THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

EIGHTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE PANEL (CAP) MEETING

APRIL 17, 2008

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room 1A, Atlanta, Georgia, on April 17, 2008.

STEVEN RAY GREEN AND ASSOCIATES
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April 17, 2008

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TRANSCRIPT LEGEND

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

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

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

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

-- “^” represents inaudible or unintelligible speech or speaker failure, usually failure to use a microphone or multiple speakers speaking simultaneously.

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

(alphabetically)

BOVE, FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (VIA TELEPHONE)
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
GROS, MICHAEL, COMMUNITY MEMBER (VIA TELEPHONE)
MCCALL, DENITA, COMMUNITY MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
SINKS, TOM, NCEH
STALLARD, CHRISTOPHER, CDC, FACILITATOR
TOWNSEND, TOM, COMMUNIT MEMBER (VIA TELEPHONE)

1 **P R O C E E D I N G S**

(9:00 a.m.)

WELCOME AND ANNOUNCEMENTS

2 **MR. STALLARD:** Good morning, everyone.
3 We're going to get started, please. I'll ask
4 that you identify yourself and pass the
5 microphone to the next speaker who has
6 indicated a desire to speak next.
7 There are a few logistics. Around the
8 corner here or down the hall there's a
9 restroom. There's a break room with somewhat
10 healthy food, I think available. And then for
11 lunch we're going to be down at the, there's
12 actually a place to eat in this facility. So
13 big changes after a couple of years of being
14 together.
15 I'd like to first of all welcome
16 everyone and remind -- I thought it was
17 important because Jerry had asked me if I kept
18 copies of all these flipcharts that we do, and
19 so I had to dig through my pile and pick them
20 out, and I did keep them. And these
21 proceedings are also documented by the court
22 reporter and made a matter of record.

1 But I thought it was important for us
2 to reflect back on initially what the purpose
3 of the CAP is and that was to determine the
4 feasibility, if you recall, of future
5 scientific studies. And we've been meeting
6 over, how long now, two years, Perri? And
7 making big incremental strides toward this
8 general purpose.
9 I think for the benefit of all those
10 in the room we're going to go around and
11 introduce ourselves and your role on the CAP.
12 And I should point out that there are cameras
13 here, a film crew working on a documentary.
14 This is an open meeting; therefore, they have
15 a right to be here. You have a right to not
16 have a camera in your face. If that's not
17 what you want, then I am sure they will honor
18 your request.
19 So I'm going to hand this around and
20 just for an introduction. I'm Christopher
21 Stallard from the Coordinating Office for
22 Coordinating for Global Health and your
23 facilitator.
24 **MR. BYRON:** Good morning. I'm Jeff Byron
25 from Cincinnati, Ohio, a CAP member and

1 hopefully represent the victims well.
2 **DR. CLAPP:** I'm Dick Clapp. I'm an
3 epidemiologist from Boston University School
4 of Public Health and an epidemiology advisor
5 to the CAP.
6 **MR. ENSMINGER:** I'm Jerry Ensminger. I'm a
7 Camp Lejeune, North Carolina, Community
8 Assistance Panel member.
9 **MR. PARTAIN:** I'm Mike Partain, a Camp
10 Lejeune Community Assistance Panel member as
11 well, and a former dependent born on the base
12 and a cancer survivor.
13 **MS. RUCKART:** Perri Ruckart, ATSDR,
14 epidemiologist. I work on Camp Lejeune-
15 related activities.
16 **MS. SIMMONS:** Mary Ann Simmons, Navy Marine
17 Corps Public Health Center.
18 **DR. BOVE:** Frank Bove, epidemiologist
19 Division of Health Studies Camp Lejeune.
20 **MS. McCALL:** Denita McCall, Middleton,
21 Colorado, CAP member.
22 **MR. STALLARD:** Thank you.
23 **MR. TOWNSEND (by Telephone):** I'm Tom
24 Townsend, a CAP member.
25 **MR. STALLARD:** Thank you, Tom, welcome. How

1 are things in Idaho?
2 **MR. TOWNSEND (by Telephone):** Cold, a little
3 snow.
4 **MR. STALLARD:** Better you than us here.
5 And Sandy?
6 (no response)
7 **MR. STALLARD:** Went for coffee and will
8 return. That's the last we heard from Sandy.
9 Okay, I'm bringing up the ground rules
10 we had gone over in the past. This is open to
11 anything you want to add or clarify. I
12 mentioned that there's a film crew and the
13 ground rules are you set the boundaries for
14 yourself with them. One speaker at a time.
15 We're here to focus on the issues, not
16 personal attacks. Respect the speaker. That
17 will be particularly challenging with these
18 microphones that we have to hand off, too,
19 between seven people roughly.
20 The audience, welcome, I'd like to
21 welcome those in the audience who are here. I
22 see some familiar and new faces. This is an
23 open meeting. We ask that you not participate
24 and not distract from the proceedings unless,
25 of course, we know that you might have

1 something to offer and you are invited to come
2 up to the microphone and respond to the CAP if
3 they have a question that is in your area of
4 interest or responsibility.
5 And again, speak into the microphones.
6 As long as the green is on -- I know some of
7 us are technically challenged with those other
8 push ones, but the green has to be on and we
9 have plenty of batteries.
10 Is there anything else to add to these
11 ground rules, any clarification, clarity,
12 anything?
13 (no response)
14 **MR. STALLARD:** You all have an agenda for
15 today so we know what we're going to talk
16 about?
17 (no response)
18 **MR. STALLARD:** All right, so moving on we're
19 going to have David Williamson provide some
20 brief remarks and an update to set the tone
21 for our time together. We will break promptly
22 according to the agenda for breaks.
23 David, if you're ready.
24 **DR. WILLIAMSON:** Thanks, Chris. It's really
25 great to have these opportunities to see y'all

1 and be with you again. I'm David Williamson.
2 I direct the Division of Health Studies. So
3 Perri and Frank and I work very closely
4 together. Morris and our group coordinate
5 very closely on all the epidemiologic and
6 health study activities that are associated
7 with Camp Lejeune.
8 And I would just digress for just a
9 second to say seeing y'all and having the
10 opportunity to meet with y'all periodically,
11 at least on a quarterly basis, really reminds
12 me of one of the reasons why I was so happy to
13 move from CDC to ATSDR. One of the things
14 about ATSDR is that we put names and faces
15 together. We interact with community members
16 on a regular basis, and that's very important
17 to ATSDR.
18 This is what we do. This is what we
19 enjoy doing. We want to understand what's
20 going on in the community, and we truly hope
21 that we can be helpful to you and the people
22 who are affected by potential and exposures to
23 hazardous substances. So Jerry, Jeff and
24 others, it's always good to see you and be
25 with you and be reminded of the seriousness of

1 what our job is and to reconnect with y'all.
2 So thanks for that opportunity.
3 On a more upbeat note, I am really
4 thrilled to be able to tell you that, as you
5 had with a scientific panel in 2005 and the
6 Epi expert panel that you had in 2008, that
7 they were able to make some recommendations.
8 One of the things that ATSDR has done is take
9 a very close look at some of those
10 recommendations, and we're prepared to say
11 that at this time the mortality study that
12 y'all have been talking about for a couple of
13 years, the cancer incidence study that y'all
14 have been talking about for a couple of years,
15 we're prepared now to go forward and draft
16 some protocols and be thinking very seriously
17 about moving forward with both of those
18 studies.
19 These are important studies that we
20 think and our scientists and expert Epi people
21 who have been with you for the last couple,
22 three years think are extremely important and
23 can provide additional scientific information
24 that will perhaps link exposures from
25 hazardous materials to deleterious health

1 effects. Things that hopefully will help your
2 families, but certainly are steps in the right
3 direction from a scientific standpoint to help
4 others and to help us think about what we're
5 doing with the environment, and what we're
6 doing when we handle and use hazardous
7 substances and chemicals.
8 So I'm really excited to kick this
9 meeting off and Chris and all, thanks for the
10 opportunity to speak with you today. I'm
11 going to duck out for a few minutes now, but
12 I'm going to be back. I'm really excited to
13 hear and to participate as needed in the
14 scientific discussion as we talk more about
15 the mortality and cancer incidence and some of
16 the other epidemiologic studies and activities
17 that we're planning on undertaking for the
18 Camp Lejeune folks.
19 So again, very nice to see y'all, and
20 y'all have a great meeting today. And please,
21 never hesitate to give me a call if we need to
22 talk or if there are things that our division
23 can do to try to help you. Frank and Perri I
24 know just are very committed to y'all and try
25 to be available. But I would like to be

1 available as well.
2 Tom, I wish I could see you. I'm glad
3 that you're joining us.
4 **MR. STALLARD:** Thank you, Dave.
5 I haven't heard your voices yet and so
6 I'm going to do something a little bit
7 impromptu. Remember how we do the achieves
8 and avoids? I'd like to hear from you, and
9 we're still on track with the agenda. What do
10 you want to accomplish? What do you want to
11 achieve today?
12 **MR. BYRON:** Yeah, this is Jeff Byron. I'd
13 like to see us move forward with these studies
14 and actually accomplish something and get the
15 information in a timely manner. It seems to
16 me we still have some delay. I'm not sure if
17 that's scripted or not, but I think we could
18 be a lot further ahead, and I'd like to see
19 these meetings on time.
20 I don't want to hear that we have to
21 delay, and I know it's summer coming up, but I
22 am for one committed to being at the next
23 meeting and delay any vacation plans I have
24 because this is more important. And these
25 meetings are being stretched out too far. So

1 to get something done, we need to meet on a
2 regular basis like which was scheduled
3 initially.
4 **DR. CLAPP:** This is Dick Clapp. I'm looking
5 forward to hearing more about the mortality
6 study and the steps that are immediately going
7 to happen with that and also the data on the
8 water model because both of those things move
9 together in parallel. That's where we're
10 headed. It looks like we're headed in a good
11 direction.
12 **MR. ENSMINGER:** My name's Jerry Ensminger.
13 I have something that we need to establish.
14 It's something that should have been
15 established from the beginning of this
16 process, and we failed to do it. And that's
17 about openness, transparency, the sharing of
18 information that's going back and forth
19 between this agency and the Department of
20 Defense agencies or entities.
21 Now if there's any correspondence
22 that's either coming from a DoD entity to
23 ATSDR concerning Camp Lejeune initiatives, I
24 feel the CAP should be privy to these letters
25 and vice versa. If there's information going

1 back to DoD about Camp Lejeune initiatives,
2 the CAP should be informed of them.
3 I know DOD would like to do their
4 dirty work behind the curtains, and they don't
5 want everybody to know it, like trying to kill
6 funding and complaining and foot dragging, but
7 I've had enough. This CAP was formed so we
8 could represent the community that was
9 affected by this. How can we keep them
10 informed if we're not kept informed?
11 And then I hear because someone does
12 take the steps to keep us informed, they get
13 accused of being an advocate for the Camp
14 Lejeune victims. Well, I'm here to tell you
15 the person that did keep us informed is not an
16 advocate for Camp Lejeune victims. The person
17 that did keep us informed is an advocate for
18 public health. Isn't that what this agency's
19 mission is? Not trying to hide stuff, not
20 trying to cover for another federal
21 department.
22 Now I would like to know right now are
23 we going to be cut into the distributions of
24 correspondence? Is the CAP going to be kept
25 up to date with what's going on in the Camp

1 Lejeune initiative? Who can answer this for
2 me, Dr. Williamson?
3 **DR. WILLIAMSON:** That's a good question.
4 I'm not sure that that's something that we've
5 actually thought about. Since you brought it
6 up I think it's something that we ought to
7 talk about and see what we can do to make sure
8 that all of the correspondence is made public.
9 I've just not thought about it so I'm not
10 prepared to answer that now.
11 I'm happy that you brought it forward.
12 It's something that certainly we will talk
13 about internally. I think that we would like
14 to hear more from the CAP to make sure that
15 that's something that all the CAP members
16 would like to do. But that's a very logical
17 concern and a question that I think makes a
18 lot of sense for us to address.
19 **MR. STALLARD:** Thank you, David.
20 And, Jerry, we have it on the agenda
21 under the topic of transparency, so we will
22 get something.
23 Someone joined us on the phone. I
24 think we heard somebody beep in. Is there
25 anyone else?

1 **MR. GROS (by Telephone):** Michael Gros from
2 Houston, Texas.
3 **MR. STALLARD:** How do you do, Michael?
4 Welcome.
5 **MR. GROS (by Telephone):** Thank you.
6 **MR. PARTAIN:** This is Mike Partain, and one
7 of the things I'd like to see achieved today,
8 currently the reports on the notification
9 process and has started out mailing out
10 letters to former service members and people
11 exposed on the base. For some reason at the
12 same time they've chosen to re-do their
13 website, and when people go to register,
14 there's an issue with the website. I wanted
15 to see that addressed today.
16 **MR. STALLARD:** Okay, thank you.
17 You don't have to have an achieve or
18 avoid, just whatever. I want to understand
19 what the expectations are so we all understand
20 and then can focus on the topic.
21 **MS. SIMMONS:** I'm Mary Ann Simmons. I'll be
22 happy if we just can get through the agenda
23 items. I think there's a lot covered here
24 that I think would be very beneficial for
25 everybody.

1 **MR. STALLARD:** Thank you.
2 **DR. BOVE:** I second that.
3 **MR. STALLARD:** Get through the agenda.
4 **DR. BOVE:** Get through the agenda and at the
5 end of the day understand what we need to do
6 to go forward.
7 **MR. STALLARD:** Thank you, Frank. Denita?
8 **MS. McCALL:** What I would really like to see
9 is for us to move forward in a more
10 expeditious manner under five or ten years on
11 these studies that have been put forth. I
12 have no more tolerance for the excessive time
13 it's taken to conduct these studies. I would
14 like an aggressive and assertive attempts to
15 see that these studies take place in a more
16 reasonable amount of time. That means the
17 compliance of DoD, the United States Marine
18 Corps and Navy to help us to do this.
19 **MR. STALLARD:** Thank you.
20 Okay, thank you. It's important to
21 have our voices heard as we move through the
22 day. I must advise that we will be out of
23 here promptly at three o'clock.
24 Now, Tom or Mike or Sandy, is there
25 anything you'd like to contribute for this

1 meeting today, briefly, succinctly?
2 **MS. BRIDGES (by Telephone):** Would that be
3 for us?
4 **DR. BOVE:** Yes.
5 **MS. BRIDGES (by Telephone):** Okay, I didn't
6 catch that. There was a lot of static in
7 there. There was a lot of static.
8 **MR. STALLARD:** Okay, Sandy. We're moving on
9 with the agenda and wondered if you would have
10 anything to say what you hoped to achieve
11 today during our meeting today.
12 **MS. BRIDGES (by Telephone):** I look at
13 Denita and what courage it took for her to
14 come today. That took a lot of courage for
15 her to come and everything that she's going
16 through. It's just a sample of everything
17 that's going on. It's just one of many
18 things. That's really all that I have to say.
19 Tom, do you have anything to say?
20 **MR. STALLARD:** Thank you, Sandy.
21 **MR. TOWNSEND (by Telephone):** This is Tom.
22 Yeah, I agree with whatever Jerry said.
23 **MS. BRIDGES (by Telephone):** Yeah.
24 **MR. STALLARD:** All right, Mike? Mike, has a
25 chance to speak up. Mike?

1 **MR. GROS (by Telephone):** Yes, I just wanted
2 to say I'm sorry that I haven't been involved
3 in these meetings up until now, so I
4 (microphone interruption), but I would second
5 the motion regarding the speed of these
6 studies. You know, having been a victim of
7 this whole process and seeing how we are 20
8 years out from doing the proper studies, I
9 really think we're, anything that impedes the
10 ^ dragging their feet at this point.
11 So I would encourage and demand that
12 we do more. You know, we need to speed the
13 whole process up. That's all I have to say at
14 this point. I'll be mostly listening today
15 so, but I may chime in from time to time.
16 **MR. STALLARD:** Okay, thank you very much for
17 your participation.
18 **UPDATE ON WATER MODELING**
19 Morris, I think you're up for water
20 modeling.
21 **MR. MASLIA:** I handed out a copy of a work
22 plan. This has also been provided to our
23 meeting with the U.S. Navy. And I'm hoping to
24 be able to bring it up here just for a table
25 or two that I have to make it easier for

1 everybody to see.
2 **DR. BOVE:** We have a summary of minutes I e-
3 mailed all of you, but there's also extra
4 copies back there. There's copies of the work
5 plan on the table back there, too.
6 **MR. STALLARD:** I know this is going to be
7 awkward, but we've got to identify ^.
8 **MR. MASLIA:** If you need one of those --
9 **MR. STALLARD:** I do, that would be the best.
10 Why don't we have him sit right here.
11 **MR. MASLIA:** I'll go ahead and start and
12 hopefully -- Should I speak from here?
13 **MR. STALLARD:** You should. That's a live
14 mike.
15 **MR. MASLIA:** Good morning, everybody. If
16 people need a copy of the work plan, I think
17 there's some more on the back table that I
18 didn't hand out to everybody. And basically,
19 this work plan consists of a brief review of
20 what we have done and accomplished with Tarawa
21 Terrace.
22 And just very briefly to bring you up
23 to date on those activities, all modeling,
24 water modeling, is complete for Tarawa
25 Terrace. The reports have been reviewed, ^

1 reviewed. They also have been provided to the
2 National Research Council Committee on water
3 contamination looking at the water
4 contamination at Camp Lejeune, and they are
5 available on our website. To date we have
6 published Chapters A through H on our website,
7 a summary of findings, of course, as well as
8 Chapter G is at the printers and as soon as
9 they give us the go-ahead, we'll post that on
10 the web, hopefully, either this week or the
11 next week.
12 **MR. STALLARD:** I see all of your e-mail.
13 **MR. MASLIA:** Oh, okay, well, there's nothing
14 that shouldn't be seen in any of my e-mails.
15 I'm not getting any kind of response
16 now. I'll just keep talking, and we'll see
17 what happens.
18 And anyway back to Tarawa Terrace.
19 That basically, Tarawa Terrace as far as the
20 water modeling is complete. We do have three
21 more chapters that we're writing, some details
22 and analyses on sensitivity analyses and so
23 forth, and a Chapter K, which is basically an
24 appendix, any comments that are provided to
25 us, technical comments that we address, will

1 be put in Chapter K.
2 And some detailed modeling like which
3 wells were pumped in the model during which
4 months and how much they were pumped at, and
5 what model cells they are actually located in.
6 So should somebody, whomever it is, want to
7 duplicate our results, which is part of the
8 scientific process being able to replicate
9 anything that we publish, they can take the
10 input files that we provided on the DVDs.
11 They can take the tables and actually
12 reproduce our results.
13 So that said, are there at this point
14 any questions on Tarawa Terrace?
15 (no response)
16 **MR. MASLIA:** If not, I will go on --
17 **MR. BYRON:** Sorry, Morris. This is Jeff
18 Byron.
19 **MR. MASLIA:** Oh, sure.
20 **MR. BYRON:** Can you tell me the exact date
21 you started the water modeling and the exact
22 date that you finished with it? Because we
23 were looking at two square miles that you were
24 doing the water modeling at Tarawa Terrace.
25 We're now looking at 40 square miles --

1 **MR. MASLIA:** That's correct.
2 **MR. BYRON:** -- if I'm not mistaken. And
3 then if, you know, time is a constraint here,
4 it behooves the Marine Corps to hand over the
5 information properly and accurately this time
6 as they did not do that for Tarawa Terrace
7 it's my understanding That they did not
8 provide proper locations of the wellheads and
9 so forth. Now, this study has taken, from my
10 understanding it was supposed to be completed
11 in 2007. I don't see it being completed until
12 2010 personally with this water modeling as
13 big as it is. Am I mistaken?
14 **MR. MASLIA:** No, I'll go into that. I'll go
15 into when it's in the work plans. But with
16 Tarawa Terrace part of the modeling process
17 involved data discovery. As you know we
18 started in 2004, more or less, March of 2004,
19 with going on site, gathering information and
20 did some initial modeling.
21 We had a peer review panel meet in
22 March of 2005, and they recommended a couple
23 of items for us to consider and seriously
24 undertake, which we did. They were pretty
25 unanimous about that. One was to go back and

1 look for additional information. In other
2 words not just model for the sake of being a
3 timeline, but rather go back and see.
4 And in doing that the Marine Corps or
5 the Navy -- I'm not sure who -- actually hired
6 a firm to come in and search the base for
7 records as part of that. I wouldn't say we
8 were waiting for that, but that was part of
9 the modeling process.
10 And then the other process, of course,
11 is just the actual number crunching, putting
12 the data in the computer, developing some
13 codes that we needed to do and learning our
14 way through. So that did take us until the
15 actual modeling was finished initially around,
16 I think it was 2006, June of 2006. That is
17 when, you're correct, we realized we had some
18 wells with incorrect locations and that's when
19 we did get together with the Marine Corps and
20 confirm well locations. Once we went back and
21 recalibrated the model, the rest of it's been
22 putting the reports together for Tarawa
23 Terrace.
24 Knowing what we have gone through with
25 Tarawa Terrace I would say there's

1 substantially more information for Hadnot
2 Point, at least about a quarter of magnitude.
3 I've got a table here I'm trying to pull up.
4 I don't know why this thing won't go down. If
5 anybody knows, let me know. There we go,
6 thank you. And I'll get to that table right
7 here. There you go.
8 This table -- I hope everybody can see
9 -- right here, so we have about an order of
10 magnitude in everything, more information,
11 more data to go through. However, I do
12 believe the timeline that we have established
13 up here, we're allotting about 13 months for
14 the actual fate and transport modeling.
15 And we have put on more people. We
16 now have three-and-a-half, full-time internal
17 employees on this. We did not have that for
18 Tarawa Terrace. We basically had one-and-a-
19 half, full-time plus employment. But we have
20 three and a half now full-time employees
21 internally working on this. And we are on
22 schedule just to let you know.
23 As you see, there's 16 sites that
24 we've looked at. We're not in computing the
25 mass yet, but we are in the process of looking

1 at the well capacities and histories. There
2 is a little bit more information on pumping
3 histories for Hadnot Point. And we are in the
4 process of deciding which exactly which model
5 code to choose that would be the most
6 efficient in terms of running.
7 We are looking at basically three
8 models, and that's because we're looking at
9 three different contaminant, not necessarily
10 sources, but types of contaminants. That
11 would be the TCE used in the industrial
12 process, BTEX compounds, again, in the
13 industrial process, and also PCE or PERC from
14 either on-base dry cleaning process and/or
15 also PCE depending when it was obtained. It
16 was also used as an industrial degreaser. And
17 because of the activities in the Hadnot Point
18 area, they were not all in one source
19 (microphone interruption). I feel like I'm in
20 a submarine. I'm not sure if it's gonna open
21 or not.
22 So with that, however, because we have
23 additional people working on this internally,
24 we will probably be running three models
25 concurrently once we establish the groundwater

1 flow model. We will then zoom in and work in
2 separate models for each of those source,
3 types of sources, and have that.
4 What gives us an advantage is we sort
5 of know the geohydrology, the general
6 framework, from the work that was done at
7 Tarawa Terrace, we know what model parameters
8 and general ballparks for them. I won't
9 necessarily ^ to put the model together like
10 it did at Tarawa Terrace to code in the data
11 and stuff like that. So we will gain some
12 advantage from having done it.
13 And that was one of the reasons we
14 chose to work on Tarawa Terrace first. The
15 two main reasons, one, it was a single,
16 identifiable source. That makes it that much
17 more simple to do in terms of modeling and
18 source characterization.
19 There was one principal contaminant,
20 and that was PERC, TCE and also the area was
21 relatively small. So that was the reason.
22 And to see if, in fact, we could from a
23 modeling standpoint with all the uncertainty
24 it did have, get down, or refine down to a
25 month's period to being able to simulate

1 concentrations on a month's period.
2 There are those that still question
3 whether that's do-able or not. Whether we
4 should be doing this typically not done in,
5 say, remediation studies. You're looking at
6 years and years on out. So when we come in
7 and say we're going to look at a month's
8 increment and at the same time, well, we also
9 have a very large uncertainty in terms of
10 wells pumping and other ^, we're not taking on
11 a drilling program to go out and obtain new
12 geohydrologic information. We're relying on
13 what we have. That had to be tested out. And
14 I believe we have successfully proven that it
15 can be done at Tarawa Terrace. So knowing
16 that, that's sort of a step we don't have to
17 take at Hadnot Point.
18 There are other challenges at Hadnot
19 Point. That's sort of what this work plan's
20 about. It does list 16, I mean 13 tasks that
21 we have identified. That's on page four, page
22 four and five. It lists and the tasks one
23 through seven basically are required in order
24 to get a running fate transport model, not a
25 calibrated, but one that's actually running.

