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Camp Lejeune Community Assistance
Panel (CAP) Meeting

June 12, 2014

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MR. BRUBAKER: Well, good morning and welcome. Like to call to order this meeting of the Camp Lejeune CAP and turn it over to Dr. Ikeda for some welcoming comments.

DR. IKEDA: So good morning, everyone.

MR. ENSMINGER: Morning.

DR. IKEDA: Thank you. Welcome to Atlanta and welcome to the CAP meeting. We're delighted you're here. As always we really appreciate your willingness to spend time with us and to share your thoughts.

I know we'll go around and do introductions in just a moment but I specifically wanted to extend a warm welcome to our new CAP member, Christopher Orris, and also Melissa Forrest, who's here representing the Navy and Marine Corps Public Health Center. So thank you, both of you, for joining us today.

I just wanted to point out, and I think we'll do a little bit more of this later, too, a couple changes in the agenda. So first of all, Matt Brubaker, who is -- was introduced at our last CAP
meeting, who is the Chief Operating Officer of FMG Leading, is serving as our facilitator today. Chris Stallard was not able to join us; that was a relatively last-minute event. And then I also wanted to mention that Dr. Vik Kapil, who is our NCEH-ATSDR Associate Director for Science and Chief Medical Officer, who really has been leading the planning for the upcoming cancer incidence study discussion with the expert panel, his mother passed away yesterday morning so he's also not able to join us today. But we will provide you an update, and Angela and Sheila are going to take the lead on that. So just wanted to point out those two relatively last-minute changes to the agenda.

But again, just thank you very much for your willingness to be here. We really appreciate your input and thoughts, and I'll turn it back over to Matt.

MR. BRUBAKER: Thank you. As Robin mentioned, my name is Matt Brubaker. I had a chance to meet most of you in the last meeting, and I had a chance to catch up with Chris last evening. He sends his regrets and assures us he'll be back next time. And handed off to me, most of the process details I believe I'll need in order to help the meeting move
forward constructively, but if I'm missing something, don't hesitate to wave your hands furiously to get my attention.

If you would, please, as we begin, we'll go around, state your name and your role, both for my benefit, to remind me of who you are, and also for those who are observing through our live podcast.

**MR. KEVIN WILKINS:** Kevin Wilkins, Camp -- Marine Corps veteran, Camp Lejeune victim.

(microphone issues)

**MR. KEVIN WILKINS:** Kevin Wilkins, Marine Corps veteran, Camp Lejeune victim.

**MS. FRESHWATER:** Lori Freshwater, former Camp Lejeune resident, CAP member.

**MR. FLOHR:** Brad Flohr, Veterans' Benefits Administration.

**MS. FORREST:** Melissa Forrest, the Navy/Marine Corps Public Health Center.

**MS. RUCKART:** Perri Ruckart, ATSDR Health Studies.

**DR. BOVE:** Frank Bove, ATSDR Health Studies.

**DR. RAGIN-WILSON:** Angela Ragin-Wilson, ATSDR.

**DR. JIMMY STEPHENS:** Jimmy Stephens, Acting Deputy Director of NCEH-ATSDR.

**DR. IKEDA:** I'm Robin Ikeda, Acting Director
for NCEH-ATSDR.

**DR. FORRESTER:** Hi, I'm Tina Forrester, Acting Director of the Division of Community Health Investigations.

**DR. GILLIG:** Rick Gillig, ATSDR.

**MR. ORRIS:** Christopher Orris, born in Camp Lejeune, CAP member.

**MR. ENSMINGER:** Gee, I'm Jerry Ensminger, should I say acting? Everybody else is.

**UNIDENTIFIED:** Acting out.

**MR. ENSMINGER:** Acting out. I'm Jerry Ensminger, CAP member.

**MR. PARTAIN:** Mike Partain, CAP member.

**DR. CANTOR:** Ken Cantor, CAP member.

**DR. CLAPP:** Dick Clapp, CAP member.

**MR. BRUBAKER:** Thank you all. Just a couple of procedural reminders. As you speak during the meeting, please remember to turn on your microphone and state your name for those who are observing or listening in on the phone line. And when you're done remember to turn off the microphone and remind me if I forget to do so myself.

Second are several breaks built into our agenda. We'll break at 10:30 for a 15-minute refreshment break and again for lunch at noon.
And as I've been made aware, there have been a set of agreements or ground rules that you've come up with to help you govern the nature of the dialogue that you've held together over the past several years. I'm not aware of what those are, and I thought, as a way of beginning our time together, I would ask you to acquaint me with those. So if you wouldn't mind, tell me about how you've maintained structure in your dialogue, what the standard ground rules have been and how you've helped each other enforce those. Who can share a little bit of that with me? Jerry?

MR. ENSMINGER: No foul language. No personal attacks. I forget the rest. Oh, by the way, shut your cell phones off, the ringers.

MR. BRUBAKER: Thanks. Anything else substantive? Does that cover it?

UNIDENTIFIED: That covers it.

MR. BRUBAKER: Okay. Well, those are big categories. I think we can go forward with that. Thank you very much. Our first agenda item today is a set of action items and recaps from the previous CAP meeting. I'll turn it over to Angela.

ACTION ITEMS FROM THE PREVIOUS MEETING
DR. RAGIN-WILSON: Thank you, Matt. We have a few action items that resulted from the April 4th CAP meeting. And the first action item was for the Navy liaison, and again, we want to welcome Melissa Forrest. As you guys all know, Glenn Markwith retired in May, and Melissa has graciously stepped up to take his place. One of the action items from the past meeting for the Navy, the CAP requested, did the DOD redact any documents in the Navy UST portal that were provided to the Senate judiciary committee? The CAP was concerned about a press release written for the Hadnot Point fuel farm that appears to have never been released. The CAP would also like the name of the person who sent the documents to the committee.

MS. FORREST: This is Melissa Forrest from the Navy/Marine Corps Public Health Center. In the first part of the action item, the Camp Lejeune historic drinking water consolidated document repository was provided to the Senate Judiciary Committee on July 9, 2012. And on July 10, 2012, the Senate Judiciary Committee requested an additional 128 RCRA UST documents. These 128 UST documents were transferred un-redacted to the Senate Judiciary Committee on August 15, 2012.
And on the second part of the action item, the name of the person who sent the documents, as is consistent with all Congressional matters, the Office of Legislative Affairs, Headquarters Marine Corps handled the physical transfer of the documents.

MR. PARTAIN: Melissa, can I understand you to say that the Marine Corps provided the Judiciary Committee with the complete contents of the UST library un-redacted? Is that what --

MS. FORREST: The 128 UST documents.

MR. PARTAIN: Do you have the identifying numbers for those documents?

MS. FORREST: I don't have them.

MR. PARTAIN: Yeah, I'd like to --

MS. FORREST: If that's something that you need --

MR. PARTAIN: I would like to get those, please.

MS. FORREST: -- then that would have to be an additional action item.

MS. FORREST: And what was that that you need?

MR. PARTAIN: The identifying numbers from the library of the 128 documents.

