

**THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

convenes the

NINTH MEETING

**CAMP LEJEUNE COMMUNITY ASSISTANCE**

**PANEL (CAP) MEETING**

JULY 16, 2008

The verbatim transcript of the  
Meeting of the Camp Lejeune Community Assistance  
Panel held at the ATSDR, Chamblee Building 106,  
Conference Room A, Atlanta, Georgia, on July 16,  
2008.

**STEVEN RAY GREEN AND ASSOCIATES**  
**NATIONALLY CERTIFIED COURT REPORTING**  
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### TRANSCRIPT LEGEND

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-- "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  
BYRON, JEFF, COMMUNITY MEMBER  
CLAPP, RICHARD, SCD, MPH, PROFESSOR  
ENSMINGER, JERRY, COMMUNITY MEMBER  
GROS, MICHAEL, COMMUNITY MEMBER (not present)  
MCCALL, DENITA, COMMUNITY MEMBER (not present)  
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 (VIA TELEPHONE)

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

(9:00 a.m.)

**WELCOME AND ANNOUNCEMENTS**

2           **MR. STALLARD:** I'd like to welcome everyone  
3 back for our meeting today, and before we go  
4 around and do introductions for the purpose of  
5 the court reporter, as you all know everything  
6 is captured and it's streaming. It's archived  
7 and also posted on the website. So we have  
8 some new faces I see in the audience. And for  
9 the benefit of the CAP and any members in the  
10 audience, I just want to recap, if you will.

11                   When the scientific panel met to  
12 determine the future of this activity, the  
13 purpose of the CAP was to determine the  
14 feasibility of future scientific studies. As  
15 you know we are in essence moving beyond that  
16 initial charge. And additionally, the expert  
17 panel said that to conduct any Camp Lejeune-  
18 related activities with the full participation  
19 of the affected community.

20                   So it seems as though we, in essence,  
21 addressed the initial, number one component of  
22 the establishment of the CAP and are moving

1           into a phase now that is essentially the  
2           implementation of the study. But I just  
3           wanted everyone to be on the same page about  
4           why we exist and what we're doing.

5           **MR. ENSMINGER:** I'd like to say something.

6           **MR. STALLARD:** Here's one of the ground  
7           rules. Once again, we all speak into the  
8           microphone.

9           **MR. ENSMINGER:** I'd like to bring up item  
10          two that says to conduct Camp Lejeune-related  
11          activities with the full participation of the  
12          affected community. That's what the CAP's  
13          for. But whenever there's any damn meetings  
14          between DOD and ATSDR, the CAP's not included  
15          in it.

16                 And that's a bunch of crap. We're  
17          here to represent the community. We need to  
18          have representation at all meetings, and we  
19          need to see all correspondence that takes  
20          place between the Department of the Navy, the  
21          Department of Defense, the United States  
22          Marine Corps. I don't care who it is. We  
23          need to be privy to that information or we  
24          can't keep the affected community informed.

25                 I get sick of it. I said at the last

1 meeting, I feel like a damn village beggar at  
2 the back door of the tavern trying to get  
3 food. That's how I feel about getting  
4 information about this situation. This is  
5 going to stop.

6 **MR. STALLARD:** Let's go ahead and use this  
7 opportunity to go around the room and  
8 introduce ourselves for the benefit of the  
9 court reporter. I'll start. I'm Christopher  
10 Stallard. I am a CDC employee, and I've been  
11 serving with the CAP since its inception as  
12 your facilitator.

13 **MS. BRIDGES:** Sandra Bridges with the CAP.  
14 Sandra Bridges representing the CAP.

15 **DR. CLAPP:** Dick Clapp, I'm an  
16 epidemiologist at Boston University and also  
17 on the CAP.

18 **MR. ENSMINGER:** I'm Jerry Ensminger, a  
19 member of the CAP.

20 **MR. BYRON:** I'm still Jeff Bryon, a member  
21 of the CAP.

22 **Dr. BOVE:** Frank Bove, ATSDR.

23 **MR. PARTAIN:** Mike Partain, a member of the  
24 CAP.

25 **MS. RUCKART:** Perri Ruckart, ATSDR.

1                   **MS. SIMMONS:** Mary Ann Simmons, Navy and  
2 Marine Corps Public Health Center.

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

4                   **MR. ENSMINGER:** Chris, who are the other  
5 members of the audience?

6                   **MR. STALLARD:** We can go through that and  
7 get an opportunity in just a moment, Jerry.

8                   Administrivia: Security as you know  
9 is a lot more stringent here at this new  
10 facility. We're very protected and  
11 safeguarded. And so we ask that you register  
12 by the deadline to facilitate the security  
13 processing in the future. And that vouchers,  
14 the timely submission of your vouchers means  
15 that you can get paid timely and we can close  
16 our books.

17                   Here's some operating guidelines. One  
18 speaker at a time. These are essentially the  
19 same guidelines we have each and every time.  
20 So here's an opportunity if you would like to  
21 have something added to that's not up here or  
22 need clarification, please ask.

23                   One speaker at a time.

24                   Oh, Tom. Tom, we're going to get to  
25 you in just a moment.



1                   Zero personal attacks. Respect for  
2 the speaker sort of goes with one speaker at a  
3 time. Now the audience is here to listen.  
4 This is an open meeting. They're not obliged  
5 to participate. They may respond if asked by  
6 the CAP. That's their choice. Everyone,  
7 please speak into the microphones and put your  
8 cell phones on stun or silence them please so  
9 as not to disrupt the activities.

10                   Tom, once again I neglected. I know  
11 you're in the room and you can see us. Would  
12 you please introduce yourself?

13                   **MR. TOWNSEND (by Telephone):** Tom Townsend  
14 with the CAP.

15                   **MR. STALLARD:** And you are where?

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

17                   **MR. STALLARD:** Idaho.

18                   Are there others on the phone?

19                   (no response)

20                   **MR. STALLARD:** As you know Denita is part of  
21 this CAP. She's unable to be with us. She's  
22 undergoing recovery from cancer from what I  
23 understand or --

24                   **MR. ENSMINGER:** Had a lung removed.

25                   **MR. STALLARD:** That's a pretty serious

1 recovery.

2 **MS. RUCKART:** And Mike Gros, I guess, was  
3 not able to call in.

4 **MR. STALLARD:** I don't know about Mike.

5 **MR. ENSMINGER:** Mike's been sick.

6 **MR. STALLARD:** Mike is sick.

7 **MR. ENSMINGER:** Pretty soon they'll have us  
8 all killed off.

9 **MR. STALLARD:** By old age if nothing else.

10 There's been a request by CAP member  
11 Jerry Ensminger for to get an understanding of  
12 who some of these new faces are. We know  
13 Lieutenant Colonel Tencate who's back. He's  
14 not a new face. And so would you mind, anyone  
15 else --

16 Is it someone in particular?

17 **MR. ENSMINGER:** These uniformed people and  
18 the man in the suit.

19 **MAJOR EVANS:** My name is Major Mike Evans.  
20 I'm replacing Colonel Hale ^ Eastern Area  
21 Counsel's Office at Camp Lejeune.

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

23 **MAJOR GRAEF:** My name is Major Harold Graef  
24 over at Headquarters Marine Corps, the  
25 Environmental Section.

1                   **MR. ENSMINGER:** Environmental Section?

2                   **MR. STALLARD:** I think he's taking Kelly,  
3 Kelly has left as you know, and he's filling  
4 in for Kelly.

5                   **MR. ENSMINGER:** At INL?

6                   **MAJOR GRAEF:** Yes, sir.

7                   **MR. STALLARD:** Is there anyone else that  
8 you'd like to?

9                   **MR. ENSMINGER:** The long-haired dude.

10                  **MR. WUNDER:** Dave Wunder, I'm a retired  
11 Marine, and I'm an environmental law attorney  
12 and ^ counsel.

13                  **MR. ENSMINGER:** You've got ECO on the east  
14 coast. What do you call the one on the west  
15 coast, WACOs?

16                  **MR. WUNDER:** ^.

17                  **MR. STALLARD:** So as we do in previous  
18 sessions, you've seen the agenda, but putting  
19 the agenda aside so to speak because we're  
20 going to address those issues, what is it that  
21 you would like to achieve this meeting, and  
22 what is it that, if anything, you would like  
23 to avoid? So what it is that you hope to  
24 achieve in this meeting?

25                  **MR. BYRON:** Further studies.

1           **MR. STALLARD:** What's that?

2           **MR. BYRON:** Further studies for adults and  
3 the children that were born prior to --

4           **MR. ENSMINGER:** The siblings of the in utero  
5 population.

6           **MR. BYRON:** This is Jeff Byron. We want the  
7 adult study to go forward. And I realize the  
8 complexity in this, but we also want the  
9 siblings of the children who are being studied  
10 now to be studied.

11           **MR. STALLARD:** Move adult studies forward  
12 and the inclusion of children. Is that what  
13 you're saying?

14           **MR. BYRON:** And the children that were born  
15 prior to moving onto base housing.

16           **MS. BRIDGES:** The dependents on the base,  
17 their children now, the transcending --

18           **MR. STALLARD:** Say that in another way.

19           **MS. BRIDGES:** The children that were on the  
20 base, their children, the next generation.  
21 They're experiencing the same problems that  
22 their fathers and mothers did after living,  
23 being conceived and born on the base.

24           **MR. STALLARD:** So the children of the  
25 dependent children who were on base.

1           **MS. BRIDGES:** Exactly.

2           **MR. STALLARD:** What else?

3           **MR. ENSMINGER:** I'd just like to see the  
4 damn truth and all the documents, all of them.

5           **MR. STALLARD:** Truth, documentation. Jerry,  
6 can I use a word here we used before which has  
7 been our code of conduct, transparency?

8           **MR. ENSMINGER:** Okay.

9           **MR. STALLARD:** Okay.

10          **MS. BRIDGES:** May I say something? At the  
11 last meeting one of the last things that we  
12 said, at the last meeting one of the last  
13 things that we were discussed was that  
14 transparency was going to be lifted, and we  
15 requested that Jerry be notified of  
16 everything. And now we're still going at it  
17 this meeting.

18          **MS. RUCKART:** Christopher, may I say  
19 something?

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

21          **MS. RUCKART:** Tom Sinks will be joining us  
22 later, and he's going to address the issue of  
23 transparency so you will have some resolution  
24 on that.

25          **MR. ENSMINGER:** Yeah, I understand it's all

1 one-sided. Like getting half of a telephone  
2 conversation.

3 **MS. RUCKART:** But he'll be here and then you  
4 can bring up your issues with him.

5 **MR. STALLARD:** Okay, folks, what we're  
6 looking to do is we bring these up so we can  
7 manage expectations.

8 It seems like Mary Ann is sitting over  
9 here all by herself.

10 **MS. SIMMONS:** Do you want me to move over  
11 there?

12 **MR. STALLARD:** It's not intended to be that  
13 way.

14 But we bring it up so we can manage  
15 expectations and develop solutions to these  
16 issues. And so we continue to nibble away and  
17 make progress toward transparency. And I  
18 guess we need to, what's the end point for  
19 that and when will we know that we achieved it  
20 and what will it take to get it.

21 So with that we're going to move into  
22 the formal presentation part of our agenda  
23 which has Morris up first to share with us the  
24 water modeling update.

25 **UPDATE ON WATER MODELING**

1           **MR. MASLIA:** We've been having computer  
2 network issues. I don't know if somebody's  
3 telling me it's my time to leave or what. So  
4 I will just talk from this sheet here and go  
5 over, basically, I just want to go over two  
6 items and then open it up for questions if  
7 that's okay with everybody.

8           The first one we had a, we received a  
9 letter from the U.S. Navy. It's also from the  
10 Marine Corps but on Navy letterhead dated June  
11 19<sup>th</sup>, and it provided us technical comments or  
12 comments with respect to the Tarawa Terrace  
13 water modeling reports that have been  
14 published to date and that are on the web. We  
15 intend to answer that and write in full and  
16 then both their letter and our responses will  
17 be posted on our website.

18           But we did just provide them with oral  
19 response to their four recommendations at the  
20 end of the letter when we had a meeting last,  
21 it was last week I guess, late last week when  
22 we went up to Washington, D.C. to the Navy.  
23 And basically, the four areas were improve  
24 communication; number two, convene an expert  
25 panel to look at the Tarawa Terrace water

1 modeling results, which we have rejected; --

2 **MR. BYRON:** I'm sorry. What was rejected?

3 **MR. MASLIA:** The expert panel like we had in  
4 2005 to review the results of the Tarawa  
5 Terrace modeling. And that one we have  
6 rejected because we had one.

7 Finalize the remaining chapters of the  
8 Tarawa Terrace reports, the three remaining  
9 chapters, and we're working on those. And  
10 then apply the lessons learned from Tarawa  
11 Terrace to Hadnot Point, which we are doing.  
12 And those were the letters, generalized if you  
13 want to call it, recommendations. They are  
14 specific comments which, as I said, we will  
15 address specifically in a response to the U.S  
16 Navy and Marine Corps.

17 Are there any questions on that issue?

18 (no response)

19 **MR. MASLIA:** Then I have distributed an  
20 updated timeline, and that's what you have  
21 here, on ^ 17. And basically, I just want to  
22 call your attention to a couple of items here.

23 First, on the first line -- these are  
24 numbered by task numbers so I'll refer that's,  
25 I know that's hard to see by 17. But task



1 number 2.11, which is the database  
2 development, we had several months ago  
3 obtained some additional site data. And we  
4 have completed the analysis of those sites and  
5 included it in our database. So although it  
6 says 17 sites, there are probably a few more  
7 including this six, but that's all the site  
8 data that we have. That was based on review  
9 of some other site data which alluded to some  
10 additional sites. So that has been completed  
11 --

12 **MR. PARTAIN:** Morris, what is this  
13 additional site data?

14 **MR. MASLIA:** Just when they either do  
15 remediation studies or they'll go out and  
16 sample. So as you're reading one report it  
17 may refer to another site that has been done.  
18 And so we go and look at that other site. I  
19 can't give you the exact site. I've got the  
20 list, but I don't have it with me.

21 But there were six additional sites  
22 that were mentioned as we were doing the first  
23 12 sites that we did not have reports on. We  
24 asked the Marine Corps, Scott Williams, to  
25 provide us that. They did, and we have

1 reviewed them, and we initially thought it  
2 would take a little bit longer because you  
3 don't know what's in the site reports. We  
4 hadn't seen them and water level data, maybe  
5 some aquifer test data, maybe some water  
6 quality samples, things of that nature.

7 And so unlike Tarawa Terrace where we  
8 really did not have but one site, I think  
9 Tarawa Terrace, at Hadnot Point, as I said  
10 right here, you've got 17 different sites that  
11 have been looked at in terms of  
12 hydrogeological investigation for remediation  
13 studies and things of that nature. And so  
14 before we could put a water model together, we  
15 have to go through all of that information.  
16 It could be several pages; it could be hundred  
17 or several thousand pages in length. That  
18 extended the initial target completion date  
19 somewhat and --

20 **MR. BYRON:** Somewhat?

21 **MR. MASLIA:** What?

22 **MR. BYRON:** Somewhat?

23 **MR. MASLIA:** Yeah, somewhat.

24 **MR. BYRON:** I thought this report was  
25 supposed to be done, I'm seeing here 2010.

1           **MR. MASLIA:** That's correct.

2           **MR. BYRON:** What are you guys projecting for  
3 a finish date on this report?

4           **MR. MASLIA:** I'll get to that, 2010.

5           **MR. BYRON:** Well, that's what you say today.

6           **MR. MASLIA:** Well, that's the best I can do.

7           **MR. PARTAIN:** Morris, have you requested all  
8 the reports and data, I mean, I understand --

9           **MR. MASLIA:** Yeah, it doesn't work that way,  
10 okay? Because we don't know -- it's an  
11 iterative process. We don't know what is out  
12 there until we start reviewing reports. When  
13 we review reports, and we find information  
14 that we don't have, then we can request it.  
15 Upon requesting it then we get it and review  
16 that. If that leads to additional reports --  
17 there's no catalog, a universal catalog, of  
18 everything that exists.

19           **MR. ENSMINGER:** Well, I mean, the Marine  
20 Corps hired Booz, Allen and Hamilton to do  
21 this document search.

22           **MR. MASLIA:** I'm not going to speak for the  
23 Marine Corps. I'm going to tell you what I  
24 was told, and this was our understanding.  
25 They went through every building of the base

1 to see what type of documents were there.  
2 They specifically did not go and say is there  
3 a remediation study on site X, Y, Z in this  
4 building or this location. And I think that's  
5 -- they were not, my understanding was they  
6 were not hired to go search out the specific  
7 documents. So we have the documents --

8 **MR. ENSMINGER:** My understanding there was a  
9 computerized inventory of all the existing  
10 documents, right?

11 **MR. WILLIAMS:** Can I say something?

12 **MR. ENSMINGER:** Sure.

13 **MR. WILLIAMS:** The Booz-Allen-Hamilton  
14 search only went to '87. These reports were  
15 done after '87. Morris actually gave us the  
16 '87 date. We were only going to go to '85.  
17 So anything done after '87 wasn't captured by  
18 Booz-Allen-Hamilton.

19 **MR. MASLIA:** And that is correct.

20 **MR. ENSMINGER:** Why did their document  
21 search stop at '87?

22 **MR. WILLIAMS:** We had originally planned for  
23 it to go to '85, and based on Morris' input at  
24 the kickoff meeting, we expanded it to '87  
25 because we felt that was the boundary of

1 information that he needed for his water  
2 modeling.

3 Is that accurate?

4 **MR. MASLIA:** That's correct. And that was  
5 at the time of Tarawa Terrace, after '87  
6 everything was shut down and there were no  
7 more supply wells, no more water produced at  
8 Tarawa Terrace itself after '87.

9 At Hadnot Point the situation is  
10 different. At Hadnot Point you still have  
11 current data on wells producing, and some of  
12 that information could be very useful in an  
13 historical reconstruction since we're looking  
14 at all information at Hadnot Point.

15 **MR. ENSMINGER:** Especially that Jerry  
16 Wallmeyer (ph) letter. I'd like to see that.

17 **MR. MASLIA:** Also in discussions go down to  
18 task 2.13a and b. We also have requested,  
19 there's apparently ten years of continuous  
20 data are kept on presently operating wells.  
21 And by that I mean you may have maintenance  
22 records when they're operating, when they're  
23 not operating.

24 And again, from a historical  
25 reconstruction standpoint using, we're trying

1 to get a water model that is accurate as  
2 possible and as calibrated as possible to the  
3 best set of information, we've got a good set  
4 of present day information.

5 And we have requested that, and we  
6 also have requested from our end through our  
7 management an additional person for three  
8 months to go through this. Because each well  
9 package contains about 120 pages. So we are  
10 in the process of going through that.

11 **MR. PARTAIN:** Morris, going back to the  
12 historical documents, what I was concerned  
13 about, if we're not identifying everything up  
14 front and getting everything that is  
15 requested, all of the documents requested up  
16 front, what's not to say to get to completion  
17 or near completion of the water model and all  
18 of a sudden a supposedly hidden document or  
19 document that like was found in a corner  
20 dusted off and it was data that you needed and  
21 now you have to change your model configuring  
22 to account for that data and get another  
23 delay.

24 **MR. MASLIA:** That is always the case in  
25 doing historical work. We've run into that

1 not only here but at other sites that we've  
2 worked in. And there is absolutely no  
3 guarantee.

4 **MR. PARTAIN:** If you request all  
5 documentation --

6 **MR. MASLIA:** We have requested all documents  
7 in writing. We have requested, I mean, and  
8 we're going, and as documents are found or as  
9 we identify, as I said, it's an iterative  
10 process.

11 If I say I need all water documents  
12 that does not necessarily help somebody to  
13 look for a document by Arthur Smith in 1975.  
14 But if I then go to another document, and it  
15 refers to a specific title of a document or a  
16 specific date, then I ask for it by name. And  
17 it's an iterative process. That's the best we  
18 can do. But there is no guarantee that we  
19 will not find any documents down the line.

20 However, I will tell you the geology,  
21 the hydrogeology, is not going to change. So  
22 if it has to do with sampling some more and  
23 things like that, hopefully, and as we believe  
24 we have done with the Tarawa Terrace model,  
25 it's calibrated and it's robust enough to take





1                   they're not there. And I'd like to know where  
2                   they're at. One of them is a May 10, '83 ^  
3                   letter that you all ^ back in '99^.

4                   **LT. COL. TENCATE:** That's a perfect example,  
5                   I mean, some of the documents are Marine Corps  
6                   documents, and we can locate those. We just  
7                   search our base. But ^ documents, we don't  
8                   have the ^, and they may have archived those  
9                   or they may have disposed of them, but --

10                  **MR. ENSMINGER:** Well, this was addressed to  
11                  Lejeune.

12                  **LT. COL. TENCATE:** Well, we --

13                  **MR. ENSMINGER:** You'd have a file copy.

14                  **LT. COL. TENCATE:** If it still survives it's  
15                  in that archive.

16                  **MR. ENSMINGER:** I mean, you know, and  
17                  another thing that really bothers me about  
18                  Lejeune is that it was declared a Superfund  
19                  site within the retention time for a lot of  
20                  these documents where they should have never  
21                  been disposed of through the normal cycle.  
22                  And once it's declared a Super Fund site, it's  
23                  got to stay there for 50 years. You can't  
24                  destroy it. So I'd like to know why --

25                  **LT. COL. TENCATE:** My understanding is it's

1 a ^ record is there, and it's publicly  
2 available.

3 **MR. ENSMINGER:** Well, I understand there's  
4 also a bunch of documents that are being  
5 withheld by the Department of the Navy and the  
6 JAG Department that are being claimed as  
7 attorney/client work product. And I certainly  
8 hope it's none of these documents that were  
9 produced back in the '80s.

10 **LT. COL. TENCATE:** There certainly are  
11 privileged documents amongst them.

12 **MR. ENSMINGER:** That were produced in the  
13 '80s?

14 **LT. COL. TENCATE:** I don't know the dates,  
15 Jerry.

16 **MR. ENSMINGER:** Okay.

17 **MR. BYRON:** This is Jeff Byron. Doesn't  
18 usually when you pay people to do work for  
19 you, seeing as how I'm a taxpayer, shouldn't I  
20 have the right to have those documents since  
21 you work for me?

22 **LT. COL. TENCATE:** Privileged documents?

23 **MR. BYRON:** Give me the legal reason why I  
24 don't have that right. You have privileged  
25 documents --

1           **LT. COL. TENCATE:** Because they're subject  
2 to privilege.

3           **MR. BYRON:** Your privilege, but we pay you.

4                     You get paid out of my tax dollars. I  
5 think you work for me. When you get down to  
6 the logistics of it, you work for the people.  
7 You may get your check from the government,  
8 but they get their check from me. They never  
9 fail to ask for it on April 15<sup>th</sup> now, do they?

10           **MR. PARTAIN:** (off microphone) You guys  
11 consider instructions coming from LANTDIV to  
12 the base as work product as far as internal  
13 work product would go? That's what the  
14 Walmeyer (ph) letter is. It's basically ^.  
15 It's a direction from LANTDIV to the base. A  
16 direction, a directive, it's an action plan  
17 for them to find out what is going on.

18           **MR. ENSMINGER:** It's a remediation plan.

19           **MR. PARTAIN:** Would that be considered a  
20 work product?

21           **LT. COL. TENCATE:** If it's part of a  
22 government system of records it would be in  
23 our records. It would be --  
24 (Whereupon, multiple speakers spoke  
25 simultaneously.)

1           **MR. WILLIAMS:** Can I say something here?  
2 All of those documents were turned over to the  
3 CDC panel and the GAO. All those documents  
4 have been reviewed and indexes were provided.  
5 So while they've not been released to the  
6 public, investigative agencies have had access  
7 to them.

8           **MR. ENSMINGER:** What did you give them to  
9 the GAO for? They didn't do anything with  
10 them, looking at that damn report they wrote.

11           **MR. WILLIAMS:** That's your opinion.

12           **MR. PARTAIN:** Well, Scott, is that index,  
13 are you talking about you have indexed the  
14 circular files? Is that index available to  
15 the public?

16           **MR. WILLIAMS:** I don't --

17           **MR. PARTAIN:** Because it's pretty daunting  
18 to go through --

19           **LT. COL. TENCATE:** The circular records  
20 should be available. But if you're talking  
21 about the ^ archive.

22           **MR. PARTAIN:** (off microphone) I mean, what  
23 format is that available? Where did you get  
24 that? ^ the index? I mean, I've already  
25 indexed --

1           **LT. COL. TENCATE:** The CERCLA index or the  
2 CLW?

3           **MR. PARTAIN:** Either one or both. Because  
4 I've used, if you go to the Booz-Allen  
5 website, and it's not very user friendly  
6 trying to find the documents. And it doesn't  
7 capture like handwritten comments on the  
8 documents and things like that. And it'd be  
9 nice to have, if there is a written or printed  
10 index, to have that ^ to print that.

11           **MR. WILLIAMS:** I think the archive has an  
12 index. We have an index.

13           **MR. PARTAIN:** You have a search index, but  
14 you can't print it out or at least I haven't  
15 figured out how to print it out where I can  
16 create a layout of all --

17           **LT. COL. TENCATE:** I don't know the ^. I  
18 know there's an index. I don't know the  
19 accessibility of it.

20           **MR. PARTAIN:** Where do you go find it? Is  
21 it on the Booz-Allen website?

22           **LT. COL. TENCATE:** We can ask.

23           **MR. PARTAIN:** I'd appreciate that.

24           **MR. STALLARD:** Okay, would you like to hear  
25 Morris continue with his water modeling

1 report, and --

2 **MR. PARTAIN:** Sorry about the tangent.

3 **MR. STALLARD:** That's okay. The tangent was  
4 relative to the water modeling and the access  
5 to documents which can be I hope you'll  
6 specifically bring up during the next segment  
7 of the agenda on transparency and all these  
8 kinds of stuff. These documents that you wish  
9 to have or the answers that have been offered  
10 here, providing you the index and all of that.

11 **MR. MASLIA:** To continue, another point if  
12 you go down to task 2.19, the water  
13 distribution system analysis, we have moved  
14 that from near the end of the water modeling  
15 to the end of this fiscal year, this summer or  
16 this fall.