1 And then the remaining tasks are the
2 fate transport. I'll get to the water
3 distribution system analysis in a minute. And
4 then I go on on page five through eight, I
5 believe, and I give you a little bit more
6 details about what each task involves. So if
7 you have any questions I'll try to answer
8 those as best as I can.
9 I also have allotted for just like it
10 takes time for me to prepare for a meeting, a
11 CAP meeting, and if you'll look at the
12 schedule, I have right under this one, right
13 here, have put in our attendance or reports of
14 progress from the water modeling standpoint at
15 each of the CAP meetings. These are done on
16 just a general month's time. I haven't gotten
17 down to the actual day of the month, but we
18 have scheduled those.
19 And we've also scheduled, if needed,
20 external meetings. By external meetings, by
21 external I mean that could be at the request
22 of the Navy or the Marine Corps to either meet
23 with their external consultants or technical
24 consultants or a request by, say, the National
25 Research Council, if they would like. Or it

1 could be because as complex as Hadnot Point is
2 it could be that we may need to bring in a
3 peer review panel to look at what we're doing
4 with their scheduled and their prior to the
5 completion.
6 And finally, just the other highlight
7 is there probably will not be quite as many
8 reports as we did for Tarawa Terrace. One of
9 the things we did with Tarawa Terrace, and it
10 was a decision that I'll take responsibility
11 for, is because we were doing the modeling as
12 we were gathering the data, as we decided to
13 imbed all the data in tables, and if you look
14 at any of the reports, they're loaded with
15 tables in the report, in the modeling report
16 or in the technical reports themselves.
17 We've taken learning from that.
18 That's one way of doing it. Learning from
19 that and the way we're approaching Hadnot
20 Point we decided since we're handling all this
21 data information up front here, pretty much up
22 front, we've decided to put out a, write up a
23 data report.
24 And that will allow everybody to see
25 the data if there's any questions at that

1 point that we've not included some data or
2 whatever. But then we won't have to carry all
3 those tables, all that data, through all the
4 modeling reports. We can basically just have
5 a data summary report.
6 And also because there's a lot more
7 information and data at Hadnot Point. I think
8 that will serve us better, serve the CAP
9 better, the Marine Corps and the Navy better
10 as well is to have all the data that we're now
11 going through at all the different sites in
12 one report. So that will cut down on the
13 actual volume of reports that we have to do.
14 And that will also, that buys us some time
15 because as you know as I said, I'm still
16 working on the last three chapters of Tarawa
17 Terrace, just writing them up.
18 With that I'd like to stop here before
19 I go into the water modeling aspect because I
20 know that's an issue we want to speak about,
21 but are there any questions that come to mind
22 excluding the water modeling at this point
23 with respect to any of the work we've done at
24 Tarawa Terrace or the work plan that has been
25 put out for the Hadnot Point analyses?

1 **DR. BOVE:** One thing also, Jeff, is that we
2 started in 2004, and we had data started to be
3 put into case controld study, I would say in
4 early 2007 if not late 2006, and so soon as he
5 can give us even some preliminary data, we can
6 start data analysis. And I think the same
7 thing's going to happen here, that you
8 probably, I hope to get some data in early
9 next year, and then Perri and I can do the
10 analysis at least preliminarily. And then if
11 there's any refinements then we can refine the
12 analysis after that. So I don't think it will
13 take to the end, I'm hoping that we have
14 something going to our parent process in the
15 later part of 2009, and get back for your
16 review as well, later part of 2009. I would
17 be hopeful, unless there's a snag, I can't see
18 why we couldn't have that and the re-analysis
19 of the 1998 study done the second part of
20 2009.
21 **MR. BYRON:** I don't know what to think of
22 that. It looks like 2010 no matter what. You
23 might as well say 2011 if we get the same
24 cooperation from the Marine Corps we got in
25 the past. Now I agree with you that you've

1 worked out your process, and in my business,
2 that takes up a lot of time to work out the
3 process. Once you have it things do run
4 quicker, but this is how many times bigger
5 area? A lot more complicated because you have
6 multiple contaminants in the water --
7 **MR. MASLIA:** In terms of -- let me just
8 explain though. What we're doing, I don't
9 want to say differently, but also learning and
10 benefiting from Tarawa. Because at the same
11 time we were obtaining information from Tarawa
12 Terrace, while we may not have been analyzing
13 it, it also had information if you looked at
14 any of the DVDs, for Hadnot Point and other
15 areas, too.
16 So from that standpoint, for example,
17 where we spent a large effort on Tarawa
18 Terrace and putting together just what we call
19 the flow models or groundwater flow, which you
20 need to get to the transport. Without the
21 flow model we can't do any. While the area is
22 larger, because we're not doing fate and
23 transport over the entire Hadnot Point area,
24 but we've got isolated sources. And let me
25 back up to a map here, I think.

1 **MR. BYRON:** I don't want to get ahead of
2 you, I'm just concerned because --
3 **MR. MASLIA:** No, no, what I'm telling you is
4 --
5 **MR. BYRON:** -- you guys have done a good
6 job. The Marine Corps is not --
7 **MR. MASLIA:** -- our water model may cover
8 this whole area, it will go a lot faster. I
9 won't get into the technical details as to
10 why, but from a modeling standpoint we've
11 already recognized we may be looking at a
12 calibration period of only say three months'
13 time effort, whereas it may have taken us nine
14 or 12 months on Tarawa Terrace.
15 Again, that's a combination of while
16 the geohydrology may be somewhat different, we
17 want to get the information particular to
18 Hadnot Point and Holcomb Boulevard. The
19 general values that we will use for the model,
20 that gets the model running and started are
21 the same as for Tarawa Terrace, and so we can
22 use larger grids and space of that nature to
23 gain us some time.
24 We also, due to equipment procurement,
25 we're now running with the highest in machines

1 that we have. We've got four in the lab, and
2 we've got another one on order. And unlike
3 with Tarawa Terrace where myself and maybe one
4 other person in house doing a lot of the work
5 to start with, we now have, as I said, three,
6 three-and-a-half people internally working
7 continuously, working now on that, going
8 through well capacity data and stuff. We
9 didn't have that, we absolutely did not have
10 that for Tarawa Terrace. So there's --
11 **MR. ENSMINGER:** What well capacities do you
12 use?
13 **MR. MASLIA:** What? Well, each of the wells,
14 supply wells, when they're drilled, when
15 they're tested, the driller provides histories
16 of that either through logs, stuff like that,
17 and the well capacities then are needed if we
18 don't have daily or monthly operations of the
19 wells as to exactly how much water they
20 withdrew.
21 Then you depend on the well. If it's
22 rated at so many hundreds of gallons per
23 minute or whatever, and we have to go through
24 all that information and see. Sometimes along
25 the way they will redevelop a well, increase

1 its capacity, its production capacity. And so
2 we have to document all that. Just because a
3 well is rated at 200 gallons per minute
4 doesn't mean you get 200 gallons per minute
5 out of a well.
6 **MR. ENSMINGER:** Well, and that's the reason
7 I'm asking because my experience has been in
8 all the information I've looked at on every
9 one of those wells down there on that base, is
10 that when they're first drilled, they do have
11 a high yield. As they age a little bit, they
12 drop off dramatically.
13 **MR. MASLIA:** That's a modeling decision.
14 That's a modeling decision that we have to in
15 the model calibration process, that is
16 something you have to go through and see. If
17 you put in and you assume that the well was
18 producing at a certain rate, or if you're
19 withdrawing too much water, should you cut it
20 down and say it's an older well and not
21 producing. And that's what we're going
22 through that information right now. We go
23 through that before we ever actually start
24 running the model.
25 Again, there were over 100 production

1 wells for Hadnot Point. We only had 12 at
2 Tarawa Terrace. And at Tarawa Terrace it only
3 used one primarily, 26, or constantly. That's
4 not necessarily the case at Hadnot Point and
5 so we've got to go through that information in
6 a very judicious manner and make sure we
7 understand it, make sure we document it,
8 catalogue it. And that's what we're doing at
9 the present time. If you're asking do I know
10 what it should be, the answer is no, that's a
11 modeling decision.
12 **MR. ENSMINGER:** How many point sources are
13 you taking into consideration on the Hadnot
14 Point system?
15 **MR. MASLIA:** Are you saying contaminant
16 types?
17 **MR. ENSMINGER:** Yeah, how many --
18 **MR. MASLIA:** Three, BTEX, TCE is a primary
19 contaminant, and PCE is a primary contaminant.
20 We are not looking at pesticides because most
21 of those are pretty immobile with water, the
22 types that they used, and we made the decision
23 not to look at pesticides.
24 So those are the three groups or three
25 classifications of contaminants that we're

1 looking at. And that's why it will call for
2 basically three areas or three fate transport
3 models depending which is more efficient in
4 terms of modeling and manpower as well to run.
5 **MR. BYRON:** This is Jeff Byron again.
6 First, I'd like to commend ATSDR and the
7 information they provided on the water
8 modeling to the CAP panel. And my concern is,
9 is that the Marine Corps will delay the
10 information getting to you guys which this CAP
11 is well aware of what's gone on, that there
12 are individuals in the Marine Corps that have
13 information that they are not handing to you
14 concerning the water and valves being open.
15 And I think Jerry will have more on that to
16 discuss, and I'll leave it at that.
17 But it's quite clear that the
18 Commandant, his General Counsel and the
19 Counsel to the General Counsel, Lieutenant
20 Colonel Tencate and Lieutenant Colonel Jeff*
21 were aware of documents that are out there.
22 I'm very infuriated that they're holding this
23 information from the panel. And to be honest
24 with you, they're the delay here. They're why
25 this has taken until 2010.

1 Which of you represents the Marine
2 Corps here? Is there anyone here representing
3 the Marine Corps?
4 **MS. SIMMONS:** I do DoD.
5 **MR. BYRON:** You do DoD. So there's no one
6 here representing the Marine Corps which is
7 exactly what I would expect since this
8 information came out.
9 **MS. McCALL:** ^ headquarters ^.
10 **MR. STALLARD:** I don't want to digress. I'm
11 going to let Morris finish. But we can bring
12 that up. We never did get a Marine Corps
13 replacement when Colonel Tencate left if I
14 recall. But we've got DoD.
15 **MR. MASLIA:** I could, since we sort of got
16 into the water distribution end of things, and
17 based on, again, queries that we've had both
18 from members of the CAP as well as going
19 through the initial information for Hadnot
20 Point and some of the Holcomb Boulevard, it
21 has become apparent that we need to revisit
22 the issue of interconnection.
23 **MR. BYRON:** In Midway Park --
24 **MR. MASLIA:** What?
25 **MR. BYRON:** -- which may continue what he

1 said was not contaminated.
2 **MR. MASLIA:** Midway Park is within Holcomb,
3 when I say Holcomb Boulevard, I'm talking
4 about the entire area, what we're referring to
5 Holcomb Boulevard as this entire area
6 including Midway Park, Watkins Village and
7 Berkley Manor and all along that.
8 Let me back up here. There are three
9 issues associated with the, what I'm referring
10 to as the water distribution or the
11 distribution of finished water, once it's
12 pumped from the ground whether it's
13 contaminated or not contaminated. And that is
14 one is the start up of Holcomb Boulevard, and
15 I would like to address that today. I'll give
16 you the three and then get back to that.
17 Second is the interconnection issue,
18 and I don't have the map here, but there are
19 valves here and then there are valves over
20 there. And that's to allow water, if needed,
21 to go from Building 20, which is the finished
22 water treatment plant at Hadnot Point, to
23 supply water if needed to the Holcomb
24 Boulevard, Midway Park and Paradise Point
25 area.

1 And then the third issue -- and we've
2 been asked this also by, by the Navy and the
3 Marine Corps -- is travel time. In other
4 words if a drop of water or a contaminated
5 drop of water starts at one location, how long
6 would it take to flush through or get through
7 the system. We've done some initial analyses,
8 initial modeling, with Holcomb Boulevard and
9 Hadnot Point areas.
10 We did that with the Tarawa Terrace.
11 And if you look at Chapter A, there's a
12 section on there on water distribution towards
13 the end of Chapter A. And what we did is we
14 took 1984 conditions based on calibrated water
15 distribution model that we had and saw how
16 long it would take a certain concentration
17 from the Tarawa Terrace finished water tank to
18 reach the furthest extent in the system. And
19 that would be here at Camp Johnson.
20 And basically a hundred percent of
21 that concentration reaches within seven days.
22 So that's a rule of thumb. We've tested that
23 concept again just recently with Hadnot Point
24 and Holcomb Boulevard. And these are not
25 publishable yet. They're not, we have not

1 done it very rigorously from a scientific
2 standpoint of looking at different gradations
3 or different sets of travel time scenarios,
4 but we intend to do that. And one of them
5 would be looking at if we're interconnected or
6 not.
7 But we basically, artificially
8 contaminated every location in Hadnot Point
9 and included the tanks, and then saw how long
10 it would take to get down to flush it out of
11 the system. The contaminant's a hundred units
12 of some ^. And within seven days it was below
13 five percent. So that's again the way they
14 operate the system there, that's a rule of
15 thumb as I said, approximately seven days more
16 or less.
17 **MR. ENSMINGER:** I found some water samples
18 that were taken at either --
19 **MR. STALLARD:** Please use the microphone.
20 **MR. ENSMINGER:** I found some actual
21 analytical results from the Hadnot Point
22 system and the Holcomb Boulevard system that
23 showed contamination into March of '85.
24 **MR. MASLIA:** Right. I mean, we're not,
25 again, we're not modeling, we're not modeling

1 field conditions. We're answering the
2 question how long, what is the residence time
3 if the water was a certain concentration,
4 whatever it may be, gets pushed through the
5 finished water tank. How long would that
6 reside in the system? And we were asked just
7 to come up with a ballpark figure right now.
8 Would it be -- and that would affect the epi -
9 - In other words, would it be longer than a
10 month? Would it be only a day? What would it
11 be?
12 And what we did, and that's about
13 seven days. That's consistent with what we
14 found at Tarawa Terrace. Again, my belief is
15 it's the way they operate the system. They
16 operate for fire protection so they keep all
17 their tanks full, and that has impact on the
18 system. Water's not traveling necessarily
19 always through the pipes, filling up a tank,
20 waiting there, emptying as a tank. So that's
21 just a rule of thumb. We will do a much more
22 rigorous analysis on that, but that's what we
23 found. That's what we got at Tarawa Terrace.
24 That's what we're finding at Hadnot Point.
25 **MR. PARTAIN:** Morris, this is Mike Partain,

1 two quick questions. One, can you talk about
2 the wells and the operation of the plants and
3 stuff. Have you been provided, asked for or ^
4 their existence supervisory logs, well logs
5 from the base, and do you have those?
6 And also, when you're talking about
7 the tanks and replenishing the tanks for fire
8 protection, how does the two golf courses at
9 Paradise Point and the irrigation of those
10 golf courses by treated water, how is that
11 going to affect the water modeling?
12 **MR. MASLIA:** Let me answer question number
13 one, and I'd like to clarify that. My
14 understanding is there are two types of logs,
15 what is referred to as logs. One are the
16 water logs or plant operation logs. And we
17 have those. Those actually were published on
18 the DVD that accompanied Chapter A --
19 **MR. PARTAIN:** Yeah, those are listed --
20 **MR. MASLIA:** Let me finish. Let me finish.
21 And so that's one set of logs. And
22 there is, if you go through them, there is
23 some information on those. The other type of
24 logs -- we just had a phone conference the
25 other day that we did ask for -- those would

1 be operator logs. And those are the ^ they
2 are destroyed every ten years so we have no ^.
3 My understanding is that's in keeping with the
4 federal government record ^. ^ keep them but
5 the destruction of them of keeping records for
6 ten years and then destroying them.
7 So there are no historic operator logs
8 for the time period that you would need. So
9 we have to rely on the records, the logs that
10 we have as well as model simulation. That's
11 what we're going to have to rely on. There is
12 a period that we found in June through the
13 beginning of August of '78 in these logbooks,
14 plant logs, that give some turning on, not
15 necessarily turning off, but turning on of
16 what's referred to as a booster pump. And
17 what that will be useful for is actually
18 running a model against that and trying to
19 simulate the water distribution model. The
20 question is why that was done, documented in
21 '78, and any number of reasons. It could have
22 been climatic conditions. We have to look.
23 It may have been a hot year.
24 **MR. PARTAIN:** What month was it?
25 **MR. MASLIA:** It was from June through the

1 end of July. There are about a half dozen
2 entries of a booster pump going on with the
3 hour it went on. And we've been told -- I
4 don't have ^ times. And we've been provided
5 the information that generally speaking the
6 way a booster pump would be turned on it would
7 be kept on for three to four hours. And
8 that's the type of information we will use to
9 try to simulate with the water distribution
10 model with that condition from '78.
11 Let me go on with travel time, start-
12 up time. I'm leaving interconnection until
13 the last. Once again confirmed and we said
14 that in our Tarawa Terrace report, so we
15 mentioned it, and I'm mentioning it now that
16 historic time full production mode for Holcomb
17 Boulevard is June of '72.
18 We have, besides an August grand
19 opening in '72, we also have an accounting
20 record showing transfer of funds to the base
21 as well as I've been informed that there are
22 other reports looking for that. There's
23 actually a maintenance record just some basic
24 equipment went down right after the plant
25 started. And I think, if I'm not correct,

1 that in July --

2 **UNIDENTIFIED SPEAKER:** The operator on the
3 phone said August.

4 **MR. MASLIA:** -- August, okay, August of ’72.
5 And it was done as the plant was in full
6 production. So that still confirms our belief
7 that Holcomb Boulevard began full production
8 of water for distribution in June of ’72, and
9 that’s what we’re going with at this time.

10 Finally, the interconnection issue, we
11 did have a conference call with former or past
12 operators this week of Camp Lejeune. Again,
13 their recollection of operation was that the
14 interconnection or the valves would have been
15 open, primarily, this valve over here at this
16 end of the street, would have been open
17 because at that time they were using finished
18 water to irrigate the golf course as opposed
19 to the two wells that they have now to
20 irrigate the golf course.

21 **MR. BYRON:** When did those two wells come in
22 effect?

23 **MR. MASLIA:** Later on, so --

24 **MR. ENSMINGER:** What, ’87, right?

25 **MR. MASLIA:** I don’t have a date.

1 So what that leads us to is that at
2 certain periods during the summer, they would
3 have opened up the valves.
4 **MR. BYRON:** The contaminated water went to
5 Midway Park then.
6 **MR. MASLIA:** Well, that's --
7 **MR. ENSMINGER:** All of the houses, it went
8 to all of them.
9 **MR. BYRON:** So is there any base --
10 **MR. MASLIA:** Jeff, let me finish. Let me
11 finish because this is I think an important
12 point because in terms of, because we have to
13 interface some assumptions for modeling and
14 the Epi study with what, and I'm not, and nor
15 have I ever ^ said that it was never
16 interconnected. What we said, and it's stated
17 clearly in Chapter A, is that remember we're
18 modeling on a month-long period. It's the
19 finest resolution we could get.
20 Based on that we made the assumption,
21 and it was accepted by Frank on the Epi side,
22 that we had not considered the systems
23 interconnected because they did not supply,
24 one system did not supply the other with a
25 continuous flow of water for two weeks or

1 more, and that I still believe did not occur.
2 It may have occurred intermittently like over
3 a weekend, which we can try to model, or a few
4 days here and there, but it did not occur to
5 my knowledge.
6 And again, we will use our model. We
7 will test this out actually with the model.
8 We will test it out, these scenarios. We will
9 try no interconnects, a day interconnection,
10 two days, a week, two weeks, and see what that
11 does to the concentration of the water and
12 where it goes. We have to use the model to do
13 that. We will test that out.
14 But at this point in time I think
15 that's still consistent with our assumption
16 that we made for the Tarawa Terrace modeling
17 effort that the systems were not considered,
18 from a modeling standpoint, interconnected if
19 they did not supply water continuously for two
20 weeks or more. And that is based on the fact
21 that we are using one month time increments
22 for our modeling, for groundwater transport
23 modeling. And as we have proven in the Tarawa
24 Terrace, and I've just told you about, that
25 the system flushes out in a week. So in other

1 words it would be flushed through the system
2 in a week.
3 **MR. BYRON:** By use.
4 **MR. MASLIA:** Well, it has to be.
5 **MR. BYRON:** It would be flushed out by use,
6 in other words going to people's tap water.
7 **MR. MASLIA:** Well, yes --
8 **MR. BYRON:** Okay, so then there --
9 **MR. MASLIA:** Yes, it would go through the
10 system if they were using their tap, correct.
11 It's demand on the system.
12 **MR. BYRON:** The reason I bring this up is
13 there was ^ that's my understanding at Midway
14 Park on Butler Drive alone in the mid-'80s.
15 And from my family history I've always felt
16 that Midway Park was contaminated.
17 **MR. MASLIA:** Well, all I can tell you is at
18 this point not from a calibration or reality
19 standpoint. I'm not prepared to answer that
20 because we have not done any of that modeling.
21 **MR. BYRON:** I understand.
22 **MR. MASLIA:** But it will be done, and I hope
23 you noticed we did put a task in there for
24 water distribution system modeling to address
25 this issue. It was an issue, if you recall,

1 that the peer review panel told us to step
2 back from and not to proceed, at least for the
3 Tarawa Terrace. We are going back to revisit
4 that, and it will be part of the Hadnot Point-
5 Holcomb Boulevard analyses.
6 **MR. ENSMINGER:** When did this two-week rule
7 come into play?
8 **MR. MASLIA:** It's not a rule. When you do
9 any kind of modeling, whether it's simple or
10 very sophisticated, we have to make certain
11 assumptions because we never have all the
12 information, and the models are not capable of
13 getting down to that fine resolution. And
14 looking at, both from the epidemiological,
15 interfacing with Frank and Perri and what
16 their needs were, and what we could provide --
17 Just because they asked for something,
18 modeling may not be capable. And there are
19 still those that claim the model did not get
20 down to a month. I happen to disagree with
21 that, and I think we've proven that we can do
22 that.
23 -- but I felt from an objective,
24 technical standpoint that if we could show
25 that there was -- through information or

1 modeling -- that there was an impact of
2 interconnection for more than two weeks at a
3 time, you could consider the systems
4 interconnected on a continuous basis, whether
5 it's a month or two.
6 If we could not demonstrate that --
7 and I feel at this point even with the
8 information that we have, you're talking about
9 intermittent dates. You're not even talking
10 about weeks at a time. Even the records that
11 we have --
12 **MR. ENSMINGER:** Let me ask you a question.
13 What was the storage capacity of the treated
14 water storage capacity?
15 **MR. MASLIA:** Of what?
16 **MR. ENSMINGER:** Holcomb Boulevard?
17 **MR. MASLIA:** Holcomb Boulevard?
18 **MR. ENSMINGER:** From '72 to '85.
19 **MR. MASLIA:** It started off with a million.
20 And then it was increased at the time when
21 Tarawa Terrace and Camp Johnson and those --
22 **MR. ENSMINGER:** This was after the post-
23 contamination?
24 **MR. MASLIA:** 'Eighty-seven, yeah.
25 **MR. ENSMINGER:** What was the water usage

1 capacity of the golf course irrigation system?
2 **MR. MASLIA:** I couldn't tell you right off.
3 **MR. ENSMINGER:** It is my understanding that
4 it was somewhere approximately 30,000 gallons
5 a minute. That is a huge amount of water.
6 When you have 1.7 million gallons storage
7 capacity, and you're using 30,000 gallons a
8 minute, it takes a shortly of a little over 45
9 minutes to drain that storage, well, treated
10 water capacity for that entire system.
11 Now when you're draining the clean
12 water that was in the storage tanks in the
13 Holcomb Boulevard system during a high usage
14 period of water, which would be the evening
15 for the housing areas because all the families
16 would leave work and go home. The water usage
17 at Hadnot Point dropped dramatically at 16:00
18 or 16:30 each day. The water usage at Holcomb
19 Boulevard spiked at that same time because
20 everybody was going home.
21 And then they're watering the golf
22 course with the clean water that was already
23 built up from the Holcomb Boulevard wells and
24 refilling it with the crap that came from
25 Hadnot Point. So the water that people were

1 using to do their household chores and stuff
2 for the entire evening, every evening during
3 the summer or whenever they irrigated the golf
4 course -- and we know how the generals love
5 their green golf courses. How many doses of
6 1,400 parts per billion of TCE does it take to
7 hurt a fetus?
8 **MR. MASLIA:** I'm not prepared to answer that
9 because that's not my expertise.
10 **MR. ENSMINGER:** Well, this two-week stuff is
11 a --
12 **MR. MASLIA:** With all due respect, that was
13 a modeling decision that was made and approved
14 and accepted by a peer review panel, and it
15 has been accepted by everyone who has reviewed
16 the report. I cannot put into a model
17 information that I don't have.
18 What I've said we're going to do is
19 we're going to look at scenarios where the
20 systems are interconnected. And that is
21 really the best we can do. But the
22 epidemiological study, the groundwater flow
23 model, the time resolution is still set at a
24 one-month period.
25 **MR. STALLARD:** We have five minutes before

1 our break.
2 **DR. BOVE:** And so once we model this
3 interconnection and use the levels of
4 contamination that we estimate at the Hadnot
5 Point system, we can then see what the
6 contamination levels would be at Holcomb
7 Boulevard. If they are significant, we take
8 that into account in the analysis. It's as
9 simple as that. The two-week rule is a rule
10 of thumb. It also -- as Morris is telling you
11 -- we're asking this model to do stuff that
12 it, we're stretching the limits of this model.
13 And so, but that doesn't mean we
14 shouldn't take this into account. We can
15 analyze this data several different ways and
16 the reanalysis as well. And the key thing
17 here, and where, and you can do this pretty
18 well in these kinds of studies -- when you get
19 to the adult stuff it's not as -- is not an
20 issue. But here I'm trying to characterize
21 trimesters, especially for birth defects in
22 the first trimester. So some of the people at
23 Midway Park, for example, or Paradise Point,
24 if their first trimester is during a hot
25 summer month, well, we have meteorologic data