MS. FORREST: You want the identifying numbers
for each of the 128 documents --

MR. PARTAIN: Yes.

MS. FORREST: -- transferred?

MR. PARTAIN: And whether or not they gave the complete library to the Judiciary Committee un-redacted.

MS. FORREST: So then the other question is was the 128 documents, did it represent the complete UST library?

MR. PARTAIN: No, it didn't, but I want to know what the call numbers were for those documents and whether the entire library was provided un-redacted to the committee.

MS. FORREST: Thank you.

MR. PARTAIN: Thank you.

DR. RAGIN-WILSON: Are there any other questions for Melissa? The next question -- action items for Kathy Harbin. The CAP requested that ATSDR leadership put together a press announcement to communicate the results of the recently published health studies. Is Kathy here? We'll come back to that action item.

The next action item, the CAP requested copies of the Division of Cancer Prevention and Controls presentation from the last CAP meeting. And I have
copies of those presentations here with me, if you want a copy.

The next action item is for Dr. Tina Forrester. The CAP would like to know if any of the vapor intrusion documents that the DOD provided to ATSDR are redacted. Tina, would you like to provide an update?

DR. GILLIG: Several of the documents that we’ve obtained from the Department of the Navy did have names, personal identifiers redacted.

MR. ENSMINGER: That shouldn’t matter.

DR. GILLIG: It doesn't impact our ability to look at the data and consolidate it and use it in our studies.

MR. PARTAIN: But beyond the personal names and identifiers, were there -- was there anything else redacted?

DR. GILLIG: No.

DR. RAGIN-WILSON: If there are no other questions, we'll move on. The next action item is also for Melissa and Tina Forrester and Rick Gillig. The CAP requested an index and copy of all documents on vapor intrusion that were provided to ATSDR by the DOD.

DR. GILLIG: This is Rick Gillig. We did
provide the index of documents that we had at that
time. I believe it was around May 9th.

**MS. FORREST:** This is Melissa Forrest from the
Navy/Marine Corps Public Health Center. I only had
the one action item in my list, so I don't have the
response to that. I'm going to have get that back
to you.

**DR. RAGIN-WILSON:** Sure, thank you.

**MS. FORREST:** I will get back with the Marine
Corps when I get back to the office.

**DR. RAGIN-WILSON:** The next action item is for
Rick Gillig and Tina Forrester. The CAP requested
ATSDR to schedule a working meeting to review the
vapor intrusion documents and the revised public
health assessment. And that meeting did take place
yesterday. I don't know if Tina or Rick want to
provide more information. I know you're going to do
an update later on today.

**DR. GILLIG:** We did have the meeting yesterday.
Later this morning on the agenda, we have a topic
that we will cover that basically summarizes
yesterday's meeting.

**DR. RAGIN-WILSON:** The next action item, the
CAP requested detailed information on how ATSDR
plans to brief the VA on results of the Camp Lejeune
studies. And we are planning to have a conference call with the VA to discuss that. I'm not sure if Robin, if you want to add...

**DR. IKEDA:** I don't have anything else.

**DR. RAGIN-WILSON:** So we should schedule that all with Dr. Terry Walters here in the near future.

The next action item, Jerry Ensminger requested that he be present during the cancer incidence study expert panel meetings. Dr. Ikeda?

**DR. IKEDA:** So we're certainly open to observation by any of the CAP members who might be interested in hearing the expert panel on the cancer incidence study. We're, as I mentioned before, we're working to assemble that panel. We would like to pose that question to panel members whether any of them have any objections to observers in the room or some other way, so that -- so it's still an outstanding question. But we at ATSDR are open to observers of that meeting.

**DR. RAGIN-WILSON:** We have one other action item for Steve Wilkins but I don't see him here at this moment. He did register for the meeting, so we can save it for later on when Steve arrives.

**MR. ENSMINGER:** First and foremost, I'd like to offer the CAP's condolences to Vik and his family.
We're sorry to hear that. And secondly, this goody layout over here is really nice. Didn't go unnoticed.

**MS. FRESHWATER:** I will second that.

**MR. ENSMINGER:** I told Jeff Byron we waited for him to get off the CAP to start those.

**MR. BRUBAKER:** Thanks, Angela. The next item on our agenda is an update from the VA relative to several items here listed: VA training, disability claims and the Janey Ensminger Act of 2012. We will go and see if Dr. Walters has joined us on the phone. Dr. Walters, are you with us? Good morning, Dr. Walters?

**MS. BRIDGES:** Sandy Bridges here. When I clicked on, there were three others, other than myself, I believe, that was on the phone line.

**MR. BRUBAKER:** Thank you.

**DR. IKEDA:** Maybe you could have Sandy Bridges introduce herself because there are some here...

**MR. BRUBAKER:** Sandy, if you would, while the mic is on you, if you could perhaps introduce yourself and any others who are on the call also.

**MS. BRIDGES:** Sandy Bridges, the CAP.

**MR. BRUBAKER:** Any others on the line?

**MS. BRIDGES:** Like I said, there were three
when I clicked on, three others. But I didn't hear anything from them.

MR. BRUBAKER: Okay.

BARBARA ROGERS: Barbara Rogers, the CDC, Washington.

MR. BRUBAKER: Thanks. Hi, Barbara.

DR. IKEDA: It was probably a third party.

MR. BRUBAKER: That's logical. Dr. Walters isn't actually scheduled to begin for another two or three minutes. Perhaps we'll wait for that time to elapse, then she can join us.

VA UPDATES

MR. ENSMINGER: All right. Let's move on.

DR. IKEDA: Start with Brad or...

MR. FLOHR: In the meantime, yeah, if she can't join us for whatever reason, I know some, some of what's going on in the VHA.

Well, for example I can tell you that the number of veterans who have contacted the health eligibility centers about Camp Lejeune treatment is 13,632. And the number of family members who have contacted VHA is 1,192. I do know the veterans have been treated for qualifying disabilities since the first day the law was passed. I also do know, and
Terry can fill you in a little more, but as I understand it, they drafted their regulations in the interim final for treating dependents of veterans. That means that when we go final, that the public would have an opportunity to provide comments, and then we could address them after the comments were received. But in the meantime, the regs would be published and we can start providing treatment.

It's my understanding, OMB rejected that and they wanted to be a typical regulation where you publish the proposed rule in the Federal Register, full notice and comment. Then when you get the comments, then you go back and redraft the rule. And that's the last I heard about that. That's unfortunate but OMB is very tight in these kinds of things, especially with the new programs.

As far as benefits, we are still, of course, we're working claims in Louisville. Currently as of through the end of May there were 4,541 claims that are pending, have not been worked yet. There have been over 5800, 5864, exactly, claims that have been decided. And the grant rate for the conditions of interest, cancers, things like that, has been pretty good, I think anyway, based on what we have. Liver cancer, 22 percent; male breast cancer, 27 percent;
female breast cancer, 79 percent; bladder cancer, 34 percent; and leukemias and lymphomas, 36 percent; 30 percent for kidney cancer. But the majority of issues still fall into the huge box of what we call miscellaneous conditions, hearing loss, things like that, arthritis, things which really don't have any relationship to the toxins in the water. That's like over 9,000 issues, just of those. So that's very little grant rate for those.