17 And I've pulled a person from the  
18 database area in the document area to go on  
19 that task specifically to address some of the  
20 interconnection issues and some of the other  
21 issues that have been brought up at other CAP  
22 meetings between Hadnot Point and Holcomb  
23 Boulevard water distribution systems on there.  
24 So we will do that this year, but hopefully  
25 have that done by the end of this fiscal year

1 or at least in the fall at some point to  
2 answer some ^ questions.

3 **MR. PARTAIN:** Does that include going and  
4 talking to the former employees who worked in  
5 these plants?

6 **MR. MASLIA:** We will be happy to have them  
7 come and make ^ statements. I believe we  
8 don't have legal or regulatory authority to  
9 put them under subpoena, but --

10 **MR. PARTAIN:** I'm not saying put them under  
11 subpoena but finding out the information.

12 **MR. MASLIA:** We have talked to them in the  
13 past. We have talked to them in the past, and  
14 that's how we constructed the first set of  
15 models for Tarawa Terrace and Hadnot Point.  
16 However, if we're speaking specifically about  
17 interconnection, unless an operator could say  
18 I was there, and I turned on the valve to  
19 interconnect the two systems, what we have to  
20 do is do what we refer to as scenario testing.

21 In other words run the models and  
22 simulate or make them think that a valve was  
23 opened and see that. We can do that with  
24 models. There's not necessarily any data to  
25 back that up. It's just a model simulation.

1           It will tell us, number one, if it's even  
2           plausible because of hydraulic gradients or  
3           not, and will also tell us, we can see how  
4           long it takes for contaminants to mix through  
5           the system.

6                         We had at the last meeting, I  
7           mentioned running some initial simulations  
8           like that, and because of the nature of this  
9           system everything gets mixed in and diluted  
10          down below MCL levels within a week no matter  
11          what you do. However, the purpose of this  
12          activity is to document that more robustly,  
13          more rigorously and actually write out the  
14          steps that we have gone through and what  
15          assumptions we have made in doing that. And  
16          so that's what we will be doing with that  
17          activity.

18                        **MR. PARTAIN:** Well, what kind of figures are  
19          you coming up with, the golf course, as far as  
20          their water consumption?

21                        **MR. MASLIA:** We haven't yet, because I  
22          haven't put anybody on this task. So we will  
23          be getting to that. But I will tell you what  
24          that will do is -- and I don't need a model to  
25          tell me this -- is if you're watering using



1 the golf course through the distribution  
2 system, it's going to dilute the water even  
3 further, and the distribution system, but it's  
4 going to make it go out even faster to satisfy  
5 the demand at the golf course.

6 So it's basically like opening a  
7 spigot at the end of the line, and all the  
8 water's going to be going out towards the golf  
9 course so any contaminant or any constituent  
10 that may have resided there without the golf  
11 course pumping is going to make it move  
12 faster, dilute it even further within the  
13 system. And that, I don't need a model to  
14 tell me that. That's just hydraulics.

15 **MR. ENSMINGER:** What are you talking about,  
16 dilution, what?

17 **MR. MASLIA:** If you have a pipeline, the  
18 golf course is at the end of the distribution  
19 system. If you open up that demand, open up,  
20 somebody needs water at the end of the  
21 distribution system, that's going to cause  
22 more water to flow through the system at a  
23 faster rate.

24 As it flows through the system,  
25 everything else being the same, the amount of

1 water being supplied is going to dilute it  
2 faster. The contaminants are not just going  
3 to sit in the system because you've got an  
4 open spigot being the golf course, watering  
5 the golf course. As --

6 **MR. ENSMINGER:** Whoa, whoa, whoa, stop. The  
7 explanation I got about the use of the Holcomb  
8 Boulevard treated water was that the entire  
9 system was charged or the tanks were full.  
10 Everything was fine, and the operator that I  
11 talked to said the first time that they had  
12 ever, they turned those, that irrigation  
13 system on after he started working there, he  
14 said it looked like he had a broken main.

15 He was sitting at the treatment plant,  
16 the Holcomb Boulevard Plant, and watched the  
17 pressure gauges just bottom out. Okay, okay,  
18 and what they were doing was they were  
19 irrigating the damn golf course with the clean  
20 Holcomb Boulevard water, and then they went  
21 over and opened up the damn valve and  
22 recharged the damn Holcomb system with poison  
23 water from Hadnot Point. That's what they  
24 gave for the people to use.

25 **MR. MASLIA:** We will run those scenarios,

1 but what I'm telling you that the first part  
2 of your statement is exactly what I said.  
3 That's right. As it flows out onto the golf  
4 course, the lowest pressure is going to mix  
5 what's ever in there even more and cause it to  
6 discharge out of the system even faster. It's  
7 not going to stay stationary in the system.

8 **MR. ENSMINGER:** Well, how far can you dilute  
9 1,400? I mean, it might have been diluted  
10 down to 600 or 700.

11 **MR. MASLIA:** Well, this one I can't answer  
12 that because we haven't done a simulation. I  
13 am not --

14 **MR. PARTAIN:** Well, the dilution rate --

15 **MR. MASLIA:** Wait, wait, wait, let me say, I  
16 am not going to go in and do simulations using  
17 a biased assumption.

18 **MR. PARTAIN:** We don't want you to.

19 **MR. MASLIA:** I'm going to let the model,  
20 okay, but I'm going to tell you you can't defy  
21 hydraulics.

22 **MR. PARTAIN:** That's fine. On dilution I  
23 was asking, you were saying that as it's being  
24 used, concentrations are diluted. But is that  
25 assuming there that are no further

1 contaminants entering the system to, quote,  
2 bolster or create more contamination? Are you  
3 talking about ^ the water and then you've got  
4 clean water afterwards dilutes out?

5 **MR. MASLIA:** No, that's just a generalized  
6 statement, and that is why I want to run the  
7 model to give you specific results. What we  
8 will do is have a number of scenarios. We  
9 have measured data per se on specific  
10 timeframes. So we have to go in there and say  
11 we know at a certain time period they had  
12 certain concentrations in the wells. We know  
13 the tanks held a certain volume of water. We  
14 know they operated in a certain manner.

15 And then see what happens if you turn  
16 on, irrigate the golf course for so many days.  
17 What happens if you irrigate on the weekend  
18 versus during the day. What happens if you  
19 irrigate during the summertime versus a  
20 different time. Those are all scenarios, and  
21 there can be umpteen number of different  
22 scenarios, some more plausible, some less  
23 plausible.

24 **MR. ENSMINGER:** Well, the explanation I got  
25 was that they did this late in the afternoon,

1 early evening, when the sun set. That way  
2 they got maximum use of the water, and if they  
3 did put it out there, it didn't evaporate.

4 **MR. MASLIA:** We need to take that into  
5 account and --

6 **MR. ENSMINGER:** But we need to know how  
7 often they did this, too. I mean, it was  
8 daily for during the hot months when you  
9 weren't getting any rain.

10 **MR. MASLIA:** Anyway, that's what that task  
11 is going to do. But I'll caution also in us  
12 having to put more and more resources into  
13 this one task because we just don't have them.  
14 I don't have the people. I don't have the  
15 time. So we're going to have to do it in a  
16 way that may not answer 100 percent of the  
17 questions but may get 90 percent of the  
18 questions answered. And that's just the  
19 reality of the situation, what we're facing at  
20 this point.

21 **MR. BYRON:** Sorry about the timeline, I  
22 mean, I'm not trying to indicate to you that  
23 you're causing this to go out that late,  
24 believe me. It's just tragic, okay?

25 **MR. MASLIA:** Let me go on to the next point

1           that I want to bring up, and that's task  
2           2.22b. And we have been requested, and we  
3           agreed to convene an expert peer review panel  
4           for Hadnot Point like we did for Tarawa  
5           Terrace in 2005 whereby we bring in different  
6           experts and all parties involved will be  
7           issued an invitation to supply us with two or  
8           three names that they wish to appear on the  
9           panel.

10                   We obviously can't put all two or  
11                   three people from each party, but we will  
12                   accommodate, we will guarantee at least one  
13                   person that you name will be on that panel.  
14                   And that's the same process that we used for  
15                   Tarawa Terrace. And if you'll notice, it  
16                   comes right in, we're projecting right now,  
17                   and it's just our best guess, but we really  
18                   would like to see this happen around the  
19                   second week in January of 2009.

20                   We don't want to go any further than  
21                   that because that delays everything else, but  
22                   in the meantime it has to happen after we have  
23                   completed some initial data reports so we can  
24                   give the panel some information to review as  
25                   well as hopefully we'll have some initial

1 water distribution system modeling runs. And  
2 it'll be given to the panel and let them, as  
3 they did with Tarawa Terrace, tell us should  
4 we go in this direction or that direction.

5 Do we need to modify our approach in  
6 any, you know, what is their expert and  
7 experienced view as to what we should do, and  
8 so it would be the similar thing as we did in  
9 March of 2005 with Tarawa Terrace.

10 **MR. ENSMINGER:** Well, refresh my memory, but  
11 I don't think that one in March of 2005 was  
12 just for Tarawa Terrace.

13 **MR. MASLIA:** It actually was. They made  
14 some comments relative to Hadnot Point, but  
15 the 99 percent of the information was only for  
16 Tarawa Terrace. We had some additional model  
17 run data that we presented to them. We  
18 presented to them the overall approach and  
19 recommendations they made for Tarawa Terrace  
20 are applicable, for example, doing sensitivity  
21 ^ data discovery. But, in fact, the data were  
22 not specific to Hadnot Point but rather were  
23 specific to Tarawa Terrace.

24 **MR. ENSMINGER:** And who's hosting this, you?

25 **MR. MASLIA:** ATSDR.

1                   **MR. ENSMINGER:** Is it going to be held here?

2                   **MR. MASLIA:** That has not been determined,  
3 but I would think that that would be the most  
4 likely and most convenient location.

5                   **MR. ENSMINGER:** Is this going to be one of  
6 these secret meetings or are we going to be  
7 allowed to attend this?

8                   **MR. MASLIA:** It's a public meeting. It'll  
9 be like the one for Tarawa Terrace. It'll be  
10 recorded. We'll have a court reporter. I  
11 don't know if it will be videotaped or not.  
12 It may be. We have the, I think Phil will be  
13 here.

14                                 Again, there'll be expert  
15 representatives from all parties involved as  
16 well as open to the public. It is a public  
17 meeting. I don't have any details at this  
18 time. I have just put in a new request from  
19 our contractor to get a funding estimate for  
20 that.

21                                 And I think that's basically it on the  
22 timeline. It is, at this point, ambitious. I  
23 have as many people as I can put to work  
24 working, and I'll answer any additional  
25 questions you may have at this point in time.



1           **MR. BYRON:** This is Jeff. From the  
2 indications of what I'm hearing here today, we  
3 went for years thinking Midway Park wasn't  
4 contaminated. And is there any area on the  
5 base as far as supplying water that may not  
6 have been affected? I mean, with people  
7 opening valves to re-supply water tanks and  
8 stuff like that, do we even know really?

9           **MR. MASLIA:** With data or from a --

10          **MR. BYRON:** I know you don't have the data  
11 yet. But I mean, just from what you've seen  
12 and is there any area on the base that wasn't  
13 affected by contaminated water or --

14          **MR. MASLIA:** We're not, we haven't looked at  
15 --

16          **MR. BYRON:** -- you're not there.

17          **MR. MASLIA:** -- that air station. We  
18 haven't necessarily looked at --

19          **MR. PARTAIN:** The rifle range.

20          **MR. MASLIA:** -- yeah, yeah, and that goes  
21 beyond our initial task. Frank could probably  
22 address that better as far as whether we are  
23 or we're not. I can't really answer that. I  
24 can only answer areas that we're looking at  
25 presently and that's still in keeping with the

1 task of the current health study.

2 DR. BOVE: Yes, this is Frank. Even with  
3 interconnection, and assuming the worst case  
4 scenario, they're not watering the lawns  
5 outside the summer. And for birth defect  
6 analysis we really have to look at first  
7 trimester. So at least for birth defects, we  
8 can certainly identify an exposure during the  
9 crucial time. Childhood leukemia gets more  
10 difficult because we don't know which  
11 trimester, if any particular trimester, is the  
12 vulnerable period. So we have to assume the  
13 whole period is possibly vulnerable. So  
14 that's where it gets more difficult. That's  
15 why we have to address this issue as well,  
16 otherwise, we're going to have difficulty  
17 doing the study. So as for the other part,  
18 we've always assumed Rifle Range, ^ ^ were  
19 relatively free of contamination ^ so those  
20 could also be unexposed people residing in  
21 those areas where there's not that much family  
22 housing.

23 MR. MASLIA: And were also not connected in  
24 any way to --

25 MR. ENSMINGER: Camp Johnson was.

1           **MR. MASLIA:** -- to the distribution systems  
2 at Hadnot Point.

3           **MS. BRIDGES:** Children were. Children were  
4 bussed, pre-K kindergarten, they were bussed  
5 to Hadnot Point.

6           **DR. BOVE:** But we're looking at maternal  
7 exposures here so keep that in mind.

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

9           **MR. ENSMINGER:** Hey, Morris, when are you  
10 going to lunch?

11          **MR. MASLIA:** I'm eating upstairs.

12          **MR. ENSMINGER:** Why don't you come down to  
13 the cafeteria at lunch time?

14          **MR. MASLIA:** What time?

15          **MR. ENSMINGER:** Whenever we take our break.

16          **MR. MASLIA:** Okay.

17          **MR. STALLARD:** All right, we're slightly  
18 ahead of schedule here.

19          **MS. RUCKART:** Well, because Tom's going to  
20 be joining us at 10:30, I think we should go  
21 to the agenda item after that so that when we  
22 come back from our break Tom will be here, and  
23 we can start with him.

24          **MR. STALLARD:** Yeah, we can do that, the  
25 recap of, that's about the appropriate amount

1 of time. So folks just so we're all in sync  
2 here, we're about 15 minutes ahead of the  
3 agenda, so we're going to have Perri give her  
4 update of the 2008 April meeting.

5 **RECAP OF APRIL 2008 CAP MEETING/OTHER CAP BUSINESS**

6 **MS. RUCKART:** Well, I'd just like to go over  
7 some of the main points that came up at the  
8 last meeting to get us oriented for our  
9 meeting today. So I passed out a handout that  
10 tells what we were discussing. As I mentioned  
11 earlier, Tom Sinks will be joining us after  
12 the break, and he'll be discussing the issue  
13 of transparency, and you can take up any  
14 questions you have with him at that point.

15 Something that came up at the last CAP  
16 meeting we need some clarification from you  
17 all. There was some discussion about having  
18 an ombudsperson, and we weren't clear really  
19 what was being requested, whether that was to  
20 arbitrate between the CAP and each of our  
21 agencies separately or to... Just what was  
22 that request really about?

23 **MR. ENSMINGER:** What are you talking about?

24 **MS. RUCKART:** Well, I read the minutes from  
25 the meeting, and this is what was mentioned at

1 the last meeting, having an ombudsperson. So  
2 we just weren't really clear on what was being  
3 requested of the ombudsperson.

4 **MR. ENSMINGER:** This probably stemmed from  
5 the issue of transparency and being included  
6 in the decisions or in the processes of all  
7 these meetings and all this correspondence  
8 that's going back and forth concerning Camp  
9 Lejeune initiatives. And why aren't we  
10 included in this. We're supposed to be  
11 representatives to the affected community.

12 **MS. RUCKART:** So let's just kind of fold  
13 that in with transparency and not make that  
14 its own action item.

15 **MR. STALLARD:** Well, it's a solution. It's  
16 a potential solution to this issue of  
17 transparency that objective advocate, if you  
18 can be that, an objective representative to  
19 balance between the CAP, the community, the  
20 various agencies that has the authority to  
21 sort of negotiate the maze of issues.

22 **MS. RUCKART:** Well, like I said, we'll just  
23 kind of pull that into transparency and table  
24 that for now.

25 Jeff, did you want to say something?

1           **MR. BYRON:** Yeah, as I remember I believe it  
2 was more about information sharing that Jerry  
3 brought up, and I think all the CAP members  
4 said we wanted it to be Jerry.

5           **MS. RUCKART:** Well, like I said, let's just  
6 table that until Tom gets here.

7           **MR. BYRON:** That's fine.

8           **MS. RUCKART:** This is something that came up  
9 at the last meeting, making available a CAP  
10 conference call for the community members to  
11 get together before the meeting. And I did  
12 provide a bridge number or I did provide the  
13 availability of having a bridge number, but I  
14 never actually heard back from --

15           **MR. ENSMINGER:** Yeah, yeah, I saw that. I  
16 mean, that's appreciated, and we will use it.  
17 But this is summer months, and you've got  
18 people gone helter-skelter; people that are in  
19 the hospital; people that are off on vacation.  
20 You've got people that have weddings.

21           **MS. RUCKART:** Well, that's fine, but just so  
22 you know that if you to know when you want to  
23 have a call, we can work out some scheduling  
24 issues --

25           **MR. ENSMINGER:** Oh, we appreciate that. I

1 mean, we will use it.

2 **MS. RUCKART:** There was also a request for  
3 ATSDR to provide the CAP with a regular status  
4 update e-mail. And I guess we're just e-  
5 mailing you as needed. We sent you some  
6 documents such as a final feasibility  
7 assessment and the draft survey protocol. So  
8 I think that's working well to just e-mail you  
9 as needed as things come up, not really have a  
10 schedule for that but just as needed.

11 **MR. STALLARD:** Wait a minute on that.

12 How do you feel that's working?

13 **MR. ENSMINGER:** It's working good.

14 **MS. RUCKART:** ^

15 We have completed the feasibility  
16 assessment, and that was finalized at the end  
17 of June, and we did provide that to you. We  
18 also have finished preparing our health survey  
19 protocol, and we sent that to you all. We'll  
20 be discussing that later and the status of  
21 that. And we're right now in process of  
22 preparing the protocols for the other two  
23 projects, the mortality study and the cancer  
24 incidence study which again, that is something  
25 we'll be talking about later in the meeting.

1                   We had said that DOD and ATSDR were  
2 going to work together to establish procedures  
3 for tracking and tracing individuals. And  
4 when we get into some of the summaries of the  
5 meetings we've had, you'll see that we have  
6 discussed how that process is going to work,  
7 what they're doing and what we're going to be  
8 doing in the future to find people and ^  
9 notification efforts and to ^ the survey.

10                   And we at ATSDR are going to provide  
11 the DOD with the names and contact information  
12 we have for those who participated in the 1999  
13 to 2002 ATSDR telephone survey so that they  
14 can receive notification letters. And we're  
15 planning to do that by the end of this month.

16                   DOD agreed to provide CAP members with  
17 a list of all their entities that they use for  
18 the media campaign on notification and their  
19 outreach efforts will be presented later  
20 today. I think a very detailed account of  
21 that will be presented later.

22                   There are lingering concerns about the  
23 security and privacy with DOD's online  
24 notification registry. It was suggested that  
25 there would be an explanation of that, the



1 Privacy Act statement posted on the website.  
2 That will be discussed later by Mary Ann. And  
3 the security warning is removed. I don't  
4 think that is coming up. I have checked, and  
5 that has been taken care of.

6 **MR. WILLIAMS:** The security warning was  
7 removed. It was just updated so that the  
8 individual's computer security doesn't pop up  
9 on the screen. It wasn't a security warning  
10 from --

11 **MR. PARTAIN:** It was a trigger from  
12 Microsoft. Don't trust this site.

13 **MR. WILLIAMS:** Right.

14 **MR. PARTAIN:** But that doesn't happen any  
15 more.

16 **MS. RUCKART:** The issue's been resolved.  
17 Everyone's satisfied. That's all that  
18 matters.

19 There was a question brought up. Can  
20 the questionnaire associated with filing a  
21 claim against the federal government and that  
22 is also part of the paperwork of the Navy ^  
23 requests be removed? The USMC says they have  
24 no position on that. The Navy said, no, it  
25 can't be removed.

1           **LT. COL. TENCATE:** That's right. We asked  
2 them to consider it.

3           **MR. ENSMINGER:** What, the questionnaire?

4           **LT. COL. TENCATE:** Right.

5           **MR. ENSMINGER:** That questionnaire, the way  
6 that's worded on that site is misleading, and  
7 it is, that's devious. I mean, there are  
8 people --, you're telling people if you're  
9 represented by an attorney, you must give this  
10 to your attorney and have your attorney fill  
11 this out. Then you go on to say if you're not  
12 represented by an attorney, just go ahead and  
13 fill this damn thing out and get back to us.  
14 And then you can ^ disqualify yourself by some  
15 means, by some of your answers, from filing a  
16 claim against us. You didn't say that.

17           **LT. COL. TENCATE:** It's not our site.

18           **MR. ENSMINGER:** Excuse me?

19           **LT. COL. TENCATE:** It's not our site.

20           **MR. ENSMINGER:** Whose site is it?

21           **LT. COL. TENCATE:** It's the Navy's.

22           **MR. ENSMINGER:** It says United States Marine  
23 Corps.

24           **LT. COL. TENCATE:** It's the Navy's claim  
25 site. We asked them if they would change the

1                   wording to it. They ^ their leadership,  
2                   considered it, and they said no.

3                   **MR. ENSMINGER:** Some lawyer. Whatever  
4                   happened to honor and integrity? Please,  
5                   please --

6                   **LT. COL. TENCATE:** A decision-maker, I don't  
7                   know who it was, but someone in the Navy  
8                   leadership reviewed it, considered it, and  
9                   they told us thanks for your input but, no, we  
10                  want to keep it the way it is.

11                  **MR. PARTAIN:** Who do we need to write and  
12                  make our formal request to have it changed?

13                  **LT. COL. TENCATE:** You can write to the Navy  
14                  JAG ^.

15                  **MR. ENSMINGER:** Just go to Capitol Hill.

16                  **MR. PARTAIN:** Because those questions are  
17                  more for soldiers. We don't need the  
18                  questions on ^ 95. I understand you're not  
19                  the one that --

20                  **LT. COL. TENCATE:** ^ the answer.

21                  **MR. PARTAIN:** I'm making the point.

22                  **MS. RUCKART:** At the last meeting the DOD --  
23                  about a request for CAP members to make  
24                  suggestions for how to keep the media engaged  
25                  in their ongoing notification efforts and to

1 improve their outreach. So please feel free  
2 and provide those suggestions.

3 There was a request for the DOD to  
4 repost the chronology and searchable library  
5 of documents on their Camp Lejeune website.  
6 Has that been accomplished?

7 **MR. WILLIAMS:** We're actively working on  
8 that. That's going to be by the end of  
9 August.

10 **MR. PARTAIN:** What will be there? What will  
11 it be?

12 **MR. WILLIAMS:** We're talking the documents.  
13 We'll make like a --

14 **MR. PARTAIN:** Oh, the library of documents.

15 **MR. WILLIAMS:** Yeah, I hope it's going to be  
16 a little bit more user friendly. It's going  
17 to be a document reading room, more search  
18 functionality and that kind of stuff. It is  
19 quite an undertaking. We've got a contractor  
20 who's working on it. I hope that by the end  
21 of August we'll have that up. I gave an  
22 ambitious target of August 1<sup>st</sup>, but probably  
23 not going to be able to make it, but --

24 **MR. PARTAIN:** I have ^.

25 **MR. WILLIAMS:** Sir?

1                   **MR. PARTAIN:** I have a nice annotated time  
2 line you can post on your site, too.

3                   **MR. WILLIAMS:** I haven't had a chance to  
4 read the whole thing, but I read ^.

5                   **MR. ENSMINGER:** It's the truth, this one.  
6 This one's really the truth.

7                   **MS. RUCKART:** There was a request at the  
8 last meeting for the DOD to include a strong  
9 message on their website that would promote  
10 participation in the health survey. And along  
11 with that there was also a motion for a formal  
12 answer from the Commandant whether he's  
13 willing to sign a letter asking for  
14 participation in the health survey. I'm not  
15 sure who wants to address that from your side.

16                   **LT. COL. TENCATE:** We will get the highest  
17 authority we can to sign the letter. We will  
18 give it to our leadership and get the highest  
19 authority.

20                   **MR. ENSMINGER:** The emphasis -- you have a  
21 lot of resistance by people, former Marines,  
22 that, you know, they really don't pay  
23 attention to an issue. But it is our  
24 suspicion that if the Commandant of the Marine  
25 Corps would sign the thing, it would

1 legitimizes this issue in the eyes of the  
2 people that were exposed.

3 And I don't know what the Commandants  
4 have been doing here over the years, but  
5 they've, in my opinion, purposely distanced  
6 themselves from this thing as much as  
7 possible. And in line with our motto and our  
8 slogan, we take care of our own, I think the  
9 Commandant could at least put his signature on  
10 a notification letter or a survey.

11 **LT. COL. TENCATE:** I agree with you that  
12 it's important to get a high level signature  
13 on there. But like I said, we'll give it to  
14 our leadership, and encourage the highest  
15 level that we can. That's all we can do.

16 **MR. BYRON:** How about a meeting with the  
17 Commandant? We can establish that with me and  
18 Jerry and some of the people here. And I  
19 don't want to see his lawyer. I've already  
20 met with his lawyer, and all I heard is  
21 sovereign immunity out of you guys. For some  
22 reason you think you're all kings or  
23 something. Isn't that what that means? From  
24 the time of, you know, England and being  
25 oppressed by a monarchy. I mean, you guys

1                    throw up sovereign immunity in the  
2                    Commandant's office to me. It doesn't wash.  
3                    You want me to write an argument against  
4                    sovereign immunity.

5                    I think the Commandant should be the  
6                    one that signs this, and anybody under that  
7                    really doesn't mean anything to a four-year  
8                    Marine like me that wants to know, General So-  
9                    and-so, who's he? You put Commandant in front  
10                   of that, now I'm listening. I think every one  
11                   of you Marines understands that. Am I  
12                   mistaken? I don't see that I could be.

13                   **LT. COL. TENCATE:** We hear your concern.

14                   **MR. BYRON:** It's not a concern. It's kind  
15                   of a demand. I think I've waited 20-something  
16                   years for this and my kids are suffering.  
17                   We'll get to that later. I have a 25-year-old  
18                   that don't have any teeth any more. I've got  
19                   a three-year-old that had ten pulled the day  
20                   before his birthday, and you guys sitting here  
21                   and telling me you can't get the Commandant's  
22                   signature. That's not good enough, not at  
23                   all.