1 to indicate a dry month.
2 And the models seem to indicate that
3 there would be some problem here because there
4 would be contamination ^ exposure aspect for
5 that pregnancy and take that into account. If
6 the second trimester, you're still unexposed
7 the first trimester, and so we can still take,
8 I mean, that's how we're going to have to
9 analyze this data.
10 That's one of the reasons why I've
11 been pushed and pushed, both internally and
12 externally -- not so much externally, actually
13 -- to start this analysis of a case control
14 study using the Tarawa Terrace data. I've
15 resisted because I said I want to wait and see
16 what's going on with Hadnot Point. Now, I
17 didn't know how serious the interconnection
18 problem is, and I still don't know.
19 But I'm glad I made that decision
20 because I did take a quick look at the data,
21 but at this point I don't have any confidence
22 in that quick look because I want this issue
23 resolved. Once this issue's resolved, then,
24 yeah, it's possible for me to look at the
25 Tarawa Terrace data and compare it to the

1 Midway Park and Paradise Point and so on.
2 But my position all along has been to
3 wait for all the data, I have all the data in
4 hand. If it’s preliminary for Hadnot Point,
5 that would be good enough to start, and then
6 do the actual analysis. And I think that
7 that’s a good decision given what we’re
8 talking about today.
9 **MR. BYRON:** This is Jeff again, and what
10 we’re concerned with is that we thought that
11 that valve was only open for the short period
12 when the line burst or the fuel leaked. And
13 now we’re finding out, and we know that this
14 General Counsel to the Commandant who sets the
15 environmental policy and Lieutenant Colonel
16 Tencate was well aware of these documents.
17 Now this is point. Transparency is
18 what we’re getting at. Now that golf course,
19 the water usage has not changed unless the
20 course has either shrunk in size or is larger.
21 So you will be able to find out how many
22 gallons were used each day. And as a former
23 golfer I can tell you they're watering that
24 lawn once a day in North Carolina. So they’re
25 depleting those tanks continually. What I

1 want to know is will the water model show
2 this?
3 **MR. MASLIA:** Let me just without getting too
4 technical, I'll be happy to on the side or
5 other way. What's referred to as a water
6 distribution system model is completely
7 different than the groundwater flow and
8 transport model. Whereas, with the
9 groundwater flow model we look for the
10 contamination at the wells. And at Tarawa
11 Terrace we assumed that it all got mixed at
12 the central treatment plant.
13 In a water distribution system model
14 what we do at every location, whether it's a
15 person's home or street, down to the street
16 level, we say what the use is. How much is
17 being pulled out of that pipe. You have to
18 put that into the model. That will be put
19 into the model. One of the things we have
20 going into it is there's generally full
21 capacity in the housing end of this. It's not
22 like a high area of town or whatever. These
23 houses are not filled to capacity, are vacant.
24 You have a question of whether they're
25 actually using the water or not. That's one

1 of our advantages here is that we can assume
2 it was always 100 percent filled to capacity,
3 but we put in so many gallons a day or some of
4 that information we obtained from when we did
5 the field test in 2004, the water distribution
6 system field test to see what the demand was
7 and what we refer to as the diurnal pattern
8 over a 24-hour cycle. So we have that
9 information from when we did the field testing
10 in 2004. But that is put into a water
11 distribution model.
12 So again, when we say demand, the golf
13 course is a demand. It may not be a human
14 demand, but it's still a demand and it is
15 included, it is included in the model. So let
16 me assure you of that. But I feel, I really
17 want you to try to understand that what we
18 have tried to do, maintain, is follow a very
19 strict, what we refer to as a modeling
20 protocol.
21 And that is so it can be defensible in
22 front of not only you or our internal peers,
23 but anybody else, whether it's an external
24 consultant, the National Research Council or
25 anybody else looking at our work. And as

1 such, when we either are missing information
2 or there's uncertainty, for example, the
3 interconnection issue, we need to state up
4 front what our assumption or hypothesis is for
5 that missing information, and that's why we
6 did that.
7 It was clearly stated in Chapter A
8 report was for that, and we are still going
9 with that. If it turns out that we obtain
10 additional information that negates or
11 contradicts that assumption, then we will go
12 back and modify that. But at this point in
13 time that is not, still not the case when it
14 comes to this purpose. But just as we have
15 found now more information or to address
16 questions that have been answered, we are
17 going back now and looking in more detail at
18 the water distribution system modeling.
19 We were not originally going to do
20 that even for the Hadnot Point area. We are
21 now going back still vetting in our tests.
22 But we have to follow that process because of
23 the external processes that will depend on
24 what we do.
25 And one of the first things I do when

1 I review reports or whatever, I always look at
2 what process did they use. What assumptions
3 did they make? Are they stated up front
4 clearly, or do they change every time
5 something else changes? It may not satisfy
6 you on a personal level as addressing your
7 personal question, but from a modeling
8 standpoint that will be used by anybody and
9 everybody that we have to follow that
10 protocol. Try and understand that constraint.
11 **DR. BOVE:** We're going to break in one
12 second. I just want to say one thing. Since
13 Morris is working for us, providing the
14 information we need for the case control
15 study, if we feel that after this analysis
16 that we can relax that two-week rule, we will
17 relax it. We want to have as accurate
18 exposure sets as possible. For Tarawa Terrace
19 it made sense. It may not make sense here.
20 So we need to find that out. That's one of
21 the things we need to look at. But it's not a
22 hard and fast rule. But we did publish it in
23 Chapter A for Tarawa Terrace analysis. I
24 think it was okay for that analysis, I think
25 that makes the best. We'll have to defend

1 what we do either way.
2 **MR. STALLARD:** All right, thank you. Thank
3 you, Morris, very much for your presentation.
4 Please be back in 15 minutes from now.
5 (Whereupon, a break was taken from 10:15
6 a.m. to 10:35 a.m.)
7 **CAP BUSINESS**
8 **MR. STALLARD:** We're going to move on to the
9 next part of the agenda. And it says there
10 "CAP Business" with my name next to it. And
11 actually it's your business, so we're going to
12 talk about two things here that I know about.
13 And they were mentioned in the what you wanted
14 to achieve as well.
15 Jeff was talking about regular
16 meetings and the need for a monthly call. I
17 don't think we can talk about that until we
18 talk about the transparency issue and confront
19 that and deal with that. I would remind the
20 members that we're here to talk about the
21 topics that are going to advance our ability
22 to continue to move forward with momentum.
23 So it would be helpful to refrain from
24 personalizing emotional energy to things that
25 have transpired in the past. The Marine Corps

1 is here and represented by Kelly who can speak
2 to some of the issues and topics in the spirit
3 of moving forward in terms of let's identify
4 what issues are there about transparency.
5 If it could be done, what needs to be
6 done for you all as a CAP to feel that A, the
7 Marine Corps is sitting at the same table in
8 support of this endeavor, and that your issues
9 around transparency are articulated and
10 revealed and there are action steps that will
11 satisfy your definition of transparency. So
12 that's a lot to do in the next 45 minutes.
13 So generally, let me just get the
14 issue out before we ask Kelly to come up and
15 talk, speak to you, which she does by choice,
16 to answer some of the questions that you
17 raised relative to the Marine Corps. What are
18 the specific, what would satisfy you in terms
19 of transparency? What is the issue?
20 **MR. BYRON:** Total disclosure of the
21 documents.
22 **MR. STALLARD:** Okay, I want you to hand
23 these things around. Total disclosure, total
24 disclosure, transparency. Those of you who
25 are filming this, I don't have a spell check,

1 so. To make it work would be total
2 disclosure.
3 What else?
4 **MR. ENSMINGER:** All right, when I'm talking
5 about transparency issues, on the 7th of
6 December, the Department of the Navy wrote a
7 letter to ATSDR concerning Camp Lejeune issues
8 and funding, and they were calling for a
9 meeting to take place about funding for Camp
10 Lejeune initiatives.
11 Anything such as this, anything that
12 pertains to Camp Lejeune that's either coming
13 to ATSDR or going from ATSDR either as whether
14 it's to the Marine Corps, from the Marine
15 Corps, from the Department of the Navy, from
16 the Department of Defense to ATSDR or vice
17 versa from ATSDR back to them. Anything that
18 calls for any behind closed door meetings
19 concerning Camp Lejeune or funding, anything
20 that pertains to Camp Lejeune initiatives, it
21 is my contention that the CAP should be
22 included in the distribution of this
23 correspondence. And we should be not only
24 informed if there's meetings that take place,
25 we should be offered to sit there. This

1 directly affects us and this community.
2 **MR. GROS (by Telephone):** I agree.
3 **MR. ENSMINGER:** Who is that?
4 **MR. GROS (by Telephone):** This is Mike Gros.
5 **MR. ENSMINGER:** Oh, okay.
6 **MR. GROS (by Telephone):** I second that. I
7 totally agree. I don't think there should be
8 any second information here, ^ the funding.
9 **MR. ENSMINGER:** I mean, I see this 7
10 December letter from the Department of the
11 Navy where they're talking about the original
12 cost estimate of the studies in the Camp
13 Lejeune efforts was $1.8 million, and they say
14 to date over ten million has been provided to
15 ATSDR.
16 Now I know that the Department of the
17 Navy and DoD and all these guys like to get
18 together and have your pre-meetings, and you
19 strategize on how you're going to beat the
20 hell out of ATSDR the next day when you meet
21 with them. But I'm here to tell you right
22 now, I'm tired of this crap with Camp Lejeune.
23 Okay? You can go have your meetings, but I'll
24 tell you what, the next meetings that take
25 place, and they concern Camp Lejeune, I want a

1 seat there.
2 **MR. BYRON:** I'll second that.
3 **MR. ENSMINGER:** And this 1.8 million that
4 was initially estimated by ATSDR for this
5 stuff was $1.8 million when they didn't have
6 to go back and re-do a whole bunch of stuff
7 because they got wrong data. And we're still
8 getting incorrect data.
9 I mean, with Morris got plans that
10 were for the Holcomb Boulevard water system
11 which showed that they had 2.7 million or
12 three million gallons treated water storage
13 capacity. And those were as-were plans,
14 drawings, which were dated in '83 or '84.
15 Well, we know that the expansion of
16 the Holcomb Boulevard water treatment plant
17 didn't take place until after the
18 contamination period was done after '85, post-
19 '85. So prior to 1985, Morris was under the
20 assumption that they had had almost three
21 million gallon storage capacity. Well, that
22 was a lie. They had 1.7 million gallons.
23 Point seven million gallons in the above-
24 ground storage tanks and one million gallons
25 in the tank at the plant.

1 These are the things that I'm talking
2 about. And these meetings that take place,
3 and these letters going back and forth, now,
4 Dr. Williamson made the comment before he left
5 after I brought this issue up, he wanted to
6 know if all the CAP members felt this way.
7 Well, I am proposing right now, Chris, that we
8 find out how many of the CAP members -- we've
9 got everybody here, right?
10 **MR. STALLARD:** On the phone and, yeah.
11 **MR. ENSMINGER:** Let's take a vote.
12 **MR. STALLARD:** What are we going to vote on?
13 **MR. ENSMINGER:** Do all the CAP members feel
14 that this transparency issue and the openness
15 needs to go forward and we need to have this
16 transparency.
17 **MR. GROS (by Telephone):** Agreed.
18 **MR. STALLARD:** So, A, that transparency is
19 an issue. Is there agreement about that?
20 (Whereupon, CAP members signified in the
21 affirmative.)
22 **MR. STALLARD:** Do you have anything to
23 contribute?
24 **MS. SIMMONS:** No.
25 **MR. STALLARD:** Is that an abstention?

1 **MS. SIMMONS:** An abstention.
2 **MR. STALLARD:** So who is the issue between?
3 Between -- I'm just trying to get clarity here
4 -- between ATSDR, the Navy and Marine Corps in
5 terms of how they're being transparent and
6 being able to include and invite the other CAP
7 members to their meetings?
8 **MR. ENSMINGER:** Yeah.
9 **MR. STALLARD:** I need a vote, I'm not sure
10 what a vote would do. The sentiment that's
11 being expressed is loud and clear that there
12 is an issue around transparency that needs to
13 be addressed and resolved.
14 **MR. ENSMINGER:** Well, this all would lends
15 to correspondence, too, like these letters
16 going back and forth. I mean, why do I have,
17 you know, I feel like the village bum, you
18 know. I have to go to the back door to ask
19 somebody to hand me the information out the
20 back door of what's happening in this
21 situation. That shouldn't be.
22 Why do I have to go around begging to
23 find out what the hell's going on with the
24 studies and stuff that are taking place on an
25 issue that quite possibly killed my child? I

1 mean, why? I shouldn't have to be going to
2 the back door and begging somebody to give me
3 this information. We're here to keep this
4 community informed. This panel was created by
5 initiative of Congress, okay? ATSDR was
6 created by an act of Congress.
7 **MR. STALLARD:** Okay, so to arbitrate if I
8 could put this, I would ask do we have a
9 single point of contact representative for the
10 CAP that represents us?
11 Mary Ann, you represent DoD. Does
12 that include the Navy and Marine Corps? I
13 know they come under there. So you're the
14 single point of contact for the DoD.
15 **MS. SIMMONS:** As a conduit of information.
16 **MR. STALLARD:** As a conduit of information.
17 **MS. SIMMONS:** Yes, as a conduit of
18 information and to provide information back to
19 them.
20 **MR. STALLARD:** Well, let's just cut to the
21 chase. Is there a way to enhance
22 relationships with the other uniformed
23 services, Navy and Marine Corps, that would
24 address the CAP members' concerns in terms of
25 transparency?

1 **MS. SIMMONS:** Well, we've done our very best
2 to be transparent from day one. The letter
3 Mr. Ensminger is referring to was an internal
4 meeting that I had nothing to do with the
5 invitees. I'll be glad to bring that up to
6 the powers to be to see what they would think
7 about for future meetings. But that's all I
8 can do. It was an internal budget meeting.
9 **MR. STALLARD:** But you feel in general, I
10 mean, who do you correspond with? Do you --
11 **MR. ENSMINGER:** That's the point, nobody
12 right now. I mean, nobody's keeping us in the
13 loop. This stuff's going back and forth
14 between ATSDR and the Department of the Navy
15 and Headquarters Marine Corps and DHAC or
16 whatever you call yourselves now. What is it?
17 **MS. SIMMONS:** Marine Corps Public Health
18 Center.
19 **MR. ENSMINGER:** What's the acronym?
20 **MS. SIMMONS:** We don't have one. We just
21 call ourselves --
22 **MR. ENSMINGER:** You haven't figured one out
23 yet.
24 **MS. SIMMONS:** -- no.
25 **MR. STALLARD:** That's too many consonants.

1 **MR. ENSMINGER:** But, I mean, this kind of
2 stuff right here, I mean, there have been all
3 kinds of, for lack of a better term, screw ups
4 in this situation. Because you've got two, I
5 view it as two federal agencies dealing back
6 and forth with each other, or three or four or
7 however many are involved in this. And the
8 community is pushed off to the side, and we're
9 supposed to be out here, and whenever they
10 deem it necessary for us to hear anything or
11 find anything out, they'll throw us the
12 scraps.
13 No, not since this CAP was formed.
14 That's got to stop. We should have determined
15 this right up front. I was wrong. This was
16 an oversight by me from the get-go, but it
17 needs to be corrected now. We shouldn't be
18 over here like the remora among the shark
19 getting the scraps that come from his mouth,
20 no. We were created by a mission of Congress.
21 We should be informed because we're the ones
22 that are keeping the rest of the community
23 informed.
24 And if you go to ATSDR's website and
25 read their definition of a CAP, that's what it

1 says. And there has been incorrect data
2 provided to ATSDR by DoD entities, and, gee,
3 go figure. Who corrected it? There's one guy
4 setting right there on the telephone right
5 now, Tom Townsend, that caught the error and
6 revealed it which completely skewed one whole
7 study. And if he wouldn't have caught that at
8 the time that he did, it would have skewed
9 another study.
10 And that's what happens when you have
11 a closed system, and you got all these people
12 and only certain eyes looking at stuff. And I
13 know the Department of Defense entities would
14 love to keep this behind the scenes and hush-
15 hush and the dealings go on between just these
16 federal agencies and out of our eyesight or
17 out of our earshot. And if we're going to
18 have transparency in this situation, we need
19 to have a seat, and we need to have our eyes
20 on stuff that goes back and forth.
21 **MR. STALLARD:** Thank you.
22 **MR. TOWNSEND (by Telephone):** Chris?
23 **MR. STALLARD:** Yes.
24 **MR. TOWNSEND (by Telephone):** Tom Townsend.
25 We got into this early in this year, and

1 Secretary ^ and Assistant Secretary Mach were
2 fooling around with the funding. And it took
3 a lot of pushing them ^ and give the money up
4 for ATSDR to move. And that wasn't a matter
5 of ^ being found.
6 **MR. ENSMINGER:** Tom, you're phone's cutting
7 in and out. I don't know what you're talking
8 into. You got your earpiece on or you using
9 your phone?
10 **MR. TOWNSEND (by Telephone):** I got my
11 earpiece on.
12 **MR. ENSMINGER:** You should try talking into
13 your regular phone.
14 **MR. TOWNSEND (by Telephone):** Okay, I'm on
15 it now.
16 **MR. STALLARD:** Okay, so we heard the part
17 where, about the funding, so go ahead and
18 continue on, Tom.
19 **MR. TOWNSEND (by Telephone):** Well, it took
20 a letter to Mr. Mach, who is a brand new
21 player in that section of ^ to break loose ^
22 for Frank to go ahead with the program. And ^
23 in order to keep ahead of these --
24 **MR. STALLARD:** Okay, what we have here is an
25 issue of --

1 **DR. BOVE:** State of the art equipment here.
2 **MR. STALLARD:** -- well, we're going to work
3 with what we've got, and what we've got here
4 are people from different agencies and the
5 community, and we have an issue of trust and
6 confidence that we are working in an open
7 environment for the same goal. That's right,
8 right?
9 **MR. ENSMINGER:** Right, information sharing.
10 **MR. STALLARD:** Information sharing. So what
11 is the mechanism to solve that and so I ask.
12 I don't know what the DoD structures are, but
13 they have ombudspeople. Can we have an
14 ombudsperson identified and established to
15 hear the concerns of agencies? I don't need
16 an answer, but take it if you would to see who
17 can be an arbitrator, conflict resolver, whose
18 objective that can bring the interests of all
19 the parties to move this forward. This is
20 about relationships, and we really only get
21 together once a quarter in this room. And
22 there's a lot of paper, phone calls that go
23 back and forth, so there's a lot of stuff
24 happening.
25 **MR. ENSMINGER:** Well, what was going on was

1 they were withholding funding. They weren't
2 approving funding. They were dragging their
3 feet on approving different funds for
4 different initiatives like the meeting at Camp
5 Lejeune and the expert meeting that they were
6 going to have in March.
7 And when Tom and I found out about
8 this, we started making phone calls and
9 raising some dust. And surely enough, the
10 funding got turned loose and then there were
11 some phone calls made down here to
12 headquarters over to ATSDR Headquarters
13 complaining that there were people within
14 ATSDR that were keeping us informed, releasing
15 information to us, internal information.
16 Well, I beg to differ. That's part of
17 our job as CAP members is to be aware of
18 what's going on and who it is that's dragging
19 their feet and find out why and try to break
20 the logjams if we can. Now, you know, this
21 mushroom treatment, it's got to stop. It's
22 got to stop. I'm not going to sit in the
23 dark, and nobody's going to feed me crap,
24 okay?
25 **MR. STALLARD:** Thank you, A, for expressing

1 for the record the issues that we are facing.
2 I'd ask that we collectively come up with a
3 solution that we can report on back to the
4 panel that seems like a viable solution.
5 There's a couple things here. Not only the
6 issue at hand, but there's also organizational
7 cultures. I mean, that's just part of the
8 beast right here.
9 **MR. BYRON:** This is Jeff Byron. It was
10 brought up to me that this is more a matter of
11 sharing information, not relationships. But
12 in a way, you have to try and establish a
13 relationship, but you have to try to establish
14 a relationship with a partner that wants to be
15 in the relationship. From what I've seen, we
16 have a partner in the DoD and the Marine Corps
17 that doesn't want to be in a relationship.
18 And I'll bring up one example, and you
19 can correct me if I'm wrong. You went to Camp
20 Lejeune to receive command and chronology
21 codes, past history, and you receive present
22 history versus past history. Is that correct
23 or not?
24 **DR. BOVE:** You mean the RUC command codes?
25 **MR. BYRON:** Yes.

1 **DR. BOVE:** They've identified the coding
2 manual, codes manual for the 1980s. We have
3 that now. In fact, I have it right here. So
4 it did take them some time to locate it.
5 **MR. BYRON:** But they had some time to try
6 and locate it before you got there also.
7 **DR. BOVE:** Oh, yeah.
8 **MR. BYRON:** So the point is delay, is it by
9 design or is it just circumstance?
10 **DR. BOVE:** I received a commitment that they
11 will try to locate the code manuals. The two
12 I have here is for G. They have A to G. So
13 they need to locate A to G and give the full
14 history of how the codes changed over time
15 although probably the codes we need are G, F
16 and E would be sufficient. But, yes, it did
17 take them awhile to find it, but they have
18 found it.
19 And we can move forward, and we'll
20 talk about this. I think that we need to move
21 on, but I think the point is well taken
22 because we've been trying to inform you about
23 all the discussions that have gone on. And
24 that's what this meeting is about today.
25 That's why I want to get into it.

1 We've had meetings with DoD, the
2 budget meeting that you're discussing. We
3 also had a phone call a few days ago
4 discussing about the notification and the
5 health survey that's part of this. So I want
6 to get to this stuff. And we had a meeting of
7 epidemiologists. Now some of these meetings
8 it makes sense for the agency to meet with
9 internal. I mean there are meetings that make
10 sense internally.
11 I think any important meeting where we
12 need community representation, that's
13 different. I think you should be represented.
14 But there are times when we need to meet
15 internally because if we don't have, for
16 example, the epidemiologists. I think that
17 they wanted to meet with us, and we wanted to
18 pick their brains. That's what that meeting
19 was about.
20 And I think because we met internally,
21 we got the best information we could. I don't
22 know how it would have worked out if you were
23 also there. So there are going to be meetings
24 like that that make sense but we can let you
25 know about those meetings. That's one thing

1 about cross-cutting the results of it.
2 **MR. ENSMINGER:** Well, in a meeting such as
3 that we have a representative on the CAP that
4 would be in those meetings anyhow.
5 **DR. BOVE:** Okay, well, Dick was there, but I
6 meant a community representative.
7 **MR. ENSMINGER:** No, he's our --
8 **DR. BOVE:** I know, but I think he does a
9 fine job, but I think a distinction between
10 the technical advisers and actual community
11 members --
12 **MR. ENSMINGER:** Yeah, but I'm talking about
13 these meetings where you've got these people
14 that want to call you together and start
15 beating up on you about funding and how much
16 this is costing and that's something that we
17 need to be at.
18 **DR. BOVE:** Well, I have no control over if
19 they call the meeting, and they invite who
20 they invite, that's who they invite. I have
21 no control. All I can do, and I'll continue
22 to do it, is to keep you informed through
23 these meetings or whatever other mechanism we
24 can come up with to keep you informed about
25 the progress and any difficulties. And I've

1 been trying to do that. And I think that
2 should work. But I'm intrigued with the idea
3 of an ombudsman-person at the DoD. I don't
4 know if that's possible, but ^.
5 **MR. ENSMINGER:** But, you know, by the same
6 token these people from -- this Deputy
7 Assistant Secretary of the Navy, I mean, do
8 these folks, once we do find out this
9 information, and we do take initiatives, this
10 guy is calling his boss who's coming down on
11 him and accusing him of being an advocate for
12 Camp Lejeune victims. And it doesn't make any
13 sense. I mean, no, he's not an advocate for
14 us. He's an advocate for public health.
15 That's what ATSDR is supposed to be doing,
16 right? Not providing cover for another
17 federal department, right?
18 **DR. BOVE:** Well, that's with this CAP.
19 **MR. ENSMINGER:** Well, you know, I mean the
20 ATSDR has already had their butt in a crack
21 already over FEMA trailers and Great Lakes
22 reports and, I mean, oh, gee whiz, what's that
23 all about? It's not sharing public
24 information.
25 **MR. STALLARD:** Okay, so message received.