MR. PARTAIN: Brad.

MR. FLOHR: Yeah.

MR. PARTAIN: The disparity between male breast cancer and female breast cancer being granted, it seems kind of high, 27 to 79 percent?

MR. FLOHR: I cannot explain.

MR. PARTAIN: Okay. You have the number of how many male breast cancers and the number of how many female?

MR. FLOHR: Yeah. There was 40 -- 52 claims for male breast cancer.

MR. ENSMINGER: Just 52?

MR. FLOHR: That these have been decided. There may be more of them pending.

MR. PARTAIN: And female?

MR. FLOHR: Female has been 52.
MR. PARTAIN: Fifty-two even?

MR. FLOHR: Same number -- yeah.

MR. PARTAIN: Something sounds kind of weird on that. Can you run back and check on it and let us know?

MR. FLOHR: Yeah.

MR. PARTAIN: Okay.

MR. FLOHR: See what I can find out.

MR. PARTAIN: Thank you. I appreciate that.

MR. FLOHR: Okay. Any other questions? Okay, thanks.

MR. BRUBAKER: Dr. Walters, have you joined? I don't believe she has. Any further questions or dialogue for Brad before we move onto the next item in the agenda?

MS. FRESHWATER: I just want to say that I'm working on getting some updated numbers with Brad. And he's -- and we're continuing to do that; I've had some people asked me to do that for them. And I want to just let you know if I'm not in touch with (overhead announcement) individually, that Brad and I are working on those numbers.

MR. PARTAIN: And Brad, that 13,000 number, that's the totality of claims since beginning of the Bill, right?
MR. FLOHR: For the healthcare?
MR. PARTAIN: Yeah.
MR. FLOHR: Yes.
MR. PARTAIN: Okay.
MR. BRUBAKER: No further questions? A little ahead of schedule, then we'll move on to the next item on the agenda which is updates on health studies. Perri?

UPDATES ON HEALTH STUDIES

MS. RUCKART: Good morning. Just a few quick updates here. On the adverse pregnancy outcome study, that study is being reviewed by CDC. And it's been cleared by ATSDR.

The civilian mortality study manuscript was cleared and submitted to the Journal of Environmental Health on June 2\textsuperscript{nd}. That's the same journal that the two recent studies were published in. So it was just submitted so this is currently under their review process, and we'll hear probably in two or three months. It may be a little longer in the summer.

And Eddie's going to give an update on the male breast cancer -- or the health survey.

MR. ENSMINGER: Where did you say the infant
study is?

MS. RUCKART: It's being reviewed by CDC Office of Science.

MR. ENSMINGER: That thing was a correction. That report was issued years ago. It's just nothing more than an update with the new information from the water model. Where is it?

MR. PARTAIN: Or who has it?

DR. JIMMY STEPHENS: So the authors have the most recent comments, and I've been working with the authors to make sure that we can address those as quickly as possible. I'm actually hopeful we'll have something soon.

MR. ENSMINGER: All right.

MR. PARTAIN: Could you provide us an update when you -- when soon comes?

DR. JIMMY STEPHENS: Sure.

MR. PARTAIN: Okay.

DR. JIMMY STEPHENS: Yeah. I think as soon as this gets submitted to the Journal, and also say I know there was a lot of concern last time in terms of the amount of time it was taking to go through clearance. We've done several things to try to improve that. Obviously there are only -- you know, there are some things that are directly under our
control and some things that aren't. But one of the things that I'm trying to do is stay personally engaged on all of these documents to make sure that they're not getting stuck some place that we're identifying what the path forward is. So I think it's going better. I mean, there's still -- you know, there's still always a lot of comments to work through in publications but I'm feeling optimistic.

MR. ENSMINGER: And are you Dr. Stephens?

DR. JIMMY STEPHENS: Yes. Or Jimmy. Jimmy would be preferable.

MR. ENSMINGER: What's your definition of soon?

DR. JIMMY STEPHENS: On this study?

MR. ENSMINGER: Yeah.

DR. JIMMY STEPHENS: I don't know but I mean, I think my assessment of where we are in terms of addressing the comments is I don't see any reason that the comments can't be addressed. I don't know -- I just spoke with the authors this morning. It sounds like I think we're -- so I --

MR. ENSMINGER: Yeah.

MR. BRUBAKER: Okay, thank you.

MR. FLOHR: Perri, did you say the health survey study had been completed?

MS. RUCKART: No. The civilian mortality
study. The mortality study was in two pieces. We had active duty; that got published earlier this year, and then the civilian mortality study has cleared our review process and been submitted to the same journal as the two previously published papers. And I just wanted to update about the health survey.

So we're in the final stages of cleaning and editing the data and getting ready to analyze it. So that'll happen probably next few months. Our priority's going to be the male breast cancer, but they're both basically getting ready to be analyzed. So I think we're on track there. And I'll turn it over to Eddie.

**MR. SHANLEY:** Thank you. My name is Eddie Shanley, and I'm working on the male breast cancer study. So as Perri mentioned we completed the data entry from the information obtained from the military personnel records. And we're using this information to determine the dates and locations -- residential locations for the study participants who were stationed at Camp Lejeune. The study size remains 434 participants. Seventy-one of those are cases, and we have 363 controls. Right now we're currently trying to look at and determine where some of the units were located on base. These were for
some of the older units. And so we'll hopefully be fleshing that out here in the next couple of weeks and so forth. And right now the study remains on the current timeline. That's all I have. Do you have any questions?

Mr. Ensminger: Did you say there were 71 actual male breast cancer?

Mr. Shanley: Cases, correct. In the study.

Mr. Partain: Three hundred and --

Mr. Shanley: 363 controls.

Mr. Partain: And what do the control purpose?

How are you determining or basing them?

Mr. Shanley: So the controls were selected from the VA's cancer registry. We selected controls for cancers that were not related to VOC exposure. And I think we originally had over slightly 400. Then we went to the National Archives open military personnel records and were able to pull information for 363 of those cases.

Mr. Partain: Any particular cancers you were looking at? I know we had talked about it before but...

Mr. Shanley: I have the list but I don't have it in front of me. There was --

Ms. Ruckart: Right, bone cancer and
(indiscernible) cell.

**MR. ENSMINGER:** Now, these controls, were these also people that were at Camp Lejeune or were these people from Camp Pendleton, that had never been on Lejeune?

**MR. SHANLEY:** They were not selected based on where they were located; they were selected based on the type of cancer. So that's -- so what we're doing now is looking to see whether or not they were stationed at Camp Lejeune and for how long.

**MS. RUCKART:** Let me add something. It's a blinded process. So what happened was Eddie and his team entered all of this data about the units and the time frame, and then Frank and I are taking the approach of assigning where they are on base. We have no idea if they're a male breast cancer case or what their cancer is. All we see is some kind of demographic information about them. So we're treating everybody the same and trying to figure out where they were regardless of what's their health outcome.