24                   My daughter, nine o'clock yesterday,  
25                   while I was going to the airport, was having

1                   cysts removed from her face, five of them.  
2                   You think the Commandant can spend the time to  
3                   sign that and read it? I think he's got time.

4                   I'm fed up with your inaction  
5                   basically. You guys have delayed this thing  
6                   for years now. You're saying 2010 now. It's  
7                   supposed to be done in 2008. We keep finding  
8                   documents. You say areas of the base weren't  
9                   contaminated, then we find out you guys were  
10                  opening up the valves because the golf course  
11                  is more important than the people. Give me a  
12                  break. Who's on the golf course? The  
13                  officers more than the enlisted I guarantee  
14                  you.

15                 You guys are commissioned to protect  
16                 your underlings, us, the corporals, the  
17                 sergeants. What did you do? You just  
18                 sloughed it off. Oh, it would cost us too  
19                 much to bring 12 tanker trucks in a day.  
20                 Well, that was 4.3 million by your own  
21                 estimate. What do you think it's going to be  
22                 to fix this now? What's it cost you? You put  
23                 in over \$100 million in the cleanup, and  
24                 you've got how many thousands of pounds of  
25                 this stuff out of the water? You dare to say



1                   that our kids haven't been affected? Adults  
2                   aren't being affected by this?

3                   Well, I'd like you to tell that to  
4                   some of these adults that are on my website  
5                   with leukemia, non-Hodgkins lymphoma, the kids  
6                   losing their teeth, bone diseases. It's not  
7                   just my family. I'm fortunate. I make enough  
8                   money that I can keep up with the economics of  
9                   it. I'm probably at the top five percent of  
10                  that group. The other 95 percent don't have  
11                  that means.

12                  And that's why I'm here because I'm  
13                  not letting you guys get away with this. You  
14                  didn't even -- it was on the National Priority  
15                  List in 1989. When did I get my letter? Two  
16                  thousand, and you talk about honor and  
17                  respect? You've got to earn respect. The  
18                  Commandant has to re-earn it from me.

19                  You've lost a whole generation of  
20                  Marines. Do you know that? A whole  
21                  generation. My kids would never serve. My  
22                  grandkids will never serve in the Marine Corps  
23                  because it's an assault to my intelligence.  
24                  I've already told them if you join, you'll be  
25                  assaulting me personally. And you would never

1 get their signature. They can join any other  
2 branch but not the Corps right now, not until  
3 you fix this.

4 **MR. ENSMINGER:** Tell them to give us a  
5 definition of BUMED 62-40.3. I'd like to hear  
6 your legal version, explanation of that  
7 directive.

8 **MR. STALLARD:** Can you please rephrase --

9 **MR. ENSMINGER:** I'd like a definition of  
10 BUMED 62-40.3 Bravo and three Charlie. And it  
11 was the standards for drinking water, and they  
12 were the Navy's standards. Why weren't they  
13 followed?

14 **MR. STALLARD:** Okay, folks --

15 **MR. ENSMINGER:** They weren't.

16 **MR. STALLARD:** May we continue with Perri's  
17 wrap-up?

18 **MS. RUCKART:** Just one other item that we  
19 have. The CAP members requested a timeline  
20 for future studies. ^ and Morris provided  
21 his. And in your packet you have the health  
22 studies portion, and we'll be going over that  
23 later this afternoon.

24 Also, one thing that I want to have  
25 discussed now. We have allowed for other CAP

1 business. We talked about this at the last  
2 CAP meeting, but it has come up again in terms  
3 of nominating other CAP members. Is there  
4 anyone here that would like to discuss that?

5 **MR. BYRON:** What do you mean?

6 **DR. BOVE:** Again, we've gotten some phone  
7 calls from, I guess it's called "Water  
8 Survivors" website. And they want -- how to  
9 say it -- they want to be kept informed of  
10 what happens at the CAP and get materials from  
11 the CAP. So I'm doing that and trying to keep  
12 them informed. And if that works, then fine.  
13 So that's what I'm doing just so you all know.  
14 I would do that with anyone whether water  
15 resources, water survivors or any other group  
16 that asks me for information, and they do. I  
17 provide them with whatever information they  
18 want. So that may deal with this issue. That  
19 way they also know that they can listen in at  
20 the website and get materials.

21 **MR. TOWNSEND (by Telephone):** Frank, Tom  
22 here. I propose a new member that's in the  
23 wings if you're ready.

24 **MR. ENSMINGER:** His phone's cutting out.

25 **DR. BOVE:** Tom, I think you're cutting out.

1                   **MR. TOWNSEND (by Telephone):** Yeah, I  
2 propose sometime ^ Fred Wagner who lives in  
3 Washington state in the event ^.

4                   **MR. PARTAIN:** Yeah, we have him on the list  
5 for --

6                   **MR. ENSMINGER:** He's on the waiting list,  
7 Tom, if we have an opening.

8                   **MR. TOWNSEND (by Telephone):** Okay, when you  
9 have an opening.

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

11                  **MS. RUCKART:** I think that's it for CAP  
12 business.

13                  **MR. STALLARD:** I think we're on schedule.  
14 We have about -- we need a break here.

15                                 All right so that's the important CAP  
16 business we're going to take care of right now  
17 is the break and come back at 10:30 and we'll  
18 go into this, and Tom should be here by 10:30?  
19 That's the plan, right?

20                                 Tom, we're going to be taking a break  
21 for 15 minutes now so we'll talk to you at  
22 10:30.

23                  **MR. TOWNSEND (by Telephone):** Me, too.

24                                 (Whereupon, a break was taken from 10:15  
25 a.m. to 10:30 a.m.)

1           **MR. STALLARD:** Let's resume, please. I just  
2 would like to briefly address the operating  
3 guidelines. If you noticed, we had a  
4 demonstration of the expression of deep-felt  
5 frustration and emotion by Jeff. And we had  
6 the audience to whom, if they so interpreted,  
7 could have interpreted it as being directed at  
8 them. Respecting the speaker.

9           As you know in working with the CAP  
10 it's a fine line between science and the  
11 progress of science toward the solutions that  
12 seem way off, and balancing the needs and  
13 frustrations in the immediate life situation  
14 of many of the CAP members and those they  
15 represent. So I just wanted you to know that  
16 I'm mindful of our guidelines, and I  
17 appreciate the fact that you are mindful about  
18 them as well.

19           **TRANSPARENCY/SUMMARY OF JULY 8 ATSDR/DOD MEETING**

20           So particularly as we now go in -- and  
21 Tom is here, and we're going to talk about a  
22 contentious issue, at least it has been in the  
23 past, about the notion of transparency.  
24 Frankly, I'd really like to know as we go  
25 forward what would, is it achievable to see

1 and have a relationship with the other  
2 agencies that is successful?

3 When will we know that we are at that  
4 point? How can we define that in the future?  
5 So we talk about transparency, and we hear  
6 from Jeff's frustration about past deeds or  
7 misdeeds or whatever. What would the best  
8 scenario look like that we know as a CAP that  
9 we are all working together for a common goal,  
10 and you believe it and own it?

11 **MR. ENSMINGER:** Stop all the secretive  
12 stuff. Why have meetings that -- we have a  
13 CAP that was formed by an act or a  
14 Congressional initiative where we were created  
15 to represent the community and to keep the  
16 community informed of what's going on with the  
17 Camp Lejeune situation. But how the heck can  
18 we do that if we're not tied into the loop?

19 I mean, there shouldn't be any secrets  
20 going on in any of these damn meetings that  
21 take place about Camp Lejeune initiatives.  
22 Why aren't we included? Why don't we have a  
23 seat at the table? Why aren't we included in  
24 these letters and this correspondence that  
25 goes back and forth? It's concerning Camp

1 Lejeune.

2 But, damn it, we fought a war 232  
3 years ago and declared our damn independence  
4 from an oppressive government and a tyrant  
5 named George. We've got another one we're  
6 getting rid of soon. But damn it, I demand  
7 the right to know what's going on in this  
8 stuff.

9 **MR. STALLARD:** A perfect segue for our next  
10 presenter who will talk about transparency  
11 issues. Welcome, Tom.

12 **DR. SINKS:** Well, let me just say I didn't  
13 prepare any notes. I don't have a prepared  
14 speech to give you.

15 **MR. ENSMINGER:** I didn't either.

16 **DR. SINKS:** You're better at speaking than I  
17 am, Jerry.

18 And I'm not exactly sure what all of  
19 your issues are, and I'm always interested in  
20 hearing you and trying to answer questions.  
21 Just for myself I will tell you this, I'm  
22 terrible at keeping any secrets so I usually  
23 don't. And I'm also very available and I  
24 don't know if Tom Townsend's on the phone or  
25 not, but he frequently calls me up.

1                   And I think I'm pretty good at calling  
2                   him back, and I welcome any of you, including  
3                   you, Jerry, if you want to call me, call me.  
4                   Jerry, you've never called me. I feel hurt.  
5                   You're welcome to call me.

6                   I'm pretty, I make myself available.  
7                   I try to listen. I don't always get it right.  
8                   I won't ever always get it right, but I will  
9                   hopefully always try to listen. And if you  
10                  feel I'm not listening, wake me up and say  
11                  you're not listening to me, and I will try my  
12                  best. So for me personally I will always try  
13                  my best to do that.

14                  Some of the issues that you bring up  
15                  in terms of the CAP, at least from what I see,  
16                  and I have some familiarity with both expert  
17                  panels and CAPs, is what is the role of a CAP.  
18                  What should the role of the CAP be. And my  
19                  impression is the CAP is an advisory group to  
20                  ATSDR in terms of being, maybe not a  
21                  representative sample but representing the  
22                  community, the best interest.

23                  We want to make sure the community has  
24                  a voice in what we decide. And that's as it  
25                  should be. That's why we have one. I believe



1           it was our decision to form a CAP. It wasn't  
2 Congress' decision to form a CAP, but they  
3 were certainly agreeable to our decision. But  
4 it was ours.

5           Let me also just say, one of the  
6 things you said, Jerry, there about secrecy  
7 and stuff like that. Government always has  
8 the need to meet with government and will  
9 always have the need to meet with government.  
10 And we will continue to meet with government  
11 as we need to. We'll meet with Congress as we  
12 need to.

13           We won't make it our business to  
14 necessarily draw among people who represent  
15 those communities in those meetings because  
16 it's not standard operating procedures. It's  
17 just not the way we generally do it. And  
18 that's not to say we have secrets or we aren't  
19 transparent, it's just when I go to meet with,  
20 or I'm on the phone with people who I deal  
21 with, even with you, Jerry, or Tom or Richard  
22 Mach, I'm on the phone with them.

23           I mean, I have conversations, and I  
24 wouldn't expect you to be sitting there on my  
25 shoulder listening to my conversations, and I

1                   wouldn't expect Richard Mach to be listening  
2                   to my conversation with Tom or with you,  
3                   Jerry. And so I think there's an issue of  
4                   kind of defining what do we mean by  
5                   transparency, where is it appropriate.

6                   And I'm very open to hearing what you  
7                   think and having that discussion. But I will  
8                   say government always has the right to meet  
9                   with government. And regardless if we have a  
10                  CAP or we don't have a CAP that right is going  
11                  to continue, and you and I are not going to  
12                  change that.

13                  But let me be specific about where I  
14                  think we are with DOD, DON, the Navy, right  
15                  now. I think you all know we had a meeting  
16                  last week. I'm the person who has pushed for  
17                  us to have more active meetings with the folks  
18                  that we deal with at the Navy and the Marines  
19                  because I think there's a lot to put on the  
20                  table in terms of the complexity of where  
21                  we're going.

22                  In the past where we've had one study  
23                  that these two folks are doing and Morris  
24                  where we had one study with a fairly complex  
25                  issue of water modeling involved in it, that

1 was fine. Now we're being pushed as you know  
2 to increase the complexity of our work  
3 substantially. And I would tell you it will  
4 increase it, at least in my mind, in an order  
5 of magnitude.

6 We're going to get ourselves involved  
7 in a very huge health survey, a mortality  
8 study, a cancer incidence. These are huge,  
9 huge things. And, frankly, the more input  
10 that we get from CAP and the more constructive  
11 comments that we get from anybody the better  
12 off we're going to be.

13 And I think, frankly, that the one,  
14 maybe the challenge that's put in front of us  
15 because of this transition from the Marines to  
16 the Navy and their needing more information to  
17 understand what we're doing, I would tell you  
18 it's actually helped us in some way. The  
19 materials that you were given today that are  
20 this, frankly, I see as a tremendous help to  
21 us.

22 And I think that it has made us have  
23 to sit down and take a look at this stuff and  
24 understand where are we going, what are the  
25 complexities, what is the time scheduling of

1 all of these things, and how are we going to  
2 manage this over time, and how do we fit that  
3 in the budget. This is not a simple, it's  
4 just not simple. It's getting more complex.  
5 So I have pushed that we have more active  
6 involvement with the folks who are going to  
7 provide us funding so they have a clearer  
8 idea.

9 And in talking to Richard Mach we both  
10 agreed that the way we need to be transparent  
11 with these, because we need to have these  
12 meetings, is to make sure we generate minutes  
13 of the meetings and provide those to the CAP  
14 and to any stakeholders outside who wants  
15 them. And I think that that's, well, it may  
16 not be the same as sitting at the table. I  
17 think that that is something that ought to be  
18 very useful because then you do have a good  
19 idea of what we're doing.

20 And I'll tell you the first couple of  
21 times we sat together with these folks I think  
22 it was a little harder. You know, it was a  
23 new group of players, and I think it was a  
24 little harder for us to communicate our needs,  
25 understand their needs. They have needs, too.

1                   This last time I think it was very  
2                   positive in terms of understanding that we  
3                   have different needs. We can agree to  
4                   disagree, but we need to nail down what are  
5                   the issues and how do we resolve them, and do  
6                   it in a way that we all see the ^ . The end  
7                   game here is to provide the best science that  
8                   we can in an efficient and in an effective  
9                   way. We need to be looking at all those  
10                  things.

11                  And we can understand that we're also  
12                  very clear that the decisions in terms of the  
13                  science, the final decisions in terms of what  
14                  we do are ATSDR's. They're not the Navy's.  
15                  They're ATSDR's. That being said we have peer  
16                  review of our stuff. We have a CAP. The Navy  
17                  is welcome to send us comments. Anybody's  
18                  welcome to send us comments, and we would be  
19                  open-minded to them recognizing that the  
20                  bottom line is we want to do the best job we  
21                  can.

22                  I will also tell you just for me  
23                  personally, my concerns on this project are  
24                  essentially we've been at this a long time.  
25                  We have not provided results yet on the case

1 control studies going on for a long time. I'm  
2 personally disappointed we haven't done that.  
3 I think all of you should be disappointed we  
4 haven't done that. I know Frank and Perri  
5 are, and I know Morris is.

6 And I think we want to be even more so  
7 accountable in getting some results because we  
8 don't want to be a group doing good science  
9 that's taking 20 years to do good science and  
10 not getting our products out. So that's  
11 another part of it.

12 One more thing, Jerry. We didn't come  
13 up with firm budget numbers at that meeting.  
14 We did come up with some critical issues that  
15 need to be addressed by both of us. We did  
16 come up, I think we all walked away with a  
17 good idea that we would have budget issues  
18 figured out for '09 before the next fiscal  
19 year starts so that we won't be in the same  
20 circumstance that we were in this year where  
21 we didn't resolve issues until the end of May.

22 And you've got the mike, Jerry.

23 **MR. ENSMINGER:** Well, you were talking about  
24 the length of time it's taken to do all this  
25 stuff and to provide good science. But the

1 public health assessment is still a piece of  
2 crap. It's still up on the website. Why?  
3 Why don't you pull that thing? That thing is  
4 worthless, and I'd love to sit down with you  
5 and point out every error in that. And I  
6 can't. Why do you insist on leaving that  
7 thing up there? It's erroneous. We know it  
8 is.

9 **DR. SINKS:** Well, first of all, I'd welcome  
10 the opportunity to sit down with you and go  
11 through it point by point. Again, I want --  
12 this is an important, this whole activity is  
13 very important to the Center, and I apologize  
14 that senior leadership may not have been as  
15 plugged into it in the past as maybe it could  
16 be. But I just want to reemphasize to you,  
17 I'm available. And I'll work something out to  
18 do that. I won't promise I would take it off  
19 the website, but I'd be certainly happy to  
20 listen to you.

21 I will tell you, Jerry, you've heard  
22 me say this before, one of the most useful  
23 pieces of that document is the fact that they  
24 could not determine whether the VOC's in  
25 drinking water were or were not a substantial

1 health hazard. And that was one of the issues  
2 that compels us long term to do the series of  
3 studies we're doing.

4 If they had gone ahead and concluded  
5 there is no problem, or the problem is  
6 recognized, we wouldn't be in the position we  
7 are now which is to start looking at the real  
8 data. So I will argue with you somewhat that  
9 it's -- you said it's worthless. It's not  
10 worthless. It is useful.

11 **MR. ENSMINGER:** Well, I mean, there's parts  
12 of it that are good, but it has so much  
13 erroneous information in it, it's almost  
14 criminal to have the thing up there for a  
15 public document. And when I called Dr.  
16 Cibulas, his secretary didn't even put me on  
17 hold. She went, "It's Jerry Ensminger." And  
18 then she gets back on the phone and says, "Dr.  
19 Cibulas isn't in." I said, "Who the hell were  
20 you talking to?" But, gee whiz.

21 **DR. SINKS:** Well, that's great. I'll just  
22 talk to Kathy. Maybe I'll pull her off and  
23 just tell her how to put, use hold so there's  
24 musical hold when you call.

25 If you want to focus on that health



1 assessment --

2 **MR. ENSMINGER:** It's not a focus, it's just

3 --

4 **DR. SINKS:** I think the one issue on the  
5 health assessment, at least for the health  
6 assessment people, is whether or not there is  
7 new information that would change  
8 substantively what they have said. And one of  
9 the issues that was said was whether or not --  
10 and they did do an ammendment to it which was  
11 -- I forget exactly what the language was. I  
12 think they said there was no cancer risk, and  
13 the issue was well, we don't know there's no  
14 cancer risk for adults, and I think they did  
15 that change. But now the substantive issue  
16 for that consultation is that new information  
17 that we have that needs to be revised. I  
18 don't know the answer to that.

19 **MR. ENSMINGER:** Yeah, there's contamination  
20 dates --

21 **DR. SINKS:** But we're open --

22 **MR. ENSMINGER:** -- the narrative of the  
23 different water systems. They're incorrect.

24 **DR. SINKS:** And if that's an issue for you,  
25 we can re-look at that. Again, my major

1 focus, me, personally, is the amount of work  
2 we're talking on right now with these new set  
3 of studies which are overwhelmingly large and  
4 complex. And also making sure that the two  
5 studies, one that's, the half done and one  
6 that was finished, get -- the one that was  
7 done on reproductive health has to be revised.  
8 The case control study one needs to be done.  
9 And the burden on Morris right now to make  
10 sure he does a good job of water modeling on  
11 Hadnot Point which has become very difficult  
12 to do. So that's --

13 **MR. ENSMINGER:** That was the last --

14 **DR. SINKS:** -- mainly that's where I'm  
15 focused.

16 **MR. ENSMINGER:** That was the last  
17 explanation I got was that they were waiting  
18 to get the water modeling completed, and then  
19 they could rewrite the public health  
20 assessment to a point where, and correct it  
21 with the right information, with the accurate  
22 stuff after the water modeling's done. Well,  
23 why leave that? Why leave the erroneous one  
24 up there in the meantime?

25 **DR. BOVE:** I think what was said is not that

1           it, was that the work that's come since the  
2           health assessment, in a sense, replaces that  
3           health assessment. I don't think that we ever  
4           said that that health assessment will be  
5           written necessarily. There was never a  
6           commitment to that as far as I know. We may  
7           revisit that but --

8           **DR. SINKS:** Well, we can keep that.

9                     But Jerry, I wanted to, let's go back  
10           to the transparency issue because that's why  
11           we have us here. Thank you for putting us  
12           back onto that.

13                    The transparency issue in terms of  
14           what we would like to do is one, I will tell  
15           you this is primarily coming from me. I want  
16           our people to be, probably at least a couple  
17           of times a year, sitting down with the Navy  
18           people and the Marines people in a meeting  
19           like we had last week to discuss these issues  
20           and make sure that this kind of information is  
21           being provided.

22                    And then we've agreed with them that  
23           we will provide meeting notes to yourself, the  
24           CAP and whoever and make those available. So  
25           those will be available to you. And I think

1 that will be helpful. It may not be 100  
2 percent satisfactory to all of you, but I'm  
3 hoping to hear anything you have to say to  
4 that.

5 In terms of correspondence we all  
6 recognize that once somebody sends a formal  
7 letter on letterhead, it's FOIA-able, it's  
8 available, and I see no reason to hold that  
9 back from the CAP. I'm not sure it's going to  
10 get to you ^ though the exact second, but that  
11 should be fine. There is one letter that we  
12 got a couple of weeks ago on comments on the  
13 Tarawa Terrace, some comments we got from them  
14 on the Tarawa Terrace water modeling --

15 **MR. ENSMINGER:** Yeah, we got those.

16 **DR. SINKS:** Did you get those? So that's  
17 the only thing that, I think what we're going  
18 to move from, frankly, Jerry, is from pushing  
19 at each other, letters, and to actually  
20 sitting down more often together and speaking  
21 about what our needs are and communicating  
22 that way. And I think that would ^ much more  
23 productive than letters that zing back and  
24 forth. It certainly will help us in our  
25 working relationship on that.

1                   And the other thing I, what I'm saying  
2 here we do need to have a working relationship  
3 with these people who are providing us the  
4 resources. We will maintain a firewall, if  
5 you will, between us and the Navy that assures  
6 that we're the ones that are making the  
7 decisions of where we are going and what we're  
8 doing.

9                   We will be able to comment, but we're  
10 going to be responsible for that. And the  
11 quality of our work ultimately is our  
12 responsibility. And we're the ones who you  
13 will get to look at and blame in terms of the  
14 quality of the work that we do with the data  
15 and the resources that we've been given.

16                   **MR. ENSMINGER:** Why do you necessarily go to  
17 blame? Why couldn't we --

18                   **DR. SINKS:** Well, I hope you won't --

19                   **MR. ENSMINGER:** -- why couldn't we be  
20 congratulated? You went right to blame. Are  
21 we expecting something here from that?

22                   **DR. SINKS:** Jerry, we'll be very happy to  
23 give you thanks as well.

24                   **MR. ENSMINGER:** But my problem with  
25 transparency is there were a lot of

1                   correspondence going back and forth. Like I  
2                   said before, I felt like I was the beggar at  
3                   the back door of the village tavern after food  
4                   scraps just to find out what the hell was  
5                   going on in this situation. I mean, and there  
6                   was a lot of stuff about budgeting. And this  
7                   stuff would have direct impact on the  
8                   initiatives that ATSDR and the CAP would have  
9                   been working on to pursue on the Camp Lejeune  
10                  situation.

11                   And there is no reason why we  
12                  shouldn't be included in that stuff. As a  
13                  matter of fact, I know DOD would like to cut  
14                  us out of the loop in a lot of stuff because  
15                  they do their best dirty work behind the  
16                  scenes and out of sight of the public. And if  
17                  the public does find out about it, then they  
18                  get slapped, and rightfully so, just like they  
19                  did with that AP article about funding that  
20                  they were trying to play games with, and we  
21                  got the money.

22                  **DR. SINKS:** I think I can hold accountable  
23                  the DON and DOD in terms of coming to the  
24                  table and meeting with us, having these  
25                  discussions and actually asking that they ask

1 us the difficult questions and our having to  
2 respond. I can't be, I can't influence how  
3 DOD or DON operate outside of that sphere of  
4 this project like in terms of working with us  
5 nor can they influence us on that. You know  
6 that as well.

7 In terms of the village beggar, I  
8 don't live in a village. I don't know. But  
9 again just from a personal point of view, I  
10 hope I'm somebody who's approachable. I hope  
11 I'm somebody who if you have a question you  
12 can feel like you can ask. If I feel you're  
13 being unfair, I'll let you know, but I want to  
14 have a relationship with you that is more  
15 transparent, and I'm open to that.

16 **MR. PARTAIN:** Now you mentioned the letters  
17 and correspondence and said there were four of  
18 them. I'm thinking about a way to get them to  
19 us. Is it possible to just go ahead and give  
20 the CAP members on the distribution list for  
21 those important letters?

22 **DR. SINKS:** It's something we can discuss,  
23 but I'm not sure -- it's something we can  
24 discuss. I haven't really thought about it.  
25 What I want to do is see that you get the

1 letters.

2 **MR. PARTAIN:** Six months down the road.

3 **DR. SINKS:** Yeah, right, I understand.

4 Whether you'd be on the cc or not I'm open to  
5 that. Maybe if you guys could put that into a  
6 ^ for follow up I could discuss that with the  
7 Navy. It's an issue, I mean, we can put you  
8 on the cc thing from us if we decide that's a  
9 relevant thing. I can't tell you how the Navy  
10 will respond ^ their letters to us.

11 But we can discuss that internally as  
12 to whether that's appropriate for ATSDR to do.  
13 Again, my intent is to get you the letters.  
14 You get them through FOIA anyway. I've never  
15 been a big, I like FOIA as an institution  
16 because I think government transparency is  
17 important. But I also think sometimes it's a  
18 burden because if something's available to you  
19 and sometimes the FOIA's process actually  
20 delays getting it to you. So Tom Townsend and  
21 I have gone back and forth on that several  
22 times.

23 **MR. STALLARD:** And so let me just summarize  
24 briefly what I think I also heard is that you  
25 recently had a meeting with our colleagues



1 from the Department of the Navy and the  
2 Department of Defense in which the  
3 relationship seems to be moving toward,  
4 forward in your ability to work together. And  
5 that there's a commitment to continue that  
6 relationship building in trying to work  
7 together into the future personally on a more  
8 regular basis.

9 Anything else about transparency? The  
10 notion of an ombudsperson, as you can tell  
11 there's a great deal of, a level of mistrust  
12 among some of the members of the CAP in terms  
13 of the information made available to them or  
14 provided to them in many different ways.  
15 That's why the whole notion of transparency  
16 has come up.

17 And so a notion of how to move into a  
18 relationship on trust is how could there be a  
19 representative ombudsperson that essentially  
20 the CAP members can go to with their issues or  
21 concerns, particularly in the realm of  
22 transparency and the way the two government  
23 agencies or the government agencies interact.

