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convenes the

ELEVENTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

DECEMBER 18, 2008

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room 1A, Atlanta, Georgia, on Dec. 18, 2008.

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

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

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 (via telephone)
ENSMINGER, JERRY, COMMUNITY MEMBER
GROS, MICHAEL, COMMUNITY MEMBER (not present)
MCCALL, DENITA, COMMUNITY MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER (via telephone)
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
TOWNSEND, TOM (via telephone)

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

MR. STALLARD: Good morning. We're going to get started. Now that we're ready I'd like to welcome everyone in the audience here. I'll introduce myself. I'm Christopher Stallard. I am a CDC employee with the Coordinating Office for Global Health. I've been working with the CAP since its inception going on three years now, I think, maybe four.

I just wanted to, for those of you who may be new to this process, I want to briefly go over some introductory remarks and establish -- speak into the microphone is a guideline, thank you. So welcome to our meeting of 12/18. I want to recap that the purpose of the CAP is to determine the feasibility of future scientific studies and to conduct Camp Lejeune-related activities with the full participation of the affected community.

As always, we have operating guidelines to govern our interactions together

today. And I'm going to put these out there and if there are any others that people would like to offer, please do. One speaker at a time. That is very important. We don't hear very well if people are talking across one another. Zero personal attacks. We represent various agencies here. There's a long history. This is a deeply emotionally charged issue.

Our focus is on offering solutions; what can be done. That goes along with respect for the speaker. Very important, speak into the microphones. We have this wonderful new setup this time where each one of us has a speaker, a microphone. You have to push the red button on the bottom, the red bar, to activate it, and you have to push the red bar again to deactivate it after you've finished speaking.

Please keep your cell phones either off or on silent stun. Again, the audience is here to listen. This is an open meeting. It's being broadcast to those who are interested in seeing it. The audience may be invited to comment if invited by the CAP

members. There are those of you in the audience that have particular knowledge or expertise that may be called upon to answer a question posed by the CAP.

Is there anything else under operating guidelines that you all would like to offer?

(no response)

MR. STALLARD: So we're good with this. A little nod here, a little nodding. Okay, good.

I know we have an agenda, and we're going to stick to the agenda as much as we can including the timing, taking breaks and whatnot. But I'd like to get a sense from the CAP members what is it that you came here today expecting to achieve?

MR. ENSMINGER: This is Jerry Ensminger. One of my main goals today, which was a suggestion by Denita McCall, another CAP member, is to have this public health assessment taken down once and for all. We realize that there's a lot of site-specific errors in data which have been admitted to.

On the ATSDR website there's a disclaimer up there about the water system

data. However, there's a lot of conclusions that were made in this public health assessment, and there's also a bunch of contradictory statements in the text. I mean, it just doesn't match up. They negative each other out.

And there are a lot of health providers -- not health providers, but there are a lot of agencies such as the VA that are using statements out of this public health assessment that are prohibiting people from getting help, and it's because of this public health assessment. And it's got to go.

MR. STALLARD: Thank you.

Anyone else? Denita?

MS. McCALL: Well, Denita McCall. I would like to see the 1997 Public Health Assessment banished and for a public health assessment to reflect the truth about Camp Lejeune. This public health assessment is a mockery to anyone who has been affected by this contamination. And I would really like to see it go away and have a more truthful representation of what has happened at Camp Lejeune.

MR. STALLARD: Thank you.

MR. ENSMINGER: This is Jerry Ensminger. One more thing. I realize that not everything in this public health assessment is ATSDR's fault, as a matter of fact most of it isn't. I want to make that clear. You can only work with what you're given, and they were given a lot of incorrect data.

But by the same token we're going to hold off on a lot of other issues, ATSDR is, and they're going to re-do the Small for Gestational Age and Adverse Pregnancy Outcome study once the water modeling is completed. And the disclaimer that's up there about the water system data, they're going to re-do all of that once Morris' work is completed with the water modeling.

And once we get into this discussion, and I point out these contradictory things that are in this public health assessment and the conclusions that are made, it is my hope that the powers that be here knowing that people are being denied benefits because of these statements, they'll do the same thing with the rest of this thing and just pull the

thing down and will re-issue it in another form when everything's done.

MR. STALLARD: Thank you.