1 All those in favor of having a CAP --
2 what is it, weekly call, monthly call? What
3 is it you're talking about? What's the
4 proposal?
5 Who's on the -- I heard a couple beeps
6 so do we still have Mike --
7 **MR. GROS (by Telephone):** I'm here.
8 **MR. STALLARD:** -- Sandy and Tom?
9 **MR. GROS (by Telephone):** I'm here.
10 **MS. BRIDGES (by Telephone):** I'm here.
11 **MR. STALLARD:** Anybody else?
12 **MS. BRIDGES (by Telephone):** Sandy is here.
13 **MS. RUCKART:** Regarding the proposal for a
14 CAP call, I just wanted some clarification.
15 When you say a CAP call do you mean just
16 amongst the community or what were you
17 thinking?
18 **MR. GROS (by Telephone):** I think one person
19 from the CAP who is into the loop ^ their
20 internal communication DoD ^ ATSDR. And we
21 need to ^ to that.
22 **MS. RUCKART:** Because I thought that the
23 proposal was for a way for you all to
24 communicate with each other more frequently
25 than just at our face-to-face meetings. So

1 what were you --
2 **MR. BYRON:** What we're proposing is that a
3 member from the CAP be included in these
4 meetings that you're having as far as funding
5 or whatever issues come up before the CAP.
6 And I propose it would be Jerry Ensminger
7 since he knows the most about this issue.
8 **MS. RUCKART:** But I thought you all were
9 requesting a CAP monthly call. That's
10 different than a transparency issue. Did you
11 propose that?
12 **MR. PARTAIN:** That was, we were talking
13 about maybe getting a conference call with the
14 committee members together on a monthly basis
15 so we can talk and discuss things like this
16 here.
17 **MS. RUCKART:** So you're saying you want a
18 mechanism for you all to just communicate with
19 each other on a regular basis. Is that what
20 you're saying?
21 **MR. PARTAIN:** Yes.
22 **MS. RUCKART:** Okay, well, I have a bridge
23 line that I can share with you, basically a
24 toll-free number where can all call in and do
25 that. The only thing is you'll have to check

1 with me to make sure that I don't need it for
2 another purpose. And then that way you can
3 all meet as often as you want. If you wanted
4 to meet several times a month, it doesn't
5 matter to me. We'll just have to make sure
6 that I don't have another meeting scheduled
7 where I'm using that line.
8 **MR. STALLARD:** Problem solved.
9 **DR. BOVE:** What about two?
10 **MS. RUCKART:** That's because whoever is
11 listening to it over the internet, there's a
12 delay so you hear the feedback. When you hear
13 us live here, then you hear it a few seconds
14 later. You know, like when you're on the
15 radio, you know, there's that delay.
16 **MR. STALLARD:** I don't know, but that's
17 beyond the scope of our practice right now.
18 Let's hear from Mike.
19 **MR. PARTAIN:** What about getting a Camp
20 Lejeune status report e-mailed to us? Kind of
21 getting us the highlights of what's going on,
22 say, on a monthly basis, same issues, things
23 going on, concerns and stuff like that.
24 **DR. BOVE:** We try to do that. It may not be
25 monthly, but we'll see. We also talk to the

1 people constantly, and we're getting a lot of
2 e-mails and letters and stuff, phone calls.
3 It just piles up on Perri and I so, but we
4 will try to keep you informed that way, too.
5 But you can always call us. That's what
6 people do, call us every day, and that's fine,
7 too. So it could be a number of things. You
8 have my phone number. Everyone has my phone
9 number.
10 **MR. PARTAIN:** I tried not to bring your
11 phone number ^.
12 **DR. BOVE:** Not my home number, but I'm sure
13 that will get out, too.
14 So, and that's fine. But keep in
15 mind, too, that I do have to work in order to
16 do this work and so there has to be a balance
17 somehow. We'll try to get that information to
18 you in real time.
19 **MR. STALLARD:** The issue is you want to be
20 apprised of the actions that are moving
21 forward ^ this momentum and things are moving
22 ahead.
23 So keeping the meetings regular,
24 quarterly, is what Jeff said, transparency
25 issues and more regular updates.

1 Perri, you're up next I think.

2 **REVISED CASE COUNTS FOR CURRENT STUDY**

3 **MS. RUCKART:** Well, a few days ago I e-
4 mailed out to everybody a status update for
5 case counts for our current study.
6 Unfortunately, the numbers have dropped off,
7 and I would like to go through that now and
8 explain why that is. And this I think we're
9 fairly certain will be the final numbers.
10 The reason why basically just to go
11 over in summary why the numbers have dropped
12 off is because we are now looking at the
13 interview data. Before we just had strictly,
14 these were self-reported cases. These were
15 confirmed by the medical records. And now we
16 are looking at the interview data to find out
17 more information about where people said they
18 lived so we can assign them to an exposure
19 later on and we get the water modeling data.
20 And then at that point it has come out, as we
21 will see, that some people have now become
22 ineligible. So they are confirmed as having
23 their condition in that sense, but
24 unfortunately, ineligible to be in the study.
25 **MR. BYRON:** Based on?

1 **MS. RUCKART:** Well, I'm going to go through
2 that with you now.
3 So the numbers as it stands now, 52
4 confirmed and eligible for cases, and 32 of
5 the reported cases were confirmed not to have
6 a condition that was reported in the survey.
7 Seven are ineligible, and I will go through
8 that in detail here in a minute. Eight cases
9 the parent or child refused to participate. I
10 don't really know if those are confirmed or
11 not because they refused to provide any
12 medical information. And seven could not be
13 verified. We termed them pending.
14 So originally in the telephone survey
15 we had 35 reported cases of neural tube
16 defects. And how that breaks down is 15
17 confirmed as having the defect and eligible.
18 That's six anencephaly and nine spina bifida.
19 And the parents of all 15 cases were
20 interviewed so we have a lot of detailed
21 information about different risk factors and,
22 of course, where they lived on base. And we
23 can include that and pull it out to use in our
24 studies.
25 Thirteen were confirmed as not having

1 the defect. That’s two anencephaly, eight
2 spina bifida, so they’re obviously out. Three
3 were ineligible. One of these was born in
4 January ’86, so obviously that person is
5 ineligible because our study time period is
6 January 1, ’68 to December 31, 1985. And then
7 unfortunately two anencephalies, these were
8 confirmed to have anencephaly, but what we
9 were doing were specific examination on them,
10 and we have interview data.
11 It’s come to our attention that they
12 did not live on base during the pregnancy.
13 And when we went up to Camp Lejeune in
14 February, we realized that part of Midway Park
15 is on base, and part of Midway Park is off
16 base. So at some point these people reported
17 that they lived in Midway Park, and we
18 couldn’t find their housing record, but we
19 wanted to be inclusive.
20 And they said they lived there, and we
21 said, okay, fine, but we can’t include you --
22 I’m sorry -- we can’t find your housing
23 records. You said you lived there. That’s
24 great, but then we have found out that part of
25 Midway Park is off base, and when we looked at

1 in one case a birth certificate, it said a
2 street name. And when we looked further, we
3 see that street name actually is off base.
4 And I think that actually happened twice.
5 Well, one person said they lived in
6 Midway Park, and they gave a street address.
7 And we've since found out that is in Midway
8 Park off base. One person, I think, said they
9 lived in Midway Park, but it turns out from
10 their birth certificate we saw they actually
11 lived in Jacksonville. So unfortunately, they
12 are not eligible.
13 **DR. BOVE:** It could have been a street that
14 was either in the Midway Park off base or
15 further out. I don't know where Midway Park
16 ends in Jacksonville. So Midway Park, say,
17 like Barbara Avenue or Daley Street, and then
18 this -- I don't want to get too far into ^
19 where this person lived, but they're further
20 out.
21 The ineligible is more than 186,
22 that's no different. That's always been the
23 case. They were always ineligible. And
24 again, as Perri's saying, we're reviewing very
25 closely the interview data. Both Perri and I

1 have been through it now a couple times, and
2 going back to our housing records and trying
3 to make sense of it. Because part of the
4 problem is unfortunately in the interviews,
5 people couldn't remember where they were or --
6 that's probably what happened -- and --
7 **MR. BYRON:** So the term of gestation was not
8 '85?
9 **DR. BOVE:** The way we defined the study is
10 you had to be born by December '85. That was
11 --
12 **MR. BYRON:** How many did we miss when that
13 occurs? Because I have some e-mails here that
14 --
15 **DR. BOVE:** The major contamination is over
16 by February of '85.
17 **MR. ENSMINGER:** No, no, no.
18 **DR. BOVE:** The major contamination,
19 according to our estimates at Tarawa Terrace.
20 But it doesn't matter. We made this decision a
21 long time ago. We can't open it up again.
22 This decision was made that the child had to
23 be born by December '85. We made this
24 decision so the time is set.
25 **MR. ENSMINGER:** Those decisions were made on

1 inaccurate data. I mean --

2 **DR. BOVE:** I'm sorry. If we characterize

3 the first trimester, if I calculate it right,

4 the first trimester would be after the --

5 **MR. ENSMINGER:** Well, it's apples or oranges

6 anyhow. But, you know, here we go back to the

7 same old stuff. The Marine Corps --

8 **DR. BOVE:** No, no.

9 **MR. ENSMINGER:** No, this lends to what we're

10 talking about about incorrect data and getting

11 the right information.

12 The Marine Corps' information about

13 Tarawa Terrace was that on 8 February, the

14 Tarawa Terrace water distribution plant was

15 discontinued, and their water was provided by

16 Holcomb Boulevard. It's right in their press

17 releases back in the '90s.

18 And then we found out that, no, that

19 plant was never taken offline. They continued

20 to provide water not only through '85, up

21 until March of '87. And now I'm finding

22 analytical data now from the Hadnot Point

23 system and the Holcomb system from March and

24 April that exceed --

25 **DR. BOVE:** We don't know who this child is.

1 I'm not going to say who this child is.
2 **MR. ENSMINGER:** No, no.
3 **DR. BOVE:** But anyway, we faced this a long
4 time ago, and we can't reopen it. It cannot
5 be reopened. We stopped this study a long
6 time ago. The person's ineligible. They've
7 been ineligible all along. That's not the
8 change. The change is actually the other two,
9 and the other two have to do with to our
10 knowledge now where Midway Park is in
11 Jacksonville. That there's a Midway Park
12 outside the base. We know the streets, and we
13 know where they are. So now we know where
14 these two anencephalies in their pregnancies
15 were.
16 As for the clefts, there wasn't any
17 change.
18 **MS. RUCKART:** There's the one change that
19 one person is going to be in the crude
20 analysis because they're not --
21 **DR. BOVE:** They weren't interviewed. Yeah,
22 but they weren't, we knew that before.
23 **MS. RUCKART:** Right, we didn't report that.
24 **DR. BOVE:** And the other changes are with
25 leukemia and non-Hodgkin's lymphoma. And

1 again, it's the same issue again. One person
2 said they lived in a trailer park in Midway
3 Park. That's off base. And the other two,
4 again, their address is off base.
5 So we didn't know that at the time.
6 When we did the interviews and we did the
7 survey, when someone said Midway Park, we
8 assumed they were in the base. And we learned
9 later that we didn't really learn, I mean,
10 there may have been communication back and
11 forth. I'm not sure, but we knew for sure
12 after the last visit to Camp Lejeune and which
13 streets were considered in.
14 And we had this, it should have been
15 evident to us anyway because we had the list
16 of streets in Midway Park, but I think when we
17 did the survey and the interviews, when
18 someone said Midway Park, we just assumed.
19 It's interesting that in one interview the
20 information on Midway Park is, the person said
21 they were off base. They actually said they
22 were off base, and we didn't take that
23 seriously.
24 **MR. BYRON:** Personally, I lived there, I
25 didn't know there was an off base at Midway

1 Park.

2 **DR. BOVE:** And I think that that's, you

3 know, we learn as we go here, and that's good.

4 And we're going to have to go up again to Camp

5 Lejeune around the water issues at Hadnot

6 Point to make sure we have the right

7 information and the right maps and sheets and

8 everything else. So these are all things we

9 do as we go along. And I think we can resolve

10 these.

11 **MS. RUCKART:** What happened was because they

12 said during their interview they lived in

13 Midway Park. So for our purposes that was

14 good enough to keep them in, and we had

15 exposure information. Then when we were

16 cross-checking people with the housing

17 records, because that's our gold standard of

18 assigning exposure and finding out where

19 people lived, we had no listing for them.

20 So then we were just trying to pull

21 out all stops and say how do we say this

22 person was on base. Is there any record to

23 prove it? So we were looking up birth or

24 death certificates, whatever information we

25 had, and then from that we saw a street name,

1 a particular street name. And then continuing
2 on what we said realized that that was off
3 base. Also, when we were at the base in
4 February some of this information came out.
5 **MR. TOWNSEND (by Telephone):** Frank?
6 **DR. BOVE:** Yeah.
7 **MR. TOWNSEND (by Telephone):** Tom here.
8 Just out of curiosity, what's going to happen
9 when you get into Hadnot Point and you start
10 with the survey was in '68, and you find ^
11 contamination in '67? Is my child going to be
12 ^?
13 **DR. BOVE:** No, there probably is
14 contamination going back to the early '50s.
15 We won't know for sure until we finish the
16 modeling. No, the study goes from '68 to '85,
17 and the reasons that it was decided back then
18 -- that's a long time ago now -- were based on
19 what we thought we knew about the
20 contamination which is subsequently wrong, and
21 also the fact that the data at the state in
22 terms of birth certificates and partial
23 computerization of the birth certificates
24 began in '68.
25 If we had known now -- if we knew

1 then, right, if we knew then what we know now,
2 I have a feeling the study would have been
3 done and designed differently. But the study
4 was designed way back when, and that's what we
5 did. And that's a limitation of this study
6 and will be said so in the analysis and
7 interpretation of that study.
8 **MR. TOWNSEND (by Telephone):** I understand
9 that, Frank, but at the same time what if you
10 have hundreds of children born before '68 that
11 show, you show contamination, and they show
12 the effects, what the hell you going to do
13 with them?
14 **DR. BOVE:** I don't know how you're going to
15 find the effects other than through the health
16 survey. And we're going to talk about that
17 later. The health survey if we have high
18 enough participation, it could be the basis to
19 look at non-fatal, non-cancer diseases as well
20 as cancers as well so to get at other
21 diseases.
22 Now, the issue -- but we'll talk about
23 that. I don't want to get ahead of myself.
24 Let's just deal with this issue now. We can
25 talk about the health survey later and what it

1 could be, and how it could be used in the most
2 scientifically credible way and what we can
3 get out of it. But let's just finish this.
4 And anything else, Perri?
5 **MR. TOWNSEND (by Telephone):** Let me finish,
6 Frank. The child had ^ a three-month-old
7 child that was ^ and done by the medical ^ at
8 Bethesda. Is this child just in limbo?
9 **MR. BYRON:** Is the child in limbo as far as
10 its medical status because of not falling in
11 the timeframe of the report?
12 **DR. BOVE:** You have to distinguish between a
13 study and other issues concerning compensation
14 or whatever. The study has a beginning and
15 end. It was designed back in 19-whatever,
16 '99. That is the study. It's not going to
17 change.
18 Now, future studies, I think it would
19 be difficult to go before 1968 to verify cases
20 of birth defects, even childhood cancers.
21 We've had trouble going from '68 to '85 both
22 in verifying cases and in getting information
23 on where the people lived. It's difficult.
24 Now, if we do the health survey, we
25 can discuss that and we ^, but with the

1 contents of the health survey we can talk
2 about it and future studies. But the present
3 study is what it is with all its limitations.
4 **MR. TOWNSEND (by Telephone):** Well, ^ do
5 then. And I knew that then and I know it now.
6 It hasn't changed.
7 **DR. BOVE:** Right, you do a study, when you
8 design a study you try to pick a situation
9 where you can get the best data available.
10 And we thought at the time that '68-'85 was
11 that period. As you go further back in time,
12 given the fact that we don't have a birth
13 defect registry, a cancer registry, and we had
14 to use a survey, and it was difficult to find
15 people anyway, we were lucky, I think, to get
16 what we could get from '68 to '85.
17 The information we get from the '68 to
18 '85 period is applicable to any period when
19 people are exposed. You don't have to study
20 everybody. Now whether we should have
21 designed the study differently back in 1999,
22 we can discuss. I don't want to discuss it
23 today. But as I said, that's how the study
24 was designed.
25 Now we have a chance of designing

1 future studies, and that's what I want to get
2 to the meat of this meeting I'm hoping, and so
3 that these issues can be brought out. What
4 makes sense? It's not just whether people
5 were exposed. It's whether you can assign
6 that exposure accurately, and it's also
7 whether you can confirm the diseases.
8 Otherwise, you don't have a scientifically
9 credible study.
10 People could be exposed back to the
11 '40s, the '30s, the '20s, and they are in
12 occupational studies, but we oftentimes can't
13 go back that far. We can go back as far as
14 the data allows us to go back, and then when
15 we see an effect, we say it's going to happen
16 with them, too. They got the same exposure.
17 They're human beings just like everybody else.
18 **MR. PARTAIN:** Frank, this is Mike Partain.
19 On the in utero study, I'm the beginning part.
20 I was born in January '68. The question is I
21 understand from looking at the childhood
22 cancers and birth defects, but what other,
23 have you got any other intake on things that
24 were, us kids have been developing? I mean, I
25 was born with a skin rash. I had all kinds of

1 ^ problems while I was growing up, and now
2 I've got cancer.
3 **DR. BOVE:** The survey was focused. I mean,
4 people may have related other information
5 during the survey to the interviewers, but the
6 survey was focused to help survey that when
7 you're talking about the future we can design,
8 all of us. That's where these questions
9 actually should be raised.
10 **MR. PARTAIN:** I'll raise them right now.
11 I've got all these issues. I mean, I got
12 cancer in my early 30s, and I ended up with
13 breast cancer.
14 **DR. BOVE:** So, I know, and we have to figure
15 out if, how we can do that study. That's what
16 we're talking about the rest of this meeting.
17 We're discussing that. Because all we want to
18 do here is just let you know what the case
19 status is in the current study and get through
20 that because the meat of this meeting is to
21 discuss all these kinds of issues.
22 And so I'm hesitant to jump ahead
23 until we finish this. And when we're finished
24 with this pretty much you'll have a sense of
25 why the numbers were changed, and you know it

1 affects statistical power. Of course, any
2 time you lose cases it does, but we take that
3 into account when we interpret the data.
4 **MR. PARTAIN:** One quick question on the ones
5 that were eliminated for Midway off base, and
6 I'm assuming that was confirmed that they were
7 provided municipal water and not base water,
8 these ones that were eliminated?
9 **MR. BYRON:** Here's a perfect example of
10 someone who falls outside the parameters of
11 the study but has a child with anencephaly who
12 died in '59 and another child with spina
13 bifida who died five years after birth. But
14 he's not in the study because he doesn't fall
15 in those time parameters. I guess our
16 question to you is will those numbers of
17 individuals that are outside the study ever be
18 done? I mean, how many cases of anencephaly -
19 - just in the last month and a half I've had
20 two cases that fall outside your parameter. I
21 saw that on our website.
22 **DR. BOVE:** Back then anencephaly if you
23 included birth defect registry, it would
24 probably be around four per 10,000.
25 **MR. BYRON:** But if they died it would be on

1 their death certificate, right?
2 **DR. BOVE:** So the OCDs and both NTDs would
3 come close to one per thousand back then.
4 Then the folic acid and multivitamins now have
5 cut that number in half at least. So that's
6 their situation. But I'm just saying that,
7 yeah, there's going to be anencephalies --
8 **MR. BYRON:** But how many? I mean --
9 **DR. BOVE:** Well, we don't know, and you
10 really can't tell unless you did a, or re-did
11 the survey again and hope, and hope, that the
12 survey captured all those anencephalies. The
13 survey is a very difficult tool to use, a very
14 limited tool to use for that purpose. But
15 that would be the only way to determine that.
16 **MR. BYRON:** Well, clearly in my daughter's
17 case of spina bifida it's listed in her
18 medical records but you denied her as far as a
19 participant on that point even though she has
20 cleft palate also, and you included her there.
21 **MS. RUCKART:** Did she have occulta, spina
22 bifida occulta?
23 **DR. BOVE:** We based it, whatever the medical
24 records said, that's how we verified. So if
25 the medical record said spina bifida, then

1 they were confirmed. If it didn't, they
2 weren't. And then that's how we confirmed it.
3 We followed that procedure for every case,
4 every ^ case.
5 **MR. STALLARD:** I need clarity here before
6 you go on, Perri. Are we talking focusing
7 back on the study, or are we going to talk
8 about what we're going to do in the future to
9 correct some of these deficiencies? I'd like
10 to get us back, because we're rehashing right
11 now a lot of the issues --
12 **MR. ENSMINGER:** We've gone ^. She was just
13 giving an update on --
14 **MR. STALLARD:** Yeah, we got off, so can we
15 go back to and just have you wrap up from our
16 last meeting and bring us back on track. And
17 then this afternoon we're talking about future
18 studies.
19 **RECAP OF DECEMBER 2007 CAP MEETING**
20 **MS. RUCKART:** I said everything we wanted to
21 accomplish this morning before we take a break
22 and when we come back we'll be looking to the
23 future. So just a brief recap of the
24 highlights of the last meeting and some things
25 that have taken place since then.

1 This was discussed at the last
2 meeting, maybe not formally but it just came
3 out at the last meeting that, this is actually
4 I think ^, that ATSDR would arrange a work
5 group meeting at Camp Lejeune with the help of
6 Camp Lejeune where we could go there and get
7 some more information for the exposure part of
8 future studies, to discuss ^ industrial
9 hygienists, to just find out some more
10 information about exposures that people would
11 have had as part of their jobs on base.
12 We did have that meeting February 13th
13 and we got -- Jerry was there and Dick Clapp
14 was there with us as well. And we did get a
15 lot of useful information about the base
16 hygienist and met with, there were some people
17 there who had some historical knowledge. And
18 we had a listing of different regiments on
19 base, and we were able to get similar
20 clarification about where they lived, if they
21 were main side or what not. We have some
22 remaining questions, and we're trying to get
23 some clarification on that.
24 **DR. BOVE:** We'll discuss some of that this
25 afternoon.

1 **MS. RUCKART:** That will be discussed later,
2 yes.
3 At the last meeting we also discussed
4 having CAP members post e-mail or share this
5 request with anyone they come in regular
6 contact with to give us more information about
7 the exposures. So, for example, they could
8 ask other team members to share with us more
9 information about their activities on base,
10 where they drank water.
11 For example, did they mainly drink the
12 water in the residence? Was it out in the
13 field when they were training? Did they know
14 where that water came from? If they'll find
15 out things like that. So we did only, we only
16 got a few responses actually, less than ten.
17 And we had hoped to publish this for a larger
18 audience in Semper Fi but were unable to do
19 that.
20 **MR. BYRON:** Why?
21 **MS. RUCKART:** Mary Ann, I believe you had
22 sent me a note saying we're unable to -- you
23 or Kelly. Was that you?
24 I don't know why.
25 **MR. BYRON:** I'd asked for all these Marine

1 Corps publications to have the notice in them.
2 I've asked for the government specifically --
3 **MR. ENSMINGER:** This was about that water
4 usage.
5 **MR. BYRON:** We're talking about notification
6 and --
7 **MS. RUCKART:** This is just to try to get
8 some more information for us on the exposures.
9 People did tell us about their water
10 activities.
11 **MR. ENSMINGER:** When you went in the field
12 do you know where your water came from?
13 **DR. BOVE:** We also got some of that
14 information just ^.
15 **MS. RUCKART:** I think that we have a good
16 handle on that. I'm just reporting what was
17 kind of an action item from the last meeting
18 and what happened. But I don't feel that that
19 hinders us in any way. I still think we're
20 good on that, but I just wanted to update you.
21 So I don't think we need to talk about that
22 anymore.
23 Now at the last meeting we had said
24 maybe there needed to be a conference call
25 between DMDC, ATSDR and USMC so we can get

1 some more information about the data that they
2 have in terms of frequencies of RUCs, MCCs,
3 MOSs, data descriptors and various other
4 things.
5 I guess since then we haven't had a
6 formal call, but there've been a lot of
7 informal communications, so I don't think we
8 need to get too hung up on the fact that we
9 didn't have this formal call. You know,
10 sometimes things are said at the meeting and
11 you later realize that, said something at our
12 CAP meeting and you later realize we can go
13 about it a different way. So we are getting
14 some information from them. It's just been
15 more informal.
16 Then we touched on this, access of
17 command chronologies, and we have received
18 them. And just some things we said we would
19 e-mail out to CAP members, our full
20 feasibility assessment and the genetics
21 presentation that was done. Discussed at the
22 last meeting was in terms of notification
23 being able to post large posters at the VA or
24 other sites. And I'm not really sure what
25 happened with that. I mean, we can discuss

1 that during notification, so we'll just leave
2 that for this afternoon.
3 Then some additional items have come
4 up since our meeting in December. On March
5 5th, we Fed-Ex'd a letter to Major General
6 Usher to request some information, again, to
7 help us for future studies to learn more
8 about, so we can help assign exposures.
9 So we requested official code manuals,
10 and as we mentioned, we got the one from 1980.
11 And I believe that the USMC is working to try
12 to get the other manuals to cover the period
13 '75 to '85 because that's the large cohort
14 that we're going to be looking at for future
15 studies.
16 We also need to get information on
17 that MOS's, the frequencies of those and the
18 code descriptions. And we did receive that a
19 few days ago in terms of the frequencies, and
20 they're working on getting the coding for
21 that.
22 Now as part of our meeting in
23 February, we realized that we needed to get
24 some more information to the three questions
25 listed here so we could assign the exposures,