**DR. BOVE:** Just to be clear, these were all Marines, doesn’t matter what base. They had to be Marines, okay.

**MR. ENSMINGER:** Well, they could be Navy too.
DR. BOVE: No, no. We didn't select any Navy because it was too difficult to do that. We selected just Marines -- and male breast cancers that were Marines, and then a sample of the cancers that we didn't consider to be related to solvents, among Marines, as controls.

MS. RUCKART: One thing I do want to add is some of the cases and controls were at Lejeune in the 40s. So it spans from the 40s up through the 80s and even after contamination ended.

MR. ENSMINGER: Oh.

MR. BRUBAKER: Any further discussion or questions? Okay. Hearing none, we're significantly ahead of schedule this morning. Would there be an objection if we moved past the break, took it later and began with an update on the cancer incidence study?

MR. ENSMINGER: I think we need to take a break 'cause everybody's been drinking coffee, and my teeth are singing Anchors Away.

MR. BRUBAKER: Fair enough, that's why I asked. Let's go ahead and take a break. It's quarter 'til 10, let's reconvene at 10:00 a.m.

(Meeting in recess from 9:45 to 10:03 a.m.)

MR. BRUBAKER: We're going to go ahead and re-
journ. Before we go to the cancer incidence study update, there was one recap item from the last meeting. Kathy's now here and is able to speak to it.

DR. KATHY HARBIN: This is Kathy Harbin, Acting Associate Director -- Kathy Harbin, Acting Associate Director for the National Center for Environmental Health and ATSDR. There was a request in the last CAP that we engage more on promoting the health studies to media. Sheila and I had a conversation with Lori Freshwater, and we are looking at a number of ways, including press releases for announcements when additional studies are ready to go rather than going back and putting out a press release for a study that's already out there and has been covered by the media. And we talked about things along the lines of e-newsletters, targeted promotion to the Camp Lejeune community more broadly, and we will continue those conversations. I'm glad to answer any questions about that.

MR. PARTAIN: Kathy you said?

DR. KATHY HARBIN: Yes.

MR. PARTAIN: Okay. As part of -- at the last CAP meeting I was asking about some of the academic activities relating to these studies and such,
whether the authors of the report on water modeling had been invited to speak or participate in any academic conferences and stuff. Has that occurred or is that a problem with ATSDR for them to do that?

DR. KATHY HARBIN: Say that one more time.

MR. PARTAIN: Academic conferences and meetings, you know, where the part of academia you spread out the knowledge by taking your work to conferences for, you know, your professional development, what have you, and subject matter, conferences for epidemiologists or engineers, what have you. Has anybody, as far as the authors of the studies and the water model, have they been invited to conferences recently or...

DR. RAGIN-WILSON: I'll answer that. Frank and Perri will be speaking at a conference in Cincinnati. The abstract was approved and they both will be speaking at the conference in Cincinnati.

MR. PARTAIN: Okay, and what conference is this?

DR. CLAPP: It's the International Society for Exposure Sciences.

MR. PARTAIN: And what -- so as far as, you know, conferences within abstracts, whatever, what is the approval -- sorry, approval process for that?
DR. KATHY HARBIN: I think I'll let the Office of Science speak to that in terms of clearance of abstracts and studies for oral presentation.

DR. JIMMY STEPHENS: Yeah, I don't know exactly what the -- what the clearance matrix is but I mean, the abstracts would just go through the normal clearance process for Frank's presentation.

MR. PARTAIN: And who's responsible for the ultimate clearance?

DR. JIMMY STEPHENS: That would be -- we would clear that at the Center.

MR. PARTAIN: So through you or through Bill?

DR. JIMMY STEPHENS: Yeah, it would go through the Office of Science.

MR. PARTAIN: Okay. Well, I do know that there is a conference coming up next year in Washington for the American Society for Environmental Historians. And I'm going to be presenting a paper to that conference, and working with Dr. Fredrick Davis at Florida State University to put together a panel. And I believe we're going to -- Dr. Davis is going to -- or would like to have the authors of the water model and the epidemiological studies as part of the conference.

The purpose of the conference is looking to
putting basically environmental issues and activities such as public health into policy, which is exactly what we're doing here at ATSDR with the community and the studies here at Camp Lejeune. So it'd be a great fit, I think, and it'd be a great way for -- you know, to get the authors of the studies for Camp Lejeune to discuss their work and get that out in academia. So I mean, is that something that you all think would be of interest to ATSDR?

DR. JIMMY STEPHENS: I'd probably defer to the division on it but I can't imagine having any issues with it.

DR. IKEDA: I was just going to say that, in general, you know, we support sharing our work as broadly as possible, and it's the same here that, for professional development, we encourage our authors and scientists to present to conferences and to share their work in the academic environment. I think sometimes the sticking point for us is travel that's associated with any conferences and trying to find money for travel, but in general, we support sharing our scientific work as broadly as possible.

MR. PARTAIN: And this would be an interdisciplinary activity between, you know,
history and science, which, I know with the field of history, it's something that is becoming more prevalent, trying to understand the world around us. And to have scientists who are actually looking in sites such as Camp Lejeune, building the frame for people who are trying to understand why these things happen, I think it's a critical point, as is, like I said, it's the point of the conference. But I'll get more information to y'all. Thanks.

MS. FRESHWATER: I just wanted to thank you for the conversation, you and Sheila. It was a really great conversation and I just want to reaffirm my commitment, let me know what you need to get out the word that we're doing important work here together.

MR. BRUBAKER: Thank you. We'll now move to the cancer incidence study update.

MR. PARTAIN: One last thing. I'm sorry to interrupt here.

MR. BRUBAKER: Sure.

MR. PARTAIN: During the break I had asked Brad, and I had something I forgot to bring up during our discussion with the VA. Like to see about the possibility of getting a handler, and I'm sure of the title -- Brad, if you could help me out there -- but somebody from the Louisville office to
come with you guys to the next meeting, to kind of
describe to us or explain to us more what they're
looking at and, you know, how that process works in
Louisville. We get a lot of questions from
veterans.

MR. FLOHR: So you're talking about the actual
decision-maker that, after all the evidence is
gathered, including medical opinions, --

MR. PARTAIN: Yeah, yeah.

MR. FLOHR: -- the person who makes the
decision?

MR. PARTAIN: The person on the ground making
the decisions.

MR. FLOHR: I'll take that back home and check
on that.

MR. PARTAIN: Okay. Appreciate it, Brad.

DR. RAGIN-WILSON: Should we check on Terry
before we start?

MR. PARTAIN: I think that dinner is still
affecting -- everybody's really quiet today.

(telephone connection announcements)

MR. BRUBAKER: Good morning. Dr. Walters, are
you on the line? Doesn't appear that she's with us.
We'll move to the cancer incidence study update.
CANCER INCIDENCE STUDY UPDATE

DR. RAGIN-WILSON: As Dr. Ikeda mentioned earlier, Dr. Kapil could not be with us today. He had a family emergency. So I'll provide our progress today on the cancer incidence study.