Yes, Tom, as a matter of fact, Tom, we're going to go around the room real quick and do introductions, and then I'll come back to you for the benefit of the court reporter that we have names identifying these speakers. So let's start.

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

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

MS. McCALL: Denita McCall, Camp Lejeune CAP.

MS. RUCKART: Perri Ruckart, ATSDR.

MR. BYRON: Jeff Byron, Camp Lejeune CAP.

MS. BRIDGES: Sandra Bridges, Camp Lejeune CAP.

MR. ENSMINGER: Jerry Ensminger, Camp Lejeune CAP.

MR. STALLARD: And on the phones we have --

DR. CLAPP (by Telephone): Dick Clapp, ^ Public Health of Camp Lejeune CAP.

MR. STALLARD: Welcome, Dick.

MR. TOWNSEND (by Telephone): Tom Townsend, Camp Lejeune CAP.

MR. STALLARD: And is Mike on the phone?

(no response)

MR. STALLARD: Not yet.

All right then, Tom, go ahead.

MR. TOWNSEND (by Telephone): The 1997 Public Health Assessment has been the subject of my dissent for about nine years. I was the first, that was the first item that I received from ATSDR and started asking questions and filed information that pointed out that that was erroneous in many portions thereof.

And I've asked Dr. Sinks multiple times in writing to get that off of... It's bozo* and it's out there, and people that don't have any awareness of the problem think it's the gospel. That document should be eradicated, corrected and republished. But it should not be available to the public for dissemination at this time.

MR. STALLARD: Thank you, Tom. You're going to have an opportunity to speak to Dr. Sinks yet again this morning. At 9:30 he'll be here.

It sounds like the question is what is the process for removing or changing or taking away a previously published study. What is the process for doing that when facts have changed over time? So hopefully we'll get a response to that question today.

So now we're moving on to --

Yes?

MR. BYRON: This is Jeff Byron. I have one other thing that I wanted to bring up. The water modeling that's been done at Tarawa Terrace, I'm hearing a rumor that the Marine Corps now disputes that study. I'd like to find out what is your actual dispute to that study since you've been a part of this process through the whole operation.

You paid for it and now you're paying for people to come up and dispute the findings is what I'm understanding, at least that's the rumor I'm hearing. So if there's something to that, I'd like to hear it right here.

MS. SIMMONS: To the best of my knowledge -- this is Mary Ann Simmons -- we haven't disputed anything. We do have some water modeling experts and some water engineers

who've been working with Morris on some things and trying to clarify some issues that, to the best of my knowledge --

And, Scott, please.

-- we haven't disputed anything.

MR. BYRON: Okay, thank you.

MS. SIMMONS: You're welcome.

MR. STALLARD: We just got clarity on the water modeling --

MR. BYRON: So -- this is Jeff again -- so what you're saying is that you agree with the water modeling that was conducted at Tarawa Terrace, the results? Or you're still hashing that over and --

MR. STALLARD: Let's save that for the water modeling.

Perri.

1997 PHA DISCUSSION

MS. RUCKART: Well, since Tom and Bill are here, we can just go right into the discussion of the PHA and then do the recap after that if you want. Do you want to do that? Just get started so we don't take up more of your time? And then when you're done we can go into the recap.

MR. STALLARD: There's a lot of energy around this issue that they're here to talk about so I think that's a mighty fine suggestion.

For the benefit of the court reporter would you be so kind and just introduce yourself and your affiliation, please? We'll start right here.

DR. CIBULAS: Good morning. I'm Bill Cibulas, and I am the Director of the Division of Health Assessment and Consultation. I have been in that position since 2004, but a long-time ATSDR employee. I've been an ATSDR employee since 1985, previously in the Division of Toxicology and Environmental Medicine. Good morning.

MR. STALLARD: And before we go over to Dr. Sinks, who just joined us on the line, please?

MR. PARTAIN (by Telephone): This is Mike Partain.

MR. STALLARD: Welcome, Mike.

MR. PARTAIN (by Telephone): Thank you.

MR. STALLARD: Introduce yourself and then go ahead.

DR. SINKS: Tom Sinks, Deputy Director of

the National Center for Environmental Health and ATSDR.

Denita, I'm here because of your e-mail. So it's good to put a face onto an e-mail.

