyzing the data from that study, based on the fact that we know that the exposure was wrong, and also now that we have the model (indiscernible) that just used exposed/unexposed, yes/no type of categorization there. So the independent review and the peer review process are completed for that study. We're currently responding to the reviewer comments. Once that's completed, then we'll start our internal review and clearance process.

The health survey, really not much of a change since last time, but I'll just remind everybody where we are with that. We're actually finishing up the process of confirming the diseases of interest that were reported in the survey, confirming them through the medical records and information from the state and

VA cancer registry.

Through that process we're trying to confirm about 8,000 cancers and 14,000 other diseases in total of about 16,642 people. These numbers could change slightly as the contractor's working on some reconciliation to QA/QC of the data. The cancers that we're focusing on include bladder, brain, breast, cervical, colon, esophagus, kidney, leukemia, liver, lung, lymphoma, multiple myeloma, pancreatic, rectal, small intestine, soft tissue, prostate, lymphatic, laryngeal cancer, throat laryngeal cancer. I will say it's a huge, long list but it has gone out to the CAP before; it's not changed, so I'm just reciting that for you but you do have that for your records there.

The diseases that we're focusing on include kidney disease, liver disease, lupus, scleroderma, Parkinson's, MS, ALS, aplastic anemia, persistent skin rash with hepatitis, and fertility and endometriosis. Again, we emailed those to you, no change.

MR. PARTAIN: Now, Perri, when you're listing -- when ATSDR is listing the diseases, with breast cancer, and I know it sounds kind of stupid but I get flack from this all the time, and I hear it kind of both ways. Can you please put in there male and female? Because sometimes I've heard, with medical

providers, (unintelligible) male breast cancer. And then I hear from female breast cancer survivors, well, what about us? Because I mean, for every man that's getting breast cancer at Camp Lejeune, there's probably five, ten females that might be exposed.

So it'd be nice in the literature if we could have, if you can put breast cancer, in parentheses, male and female, so that way it's being recognized as both.

MS. RUCKART: That's fine. You know, when we are analyzing the data, we're going to be looking at them separately.

MR. PARTAIN: But just to show that you're -- it's --

MS. RUCKART: Yeah, I know.

MR. PARTAIN: 'Cause it is a phenomenon that's kind of unique to Camp Lejeune that we have so many men.

MS. RUCKART: Yeah.

MR. STALLARD: So, can they do that?

MS. RUCKART: Yes.

MR. PARTAIN: Yeah.

MR. STALLARD: Okay.

MR. PARTAIN: Thank you.

MS. RUCKART: Any other questions about those

studies?

MR. ENSMINGER: Let's not forget about the cancer incidence study.

MS. RUCKART: Those were updates on the studies that were --

MR. ENSMINGER: Yeah, I know. And any word on the case control study, where that's at and date of release?

MS. RUCKART: Well, as I mentioned to you, we submitted it to the journal and got the comments and we're working to address them and plan to submit it back by the end of the month. So, I'm sure some of our monthly calls, either this next one or one after that, we'll have more information we can share.

MR. ENSMINGER: And where is the mortality study right now? Where is it?

MS. RUCKART: In the review process. There's two mortality studies: There's the active duty and civilian. So the active duty one is very far along in the approval process and the civilian worker one is just starting that process. You have more attention -- the higher priority was to do the active duty study and get that out first.

MR. STALLARD: And what's the timeline, roughly, of the approval process?

MR. ENSMINGER: Nobody knows. It's in the -- if it's in the CDC, DHHS review process, that's why, I jokingly call that the black hole, because nobody can tell me what that process is.

MR. PARTAIN: Oh, we have to consult the Oracle of Delphi.

MR. STALLARD: Oh, you're not alone, okay. There are many of us who work in this environment. We have a rather, you know, complex approval process.

MR. ENSMINGER: But you -- I still say that you ought to put time limits on how long somebody has -- that they allow that thing to lay in their inbox or on their desk.

MR. PARTAIN: Going back to, and I'll leave this alone after this, but on the cancer incidence, I'd ask Vik and Robin if we could get some type of timeline on feedback rather than waiting for the next CAP meeting, just doing a slow rollout. And, you know, it's something that is important, Terry Walters brought up in reading the bill and the VA's reliance on that. There are people who are living and dying.