1 and they are working on that. We haven't
2 gotten a final response. And later on this
3 afternoon, Dick Clapp is going to give you a
4 brief update on the expert epi panel meeting
5 we had here in March that helped us really
6 come to some good recommendations on what we
7 can do for future studies so I will just leave
8 that summary until later this afternoon.
9 And as Frank mentioned, we had a call
10 a few days ago to talk about notification of
11 the health survey and future studies. Again,
12 that's the main topic for this afternoon where
13 we'll really get into some nuts and bolts.
14 **MR. STALLARD:** ^.
15 **MS. RUCKART:** Let's start with --
16 **MR. STALLARD:** Tom, you have something?
17 **MR. TOWNSEND (by Telephone):** Yeah, Perri is
18 ^ --
19 **MS. RUCKART:** We can't hear you, Tom.
20 **MR. TOWNSEND (by Telephone):** Is Perri
21 through?
22 **MR. STALLARD:** Yeah, Perri is through with
23 the recap of the last meeting.
24 **MR. TOWNSEND (by Telephone):** ^.
25 **MR. STALLARD:** Tom, you are really, really

1 hard to understand because we only catch like
2 the first syllable of a word.
3 **MR. TOWNSEND (by Telephone):** Can you hear
4 me now?
5 **MR. STALLARD:** Not really, try that and give
6 it a shot.
7 **MR. TOWNSEND (by Telephone):** ^.
8 **MR. STALLARD:** Sure.
9 **MR. TOWNSEND (by Telephone):** I sent a ^ and
10 prospective CAP member ^.
11 **MR. STALLARD:** So what is the status of that
12 request?
13 **MR. TOWNSEND (by Telephone):** Well, I don't
14 have any ^ at the present time.
15 **MS. RUCKART:** A couple things with that,
16 one, it was also, there was also a nomination
17 that we have a second independent science
18 expert because, as you know, Dr. Fisher had to
19 remove himself because of other work
20 obligations. And it was suggested that Jay
21 Nuckols join, and we did invite him. And
22 unfortunately, because he's on the NAS Panel,
23 that was a conflict of interest so he couldn't
24 join us.
25 Tom had requested that Fred Wagner be

1 nominated to join the CAP. I'm not sure if
2 he's a Marine or a dependent.
3 **MR. ENSMINGER:** He's a former Marine.
4 **MS. RUCKART:** Okay, Jerry told me he's a
5 former Marine so I guess that's open for
6 discussion. One thing -- Jerry's telling me
7 he's claustrophobic -- but one thing I want to
8 say is that we've discussed this. And we have
9 seven members currently. As you know we
10 started with seven. Two had to drop off.
11 We've now gotten two more, that's Mike and
12 Mike. So we're still back at seven.
13 Now the two people who left, they
14 represented the group, the Stand, and, Mike,
15 you are somewhat involved with them.
16 **MR. PARTAIN:** I'm a registered member of the
17 Stand.
18 **MS. RUCKART:** Mike is a registered member,
19 so we were wondering --
20 **MS. McCALL:** So am I.
21 **MS. RUCKART:** -- and Denita is as well. So
22 we still do have -- they were, I guess I
23 should say -- one of the main organizers of
24 the Stand was on our panel, and she left, but
25 we still do have people who are on the Stand

1 and can get on their boards, discussion
2 boards, and let them know. Denita's telling
3 me she's doing that, and Mike does that.
4 **DR. BOVE:** We're keeping them informed, too.
5 **MS. RUCKART:** Yeah, and Frank talks with
6 them, and we are actively working to keep them
7 informed so everybody feels included and
8 informed. But the thing is if anyone joins or
9 is eligible, we want to know what else would
10 they bring. It seems like if somebody is
11 nominated and accepted to join, they should be
12 bringing something else that we don't
13 currently have here. Because we have a group
14 of seven that's a good group to work with and
15 get things started. They also have a chance
16 to have their voices heard. So is there a
17 real need to have somebody else, what would
18 this person bring to the table that we don't
19 currently have?
20 **MR. TOWNSEND (by Telephone):** Well, he
21 brings computer ^ that I don't have. He's an
22 Army and Marine veteran. He has Non-Hodgkins
23 lymphoma. He was medically retired in 2002,
24 and ^ '04. And he's still alive now and
25 prepared to work. And if we don't have a

1 place now, then consider him when we ^ off the
2 CAP.
3 **MR. STALLARD:** Okay, listen, rather than
4 debate this back and forth, let's just take a
5 quick, let's see if we have a majority rules.
6 And the proposal is to have somebody added to
7 it. Is there a second for that?
8 **DR. CLAPP:** No, he said leave him on the
9 waiting list.
10 **MR. STALLARD:** Well, that sounds good to me.
11 Thanks, Tom.
12 **MR. TOWNSEND (by Telephone):** Okay.
13 **MR. STALLARD:** I'm sorry. I got distracted,
14 a little planning meeting there. We're
15 thinking that unless Perri vehemently objects,
16 then I think if we break now for lunch, we're
17 more than likely to get ahead of the lunch
18 crowd, and therefore, we can come back
19 earlier.
20 **MS. RUCKART:** I have to say though we're
21 only, I think we're going to not be streaming
22 from 12 to one. So if we start back before
23 one, that portion won't be streamed. I
24 personally am fine with that, but I want to
25 mention it.

1 **DR. BOVE:** We'll work it out.
2 **UNIDENTIFIED SPEAKER:** Why aren't we
3 streaming?
4 **MS. RUCKART:** Because we requested from nine
5 to 12 and one to four, and they have to take a
6 break. The pre-test time is 12:30. They have
7 to switch tapes, and they have certain ^ in
8 three-hour increments without a break.
9 **MR. STALLARD:** So it's your group. What do
10 you want to do?
11 ^^
12 **MR. STALLARD:** All right, so we will resume
13 at one hour from now, quarter 'til, 12:45. We
14 start on time and end on time. Thank you very
15 much. Turn off your microphone, spare the
16 battery.
17 (Whereupon, a lunch break was taken from 11:45
18 a.m. until 12:50 p.m.)
19 **MR. STALLARD:** Welcome back. We have two
20 hours with a break in between and a lot to
21 cover between now and then. Frank.
22 **NEXT STEPS FOR A FUTURE STUDY**
23 **MS. RUCKART:** It's about ten of, so let's go
24 ahead and get right back. Welcome back.
25 We're going to start now with the next steps

1 for a future study. And first we'll have Dick
2 Clapp report on our March 2008 expert panel
3 meeting to discuss the recommendations we had
4 received about future studies.
5 Then the next three of those you have
6 listed, notification of the health study, and
7 then the two specific studies, everything sort
8 of hand-in-hand there. We will give you a
9 summary of our call that we had on Tuesday.
10 And one thing that came up during that call
11 were some concerns that the community members
12 have about registering on the USMC website
13 because of the Privacy Act requirement. And
14 Kelly has agreed to address that.
15 So why don't we start with Dick and
16 then Kelly, and then just some more specifics
17 about the various --
18 **DR. BOVE:** Before Dick starts, we don't
19 have, we e-mailed everybody the approved
20 minutes from that Epi meeting, but there are
21 also some ^.
22 **MR. STALLARD:** Can you clarify what's an
23 approved minute versus what a minute.
24 **DR. BOVE:** Oh, I'm sorry, approved by the
25 panel members itself. I drew up a draft of

1 the minutes. I got their feedback and made
2 corrections to them. That's all. That's
3 approved by the panel members themselves.
4 **DR. CLAPP:** He's an epidemiologist.
5 I'll do this from here, I think. What
6 I'd like to first say a little bit about who
7 was at this meeting. I think you can tell
8 from the minutes that there were
9 epidemiologists and the names are -- Frank and
10 Perri chaired it -- and a guy named Tom Sinks
11 from the ATSDR attended for the first half of
12 the meeting. And he's also an experienced
13 epidemiologist who works at ATSDR.
14 Then there was Dr. Kyle Steenland, who
15 is now at Emory University, very experienced,
16 especially workers' studies and an
17 occupational epidemiologist. Ken Cantor, who
18 is from the National Cancer Institute, and I
19 would say is sort of the leading water
20 pollution researchers in this country,
21 especially looks at cancer and water
22 pollution.
23 Chris Rennix from the Navy, whom you
24 all know from previous membership on this CAP.
25 Elizabeth Delzell, who is from the University

1 of Alabama, and also has done lots of research
2 on occupational cohorts, usually from the
3 point of view of she's paid by industry to do
4 their studies as a consultant. A woman by the
5 name of Maria Schymura is from the New York
6 State Department of Health. She's actually
7 right now the Cancer Registry Director, who
8 had a lot of input about how cancer registries
9 would work in this situation, and myself.
10 That's it.
11 There were minutes taken, and that's
12 what you have. The minutes of the meeting are
13 actually from, I think, mostly Perri's notes,
14 and then conversations with Frank and others
15 of us who participated to make sure we
16 captured all of the information. And there
17 were some questions that were sent around
18 ahead of time. Those are at the end.
19 They're called discussion of the
20 questions. And then there's two groups of
21 questions. One about the cancer mortality
22 study -- I'm sorry, about the mortality study,
23 and the other one about the cancer incidence
24 study. So we had all read those ahead of
25 time.

1 And many of us had things that we were
2 prepared to say about those questions, but the
3 first thing that we did was we started back
4 sort of where this CAP has, and that's going
5 over the exposure information and what Morris
6 has put together so far about how to
7 characterize the exposure on Camp Lejeune.
8 Morris was actually not at the meeting
9 but Frank and Perri showed a PowerPoint slide
10 presentation that Morris had just given at a
11 scientific conference that summarized a lot of
12 the, especially maps and the details that were
13 available up until then.
14 I have to say, I think just looking
15 around the room in this meeting that the
16 epidemiologists there were quite surprised and
17 impressed that this much had been done and
18 this much was available for this kind of a
19 study. From the list of people I named, you
20 can imagine there was quite a range here.
21 And I probably did cover the spectrum
22 in the field of environmental epidemiology
23 from the real skeptics that don't think we can
24 really do stuff or learn much from this stuff
25 to the people who ^ to do it all the time and

1 are impressed actually with how much is
2 available here. So the fact that there was
3 this much detail about the exposure I think
4 was impressive to the people in the room.
5 There was some discussion about what
6 have we learned about trichloroethylene and
7 perchloroethylene from previous studies and
8 literature. I think some of the people that
9 came to the meeting weren't completely up to
10 speed on that. So Frank was able to pull out
11 a summary article that was done by a colleague
12 of ours at the Robert Wood Johnson Medical
13 School in New Jersey and Dan Wartenberg. It's
14 listed in the minutes here. That's the best
15 summary of the trichloroethylene literature
16 that's been done to date. So that was made
17 available to the people who were attending
18 this meeting actually during the meeting.
19 Then there was some discussion about
20 the cohorts and who it is that these studies,
21 and that's one big mortality study and then
22 some additional studies would include. And I
23 have to say I think we broadened the
24 definition and thought about new sources of
25 information for assembling who it is that this

1 is going to be about beyond even what DMDC is
2 able to provide. I think as it turns out that
3 will probably be broadened further that the
4 Notification and Health Interview Center, or
5 the Health Services Center is part of the
6 health notification process.
7 But in any case, we at least start
8 with 190-odd thousand people who were
9 stationed at Camp Lejeune from 1975 to 1985 or
10 went through Camp Lejeune in that time period.
11 And already that's a huge number of people to
12 do these kinds of studies. That's what's
13 called an enormous cohort study.
14 There was discussion next -- I'm not
15 going to go into all the details that are in
16 this set of minutes, but I think the first
17 thing we talked about sort of the first up
18 study that is next on the docket, which is the
19 mortality study. There were some questions
20 about whether the National Death Index was the
21 most efficient way to identify people who had
22 died. And a couple of the people in the room
23 had used other data sources.
24 Oh, there's another person I didn't
25 mention, Han Kang, who was from the VA. And

1 he had used some of these other data sources,
2 and also Dr. Delzell had, so I think we've
3 actually improved on how to use the ways of
4 identifying who died and make it more
5 efficient by that discussion. That's the new
6 Social Security Administration and some call
7 the VA BIRLS file in addition to the National
8 Death Index. The National Death Index turns
9 out to be the most expensive way to do it. So
10 you can cut costs by going first through the
11 Social Security files.
12 I think that was, I would say in the
13 room, there was pretty general agreement that
14 the pieces are in place to go ahead and do
15 that study. A, I think, very wise suggestion
16 came from Dr. Steenland which said if you're
17 really worried about being able to identify
18 people's history, where they lived on the
19 base, why not do a pilot of maybe five percent
20 or I guess it's 5,000 people.
21 Get a contractor to go back and look
22 at the records that are available on
23 residential history in Camp Lejeune during the
24 time period and see if you could do it. See
25 if you can identify where people lived, how

1 long they lived there, and therefore, how they
2 would relate to the water model.
3 So I think there was general agreement
4 that that was a good first step actually, a
5 small scale pilot study just to make sure that
6 you're going to actually have something useful
7 at the end of this. And if everyone in the
8 room assumes that that probably will work
9 we'll get an idea how much time and effort it
10 will entail, and then phase two will be the
11 full-scale mortality study. All this will be
12 with the full water model available so we
13 won't decide until that's happened.
14 Cancer incidence is more complicated.
15 I know we've talked about that in this
16 meeting. But because different cancer
17 registries started at different times, so if
18 you wanted to find out, for example, Marines
19 who lived at Camp Lejeune from 1975 to 1985
20 who lived in Vermont now or ^, when their
21 cancer was diagnosed, they lived in Vermont,
22 well, Vermont cancer registry only started a
23 couple years ago.
24 So it probably is going to be missed
25 if their cancer was diagnosed earlier than

1 that because there's no way to link to a
2 state-wide cancer registry in Vermont until
3 just a couple years ago. That's the extreme
4 case. Mississippi's like that as well. Then
5 there are some states like Connecticut where
6 their cancer registry's been around since
7 1935, so anybody that had cancer and was
8 diagnosed there will show up. So that's the
9 problem with the cancer incidence study.
10 Nevertheless, there was, I think,
11 widespread agreement that a cancer incidence
12 study would be worth doing. It will include
13 people who had not yet died, thank God, and
14 so, but you can learn about their history and
15 their exposure from doing a cancer incidence
16 study looking through the cancer registries.
17 Some other details about how different
18 states handle these kinds of requests came
19 out. Dr. Schymura, she's actually an officer
20 of the North American Association of Central
21 Cancer Registries, so she has her hands on
22 pretty much a lot of the states and how they
23 operate. Some are more restricted than
24 others. Some won't let you in the front door
25 or at least you have to have a practically an

1 act of Congress, which I think you could get
2 here, to get linkage to their cancer
3 registries. And some are used to this and do
4 it more readily. So it's different depending
5 on the state.
6 Then we talked about the health
7 survey, and I think that actually wound up
8 being the longest portion of the meeting.
9 There was agreement in this group of
10 epidemiologists -- first, let me say there was
11 some skepticism of how good a response you
12 could get. And then the discussion about the
13 notification step was presented to the group,
14 and I think at that point there was a, well,
15 if you're going to notify people, that means
16 you haven't had this.
17 And in the notification if you can say
18 then we would like to do a health survey so we
19 will subsequently send you a questionnaire
20 through the mail where you just fill it out
21 and send it back, or there was even a
22 discussion of doing it as an online survey.
23 But that made more sense that there would be a
24 prior notification and then a survey, and you
25 would get a better response rate.

1 Well, one of the -- I guess I'll
2 suggest how these questions came up because we
3 didn't have detailed minutes about who said
4 what, but at least one of the members said you
5 could pay people. You could increase
6 participation by offering them $50 or some
7 benefit. I suggested, this I will say, a
8 movie pass. You get to go to the movies free
9 if you send in this survey or respond to this
10 online survey.
11 There are various techniques of doing
12 that. The process is called converting non-
13 responders to responders. And so there was
14 quite a bit of, I thought, interesting
15 discussion about that and generally an
16 agreement that that would be worth trying in
17 the survey as well. And then the survey
18 itself will become a source of yet more
19 information about people who lived on the base
20 prior to 1975 that might still somehow be
21 analyzed.
22 Their information might be included in
23 a separate analysis. New information about
24 cancers and ^ showing up in cancer registries
25 that then might be checked against medical

1 records and then that person would be included
2 in the cancer reg center study for example.
3 A lot of good discussion I have to
4 say. I've been at a lot of meetings like this
5 and I thought the kind of gut feeling I had
6 was that this was a group of folks who, maybe
7 some of them were skeptical in the beginning,
8 but at the end there was pretty much consensus
9 this stuff should go forward. This is an
10 important group of people to do these studies
11 about, and there are ways around some of these
12 roadblocks that various people offered
13 suggestions for that were useful.
14 I was talking to one of the people, a
15 person with the National Cancer Institute, as
16 we went to the airport, and we were impressed
17 by the spirit in the room, and from all
18 quarters I have to say, even some that I might
19 not have thought might not be so helpful.
20 What else can I say about that
21 meeting? I think that's it. My plane was
22 delayed. I got home late. That's about it.
23 **MR. STALLARD:** Any questions for Dick on
24 that?
25 (no response)

1 **DR. BOVE:** You all got the minutes,
2 hopefully, you ^ The first issue in the
3 minutes was the toxicity of TCE and PCE, and
4 that actually was an interesting discussion
5 because there are some people who felt that
6 the exposures weren't long enough or high
7 enough. Or they were questioning whether
8 there was some question about TCEs versus ^.
9 There were all kinds of questions
10 discussed. And we weren't set up as a panel
11 to discuss those issues really, and I didn't ^
12 for the panel to discuss the toxicity issues.
13 But we did talk about, to some extent what was
14 sort of said was reflected in here.
15 But I think the key thing is that even
16 though there was some concern that maybe
17 exposures weren't long enough for a lot of
18 people because they had short tours of duty to
19 cause these kinds of cancers, that they all
20 were pretty clear that these studies should go
21 forward. So I think that whether they thought
22 that it could or couldn't, they thought that
23 there's enough uncertainty for sure and that
24 these studies were important.
25 So I think it's important that you

1 know that that discussion took place, and in
2 fact, it’s in the minutes. But it’s also
3 important to know that there’s consensus that
4 the mortality study and the cancer incidence
5 study are worth pursuing and that the health
6 survey should be used as well if we can get
7 the participation rate up to 60, 70 percent or
8 so. So that, yeah.
9 **MR. BYRON:** Just one question. Was there
10 any discussion about occupational exposure
11 versus exposure in the home and ingesting
12 these toxins versus sticking your hands in
13 them and maybe breathing some? Because
14 occupational exposure in my experience as a
15 manufacturers can eliminate quite a bit
16 compared to living with it 24/7. So when they
17 talk about duration of exposure ten to the
18 minus six and all, you need to explain that a
19 little, too, real quick if you could, please.
20 **DR. BOVE:** Okay. My only experience is that
21 occupational exposures are pretty high. In
22 fact, I’ve been in work places where a bucket
23 of TCE blend --
24 **MR. BYRON:** But they’re not doing that
25 properly; they’re supposed to be using vapor

1 degreasers to keep the fumes down and
2 everything else.
3 **DR. BOVE:** Not during the ‘70s. Not during
4 the ‘80s even. When I walked through this
5 workplace in late 1982 with Phil Burgess, and
6 we went to the same place. But my own
7 experience also at a shipyard in the early
8 ‘70s was we used solvent to clean our hands.
9 I didn’t know –
10 **MS. McCALL:** But you didn’t drink it, right?
11 **DR. BOVE:** I didn’t drink it.
12 **MR. BYRON:** That’s what I wanted to know --
13 **DR. BOVE:** I breathed it.
14 **MR. BYRON:** -- the difference.
15 **DR. BOVE:** Inhalation is a very important
16 route of exposure, both for drinking water and
17 for occupation.
18 **MR. BYRON:** But because they’re talking long
19 term –
20 **MS. McCALL:** But when you’re drinking it and
21 showering in it.
22 **DR. BOVE:** Inhalations and showering,
23 inhalations from hot water uses.
24 **MR. BYRON:** Have you found a difference
25 between, I mean, we’re talking lifetimes of,

1 when we're talking long-term exposure, we're
2 talking a person's lifetime like 75 years was
3 what I've read in SNARLS* or something. I
4 mean, that's not based on people drinking it.
5 That's based on occupational exposure. So is
6 there a difference between the two or not? Do
7 you know?
8 **DR. BOVE:** Well, the EPA has a draft risk
9 assessment, and they use several different
10 approaches in that risk assessment. One is to
11 use actually the purest drinking water
12 studies, and another was to use occupational
13 studies. And when you look at all these
14 studies put together and come up with a range
15 where the ten to the minus six risk is, it
16 actually isn't that large a range.
17 And also, California did the same
18 exercise. New Jersey did the same exercise
19 years before. And we're all roughly coming up
20 with five parts per billion, one part per
21 billion as ten to the minus six risk, some 0.9
22 parts per billion, whatever. You know, we're
23 not far off so that it's actually pretty good
24 agreement which is surprising, given that.
25 But it's the occupational studies that we see

1 the kidney cancer, the liver cancer, non-
2 Hodgkin's lymphomas.
3 We also see it in the New Jersey
4 drinking water studies. So we're seeing, both
5 in the occupational study and the drinking
6 water study we get the same outcome. Well,
7 we're seeing some similarities. But it's
8 virgin territory here. There's not that many
9 studies done. I can name the drinking water
10 studies on one hand pretty much, I mean, a
11 couple of fingers. And so --
12 **MR. BYRON:** Yeah, versus occupational,
13 right?
14 **DR. BOVE:** Right, ^.
15 **DR. CLAPP:** That's right. I mean, when we
16 teach epidemiology or when we read about in
17 textbooks, the usual assumption is that
18 workplace exposures are higher exposures but
19 not for extended periods of time. And you're
20 talking about lower exposures but for a
21 lifetime, so it adds up to the same amount in
22 many cases.
23 **DR. BOVE:** You were asking about ten to the
24 minus six?
25 **MR. BYRON:** Yeah.

1 **MS. RUCKART:** He's an extra one in a million
2 cases.
3 **DR. BOVE:** Yeah, that's sort of for
4 regulatory purposes they picked that ten to
5 the minus six. And sometimes they pick ten to
6 the minus four and minus five.
7 **MR. BYRON:** Thank you.
8 **MR. PARTAIN:** Right, but ten to the minus
9 six exposure, I mean, you're talking about
10 adults. What about fetus, maybe an infant or
11 ten-year-old child, and you throw that out the
12 window?
13 **MR. BYRON:** Yep, you don't know if you have
14 data on that.
15 **MR. PARTAIN:** It's a good place to start.
16 **MR. BYRON:** Good point.
17 **MR. STALLARD:** Any other questions?
18 **MS. BRIDGES (by Telephone):** Yes, I have
19 one.
20 **MR. STALLARD:** What would that be, Sandra?
21 **MS. BRIDGES (by Telephone):** Jeff was just
22 talking about the children that were in utero.
23 But what about the mothers that were carrying
24 those children? They had to have suffered
25 effects, too. They were ^ to the same cord.

1 If you were in that pool, if you were in the
2 swimming pool, for instance, that baby was
3 getting more of the water from inside the
4 woman, okay? Do you understand what I mean?
5 (no response)
6 **MS. BRIDGES (by Telephone):** Do I have to
7 really come out and say it? In the water, the
8 water is inside the vagina of the woman, that
9 uterus and that cord. I mean, a woman would
10 have that water, too. It wasn't just the
11 child. The child was doubly exposed because
12 of the water being in the swimming pool.
13 **MR. STALLARD:** So the question is are they
14 considered or would they be?
15 **MR. PARTAIN:** Yeah.
16 **MR. STALLARD:** Okay, thank you, Sandra.
17 **MS. BRIDGES (by Telephone):** Uh-huh, thank
18 you.
19 **MR. PARTAIN:** Frank, how would y'all plan to
20 address that difference between adult
21 exposure, lifetime risk exposure and any
22 child's lifetime risk exposure? I mean, just
23 using me for an example. The conception on
24 the base, delivery to the time I left the base
25 totaled maybe 14, 15 months. And that was

1 enough. I've got cancer now, and I've got
2 other issues I've had throughout my life and
3 everything from the get-go. What would you
4 guys propose to do to this assessment?
5 **DR. BOVE:** Okay, well, we're going to get
6 into this, but that would be, the cancer
7 incidence study is one way we would try to
8 address that issue. And the cohorts that
9 we're talking about involving the event would
10 include both active duty Marines who were
11 first stationed at the base during the '75-'85
12 period. I'll go into that in greater depth.
13 And those who participated in the
14 1999-2002 ATSDR telephone survey if we can get
15 a complete idea of their residence at the
16 base. If not, then we might not be able to
17 include those people unless -- and this is the
18 third group -- anyone who completes the health
19 survey. So let me get into all that. I don't
20 know if that's going to address the particular
21 issue you raised or not.
22 We were able to do the studies we were
23 able to do, and for particular situations,
24 such as a cluster or something like that, can
25 be addressed some other way. It may not be

1 able to be addressed with the mechanisms we're
2 talking about here because we don't have the
3 ability to do that. But why don't I go
4 through these, and then let's see how it fits
5 in.
6 **MR. STALLARD:** What's next? There's not a
7 page in the --
8 **DR. BOVE:** All right, then I'll go through
9 the mortality, the cancer incidence and the
10 health survey. Although it actually fits in
11 nicely with the health survey. So I'm not
12 sure. Maybe we, why don't I go through the
13 mortality study first?
14 **MS. RUCKART:** That's fine. We can do that,
15 and then you want to talk about the other
16 three ^?
17 **DR. BOVE:** Yeah, the cancer incidence study
18 has two approaches to it. One we like to call
19 it data linkage approach. And that is you've
20 got computerized data. We have cancer
21 registry data for the states. There's some
22 other databases at DoD and VA have on cancer,
23 and it's totally data linkage.
24 And then there's the other approach
25 which is not compatible, which is the health

1 survey. And so depending on how good the
2 participation rate is with the health survey,
3 it can be part or not. And that I think is
4 where the notification effort, but that's
5 where I think the notification effort and the
6 health survey are sort of connected there.
7 So why don't I just go through the
8 mortality study quickly, and I did e-mail
9 people, oh no, I didn't e-mail you this
10 because I developed this yesterday. But the
11 people on the phone got this last night, and
12 I've handed it out this morning. And at the
13 top it says future studies at the Marine Corps
14 Base Camp Lejeune. The first thing is the
15 mortality study.
16 And actually, Perri and I went through
17 a somewhat similar exercise for our, the head
18 of my agency we went through this. Instead of
19 issues to resolve, we have pros and cons. But
20 roughly these are, we did the same thing so it
21 was useful for the head of my agency, and I
22 thought it would be useful for us today.
23 First, the cohorts we're talking
24 about, I'm not sure of the exact number and
25 one of the next steps is to find out the exact

1 number. But of the active duty, of the
2 212,000 active duty Marines and Navy personnel
3 that were stationed at Camp Lejeune anytime
4 from '75 to '85, we want to limit to those who
5 started at June '75 or thereafter.
6 If they started before June '75, we
7 don't have complete information on how long
8 they were there and their units because the
9 data's not there. Out of 212, I assume maybe
10 about 180 to 200,000 would be the actual
11 number for the study. And so that's one thing
12 that the panel advised us to do, and I think
13 it was a good idea. We have enough numbers.
14 The civilians on the other hand, we
15 had 8,000 in the database, and I'm assuming --
16 because looking at the data there were some
17 long-term employees in there, but we don't
18 have information on when they started and any
19 jobs they might have had before '72, again,
20 trying to cut off those who started before '72
21 and look at those who started from '72 and any
22 year thereafter. And I'm assuming that's
23 about 5,000. Now that is a problem. Five
24 thousand is not a large group so that's an
25 issue.