But let me just say I'm not sure who's on the phone so can somebody give me an idea who's on the phone?

MR. ENSMINGER: Tom Townsend.

DR. SINKS: Hi, Tom.

MR. ENSMINGER: Dr. Clapp.

DR. SINKS: Okay, Richard.

MR. ENSMINGER: And Mike Partain.

DR. SINKS: Hi, Mike.

I don't have any prepared statements or anything like that. Basically here to let you know I'm paying fairly close attention to what we're doing at Camp Lejeune, paying attention to the e-mails that I get. I think the last time I was here I said reach out to me, contact me. I'm available. And Denita is the only one of all of you that contacted me. Even Tom didn't contact me since the last CAP meeting, and I usually hear from him pretty frequently.

Denita's concern basically goes back to the two 1998 public health assessments.

MR. ENSMINGER: 'Ninety-seven.

DR. SINKS: 'Ninety-seven, thanks, Jerry.

And concern about it as it, I think she feels as it has been applied to her and to others that she feels they're probably in a similar circumstance. And I think that we're --

Yes, go ahead, Denita.

MS. McCALL: When I initially e-mailed you, I gave you five representations of how this 1997 Public Health Assessment has been used. It's not only been used in my case. It's been used in a report to the Commandant. Mary Ann Simmons used it in her PowerPoint presentation. It's been used in another public health assessment in Pennsylvania. It's been used in the GAO report. It was used in the Commandant's panel. It's not just a personal thing. They're using this public health assessment as bible.

DR. SINKS: Well, let me comment first that we want the public health assessment to be used for the purpose that it was written. And

one of the things we don't control is how other people use our documents for how they use it. You did send me three or four attachments that I've looked at.

And I'll tell you the one that I found very interesting and informative to me and provided me some education on the topic was the report from the VA, and how they're using benefit information. Because this is something I really have no firm knowledge on other than my experience with Agent Orange and the IOM Committee and the VA's decision to compensate Vietnam War veterans.

And I did look at that yesterday. I actually looked at that this morning. I don't see, at least from that, any suggestion that the VA is actually using our document for evidentiary evidence in decisions they're making. I don't have any real knowledge of how they would have used the report in a issue of yours.

Let me just say personally I don't believe that our science is done for the purpose of identifying whether an individual case of a certain disease is caused by or

related to something we've studied. And what I did note on the IOM report is a -- I'm sorry, the VA report was a strong recommendation to include a recent IOM committee on how to use scientific evidence to determine whether compensation should be given. I don't know if the VA has actually followed up on that.

But if one was to look at the scientific evidence on a case-by-case basis, it is not an easy thing to do. The other thing I thought was interesting in that report was the documentation of the benefit of doubt about issues for to provide compensation to veterans, that they should always rule in terms of the benefit of doubt. But I saw nothing in there that told me, and I've actually seen nothing that tells me that the VA is actually using our document as a way to adjudicate one case versus another.

MR. TOWNSEND (by Telephone): Dr. Sinks?

DR. SINKS: Yeah, Tom.

MR. TOWNSEND (by Telephone): Dr. Sinks?

DR. SINKS: Yeah, please.

MR. TOWNSEND (by Telephone): Tom here. I

have applied for a, I have an existing 50 percent disability from the VA now, and I've had it for 35 years. I filed for an additional VA disability as a result of severe neuropathy in my feet and hands, which are leading lives of their own at the present time.

I went to the VA hospital, was examined, and they pretend that there's no knowledge in their vast repository in the nation of any connection between exposure to neuropathy by a long-term VOC and a long-term NA. There's no cause and effect in their files; therefore, I filed an appeal, and I'm waiting to hear what comes of it.

But the VA is playing games. They're taking your document, studying your document and using it as a rationale for not going forward on a claim. I think that that is unacceptable.

MS. McCALL: Dr. Sinks, let me just add one more thing. I meant to bring it today. I have a denial from the VA of benefits, and it clearly has quoted from your 1997 Public Health Assessment. One paragraph that, no

adverse health effects are expected from this exposure.

And if the 1997 Public Health Assessment is the only literature available to people to go to and find facts, and the facts that they're finding are erroneous, well, of course, people are going to be misled by what the water has or has not caused. That's the issue.