You know, Jerry and I have had to fight for several individuals with the VA to get benefits who, you know, didn't need the medical benefits 'cause they're dying; they needed the benefits for their

spouse, for their family. And, you know, it does tell the rest of the picture.

And when you talk about the mortality study, and thank God I'm not a statistic in that; I'm a cancer survivor. And there are a lot of people like me, and in Tallahassee, before I moved, I knew five children who were born at Camp Lejeune, like myself. Four of us had cancer before we turned the age of 40, and the other one had a neurological disease. Now, the four of us that had cancer, we're not captured in the in utero study because our cancers were diagnosed after the age of 19. So we're lost statistics. Cancer incidence study, we'll show up there.

MR. ENSMINGER: No, you won't.

MR. PARTAIN: Oh, yeah, that's the DMDC, I'm sorry, that would be the (unintelligible). I stand corrected; we're still that lost statistic. But, you know, it needs to be done.

MR. STALLARD: Okay.

MS. RUCKART: I just want to let you know some of those people would be in the current health survey, though.

MR. PARTAIN: Yeah, but the health survey you only had 26 percent participation rate?

MS. RUCKART: Right. I'm just saying that we

were able to capture some --

MR. PARTAIN: Some.

MS. RUCKART: -- of that.

MR. ENSMINGER: And it's self-reporting.

MR. PARTAIN: And self-reporting.

MR. SHANLEY: Hi, my name is Eddie Shanley and I'm going to provide an update on the male breast cancer study. I just want you to know that we are continuing our efforts to obtain the data necessary for the study. To date we've acquired the data from the VA from both their cancer registry and patient treatment file data sets. We are working with the National Archives to obtain all the personnel records, so we're currently pulling them as we speak.

MR. PARTAIN: So all the bills are paid?

MR. SHANLEY: All the bills are fine, yes.

The paperwork, those of you that aren't aware, there was a slight delay in obtaining those records so we now have all of that worked out. It's looking like I should be traveling up to St. Louis to go and begin collecting those records at the beginning of October. So that's where we are on the study.

MR. PARTAIN: And I just want to note for the record too, I did receive an email from ATSDR stating that y'all will not be able to use the information

that I gathered with the 85 men or so, and I mean, it's still -- if it's something that y'all need in the future and stuff, then I'd like to, you know, it's there if you want to put it together and when I talked to these people, I said, look, you know, this -- (unintelligible). So disappointed that you can't do anything with it but I just want to note that for the record.

MR. SHANLEY: Thank you. Any questions?

MR. STALLARD: Frank, did you have anything in this section?

MS. BLAKELY: So you're not going to speak about the infant studies? The adverse pregnancy outcome studies?

DR. BOVE: Perri mentioned that.

MS. BLAKELY: Oh, okay. Do you have anything further about that?

MS. RUCKART: Well, that was the one where I said was on the web and now is, we know, a partially or, you know, inaccurate because the exposure information for a large group of people was incorrect. So I was saying that we re-analyzed the data and we started the report for the initial approval process.

MS. BLAKELY: Okay.

DR. BOVE: Let me just go over quickly what we're

looking at. We're looking at what's called small for gestational age, which is low birth weight given your gestational age at birth, okay. Looking at term low birth weight is just another way of getting at a similar thing. We're looking at preterm birth. And then we're looking at mean -- the average birth weight for those who reached term, and again, comparing the people with various levels of exposure with people without in that same Lejeune cohort.

MS. RUCKART: Right, and just to remind you, we looked at, you know, very specific birth defects and then two childhood cancers in the other study, so we have those, you know, group of outcomes for the in utero population.

MS. BLAKELY: Okay, so you said that's on the website?

MS. RUCKART: The one that was released in 1998 is on the website, and that's the one that we found out, you know, a few years ago, was based on some faulty information. So that's why we are re-analyzing it, and then also adding the monthly levels, because that was done before the water modeling and it was based on -- we think this area of the base was exposed, yes/no.

MS. BLAKELY: Okay.

MS. RUCKART: And now we have, you know, more specific information, more detailed information.