24 **DR. SINKS:** Is that a question?

25 **MR. STALLARD:** I'm sort of posing that was a

1 question because it came up and we were going  
2 to defer it to this session about the notion  
3 of an ombudsperson.

4 **DR. SINKS:** I'll take aim. This is the  
5 first I heard of that when I saw those notes  
6 here. I'll tell you my general feeling about  
7 it. One, an ombudsman being by definition  
8 would be an employee who works for us with me,  
9 would not be a CAP member. That's usually the  
10 way these things work. They have some kind of  
11 ^ firewall that insulates them from any of the  
12 process.

13 EPA has had ombudsmen in the past. We  
14 had one who worked with us who I will just  
15 tell you I think we spent a lot of money down  
16 a rat hole and got very little back. That was  
17 my personal experience with it. What I'd like  
18 to suggest maybe would be, first of all, what  
19 I said in the beginning was you folks can talk  
20 to me. I'm ^, and I think I'm reasonably  
21 trustworthy, maybe not. I don't know --

22 **MR. ENSMINGER:** I usually don't bother the  
23 higher ups.

24 **DR. SINKS:** Well, I don't mind you bothering  
25 me, and I may not always be able to call you

1 right back, but I take things pretty seriously  
2 in terms of the public. I think my salary is  
3 being paid so that I serve the public. I'm a  
4 public servant. Besides being a scientist I'm  
5 a public servant, and all of us are. And we  
6 ought to be working for the public. Now, if  
7 you're calling me every day, Jerry, I'm  
8 probably going to say this guy's a pain in the  
9 butt, and I'm not going to call you back every  
10 day.

11 **MR. ENSMINGER:** I've been called that  
12 before.

13 **DR. SINKS:** I've seen that. But I'm  
14 wondering if this might, if the issues that --  
15 the other point is that you guys are in  
16 constant contact with Frank and Morris and  
17 Perri, and I'm not sure contact is the issue  
18 here. It's trust.

19 I don't think contact or availability  
20 is the issue. I think it's trust. And I'm  
21 not sure ombudsmens (sic) persons with the  
22 amount of money and the amount of work we're  
23 talking about is worth, the juice is worth the  
24 squeeze.

25 I'm very open to figuring out how we

1 can work on a trusting relationship and maybe  
2 that we can ^ this into trust and maybe if we  
3 can develop that a little better, and you feel  
4 you can reach out, that would be, maybe that  
5 would work. I don't know. It's just the one  
6 experience I've had with an ombudsman,  
7 personally, I haven't seen it be very helpful.  
8 And frankly, they have very different,  
9 depending on what their job is, some of them  
10 have very different roles.

11 I mean, some of them, CDC just decided  
12 that they thought they were going to have an  
13 ombudsman and actually walked away from it.  
14 And that person ended up basically dealing  
15 with personnel problems with the agency rather  
16 than dealing with the connection with people  
17 outside the agency.

18 And I actually mentioned this to our  
19 Office of the Director and to those people and  
20 said are you going to be a place where people  
21 outside of CDC like the vaccine community who  
22 have real issues about vaccines and mercury  
23 can come to and express their opinion. They  
24 said, no, that wasn't their job.

25 And so it also depends on what the

1                   role of the person is. And I guess I'd just  
2                   add I'm not sure I see a need with the agency  
3                   right now for us to have an ombudsman, but I  
4                   deal with -- again, I think it's trust, and I  
5                   think if we can keep an issue of trust then I  
6                   think we ^.

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

8                                 Anyone else on the issue of  
9                   transparency? Any other comments?

10                   **MS. BRIDGES:** Yeah. You talk about trust.  
11                   If we could see something as a result, that's  
12                   what we need. We need something that we can  
13                   see that's helping us helping the dependents,  
14                   the person that, the people that have been  
15                   affected, afflicted, and we haven't seen it.  
16                   All we see is our children that are affected.  
17                   Maybe they don't have cancer or leukemia, but  
18                   we see them with these learning disabilities.  
19                   So what happens to them. They go into drugs.  
20                   They end up in jail. They're killed. They're  
21                   not --

22                   **MR. ENSMINGER:** We can't get any assistance  
23                   because the Marine Corps refuses to  
24                   acknowledge that anybody was harmed, and then  
25                   we --

1                   **MS. BRIDGES:** Nothing's helping --

2                   **MR. ENSMINGER:** -- want something definitive  
3 from this organization, from this agency to  
4 definitively say they were harmed. And so  
5 we're in a catch-22, and everybody else is.

6                   **MS. BRIDGES:** And it's transcending down.  
7 Nothing's stopping it.

8                   **DR. SINKS:** Let me just say to both of you,  
9 I agree with you both, but I also want to make  
10 sure that you both have a very good  
11 understanding of the expectations that you  
12 should be putting on us in terms of what we  
13 can deliver.

14                   **MS. BRIDGES:** Who can deliver more? Who can  
15 deliver more and stop it?

16                   **DR. SINKS:** Well, it depends on what it is  
17 you're asking. And that's why I'll just take  
18 this as --

19                   **MS. BRIDGES:** We need more scientific work  
20 done.

21                   **DR. SINKS:** Well, I'm a scientist, and let  
22 me say that science isn't always the answer.  
23 It doesn't always provide you with the  
24 information you want. So let me just be very  
25 clear. The expectations you can provide, you

1 can expect from us are scientific in terms of  
2 we should do the best darn job we can in doing  
3 the science to answer the questions that we're  
4 looking at.

5 **MS. BRIDGES:** And we're doing the same thing  
6 --

7 **DR. SINKS:** That's not going to resolve --

8 **MS. BRIDGES:** -- channeling our children.

9 **DR. SINKS:** -- that is not going to resolve  
10 some of the basic issues of I have a  
11 grandchild or I have a child with learning  
12 disability. What do I do?

13 **MS. BRIDGES:** Not just mine.

14 **DR. SINKS:** I understand, but I'm just, I  
15 want to put that expectation on the table. If  
16 your expectations are this agency's going to  
17 come and to deliver to you the prevention of  
18 future health effects that have occurred from  
19 this exposure or not from this exposure, we  
20 are not going to provide that for you. We  
21 cannot. These exposures occurred --

22 **MS. BRIDGES:** Who can? Mr. Mach?

23 **DR. SINKS:** I'm just saying those exposures  
24 occurred. What has come from them probably  
25 will occur, and what we're doing right now is

1           trying to look at the science in terms of are  
2           there health effects that have occurred as a  
3           result of this exposure we can demonstrate and  
4           how well can we prove it.

5                         And the only way that we would be able  
6           to link that to preventing something from  
7           getting something is if we do find something,  
8           it's a screenable disease that could be  
9           screened, then we could do early detection or  
10          something like that. There are hundreds of  
11          thousands of questions that could be asked of  
12          this situation we will not resolve. And I  
13          just want to be very clear.

14                        While your comment is right on target,  
15          what your concerns are, we also need to be  
16          extremely clear on what we can deliver and  
17          what we cannot. Because what I don't want to  
18          have occur is to have the community put  
19          expectations on us that we in no way can  
20          deliver, and then we delude you to think that  
21          over the next ten years we can deliver when we  
22          can't.

23                        So that's another thing where we  
24          should be very clear. What is it ATSDR is  
25          actually doing? ATSDR is not making decisions



1 about who should be compensated for health  
2 effects regarding those things. That's not  
3 our job. We are not going to do that.

4 **MS. BRIDGES:** And I'm not looking at it for  
5 the money. I don't expect any of us will --

6 **MR. ENSMINGER:** We can't get shit. We can't  
7 get anything.

8 **MS. BRIDGES:** But we're not looking at that.  
9 We're looking at helping the people.

10 **MR. ENSMINGER:** None. Because they're  
11 sitting over there saying we're waiting on  
12 you.

13 **MS. BRIDGES:** We don't expect it, and it  
14 doesn't mean anything. Healthcare means more  
15 and research to stop it.

16 **DR. SINKS:** If somebody was to say to me  
17 should they be waiting on us, you know, if  
18 that question were put to me, my response  
19 would be --

20 **MR. ENSMINGER:** Thank god there's an  
21 election in November.

22 **DR. SINKS:** -- this is what we can do. And  
23 if I were asked about whether that should or  
24 shouldn't relate to decisions that, you know,  
25 the information we are providing is going to

1 be primarily directed to informing the science  
2 and secondarily related to informing the  
3 community.

4 **MR. BYRON:** Well, this is Jeff Byron, and do  
5 DNA testing.

6 **DR. SINKS:** I'm sorry, Jeff.

7 **MR. BYRON:** I said I think you should do DNA  
8 testing on the children you've already  
9 identified. But I'm getting static from that,  
10 and they want me to be a scientist and explain  
11 myself.

12 **MS. BRIDGES:** We don't know how.

13 **MR. BYRON:** Well, like I said before no  
14 doctor's diagnosed my daughter's illness. My  
15 wife found it, and I know there's people  
16 against DNA testing for this, that or the  
17 other reason, and they want to state that if  
18 they do that people are afraid they won't be  
19 able to get insurance.

20 I've got news for you. Those 27 that  
21 you've got in the study don't have insurance.  
22 My daughter doesn't have insurance. Who do  
23 you think's footing the bill for the  
24 negligence of the Marine Corps and the Navy  
25 and the DOD? You're looking at him. So that

1 frustration's coming out. And I've given you  
2 what I believe to be viable and you just turn  
3 it down.

4 Even the handout that I received after  
5 the meeting. I don't have to read that. It  
6 doesn't justify what you told me. As a matter  
7 of fact, I believe it proves my case even  
8 more. You tell me that you don't see it in  
9 the parents and all of a sudden it shows up in  
10 the children. Well, why is that? From three  
11 years at 200 parts per billion is what it's  
12 from.

13 **DR. SINKS:** I don't know the specifics of  
14 the notes that you're describing, but I do  
15 want to say, one, I think you're on target in  
16 terms of your concerns and how you deal with  
17 them. I'm just saying to you the work we are  
18 doing isn't going into those questions. If we  
19 are asked to discuss with policymakers what  
20 those issues, you know, what are the options  
21 for you and the unresolved issues that you and  
22 Sandra bring up, we can have that discussion.  
23 But our major area right now is focusing on  
24 science and --

25 **MR. BYRON:** And that's what DNA testing is.

1 Yes, it would benefit my family if it proved  
2 out that these children have these issues.  
3 But you know what? It benefits the American  
4 people, and isn't that what we're here for --

5 **MS. BRIDGES:** Right.

6 **MR. BYRON:** -- if I've got the scientific  
7 information?

8 **DR. SINKS:** Let me put something to you a  
9 little differently. There's science. Science  
10 is one thing, science and technology. But  
11 there's research and there's service.  
12 Research is designed to answer questions that  
13 are research questions, but it's not  
14 necessarily designed to answer fundamental  
15 questions in terms of service. And the issues  
16 that you're bringing up are really service  
17 issues which are what can you do to help me  
18 with this situation, like you're uninsured.

19 **MR. BYRON:** You've missed the point. You've  
20 totally missed the point. What I told you is  
21 doctors cannot diagnose my daughter. My wife  
22 gets on the internet, finds all these  
23 connections. We had her tested and diagnosed  
24 and we found something we think is  
25 significant. We brought it to you guys as for

1 scientific means, not just for helping Jeff  
2 Byron.

3           Actually, you guys should be helping  
4 our families anyway with all the information  
5 I've seen by now. But the point is, is where  
6 are you going to advance science by doing  
7 further studies? I brought up an avenue, and  
8 it's shot down because of these excuses, well,  
9 then they won't be able to get insurance if  
10 you test them for DNA and that. They ain't  
11 got it anyway. That's my point.

12           And if I do receive some help in the  
13 end from it, then that's a secondary benefit.  
14 But the whole idea is, aren't you trying to  
15 find out what these children have and why? I  
16 mean, you have these people. I guarantee, I  
17 can't guarantee anything, but it seems to me  
18 that all you have to do is study the ones that  
19 are already in and that could be an amendment  
20 to this study so that you don't have a delay -  
21 -

22           **DR. BOVE:** We've been over this.

23           **MR. BYRON:** I know we've been over this. I  
24 disagree with you.

25           **DR. BOVE:** Fine, but it's not for the

1 reasons you just said. Let's be honest.

2 **MR. BYRON:** Let's do be honest. That's what  
3 I'm waiting for.

4 **DR. BOVE:** We went over the science of why  
5 it wasn't a good idea to do this. And we can  
6 do it again if we need to. I wasn't prepared  
7 to give that same talk I gave two meetings  
8 ago. But I think we should let this issue  
9 lie. If you want to bring it up again, I'll  
10 prepare something again, once again. It will  
11 be the same thing I prepared two CAP meetings  
12 before. Nothing has changed since then. So I  
13 wish we'd get off this and --

14 **DR. SINKS:** Well, let me see if I can link  
15 this back into the original ^. Let me try to  
16 link back to this.

17 You asked me here to talk about  
18 transparency, so let me try to link that back.  
19 One is I hope we are always open minded in  
20 terms of concerns like you're bringing, Jeff,  
21 which is, are you doing all the science you  
22 would be doing. Is there other outcomes you  
23 should be looking at.

24 This is a process, you know, we've  
25 reopened this up a couple years ago. That's

1                   why this CAP was formed. That's why we had an  
2                   expert panel. When I first got in the area of  
3                   the hip with ATSDR, the series of letters that  
4                   have come out from ATSDR on this same question  
5                   over four years was now we've made a decision  
6                   to do a case-control study, and that's what  
7                   we're doing.

8                   And now we've certainly opened that  
9                   up, and we brought them. So I think we can  
10                  continue to be open minded, but I will tell  
11                  you as we take on more and more and more of  
12                  these projects, you know, thinking beyond and  
13                  beyond and beyond becomes difficult because  
14                  let's get back to the end stage. We want to  
15                  be able to find you results. So I'm very  
16                  conscious of the clock is ticking. We want to  
17                  be providing you with results with what we've  
18                  got in the bank.

19                  Yes, transparency. We should be open  
20                  minded to ongoing concerns like yours, Jeff.  
21                  We won't always say, yes, you're right. And  
22                  sometimes we'll have to agree to disagree.  
23                  But we should be open minded, and we should be  
24                  able to make our points.

25                  **MR. BYRON:** The reason I brought that up

1           again, I had no intention of it, because I  
2           figured it was a dropped issue. The only  
3           reason I brought it up is because you were  
4           talking compensation versus scientific data.  
5           That's the only reason I brought it up. My  
6           suggestion is based on what I believe would be  
7           good scientific data. Now, maybe I'm wrong  
8           because I'm not at scientist, but that's what  
9           we were talking about. That's the only reason  
10          it came up again, Frank.

11          **MR. STALLARD:** That's okay. Thank you.

12                 Tom has graciously extended his stay  
13                 already with us. Mike, you had one question.  
14                 Is it germane to the --

15          **MR. PARTAIN:** I just wanted to make a  
16                 comment on the transparency issue.

17                 Going back to the transparency, I  
18                 understand. Part of what we deal with is that  
19                 the Department of the Navy and the Marine  
20                 Corps control all the information that  
21                 happened at Camp Lejeune. And I just want to  
22                 put a quote of a newspaper article that  
23                 appeared in September 1985. It was a quote of  
24                 base environmental engineer Robert Alexander.  
25                 And he says the 22 sites, which the INS sites,



1 are not considered dangerous because only  
2 trace amounts of contaminants have been found  
3 to have escaped from ducts. People have not  
4 been directly exposed to the flumes.

5 **MR. ENSMINGER:** Those people, this thing is  
6 laced with that kind of lying.

7 **MR. PARTAIN:** And that's what I'm getting at  
8 is if we know what's going on, then we can  
9 look out for things and maybe be of  
10 assistance. We're not going to try to tell  
11 you how to do your jobs and stuff, but it  
12 would be beneficial to know what is being  
13 played so we can --

14 **DR. SINKS:** And I think, I know Jerry and  
15 Tom have been very active in providing us  
16 information that has led to new information  
17 that we've discovered that's very useful to  
18 us, and I don't know the specifics of how the  
19 others have been involved. And obviously data  
20 discovery is a huge issue for us maybe going  
21 back to something that last occurred 27 years  
22 ago and probably occurred between 50 and 27  
23 years ago.

24 **MR. ENSMINGER:** But it doesn't matter.  
25 These people -- it doesn't matter how old it

1 is. I mean, that was a newspaper article and  
2 an interview that was done by a base official  
3 at the time and told an out and out damn lie.  
4 And they do it constantly.

5 **DR. SINKS:** Well, my job, and I mean --

6 **MR. ENSMINGER:** Yeah.

7 **DR. SINKS:** Our job is to do the best job we  
8 can in terms of trying to do the data survey  
9 and using that. That information does become  
10 available. I think we've done a pretty good  
11 job on that. We're still doing it. We could  
12 use all the help that we can get both from you  
13 and from the Navy and the Marines because  
14 obviously we never had the data in the first  
15 place so now we've got to go get it. But  
16 we're very aware of that.

17 I'll tell you though that it's  
18 probably not as unusual as you think. I mean,  
19 both of our centers deal with things that  
20 occurred in the past with the Department of  
21 Energy and all the nuclear weapons complexes  
22 that have occurred in terms of dose  
23 reconstruction. Much of that information is  
24 labeled secret, and we have to go back into  
25 the archives and deal with those just the same

1 way.

2 Whenever you're dealing with pollution  
3 that a company has put out at a hazardous  
4 waste site, they're the ones that are in  
5 control of those data. It's not unusual that  
6 the person who caused the, who's responsible,  
7 if you will, the responsible party is the one  
8 who's controlling that information. Our job  
9 is to try to get into it, to use the resources  
10 we can. And we'd welcome any help you guys  
11 can give us, and you've given us a lot and I'm  
12 sure will continue to give that assistance.

13 **MR. STALLARD:** Thank you, Tom. Thank you  
14 for extending your stay to be with us.

15 **MR. ENSMINGER:** This administration's  
16 classified their, the White House version of a  
17 MAD magazine, for god's sake.

18 **MS. BRIDGES:** And thank you very much for  
19 talking with us.

20 **DR. SINKS:** Well, again, you're welcome.  
21 I'm just a person like everybody else here.  
22 You're more than welcome to call me or e-mail  
23 me.

24 **MR. BYRON:** If you can give us the minutes  
25 of that, that will be a big help. I mean

1 that's the start so that will help.

2 **DR. SINKS:** And I'll tell you that it was  
3 agreed on by both of us, both the Navy and  
4 ourselves. We think that's a constructive way  
5 to go. And the main thing I think that came  
6 out of that meeting was really a constructive  
7 tone for the process of working together  
8 toward a common goal which is to get these  
9 things done and do them the best way we can  
10 and do them as efficiently and as effectively  
11 as we can because we think the benefit of this  
12 is to the community. There's no personal  
13 benefit to me --

14 **MR. BYRON:** DNA does nothing for me. I  
15 already know.

16 **MR. PARTAIN:** Is it a synopsis of the ^?

17 **DR. SINKS:** I don't know. They're  
18 developing them right now. This is my  
19 assistant, Patricia Lewis, a very important  
20 person for you to know, wonderful person,  
21 who's trying to drag me out to the next thing  
22 I have to go to.

23 **MR. ENSMINGER:** Is she better than Cibulas'^  
24 --

25 **MR. STALLARD:** Hush now.

1           **DR. SINKS:** It's not a question of better.  
2 They're both wonderful people.

3                   Oh, Tom Townsend is not on the phone.  
4 He's been disconnected. So whoever is doing  
5 the phone stuff --

6           **MS. RUCKART:** It's up to Tom to call back  
7 in. He has the number because he called in  
8 this morning.

9           **DR. SINKS:** Is it 8-6-6?

10          **MS. RUCKART:** It's 8-7-7.

11          **DR. SINKS:** Can you give us the number real  
12 quick and we'll call him.

13                   Patricia Lewis is the one who's at my  
14 phone. So I call the 7-7-0-4-8-8-0-6-0-4, and  
15 she's usually the one answering the phone.  
16 Tom knows her very well. And if you need me  
17 feel free to call her.

18          **MR. STALLARD:** Thank you, Tom.

19          **HEALTH SURVEY AND NOTIFICATION**

20                   All right, we're going to move into  
21 the health survey and notification update.

22          **MS. RUCKART:** This is part of that, we're  
23 going to start off this by having Scott give  
24 an update on the DOD's notification efforts  
25 and then we can get into some more of

1                   specifics of the survey.

2                   **MR. WILLIAMS:** It's kind of long so I'll  
3                   just read it. I don't know if you guys are  
4                   reading this, last couple of CAP meetings  
5                   you've asked for updates on our notification  
6                   efforts. This is my attempt at doing that.  
7                   Outreach status as of July 10<sup>th</sup>, 2008. I'll  
8                   just go through it really quickly, 64,960  
9                   total registrations thus far, 49,000-and-some-  
10                  odd of those were from the DMDC database.

11                  Those are people that we registered ^  
12                  user website to register. We got their  
13                  addresses from the DMDC database of 210,222.  
14                  And basically, the DMDC scrubbed them to make  
15                  sure the addresses were accurate. And our  
16                  contractor subcontracted to Continental  
17                  Services, Incorporated, CSI, to make sure it  
18                  went to the proper address. So about 50,000  
19                  of the 210,000 were good addresses, and we  
20                  sent those guys a letter. You'll see what  
21                  came of that later on in this brief.

22                  Thus far we have 7,434 inquiries to  
23                  the call center and 1,122 e-mails that we  
24                  responded to, our call center responded to.  
25                  And over that time we had 3,714 registrations

1 updated. So people have actually gone to the  
2 website and actually provided additional  
3 information of their information which is kind  
4 of good I think. We've had 64,142  
5 notification letters sent out to date.

6 **MS. RUCKART:** Tom, are you on the phone now?

7 **MR. TOWNSEND (by Telephone):** Yes.

8 **MS. RUCKART:** Okay.

9 Anyone else on, beside Tom?

10 **UNIDENTIFIED SPEAKER (by Telephone):** Yes.

11 **MS. RUCKART:** Who is that?

12 **MR. WAGNER (by Telephone):** Fred Wagner.

13 **MR. BYRON:** Mr. Wagner, the gentleman that  
14 they've proposed to be a CAP member.

15 **MS. RUCKART:** Fred, this line is just for  
16 the CAP members. If you wouldn't mind just  
17 viewing it over the internet we'd appreciate  
18 that. Thank you.

19 **MR. TOWNSEND (by Telephone):** Perri?

20 **MS. RUCKART:** I can't hear you, Tom.

21 **MR. TOWNSEND (by Telephone):** You can't?

22 **MS. RUCKART:** Now I can.

23 **MR. TOWNSEND (by Telephone):** Okay. Fred is  
24 on because I'm the only person on the thing,  
25 and you lost me and I had to get back on so I

1 could hear you guys.

2 **MR. WILLIAMS:** He's saying there must be two  
3 people on the line or he gets dropped, so he  
4 asked someone else to call in. That's what he  
5 said.

6 **MR. STALLARD:** Welcome.

7 **MR. WILLIAMS:** Next is just a summary of our  
8 outreach efforts. I think Denita asked for  
9 this. We don't list them specifically because  
10 I think the document would be 20 pages long,  
11 but in most cases we try to send, we send  
12 information to all, like all the veterans'  
13 centers or the commissaries, military  
14 treatment facilities, Marine Corps retired  
15 activities offices, base newspapers.

16 As you can see USA Today, we placed a  
17 half-page ad in the USA Today that ran on  
18 April 21<sup>st</sup>, 2008. We also put it on the  
19 usatoday.com website which went worldwide.  
20 Marine Corps magazines such as Semper Fi,  
21 Leatherneck and Crossroads. That will run  
22 monthly in each magazine beginning March 2008  
23 through March 2009.

24 The next item is the North American  
25 Precis Syndicate or NAPS for short. And I



1 provided a little description of what they do.  
2 You can read it. But basically, they put  
3 together what's called "Feaurettes/News to  
4 Use", and it's a conglomeration of articles  
5 and information that businesses and the  
6 government use.

7 This "Feaurettes/News to Use" gets  
8 sent out to all the periodicals, dailies and  
9 weeklies across the nation that I think have a  
10 circulation greater than 10,000. And it  
11 allows the editors of the newspapers, if they  
12 need filler in the technology section or in  
13 the lifestyle section, they can pick and  
14 choose from these feaurettes to fill their  
15 space. It's a way to get information out to a  
16 lot of newspapers.

17 **MR. ENSMINGER:** What was given to them?

18 **MR. WILLIAMS:** I have some examples that  
19 were actually written out of the papers. So  
20 examples of actually what ran. I can give you  
21 two examples if you want to see them.

22 **MR. ENSMINGER:** It's not that they are  
23 publishing this stuff. The key is what  
24 information are they given to run.

25 **MR. WILLIAMS:** Right, and you can see that.

1                   At the very bottom there's a summary  
2 of articles that have run as of July 10<sup>th</sup>,  
3 2008, and you can see the "Protecting Marines  
4 and the Environment" article. It was picked  
5 up by 60 newspapers in ten different states  
6 with a readership of 2,400,000 basically.

7                   "Safe Drinking Water for Marines", the  
8 article was generated in 28 newspapers in six  
9 different states with a readership of 1.4  
10 million. And there was "Technology in our  
11 Lives." It was a 60 second radio spot and a  
12 30 second radio spot, and you can see how many  
13 times it was broadcast, how many different  
14 states, and with the estimated audience.

15                   Yahoo, there've been 151,000  
16 impressions when the ad showed up. We've had  
17 748 clicks which equals .49 percent. So .49  
18 percent of people that see the ad click on it.

19                   The last item here is IRS letters. I  
20 think this is something Jerry suggested many  
21 years ago, that the IRS could find people.  
22 They have a program called Project 753. If  
23 you have a social security number, they can't  
24 give us any information, where the person  
25 lives or tax information or what have you, but

1 we just send the social security numbers to  
2 them, they will forward letters on our behalf.  
3 And we're in the process of doing that.

4 We have approximately 150,000 social  
5 security numbers that we're going to send them  
6 and that's the difference of the 210,000  
7 people from the database minus the 50,000 that  
8 we've already sent letters to. Addresses,  
9 it's about 150,000. And we started that  
10 process recently. We're going to send them in  
11 25,000 letter batches and do 50,000 a month.  
12 And the first batch is slated to go out August  
13 1<sup>st</sup>.