1 And then the issue that's been, we
2 discussed about this morning about the
3 interconnections, about the difficulty of
4 finding people who might be unexposed to the
5 drinking water if the interconnection becomes
6 an issue. And also, for credibility purposes
7 the panel thought it would be good to have a
8 clean external control group or unexposed
9 group that had similar exposures to Camp
10 Lejeune Marines in terms of being ^ or working
11 in the motor pool or any of that kind of stuff
12 and the difference is drinking water. They're
13 not getting the drinking water.
14 So we mentioned Camp Pendleton. If we
15 find out that Camp Pendleton had a drinking
16 water problem, too, then we need to find
17 another, but Camp Pendleton is sort of a
18 placeholder. Some base, Marine base, where we
19 can get a sample from '75 to '85 similar to
20 the cohort at Lejeune to study. So we'll be
21 looking into that. So far I haven't heard
22 that Camp Pendleton had a drinking water
23 problem, but I haven't looked at it that
24 thoroughly either. If you all hear something,
25 let me know.

1 So the follow-up period will be from
2 they're first stationed at the base and until
3 they die or until the end of the study. As
4 Dick said, there's an algorithm you can use
5 that simultaneously uses these four databases
6 that make this approach similar in quality to
7 just using the National Death Index.
8 Originally I said we'd use the National Death
9 Index.
10 It's extremely expensive. If they cut
11 us a deal, I may change my mind. But at this
12 point they were all saying why spend all that
13 money to get the same results in terms of
14 identifying who died through this algorithm,
15 and it should be free. It should be free for
16 us, but we'll have to explore that.
17 Once we identify the deaths, and
18 there'll probably be four or five thousand or
19 so, I'm not sure exactly how many, then we
20 would go to the National Death Index with
21 those to get the cause of death. But it would
22 cost a whole lot less, and then go get the
23 death certificates, we can find the next of
24 kin information which we'll want to use for
25 the health survey or any other interviews we

1 might do later at a later basis.
2 And the exposure sets will be based on
3 the unit codes. We had that meeting at
4 Lejeune, too, back in February. We have some
5 new information on the codes now. We'll be
6 getting some more information. We may have to
7 do some more of that work again. Any new
8 units that come out of this that we identify
9 we may want to go through this process again.
10 So under issues of resolution that's
11 the first one. Get all the codes that cover
12 the period and if we need to ask again, go
13 back up to the base and talk to the retired
14 Marines and ^ the barracks now. We have to do
15 that exercise to some extent over again, not
16 over again, but –
17 **MR. BYRON:** Over again.
18 **DR. BOVE:** Well, no, I'm hoping that if we
19 wanted to do it over again that there'll be
20 some additional units that we need to get
21 information on, but I'm not expecting, I mean,
22 I may be wrong, I don't know. Until we do the
23 exercise I won't know, but we have to do the
24 exercise. We have to finish that work.
25 The second resolution is to get an

1 external comparison group like I just
2 mentioned. The third issue about the quality
3 of the personnel data. I have here a sample
4 of 500. We can take a sample of 5,000. It's
5 computerized data. We can take any size
6 sample we want, and so I'm looking at some of
7 the variables.
8 For example, for social security
9 number in the data dictionary it has four
10 columns. So does that mean they would have
11 the last four numbers or is like the whole
12 social security number in the database? We
13 have to find that out. If they have only the
14 last four numbers, we can still do quite a bit
15 with the last four numbers.
16 **MR. BYRON:** It should have it because your
17 service number from at least '80 on was your
18 social security number.
19 **DR. BOVE:** Yeah, well see, that's the thing.
20 What about from '75 to '80?
21 **MR. BYRON:** Yeah, and I don't know.
22 **DR. BOVE:** And that's the kind of thing we
23 need to find out. That's the kind of thing we
24 need to find out.
25 **MR. ENSMINGER:** Seventy-seven --

1 **MR. STALLARD:** Use the microphone, please.
2 **MR. ENSMINGER:** Seventy-seven, no, I'm
3 sorry, '76 was the switch over from service
4 numbers to social security numbers. It
5 happened while I was on the drill team.
6 **DR. BOVE:** So that may affect who we include
7 and who we don't include. Again, we may, I
8 mean, we'll just have to see. It's not going
9 to -- again, we have a large number here. I'm
10 not worried about it. I'd rather have good
11 data on the whole cohort, but that's something
12 we'll explore with this sample including how
13 well we can match with our family housing
14 records for those married Marines. And also
15 we know that the pay, there's a pay
16 information that would indicate whether this
17 was on or off base, but that's not available
18 until '83, but we'll look and see what the
19 data looks like for those from '83 on on that.
20 **MR. BYRON:** Form 85 has all the housing that
21 you lived in while you were on base.
22 **DR. BOVE:** It really depends on what they
23 computerized, and that's what we're working
24 from, yes. I mean, that's what we're going to
25 find out.

1 The fifth issue, okay, I already
2 mentioned that. We have to get the exact
3 number of who started in 1975. And I did put
4 two limitations on the mortality study here to
5 try to impress the fact that we need to do a
6 cancer incidence study because these are two
7 issues for any mortality study.
8 The death certificate has its
9 limitations, and we can't really study
10 effectively the disease and cancers with a
11 high survival rate. So if they don't die from
12 it, you know we can't ^. So that's why I put
13 that there just to motivate the cancer
14 incidence study and the resolution is to
15 conduct the study.
16 So the next steps are listed there.
17 We want to get this sample of 500 or 5,000.
18 **DR. CLAPP:** No, it's 500. I misspoke. It's
19 500 we're talking about.
20 **DR. BOVE:** Yeah, but whatever, we'll get a
21 decent sample to look at these issues, get the
22 number of members of the cohorts and we'll
23 know how many we're talking about, find out
24 whether Camp Pendleton is a good unexposed
25 cohort to look at, get the rest of the codes,

1 and then we complete the feasibility
2 assessment report because the Navy wants to
3 see that.
4 We have to make a persuasive case to
5 do these studies, and a feasibility assessment
6 report is needed to do that. We'll make that
7 case, and then prepare the protocol which
8 we're going to start doing right away and get
9 IRB approval for this. So that's how the next
10 steps look here. There are probably some
11 other steps, but I think these are the key
12 ones.
13 So that's how that phase should
14 progress. We should get a protocol written in
15 the next few months and start the process. I
16 think that we can get this started to a
17 contractor certainly by early next year.
18 **MR. PARTAIN:** I want to clarify something.
19 When you're talking about the start date on
20 '75 service members, say you get somebody
21 who's there '68 to '70, then he goes off and
22 goes different places and comes back in '75
23 and --
24 **DR. BOVE:** No, they have to be the first
25 time there were on base.

1 **MR. PARTAIN:** First time on base.
2 **DR. BOVE:** Yeah, because of the camp, we
3 don't know, the data doesn't go back that far.
4 Now --
5 **MR. PARTAIN:** Let's say they come back in
6 '75. They're off base for three years. You
7 can't use them at all.
8 **DR. BOVE:** No, because I don't know what
9 they did before that.
10 **MS. RUCKART:** But one thing that you
11 mentioned for the in utero study just to make
12 sure I was clear on this, if our study
13 includes people who were stationed on the base
14 from '75 on, it doesn't mean that the results
15 won't apply to these other people. So
16 whatever we find, it would still apply to
17 people who were on base before '75. We just
18 can't include them because we don't have good
19 records on them.
20 **DR. BOVE:** Now it was mentioned by one of
21 the panel members -- I won't mention who --
22 that there are some -- and it's been raised
23 before -- that there might be some data tapes
24 somewhere. And the question might be one,
25 find out where they are, and two, is there

1 still software available to read it. But I'm
2 not going to count on that suddenly appearing
3 any time soon.
4 I think we have enough data here from
5 this cohort here. It's large enough that we
6 can look at cancer mortality in particular,
7 but other causes of death pretty well with
8 this size. But what we can't do very well are
9 female cancers because the female population
10 is so small. So that's why the cancer
11 incidence study's also important because I'm
12 hoping that we can look at a whole lot, a
13 large group of women in the camp here.
14 But even if we found this mysterious
15 data tape from the '60s or whenever it was, it
16 would still be predominantly male again. So
17 it wouldn't help the problem we're having with
18 looking at female mortality with the
19 particular cancers that are kind of rare.
20 **MR. PARTAIN:** I'm just more concerned if,
21 you know, we have people that don't
22 necessarily meet ^. For example, a gentleman
23 I know whose father was there in the '60s, and
24 he, I'm not sure when he came back, but was
25 there in the mid-'70s, and he died of liver

1 cancer.

2 **DR. BOVE:** But see, he would be --

3 **MR. PARTAIN:** But he would be excluded under

4 that study –

5 **DR. BOVE:** Right.

6 **MR. PARTAIN:** Because he was there prior to

7 1975.

8 **DR. BOVE:** But we'll have enough liver

9 cancers in this study to be able to say

10 something about whether TCE or PCE is related

11 to at least in this study. We don't need to,

12 this is a large enough cohort, so we can

13 answer that question. Again, you don't have

14 to be in this study.

15 **MR. ENSMINGER:** You don't have to be covered

16 in this study by name to determine causation

17 if it does determine causation.

18 **DR. BOVE:** Every study does this. Every

19 study has to have a starting point where this

20 is where we have good data, and we can march

21 on from there. And the cancers that occurred

22 before that, the health study. And then the

23 question is do they have enough statistical

24 power and are there any biases that might

25 screw up the results. And we're going to try

1 and avoid that here by having a nice clean
2 group. The only issue I see with this whole
3 study is again making sure we're assigning
4 exposures properly because that always is a
5 difficult process and also having a good clean
6 unexposed group I think would be helpful.
7 **MR. STALLARD:** Jerry?
8 **MR. ENSMINGER:** Yeah, I was brainstorming a
9 little bit over lunch time and just rolling
10 these ideas around in my mind. We already
11 have located what, 12,600 and some-odd
12 families for the in utero study, right? Yes?
13 You know, you could use that same group and go
14 back and check siblings and the mothers.
15 **DR. BOVE:** I think the best way to do that
16 is both in the cancer incidence study and the
17 health survey, I think that's not the
18 mortality study, but I think the mortality
19 study is a clean thing but it's got its
20 limitations, and in particular for cancers
21 that have a high survival rate and the other
22 diseases that are not fatal, those too.
23 So that's why I think I want to move
24 on from, I think the cancer, the mortality
25 study is pretty straightforward, clean, and I

1 think we should do that unless there's some
2 objection in this fashion. The cancer
3 incidence study on the other hand has a lot of
4 different angles to it, and I think that's
5 where we just see how, including how the
6 survey could be used to answer, deal with some
7 of these issues, getting siblings and so on.
8 **MR. BYRON:** Because the next most vulnerable
9 group would have to be children born prior to
10 exposure, right? So, I mean, we can't leave
11 them out. So eventually it has to be
12 addressed in my opinion. But you may be right
13 to do the mortality first and find out --
14 **DR. BOVE:** We don't want to leave them out.
15 We may have to leave them out if the survey
16 instrument doesn't work. You have to -- is
17 that Tom? Speak up louder, Tom.
18 **MR. TOWNSEND (by Telephone):** I've got a
19 question on the mortality study and the in
20 utero study. If you have a child that died of
21 a symptom that's related to exposure and
22 Morris' study points out that there was a
23 sufficient contamination in the water supply
24 at that time, can that be extrapolated earlier
25 than 1967?

1 **DR. BOVE:** Well, again, we'll study the
2 people we can study and if we see associations
3 with particular diseases in the mortality
4 study, we can infer that anybody that risked
5 anybody who was exposed. I mean, again, you
6 can't study everybody, but we can study, the
7 mortality study is large enough at least to
8 look at mortality.
9 I think we can answer some questions
10 and not answer other questions and including,
11 again, those diseases that are non-fatal or
12 cancers that have a high survival rate. We
13 can't answer the questions about that in the
14 mortality study, but we can answer the
15 questions about mortality. And I think that
16 this is a large enough group to do that. So I
17 think it will provide the information we want
18 in that sense.
19 **MR. TOWNSEND (by Telephone):** Is the
20 mortality study only confined to cancer
21 studies?
22 **DR. BOVE:** No.
23 **MR. TOWNSEND (by Telephone):** Cancer
24 patients?
25 **DR. BOVE:** No, what we do is -- what it's

1 confined to though is to active duty.

2 **MR. TOWNSEND (by Telephone):** ^ dependents.

3 **DR. BOVE:** Not dependents.

4 **MR. TOWNSEND (by Telephone):** I'm talking
5 about dependents that died and it was a
6 confirmed death by the Navy.

7 **DR. BOVE:** Right, and I'm saying to you that
8 the mortality study will not look at those
9 because we can't look at those in a
10 scientifically credible fashion. But the
11 health survey is another story, and that's
12 what we're going to be discussing next. The
13 health survey could possibly answer some of
14 these questions. We need to discuss it a
15 little bit more in this group.

16 **MR. TOWNSEND (by Telephone):** Okay.

17 **DR. BOVE:** So the cancer incidence, why
18 don't we hold and let's start with the issues
19 around notification and the survey.

20 (Whereupon, the meeting was interrupted by
21 loud telephonic noise.)

22 **MS. RUCKART:** I'll just talk about what we
23 discussed in our call in terms of notification
24 and with that other issue about the community
25 concerns with Privacy Act.

1 So we had a call on Tuesday with the
2 DoD to discuss the notification and the health
3 survey and the two studies really to discuss a
4 lot of issues including logistics. So we
5 discussed the content of the letters that the
6 DoD has been using. They sent us copies of
7 their initial letters for --
8 **DR. BOVE:** And that's passed around.
9 **MS. RUCKART:** -- there are three letters.
10 You've got the most recent ones. Letters were
11 sent, these initial letters were sent to
12 approximately 7,000 people who registered with
13 the USMC either on their website or on their
14 hotline. And 49,000 approximately of people
15 who were identified from the DMDC where the
16 USMC could find current addresses.
17 And the DoD is going to work with us
18 at ATSDR to develop the content of the
19 notification letter that's going to come out
20 with the survey. And the DoD estimates that
21 there were about 630,000 on base during the
22 time the water was contaminated. And they
23 have electronic personnel records on a smaller
24 group of people. Was that about 250, 250,000?
25 We have the DMDC data electronic

1 records that you all have been discussing this
2 whole time, 212,000 records and 190,000 or so
3 are Marine Corps. So those are the same
4 records that you've been discussing. We don't
5 have any additional records. And also, we are
6 going, DoD or there will be notification of
7 people who were participants of the 1999 to
8 '02 survey.
9 As we discussed at the meeting on
10 Tuesday, the Navy contractor who they're using
11 for their other notification of the ^, would
12 receive the names and addresses. And they
13 would send a letter to them and the packet
14 would include a letter of confidentiality from
15 ATSDR because obviously we'd be releasing
16 names to this third party.
17 We will also give to DoD the contact
18 information on people who registered with us
19 over the years because we've collected a lot
20 of names and addresses for many years now.
21 Some of them will be the same as what you have
22 and some may be different. So that's another
23 source. DoD is going to conduct a large
24 notification, an outreach strategy. They're
25 going to do a radio campaign. They're going

1 to advertise in USA Today. They're going to
2 do outreach through the VA ^ to reach as many
3 people as possible.
4 Now as far as the registry data, the
5 DoD is going to construct and maintain that.
6 They're going to distribute the notification
7 letters, and they're going to be responsible
8 for all the steps that are involved with that
9 in terms of finding people's new addresses and
10 keeping records about that.
11 This last thing -- oh, I'm sorry, one
12 other thing, and then we'll have Kelly to
13 update us. An action item from this call is
14 that DoD and ATSDR are going to work together
15 to establish, to come up with procedures for
16 tracking and tracing individuals. So, for
17 example, some of the addresses that we have
18 are not current.
19 We want to have a systematic process
20 where what do you do if you get a returned
21 letter. How do you try to get an updated
22 address? Are you keeping track of that?
23 Things like that, so we're going to work
24 together to develop a mechanism so that
25 everyone is treated the same to get extensive

1 efforts to try to find that.
2 It was brought up to us that some ^
3 community members are a little reluctant to
4 register on the website because when they
5 click onto it, you see some kind of, they have
6 to accept a certificate, and you have to agree
7 to certain privacy issues, and Kelly's going
8 to address that one.
9 **MS. DREYER:** First, let me back up a step.
10 The things that Perri mentioned that we are
11 going to do, we're actually already doing. So
12 the radio announcements that have been sent
13 out to local radio stations nationwide began
14 the, I think the first week in April. And
15 there'll be another radio address that's
16 happening locally nationwide. That means all
17 the local places because a lot of people just
18 think of USA Today and national and not the
19 local newspapers. So the Marine Corps is
20 actually working with NAPS*, and I forget what
21 that stands for, North American Precis
22 something. Anyway, they're publishing
23 articles nationwide in about 6,000 outlets,
24 and we should get some feedback from the,
25 they're called the tear sheets which are the

1 articles that actually ran across the country.
2 I don't have a list of those 6,000 outlets,
3 but that's already happening. Additionally, a
4 lot of advertising has been going on and
5 letters have been sent. So when she mentioned
6 these things that are going to happen, many of
7 them have and they're continuing. And so I
8 just want to stress that the Marine Corps' top
9 priority is to notify as many people as
10 possible. So I would say things like the
11 ATSDR survey addresses, we're very anxious to
12 get those and to send those letters out. And
13 we have to do the same thing with about
14 150,000 of our electronic records that we
15 don't have addresses for. We have to send
16 them to the IRS in order to maintain the
17 people's confidentiality of their addresses.
18 The IRS won't give us the addresses just the
19 same way as the ATSDR will not. However,
20 they'll mail a letter on behalf of us. So
21 we're maintaining those things. And there's
22 some obstacles, some processes that we have to
23 follow in order to get maximum participation.
24 So I just wanted to clarify that up front.
25 **MS. McCALL:** Can I ask you a question? Is

1 it possible to get a list of all the entities
2 that you're using and contacting for this
3 media campaign? I'd like to have a list or I
4 know the rest of the community members would
5 like to have a list of just about everybody
6 that you're contacting because I know that
7 they want to make sure that it's happening.
8 **MS. DREYER:** Yeah. I appreciate that offer.
9 And one thing I did bring with me today that
10 came out of last meeting, it was a little
11 different in the recap than I recalled. I
12 thought that you all had asked for the
13 locations that we had posted posters at so
14 that you could know where we were --
15 **MR. BYRON:** What I'd asked for was the
16 organizations that you sent a letter to like
17 the VFW, the American Legion, AMVETS, Viet Nam
18 Veterans. I'd like to see that letter, and
19 they told me that that was written by Major
20 General Payne. I think it should come from
21 the Commandant, and I've said that repeatedly.
22 And I've told Public Affairs and asked for
23 that list, and I've still not received it.
24 And to be honest with you, this is why we're
25 talking about transparency. Yeah, they know

1 I'm a CAP member. They know who I am. I've
2 been to every meeting. Still not getting the
3 info, and this is --
4 **MS. DREYER:** So what I've brought with me
5 today is a list of all the locations that we
6 mailed posters to for people to read because
7 not everyone uses the internet, not everybody
8 uses the phone, wants to call toll-free
9 numbers. And frankly, when people call the
10 Call Center and sign up to register or they
11 register their family members, we ask them how
12 did you hear about us. So that's why we know
13 people are hearing from the radio. We know
14 they're reading the papers. But I will say
15 that Marines are a very close-knit community,
16 and a lot of people heard from somebody else.
17 So a lot of it is word of mouth. Maybe the
18 person registering didn't see the article, but
19 their sister did or their friend did. So a
20 lot of that is networking. So it's good to
21 use those relationships to get the word out.
22 So we're going to do our best to get it out
23 publicly, individually, every way we can. And
24 I can tell you right now we're at about 60,000
25 people have registered on our website. Most

1 of those are through letters that we sent from
2 the records that we had of people, but
3 considering the number of people that we have
4 a crude estimate of, 50,000 isn't a lot, but
5 it's a start. And about 7,000 people, as
6 Perri mentioned, have called in on their own
7 initiative after hearing, reading, seeing,
8 that kind of thing.
9 **MS. McCALL:** Kelly, you said that you
10 appreciate me asking that question. Does that
11 mean you're going to provide us with the
12 information? Is that a yes?
13 **MS. DREYER:** Sure.
14 **MS. McCALL:** And when can we expect that?
15 **MS. DREYER:** I think I'll get it for you.
16 As you mentioned, I'm not the Public Affairs
17 Officer so I don't have that information
18 myself. What I did bring with me is a list of
19 all of the locations that we put the posters
20 at. And I have a list. It's about 220
21 Veterans Administration offices. I don't
22 know, some --
23 **MR. BYRON:** It's a good start.
24 **MS. DREYER:** -- 120-some-odd commissaries.
25 But I'll also say that we've been working with

1 the Veterans Administration as well, so they
2 are putting things into their newsletters and
3 letting people know about this. So we're
4 trying to go to where the target audiences are
5 for maximum exposure so that we can get this
6 word out. And you all know that better than I
7 do. You're part of the community so your
8 input is valuable, and we can give you those
9 things. Some people pick up the stories on
10 their own, and we don't even know that they
11 had picked them up, and they're ^.
12 **MR. STALLARD:** Let me just be clear. The
13 action item was the list of, what are they,
14 media addresses? Is that what we're talking
15 about?
16 **MS. McCALL:** Yes, the media outlets and the
17 radio stations and the newspapers.
18 **MR. PARTAIN:** The penetration of actually
19 what ran and when.
20 **MS. McCALL:** What you actually did.
21 **MS. DREYER:** I think I can get you what we
22 put out, and like I mentioned, these tear
23 sheets. But I have to -- not me personally,
24 the Public Affairs Office has to get those
25 back. And they're seeking them and they're

1 trying to do that. So I can do the best I
2 can.
3 **MR. PARTAIN:** Because I can say during the
4 football playoff season, I saw plenty of
5 Marine Corps ads to join the Marine Corps, and
6 I have yet to see a Marine Corps ad saying,
7 hey, if you were at Lejeune, you may want to
8 go on and register. And that's been going on.
9 Another point, too, on the actual
10 website, the registry itself, back in December
11 or January -- I don't remember exactly when, I
12 e-mailed the Camp Lejeune ^ registry an e-
13 mailed pointing out the error or the problem
14 with the website. Well, the problem is when
15 you go to click on the Camp Lejeune registry
16 to register yourself, a warning pops up.
17 It's a security certificate warning.
18 And if you read the certificate, it says that
19 you should not proceed past this point because
20 this may be an attempt to steal your personal
21 information. And I wonder how many people are
22 being turned away because of that.
23 And the other thing, too -- this is
24 back in December or January -- and you began
25 your notification campaign as far as the mass

1 mailings at this time as well. Why wasn't
2 this resolved beforehand and how many people
3 have we lost because they hit that road block?
4 And then also, several weeks ago the
5 whole website, the whole Marine Corps Camp
6 Lejeune website went down and disappeared. I
7 got an e-mail from my senator asking where it
8 went because they were trying to resolve that
9 issue. I asked Senator Nelson and Madeline
10 Otto, one of his staff members, was trying to
11 figure out why the certificate was popping up.
12 And she e-mailed and said this whole website's
13 gone.
14 I went and looked and for several days
15 it wasn't there. And when the new site came
16 on, the security certificate now pops up when
17 you try to log on to Camp Lejeune and when you
18 try to register. So it actually pops up in
19 the new location.
20 And why are you remodeling your
21 website during a notification campaign that's
22 critical to what ATSDR has to do? If they
23 don't get the data, they're not going to be
24 able to do the studies.
25 **MS. DREYER:** I'm going to try to answer your