MS. BLAKELY: Okay.

DR. BOVE: And I'll see if the records room has a -- I don't have an extra copy myself and I don't think you do either, Perri, right, so we'll see if we can track down a copy for you.

MS. BLAKELY: Thank you.

MR. STALLARD: All right. Well, that, unless there are any other questions, that would pretty much capture the updates on the health studies.

MR. PARTAIN: One thing, any potential hiccups or problems with the male breast cancer study that could throw a delay like we had with the money? I mean is all the paperwork signed, the Ts crossed, the Is dotted? In triplicate.

DR. RAGIN-WILSON: We have all the paperwork, all the approvals in. And effective -- we're now meeting -- we'll be meeting next week as a group on Wednesday to discuss the travel to St. Louis.

MR. PARTAIN: Okay, 'cause I know we're a little bit behind on the timeline that we have for it so I just want to make sure that we know about it beforehand.

DR. BOVE: Eddie, you may want to just mention

also that some of our -- some of the records (unintelligible).

MR. SHANLEY: Based on my initial assessment of the military personnel records, there's approximately ten percent of those records may be (indiscernible). We're not quite sure yet the exact number and we won't find out until the beginning of October when the National Archives has pulled all those records. And so -- but at that point, we'll be able to then travel (unintelligible) so there might be a trip to St. Louis (unintelligible).

And then just briefly mention, you know, the patient treatment files from the VA, we've obtained those as well as the cancer registry data from the VA, so we do have that information that we're currently working with.

CAP UPDATES/COMMUNITY CONCERNS

MR. STALLARD: We're good? All right, so this is the part of the agenda where we offer the opportunity for any as of yet unexpressed concerns from CAP members to be shared. I think we've covered the ground pretty well this morning in terms of articulating your concerns around the PHA, correct? Around the cancer incidence and the need, and that was addressed by -- for the next meeting, and maybe even

in between, to engage with our cancer colleagues at the agency. So are there any other concerns, issues, achievements that you wish to share at this time?

MS. BLAKELY: Are you being honest or just limited?

MR. STALLARD: What we're not going to talk about is that thing that --

MS. BLAKELY: I'm not --

MR. STALLARD: -- that you were talking about this morning --

MS. BLAKELY: I'm not talking about it.

MR. STALLARD: Okay? So if it's anything aside from that.

MR. ENSMINGER: The documentary is -- was nominated for an Emmy, the Emmy awards will be on 1 October in Manhattan. Just getting a nomination was a great achievement for Rachel and Tony, the producers and directors of the thing. So Rachel has been working with Oprah Winfrey ever since a little shortly after the film came out and premiered in 2011, she's been employed full-time with Oprah Winfrey, and they keep her -- I mean, she's going all the time. She's either in Africa or Indonesia or the Middle East or South America. She's all over the place.

MS. BLAKELY: And that has to do with the study

exactly what?

MR. STALLARD: That's a powerful documentary. Remember, in past meetings it caused interesting group dynamics. Anything else? We're done.

WRAP-UP

MR. ENSMINGER: Next CAP meeting.

MR. STALLARD: Yeah. So, I heard -- what is your -- what collectively do you have in mind? Here it is September 6th and normally we have a three-month interlude in between, so what are your thoughts about the next in-person meeting?

DR. RAGIN-WILSON: Based on the timeline, I think we're proposing the third week in January.

MR. ENSMINGER: Why that late?

DR. RAGIN-WILSON: For the next CAP -- well, with the holidays, you know, the Thanksgiving holiday, so I think January, the third week of January will probably be the most appropriate time to hold the CAP meeting.

MR. ENSMINGER: Why not the first week in December? That's three months.

DR. RAGIN-WILSON: Well, given the schedules, we've looked at schedules, room availability, and the third week in January is the most appropriate to hold the next CAP meeting. And we talked about this before with scheduling and everything.

MR. STALLARD: And I know you don't depend on me to be here, but I am out the first two weeks of December, so.

MR. ENSMINGER: You know we can't have a meeting without the Bob Barker of Camp Lejeune.

MR. STALLARD: I'm not sure how to take that. I'm sure it's intended to be complimentary.