As you all know from the last CAP meeting, we have a similar panel of technical experts to help and advise us on how best to conduct the cancer incidence study at Camp Lejeune. Frank, Perri, Dr. Kapil and Sheila and I sat down and developed a list of about ten scientists that we thought would be great to serve on the expert panel to help us through this process.

We sent out invitation letters to the scientists in May, and to-date we have received letters of acceptance from eight of the ten potential panel members. And I will let you know who they are. Dr. Cantor and Dr. Clapp, who are technical experts on the CAP, have graciously agreed to serve on the expert panel. Jeanine Buchanich, she's at the University of Pittsburgh School of Public Health. Elizabeth Delzell, she's from the University of Alabama, Birmingham.

MR. ENSMINGER: Delzell?

DR. RAGIN-WILSON: Delzell, D-e-l-z-e-l-l.
I'll provide the list to you. Also Dana Flanders from Emory School of Public Health. Elizabeth Ward, she's participating as an individual and not representing the American Cancer Society. Debbie Winn is Deputy Director of the National Cancer Institute, and Heather Young from George Washington University School of Public Health.

We're still in the planning phases but we do plan to hold two 2-day expert panel meetings by the end of 2014. The first expert panel meeting has been scheduled, and it will be held July 29th through 30th here in Atlanta, Georgia.

The second expert panel meeting, we plan to have in September, but of course that's depending on the availability of expert panel members. And I do want to mention, as Dr. Ikeda said, that ATSDR is supportive of the CAP observing the expert panel meeting but it's something that we will discuss with the expert panel. I or Dr. Kapil will reach out to them next week with -- for that discussion.

**MS. FRESHWATER:** Can you give me those July dates again, please?

**DR. RAGIN-WILSON:** Sure. July 29th.

**MR. ENSMINGER:** And 30th.

**DR. RAGIN-WILSON:** And 30th.
MS. FRESHWATER: Thank you.

DR. IKEDA: Just a question, Angela. So are you going to reach out to additional members, potential members too?

DR. RAGIN-WILSON: We're waiting for the last two technical experts to confirm. If not, we may have to replace them with two others, 'cause we want to keep the panel number at ten.

DR. IKEDA: And maybe you could mention for the group what organizational units those two additional members would represent.

DR. RAGIN-WILSON: We're looking for a representative from the VA and from the Navy.

DR. CANTOR: I have a question. You're scheduling two meetings, and I was wondering what the thinking was in terms of the general outline for the agenda for the first meeting, then for the second meeting, what justifications for having done it that way.

DR. RAGIN-WILSON: We have developed a draft agenda for the first meeting, and we wanted to acclimate the panel to all of the studies we've conducted in Camp Lejeune, talk about the history of Camp Lejeune, have the authors present their work on the health studies, also have the work presented on
the water modeling. We're not really sure if all the expert panel members are aware of our work at Camp Lejeune, so we wanted to spend the first day getting everybody up to speed on what has been done.

And then the second day, we will develop a charge to the panel and have a few key questions that we would like the panel to address. And the charge is something that Frank and Perri, Dr. Kapil and I are actually working on developing.

DR. CANTOR: And then there's the second set of meetings in September that you mentioned.

DR. RAGIN-WILSON: The second set of meetings in September, at that time we are hoping that some decisions could be made or sort of draft guidance for us, for the second meeting, that we can discuss with the panel.

DR. CANTOR: So is the idea between those two meetings to have a draft protocol put together and for a review and revision, perhaps, of that second draft protocol?

DR. RAGIN-WILSON: That's what we would like. We also plan to schedule conference calls between the first and second panel meetings for questions from the panel for the SMEs. So that's what we hope by the end of the second panel meeting we would have
a draft guidance and recommendations on how to move forward.

MR. ENSMINGER: Rather than locking the second meeting in stone, you could -- when you hold the first meeting, you can solicit to the panel members what would be the best date for them, like we do with the CAP, and get an agreement before they leave after -- before they leave the first meeting on the date that you -- where everybody can agree on.

DR. RAGIN-WILSON: That's a great idea. Thank you.

MR. ENSMINGER: That'll save you a lot of back and forth in phone calls and emails.

MR. BRUBAKER: Any further discussion or questions? Hearing none, we'll now move to an update on the public health assessment activities, and included in that, a summary of yesterday's meeting, but before we do so, Morris asked to provide a clarification to a point made at that meeting.

MR. MASLIA: I just wanted to clarify something. We had a discussion yesterday back and forth about benzene contamination in water supply wells, specifically wells 602 and 603 and also 645, which is in the Holcomb Boulevard area. What I
basically said was correct -- okay. But I wanted to make sure I get it correct from the report as to what we did. So first, we have the data. Any benzene data is in Chapter A report. That includes wells six -- HB-645, which is in the Holcomb Boulevard area, as well as wells 602, 603. In fact well 605 is listed under a potential source for contamination.

MR. ENSMINGER: Where was that?

MR. MASLIA: It's in one of the tables here.

MR. ENSMINGER: Where was it located?

MR. MASLIA: 645 is the Holcomb Boulevard --

MR. ENSMINGER: No, 605.

MR. MASLIA: 645.

MR. ENSMINGER: Oh, I thought you said 605.

MR. MASLIA: Six -- no, no, 645, 645. So table A-5, it lists a measure of contamination, and doing any kind of modeling, you always start out with what you think are potential sources based on the data. So from the data aspect we represent anything that we've found.

From the modeling standpoint it gets much more difficult. And when well 602 was shut down, 603 was still pumping. The model simulated very high levels, in the hundreds of parts per billion. But
the drinking water concentration, when 603 was still
pumping up through 1996, was below the MCL. I
wanted to clarify that, two to three micrograms per
liter, because of the mixing at the water treatment
plant. And that's just an artifact of inaccuracies
in modeling, where you don't have very local
hydraulic characteristics, some wells simulate high,
some low, and we discussed that when we presented
the data as well as the discussion session on
limitations of the model.

MR. ENSMINGER: Well, it showed up high as heck
in November and December of '85.

MR. MASLIA: We have that data. We have the
data, and again, why at certain points it was
measuring as non-detect, I can't tell you, but I
just wanted to clarify at that point that the data
artifact in the report that's mentioned, the
simulation is, again, our best attempts to represent
the real world, and we do provide some discussion as
to what factors it affect -- why some simulated high
or low.

MR. ENSMINGER: Well, the actual analytical
results for Tarawa Terrace didn't start showing
benzene in the samples -- in the analytical results
until they started the water transfer from Holcomb
Boulevard. So that tells me that 645 was being used in that water transfer.

UPDATE ON PUBLIC HEALTH ASSESSMENT ACTIVITIES

DR. GILLIG: Okay, as Matt indicated -- oh, sorry, this is Rick Gillig. As Matt indicated, yesterday we had a working meeting for most of the day. Most of the members of the CAP were present. In my presentation this morning, I'll hit the topics that we covered in yesterday's meeting, and I'll talk about some of the follow-up items to those topics.