14 And then the last part is just  
15 something ATSDR wanted you to see how we're  
16 keeping contact information current in our  
17 database in a registry. We posted that notice  
18 on the website so that people would come back  
19 if they moved, if they change their e-mail  
20 address, phone number, what have you.

21 All mailing addresses are verified at  
22 the registered call center. All registrants  
23 are validated by the call center prior to  
24 being submitted as a registrant to ensure all  
25 information is correct. Postcards: beginning

1 in August and then annually thereafter, we're  
2 going to send postcards to all the addresses  
3 they have.

4 And when people sign up on the website  
5 or call in, they don't necessarily have to  
6 give us a mailing address. Some people it's  
7 an e-mail address, not their mailing address.  
8 Some people would rather give a mailing  
9 address and not their e-mail address because  
10 they don't want spam.

11 So if we have their address, we'll  
12 send them postcards. If they only send us e-  
13 mails, we'll send an annual e-mail that says  
14 please come back and update their information  
15 so that when a survey goes out or some other  
16 initiative later on we'll have good  
17 information for them.

18 **MS. RUCKART:** One thing we discussed at our  
19 last meeting is it's not clear if when a  
20 person registers are they registering just for  
21 themselves with the understanding that they  
22 are doing it for their family? Or do they  
23 realize that everybody in their family who was  
24 living with them at Camp Lejeune needs to  
25 register? And that's the case.

1                   Everybody should be registering for  
2 themselves. So if you as a former Marine get  
3 the letter and your wife lived with you, you  
4 should encourage her to get on the website and  
5 register as well as, yeah, register separately  
6 as well as your dependents at the time. So I  
7 believe that that can be addressed in the  
8 letters that will be developed and on the  
9 website.

10           **MR. WILLIAMS:** Well, we've actually already  
11 printed 150,000 letters so what we're going to  
12 do is update the website. When they go to the  
13 website, it will say exactly what you just  
14 said. Instead of just representing your  
15 family, have everybody in your family that you  
16 think needs to register to register.

17           **MR. BYRON:** Is that expressed on the website  
18 in any way? That each member should --

19           **MR. WILLIAMS:** That's what we were just  
20 discussing. This was something that came up  
21 at our meeting last week and maybe even the  
22 meeting we had in June. But yeah, we'd  
23 already printed the letters out so they're  
24 already gone. But we'll put it on the website  
25 so people will know that.

1           **DR. BOVE:** What was your question?

2           ^

3           **MR. WILLIAMS:** Yeah, they won't be excluded.  
4 I didn't bring the numbers, but I can tell you  
5 that civilians will be, actually, there are  
6 already civilians at the base that will get  
7 letters.

8                       The next page is a pie chart. I'm a  
9 big Ross Perot fan, so I like pie charts. If  
10 you look at the asterisk, this pie chart is  
11 based solely on the call center's 7,145  
12 inquiries and does not take into account any  
13 online registrations.

14                      The reason this is so is we didn't  
15 have an option on the website for people to  
16 list how they heard about the website or how  
17 they got there, and we had to get OMB approval  
18 for that. We just sat down recently and got  
19 the website updated, so we will be able to  
20 collect information like this from the website  
21 registrants, people who registered online.

22                      But this is data from the call center,  
23 and as you can see, 47 percent was from Marine  
24 Corps publications, 32 percent was from family  
25 and friends, 11 percent was from the DMDC,

1 base letters, and things like the USA Today  
2 article and USA Today website only two  
3 percent, so those aren't extremely effective.

4 **MR. BYRON:** How about the other websites  
5 like Water Survivors? You got any response  
6 about how that, how many people found out by  
7 that?

8 **MR. WILLIAMS:** I'm not sure. We'd have to -

9 -

10 **MR. BYRON:** I just wondered.

11 **MR. WILLIAMS:** -- check. And they may be  
12 collecting information out of there.

13 And the next page we show you a line  
14 graph of our registration activity. The blue  
15 ones at the very top is the total number of  
16 registrants so that number will never go down.  
17 It might flatten out if we have a period where  
18 tons of people don't register, but it will  
19 always go up.

20 The second to the top blue line is the  
21 total registered for each month. And as you  
22 can see, we sent out those DMDC letters in  
23 March, and there's a spike in April which you  
24 would expect, and then it tapered off. And so  
25 one of the reasons why we're sending out these

1 IRS letters 50,000 at a time, so we'll be able  
2 to track this.

3 We'll be able to see how effective the  
4 notification is. We'll be able to see when it  
5 tails off, and what indication using these  
6 methods we've notified as many people as we  
7 can and got as many registrants as we can  
8 expect. So there's even more metrics than  
9 this that we're tracking, but this is just a  
10 good summary.

11 I guess that's it unless you have  
12 questions.

13 **MR. BYRON:** And thank you for providing it  
14 finally; it's what I asked for.

15 **MR. PARTAIN:** Are you going to get us copies  
16 of the articles that ran and the letters that  
17 you are sending out?

18 **MR. WILLIAMS:** I'm not going to give you  
19 copies of every article, but I have two  
20 examples that were run that I just pulled.

21 **MR. PARTAIN:** Because the reason I asked  
22 that was like I was quoting from an article  
23 that appeared in '85, and you can always  
24 downplay, minimize trace amounts, unknown  
25 contaminants, what have you, and mislead. So



1           that's why I want to make sure what was being  
2           said.

3           **MR. WILLIAMS:** Right. Basically what  
4           happened is these articles had to be kind of  
5           essentially all the same information, but they  
6           might have tweaked the title or moved the  
7           information around so that it could fit in  
8           different sections in newspapers. You know,  
9           they might have changed the title so it can go  
10          in the technology section. And then they  
11          might have emphasized the use of the web, you  
12          know. So essentially all the same information  
13          as far as notification and getting people to  
14          register. But they were relevant. I have two  
15          examples.

16                 What we have with the account, you  
17                 know, we pay this company, NAPS, to do the  
18                 service for us. We have an account we check  
19                 to see where it went, and we get, but we don't  
20                 get the names of the newspapers. We don't get  
21                 the names of the newspapers until that  
22                 newspaper editor rips a page out and sends it  
23                 to us. So it's not a complete list. So we do  
24                 have some of those, and I've just written up  
25                 two examples to provide to you.

1           **MR. PARTAIN:** And one of the things I'm  
2 seeing, too, last month I spoke in front of  
3 150 marines in the Marine Corps, and before I  
4 spoke I did a little poll survey and asked  
5 them how many were at Camp Lejeune, and  
6 roughly 90 to 100 raised their hands. And I  
7 asked them how many of those knew about water  
8 contamination and maybe about 40 raised their  
9 hands.

10           **MR. WILLIAMS:** Forty out of 150?

11           **MR. PARTAIN:** No, well, 100 were at Lejeune  
12 and about 40 raised their hands that they knew  
13 about it. And then I asked of those who knew  
14 about it, how many were notified and maybe ten  
15 people raised their hands. And after I spoke  
16 I went to the back of the room and bunches of  
17 people came up to me, and they were all asking  
18 for information, so what's the Marine Corps  
19 saying.

20                   The ones that had known about it,  
21 what's going on with the Marine Corps, what  
22 information do they have out there. I was  
23 asked about the website. Some of them had  
24 seen it. They still didn't understand what  
25 had happened. They don't, the information

1 from you guys needs to get out there, too,  
2 what event took place. They're wanting that.  
3 They're asking us that. When they call us on  
4 the website or send us e-mails, that's what  
5 they're wanting to know is what the hell  
6 happened.

7 **MR. STALLARD:** So there was no context?

8 **MR. PARTAIN:** The people who were out there,  
9 the Marines and their families were never  
10 contacted. They want to know exactly what  
11 happened. I was there in 1962, was I exposed.  
12 There's a lack of information.

13 **MR. ENSMINGER:** But the water modeling is  
14 right on ATSDR's website.

15 **MR. PARTAIN:** A lot of them don't know.  
16 They don't know about the ATSDR website. I  
17 refer them --

18 **MR. WILLIAMS:** They'll just have to link  
19 back to ATSDR.

20 **MR. PARTAIN:** And link to ATSDR. Tell  
21 people where to go get information is what I'm  
22 saying it would be nice to see.

23 **MR. BYRON:** And we'd handle that on a  
24 person-by-person basis pretty much, but you  
25 know.

1           **LT. COL. TENCATE:** Have you told those folks  
2 to go to our website and register?

3           **MR. PARTAIN:** Well, I've had several people  
4 register that have called the hotline and told  
5 me that then they're asked -- and, of course,  
6 some of the questions were legal and stuff--  
7 and they've been referred to the CDC. When  
8 they call the CDC they're being told well, you  
9 need a lawyer, and they're getting frustrated  
10 with they need the lawyer. And I've had at  
11 least three people who've told me that same  
12 thing, that same course, when they've asked  
13 questions on the hotline been told they need  
14 to call the CDC. And then when they call the  
15 CDC they're told, well, you need to get a  
16 lawyer, and it doesn't answer anything. They  
17 were just trying to find out what happened.

18           **DR. BOVE:** I think they need, I think the  
19 CDC people say they need to contact the JAG.  
20 They never say they need to get a lawyer. The  
21 CDC would never say that. That's not -- they  
22 say contact a lawyer?

23           **MR. PARTAIN:** They were told, like I had a  
24 lady in Pennsylvania call me, and her husband  
25 was at the base in the '80s, and he died of

1 Lou Gehrig's disease. She was just calling  
2 us, and I told her, well we can't register,  
3 well, I'm sorry. They registered him, but  
4 they would not give her any information in the  
5 future, and then they referred her to CDC.  
6 And then she called the CDC, and they said we  
7 can't help you. You need a lawyer.

8 **MS. RUCKART:** I think there may be a  
9 question if somebody specifically asks  
10 something of a legal nature and asks for legal  
11 advice and you tell them if you have questions  
12 like this, we advise you to speak with a  
13 lawyer because we can't talk about to you  
14 about those specific concerns. But then if  
15 they have concerns about claims and  
16 compensation, the office will refer them to  
17 the JAG. It really just depends on the nature  
18 of their question.

19 **MR. PARTAIN:** Her question was information.  
20 And also, in the future are you going to keep  
21 me informed. And they wouldn't answer her,  
22 and they referred her to CDC. And then she  
23 was told at that point to get a lawyer. And  
24 she called me in tears just wanting to know  
25 what happened at the base.

1                   She wasn't married to him at the time.  
2                   All she knew is he was a lifelong Marine. She  
3                   married him after he was off the base and  
4                   everything. And then, boom, he's got Lou  
5                   Gehrig's, and he's dead. And she just wants  
6                   to know what happened and is not getting  
7                   answers.

8                   And that's the frustration I'm getting  
9                   not only from dependents but from former  
10                  Marines. They just don't know the details of  
11                  where to go to get information.

12                 **MR. WILLIAMS:** Well, understand that the  
13                 people we have working in the call center,  
14                 they're not health scientists, and if you ask  
15                 any health-related questions, they have to  
16                 refer them to the CDC or ATSDR.

17                 **DR. BOVE:** And CDC usually, if it's a  
18                 particular question like that they would refer  
19                 it to us, Perri or myself.

20                 **MS. RUCKART:** I think I got an e-mail from  
21                 this person that you're talking about. I  
22                 mean, there was somebody who e-mailed who was  
23                 --

24                 **MR. STALLARD:** Okay, but we're talking about  
25                 individual cases right now, and generally what

1 the bottom line is here, Mike, is that these  
2 are individual cases. But it reflects there  
3 needs to be something to put into context what  
4 this is all about is what you're saying.

5 **MR. PARTAIN:** Yeah, here's the bottom line.  
6 This is what's going on. Here's the bottom  
7 line. Here's what's going on. This event  
8 took place on base. You may have been  
9 exposed. And I know some of it's out there,  
10 it's just --

11 **MR. WILLIAMS:** We do have the GAO chronology  
12 on, we have the GAO chronology online, don't  
13 we?

14 **MR. PARTAIN:** Yes, you have.

15 **MR. ENSMINGER:** We don't want to go there.  
16 Don't get me started.

17 **MS. RUCKART:** Part of it is the nature of  
18 the question we get. If somebody sends an e-  
19 mail to our ATSDR Camp Lejeune box, and they  
20 said I want to know why I wasn't notified,  
21 then I will tell them to go to the Marines,  
22 and I don't actually get into a lot of history  
23 about the site. But if you say to me what's  
24 going on with the situation, what happened,  
25 and I want to get notified, then I'll give

1           them, but I don't want to like overload them,  
2           then their request for information gets buried  
3           in with all the other stuff about the history.  
4           So it's just almost like she's telling you one  
5           thing, but you're not exactly sure what she  
6           asked. It really depends on what specifically  
7           she asked what we responded. If we get asked  
8           about health information, we certainly respond  
9           to health information. If we --

10           **MR. PARTAIN:** No, this was a specific  
11           history of what happened.

12           **MS. RUCKART:** Well, somebody who sounds  
13           similar to this woman you're describing did e-  
14           mail something like what you said. She  
15           married a person after he was no longer at the  
16           base and there was health problems, and he  
17           died. And she wanted to know what could she  
18           do. But as I said, what could she do, but I  
19           would say register with the USMC. We told  
20           them, told them tell them you want to be put  
21           as next of kin.

22                    But if they're asking what's the  
23           situation, should I be concerned about health  
24           problems, it just really depends specifically  
25           what they're asking what kind of information



1 we'll give so we don't burden, overwhelm  
2 somebody so that the real response they're  
3 wanting isn't buried in like this three-page  
4 e-mail. So sometimes they may get told talk  
5 to JAG. It just really depends on the  
6 specific nature of their question. But we do  
7 respond to all health questions.

8 **MR. STALLARD:** Anything more for Scott?

9 **MR. PARTAIN:** When you mentioned the GAO  
10 timeline, I believe that picks up with 1980,  
11 and a lot of people have seen that, too, and I  
12 was there in 1963. And you know, that means  
13 something to me.

14 **MR. WILLIAMS:** That's fine.

15 **MR. STALLARD:** Thank you.

16 **MS. RUCKART:** Okay, well, we have about 15  
17 minutes before the lunch break. I think last  
18 time we decided to actually break a bit early  
19 and beat the lunch rush, and then we can come  
20 back in one hour with the understanding that  
21 we won't be streaming for the first 15  
22 minutes. I leave that up to you.

23 **MR. STALLARD:** All those in favor of taking  
24 an early lunch, remain seated.

25 (affirmative responses)

1                   **MS. RUCKART:** Okay, so we'll meet back here  
2                   at 12:45.

3  
4                   (Whereupon, a lunch break was taken from 11:45  
5                   a.m. until 12:45 p.m.)

6  
7                   **MR. STALLARD:** We're going to resume now with  
8                   where we left off. It's a continuation of  
9                   discussion on the health survey. Scott gave us  
10                  an update on what the DOD had been doing from a  
11                  notification perspective. So who's next? Did  
12                  we cover protocol?

13                  **CONTINUE DISCUSSION ON HEALTH SURVEY**

14                  **MS. RUCKART:** Welcome back from lunch. The  
15                  items that we wanted to discuss under the  
16                  health survey are the protocol, the  
17                  questionnaire and the timeline. So we had e-  
18                  mailed you the draft protocol and the  
19                  questionnaire, but we also distributed the  
20                  questionnaire so everyone has it today.

21                  The protocol has a lot of technical  
22                  details so much I'm not sure how much we can  
23                  really get into that. Of course, if you have  
24                  questions we can talk about that. But in the  
25                  main focus I think should be the questionnaire

1 or the timeline. So how do people feel about  
2 that?

3 (no response)

4 **MS. RUCKART:** Do you think we should focus  
5 mainly on the questionnaire or the timeline  
6 rather than nuts and bolts of the protocol? Of  
7 course, we would entertain questions with --

8 **DR. BOVE:** We also should talk about the issue  
9 of increasing the registration because if you  
10 look at our timeline, we're hoping to start at  
11 least the initial mailings of surveys sometime  
12 early next year, January, February, roughly  
13 around there, and testing the waters as to what  
14 works in terms of encouraging participation.  
15 And then the lion's share of the surveys get  
16 sent out after that. But it's also a function  
17 of how quickly people register, and we get  
18 registrations from dependents and so on, how  
19 quickly this survey can get done. But if  
20 registrations are dribbling in over time, it's  
21 going to lengthen this process out quite a bit.  
22 And at some point we're going to have to decide  
23 when we'll stop in terms of the study aspect of  
24 this survey, when we'll stop taking  
25 registrations and consider the study closed.

1           And then people who register after that they'd  
2           get a survey, but it wouldn't be part  
3           necessarily of the study. So there's those  
4           kinds of issues. But the most important thing  
5           is to try to get registrations to happen as  
6           soon as possible, and the IRS is one important  
7           way of getting that to happen. And we're going  
8           to be also mailing to, the Marine Corps is  
9           going to be mailing to our survey list from  
10          1999-2002. That's so this is in the draft  
11          summary minutes of the June 18<sup>th</sup> meeting which  
12          we handed out to you. But there may be other  
13          strategies, too, if people can think of them  
14          that would help this process along to encourage  
15          people to register and so that we send the  
16          surveys out as early as we can and have as  
17          large a participation as possible to survey.  
18          So I think that should be also discussed. I  
19          think that's more important than some of the  
20          other items on the agenda. So if --

21          **DR. CLAPP:** I think we talked about this  
22          before, but the importance of a letter from the  
23          Commandant just to reiterate that here. That  
24          that's another way to increase participation in  
25          all of this.

1           **MR. ENSMINGER:** Well, that's what the Marine  
2           Corps says in their article here. Implementing  
3           solutions, says the Secretary of the Navy and  
4           the Commandant of the Marine Corps are  
5           committed to contacting as many former  
6           residents.

7           **MR. PARTAIN:** As far as the survey and  
8           participation the one thing that if you create  
9           a sense of urgency, then people are going to  
10          respond quicker. So in these letters going out  
11          that there's a, put the deadline, the survey  
12          will be sent out and the survey will be closed  
13          on X date, 2009. If your survey is not  
14          returned by that time, it will not be accounted  
15          for in the study. If you create the urgency  
16          and tie that in with that urgency from the  
17          Commandant, you've solved your problem.

18          **DR. BOVE:** Are there any other suggestions on,  
19          the Marine Corps's done a lot. Scott went  
20          through that earlier, but are there additional  
21          steps that we can take to make sure that we get  
22          the registrations early and the most people  
23          respond and register, including their  
24          dependents and so on? Are there other  
25          suggestions?

1           **MR. BYRON:** How about if they want to sell  
2           pharmaceuticals, they put out a commercial on  
3           TV.

4           **LT. COL. TENCATE:** I think Scott's handout, the  
5           last page, talks about --

6           **MR. BYRON:** Yeah, it does have that as far as  
7           radio and some TV, but like I said it's kind of  
8           like "White Christmas". You know, Bob Hope and  
9           Bing Crosby and he gets up there in front of  
10          all the troops and says we served with this  
11          guy, and we're going to have a party for him  
12          and want you to come to Vermont. Well, I need  
13          the Commandant to get up there and say, well,  
14          you know, we've got issues at Camp Lejeune.  
15          You need to respond quick. We need your help.

16          **LT. COL. TENCATE:** We got that.

17          **MR. BYRON:** But not from the Commandant.

18          **LT. COL. TENCATE:** The thing on the last page  
19          talks about we're going to do some market  
20          research to find the best ways to find and  
21          reach former residents. Scott alluded to it in  
22          his pie chart.

23          **MR. WILLIAMS:** Yeah, yeah.

24          **LT. COL. TENCATE:** We're going to do more of  
25          that so that, if we do another ad, we get the

1           most bang for the buck, and we're reaching the  
2           people we want to reach, not a whole lot of  
3           people who don't really care because they've  
4           never been in the Marine Corps or never been to  
5           Camp Lejeune.

6           **MR. BYRON:** Okay.

7           **MR. STALLARD:** I have a question. The people  
8           that we do reach who do care, are they  
9           encouraged to send it forward to their  
10          contacts, people that they still might know in  
11          that situation?

12          **LT. COL. TENCATE:** The letters say please  
13          register and tell anybody you know, your  
14          friends, anybody else, your neighbors.

15          **MR. STALLARD:** Okay.

16          **MR. PARTAIN:** Things like advertising in USA  
17          Today, I know you've been doing that, but  
18          you've got to get the markets and the media  
19          that's going to ^.

20          **LT. COL. TENCATE:** That's exactly what we're  
21          doing.

22          **MR. PARTAIN:** But the thing is, I mean, I'll  
23          give you an example, I'm speaking about myself  
24          again. I went through this whole thing and  
25          literally had a phone call from my dad on June

1           12<sup>th</sup>. He told me to go home and turn on the  
2           TV, and that's how I found out about Camp  
3           Lejeune, was the Congressional hearings. Now  
4           all the advertisements and 10,000 articles or  
5           whatever went before between 1985 and 2007, and  
6           me in Florida, I didn't hear anything. You're  
7           missing a large group here, and you need to  
8           find some type of mass media that's going to  
9           connect. And that's going to be through the  
10          nightly news at 6:30 on ABC, CBS, NBC. It's  
11          got to be on CNN, and it's got to be a  
12          statement from the Commandant.

13          **LT. COL. TENCATE:** Those kind of things have  
14          happened already in the past, and we still  
15          haven't --

16          **MR. PARTAIN:** You're not going to get  
17          everybody, but that's going to be a saturation  
18          point.

19          **MR. WILLIAMS:** Real quick, I didn't want to  
20          monopolize the time, but if you flip to that  
21          one-pager, what you're talking about is exactly  
22          what we're going to do. We're probably going  
23          to track as people call into the call center or  
24          register online how they heard about us to be  
25          able to see what the most effective way to



1 contact people are. We're also going  
2 proactively do this stakeholder analysis.

3 We're going to do stakeholder  
4 interviews, which is going to be persons from  
5 the '50s who worked or lived on the base,  
6 persons from the '60s who lived or worked on  
7 the base, persons from the '70s who lived or  
8 worked on the based, persons from the '80s.  
9 Get the idea? We're going to interview people  
10 who didn't retire in the area and lived on the  
11 base. People who did retire in the area and  
12 lived or worked on the base.

13 We're going to go to specific  
14 stakeholder groups, like the STAND or ^, get  
15 some input from those guys. Do some roundtable  
16 sessions and basically develop a list of  
17 questions so we can do a quantitative survey.  
18 And we're also going to query these folks and  
19 find out what their habits are. Maybe a lot of  
20 women read a certain magazine or what have you,  
21 and then we're going to figure out a way, we'll  
22 call our contractors what's the best way to get  
23 the message out and get the most people to  
24 register so you have maximum participation in  
25 the survey.

1           So what you're talking about is exactly  
2 what we're going to do. We're going to do it  
3 on the back end by tracking people who do  
4 register, and on the front end proactively by  
5 sampling the population. And we're using some  
6 people who have done this before. It's a  
7 proven method.

8           **LT. COL. TENCATE:** Who's that?

9           **MR. WILLIAMS:** We're using Booz-Allen-Hamilton,  
10 but they have a -- I can't remember the guy's  
11 name. You may know him. He does a lot of  
12 polls and poll questions for the Boston Globe  
13 and the ^. He's like nationally renowned. I  
14 can't think of his name right now. I  
15 apologize. But he'll be a third party that  
16 actually validates the questions to make sure  
17 they're not leading one way or another.

18           They'll be very fair questions. And  
19 then we'll get a true idea of what people's  
20 thoughts and concerns are and hopefully the  
21 best media outlet to use to contact. And as  
22 you say, USA Today looks like it wasn't very  
23 effective so far.

24           **MR. PARTAIN:** You can put something on YouTube.  
25 Everybody goes to that now and reads it.

1           **DR. BOVE:** I won't say everybody.

2           **MR. PARTAIN:** (off microphone) No, I posted the  
3 interview that they did with me in Tallahassee  
4 ^. And you look at ^ using the media as an  
5 example with Tallahassee, I was looking for the  
6 Marines in the area of Tallahassee who had been  
7 on the base. And before the interview there  
8 was a newspaper article and then the  
9 television. The newspaper article ran, and we  
10 found we got about nine families who were all  
11 at ^ and stuff. Well, the TV ad ran. It  
12 doubled and then some as far as the number of  
13 people in the Tallahassee area who had been at  
14 Lejeune, and we ended up with 19 families. And  
15 of the 19 families, 16 had cancer and the other  
16 three had some significant issues. But the  
17 media event or the TV, where everyone's at,  
18 that generated, you know, we had nine going  
19 into the TV story, and then after the TV story  
20 ran ^, and I'm not even counting, there was  
21 like three or four families who called from  
22 Georgia who happened to see the TV ^ that ran  
23 and happened ^.

24           **MR. WILLIAMS:** I'm not one of the health  
25 scientists here, but part of the problem is we

1 not only have to motivate and identify the  
2 people who have come out of the military, we  
3 have to motivate and identify the people who  
4 don't so we get maximum participation. So it  
5 may be harder to motivate those guys. But I  
6 mean, that's ^.

7 One last thing I was going to point out,  
8 the pie chart I showed you earlier is probably  
9 skewed a little bit in that we couldn't collect  
10 this information for people who have registered  
11 online. And I would think that people who  
12 clicked on the USA Today online and saw the ad  
13 probably would have been the people who clicked  
14 on the website and registered that way. If  
15 you're more web savvy, you probably registered  
16 that way. And up until last week we didn't  
17 have the ability to track how they heard about  
18 the issue on the website. So USA Today and it  
19 may not have been as, it may not have been ^.  
20 That's it.

21 **MS. RUCKART:** One thing I wanted to mention,  
22 there's some numbers here on the timeline.  
23 These are just pretty good estimates, and  
24 they're also on our budget summary, but I want  
25 to mention that these numbers are just for our

1 contractual costs.

2 They don't include FTEs and persons, in-  
3 house persons' staff time. So it will be a  
4 little bit more when we factor that in. And  
5 then we handed out the estimated budget summary  
6 for includes this fiscal year and the next two.  
7 On here though, on the timeline there are  
8 numbers. And when it says health survey, it  
9 has that three million number. I just wanted  
10 to point out that number does not include the  
11 in-house staff time of Frank and myself and  
12 others that work on the project.