1 questions. If I don't respond to one if
2 you'll just ask it again. I may not have
3 caught them all.
4 The certificate on the website I don't
5 think it says we're going to use your data. I
6 think it says recommended, not recommended,
7 don't go to this website.
8 **DR. BOVE:** I printed it out.
9 **MS. DREYER:** Yes.
10 **MR. ENSMINGER:** No, no, no, we're not
11 talking about the, no, no –
12 **MS. DREYER:** Also talking about the Privacy
13 Act, right?
14 **DR. BOVE:** But the first thing you get when
15 you access --
16 **MS. DREYER:** Yeah, well, first of all --
17 **MR. PARTAIN:** Yeah, I was not talking about
18 the Privacy Act. I'm just talking before you
19 open the door that's what you get.
20 **MS. DREYER:** I also get this same
21 certificate on my home computer because my
22 anti-virus protection software on my home
23 computer tells me not to go to certain sites.
24 And it says continue to this website, and it
25 says not recommended because it doesn't

1 recognize the website security certificate.
2 I called back to the office because
3 you mentioned this to me at lunchtime, so I
4 called back to the office. I'm not an IT
5 person. But what they told me is if you look
6 up at the URL across the top, if you get that
7 far, it has an H-T-T-P-S, which means
8 security, it's classified. And because we
9 have a registry with contact information on
10 it, our website is on a classified server so
11 that people can't hack in. And when you enter
12 your personal contact data, it's encrypted so
13 that people can't take your data.
14 So I think that's a problem though
15 because as you mentioned, our goal is to get
16 as many people as possible to register on the
17 website. If there's something that's keeping
18 them from doing that, we need to figure out a
19 better way to do it. So I take that on, and
20 I'm going to take it back to the office
21 because I don't want people to be getting this
22 message either.
23 And if it's something that we need to,
24 well, we do need to protect your information.
25 That's a huge issue. But there's probably a

1 way to at least separate the websites out so
2 that one's not secure. And then when you go
3 to enter your information, you transfer just
4 like you use PayPal or any other type of, when
5 you bought purchases on the internet. It's
6 something we're going to have to look into.
7 Regarding the website though, the
8 Marine Corps, not Camp Lejeune water,
9 transitioned from their format or their
10 software for their website. The entire Marine
11 Corps moved into what they call a shared point
12 environment. So they changed software. So it
13 had nothing -- the timing was awful. I'll
14 agree. We were sending all sorts of red
15 clusters up trying to get our website running,
16 but the whole Marine Corps shifted on the same
17 day that they put ours out.
18 But honestly, thankfully, I'm glad we
19 did that because had we not had our share
20 point environment website ready to go, we may
21 not have a website today. It may have been
22 several weeks away because we wouldn't have
23 been compatible with this new system. So it
24 was a day of headaches, and I think it was
25 only one or two days before they got all the

1 connections back and working, but it could
2 have been much worse. So that was
3 unfortunate. I'll agree with you, but they
4 are working to resolve it.
5 And I don't know if any of you deal
6 with websites this complicated especially when
7 you're not a website person. So there's a lot
8 of other people behind the scenes working on
9 these things. But again, you're right. We
10 need to fix that because we need to get people
11 to register. And if they go to the website
12 and there's these deterrents, then that's not
13 going to encourage them.
14 **MR. PARTAIN:** It's a form of silent
15 intimidation. I mean, you're asking people
16 who were exposed and contaminated to go to
17 this website and register. And they pull up
18 that certificate of warning, I mean, there's
19 already a degree of mistrust right there, and
20 that certificate pops up, I mean, that's the
21 first time I saw it on the internet, and I'm
22 all over the internet all the time.
23 And that's the first time I've ever
24 run into it. At first I kind of ignored it
25 then my son got all over me about going past

1 it, don't do that, again. So what about the
2 average Joe that doesn't know this? And in
3 the Marine Corps you talk about designing and
4 transitioning of the website, and the Marine
5 Corps is a pretty big organization. They need
6 to be planning these things.
7 Now how many people are we losing
8 because of this? Do we need to shift the
9 responsibility from, to maintain this registry
10 from the Marine Corps to ATSDR or a private
11 contractor or something or some people who are
12 going to trust?
13 **MR. STALLARD:** So messages heard about the
14 disincentive that, that pop-up message may be
15 having an impact. And Kelly has agreed to see
16 what solution would be available with her IT
17 people.
18 **MR. BYRON:** And you need to list veterans'
19 organizations.
20 **MR. STALLARD:** Okay. Please continue if
21 there is anything.
22 **MR. PARTAIN:** What about the Privacy Act?
23 **MS. DREYER:** The Privacy Act. The Privacy
24 Act is there to protect people's privacy. And
25 we do have a privacy notice that's mandated by

1 the Department of Defense any time you're
2 gathering any personal information about
3 anybody. It's something we have to comply
4 with. The regulation actually specifies the
5 format. It actually specifies the wording
6 that you use. Those things are there, and
7 they're mandatory. It's not something I can
8 take away. I don't know how to make people
9 feel more comfortable about it other than it
10 is important to protect people's privacy.
11 If you look at the registry, you'll
12 notice that there's no personal identifiers
13 being requested. Now that could be a problem
14 in the future because it's hard to identify
15 one individual with that particular person
16 because the Marine Corps is not asking for
17 your birth date nor are they asking for your
18 social security number.
19 They're asking for contact
20 information, your name, your address, your e-
21 mail, your phone number. So part of the
22 rationale for that was not to be responsible
23 for personal information that might be
24 breached in the future. But privacy is a
25 very, very important matter and not to include

1 that in the way that it was set forward would
2 be almost a disservice to some people. That
3 would almost be not providing you all the
4 information you need to know about how your
5 information might be used.
6 **MS. McCALL:** Can I ask you a question? What
7 do you think is more important, privacy or
8 health? Because to me I am a very private
9 person, and I know a lot of people do like to
10 protect their privacy. But my most precious
11 asset is my health, not my privacy. So when
12 you're sitting here going on and on and on
13 about how important is to protect privacy, I
14 don't get it.
15 And I don't understand why, not you
16 personally, the Marine Corps is more concerned
17 with protecting privacy than they are telling
18 people about what they did to them. I'm not
19 buying it. Can you answer me that?
20 **MS. DREYER:** What I can say is the Privacy
21 Act is a law. It's something that we comply
22 with. I can't talk about your health, Denita.
23 **MS. McCALL:** Not only my health, not only my
24 health.
25 **MR. PARTAIN:** Get on the TV and notify these

1 people. I found out in June through
2 Congressional hearings. I mean, this time
3 last year, I found out in June, Congressional
4 hearings what happened to me before I was even
5 born.
6 This time last year I was dying. I
7 almost died. My wife saved my life by giving
8 me a hug one night. Had she not done that I
9 would be a dead man right now. I would have
10 never known what happened to me. That's
11 wrong.
12 The Marine Corps needs to get these
13 people notified, and they need to go on the
14 TV. They need to go on the news, and they
15 need to tell them what happened. Luck saved
16 my life and God, not the Marine Corps.
17 **MS. DREYER:** I'll just say when this started
18 out as a top priority to notify people and the
19 Marine Corps is moving forward. I'm here
20 today to get ideas from you on how to do a
21 better job. I'm hoping that we can work
22 together to get those better solutions. I
23 can't go back in time. I can move forward.
24 **MR. ENSMINGER:** Well, I've got one for you.
25 There's a questionnaire that's included on

1 your website, and it asks all kinds of
2 personal information, when you found out this,
3 when you found out that, when were you there,
4 when were you here. And it is nothing more
5 than a case of entrapment being used by either
6 the Navy JAG or the Department of Defense JAG
7 Office Force to disqualify people from their
8 SF-95s.
9 It is deceitful, and it's got to go.
10 And the wording on it is if you submit an SF-
11 95, you must fill out this form. I beg to
12 differ. You do not have to fill out that
13 questionnaire to file an SF-95. That
14 questionnaire needs to disappear off that
15 site. If it doesn't, then I'm giving you fair
16 warning, I'm going to Capitol Hill. You're
17 going to hear about it other than from me.
18 And another thing your website was
19 modified. Your chronology starts at 1980. If
20 the Marine Corps is so interested in keeping
21 people informed and giving them all the
22 knowledge that they need about this situation,
23 then you need to go back to at least 1963 when
24 your BUMED instruction was issued, 62-40-43B,
25 which required you to maintain clean water

1 systems, not 1980.
2 And then you need to take a look at
3 the entries that are made on your chronology
4 that are lies. They're deceitful. They came
5 right off of the GAO report which has already
6 been pointed out by Congress that it was a
7 crappy job, that there were all kinds of
8 omissions and facts left out of those
9 statements.
10 And where's your library of documents
11 off your website? It's not there any more.
12 It's gone. I mean, I hear one thing, that you
13 want everybody, you're trying to inform
14 everybody and keep them informed, but I see
15 other things happening that belie what you're
16 saying.
17 I do want these people to be able to
18 go to your website and learn about this
19 situation, but you're taking the information
20 away from them. And the information that
21 you're posting on your chronology is
22 incorrect. And that's based on your own
23 documents, right out of your own files.
24 **MR. STALLARD:** I just wanted to remind
25 everyone sort of like the German you. It's

1 zie and zie^, okay? That means the plural
2 you, form of you, and I'm sure that we're
3 speaking in this way when you is
4 representative of the Marine Corps,
5 Headquarters Marine Corps. And we thank you
6 for your graciousness in being able to take
7 these messages back.
8 **MS. DREYER:** I appreciate it. I mean, I
9 appreciate hearing the feedback. I don't want
10 to say I don't take it personally, because I
11 take this very seriously. And, of course, I
12 take it personally and want to do something
13 about it. And, of course, I'm not in charge
14 of all the things that you mentioned. But I
15 can carry a message back. There are also
16 transcripts from this meeting that can be
17 carried forward.
18 **MR. ENSMINGER:** Well, let me give you a
19 name, Captain Maliganni*. I called her when
20 that website came out. I called her, and I
21 pointed out the errors in that website to her.
22 And she said send me an e-mail. And her
23 excuse for the chronology, for the erroneous
24 chronology, was that we used the exact
25 verbiage from the GAO report. And I said what

1 kind of answer is that, Captain. I said the
2 GAO report was wrong. I said the GAO got
3 their information from your documents, and
4 they were wrong, not the documents, the GAO.
5 **MS. DREYER:** Yeah, I can't comment on the
6 GAO's report. I mean, I have a copy as well,
7 and we're talking about this topic right now,
8 and I hear a lot that the website needs to be
9 improved upon.
10 It's unfortunate that the Marine Corps
11 transitioned the entire Marine Corps website
12 to a new format at the same time as the Camp
13 Lejeune water survey website was being rolled
14 out. There's a lot of complications with that
15 that people are working on. I think my number
16 one priority right now is to get that security
17 system pop-up window done. But I can take all
18 of these things back.
19 But the big reason I'm here today --
20 and those things are important. I've written
21 them down, and they're in the minutes, but I
22 really wanted to be here to help ATSDR with
23 their survey and to get back into the
24 notification role. The reason that I brought
25 all this up, you know, addressing these

1 questions, is because I know there are
2 concerns.
3 But I just want you all to know that
4 we do have tens of thousands of people on the
5 website. We are preparing to mail out
6 hundreds of thousands of letters through the
7 IRS. ATSDR and DoD are working closely to
8 ensure confidentiality of the people who
9 participate in their survey so that we can
10 mail out their information. We're trying to
11 come up with algorithms to make sure that if
12 you move, that we can find you in the future.
13 And I just wanted to point out that
14 the Marine Corps started its notification
15 effort last summer because there was a lot of
16 approvals, a lot of processes you have to go
17 through in order to collect information in any
18 way, shape or form. So they are taking it
19 seriously. They are trying to get as many
20 people as possible identified so that when
21 this health survey is done, we're not starting
22 from ground zero. We're not starting then and
23 then moving forward a year. We've already
24 begun a year ago so that we have more people
25 available.

1 And possibly when the survey gets
2 completed, and it will be mailed out at some
3 point, that'll gain some momentum. I believe
4 USA Today will be running an ad next week or
5 the following week. And I'm sure that we will
6 receive some calls about that. So our goal is
7 to keep this steady, to keep the roll-out
8 going, to keep different media people engaged
9 so that we can have that repetition. So if
10 you have other ideas, please let us know.
11 Call our call center, send an e-mail to Camp
12 Lejeune Water Survey e-mail account.
13 **MR. PARTAIN:** They don't pay attention to
14 that.
15 **MS. DREYER:** They are; they are.
16 **MR. PARTAIN:** Well, five months ago I pulled
17 my certificate. My congressman still, and my
18 senator now, still don't have an answer for
19 why --
20 **MS. DREYER:** I'd have to follow up on that,
21 I haven't seen, I'm not working in a
22 congressional office, but I can follow up with
23 them and see why there's not an answer to
24 that.
25 **DR. BOVE:** I want to move on a little bit

1 here. But I do want us to come up with some
2 ideas on how to increase the outreach.
3 **MR. BYRON:** Outreach? Identify all the
4 veterans' publications, "Marine Corps League,"
5 "Semper Fi," there's a couple in my briefcase
6 over there that my wife had. I mean, how many
7 have you notified? All I've seen is the
8 "Leatherneck" magazine. And when I've asked
9 for the other publications, I haven't received
10 it from Public Affairs.
11 **DR. BOVE:** Let's just make suggestions on
12 what they could do, not say what they haven't
13 done. Let's try to do that.
14 **MR. BYRON:** But this is a year later, Frank
15 --
16 **DR. BOVE:** That's all right. I understand.
17 **MR. BYRON:** -- ^ We're frustrated.
18 **DR. BOVE:** You're frustrated I know, and so
19 am I, but I want the outreach to happen. I
20 want the outreach to happen. I want a large
21 enough group to be surveyed as possible. I
22 want correct addresses so they get the
23 material. I want it done right. And so we
24 need your help in order to get that outreach
25 out. So I want some suggestions from --

1 **MR. BYRON:** Well, we will help, but I don't
2 want to be portrayed as an activist. I want
3 to be portrayed as a concerned father,
4 grandfather and a veteran Marine, not an
5 activist.
6 **DR. BOVE:** That's fine.
7 **MR. PARTAIN:** That's noted on the timeline.
8 **DR. BOVE:** And here you're representing the
9 community, and again, with ideas on how we can
10 improve the outreach here so that more people
11 get notified and eventually more people will
12 be able to --
13 **MR. PARTAIN:** Do public service
14 announcements, and prime time, not two in the
15 morning.
16 **DR. BOVE:** What about the privacy issue? Is
17 there way we can allay people's fears, and is
18 there some way the CAP members themselves can
19 work with The Stand and other groups that are
20 out there to try to allay their fears or is
21 there still some issues we have to resolve
22 here?
23 **MR. BYRON:** The Privacy Act wouldn't be an
24 issue, but then they list all the governmental
25 agencies that they're going to hand your

1 information out to.

2 **DR. BOVE:** Well, I think that's part of the

3 requirement.

4 **MR. BYRON:** Well, it might be their

5 requirement, but that's what turns people off.

6 I don't want you giving my info to the IRS,

7 the FBI, the ATF or anybody else. It should

8 only go to you and the Marine Corps.

9 **DR. BOVE:** They are giving names to the IRS

10 because they don't have addresses. So what

11 I'm --

12 **MR. BYRON:** I understand that, but you know

13 what I'm talking about.

14 **MR. STALLARD:** One speaker at a time,

15 remember?

16 **DR. BOVE:** Just listen to me. They have to

17 have this stuff up there. It's required by

18 law. So the question is how can we, given

19 that, given that that's not coming off, how

20 can we allay fears about that language? How

21 can we get you guys and other groups to do

22 their own outreach because that's probably

23 just as effective as anything that, or maybe

24 that --

25 **MR. ENSMINGER:** Could they post an

1 explanation up there that this is required by
2 law? We have to leave that up there.
3 **DR. BOVE:** Right, that's one step.
4 **MS. DREYER:** I think that's a good
5 suggestion. The other one I think is a good
6 suggestion that somebody brought up to me at
7 lunch was to put a fact sheet up there. We
8 can do those kinds of things.
9 But I'm not an attorney so I'll
10 qualify this, but the Privacy Act
11 considerations -- I don't know, Jeff, how many
12 are there, 12 or nine, or I don't know. But
13 they don't say we're going to give your data
14 out. They say if there's a bona fide reason
15 with the right letters, with the right
16 security, with the right authorization, that
17 under these circumstances your data will be
18 provided. You have a right to know that.
19 I think as a person myself, if I were
20 registering on that site, I would want to know
21 how they're going to share my data. I would
22 be very, very upset if the Marine Corps didn't
23 put that on there because they wanted me to go
24 ahead and register, and I found out later, and
25 then, you know, whatever happened. It's very

1 important. And I'm not going to make a
2 decision between health and Privacy Act.
3 They're both important.
4 **MR. ENSMINGER:** You've written all this
5 down?
6 **MS. DREYER:** It's on the transcripts, right?
7 **MR. ENSMINGER:** Is the questionnaire
8 removed?
9 **MS. DREYER:** I can't answer that. I can
10 take that back. That is not my document.
11 What Jerry's talking about is a
12 questionnaire associated with filing a claim
13 against the federal government and part of the
14 paperwork that the Department of the Navy
15 Judge Advocate General people responsible for
16 that particular claim form requests this
17 information. So it's a packet to be helpful.
18 I will take it back to them that what you
19 said. I'll let them know, but that's out of
20 my control.
21 **MR. ENSMINGER:** That information is required
22 prior to adjudication. Well, they're not
23 adjudicating any of these claims, okay?
24 **MS. DREYER:** Well, and again, I can't
25 respond to any of that. I can take that back.

1 I can pass it to that particular office, and
2 they can consider it, but that's out of my
3 control.
4 **MR. ENSMINGER:** Okay, then we got the
5 security certificate thing, issue.
6 **MS. DREYER:** That's important.
7 **MR. ENSMINGER:** The chronology and the
8 library of documents, the entire library that
9 used to be up there is gone.
10 **MS. DREYER:** That's right.
11 **MR. ENSMINGER:** It's gone.
12 **MS. DREYER**: That's right.
13 **MR. ENSMINGER**: Why?
14 **MS. DREYER:** Again, we're in the middle of a
15 web transition. We're having trouble with
16 security certificates and other things.
17 They're trying to find space on the server.
18 I'm not exactly sure. It will go back up,
19 because I agree with you, that's very
20 important.
21 But I'll also let you know that the
22 old version that was up there wasn't
23 searchable and it was very cumbersome for
24 those people trying to search through it. So
25 I can tell you that they're working right now

1 on a more searchable document library that's
2 more comprehensive, that contains all the
3 documents that the panel used, for instance,
4 which before I don't think all those documents
5 were up there. And also so you can search on
6 it by date or name and use some more
7 sophisticated software. It's not there yet.
8 **MS. McCALL:** I wanted to address the concern
9 about how to have the exposed population
10 respond to the Marine Corps' website and sign
11 up. Well, once people do find out that the
12 Marine Corps poisoned them and didn't tell
13 them for 30-something years, I think the most
14 reasonable of people have a hard time trusting
15 them.
16 If you have suffered any kind of ill
17 effects or lost a loved one, and the Marine
18 Corps is asking you to sign up on the website
19 and tell us all about it after we haven't told
20 you about it, and we let you suffer, and we
21 let you die, and we deny any ^, I don't think
22 people are really going to be very open to
23 responding to the Marine Corps in any sort of
24 way.
25 I'm suggesting you get some other

1 entity to have the exposed population to
2 respond to because the Marine Corps is, after
3 this breaks and people find out what they've
4 done to them, and the most serious of cases,
5 they're not going to respond.
6 **DR. BOVE:** I think that the website should
7 have a stronger message about how important it
8 is for people to register, that it's one of
9 the main ways we're going to find out about
10 what happened to people, the health conditions
11 and so on. So I think that one way to deal
12 with that is to have a strong message on the
13 website.
14 The suggestion of having some
15 independent entity do this, that's an
16 interesting suggestion. I don't know how -- I
17 don't know what -- I don't know how to -- I
18 don't know if my agency wants to take this on
19 either. So I don't even know if we have the
20 capability of doing that.
21 But I do think we could have a strong
22 message on the website that promotes
23 participation in the health survey because
24 it'll help us find out what happened. That
25 might help to get people to do that. And if

1 we resolve some of these other issues like the
2 certificate, like the putting out the fact
3 sheet, all these possible things to try to
4 alleviate people's fears about registering
5 with the knowledge that this is going to be
6 important for everyone who was exposed. If
7 that message can get across on the website ^.
8 **MR. PARTAIN:** Well, Frank, isn't ATSDR the
9 Agency for Toxic Substances Disease Registry?
10 That's part of it. I mean, you're asking one
11 of the perpetrators of this to trust people's
12 personal information and that's -- I mean, and
13 you're asking them, too, like for example,
14 posting the importance of it. I mean, what's
15 to say that's being subverted?
16 **DR. BOVE:** You're giving the Marine Corps
17 your name and address. That's all you're
18 giving them. When the survey goes out, and
19 the way we talked about it is the Marine Corps
20 would send a survey out to everyone they have,
21 names and addresses too. We would get the
22 data.
23 **MR. PARTAIN:** But, I mean, if the Marine
24 Corps is so concerned that this is, you know,
25 you're saying you need this data.

1 **DR. BOVE:** We need the names and correct
2 addresses so that we can send that survey.
3 That's what we need now.
4 **MR. PARTAIN:** And you mentioned something
5 about stressing the importance of getting
6 accurate data. I mean, if there was a concern
7 there on the Marine Corps' behalf of getting
8 this out, then that should have been on there.
9 But you're registering here for future
10 notifications of studies and inclusion in
11 ATSDR's work. That should have been on there
12 from the get-go.
13 **DR. BOVE:** I agree, but it's, we're talking
14 from here on in now.
15 **MS. DREYER:** Yeah, but that's it. That's a
16 clarification. But the Marine Corps
17 established its website to notify people, and
18 they got clearance through the Office of
19 Management and Budget and are going to collect
20 the information. They're collecting it so
21 they can provide notification.
22 This information will be very, very
23 helpful to ATSDR. They, too, need to go
24 through the Office of Management and Budget
25 process and notify people that they will be

1 accessing this data. There'll be a
2 publication in the Federal Register. Nobody
3 just hands people data. It's all very
4 protected.
5 The other thing is is that the reason
6 the Marine Corps is doing this, and I
7 understand there are trust and concern issues.
8 I've heard it today. But the Marine Corps is
9 doing this because they started last July I
10 think is when we sent out the request to the
11 Office of Management and Budget.
12 But it's also in a congressional
13 legislation that the Marine Corps shall
14 notify. Therefore, we're going to comply with
15 that mandate. So we're going to go forward.
16 So that's why the Marine Corps is doing it
17 because we said we would. We started last
18 July. And also because it's a congressional
19 mandate that we will follow through with this,
20 and we will identify them.
21 I agree that ATSDR needs to maintain
22 their independence. I don't want to see the
23 survey. I want that to be completely ATSDR,
24 so we're not going to have any viewing of
25 that. We don't need to. It's not our

1 business to know any of your personal
2 information.
3 **MR. PARTAIN:** But it's on your server
4 though.
5 **MS. DREYER:** The information on our server,
6 as I mentioned, is your name, your address,
7 your phone number and your e-mail address.
8 That's it.
9 **MR. PARTAIN:** I understand that, but like I
10 said, the fact that it's there and not at an
11 independent agency or here at ATSDR or
12 something like that. That is a factor, and
13 people, they don't trust the Marine Corps.
14 **MS. DREYER:** Well, we can work on that.
15 **DR. BOVE:** That's where you, we're asking
16 for help to get the message across that it's
17 important to register, that it's safe to
18 register.
19 **MR. PARTAIN:** Well, the first step needs to
20 be on the Marine Corps website then we can
21 help because if we're talking and it's not
22 there, you know, people are going to look and
23 be distrustful.
24 **DR. BOVE:** And I think that message has been
25 sent.

1 **MR. BYRON:** Mike's helping administer our
2 website, and I know that he helps with water
3 survivors. He's a registered member there.
4 So I'm sure that they would help, but I'm not
5 going to step out there and tell people to
6 register on the Marine Corps website until
7 they take care of some of these issues.
8 **DR. BOVE:** I think that message has been
9 clearly stated.
10 **MR. STALLARD:** What would we do for follow
11 up? This goes back to the transparency and
12 openness and all that kind of stuff. Based on
13 what we've been discussing the past 20 minutes
14 with Kelly, what would be an appropriate
15 follow up communication to the CAP? Would
16 that be coming from Kelly or a conference call
17 or what?
18 **MR. ENSMINGER:** Most of the stuff can be
19 dealt with within a week. I mean, that
20 questionnaire that's on there, that thing's
21 got to go.
22 **DR. BOVE:** We'll be, I mean, Kelly and I go
23 back, you know, you can let us know what the
24 status is.
25 **MR. BYRON:** Well, Mary Ann's here.