DR. RAGIN-WILSON: But between now and the next CAP meeting, we do have some proposed dates for the follow-up conference calls, and we can talk about those now. We propose a call on September 30th, Monday, September 30th.

MR. ENSMINGER: No. I won't be here; I'll be in New York.

MR. STALLARD: Next?

DR. RAGIN-WILSON: Okay.

MR. STALLARD: Okay, so next CAP call is what we're looking for, so 30 September is not good for you?

MR. ENSMINGER: I'll be in --

DR. RAGIN-WILSON: Well, we have the October 21st.

MR. STALLARD: October 21st.

DR. RAGIN-WILSON: November 18th.

MR. STALLARD: November 18th.

DR. RAGIN-WILSON: December 16th.

MR. STALLARD: December 16th.

DR. RAGIN-WILSON: And these are all on Monday as before, from 12:00 to 1:30.

MR. ENSMINGER: Right now those other dates look fine.

MR. STALLARD: All right, so we are gonna go with this one for now.

DR. RAGIN-WILSON: So the September 30th is --

MR. STALLARD: Well, I mean, that's the date that you have. I guess Jerry, Jerry is unavailable and, you know, I guess, what's the agenda for that one and when are we going to have the public health assessment working group meeting that you mentioned also.

MR. PARTAIN: One thing about these phone calls, Angela, and I realize this is y'all's job but I do have another job and I spend my vacation time coming here, using my vacation time to travel here to be here for these meetings, and it's taxing on me to take time at work to make these calls. So the length of the calls and Mondays, too, are -- it's hard. So keep that in consideration. And Jerry's got the fortune of being retired and the government's paying him to fight the Marine Corps but, you know, I still have to earn a living and plus I'm in school now too, so my already limited time is more limited.

DR. RAGIN-WILSON: I think that we expressed that by email and we can talk about time that is more appropriate and days of the week that's more appropriate for the entire crew.

MS. BLAKELY: I'm sorry, did you say that the government is paying Jerry to fight the Marine Corps?

MR. PARTAIN: Mary, as he's on retirement, okay? It was a little side joke --

MS. BLAKELY: Okay, I understand.

MR. PARTAIN: -- so you don't need to comment on it, thank you.

MS. BLAKELY: I'm sorry, I'm sorry. You know, I have a disability.

MR. STALLARD: Okay. But from my understanding, have we not already identified several agenda items for the next CAP call during our meeting this morning?

MR. ENSMINGER: If you're gonna go ahead with that 30 September call, I can't be on that. I want to be there for that call.

DR. RAGIN-WILSON: Well, we can -- yeah, I can offer a different date. I mean, that's fine; it doesn't have to be on the 30th.

MR. STALLARD: Could it be the 31st?

MR. ENSMINGER: No, there's no 31st.

DR. RAGIN-WILSON: We just normally had them on

Monday so we wanted to keep them on the third Monday of the month. We can certainly change it to earlier or maybe 1st of October?

MR. ENSMINGER: First of October would be --

MS. RUCKART: What about the 23rd, the Monday before?

DR. RAGIN-WILSON: What about the 23rd?

MR. ENSMINGER: Twenty-third of?

DR. RAGIN-WILSON: October -- September.

MR. ENSMINGER: Yeah, that's fine.

MS. RUCKART: It's like two weeks. It's two weeks from now though.

MS. BLAKELY: Well, what will we have by then?

MS. RUCKART: How about the 27th? The Friday before that Monday maybe?

MR. ENSMINGER: Yeah, I can do that.

MR. STALLARD: Frank, does that impact you at all?

DR. BOVE: No.

MR. STALLARD: Any time's fine?

MR. PARTAIN: Close to lunch time I just take my lunch and listen on the phone call and eat lunch.

DR. RAGIN-WILSON: We can do that. Do you prefer the lunch time calls?

MR. PARTAIN: Yeah, lunch time.

MR. ENSMINGER: When's your lunch time?

MR. PARTAIN: I can take lunch between 11:00 and 1:00.

MR. STALLARD: That doesn't mean he gets two hours.

MR. PARTAIN: I get 30 minutes for lunch and I can stretch it out to 45.