DR. SINKS: Let me get to the core of what you're stating with that comment. If you would have shared that with me, I could see us sending a message to whoever made that determination and suggest to them how we interpret what this is saying.

Now, understand, what we could say is at this point we see a very low risk here. The risk as modeled was 5.5 times ten to the minus five, which is just a mathematical number, but it was for cancer. It was not for the specific type of tumor that you have. And in looking at the literature related to the type of tumor that you have, there isn't a body of evidence that suggests there's an environmental link.

So while we could say to them if you are interpreting our report as saying there can be no connection between, that is not what we, you know, what we're saying here is the risk is low. At the same time we would probably make a statement such that we cannot make a statement that your illness was causally related to these exposures because we don't have that information.

So it's kind of the glass is half full and half empty. I mean if the VA is using our report to make a determination on compensation, I think we would want to clarify with the VA we don't think that's an appropriate use of our report. But at the same time the VA has to make a decision based on something, and, frankly, we don't have the science at this point to give to the VA that says here's the science you ought to be using to make this determination.

MS. McCALL: Well, I won't get into that now because Jerry has the report in front of him, and he can clearly point out to you the contradictions --

DR. SINKS: He just handed it to me.

MS. McCALL: -- that that report represents, and I'll just let him go with that because we can sit here and go back and forth all day, but Jerry's really the one that has the information. Thank you.

MR. PARTAIN (by Telephone): Jerry, before you jump in, let me read something out of the ^ Committee report about the 1997 ATSDR PHA.

Quote, "A 1997 ATSDR scientific survey concluded that there is no scientific evidence to support the claim that VOC exposure at the levels present at Camp Lejeune caused adverse health reactions in adults." That seems pretty concrete to me.

MR. ENSMINGER: Mike, you done?

MR. PARTAIN (by Telephone): Yes.

MR. ENSMINGER: This is Jerry Ensminger. I have right here the Public Health Assessment for Camp Lejeune. And if anybody else has it here at the table, I'd like you to open it to page 26, which is Table 3, which are potential health effects for VOC exposures. Without exception on this table it says for adults non-cancerous effects not likely. Cancer risk increase, absolutely no.

DR. SINKS: It doesn't say absolutely.

MR. ENSMINGER: Well, what is no? No is absolute.

Now I would like to point out to you in the text following that table on page 27 down in the second paragraph it says, "Not enough scientific information on humans is available to rule out the possibility of cancerous health effects from low-dose exposures to VOCs." That doesn't sound like a no. Not to me it doesn't. Does it to you, Dr. Cibulas?

DR. CIBULAS: No.

DR. SINKS: Bill, why don't you mention the updated table that is on our website because we did make --

MR. ENSMINGER: There is no updated data --

DR. CIBULAS: You're right, Jerry, it was pulled in June of 2007 because apparently it was still causing some difficulty in understanding it. But as a result, Jerry, and I think you know this, that following some of these discussions that we had with Dingle's staff, you and others, that we did revise this table and change the no for increased risk of

cancer to not likely.

And that was placed up on the table, up on the website along with some additional information that we had learned subsequent to the conduct of the 1997 Public Health Assessment about exposures of some housing units that were being provided water through the Holcomb Boulevard system. I mean, in our Public Health Assessment we talked that these three housing units only received contaminated water for a 12-day period in 1985.

And we had learned by that time in 2004 when we made that update that prior to 1972 that these units actually were, people in these housing units actually were receiving contaminated water from Hadnot Point. So as a result of what we had learned at that time, we did provide some update. And we did revise this table to reflect not likely for an adult human cancer risk.

But, again, it was taken down in 2007, and it is no longer up there. And the only Public Health Assessment Table 3 that's up there now is the original 1997 Public Health Assessment which you get to through the ATSDR

website.

MS. McCALL: Why did you take it down from not likely to no?

MR. ENSMINGER: No, they took it from not likely to no.

DR. CIBULAS: I think it's a matter of somewhat of semantics here. We did some cancer risk estimates as part of the 1997 Public Health Assessment, and we came up with theoretical lifetime cancer risks in the ten to the minus five to ten to the minus six range which basically means that in a modeling exercise -- and that's what it is. It's a modeling exercise --

MR. ENSMINGER: Now, can I ask a question while you're talking about this?

DR. CIBULAS: Sure, Jerry.