13 Now, Frank was mentioning that on the  
14 one-page budget summary sheet, that is  
15 accounted for in the management and oversight  
16 category. So I just wanted to point that out.  
17 When you are looking at the total for the  
18 health survey, there are some additional costs  
19 that aren't factored in. You look confused.

20 **MS. BRIDGES:** No, I'm surprised.

21 **MS. RUCKART:** Oh, surprised? Okay, she's  
22 surprised. By the look on your face I wasn't  
23 sure.

24 **DR. BOVE:** This is actually closer to what we  
25 need.

1           **MS. BRIDGES:** Unbelievable.

2           **DR. BOVE:** We think we need this. I just want  
3 to point out this is subject to draft written  
4 on it meaning that these numbers certainly can  
5 change, but these are the cost figures it would  
6 take to do these kinds of studies. These kinds  
7 of studies are not inexpensive. Let's put it  
8 that way. And they also take time as the  
9 timeline shows. So keep that in mind.

10          **MS. RUCKART:** So we can talk more in depth  
11 about the timeline and the questionnaire if  
12 anyone has any specific things they want to  
13 bring up or just questions about what we  
14 presented.

15          **DR. BOVE:** And there's also, as I said, there's  
16 this draft summary of the June 18<sup>th</sup> meeting  
17 which we also handed out if you have any  
18 questions about that. This was a meeting that  
19 we participated in with the Marine Corps  
20 representatives and Navy representatives to  
21 discuss the health survey primarily, but we  
22 also talked a little bit about some of the  
23 other studies, mostly on the health survey.

24                   And let me just briefly go over what was  
25 discussed at this meeting so you have a sense

1 of we started off by trying to get a sense of  
2 what the congressional language was, which is  
3 vague. This was not written by  
4 epidemiologists. And there are things in there  
5 that could be --go all kinds of different  
6 directions. And, in fact, the meeting started  
7 off by going in all kinds of different  
8 directions because of that.

9 But I think we realized at some point  
10 that the survey was going to be a scientific  
11 survey, that it was going to try to do the best  
12 science we can with the survey, and that it was  
13 going to be based on a literature review which  
14 is in the feasibility assessment and also in  
15 the protocol for the survey, draft protocol, so  
16 it's in the same lit review in both places in  
17 terms of what we know from the occupational  
18 mostly, occupational literature about the  
19 effects of these solvents.

20 And so that's how the survey was going  
21 to be geared. We talked about the NAS panel  
22 and how that could work in terms of reviewing  
23 protocols for this survey as well as for the  
24 future studies and the feasibility assessment.  
25 And from what we've heard so far from the NAS

1 panel, it appears that they want to certainly  
2 review the feasibility assessment and the  
3 question is whether using them to also review  
4 the other study protocols would be useful or  
5 not.

6 And there's some pros and cons to that.  
7 The pros are that it's always good to get their  
8 input and their approval of what we're doing.  
9 The cons are the timeliness of it and will it  
10 hold up the survey. So we're not sure yet how  
11 we want to use the NAS panel for these other  
12 study protocols, but they do have the  
13 feasibility assessment, and they are at least  
14 planning to review that. So at this point  
15 we're not sure about the other protocols.

16 We do go through a peer review process,  
17 an outside peer review process, for each of the  
18 protocols. And in that process I'm going to  
19 try to make sure that we get the best  
20 epidemiologists as peer reviewers. Sometimes  
21 we haven't been able to get good peer reviewers  
22 for our products at ATSDR, and it's a problem.  
23 But I'm going to try to make sure that the  
24 people reviewing these protocols are people  
25 with a lot of experience in doing these kinds



1 of studies.

2 The kind of people who met back in  
3 March, we pulled together epidemiologists, and  
4 Dick was there and so was Chris Rennix, to  
5 discuss these studies. We want that kind of  
6 caliber of expertise in reviewing our protocol.  
7 So we don't have to use the NRC panel  
8 necessarily. It might be useful; it might not.  
9 As I said, there are pros and cons.

10 Now we also talked about the 1999 to  
11 2002 survey. That data is ready. We just have  
12 to prepare a letter that we can clear the  
13 agency that would go along with the letter to  
14 these survey participants that explains how we  
15 got their name, why did they participate in our  
16 survey, and now they're being notified about  
17 registrations.

18 **MS. RUCKART:** The letter is prepared though.

19 **DR. BOVE:** Yeah, the letter's prepared. But  
20 through the clearance process we always want to  
21 tweak it this way and that way, so we prepare  
22 the draft and we'll hopefully finalize it by  
23 the end of this month. So those letters can go  
24 out to the 12,500-and-some people on the  
25 survey.

1           See if there's anything else. Another  
2           issue that was discussed and was another  
3           comparison group from outside of Lejeune, the  
4           protocols and the health feasibility assessment  
5           mentions Pendleton. But that doesn't mean  
6           we're fixed on Pendleton. We asked the Marine  
7           Corps if Pendleton isn't appropriate to come up  
8           with another base where we can get 50,000 or so  
9           people who are very similar in all respects or  
10          in most respects to the Camp Lejeune population  
11          with one difference. They didn't drink  
12          contaminated drinking water.

13                 And so whether it's Pendleton, there's  
14          some discussion that Pendleton's west coast and  
15          the west coast Marines may be different from  
16          the east coast Marines. I don't know. I'm  
17          willing to entertain any base where we're sure  
18          that the drinking water wasn't contaminated and  
19          the Marines are similar to --

20          **MR. ENSMINGER:** Well, I know that back in the  
21          day, back when all this was taking place,  
22          people that were at Pendleton hardly ever got  
23          aboard ship. The east coast people were  
24          deploying all the time. We even had Caribbean  
25          cruises back then and ^ . So the people at

1 Pendleton didn't ever see --

2 **DR. BOVE:** During the '75-'85 period, too, that  
3 was the case?

4 **MR. ENSMINGER:** Yeah, yeah. And then you got  
5 to be watching, watch out for crossovers, too.  
6 People that were at Pendleton but had  
7 previously been at Lejeune, which there  
8 shouldn't be that many.

9 **DR. BOVE:** Well, we would deal with that by  
10 saying that we have to know their entire  
11 history. So we would say that since the DMDC  
12 data doesn't give you any information before  
13 '75, they'd have to have started at '75.  
14 That's our stipulation in the mortality study,  
15 too. They have to start in '75 so we can then  
16 figure out where they went after that. So the  
17 stipulation would be never have been stationed  
18 at Camp Lejeune, but it may not be Pendleton.

19 Yeah, Tom?

20 **MR. TOWNSEND (by Telephone):** I'm an individual  
21 that was at Pendleton. Lejeune, it was '65,  
22 and I went out to Pendleton after Lejeune. How  
23 are you going to find these people?

24 **DR. BOVE:** Well, maybe we should talk about  
25 that because that's part of the discussion

1           about the survey and the future studies. And  
2           this is a little complicated. So I'll try to  
3           go through it and then if there are any  
4           questions, we can go through it again.  
5           The survey population is a much broader group.  
6           It consists of people who will be in the  
7           mortality study. That's the DMDC database of  
8           210,000 or 222 Marines, 8,000 civilians.  
9           Actually, some of those people won't be in the  
10          mortality study. I'll get to that in a second,  
11          but it includes all those people, plus people  
12          who've registered for some other reason, that  
13          they heard through the media or they're  
14          dependents and they hear about it or something,  
15          and people in our 1999-2002 survey.

16                 There's some overlap in all of these.  
17          That huge group there gets a survey. The  
18          sooner they register the better so that most of  
19          them get the survey and participate in the  
20          study. But that's the health survey  
21          population.

22                 For the other studies we have to limit  
23          it because it's not based on any interviews if  
24          it's not based on any information other than  
25          what's available from the DMDC database. The

1 DMDC database only has information on where you  
2 were stationed from '75 on for active duty and  
3 '74 to -- '74 I think it is, on, for civilians.

4 So the mortality study and the cancer  
5 incidence data linkage study will have to be  
6 limited to those people where we can actually  
7 figure out where they were at all times,  
8 whether they went to Lejeune, other bases or  
9 whether we use Pendleton but any people came to  
10 Camp Lejeune. We have that information in the  
11 DMDC. So that's the populations in a nutshell.  
12 We're going to discuss it more, but how we're  
13 going to reach these people, Tom, is outreach  
14 for the most part.

15 Anyone who's not in that DMDC database,  
16 and the DMDC database is only people who were  
17 active duty from '75 on. They could have  
18 started before that, but that's all we have  
19 computerized. So anybody like yourself who  
20 served before that the only way we're going to  
21 be getting those people is through outreach,  
22 outreach, media work, whatever we can do to get  
23 the word out.

24 **MR. PARTAIN:** On the subject of Pendleton I  
25 believe that there's a public health assessment

1 for Camp Pendleton, and --

2 **DR. BOVE:** A draft, I think.

3 **MR. PARTAIN:** A draft, and that there was  
4 trichloroethylene present at the base as well,  
5 but I don't remember the details. How would  
6 that affect --

7 **DR. BOVE:** My understanding is the drinking  
8 water's pretty clean there. So that's why I  
9 was thinking of Pendleton, but there are other  
10 issues besides that. If the population's not,  
11 if there's a more similar population, for  
12 example, a base in North Carolina or a base  
13 somewhere in the south, a base in the mid-  
14 Atlantic that also has, is free of drinking  
15 water contamination, that might be a better  
16 comparison.

17 So I'm open. I just, Camp Pendleton's a  
18 placeholder in there. We need a base. This is  
19 coming out of the meeting we had with the  
20 epidemiologists. We need a base where there is  
21 no exposure to drinking water contamination.  
22 Because of the cloudy nature, who's exposed and  
23 who isn't or whether anybody has been exposed  
24 at Camp Lejeune, there's still some question in  
25 people's minds, many people's minds.

1           And it would be good to have a clean,  
2           unexposed group as well. That's not the U.S.  
3           population because the U.S. population is not  
4           similar to Camp Lejeune. We need former  
5           Marines to compare them to. So there may be  
6           other things that went on at the meeting, but  
7           there was pretty much agreement of the approach  
8           of the protocol.

9           Which, when we do a survey, when you do  
10          survey research, the key to increasing  
11          participation besides having someone that you  
12          respect or an entity that someone respects  
13          asking for their participation, besides that  
14          are incentives, monetary incentives sometimes  
15          will be used. The most important thing is  
16          contact over and over again with the potential  
17          participants to get them to respond.

18          So what we talked about in the protocols  
19          comes right out of the textbook on survey  
20          research. It's not a new approach at all. You  
21          send a letter out first to tell people a  
22          survey's coming about two weeks before the  
23          survey's coming. And then you send the survey  
24          out. You could also use e-mail and have the  
25          survey up on the web. We might do that, too.

1           After two or four weeks we send another  
2 letter out thanking them for sending in the  
3 survey if they did and encouraging them to send  
4 it in if they haven't. And then another two-  
5 to-four weeks --

6           Go ahead.

7           **MS. RUCKART:** As Frank was mentioning we have  
8 this pre-notice letter to let people know that  
9 something is coming that's just sort of brief.  
10 And then about one-to-two weeks later they'll  
11 get the full invitation letter with a copy of  
12 the survey that will provide some more details.

13           And as Frank was saying, they'll also  
14 get an e-mail if we have their e-mail address  
15 just to have as much contact with everyone as  
16 possible. Then about two weeks later everyone  
17 will get a reminder-slash-thank you postcard.  
18 So if you already turned it in, it's a thank  
19 you. If you haven't, it's a reminder, please  
20 do this. And for those with e-mail addresses  
21 they'll also be getting the reminder-slash-  
22 thank you e-mail.

23           Then about two weeks after that we'll  
24 send a second letter with a hard copy survey in  
25 case they misplaced the first one, but only to



1 those who've not responded at that time, as  
2 well as an e-mail indicating that they haven't  
3 responded and directing them to the internet  
4 address for completing the survey.

5 And then about a week or two after that  
6 for those people who still have not responded,  
7 we're going to start telephone reminders. So  
8 actually having people call them and letting  
9 them know, hey, we really would like you to  
10 participate. And at that point there'd be a  
11 chance to get any questions answered and things  
12 like that.

13 But this whole process we envision to  
14 taking about two-to-three months. So from the  
15 start date event that we send them the survey,  
16 this whole process will take two-to-three  
17 months. And the reason it's two-to-three  
18 months is because if they haven't responded, we  
19 get to the point of needing to do a telephone  
20 reminder, that's a little bit variable because  
21 you could call and not reach a person. Then  
22 you can call again, and then do not reach them.  
23 And then you call again a few days later.  
24 That's why it's two-to-three months.

25 But if you get the survey, you fill it

1 out and mail back or go on-line, it could be a  
2 few days. So it's really up through a three-  
3 month process.

4 **DR. BOVE:** From the time you send the letter  
5 right before you send the survey to the time we  
6 stop trying to contact people is probably a  
7 three-month window of time.

8 **MS. RUCKART:** And we've allowed about six  
9 months for this process. If you look at our  
10 timeline, we're going to start sending out  
11 surveys to the large group in April, and we  
12 have tentatively set the end date of September.

13 So that's more than the two or three  
14 months we're talking about, but we're allowing  
15 for having some incorrect addresses needing to  
16 do some more tracing. So they're not actually  
17 going to get it in April. They may not get it  
18 until June, and then they still have those  
19 three months for our whole follow-up process,  
20 and we'd end in September.

21 But as Frank was mentioning before, all  
22 of this is very contingent upon having very  
23 complete notification efforts and registration  
24 efforts. So if, during this process, we see  
25 the registrations are still coming in pretty

1 heavy in high numbers, this process could be  
2 extended beyond September.

3 That's why we're very hopeful though  
4 because we're starting now, the six months  
5 plus, prior to when we want to send the survey  
6 out that we would have a very good effort  
7 completed by the time we send the first survey.  
8 And we could actually do this in the six months  
9 that we've allotted for this process.

10 **DR. BOVE:** So maybe we should go through the  
11 survey.

12 **MS. RUCKART:** Do you want to go through it or  
13 ^?

14 **DR. BOVE:** Maybe we should just, you know, go  
15 through it.

16 **MS. RUCKART:** Well, first of all let me just  
17 say that the one that we e-mailed to you a few  
18 weeks back has gotten tweaked a bit. So the  
19 one I handed out today is our most current  
20 version, and it's only gotten tweaked by about  
21 one or two questions which I can explain to you  
22 and highlight where that is.

23 And the one I handed out today, this is  
24 the most current one as I said. Now, recognize  
25 that it is subject to change slightly, not

1 really in the content, but just some changes  
2 that may come up because this has to undergo,  
3 first of all, we're going to be getting  
4 comments from DOD. Second of all, we'll be  
5 getting our peer reviewers' comments ^ NAS or  
6 just separate peer review. We also will be  
7 getting comments from OMB, the group that  
8 reviews any surveys that contact more than nine  
9 people, and also our internal IRB,  
10 Institutional Review Board, when you contact  
11 live participants. So it is subject to change  
12 slightly. Hopefully, they won't have anything  
13 substantial.

14 So the first page just gets the contact  
15 information. Information that we would need to  
16 be able to link up with any health records  
17 basically, and also for just contacting people  
18 in the future should that be necessary.

19 **MS. BRIDGES:** You said health record. What do  
20 you mean?

21 **MS. RUCKART:** So if, later on you'll see that  
22 we're asking questions about your health,  
23 certain diseases that you may have had. And we  
24 need to verify that you have them. So if you  
25 report that you had breast cancer let's say, we

1 would like to get some kind of medical  
2 confirmation that you have that.

3 So we're asking you to provide us with  
4 the hospital where you were treated, a doctor  
5 who treated you, and then we're going to be  
6 giving you with the survey a medical release  
7 form. When you sign that, that will give us  
8 the authority to contact that doctor or that  
9 hospital and ask them to share your health  
10 records with us. We can't get those health  
11 records without you signing that medical  
12 release authorizing us to have those records.

13 So then hopefully you would sign the  
14 release. You would indicate to us, yes, I have  
15 breast cancer. I was treated at whatever  
16 hospital, and then we would contact them and  
17 get some proof that, yes, you were treated for  
18 this and then we would count it as a verified  
19 case.

20 **MS. BRIDGES:** Okay, there's a woman that was,  
21 well, her and her family, stationed at Camp  
22 Pendleton, and then they moved to Lejeune. He  
23 was transferred to Lejeune. He has since died.  
24 She married again, divorced, two children, and  
25 she's got a problem with her son, the one that

1 had the first trimester there at Lejeune.  
2 She's had a lot of problems with him. So I  
3 asked her to try and get his records. The  
4 doctor's no longer practicing. They can't find  
5 the records. Is the state required to keep  
6 those records?

7 **MS. RUCKART:** Well, first of all --

8 **MS. BRIDGES:** This is like from the middle '70s  
9 and we're talking about the old hospital at  
10 Camp Lejeune again. But her own personal  
11 records with her private physician when they  
12 left Lejeune, those would be in the middle of  
13 the 1970s.

14 **MS. RUCKART:** Well, you'll see as we go through  
15 the survey, there's certain conditions where we  
16 are going to be asking for medical records, and  
17 certain ones where they just won't exist. So  
18 at that point you'll see they won't be able to  
19 be verified, and we'll just be running  
20 frequency. But let's get into it, and I think  
21 it'll be more easy for you to understand.

22 The first page there's some demographic  
23 information, contact information, identifying  
24 information about the subject. Again, that  
25 continues on page one. You're asked about

1 race, ethnicity, and your educational --

2 **MR. ENSMINGER:** I've got a question for you on  
3 that race. Why are you singling out Hispanic?

4 **MS. RUCKART:** Why haven't we singled out  
5 Hispanic?

6 **MR. ENSMINGER:** Why are you?

7 **MS. RUCKART:** That's for the ethnicity  
8 question, number two?

9 **MR. ENSMINGER:** Yes.

10 **MS. RUCKART:** It's just I think a standard way  
11 that --

12 **DR. BOVE:** It is the standard way, yeah.

13 **MS. RUCKART:** -- we analyze people in terms of  
14 their race.

15 **MR. ENSMINGER:** Why not include it in question  
16 one?

17 **MS. RUCKART:** Because it's not a race.

18 **MR. ENSMINGER:** Hispanics?

19 **MS. RUCKART:** It's not a race because you could  
20 be a Caucasian Hispanic. You can be a black  
21 Hispanic. It's not a race. It's just the way  
22 they classify, a standard type of thing.

23 **DR. BOVE:** It's not satisfactory whatsoever. I  
24 agree with you on that, but this is ^.

25 **MS. RUCKART:** Anyway, here's where there was a

1 change from the previous version that we e-  
2 mailed to you a little while ago, number four.  
3 So we want to find out where you were living  
4 when you were active duty. Previously we were  
5 thinking of possibly getting your addresses  
6 from when you were at Camp Lejeune forward to  
7 times present. But as we can get into it or  
8 that won't really be necessary in terms of  
9 linking you for health records.

10 So if you were not active duty at Camp  
11 Lejeune, you don't have to answer this question  
12 about where you lived. But if you were an  
13 active duty Marine or Navy personnel at Camp  
14 Lejeune, we want to know some information so we  
15 can assign you to a housing area, whether or  
16 not the barracks or family housing and then  
17 assign you your exposure status based on water  
18 modeling. So you would answer that question.

19 Then number five would be answered by  
20 people who were not active duty at Camp  
21 Lejeune. That would be Camp Pendleton or  
22 comparison population, the dependents and the  
23 spouses and the civilian employees. So for  
24 number five if you're the spouse or the  
25 dependent, we want you to give us the name of



1           your sponsor so that we can then link you back  
2           to your sponsor's family housing records and  
3           assign you an exposure in the same way. And  
4           then you would also fill out where you lived,  
5           but we still want to know who your sponsor is  
6           so we can get quote/unquote proof from our  
7           housing records. But, of course, if you were a  
8           civilian worker, we'll have your location code  
9           from the DMDC, and we'll know where you were  
10          stationed on base.

11         **DR. BOVE:** No, we will know --

12         **MS. RUCKART:** I'm sorry, not where you were  
13         stationed, where you were working. Where your  
14         unit was located on base.

15         **MR. ENSMINGER:** MOS.

16         **DR. BOVE:** Yeah, your MOS, and from that we'll  
17         have to figure out where you were on base.  
18         There's no data where you were on base.

19         **MS. RUCKART:** And then obviously for Camp  
20         Pendleton we don't need to know where they  
21         lived at Camp Pendleton, ^, it's the unexposed  
22         group.

23                 So getting into medical history, we are  
24                 going to be asking about diseases, medical  
25                 conditions and illnesses that they had when

1           they were first stationed, employed or living  
2           at Camp Lejeune or the comparison population.  
3           And anything that happened before you were on  
4           the base can't really be associated with the  
5           base because it happened before you were  
6           potentially exposed to the water.

7                        So since you were first stationed,  
8           living or employed there we want to know if you  
9           had any kind of cancer. If you did, you select  
10          from this list.

11       **MR. PARTAIN:** If you can't select one, what  
12       happens if, say I've got a brain cancer --

13       **MS. RUCKART:** There's a place to indicate more  
14       than one, but you have to start somewhere, so  
15       we're starting with your first one. And then  
16       we want to get some specific information from  
17       you so that we could link you up with some  
18       records and identify, I'm sorry, confirm your  
19       reported cancer. So we want to know how old  
20       you were. So that will tell us basically the  
21       year because we'll have your birth date. We'll  
22       be able to identify what year. We need that  
23       when we're asking for records. That helps. We  
24       want to know if it's a primary cancer.

25                        The state you were living in. The

1 reason we need to know that and the year you  
2 were diagnosed is because depending on what  
3 year it was, we could go back to cancer  
4 registries and get information. Cancer  
5 registries have started at different times in  
6 different states, so whether we can do that or  
7 not depends on the state you lived in when you  
8 were diagnosed, but that's a possibility.

9 And then we also want to know the doctor  
10 and the hospital involved in your treatment.  
11 Because if there is no cancer registry in the  
12 state at the time that you were diagnosed,  
13 that's another avenue. We can try to get some  
14 medical records from the provider or the  
15 hospital.

16 So, Sandra, that's why we need that  
17 information, your social security number, date  
18 of birth, things like that.

19 There's a place to indicate the second  
20 cancer you had, and god forbid, more than that.  
21 And then with question seven we're asking about  
22 kidney disease, and basically the same types of  
23 things in terms of locating information for  
24 that, the doctor and the provider that treated  
25 you so we can try to get some medical records.

1           The same thing for liver disease and  
2 lupus and scleroderma, and I just want to point  
3 out the reason that we're mentioning some of  
4 these diseases by name is because the  
5 literature suggests that there's a reason to  
6 believe that these are associated with the  
7 chemicals we're finding. So we're focusing on  
8 the ones where it's expected that these  
9 diseases are related to the solvents at Camp  
10 Lejeune.

11       **DR. BOVE:** Yeah, the lit review is in the  
12 protocol for this and in the feasibility  
13 assessment. So it's pretty much the same lit  
14 review.

15       **MS. RUCKART:** Again, other diseases that we're  
16 going to be asking about, Parkinson's disease  
17 and, okay, here's where it gets kind of  
18 different, where we can't actually, well, the  
19 skin rash so we're trying to make sure that we  
20 can find out about skin rashes that were  
21 associated with TCE. Because it's not as cut  
22 and dry with skin rash as let's say cancer,  
23 trying to get some information on verifying  
24 that you had cancer and Parkinson's disease or  
25 something like that. So we're trying to ask

1           some specific questions that will kind of  
2           separate out non-TCE-related skin rashes and  
3           TCE-related skin rashes.

4           **DR. BOVE:** And actually, I think it was the TCE  
5           blog where they listed the skin disorders that  
6           -- it's also in scientific literature -- that  
7           TCE blog I think had this description of four  
8           skin disorders in particular that ^ appearing  
9           in the occupational literature. ^ as possibly  
10          associated with trichloroethylene exposure. So  
11          they actually can go to the TCE blog and see  
12          the four. One is called exfoliated ^  
13          dermatitis, erythema multiforme -- I don't know  
14          if I'm pronouncing these right -- Stevens  
15          Johnson syndrome and ^. But there were four of  
16          them. A lot of them involve not only the skin  
17          but other organs and usually the liver is  
18          involved. And there's so much of what happens  
19          when you get the drug-induced hypersensitivity  
20          reaction. They're similar to that, but they're  
21          not the same. But so you go to the TCE -- I  
22          think that's where I saw this, or you go to the  
23          scientific literature. But these are the four  
24          skin disorders. So it's not just any skin  
25          disorder. It's these particular ones that

1 we're really interested in. But since a person  
2 may not know or they may be called by another  
3 name, we want to get the information on the  
4 rash --

5 **MR. BYRON:** Or they may not be able to spell  
6 it.

7 **MS. RUCKART:** But as Frank was saying, people  
8 might not know the names so that's why we're  
9 asking about the symptoms. And these symptoms  
10 kind of link up with those specific diseases.  
11 And so if you tell us the symptoms and then we  
12 go and get some health records, we'll hopefully  
13 be able to know it's one of those or something  
14 else. So we're also asking about aplastic  
15 anemia and some locating information in terms  
16 of treatment and diagnosis for that condition.

17 And then we have on question 14 which is  
18 a space for people to report any other health  
19 concerns that are not covered by these  
20 questions above. Now the questions six through  
21 13 detail some very specific conditions. We're  
22 asking some very detailed information so that  
23 we can link back with your medical records.  
24 And as we mentioned, those were based on the  
25 literature suggesting that there is an

1           association in occupational populations with  
2           the solvents at Camp Lejeune.

3                       Now, because there may be other  
4           conditions that are being experienced by people  
5           ^ at Camp Lejeune, we want you to report those,  
6           but it's just not necessarily or not probably  
7           very likely that we'll be able to get medical  
8           records for those. But we still want to know  
9           about them, and that's why we have question 14.  
10          I will tell you though we are asking the  
11          question 15 about some reproductive problems.  
12          But that's ^ separately because only the women  
13          would answer that.

14          **MR. PARTAIN:** Reproductive issues, I am, and I  
15          know we are hearing a lot of reproductive  
16          problems coming from both men and women. In  
17          men, and there's some EPA literature back in  
18          the '80s talking about TCE affecting the  
19          epididymis and epididymitis showing up. And  
20          I've talked to quite a few people including  
21          myself who have that issue. And also with  
22          women endometriosis and cysts on the ovaries.  
23          And there's quite a few people with that.  
24          Shouldn't that be something we break out  
25          separately, too?