1 **DR. BOVE:** Yeah, Mary Ann --
2 **MR. BYRON:** I mean, she's a CAP member so
3 she can be included in the conference calls.
4 I mean she should be.
5 **DR. BOVE:** When it happens, let us know.
6 **MR. PARTAIN:** Well, they can get a
7 disclaimer up pretty quick. They can get a
8 disclaimer up pretty quick. I don't see more
9 than a couple days for that.
10 **MS. DREYER:** We're talking about the
11 government.
12 **DR. BOVE:** We want to get through the rest
13 of this because we have to leave here at
14 three.
15 **MS. RUCKART:** I think we'll just proceed, go
16 over what we discussed on the call and then we
17 can add more details in there as necessary to
18 give you a really good flavor of our thoughts
19 for the health survey and cancer incidence
20 study. As Frank mentioned we need to be out
21 of here, three sharp. We've been told that
22 from above.
23 The health survey, the purpose is to,
24 for us to get the information necessary to
25 conduct scientifically credible studies. We,

1 ATSDR, will collect, maintain and analyze the
2 survey data. So as Kelly was mentioning,
3 USMC/DoD, they don't really have any part in
4 that other than sending it out on our behalf.
5 We are the owners of that.
6 We, ATSDR, will develop the survey
7 content. We are doing that right now. We
8 have a draft in process. As we discussed, we
9 may need to include a clearly unexposed
10 population that came out of our March, at the
11 expert panel meeting, and the possibility
12 would be the Camp Pendleton Marines.
13 And then also this was brought up
14 before but we want to make sure that the
15 survey is very efficient both cost-wise, time-
16 wise, so we want to make sure that we are
17 doing best methods possible to ensure that
18 such as the repeat mailings for everyone;
19 there's possibly incentives. So one way to
20 figure out what is the best method is to do
21 the pilot survey, approximately a thousand to
22 1,500 people to test out these different
23 approaches and see which one is going to be
24 best and then use that for the full-scale
25 effort.

1 Logistics, again, DoD will send the
2 survey out on our behalf. We'd also like to
3 try to survey next of kin for those who we
4 identify as being deceased. So that way if
5 you are not still alive, somebody in your
6 family could fill out the survey on your
7 behalf, give us some information about you,
8 and you could be in our cancer incidence
9 study, you could be part of the health survey,
10 I'm sorry.
11 The methods for conducting this
12 probably will be through a contractor, but it
13 will be ATSDR's contractor to conduct the
14 pilot and all, basically all the logistical
15 steps necessary to complete the survey.
16 Again, an ATSDR activity, not a USMC activity.
17 Okay. So the cancer incidence study,
18 as you heard we got the approval and the
19 support of our agencies who form with us, so
20 we're very excited to be able to give you that
21 news today. And we're going to be in the
22 process of developing protocols necessary to
23 move forward. This is giving some detailed
24 information about our methods and what we're
25 going to accomplish, gets reviewed by external

1 peer reviewers and also by IRB, the
2 Institutional Review Board, and in the case of
3 the health survey by the OMB. So we'll be
4 doing that later on here.
5 Do you want to talk about the cancer
6 incidence study?
7 **DR. BOVE:** Yes.
8 One of the things we, actually if we
9 start with, put them with the next steps,
10 actually, if you go to the last page of the
11 thing and then I'll go through the rest of it.
12 But the way it works is to you want to find
13 out exactly how the Navy's getting correct
14 addresses and phone numbers and addresses are
15 unknown or they get returned mail, and so
16 we're working with them on that.
17 And if the process needs to be
18 revised, we'll work with them on that. I have
19 to, again, finish up the feasibility
20 assessment report. Perri and I will prepare
21 the protocol and the draft health survey. We
22 have to go to approval and meet approval.
23 That's the longer problem than IRB.
24 But we're also discussing, internally
25 at least, asking the NRC, the National Academy

1 of Science, to review this as well because we
2 think this is an important enough issue and it
3 wouldn't hurt if they're willing to review, of
4 course, and especially if it doesn't hold up.
5 Because I have a feeling that we'll
6 have time to go to NRC and IRB, and we'll
7 still be waiting for the OMB approval. So I
8 think we can do it without slowing things down
9 at all. And I think it would help the
10 credibility of whatever we do. So we're
11 exploring that as well, and then we would do a
12 pilot of the study.
13 So with that in mind let me start
14 again on the previous page with the, what the
15 study sort of looks like based on a lot of
16 discussions. We've been over some of this on
17 previous CAP meetings. A lot of it
18 crystallized with the Epi panel meeting which
19 was very important to get the ideas floating
20 around about how this could be done because
21 it's a complicated study and a lot of
22 different issues.
23 The cohorts we were talking about were
24 the same as the mortality studies. That's
25 pretty clear. And now we wanted to include

1 the participants in the ATSDR survey if we can
2 get complete base residence information from
3 the information they gave us. And that means
4 that during the survey we ask people when they
5 were on base. If they were in family housing
6 the whole time, we have enough information to
7 put them in. If we don't, then we don't have
8 enough information to put them in. So those
9 who we do have the information could go in.
10 Then the third group which could
11 include all of these people is whoever
12 participates in the health survey. That's why
13 the health survey is so important and making
14 sure that it gets out to as many people as
15 possible and that there's a good
16 participation.
17 So that's how it looks like. If the
18 health survey pans out, if we get a high
19 participation rate, then everyone who fills
20 that out will be part of this study. We won't
21 have to worry about buying ^. If we're having
22 difficulties, and we're going to do a pilot to
23 explore the best way to convert non-
24 responders.
25 But if we find that we're not getting

1 a good participation rate, then in order to
2 maintain the credibility of the study, we're
3 going to have to keep that separate and focus
4 on the first two cohorts I mentioned. So
5 that's why it's so important that this health
6 survey be done right, and we get it to as many
7 people as possible, and that they fill it out.
8 So we'll be keeping that in mind when
9 we design the survey so it won't be too
10 burdensome yet be as complete as possible at
11 the same time so we're going to balance these
12 issues out. The follow up is from the date
13 they were first stationed at the base, the
14 first exposure basically.
15 We're going to use all 50 state cancer
16 registries. I don't think this has ever been
17 done before as far as I know. And we'll
18 verify the cases through medical records or
19 through the cancer registrations, or if they
20 died, through the death certificates. So
21 we'll verify those cases, and again, the
22 exposure assessment is not much different from
23 the mortality study.
24 Now the issues to resolve, and the
25 first issue is the possibility that we might,

1 that health surveys notoriously have a low
2 participation rate. There's a Millennium
3 Cohort that was a DoD cohort that got a
4 survey, and I think the participation rate was
5 about a third or 37 percent, somewhere around
6 there. This is a problem. The Gulf War
7 Syndrome has had better participation rates,
8 but it's been difficult there, too. That's
9 the nature of the beast. A health survey has
10 these difficulties.
11 So what we, what the panel, the Epi
12 panel, suggested, and I think it's a great
13 suggestion, was to start off not mailing it to
14 everybody yet. Mail it to 1,500 people first
15 and try various tactics on converting those
16 who don't respond, converting non-responders.
17 The first thing, of course, would be repeat
18 mailings. See how that works. How much does
19 that cost? What kind of gain do we get in
20 terms of participation?
21 The next step, phone contact, how much
22 would it cost to do that in addition to the
23 repeat mailings and how much additional
24 participation did we get. Finally,
25 incentives, whether it's monetary or movie

1 pass or whatever kind of incentives. How much
2 does that cost? What kind of participation,
3 increase in participation? So we would get a
4 sense of different possibilities for
5 increasing participation, how much it costs
6 and what seems to be effective, and we do that
7 first.
8 **MR. PARTAIN:** I feel that participation
9 surveys like that is going to be a function of
10 public awareness, people aware that
11 something's gone on, and that they've been
12 exposed. Then there's your incentive to
13 participate in the surveys.
14 **DR. BOVE:** Right, well, all that's true.
15 And the notification letters will have gone
16 out to most of the people before the survey
17 goes out.
18 **MR. PARTAIN:** Well, it says you may have
19 been exposed.
20 **DR. BOVE:** Whatever, but at least people
21 will know that there's an issue there. I
22 expect to get deluged with phone calls and e-
23 mails myself, and I'm sure they will, too. So
24 and we have to say that it's important.
25 You'll be getting a survey. It's important

1 for you to fill it out. And any contact we
2 have that will be important to do.
3 **MR. PARTAIN:** Is that going to come from
4 ATSDR or is that going to come from the Marine
5 Corps? That here's the survey. It's
6 important.
7 **DR. BOVE:** It's my suggestion to the Marine
8 Corps that any notification letter that gets
9 sent out from here on in should talk about the
10 fact that this health survey will be coming in
11 the next year or so, and that it's important
12 for people to be aware that it's coming and to
13 hopefully fill it out. I think that that --
14 **MR. PARTAIN:** And spell it out that it's
15 coming from ATSDR.
16 **MR. BYRON:** My personal opinion is money is
17 a poor motivator. But I'd like to make this
18 recommendation. As a former Marine if you
19 send me a letter from the Commandant stating
20 how important it is to my fellow Marines that
21 this study be done and that you participate,
22 that will go a lot further than offering fifty
23 dollars.
24 **DR. BOVE:** Okay, well then that's a good --
25 **MR. BYRON:** -- because you bring up

1 patriotism. Your citizenship will make them
2 respond better than fifty bucks.
3 **DR. BOVE:** I think that's a great
4 suggestion, and we'll make that -- you've got
5 it, we've written it down. So that's a good
6 suggestion.
7 So that's how a pilot would look. So
8 we'll do that for 1,500 first, see what works,
9 and then the rest of the surveys would go out.
10 We'd use the best method to inspire
11 participation.
12 **MR. BYRON:** Smart.
13 **DR. BOVE:** I thought it was a good idea
14 instead of starting the whole thing and not
15 knowing what we'd get out of it.
16 **MR. PARTAIN:** I'd kind of like to see a
17 formal answer, yes or no, from the Commandant
18 whether he would be willing to do that. I
19 know you can't do that.
20 **MR. BYRON:** All he's got to do is sign his
21 name.
22 **MR. PARTAIN:** I just put it out somewhere.
23 **MS. DREYER:** I can take messages back, but I
24 don't see the Commandant on a daily, weekly,
25 monthly --

1 **MR. PARTAIN:** I know you don't. Just put it
2 in writing somewhere so it was written down
3 somewhere.
4 **MS. DREYER:** It's here in the minutes.
5 **MR. BYRON:** I'm sure that the Commandant
6 rarely writes his memos or he reads them real
7 quick and signs them, here you are. So if
8 they put it accurately, I'm sure if it's put
9 in the right manner, I'm sure ^.
10 **DR. BOVE:** Are there any other questions
11 about the survey itself? We've got to talk
12 about the content of it. And one of the
13 things we've been discussing is to have
14 questions about that there would get as much
15 information as possible if the person had a
16 cancer, when it was diagnosed, where, what
17 state, any information we could get to help us
18 verify. So we'll have a list of those kinds
19 of questions for the cancers.
20 And I think we would like to have the
21 same kinds of questions for a few other major
22 diseases. And the ones we've been thinking
23 about it, and is open for discussion or
24 suggestions you can give me later, the kidney
25 diseases, major kidney diseases, liver

1 diseases, Parkinsonism, because that’s been in
2 ^. People are concerned about that, and
3 probably lupus as well.
4 **MS. RUCKART:** And some general autoimmune --
5 **DR. BOVE:** Yeah, well, autoimmune, so we
6 have the same kind of structure for those as
7 we would for cancers. When were you
8 diagnosed? Who diagnosed you? A bunch of
9 questions, what exactly the disease was and so
10 on.
11 And then we would also have a -- this
12 is up in the air. I think we could have some
13 symptom questions as well to put into this.
14 We don’t want to have too many to overburden
15 this thing.
16 **MR. PARTAIN:** What about thyroid issues?
17 What would that fall under?
18 **DR. BOVE:** That could fall under either the
19 major category of diseases we’re interested in
20 or it could go under this secondary category
21 of symptoms and diseases that we wouldn’t ask
22 as much information on because we can’t ask
23 for everything. But if you think that thyroid
24 can be --
25 **MR. PARTAIN:** I hear it a lot.

1 **MR. BYRON:** You listed them here in your
2 handout, right? Maybe under PCE and TCE
3 primaries.
4 **DR. BOVE:** What did we --
5 **MR. BYRON:** I said you listed these
6 illnesses under the TCE and PCE as far as
7 expectance -- I mean, they're right there,
8 lung cancer's one.
9 **DR. BOVE:** I don't want to leave anything
10 out. I just want to figure out a way so the
11 question is not too burdensome because we also
12 want to ask for occupational history. We want
13 to ask for residential history. We're going
14 to have to ask the do you use smoking and
15 alcohol question.
16 And the questionnaire starts getting
17 big after that, and we want people to fill it
18 out, and we also want to have it web-based.
19 So instead of a discussion here because we
20 don't have that much time, I would like
21 suggestions from you as to what in particular
22 major diseases you'd like for the
23 questionnaire to focus on besides cancers.
24 **MS. RUCKART:** I just want to say whatever's
25 decided, there will be an open-ended question

1 at the end where you can feel free to list
2 anything else that was not covered and that
3 you want us to know about.
4 **DR. BOVE:** Yes, yes. It's just that for
5 some diseases we will want more information so
6 we can verify it, whereas the symptoms we know
7 we can't verify. We can't verify symptoms.
8 So you could ask for a list of particular
9 symptoms that are related to a particular ^
10 with the knowledge that we couldn't verify it.
11 But for major diseases where there's a good
12 chance we can verify, we want to get more
13 information.
14 And so that's the balance I was
15 thinking of striking so it wouldn't be too
16 long of a questionnaire. But that again, it's
17 just our kind of thinking. We didn't really
18 discuss this at length at the Epi panel and
19 we're open for suggestions, but not today.
20 Maybe you can e-mail me if you have
21 questionnaires you know of that you think are
22 useful for us to have in our deliberations
23 about that, just send them along. We've
24 gotten a few already from the panel members,
25 but if you have others, we're going to get the

1 Millennium Cohort questionnaire from Chris
2 Rennix I hope soon. So we'll have samples,
3 but if you have any ideas we'd like to hear
4 it.
5 Any other questions about the survey
6 today?
7 (no response)
8 **DR. BOVE:** Because we'll probably be
9 revisiting this stuff as we go. The way we
10 were thinking this, and again, the two
11 different ways. One is as a data linkage
12 study with the idea that it's supposed to help
13 survey. No matter what we did, we still
14 didn't get better than 40, 50 percent
15 participation even though the media blitz, the
16 change in the website, the Commandant or
17 whoever sends a letter, we still get 50
18 percent or less participation rate, then
19 there's a problem with using the survey as a
20 scientific study. But there's still a chance
21 to do a good cancer incidence study without
22 that information, and so I'll go over that
23 right now.
24 First of all, the 50-state cancer
25 registries, they all have data from 1997 on.

1 If we use the mortality cohort, the active
2 duty people, the civilians, and we include
3 also now those participants in this ATSDR
4 survey that we have complete information on
5 their base residence.
6 That's a sizeable group again.
7 They're mostly young people. If we catch
8 cancers from '97 on, we're not missing too
9 many cancers that would have occurred before
10 that. And from '97 on we can then make
11 comparisons actually to ^ data because that's
12 how they are coming up with their ^. So
13 that's one part of the study.
14 But, of course, there will be cancers
15 before '97 that we've missed. So the way to,
16 the second thing that we could do is go to
17 every state cancer registry again and say give
18 us all the data you have. Some states go
19 back, started in '96 or '97, and that's all
20 they got. Then other states go back, as far
21 back as you need. And, in fact, it turns out
22 that about 60 percent of the states have data
23 from 1991 and from '85 onward it drops to
24 maybe half or so. So just by data linkage we
25 would capture most of the cancers in this

1 cohort.
2 So if the survey does not pan out, and
3 I hope it does, but if it doesn't, we still
4 can do a cancer incidence study without too
5 much of a problem in terms of missed cases.
6 There shouldn't be a problem with bias because
7 everyone's being treated the same way. We
8 would do the same thing with Pendleton or
9 whatever unexposed cohort ^ the Camp Lejeune
10 cohort.
11 I'm also concerned about if we send a
12 survey to Pendleton, 50,000 Pendleton or
13 whatever number, we'd have problems with
14 participation rates there, too. So I'm
15 concerned about all these issues. And these
16 issues, I have to figure out how participation
17 is going to be increased even among people who
18 have no stake in the ^ if we want to have an
19 external exposure ^. So those are issues we
20 need to think about. We didn't discuss that
21 at the panel. There was too much else
22 discussed, but that is an issue.
23 So we have a contingency plan in other
24 words that if the survey does not pan out, we
25 can still do a cancer incidence study. But

1 without the survey, you can look at nonfatal,
2 non-cancerous diseases such as end stage renal
3 disease which was looked at in a site near
4 Wortenberg* and others did ^ cohort or
5 Parkinsonism or something of that sort. We
6 can't do that without the survey at least
7 unless we do something ^ implies a special
8 study to do that. We haven't thought about
9 that.
10 So that's the situation with cancer
11 and that's our thinking. That's going to be
12 how we we're going to write up a protocol at
13 least for now unless ^. And we're going to be
14 working on this protocol and the questionnaire
15 because we do have a timeline, a deadline,
16 that the law said 120 days from the sign in to
17 the law which is January 28th, so we have until
18 the end of May to get this, the ball rolling
19 and getting this started on the OMB process.
20 And we hope to meet that.
21 So that's the key next step. Before
22 that I do have to finish writing the
23 feasibility assessment report. Perri and I
24 have to work on the protocol and coming up
25 with the questionnaire. That's our next step.

1 Are there any questions? I was
2 running through that because it's late, but
3 any questions about this stuff? It's
4 complicated I know.
5 **MR. STALLARD:** Anyone on the phone have
6 questions? Did you hear that? Tom?
7 **MS. BRIDGES (by Telephone):** Yeah, yeah, we
8 heard it. I heard it.
9 **MR. STALLARD:** Good, Sandy, thank you.
10 **WRAP UP**
11 Okay, so let me -- are there any other
12 questions about the presentation that was on
13 the agenda this afternoon, either about
14 notification and health studies, mortality,
15 cancer incidence study and/or the March expert
16 panel?
17 **MS. BRIDGES (by Telephone):** There's a lot
18 of questions we'll probably have going
19 forward.
20 **MR. STALLARD:** Okay.
21 Let's just go over briefly what we've
22 talked about today, and what you wanted to
23 achieve. And that was moving forward with
24 studies. It seems to me that has been made
25 out in terms of what the next steps are. Do

1 we have some agreement on that?
2 **MS. McCALL:** Moving forward expeditiously.
3 **MR. STALLARD:** Expeditiously.
4 The issue of meeting regularly was
5 discussed, and I think it, I didn't hear a
6 concrete yes or no of what decision, but we're
7 going to meet quarterly was what Jeff had
8 brought up, and we want to keep that on track?
9 **MR. PARTAIN:** Yes.
10 **MR. BYRON:** Yes.
11 **MS. BRIDGES (by Telephone):** Also, keep the
12 members of the panel informed as far as what's
13 going on.
14 **MR. STALLARD:** Yes, that's right, Sandy.
15 **MS. BRIDGES (by Telephone):** More a part,
16 and we know what's going on. The question is
17 transparency and we suggested Jerry.
18 **MR. STALLARD:** That's right so that falls
19 into the once a month phone calls and keeping
20 in touch by call, right?
21 **MS. BRIDGES (by Telephone):** Right.
22 **MR. PARTAIN:** Perri said she was going to
23 make that available for us. And also on the
24 study, we're going to ask for a timeframe when
25 we're going to start to see this stuff roll

1 out.

2 **MR. STALLARD:** And so we can expect that
3 timeframe. I think you already have a
4 timeframe.

5 **DR. BOVE:** I'll try to update people as we
6 go. It may be, I talk to Jerry quite a bit.

7 Jerry, if you can sometimes just send
8 a message out to the rest of the people. But
9 we'll keep the flow of information both
10 informally and a formal thing either monthly
11 or whenever it would make sense to do it.

12 **MR. STALLARD:** Well, let's put it there's a
13 lot going on between now and 2009 with the
14 water modeling at Hadnot Point and all that,
15 and then these various studies.

16 We talked a good deal about the
17 openness, transparency, between agencies and,
18 again, thank you, Kelly, for being here to
19 represent the Marine Corps and take our CAP
20 issues back.

21 Marine Corps website access, I think
22 we've heard considerably your concerns about
23 that. And we got through the agenda it
24 appears so far and understand what next steps
25 are and to move forward expeditiously.

1 So what are the next steps? Who would
2 like to summarize their understanding of what
3 the next steps are?
4 **DR. BOVE:** I think you just did.
5 **MR. STALLARD:** Good.
6 **DR. BOVE:** But I think the next step is to
7 proceed when we want -- yeah, as I said, we'll
8 keep you informed. We'll keep you informed.
9 If you want a monthly thing, we'll try to do
10 that. But I also think that stuff happens
11 within a month, and we're talking, just let
12 people know.
13 We need to set another CAP meeting.
14 **MR. STALLARD:** Right.
15 **MS. RUCKART:** Well, we tentatively talked
16 about July. What happened was we didn't have
17 a meeting in the second quarter of this fiscal
18 year, and we had talked about still having
19 four meetings this year which would mean two
20 in the third quarter and one in the fourth
21 quarter. So that would be maybe one in July
22 and one in September.
23 **MR. STALLARD:** Can we back that up with what
24 might be a deliverable item that's worthy of
25 getting everybody together kind of thing?

1 **MR. ENSMINGER:** The protocol.
2 **MR. STALLARD:** Protocol, okay.
3 **DR. BOVE:** You'll have the protocol, the
4 draft protocol, that's going to ^ OMB --
5 **MR. BYRON:** I'm not so worried about making
6 up meetings as much as I am staying on time
7 with the meetings from here on out.
8 **MS. RUCKART:** And one thing that I do want
9 to mention. It is very hard to coordinate,
10 schedule with everybody that you see in this
11 room and to find availability of the room. So
12 I just want, you know, there's a lot of going
13 back and forth. We throw out dates like
14 sometime in July. I can't make it that date,
15 and they need to be here. And this is what
16 happens so --
17 **MR. ENSMINGER:** ^
18 **MS. RUCKART:** Well, Jerry, if that person
19 were you, wouldn't feel that way. So this is
20 a reality. It's really hard to schedule --
21 **MR. ENSMINGER:** If I can't make it --
22 **MS. RUCKART:** -- 15 people -- okay, so
23 sometimes you know Dick has teaching
24 responsibilities and he can't make it, and we
25 want him here, and so -- and not to say what

1 I'm saying, Jerry says he doesn't care if he's
2 here, but --
3 **DR. BOVE:** I think there's plenty to discuss
4 and talk about if there's a meeting in June or
5 July. So why don't we focus on those two
6 months. I know it's a vacation period to
7 people.
8 **MS. RUCKART:** I think July is more
9 reasonable --
10 **MR. BYRON:** That's the problem.
11 **MS. RUCKART:** -- I'd like us to start next
12 week thinking about dates. Well, I'd like you
13 all to start thinking about dates now, and
14 then next week we can canvass everybody, and
15 then start trying to look at the calendar
16 about the rooms available and all this, and I
17 think early July is realistic, but we need to
18 start right now because it does take a long
19 time to plan a meeting that involves this many
20 people.
21 **MR. BYRON:** I think last time for this
22 meeting people had heard that Richard had a
23 date open that he had to be here at and
24 everybody pretty well complied, didn't they?
25 The only date he had open was the 17th, right?

1 **DR. CLAPP:** Yeah.
2 **MR. BYRON:** We're here.
3 **MS. RUCKART:** Sometimes we want Morris here,
4 and Morris has other obligations. You know,
5 there's a lot so everybody just needs to think
6 about their schedule now for July. You think,
7 well, that's a couple months. We should all
8 be able to get together. But seriously, and
9 then next week we start going back and forth,
10 and it will take a week or so to nail down a
11 date. Some people already have commitments
12 for their vacations, plane tickets and this
13 and that. But we need to start next week
14 exchanging dates with each other.
15 **MS. McCALL:** Perri, can you just look at the
16 July availability of the room and give us the
17 dates on that and then that's the place to
18 start?
19 **MS. RUCKART:** You all be thinking about it
20 still and --
21 **MS. McCALL:** I don't have any time I'm not
22 available or available. If I'm not going
23 through treatments, I'm available. Tell us
24 when the room is available in July, and we'll
25 all get together and see.

1 **MR. STALLARD:** Anything else? Logistics?
2 Submit your vouchers timely? Anything like
3 that? That's always a bottom line.
4 **DR. CLAPP:** It's a standing order.
5 **MR. STALLARD:** Well then without any further
6 ado, I'd like to thank all the CAP members and
7 David for being here to kick this off this
8 morning, and the audience for your
9 participation and involvement. And thank you,
10 and we look forward to seeing you again, and
11 safe journey wherever you're going. Thank
12 you.
13 (Whereupon, the meeting was adjourned at 2:45
14 p.m.)

1 **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 Apr. 17, 2008; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin 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 29th day of May, 2008.

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STEVEN RAY GREEN, CCR, CVR-CM
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102

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