I understand the transcripts from yesterday's meeting will be posted on ATSDR's website, and Morris, I would ask that you review the transcripts and make sure that it accurately reflects the information on your discussion yesterday.

So the first topic we covered yesterday was we did a -- we had a discussion and demonstration of the various data sources being used for the soil vapor intrusion project. The follow-up items we had on that project were that ATSDR will continue to keep the CAP updated on all of our health assessment activities, pay closer attention to our data discovery and retrieval project activities. Again,
those updates will be provided on the monthly
ATSDR/CAP phone calls. The CAP provided us with
15,496 electronic files. We're going through those
files, and that'll be added to all the other files
we've obtained for this project. The CAP asked that
we provide an index of 439 documents that were added
to the UST portal since the last date of the water
modeling project request, and we are going to work
on that. ATSDR will check on whether or not there
is a data source on the base's laboratory quality
control results. We are not aware of a database on
that but we will check with our contacts on base.
ATSDR will get clarification on whether the Camp
Lejeune fire department files from more than three
years ago are available, and if those files are
available, we will review those files and add those
to all of our documents. The CAP asked whether we
could get an index of all the data sources for which
an index is not available. We will refer that to
our contacts with the military, and I believe
Melissa has that down as a follow-up item. And
let's see, the CAP -- yesterday there was discussion
on whether or not a relational database could be
built, and we -- again, we had a lot of discussion
but I'm not sure we ever finalized the language on
that. And the CAP will develop language for requesting the development of a relational database for the Camp Lejeune data sources, so Jerry, that's another follow-up item that I recommend the CAP work on.

**MR. ENSMINGER:** Thank you.

**DR. GILLIG:** You’re welcome. Another topic covered yesterday was we had an overview of the soil vapor intrusion evaluation process that ATSDR uses. We followed that up with a discussion on the process that we are proposing to use at Camp Lejeune. The follow-up items for that is that it was mentioned that ATSDR's assessment of exposures needs to include cumulative exposures, so we agreed with that and we will follow up on that.

The CAP provided, in that 15,496 electronic files, I believe there were some files on documents related to vapor intrusion at a residence in Camp Lejeune, so we will, again, review that with all the other files we received yesterday. And ATSDR will look for information on water complaints so that we can analyze that from a temporal and spatial aspects.

And our last topic of discussion yesterday was a discussion of the drinking water evaluation, and
the follow-up item on that was that ATSDR will
double-check on the exposure parameters to account
for workers in dining halls, laundry facilities and
Marines in training as well as recreational use of
the water.

MR. ENSMINGER: Again, you might want to add in
there medical personnel.

DR. GILLIG: Okay.

MR. ENSMINGER: Hopefully doctors were
scrubbing before they go in and poke -- after they
get done poking in you before they go into the next
person, they wash their hands. So they're
continuously washing and scrubbing, especially
surgeons and, you know, OB-GYN.

MS. FRESHWATER: And you're going to include
family members in the recreational use of the water,
right? That's not just Marines?

DR. GILLIG: Yes.

MS. FRESHWATER: Okay, thank you.

DR. GILLIG: And was there anything else that I
missed?

MS. FRESHWATER: I don't think it's something
you missed but I just want to keep on the front
burner, I would like information on the school --
current school in Tarawa Terrace. I would like that
to be a priority because I would like to know that those kids are safe that are there now.

**DR. GILLIG:** And that certainly is a concern for us as well.

**MS. FRESHWATER:** Okay. Thank you.

**MR. BRUBAKER:** Are there additional questions or comments on that update?

**MR. ENSMINGER:** I got some new business.

**MR. BRUBAKER:** Perfect timing. We are significantly ahead of schedule and the next agenda item is CAP updates and concerns. Turn it to you, Jerry.

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**CAP UPDATES AND CONCERNS**

**MR. ENSMINGER:** As we know, we lost a new member before he became a new member, Andrew. I sent an email in about Tim Templeton, and I want to forward his name as a replacement for Andrew, I can't say his last name. I wouldn't begin to mess it up. But Tim Templeton is very interested. He is very motivated and he'd be good. He'd make a good CAP member.

**MS. FRESHWATER:** I've worked with Tim -- sorry. I worked with Tim quite a bit, so I just want to second that. I really believe he would be a very
good member of the team. He has a lot of knowledge and has kind of an encyclopedic brain, as far as the facts at hand, and he's also a good temperament and a really nice guy. So I would like to see him be able to join the CAP as soon as possible.

**DR. RAGIN-WILSON:** Thank you, Jerry and Lori, for the nomination.

**MR. ENSMINGER:** We have a community member here. I think he should be given an opportunity to say whatever if he has anything to say? Jeff? You gotta stand over here.

**MR. BYRON:** Well, I'm just glad to see, you know, that it looks like ATSDR and everyone's working pretty hard with new studies. I just hope it comes to, you know, where you have a better understanding. You know, when you contaminate the water and people are drinking it, there are going to be some horrible effects.

I just had a surgery to take out ten inches of colon in the last year and, you know, to repair a hernia. I just had surgery three weeks ago, but I wanted to come down here. I know the in utero study's done. I don't know if you have anything on the -- didn't look through the agenda all the way to see if you have any other information on that. And
the veteran study, comparing our group to other
Marines at Camp Pendleton. I do know there's
Marines out there that are still not notified about
what happened at Camp Lejeune.

My cousin was married to a Marine years back.
They're divorced now but he was previously married
before he met her. They were both at Camp Lejeune.
His wife died of a liver disease six months ago, and
they have not been together for over 30 years. And
he now has the same liver disease. And he just
recently heard about Camp Lejeune because my
cousin's daughter was at Camp Lejeune serving as a
Marine, and recently discharged.

But, you know, you still need to get the
information out to the people that have been
affected. And you're missing a whole segment, you
know, and I know that they will tout that they're
doing their best, but just because you put them in a
Marine Corps publication doesn't mean that Marines
are going to get them. I don't get The Leatherneck
magazine or any other publication. To be honest
with you, I don't have time anymore. But I get some
every once in a while from my uncle who receives it.
But you still need to get the notice out there. I
don't know if that's stopped or what, but it just
needs to continue.

And that's really all I -- well, I'd like to address, you know, the children and the civilian family members of Marines that are, you know, been exposed. I hope you guys don't forget about them 'cause what it takes is compassion and knowing that -- you know, if I brought my grandson in here, he's nine years old, you wouldn't be able to conduct the meeting in his presence because of his behavioral issues, and it's just tragic. And I'll never be an empty-nester, neither will my wife because his mom also has issues, and they'll never be leaving my house. And I think it's just tragic, you know, that my life has been basically upset and her life has been ruined and he's in worse shape than she is. His life is -- it's just tragic.