1           **MS. RUCKART:** Well, one reason why we're only  
2 asking the reproductive history of women only  
3 and not men is because we don't want to double  
4 count. Let's say you and your wife both report  
5 there's a spontaneous abortion, which is a  
6 fancy word for miscarriage, we don't want to  
7 double count it so if we ask the women...

8           **MR. PARTAIN:** I'm talking about reproductive  
9 disorders that are specific to men and women,  
10 not child or an abortion, but a reproductive  
11 disorder in men and reproductive disorders in  
12 women that are showing up in association with  
13 these chemicals. Endometriosis of men -- I'm  
14 sorry. Endometriosis of women and ovarian  
15 cysts. We're getting all kinds of people  
16 describing it.

17                         It's almost we hear getting together  
18 with women on the base and in their 30s they  
19 end up with a radical hysterectomy and cysts on  
20 their ovaries. And then with men we're  
21 hearing, I can include myself, epididymitis or  
22 the tubing above the testicle becomes swollen  
23 and infected and --

24           **MS. RUCKART:** Well, I'll take a stab at what I  
25 think and then Frank ^. I would say that it



1           wasn't seen in the literature, so we're not  
2           specifically targeting it. But if we see a lot  
3           of people reporting this in question 14 here,  
4           we can certainly, everyone's signing a medical  
5           release form, we can certainly see what we get  
6           in question 14 and pursue that at that point.

7                     It's not totally off the table, but  
8           we're just focusing mainly on these other  
9           conditions. But we're still allowing for  
10          reports of anything that people want to tell us  
11          about.

12          **MR. PARTAIN:** But that's something we're  
13          telling you now as a community. We're seeing  
14          it. And get it on the survey, and people may  
15          not make that association when they're filling  
16          it out. To be honest with you I didn't even  
17          remember about the epididymitis on my part  
18          until I started talking to people.

19                     I found a guy in Hawaii who lost a  
20          testicle to it, and there's a gentleman in  
21          Tallahassee who was born at the base, and he's  
22          had bouts with it all through his life. Oh,  
23          yeah, I had that, too. At 13 I had to go to  
24          the doctor and I ended up having a cyst. I  
25          mean, it is something that shows up, and it's

1 in the EPA literature ^ COW document discuss  
2 the chemical showing up in the vas deferentia.  
3 **DR. BOVE:** Well, again, this is based on a lit  
4 review on the human data. We can expand that  
5 lit review. Look at other animal data to see  
6 if that tells us something different. I didn't  
7 have time to do a full review of the animal  
8 literature. This wasn't a tox profile. The  
9 EPA actually has a draft PCE assessment which  
10 looks at all the literature, both animal and  
11 human, and there's a committee, NAS panel,  
12 looking at that. Either it's constituted or  
13 will be constituted soon through a deal with  
14 the EPA.

15 The evidence beyond spontaneous abortion  
16 for PCE and male reproductive effects is not as  
17 strong on the human data. And so it is  
18 mentioned in the lit review we did, but there's  
19 very little evidence at this point. So that's  
20 why it didn't make it on here. I'm willing to  
21 review other materials. If people want to send  
22 them out, I'll do another look and see on this  
23 and see if it warrants it.

24 There are other conditions that people  
25 have told us about as well. We've been told

1 about a whole plethora of diseases. We can't  
2 do that. It sort of has to focus. But we did  
3 want to put a catchall question in here so  
4 people could put these kinds of disorders that  
5 haven't been looked at probably, and that's why  
6 we don't know whether they're related to PCE or  
7 TCE or not.

8 Remember though, almost all the  
9 literature for occupational exposures, and  
10 that's not quite the same as a drinking water  
11 exposure, there are similarities; there are  
12 differences. So keep that in mind when we're  
13 reviewing this. And also, animal data can tell  
14 us some things useful. And again, send me the  
15 material. I also will be looking at your  
16 concern about this particular ^.

17 But we do know from the occupational  
18 literature, we have seen in the occupational  
19 literature that spontaneous abortion has come  
20 up in studies applied to the workers. And so  
21 we wanted to make sure we captured that because  
22 there are studies out there that indicated that  
23 it may be associated with dry cleaning and PCE  
24 exposure.

25 And the way to deal with that question,

1 because it's difficult to confirm spontaneous  
2 abortion with medical records, is to ask two  
3 additional questions. And one was did you have  
4 a positive pregnancy test before the  
5 miscarriage. And was the miscarriage confirmed  
6 by a physician.

7 When you ask those two questions along  
8 with the question of whether you had a  
9 miscarriage or a stillbirth, it appears that  
10 you get a better, more valid answer from them.  
11 So it was suggested in the literature, and we  
12 included those two questions. So that's there.  
13 The other questions sort of follow along with  
14 the reproductive history so we included those,  
15 too.

16 If there are other, not only this issue  
17 about male-female reproductive ^ on here, but  
18 if there are other diseases that people feel  
19 that were not being covered by this survey, it  
20 should be because there's some evidence, either  
21 animal or human evidence, that there's an  
22 association with TCE or PCE or any of the  
23 solvents for that matter, bring it to our  
24 attention if you find. We want to look at it,  
25 too. And that includes the audience, too. If

1           you come across literature that we aren't aware  
2           of, it's not mentioned in the lit review,  
3           again, the lit review is just on the human  
4           data.

5                        I looked over the EPA's document and  
6           what we say and what they say about the human  
7           data is pretty darn close, and the same study's  
8           mentioned. So we've covered that pretty well.  
9           But I don't cover, we didn't cover, animal  
10          data. We just don't have the time to do that.  
11          That requires a toxicologist, and I'm not a  
12          toxicologist and neither is Perri. And we need  
13          a toxicologist to do that.

14                       That would be something that our agency  
15          would give us a tox profile, and we haven't  
16          updated the PCE or the TCE tox profile. I wish  
17          we would, but we haven't. We do have the NAS  
18          panel's TCE report, and we did use that as  
19          well. So there's that out there, and it's too  
20          bad there isn't an equivalent report like that  
21          for PCE. That will be coming but not before  
22          this survey goes out I'm pretty sure. So most  
23          likely it will be out after.

24                       **MR. ENSMINGER:** Is this going to be a two-year  
25          panel, too?

1           **DR. BOVE:** I don't know. I don't know much  
2 about the panel. All I know is a few of the  
3 people who might be on it, and I don't think  
4 they've met yet as far as I know. And I have  
5 seen parts of this PCE assessment. I have the  
6 whole assessment, but I've only had time to  
7 look at the human data, and I focused on that  
8 because that's what I was ^.

9           **MR. ENSMINGER:** Well, they're going to extend  
10 this one beyond Bush's reign so when they do  
11 make a recommendation somebody will do  
12 something about it.

13           **DR. BOVE:** Right, I think it takes awhile for  
14 them to do the review. It would take us awhile  
15 to do, run through a tox profile, too. It's  
16 something we contract out, and it takes awhile  
17 to do. We wanted to get something out there  
18 quickly that would summarize what we know at  
19 least for the human data.

20                       Again, if there's something in the  
21 survey you feel is not there, should be there,  
22 and you know there's some evidence or some  
23 suggestive evidence or whatever, bring it to  
24 our attention, and we'll continue to do that.

25           **MR. PARTAIN:** Another thing we hear a lot about

1 is thyroid, hypothyroidism, hyperthyroidism, of  
2 course, thyroid cancer which I saw on the site  
3 yesterday.

4 **MS. RUCKART:** One thing I want to mention is,  
5 we talked about this a bit at our previous  
6 meetings, is strong science, credible science.  
7 So the study will be more highly regarded and  
8 have a lot more weight if we are focusing on  
9 conditions that can be verified. So we have to  
10 keep that in mind.

11 There's a lot of things that people can  
12 report, and while they may be happening,  
13 they're just for various reasons there aren't  
14 going to be any kind of record. So we can, of  
15 course, report on them just in a general type  
16 of way, like a frequency. Oh, you know, some  
17 of these people reported this or that.

18 But the study is going to be strongest  
19 with those conditions that can be verified.  
20 And I think that's what everyone wants to see,  
21 a very strong study so those conditions will be  
22 handled a little bit differently than ones  
23 where there just are not records. We can  
24 still, of course, do as much as we can, but  
25 there's only so much we can do with those.

1           **MR. PARTAIN:** But both of those like the  
2           reproductive issues, there's medical records  
3           out there because they're conditions that have  
4           to be treated, and with the endometriosis a lot  
5           of women end up having hysterectomies. I mean,  
6           if it's there, and it's showing up, and there  
7           are data coming in on it, I just want to make  
8           sure that's captured.

9           **MS. RUCKART:** I guess I wasn't only talking  
10          about a particular disease. But I mean, just  
11          in general people are reporting diseases, even  
12          cancers. If we can't verify it, then we can  
13          report on one list we got X many people say  
14          they have whatever. But the analysis is really  
15          going to have to focus on the verifiable ones.  
16          The verified ones I should say because that  
17          will make the study strongest, and everybody's  
18          looking at the study with a very critical eye,  
19          and we need to make it like foolproof  
20          basically.

21          **MR. BYRON:** So is when -- this is Jeff Byron.  
22          Is the Marines and their dependent family  
23          members in that answer to this questionnaire,  
24          are you wanting them to provide medical records  
25          then at the same time because that can get --



1           **MS. RUCKART:** If you have them --

2           **MR. BYRON:** -- ^ for you guys as far as that.

3           **MS. RUCKART:** If you have them, then by all  
4 means, yes, send them in.

5           **MR. BYRON:** And if there's 500 pages and two  
6 pages out of there can explain --

7           **MR. ENSMINGER:** All you need is the page where  
8 you're diagnosed.

9           **MR. BYRON:** I just want to clarify.

10          **MS. RUCKART:** We wouldn't need all the records,  
11 just the page that says, yes, I treated so-and-  
12 so, and this date you were diagnosed with  
13 whatever it is, yes, that would be sufficient  
14 for our needs here.

15          **MR. STALLARD:** Who pays for that to be sent  
16 back?

17          **MS. RUCKART:** Well, we're requesting funds from  
18 the DOD and as part of the three million ^  
19 health survey that includes, you see it right  
20 here, 5.7, obtaining medical records to confirm  
21 self-reported diseases. So we're requesting  
22 funds for that process.

23                         So after we get through the section on  
24 the health, we're going to be asking about your  
25 work history because while you were at Camp

1           Lejeune or even after, you may be exposed to  
2           different chemicals that are related to  
3           diseases. So we need to consider that when we  
4           do our analyses, what other things you've been  
5           exposed to that may influence any health  
6           outcomes that you have.

7                     And then just some standard questions.  
8           You're asked about your smoking history and  
9           alcohol history. We factor that in when we do  
10          our analyses. And that's it.

11                    One thing I want to say, this format  
12          that we have here, this is just for content  
13          only. I mean, this is maybe not so easy for  
14          filling it out, you know, the tables don't have  
15          a lot of room. But this is just for content  
16          only.

17                    When we actually have this sent out,  
18          it'll be formatted in a user friendly way with  
19          plenty of space to write down, to put things  
20          that you want to report on. So please don't  
21          hold that against this version that we have  
22          here.

23                    And, of course, the web-based version  
24          will look really nice. You can scroll as far  
25          as you need to, type as much as you want.

1           **DR. CLAPP:** At the beginning you have a  
2 statement. It's estimated to average 45  
3 minutes per response. Where does that come  
4 from?

5           **MS. RUCKART:** Okay, well, we had some people in  
6 our office take the survey, and we just put an  
7 average. I mean, you know, it could be more  
8 than that; it could be less. And so the  
9 average is 45 minutes. Just the time it takes  
10 to fill it out. So if you happen to  
11 unfortunately have a lot of health conditions  
12 or maybe you worked in a lot of different jobs,  
13 it will take you longer than somebody who never  
14 worked and has a pretty good health outlook.

15           **DR. CLAPP:** Just want to follow up on that same  
16 thing, so if somebody starts it and said this  
17 is taking too long. I'm not going to do this.  
18 Do you have a way of trying to coax them back  
19 into it? Is that one of the follow up phone  
20 calls?

21           **MS. RUCKART:** So if they start it, and they  
22 don't fill it out and we don't get it back,  
23 then ^ if they didn't respond. So we'll keep  
24 after them, and they'll have the phone calls,  
25 and then when the telephone staff call them,

1           they'll be encouraging people to respond. And  
2           there's going to be some training provided and  
3           Q&As and the telephone staff will be  
4           encouraging. So if a person says, well, I  
5           don't, it's taking me too long, or why is this  
6           important, why should I do this, there'll be a  
7           response provided to tell them why it's  
8           important. Please do those.

9           **DR. CLAPP:** But you don't walk them through it,  
10          right? It's not --

11          **DR. BOVE:** But the web-based one could be  
12          certainly engineered so that they can fill out  
13          part of it and then come back to it. We'll  
14          need to engineer that in. So it's harder to do  
15          that. We can't do that with a mailed survey.  
16          We can do it with a web-based one.

17          **DR. CLAPP:** You could say that halfway through.

18          **DR. BOVE:** Yeah, we want to do that, and for  
19          the --

20          **MS. RUCKART:** You can do that with paper. You  
21          can start filling it out and take a break --

22          **DR. BOVE:** Yeah, I know. That's true, but the  
23          web-based thing could actually encourage you to  
24          --

25          **MS. RUCKART:** To save it for later.

1           **DR. BOVE:** -- save it for later if it's getting  
2           too burdensome. You could put that in the  
3           language here, too, but that wouldn't be a bad  
4           idea, to encourage them that way.

5           **MR. BYRON:** You might need to tell them to make  
6           copies before they start.

7           **DR. CLAPP:** They start and make a mistake and -  
8           -

9           **MR. BYRON:** I have others in my family who made  
10          a mistake.

11          **MS. RUCKART:** And that's the thing, you said  
12          there are others in your family. That's the  
13          thing. We really wanted to discourage you from  
14          copying it and giving it to others. We would  
15          rather have you, have each of those people  
16          register, and they get their own. Because  
17          otherwise it will be difficult for us to  
18          calculate the participation rate. So that is  
19          one thing. Please, please don't share with  
20          others. Just encourage them to register, and  
21          they'll get their own and will be accounted for  
22          in that way.

23                         Just to give you some sense of where we  
24          are in this process, I submitted this for OMB  
25          clearance. That's the longest approval process

1           that we're up against here. And there's  
2           something that's necessary before OMB will  
3           review it, called a 60-day Federal Register  
4           notice. And hopefully, that will be published  
5           shortly.

6                     It is pretty tight to get this ready to  
7           go by January, but I was meeting with our OMB  
8           liaison here, and she told me it is doable. I  
9           mean, she and I met a few times, and we're fine  
10          tuning our package, and hopefully it will go to  
11          our internal CDC OMB officer later this week or  
12          next week. And then once the 60-day Federal  
13          Register notice is published, I guess at that  
14          point it can go up to the OMB, outside OMB.

15          **DR. BOVE:** And don't feel like you have to  
16          comment on this today. Take it home with you  
17          and look it through. Look through the protocol  
18          if you have time and provide comments. That's  
19          for everybody here including the audience. We  
20          want comments. We want to make this a survey  
21          that everyone feels good about and is also a  
22          scientifically rigorous survey.

23          **MS. RUCKART:** Mike Partain was wondering about  
24          the situation where a spouse, a wife, was  
25          married to a Marine who has died, so how's he

1 going to get the survey. So we have a  
2 mechanism for that, next of kin, which when I  
3 get e-mails from people who say, my husband was  
4 there, and he died, and what can I do, I tell  
5 them to register with the Marines and say they  
6 want to receive the survey as next of kin. So  
7 we would like to have the spouse fill it out  
8 and give us information so that Marines'  
9 illnesses and health information will be part  
10 of our survey.

11 **MR. PARTAIN:** Adding to or asking what you're  
12 saying there, on the literature that's going  
13 out to these families of these Marines, are we  
14 spelling out or are they spelling out that each  
15 member of the family, deceased or not living --  
16 deceased or living -- be registered so they get  
17 their individual survey? We're getting  
18 questions on that.

19 I know people have called me, and it's  
20 usually the service member that's registered  
21 and not the spouse or the families and stuff  
22 like that, and they think that they're covered  
23 that way. What I'm understanding what you're  
24 saying they need mom, child one, child two,  
25 child three and then dead child four to

1 register. Everybody needs to register.

2 **MS. RUCKART:** Right. We talked about that a  
3 little bit earlier with Scott. He said that  
4 the letters that they have prepared to go out  
5 in August, they're already printed. We can't  
6 change them, and they can't change them. But  
7 on their website, I mean, everyone who gets the  
8 letter is going to be directed to the website  
9 or the call center to register.

10 At that point that's where the  
11 information will be out there, and every member  
12 of your family who was there should register on  
13 their own, and any new letters that go out will  
14 specifically state that. Like the letters  
15 going to the people as part of the, who were  
16 part of the '99 to '02 telephone survey that  
17 the USMC is going to mail out will specifically  
18 say, have all your family members register. So  
19 there's a process for that.

20 **MR. PARTAIN:** It's my understanding that you  
21 guys that that's going to be addressed when  
22 people call in. Jane Doe, and her and her  
23 children are going to get picked up, too.

24 **MR. WILLIAMS:** The call center already knows  
25 and it's going to be updated on the website in



1 the next website update and any subsequent  
2 letters will stipulate it.

3 **MR. PARTAIN:** Because that's one of the common  
4 questions I get, too, is what about my family.

5 **DR. BOVE:** Another source of next of kin  
6 information is going to come out of the  
7 mortality study which we can talk about next  
8 when we get, if there are any more questions  
9 about this. But in the mortality study we ^  
10 quickly then.

11 In the mortality study we will attempt  
12 to get death certificates for everyone who died  
13 in that cohort at least. And from the death  
14 certificate there is a line where you get next  
15 of kin information. Now, that's not  
16 necessarily always filled out or accurately or  
17 whatever, but that will be another source of  
18 information on next of kin.

19 **MR. BYRON:** And just a comment, you know, we're  
20 talking about registration, and I do know that  
21 we correct it on our website as far as  
22 registering with the Marine Corps because we  
23 want our participants on our website to  
24 register with the Marine Corps. But I do know  
25 that Water Survivors is still reluctant to do

1           that, so I don't know how you're going to  
2           encourage -- because it's the issue of  
3           transparency. It seems like it's getting  
4           better, but I mean, time will tell. But those  
5           people are going to get left behind.

6           **MS. RUCKART:** What is happening is some of  
7           those people are feeling more comfortable  
8           coming to us, ATSDR, so when anyone sends me  
9           their address, I put it in a file, or folder  
10          rather. And after I get so many I send them in  
11          batches to the USMC, so they're getting  
12          registered.

13          **MR. PARTAIN:** So they are? Okay, good. So  
14          they can go to both places.

15          **DR. BOVE:** Yeah, well, they can, but we're not  
16          encouraging them. We would like them to go to  
17          the Marine Corps website because we don't have  
18          the staff. We haven't created the staff for  
19          that purpose, but we can capture. We can  
20          capture and so if they insist on contacting us  
21          instead. I've spent quite a bit of time  
22          talking with representatives from Water  
23          Survivors over the last two, three months. And  
24          I think I've gotten somewhere with them, but  
25          they still feel that they, fearful of that. So

1           some lawyer must have told them somewhere that  
2           they would be giving up some of their rights.  
3           I keep telling them that that lawyer is an  
4           idiot, but also that I'm not a lawyer so you  
5           never give up your rights by just giving  
6           someone your name and address. But that's  
7           fine. If they come to us, it'll get to --

8           **MR. BYRON:** And that's what's important.

9           **MR. STALLARD:** Just for my own understanding,  
10          do they know that it's forwarded to Tom for  
11          them to get --

12          **DR. BOVE:** Yeah, they know.

13          **MR. BYRON:** So I don't understand the issue.

14          **DR. BOVE:** That's fine. I don't care about the  
15          issue. I don't care how it happens as long as  
16          it happens, happens quickly, completely, that's  
17          all I care about.

18          **MR. STALLARD:** And you batch them, and it gets  
19          over and they get registered?

20          **DR. BOVE:** Yeah.

21          **MS. BRIDGES:** Well, the other website, our  
22          website said the same thing originally.

23          **MR. BYRON:** Originally, yeah, 'cause that's  
24          transparency. But we talked about it.

25          **DR. BOVE:** We'll work with it.

1           **MR. STALLARD:** All right, is there anything  
2 else on the whole survey business?

3           (no response)

4           **MR. STALLARD:** This is a big deal. Is there  
5 any previous health survey of this magnitude  
6 that's sort of a template to follow in this  
7 regard?

8           **DR. BOVE:** Not that I know of.

9           **MS. RUCKART:** ^, Frank.

10          **DR. BOVE:** Millenium cohort's not as big as  
11 this. There are opinion surveys that are done  
12 by Gordon\* and others, but I think this is far  
13 and away, except for the census itself, right,  
14 this is the biggest that I've ever known.

15          **MR. STALLARD:** We might as well keep you. I  
16 think you're doing a good job.

17          **DR. BOVE:** Actually, there are a number of  
18 firsts probably in this whole effort. The  
19 water modeling is pretty much a first. The  
20 health survey is definitely a first. The  
21 notification effort as far as I know is a  
22 first, and the cancer incidence data linkage  
23 study will definitely be a first if we can get  
24 50 state cancer registries to even work with  
25 us.

1           **MR. WILLIAMS:** The IRS said this would be the  
2 largest mailing they've ever done using this  
3 program. So that's definitely a first.

4           **MORTALITY AND CANCER INCIDENCE STUDIES**

5           **DR. BOVE:** So there are a lot of firsts here,  
6 and our mortality study I don't know if it's  
7 the biggest, but it's a big one. I don't know.  
8 I can't remember how big the agent orange ones  
9 were, that would probably be --

10          **MR. ENSMINGER:** They would be bigger.

11          **DR. BOVE:** -- but we're talking that magnitude  
12 here. We're talking, again, somewhere around  
13 the vicinity of 200,000 active duty Marines and  
14 civilians plus 50,000 additional with people  
15 from another base. And the way again this  
16 works is they have to have started in '75 or  
17 later. If they started before '75, we don't  
18 know where they were before '75. And since  
19 this is just using available data, we're not  
20 interviewing; we're not doing any contact with  
21 the person, all we have is that DMDC database.

22                   We have to start with people who started  
23 in '75 or later, and then we know where they  
24 were. And from the DMDC database, we've been  
25 through this before, you get a social security



1 and the veterans' database, and there's one  
2 other database as well, in a coordinated  
3 fashion, you pick up not only what the National  
4 Death Index would pick up anyway, but you could  
5 also pick up overseas deaths. So that's the  
6 approach we're going to take. We're going to  
7 get a contractor to do that.

8 Once we find out the person's died, we  
9 find out where they died as well. And then we  
10 bring that information to the National Death  
11 Index, and then they can tell us cause of  
12 death. And then we go to the state death  
13 certificate. So that's the approach there.

14 So I don't know how many people will be  
15 in the mortality study because we have 210,000,  
16 210,222, but not all of them started in '75.  
17 Probably 25, 30 percent of them probably  
18 started before '75, so that number will drop to  
19 some extent. And it's similar with the 8,085  
20 civilians. That will drop to some extent, too,  
21 but we still have plenty of people to look at  
22 cancers as well as other causes of death.

23 Keep in mind the key limitation of a  
24 mortality study is it looks at deaths, and that  
25 people do not necessarily die from their

1           cancers or other causes of ^. And so that is a  
2           major limitation to a mortality study. On the  
3           other hand diseases are verified, we have  
4           verification that they had, that they died of  
5           these things, and that's the strength of a  
6           mortality study.

7           So given that limitation though, we then  
8           were trying to find a way to look at cancer  
9           incidence because, again, you don't necessarily  
10          die of cancer. And what would be the best way  
11          to do that. And one way is to use the survey  
12          itself.

13          And if the survey has a participation  
14          rate of over 65 percent -- of course, OMB wants  
15          it to be 80 percent -- but if you can get over  
16          65 percent participation rate, you're doing  
17          really well. And if we can confirm those  
18          diseases, we're doing really well. And that  
19          may be all we need to do is use the survey data  
20          itself.

21          However, the experience of survey  
22          research is that you often do not get that high  
23          a participation rate. You often have  
24          difficulty verifying the diseases, and it's  
25          open to question about who's participating and



1           who isn't.

2                     Is it the people only participating the  
3           people with the diseases, and they were never  
4           exposed. And the people who aren't responding  
5           are the people who don't have diseases and so  
6           on. So those kinds of biased questions that  
7           were swirling around the survey, then it's not  
8           as effective a piece of scientific information  
9           as we want.

10                    So the other approach, which is a first  
11           again, because there is no national cancer  
12           registry in this country unfortunately. Some  
13           other countries have, but we don't. What we  
14           have are 50 states, 50 cancer registries plus  
15           some sub-parts of states have cancer  
16           registries. We have a mess out there.

17                    They all have data from 1997 onward.  
18           Before '97 some do, some don't. So it didn't  
19           start until '97. And so no one has tried, as  
20           far as I know, to get cooperation from all 50  
21           states, all these registries, and do a data  
22           linkage study, what we're proposing. So it may  
23           not work. I have no idea whether it will work.

24                    The only experience, there is I think  
25           one example where there ^ data was linked with

1 cancer registry data across the country, and  
2 somehow that happened without having to get the  
3 participation of all 50 states. I don't know  
4 how it was done. But I know we can't do that.  
5 We have to go through every state and deal with  
6 their particular rules and regulations. So  
7 this is the difficulty of that study. If we  
8 can get most of those states to participate,  
9 then the data linkage study will be useful.

10 If the health survey works, and this is  
11 the argument that we've heard from the  
12 Department of the Navy, for example, why are  
13 you doing the data linkage study. Why not just  
14 do the survey? And that's a good question.  
15 And the answer is just so we have a backup in  
16 case the survey doesn't work.

17 With that kind of answer though then  
18 they'll say, well, why don't you wait until the  
19 survey's done to see how it works before you  
20 start the data linkage study. And that's a  
21 good point, too. And the answer to that is  
22 what we can do in the meantime is discuss this  
23 with all 50 states using both our own CDC  
24 Cancer Division people. We're going to meet  
25 with them soon as well as another group of

1           called NACCR and see if we can't gain the  
2           participation of most, if not all, of the  
3           cancer registries.