MR. STALLARD: Okay. Okay, so we're going to with September 27th, that's Friday, and we're shooting for 11:45 to 1:00 time frame, correct? That work?

MS. BLAKELY: 11:45?

MR. STALLARD: Or 11:30, whatever. We'll send that information. You're available as of 11:30, right?

MR. PARTAIN: Yeah, 11:30 to 1:00.

MR. STALLARD: All right, that takes care of planning the next CAP conference call meeting. We have January, third week, for the next in-person.

MR. ENSMINGER: Let's go with that.

MR. PARTAIN: What's -- when is the anticipated -- what do y'all -- when do y'all think the, you know, the case control study's gonna be released? That's been pending for six months now?

DR. RAGIN-WILSON: That should be released in time for the next CAP meeting. That's why we

propose --

MR. PARTAIN: All right.

DR. RAGIN-WILSON: -- the January time date.

MR. PARTAIN: All right. On the eve of the CAP meeting or November and two months later CAP meeting or what?

DR. RAGIN-WILSON: It should be much sooner than that.

MR. PARTAIN: Huh?

DR. RAGIN-WILSON: It will be much sooner than that.

MR. PARTAIN: Sooner as in like?

MR. ENSMINGER: How do you know?

DR. RAGIN-WILSON: It's up to the journal. It's really up to the journal but we're safe to say that it will be before the next CAP meeting.

MR. ENSMINGER: You're speaking real positively here. I mean, you must know something.

MR. STALLARD: It's called eternal optimism.

DR. RAGIN-WILSON: That's what it's called.

MR. STALLARD: Anything else? Issues, concerns? We've got the meeting scheduled, that's tremendous progress from previous meetings.

MR. TOWNSEND: Mr. Moderator?

MR. STALLARD: Yes, Mr. Townsend, this is

Christopher.

MR. TOWNSEND: How are you today?

MR. STALLARD: I'm fabulous; how about you?

MR. TOWNSEND: Would you ask the -- one of the presenters if neuropathy is on the list of possible conditions?

MR. STALLARD: Peripheral neuropathy, if it is or if it can be on the list of conditions that Perri would have. It currently is not.

MR. TOWNSEND: Okay.

MR. STALLARD: And there might be sound scientific reasoning for that.

MR. TOWNSEND: I doubt that. Okay. I'm still pursuing it so let's move forward.

MR. STALLARD: All right, thank you. So anything else, Tom? It looks like we're about to wrap up, if you or Dr. Walters, if she's on the line, or Sandra have nothing to offer in terms of concerns not previously expressed today.

MR. TOWNSEND: (Unintelligible).

MR. STALLARD: All right. Thank you so much on the phone. Mike, you good? Yes?

DR. FORRESTER: We promised some documents to some folks and they're being copied as we speak, but if they're leaving, I just -- I'll need to get -- to

make sure that they're fine with it.

MR. STALLARD: Yeah, for those of you who are waiting on documents to be reproduced, we're waiting for them. They'll be hot off the press so even if we adjourn early, I ask that you remain here so that you can take those documents with you. If you cannot stay for that, please leave your name with Tina and appropriate contact information so that we can send it to you.

MR. TOWNSEND: Hey, Christopher?

MR. STALLARD: Yes, sir?

MR. TOWNSEND: I'd like -- I'd like the documents sent to me, please.

MR. STALLARD: Okay.

DR. FORRESTER: I got him already.

MR. STALLARD: We have -- in fact we already have one with your name on it here.

MR. ENSMINGER: I'd like to make a proposal. I mean, we know that Tom is on the phone for every CAP meeting. And he never comes in person to these meetings; he never has since the CAP started. You know in advance what handouts you're gonna have prepared for these meetings; give them to him before the meeting so he has them while we're going over this stuff.

MR. STALLARD: Good point. Thank you, Jerry.

MR. TOWNSEND: Good point. Thanks.

MR. STALLARD: Yeah, that's what a team does, support each other here. All right. Well, if there are no other thoughts, concerns, issues, we are adjourned. Safe travels. Make sure you pass in your vouchers. So thank you all. We are officially concluding right now.

(Whereupon, the meeting was adjourned, 2:02 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 Sept. 6, 2013; 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 12th day of Oct., 2013.

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STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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