And I know there's a whole lot of victims and a whole lot of other family members out there like that, and they're not getting any care. I don't know what you have to do to address Congress here or whatever it is that you, you know, you find these -- you've got these findings. You got a newspaper article right from North Carolina when you came out with the in utero study. I've got literature from the Marine Corps, but then there's a disclaimer in
the back of it, that the study was too small to be significant in determining what happened. Well, that's because, my personal opinion, an awful lot has been minimized, but that's in the past. And you guys are doing good studies today, and I hope it continues, but like I say, you need to make some recommendations to Congress, okay, and to the Department of Defense, you know, to get some healthcare out to people or maybe some monitoring. I don't know what it is you need to do, but I'm not a doctor; I'm not a scientist. I'm just a father and a grandfather. I just came down here to see what's going on. And I appreciate your time. Thank you.

**MR. PARTAIN:** That does bring up a good point. Back in October of 2010, Dr. Portier wrote a letter concerning the NRC report -- or I should say the now-defunct NRC report. In light of the studies that have come out the last two -- mainly the in utero and the mortality study for the Marines at Camp Lejeune, there has been some scientific findings and evidence. Unlike the NRC report, which was simply a review of literature at the time, the Marine Corps put a lot of weight, to the point that every member of the registry received a copy of the
executive -- I'm sorry, the executive summary of the NRC report, but yet that same emphasis has not been placed on the studies and work that you all have done.

You know, the registry is controlled by the Marine Corps. And there are findings. And, you know, I think those findings mean something. And that letter from Dr. Portier in 2010, you know, it was very strongly worded that, you know, there was a hazard.

I mean, is it time for -- I mean, we've got the -- some of the studies done. We've got the water modeling done. So we know the exposures. Maybe it's time for ATSDR to write a letter to DOD, Congressional representatives and the VA, and lay out what exactly our exposures mean.

'Cause right now, especially -- I mean, I get emails and Jerry does too from VA -- I mean, from service members who have interacted with the VA, who are frustrated with the VA. I know we heard this morning that 52 men with breast cancer and 52 women with breast cancer have been evaluated at the VA and there's a 50 percent disparity rate between approval. You know, I can't -- we don't know what that means yet but there's a lot of frustrated
people out there who need help. The science is in, and I think something needs to be done.

**DR. IKEDA:** There have been a lot of comments here about trying to get the word out, get the information out to the people who need the information, not only, you know, survivors and family members, but then also institutions like the VA and DOD. So certainly, you know, with Lori's help, given her expertise in communication, and with Kathy Harbin here, we can work together, I think, to figure out the best plan in terms of which -- what information needs to go where, and develop that sort of comprehensive and cohesive plan about getting the word out. But you know, points well-taken all around about needing to inform people who need to know to take action.

**MR. PARTAIN:** Well, not only inform but, you know, we -- policy decisions have to be made. In order for policy-makers to make those decisions, they need information from scientists. And again, this is a public health organization. And I mean, correct me if I'm wrong, but we now have science backing what we've been arguing and discussion and meeting about for well over ten years now. Let's get that information and recommendations in the
hands of policy decision-makers in Congress and at the VA so something can be done. We're going to have a new Secretary for the VA coming in soon, and, you know, --

MR. FLOHR: I don't know about soon, Mike.

MR. PARTAIN: Hopefully soon. Unless they get into the acting directors.

MR. ENSMINGER: They already have an acting secretary.

MR. PARTAIN: Yeah. But anyways --

MR. ENSMINGER: Everybody's acting.

MR. PARTAIN: The -- we need to have something done so that some policy decisions can be made. The information's there.

DR. JIMMY STEPHENS: Well, one thing that strikes me is maybe we should do updates on where we stand with the status of the science, 'cause we got the individual studies out but we haven't sort of pulled those together in one statement. So that might be -- that might be another piece of the puzzle.

DR. IKEDA: Yeah. I think it's two things. It's organizing the content, like Jimmy's saying, pulling from multiple different sources and the things that have happened in the interim, but then
also thinking about the different audiences and the appropriate messages for those different audiences, including the health studies.

MR. PARTAIN: Yeah, I would agree, I mean, and especially just going back in my memories in the NRC report and how definitive the Marine Corps made that report, which, you know, frankly was not very scientific; it was just a review of literature. And, you know, you look at something -- you know, you look at what's transpired over the past several months, really nothing's happened.

Now, if these studies had come back and said that, oh, there's no association, I guarantee you the Marine Corps would have sent out the results of that study to every single member of -- on that registry. It would have been touted all over the media. It would have broadcast us in magazines and everywhere you can think of. So, you know, there's something that needs to be done with that. I know I'm starting to beat the dead horse but I just want to make that clear.

MS. FRESHWATER: I just want to say one thing that, you know, from in the political world, you have a rapid response team to kind of respond immediately, when facts are misleading -- or not the
facts are misleading -- or misleading language. And so the New York Times, as an instance, they did an article about the Supreme Court decision, and in it the language they used was that the Marines say that the water -- or the people at Lejeune said that the water was contaminated. So the way it was -- I can't remember exactly but the way it was phrased was that, you know, we're just saying we think it was, you know.

So I wrote right away and it -- they'll probably never correct it. But the truth is the water was contaminated, and that needs to be the language. It's not -- because I think they're -- a lot of the Marines that I've talked to still have this -- there's a culture in the Marine Corps that they don't want to complain about the Marine Corps, and they don't want to complain, and they don't want to be seen as someone who would -- you know, oh, well, I drank the water and, you know, I'm tough enough to drink that water. I mean, quite literally, you know, I think Jerry can testify to that. So it doesn't help if it seems wishy-washy in the language. It needs to be that there is no -- that there is absolutely no question, we have this solid science.
So I would like maybe Kathy -- I mean, it's very easy to set up a Google alert. I have way too many Google alerts set up. And every morning I get up and I know exactly when Camp Lejeune's mentioned, the water contamination, the Supreme Court case recently. And so, you know, you get these articles and right away it needs to be written in to whoever is reporting this that they have gotten it wrong and that they need to use different language, because this was not a claimed contamination; this was contamination and people have gotten -- and are still sick. So I would like to see kind of -- I think we can all participate in that a little more.

**MR. ORRIS:** Chris Orris, CAP member. I would like to personally discuss for a brief few moments about notification from the Marine Corps. My father actually retired after 30 years in the Marine Corps at Camp Lejeune and now works as a civilian at the installation.

I have never been notified by any -- by any member of the Marine Corps, the Department of Defense, the Department of the Navy, or the ATSDR that I was exposed to toxic chemicals in utero at Camp Lejeune. I was actually diagnosed with a congenital birth defect in 2011 that almost killed
me; I was given a death date. And as I lay dying, you know, I did not know that there were options or that I should get screening or that I should do testing. And there is no excuse in today's day and age that any child who was at Camp Lejeune should not know their risks that are associated with the exposure in the water.

And I would personally like to hear from the Department of Defense how they are going to notify the children. They are all adults now. There's no reason to notify my parents. They should be communicating directly with me about the exposure. If the IRS can find me so can the Department of Defense. And I would like to see an action item about notification to the 15,000-plus children who were exposed in utero at Camp Lejeune with official notification of the study and findings so that, if I had gone unexposed for 36 years, there could be others, and I think we all are beholden to make sure that they are notified. Thank you.