4                        So we can do that as we're working on  
5           the survey. And so that's what we propose to  
6           see if that flies. It wouldn't cost much  
7           money. It would just cost staff time really to  
8           pursue this. If we see that most states say no  
9           thanks, we don't want anything to do with you  
10          or make it so unbearable to go through all the  
11          hoops to get their participation, then we can  
12          cut it at some point.

13                       So to get at cancer incidence then we  
14          have two approaches, both may fail, the survey  
15          and this cancer data linkage study. I hope  
16          that that's not the case, but that is a  
17          possibility because they're both firsts. One  
18          is a massive survey that hasn't been done. The  
19          other's a massive data linkage effort that's  
20          never been done. So that's what we're up  
21          against here.

22                       Now there are particulars about both  
23          studies we can talk about. A lot of  
24          information's in the feasibility assessment.  
25          Again, if you haven't, you don't have to bring

1           these issues up now. If you have time, go  
2           through that assessment. If you have comments,  
3           we're still listening and waiting to hear.

4           **MS. RUCKART:** We've started on the protocol for  
5           the mortality study, and the mortality and the  
6           cancer incidence study because they don't  
7           require direct contact with participants, do  
8           not need the OMB reviews, the approval process  
9           will be much shorter. I expect that if we have  
10          a draft mortality study protocol in the next  
11          month or so, we can share it with you because  
12          we can share it with you before the ^ . We'll  
13          start working on the cancer incidence study  
14          protocol.

15          **DR. BOVE:** The information on the feasibility  
16          assessment will be able to tell you what we  
17          plan to do. I mean, the protocol itself will  
18          mirror that very closely. So with the  
19          information you have in the feasibility  
20          assessment, you pretty much know what we're  
21          proposing. So you can take a look at that --  
22          NAS is taking a look at it apparently, too --  
23          and give us the feedback.

24                         There's also the minutes of that  
25          epidemiologic panel. In the first appendix of

1 the feasibility assessment you can see both  
2 what was agreed upon in the minutes there and  
3 also the questions and responses that you've  
4 got to particular questions. And those minutes  
5 were all approved by the people there so that  
6 also is useful information, too.

7 So are there any questions? I guess  
8 first looking at the timeline, and you can see,  
9 well, actually, the only way you can see this  
10 is if you unstaple it. You can see there's a  
11 whole lot of activity going on. This is what I  
12 think scares Tom Sinks and higher ups. There's  
13 Perri and me and all this lack of space. We  
14 are going to contract a lot of this out. I  
15 mean, there's no question about that.

16 And there's no question about it,  
17 there's a lot of work to be done including, of  
18 course, there is a current study we have to  
19 analyze and finish. And we have to re-analyze  
20 the past study. So all this is happening  
21 during this period of time. So we decided to  
22 clone ourselves. No, we want to do a lot of  
23 contracting out, but we will oversee that  
24 process.

25 **MS. BRIDGES:** You're talking about the year

1           2011.

2           **DR. BOVE:** Yeah, we're talking about, well, the  
3           current study and the re-analysis is the  
4           dependent on when Morris can give us some data  
5           on the Hadnot Point and resolve the  
6           interconnection issue and so that we can do  
7           that analysis. I know Tom mentioned earlier he  
8           would like to produce some stuff for you. He's  
9           been after us to at least analyze Tarawa  
10          Terrace information in the study. The problem  
11          with that is that we don't know who's unexposed  
12          there.

13                 Until the interconnection issue gets  
14          resolved, there's some question about when  
15          people, who was unexposed. Some people we know  
16          were unexposed. For a particular birth defect,  
17          if their first trimester wasn't during the  
18          summer months, and they lived in Midway Park  
19          after '73 or '72, June '72, and their first  
20          trimester was after June '72 and so on and so  
21          forth, they're unexposed.

22                 But in a leukemia case we don't know  
23          yet. If their pregnancy, if their first  
24          trimester is during the summer months, we don't  
25          know yet. So until I feel confident that we've

1           dealt with the interconnection issue as well as  
2           we can, we have that nailed down, I don't want  
3           to do these analyses and then have to redo them  
4           again.

5                        So that's the problem there that until  
6           we get that resolved, we can't do the analysis  
7           in the case controll study or the reanalysis.  
8           But we hope to get data that we can use from  
9           Morris before he's finished. We will get data  
10          from Morris. There'll be some preliminary data  
11          from him. We can use that data to run the  
12          analyses.

13                      If any changes occur, we can make those  
14          changes later and go through the review process  
15          so that the peer review's seen that at least  
16          our methods are okay and sign off on that. And  
17          again, we can tweak it if the contamination  
18          levels go up or down or there's something else.  
19          So we can finish before he's finished. Or at  
20          least finish -- yeah, we can finish before he's  
21          finished or finish by the time he's finished as  
22          well.

23                      The studies that take time and go to  
24          2011 are really the cancer incidence data  
25          linkage study is the one that's going to be

1           difficult to do as I was pointing out. And  
2           that could take forever or may not happen at  
3           all.

4                    The health survey, you see it going on  
5           to 2011, but here is the issue here. What the  
6           health survey, actually, that shouldn't be  
7           under health survey. I think there's an error  
8           here. Because, well, okay, if in the unlikely  
9           -- well, I shouldn't say that. We have enough  
10          data in the health survey information itself to  
11          analyze the diseases we're asking about.

12                   The only reason we might want to conduct  
13          a case controld sample -- I can't even conceive  
14          of one, but maybe we're thinking that those  
15          diseases we weren't specifically asking about  
16          if something interesting pops out. The  
17          conclusion doesn't say anything about it. The  
18          literature out there is limited. The  
19          occupational data, we haven't studied every  
20          disease so there's a lot we don't know.

21                   If something pops up we can do a case  
22          controll survey of that particular disease to  
23          get more information on it. But really I would  
24          forget that line entirely. That's why we have  
25          draft on these things.



1           If you look at, say, analyze data and  
2           prepare draft report of the survey, we're  
3           hoping to be done by August of 2010 on that  
4           one.

5           **MS. RUCKART:** We'll have a final report by  
6           December.

7           **DR. BOVE:** Yeah, so it takes time, but --

8           **MR. STALLARD:** I've got a question on that. We  
9           talked about, based on the literature and all  
10          that kind of stuff, do we know what's in the  
11          pipeline that is yet to be published so to  
12          speak? Some kind of between where it's  
13          published today and what we anticipate in the  
14          next couple --

15          **DR. BOVE:** No, I don't, but again --

16          **MR. ENSMINGER:** PCE, that PCE study --

17          **DR. BOVE:** Well, that's the second.

18                 With the PCE, the EPA did a full, like a  
19                 tox profile, only much more elaborate, much,  
20                 much, much more elaborate on the literature  
21                 that exists. And that will be finalized at  
22                 some point. An NAS panel will review it. I'm  
23                 expecting that to be a final thing in another,  
24                 year or two, too. But, no, I don't know of any  
25                 individual studies that are being conducted.



1 back to the mortality study, remember, it's a  
2 data linkage study. All the data we have is  
3 from the DMDC database. We don't have smoking  
4 information. We don't have drinking  
5 information. We don't have occupational  
6 information outside of what they did when they  
7 were active duty. It's very important to get  
8 information on those things because people are  
9 always worried about them acting as  
10 confounders.

11 So if for certain, we can use the survey  
12 information to help us to understand how these  
13 so-called confounders might be working. But if  
14 the survey information is no good, if we don't  
15 get the high participation that we want, then  
16 we would do it, we could do a case control  
17 sample similar to what we're doing right now  
18 with this current study of a particular cause  
19 of death and get that information from an  
20 interview of next of kin.

21 That also, the same thing could be said  
22 for the cancer incidence data linkage. That  
23 would be the same thing there. And that would  
24 then push, that's the line that goes way out  
25 because you have to finish the mortality study.

1           You have to finish the data linkage study  
2           before you can even think about the case  
3           control sample. So but we want to show  
4           everything and all the options here. But we're  
5           hoping that the survey is successful and that  
6           solves a lot of problems right there.

7                     Are there any questions? This is  
8           complex, and any questions? Think about it or  
9           you can call Perri and I about this stuff, too.  
10          Again, call us if you want us to add particular  
11          diseases in the survey. Give us some clues as  
12          to where we should be looking for evidence, any  
13          evidence, suggestive animal data, human data.

14          **WRAP UP**

15          **MR. STALLARD:** So this is a perfect segue.  
16          Based on that timeline you have, when would be  
17          an appropriate time to consider having a  
18          follow-on meeting for the CAP? I mean, what is  
19          a significant milestone that would be sort of a  
20          marker for everyone coming back together again?

21          **MS. RUCKART:** Over the next couple months a lot  
22          of things will be happening behind the scenes  
23          because we'll just be waiting and seeking the  
24          approval from OMB and IRB. So it will kind of  
25          be a holding period. By the end of September

1           our plans are to finalize the protocols of  
2           mortality and cancer incidence study, and we're  
3           going to submit all three, the health survey as  
4           well, for our IRB.

5                        So at that point we just have to kind of  
6           wait and see what they come back to us with.  
7           We need to kind of wrap up the health survey ^  
8           saying that we can take comments and provide  
9           that. But at a certain point we'll have to  
10          move forward because we'll be going to OMB, and  
11          we have to submit our final draft at that  
12          point. So really all through the fall it will  
13          just be waiting to hear back any comments that  
14          we get from them. We won't have much to  
15          report.

16          **DR. BOVE:** We don't have much but we can talk  
17          about how things are progressing. But I'm also  
18          looking at Morris' timeline to try to figure  
19          out where there might be an interesting point  
20          to have something to report, and a key part of  
21          the work in the next couple of months is the --  
22          I have this timeline again, the brown, 2.14 a,  
23          b and c, the statistical analysis and that gray  
24          in there. Where's the line, water distribution  
25          system analysis.

1           Those two, now, so that would be, follow  
2 the brown line and it goes to November  
3 basically. And the water distribution system  
4 analysis goes into November to December. It  
5 may be worthwhile sometime in there.

6           Now, there's one other thing to think  
7 about. The NAS panel is supposed to come out  
8 with a report October, November, but I don't  
9 think that's going to happen now because they  
10 want to review the feasibility assessment.  
11 That may push them back another two or three  
12 months. I don't know for sure. So that's  
13 another point in time that would be, around  
14 January, February of next year. That's also  
15 when we're hoping to get going on the survey.

16           So there are a couple of points in time  
17 that things may be happening. When Morris is  
18 done, that would be sometime around November or  
19 December, at least far enough to maybe be able  
20 to say something. There's the expert panel  
21 that happens. There's the NAS panel, and then  
22 there's the health survey. So I don't know, in  
23 all that.

24           **MR. STALLARD:** Is it known when the next  
25 meeting with the Department of the Navy and the

1 Marine Corps colleagues is --

2 **DR. BOVE:** They're talking about quarterly, and  
3 we'll also have minutes on the previous one  
4 soon, about a month or so. I don't know if  
5 that warrants a full meeting, but that's up to  
6 you.

7 **MR. STALLARD:** What's the sense of others  
8 hearing, I mean, based on the momentum that we  
9 see moving forward and the specific milestones  
10 that are going, the ability to communicate and  
11 share information, what is your sense? What is  
12 the sense of the necessity of meeting again and  
13 when would that be appropriate?

14 **MR. ENSMINGER:** We're supposed to have them  
15 every three months. And we've seen in the past  
16 what happens when we don't meet. Things get  
17 delayed, foot dragging.

18 **MS. RUCKART:** How do y'all feel about maybe a  
19 phone conference because if you get to touch  
20 base, but I don't know if we need to have an  
21 all day meeting if we don't really have that  
22 much to report because we are in this waiting  
23 period. It seems like it might be a lot to  
24 travel everybody in.

25 **DR. BOVE:** Well then, it won't be three months

1 exactly, but it looks like November sometime.

2 **MR. STALLARD:** And Jerry can celebrate.

3 **MR. ENSMINGER:** Oh, yeah. Just don't make it  
4 the first two weeks in November.

5 **MS. RUCKART:** Then coming on Thanksgiving.

6 **DR. BOVE:** Yeah, because Thanksgiving. So  
7 maybe we --

8 **MR. ENSMINGER:** I'm going deer hunting the  
9 first two weeks in November.

10 **MS. RUCKART:** Well, Jerry, you're always  
11 telling me it's so important you'll hold off on  
12 your vacation but not your hobby.

13 **DR. BOVE:** Looking at this timeline then I  
14 think sometime in December might be helpful or  
15 you can wait until after the expert panel meets  
16 sometime in late January. And hopefully, by  
17 that NAS panel we'll have something, but these  
18 are options. So some time from the late  
19 November, early December. So some time between  
20 early December and January may be worthwhile.

21 **MR. BYRON:** Well, if we do that, then we do  
22 need the phone conference.

23 **MS. RUCKART:** I'd like to know when you want  
24 get everyone's comments on additions to the  
25 survey. I think we should set a deadline



1           because at some point we're going to have to  
2           finalize our OMB package for submission. And I  
3           don't want people to come up suddenly and say,  
4           oh, I wanted to send this. So I'd like to say  
5           --

6           **DR. BOVE:** What was our deadline for NAS? Wait  
7           a minute. We asked for written comments --

8           **MS. RUCKART:** That's different. I'd like to  
9           see it in the next three weeks. How's that? I  
10          mean, I'd really like to see it in the next two  
11          weeks, but -- what about two weeks, by the end  
12          of the month? Is that enough time for people?

13          **DR. BOVE:** I would give you a month, middle of  
14          August.

15          **MS. RUCKART:** But, see, I'm just concerned that  
16          things are going to be happening  
17          simultaneously, and we're going to be  
18          submitting to OMB, and then we're going have to  
19          submit a revised one. I don't know how that's  
20          going to --

21          **DR. BOVE:** Well, what I'm suggesting is they  
22          get it to us as soon as possible, but try to  
23          get it during the month. I mean, some of you  
24          gave comments today, and I would encourage you  
25          to send us an e-mail and reiterate those

1           comments.

2           **MR. ENSMINGER:** This is on the survey.

3           **MS. RUCKART:** Yes.

4           **DR. BOVE:** Well, the survey is the key here  
5           time-wise, but all this. We want you to give  
6           us comments as soon as you can.

7           **MR. STALLARD:** How about no later than 15  
8           August? Does that sound okay?

9           **MR. ENSMINGER:** Not to Perri it don't.

10          **MS. RUCKART:** Just because I'm concerned that  
11          we're submitting it, and I don't know whether  
12          it's going to leave CDC's OMB, and I want to  
13          make sure that whatever goes to OMB we don't  
14          have to pull it back, and then we'll try to  
15          tell us or it's going to cause delays. I just  
16          don't want that to happen.

17          **DR. BOVE:** With that knowledge, get them in as  
18          soon as you can.

19          **MR. STALLARD:** Okay, compromise, she said two  
20          weeks. You said four. Three? So that would  
21          come down to --

22          **DR. BOVE:** Try as soon as you can to give us  
23          comments.

24          **MR. STALLARD:** The eighth of August.

25          **MR. PARTAIN:** We should know what our illnesses

1 are already.

2 **DR. BOVE:** Yeah.

3 **MR. PARTAIN:** On the subject of meetings, the  
4 next meeting of the CAP, I don't know if I'm  
5 comfortable waiting all the way into December.  
6 We've got a lot of data that came out today.  
7 There's a lot going on, the notification,  
8 Department of the Marine Corps, and I mean,  
9 things are going to develop over the next two,  
10 two-and-a-half months. I mean, at the very  
11 least something in September, the end of  
12 September.

13 **DR. BOVE:** Well, I mean, Scott, there's all  
14 this effort that you're doing, your group's  
15 doing, including the community surveys itself.  
16 So it may be worth, if it's not a full meeting  
17 maybe a conference call or something to tell us  
18 what the results were and to talk about maybe  
19 what other actions need to happen with Scott.

20 **MR. WILLIAMS:** The stakeholder analysis, I  
21 believe this is going to be finished end of  
22 October. So this sort of ducktails with the  
23 November, December timeframe. It may run a  
24 little longer. If you look at the CR data on  
25 ^.

1           **MR. PARTAIN:** Do a conference call or schedule  
2 a conference call at the very least so if  
3 something does develop that we do need to get  
4 together, it's slated. We can do it, and then  
5 do our meeting in December.

6           **DR. BOVE:** Why don't we just tentatively say  
7 that sometime in late November, early December  
8 we may call a meeting because we'll have  
9 several things to discuss including Morris'.  
10 We'll send you an e-mail. We'll pick some  
11 dates in November and December and work from  
12 there. And again, Morris should have some  
13 material to report, and the Marine Corps should  
14 have some. I doubt NAS will have their report  
15 ready. But we can tell you the progress we  
16 have with the survey data. That might be the  
17 next.

18           **MS. RUCKART:** But with a conference call we can  
19 have more than one call between now and  
20 November, December. We could have two calls.  
21 We could have a call in September. We could  
22 have one in October. There's no limit on the  
23 amount of times we can have a conference call.  
24 We can have them as necessary.

25           **MR. PARTAIN:** I understand nothing's going on,

1 but if something happens --

2 **DR. BOVE:** That's fine, but then we'll send out  
3 -- if there's something, if something happens,  
4 you will be notified. We don't have to have a  
5 CAP meeting in order for you to know what's  
6 going on. That's not been the case up to now.  
7 That's not going to be the case. It's always  
8 going to be ongoing.

9 **MR. STALLARD:** Okay, so we have, I heard at  
10 least three potential agenda items for a  
11 meeting in either November, December. That is  
12 an update on the water modeling, survey update,  
13 and stakeholder analysis feedback.

14 **MS. BRIDGES:** What about research? There are  
15 not any studies going on right now according to  
16 y'all. But what about research on the  
17 chemicals and what the destruction that it does  
18 do? I mean, what about University of Georgia,  
19 for instance? Can you tell us that? Are there  
20 any studies going on on the chemicals and the  
21 effects that it has on the people?

22 **DR. BOVE:** Well, that's what I was saying that  
23 --

24 **MS. BRIDGES:** No studies on research. You said  
25 there's nothing. But what about health

1 studies?

2 **DR. BOVE:** What we said was that I'm not aware  
3 of any health studies, at least I'm not aware  
4 of any particular health studies that are, I  
5 mean, there's Endicott again. And there's  
6 maybe one other study, and it's  
7 trichloroethylene. It's workers. Now the  
8 health department is talking about a community.  
9 I haven't seen, I haven't been involved. I was  
10 involved a couple, two years ago. I was  
11 assisting a protocol. And after that I've been  
12 out of the loop. There's also a place called  
13 Battelle-Tyco, I guess it was. So again, the  
14 state was talking about doing something. I  
15 haven't seen a protocol. So those are possible  
16 things going on. But as I said, the EPA did  
17 this thorough evaluation of looking at the  
18 effects of perchloroethylene, PCE. The NAS  
19 panel did one on trichloroethylene and there's  
20 been some new stuff since then. And I tried to  
21 cover that at least on the human side in the  
22 feasibility assessment. But we'll continue to,  
23 you know, I continually look to see if new  
24 stuff has come out. And again, if you're aware  
25 of new stuff that's come out --

1           **MS. BRIDGES:** Like DNA.

2           **DR. BOVE:** Anything, anything that has to do  
3 with these solvents' exposure, the effects of  
4 the solvents, yeah. Anything you see out there  
5 let us, and we'll be looking as well.

6           **MS. BRIDGES:** What are they doing at the  
7 University of Georgia?

8           **DR. BOVE:** Again, we'll be -- if they publish  
9 anything that has to do with trichloroethylene,  
10 whether animal data or human, we'll be looking  
11 at it. I just didn't summarize the animal data  
12 because I didn't have the time to do that.  
13 That takes even larger effort I would think  
14 than what I do. I would like to have a  
15 toxicologist do that who does animal studies to  
16 be able to review that literature.

17           **MS. BRIDGES:** Are we working with any  
18 toxicologists?

19           **DR. BOVE:** Well, as I said, the EPA did that.  
20 They have a draft out there, and the NAS panel  
21 is going to review it for PCE. And for  
22 trichloroethylene, as I said, the NAS panel did  
23 that, and if anything new on trichloroethylene  
24 comes up, we will look at it. Some human data  
25 has actually come up. And as I said, I didn't

1 put it in there, but there's stuff coming out  
2 all the time. You know, not all the time, but  
3 a lot comes out, and we're following up on that  
4 literature. So we'll keep you up on that.  
5 That's all I can say. Nothing contiguous is  
6 happening at the University of Georgia as far  
7 as I know around TCE.

8 **MR. STALLARD:** Thank you.

9 Are there --

10 **MS. BRIDGES:** Dr. Clapp, do you know anything?

11 **DR. CLAPP:** Nope, not beyond what Frank just  
12 said.

13 **MR. PARTAIN:** With the mortality cancer  
14 incidence, are you going to get to that  
15 veterans' cancer database that I sent you the  
16 e-mail on? It was in reference to an article.  
17 Are you going to be able to hook into that?

18 **DR. BOVE:** I can't remember which article it's  
19 in, but for the mortality study we're going to  
20 go with the databases that I mentioned. For  
21 the cancer incidence data linkage study we  
22 mentioned both the Veteran Administration's  
23 Cancer Registry, and DOD has one, too, ^ or  
24 something. Yes, we will go, we will try to get  
25 the participation of every cancer registry that



1 exists in this country. That we have in the  
2 feasibility assessment. Again, please read the  
3 feasibility assessment because we do go over a  
4 lot of the different data that exists and how  
5 we would do both the mortality study and the  
6 data linkage study. And again, if you have any  
7 questions, give me a call. Give Perri a call.  
8 If we can do that data linkage study. The  
9 veterans' one, of course, only, the Veterans  
10 Administration databases cover a small  
11 percentage. That's the problem. So that is a  
12 major limitation.

13 **MR. PARTAIN:** But they show up like, there's  
14 one --

15 **DR. BOVE:** Well, we're using it anyway.

16 **MR. PARTAIN:** Well, the article I found  
17 referenced on that database, they had 612  
18 breast cancer cases.

19 **DR. BOVE:** Right, but the study was based,  
20 yeah, the study was -- yeah, I know what you're  
21 talking about now, that male breast cancer  
22 study. They had that many cancers that they're  
23 studying, but they still have a large  
24 population. But of that population how many of  
25 those people were active duty Marines at Camp

1 Lejeune. There's probably a tiny percent.

2 **MR. PARTAIN:** But 612 male breast cancer cases  
3 in a database is ^ the fact that it exists  
4 there.

5 **DR. BOVE:** It's significant that it exists  
6 there. It's also, if I remember the article  
7 right, the incidence is increasing, and it was  
8 very interesting that it was, but what  
9 population did that consist of besides the  
10 military population that's served by the  
11 Veterans Administration. I don't know. They  
12 don't tell you in that article.

13 **MR. PARTAIN:** But that, what they mentioned was  
14 a veterans', the article they mentioned was a  
15 veterans' database, specifically military  
16 veterans.

17 **DR. BOVE:** But right, but again, the Veterans  
18 Administration database covers something  
19 between ten and 20 percent roughly. I don't  
20 really know, it varies, depending on what year.  
21 And so there's still 80 percent of the military  
22 population out there we don't know much about  
23 just ^ databases. That's the problem.

24 And so it's very interesting about male  
25 breast cancer, and no one seems to know why.

1           The problem with that study is just what we  
2           pointed out. They don't provide additional  
3           information about who these people are to know  
4           what's going on.

5           **MR. STALLARD:** Go ahead.

6           **MS. SIMMONS:** Can I just ask one question?  
7           Does every state have a cancer registry?

8           **DR. BOVE:** They do now.

9           **DR. CLAPP:** Now they do. They didn't before.

10          **DR. BOVE:** Some states they may not cover the  
11          entire state or is that not now the case?

12          **DR. CLAPP:** No, now they're covering all the  
13          states, but just recently.

14          **DR. BOVE:** Just recently. From '97 on?

15          **DR. CLAPP:** I think Vermont was like 2003.

16          **DR. BOVE:** Yeah, see, that's the thing. There  
17          are cancer registries --

18          **MR. STALLARD:** I've got some handouts here from  
19          Mary Ann.

20          **DR. BOVE:** Actually, in the appendix there's a  
21          list of cancer states and when their cancer  
22          registries came on line. But some states  
23          didn't cover the entire state in '97, but they  
24          were collecting some data from '97 on.

25          **MR. STALLARD:** Mary Ann has brought some

1 information on DOD Privacy Act information  
2 resources, so we'll just hand that out for your  
3 benefit.

4 Are there any other issues, topics,  
5 unexpressed things that haven't been covered as  
6 you'd like to add at this moment?

7 (no response)

8 **MR. STALLARD:** All right then, I would be  
9 remiss if I didn't once again encourage you to  
10 submit your vouchers timely.

11 **MR. ENSMINGER:** We've got to turn these in?

12 **MS. RUCKART:** The name tags.

13 **MR. STALLARD:** Oh, the name tags.

14 **MS. RUCKART:** Yeah, turn in your badge to  
15 the, to Security.

16 **MR. STALLARD:** It's the end of the year, and  
17 they're saving paper.

18 **MR. ENSMINGER:** I come here without any, and  
19 I leave with a ream every time I leave.

20 **MR. STALLARD:** So we're not doing such a  
21 good job on saving paper.

22 I'd like to thank the members of the  
23 audience for their participation, patience and  
24 fortitude.

25 Thank you, Perri, for the audiovisual

1 support.

2 **MR. ENSMINGER:** Do you think we could afford  
3 a few more microphones in the next meeting?

4 **MR. STALLARD:** Well, we're working on that.

5 **MS. RUCKART:** I actually asked, and this  
6 meeting we only have two, and it's not  
7 possible --

8 **MR. STALLARD:** It is a bit awkward.

9 And, Tom, thank you for your  
10 participation and hanging in there with us.

11 **MR. ENSMINGER:** You can sell some of these  
12 metal detectors out here that they don't use  
13 and buy some more microphones.

14 **MR. STALLARD:** All right, thank you all once  
15 again for coming and bid you all a safe  
16 journey home.

17 (Whereupon, the meeting was adjourned at 2:40  
18 p.m.)

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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 16, 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 24th day of Aug., 2008.

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**STEVEN RAY GREEN, CCR, CVR-CM**  
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