**MR. BRUBAKER:** Further comments or questions from the CAP?

**MS. FRESHWATER:** I have one more. I am speaking with people in the community. One thing that comes up quite often is immune system issues
with people who are exposed. And I was, you know, I
was talking to Dr. Clapp, and I've been trying to
figure out the best way to deal with a lot of
questions that are very -- I'm not a scientist so I
have a hard time answering these questions. So what
I would like to do is request that we have someone
come to one of the meetings who is an expert in
immune -- immunotoxicology. And Dr. Clapp has
someone that he recommended, and I certainly would
ask for that to be the person, if at all possible,
but I really do think that we can benefit, the
people watching and the people who read the
transcripts, could benefit from being able to submit
questions that I could bring to the table and ask on
their behalf, and maybe, you know, come up with a
kind of a ten questions that represent kind of a lot
of the different issues. I'm not sure exactly how
we would work it but I really would like to at least
have one CAP meeting where we have someone who is an
expert in the effects of these chemicals on the
immune system, 'cause there are a lot of people who
are -- who are really, really suffering.

And I understand why cancer obviously is here
every time, but there are a lot of people who are
very sick and their quality of life is greatly
affected by either autoimmune or immune deficiency, and there is enough science to support obviously that these chemicals do affect the immune system. So I would like to see that represented here. And I'm not sure who to ask so I'm just asking everybody.

**MR. ENSMINGER:** Getting back to the point of -- that was brought up about the different language used to describe the contamination at Camp Lejeune, I'd like to point out that in Dr. Portier's 2010, October 2010 letter, he wrote: Thus, let me be perfectly clear, there was undoubtedly a hazard associated with drinking the contaminated water at Camp Lejeune. I mean, I don't think this letter is on your website. It should be.

**MS. FRESHWATER:** It should be sent to the New York Times, whoever reported that article and said that the Marines were saying that they were contaminated.

**MR. ENSMINGER:** Well, we're going to have to do that.

**MS. FRESHWATER:** That's what I'm saying though. So we should communicate with each other too and try and get that done as much as possible.

**DR. IKEDA:** I was just going to respond to your
request for a future meeting about immunotoxicity, and I think Angela's put it down as a potential action item for consideration for the future, so. I'm sorry to take us backward but did you want to comment on nomination?

DR. RAGIN-WILSON: Yeah. I wanted to comment. I did receive an email from Chris. He declined to serve on the CAP because of his medical conditions. Andrew, yeah. So Tim Templeton, I'll take your request back and follow up with Tim, if you can send me his email address or contact information. I did receive your email, Jerry, about Tim, but if you forward me his contact information, I'll follow up on your request.

MR. ENSMINGER: You've already got it.

DR. RAGIN-WILSON: Okay.

MR. ENSMINGER: You've been delegated.

MS. FRESHWATER: Accepted.

DR. CANTOR: This is Ken Cantor. I just wanted to let folks know, the International Agency and Research on Cancer, IARC, publishes monographs. I think they're up to number 106 now, in a program that's been going on for 30 or 35 years in which the -- a group, the number of experts, epidemiologists, toxicologists, people who are
expert in exposure assessment and so on, in which they evaluate the carcinogenicity of chemicals. And they've just now published the latest working group, which was on a number of chlorinated organic solvents, and TCE and perc, tetrachloroethylene, was among them. So they have declared TCE a human carcinogen; it's a class I carcinogen.

So they have a rating system. Class I is a demonstrated human carcinogen. The perc remains as a 2A, which is probable. But it takes heavy, very convincing human evidence to move something from 2A to 1. So they don't have that convincing human evidence for perc yet. But 2A, it's described as probable -- probably carcinogenic to humans.

So those two are, are recently published. There are a number of other chemicals that aren't pertinent here that were also covered in that most recent volume. It's available online. I think it -- the full volume was just released within the week, and if you go onto their website, you can get the full version.

MR. ENSMINGER: The hold up with perc is that the dry cleaning lobby is very strong.

MR. BRUBAKER: Thank you. Any remaining concerns or updates from CAP members?
MR. BYRON: I'm not a CAP member. I know that I'm not supposed to be speaking. I'm not a CAP member but I just ask you to look at the -- you know, when you're conducting these studies, are we using the most scientific technology available or are we using 1980s technology in a 2014 world? I think you should be doing DNA testing and nuclear biology on this stuff but that's my opinion. Thank you.

MR. BRUBAKER: We're at a point now where we are significantly ahead of our schedule. The only other item remaining on the agenda is to talk about the next CAP meeting and the schedule for that as well as scheduling the follow-up conference calls, which is for Angela.

WRAP-UP/ADJOURN

DR. RAGIN-WILSON: The next CAP conference call is scheduled Monday, July 16th -- June 16th, and I received a request to ask if we still wanted to move ahead with the conference call Monday or defer to a following date. You want to still keep it --

MR. ENSMINGER: Yeah, it's too soon.

DR. RAGIN-WILSON: Too soon? Okay. So we'll send out the date for the conference call in July.
Anybody have any objections to canceling the June 16th conference call?

Our next CAP meeting is scheduled for September the 18th. And I just wanted to reiterate that date. We scheduled it last -- at the last CAP meeting but I just wanted to remind everyone the next date is September the 18th.

MR. ENSMINGER: When?

DR. RAGIN-WILSON: September 18th.

MR. ENSMINGER: Okay.

MR. BRUBAKER: Are there any remaining issues or concerns to be discussed before we adjourn the meeting?

MS. RUCKART: Can we check on Terry one more time? I think it's muted.

MR. BRUBAKER: She's muted. Yeah, I'll check one more time. Good morning. Dr. Walters, have you joined us?

MS. BRIDGES: I'm still on the phone. Somebody's been clicking in and out, I've heard, but I don't know if anyone else that's on but myself.

MR. BRUBAKER: All right, thank you. With no further business we'll adjourn early. And we'll have some instructions on how lunch will proceed, knowing things have changed.
MS. SHEILA STEVENS: And I'll go ahead -- my voice usually carries so I don't -- so we're going to have -- Sasha just went to go pick up the box lunches, for those who are doing box lunches. We are just going to move to the next room, 2C, but we probably won't have those lunches until probably around 11:20-11:30. So if everybody just wants to do what they need to do for the next 30 minutes, and then we'll have the box lunches in the next room, which is 1C.

MR. FLOHR: I think that's the quickest meeting ever.

MS. SHEILA STEVENS: Yes.

MR. BRUBAKER: This was a two-day meeting.

MS. SHEILA STEVENS: And then I also have -- for the CAP members I have your travel voucher stuff for you to fill out. It's right here.

(Whereupon, the meeting was adjourned, 10:53 a.m.)
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 June 12, 2014; 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 July, 2014.

______________________________
STEVEN RAY GREEN, CCR, CVR-CM, PNSC
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