MR. ENSMINGER: This is Jerry Ensminger. Your assessments that you did and the slopes and all that were based on animal studies, right? Everything that you used to come up with -- well, not you, but we had, came up with was based on animal studies. And none of the epidemiological stuff was even considered in this, was it?

DR. CIBULAS: Well, as far as --

MR. ENSMINGER: I mean in this table.

DR. CIBULAS: No, no, we certainly looked at the human, we looked at all the epi data as well as the human data in making our determination about adverse health effects.

MR. ENSMINGER: Well, this statement over here in your paragraph says because the results of epidemiologic studies suggest the possibility of cancer from exposure to VOCs at low doses, more studies are needed to adequately address the issue of cancer associated with low-dose VOC exposure. It says because the results of epidemiologic studies suggest the possibility of cancer. The possibility of cancer doesn't match up with no.

DR. CIBULAS: I agree.

MR. PARTAIN (by Telephone): Or even not likely.

MR. ENSMINGER: Yes. It's a probable.

DR. SINKS: Well, remember that the question here of the no, I think we all agree the no is probably not the appropriate way to phrase this. I don't think we need to argue about

the no, and I think we ought to go ahead and take a look at that again. I think the issue becomes one of, well, what is the risk. And then there's all kinds of things that come into it, Jerry, and how good is the database. Why is the, you know, the National Academy is reviewing TCE again.

I don't know. Did they finish that report? The TCE or PCE?

These things are constantly being re-looked at because there's more data. And when the people who are, the modelers are doing it, they end up having to say, well, what's the best study on which I'm going to base this on. Am I going to use an animal study? Am I going to use a human study? And whether they use the animal study or the human study, they use the best science they can to form an opinion. But the issue of is ten to the minus five low; is ten to the minus five high. I mean, this is a -- the other thing I think we can all agree to is that more science is better.

MR. ENSMINGER: Absolutely.

DR. SINKS: And if we are going to do more science, let's make sure we do the darn best

science we can that is informing us.

MR. ENSMINGER: Well, I'm not, I'm not --

DR. SINKS: So we're not arguing --

MR. ENSMINGER: -- I'm not disputing that fact. The fact I'm disputing is that this document contradicted itself multiple times in its original form. I mean, it has nothing to do with future studies or -- I mean, and if it was up to this Public Health Assessment, there wouldn't be any future studies. There would not have been anything done other than the kids at Camp Lejeune.

DR. SINKS: You corrected yourself because that's where I would argue with you.

MR. ENSMINGER: As far as the adults go there would have been nothing.

DR. SINKS: Let me argue a little bit with that, Jerry, since I'm sitting right next to you.

MR. ENSMINGER: It says right here.

DR. SINKS: But let me point out to you that because this -- I mean, yes, in terms of the words that are there. But we're not just dealing with the words that are there that were written ten years ago that you want to go

back to and say, well, here's what was written here ten years ago.

To me ten years ago this document was written, and ten years ago people like Frank become involved in looking at this. And because we became involved and started looking at this, we started contacting people like you who took up this issue and made it an issue. And now where we are is we're moving forward looking at additional science and additional work.

And if it wasn't for that document, whether you like the document and the words that are in it or not, that document has put us all in the position where we are today. And it is relevant, and it has been helpful. Now you can argue you don't like the words that are in it, and we're not going to argue back with you.

MR. ENSMINGER: It's not only the words, it's --

DR. SINKS: The point is --

MR. ENSMINGER: -- it's the conclusions.

DR. SINKS: I understand, Jerry, but the point is that people who have been here for

ten years have been taking this on personally and have been working on this doing the best job they can for you and for the others. And while you're not always going to agree with them, and you're not always going to agree with words that we were putting on paper ten years ago, we all have the same thing and interest here. Our interest is the best science and getting the facts.

Now, if you're going to look and compare the science and the issues that are here at Camp Lejeune to what the human epidemiologic evidence that's used for cancer is outside of Camp Lejeune, having worked in occupational health for six years, I can tell you the best epi data are going to come from workers who were exposed for decades rather than looking at short-term exposures. Where we have in Lejeune is that the average person is there a couple of years.

So there is a substantive difference in terms of where most of the human epi comes from in terms of the proof of -- not the proof, but the best human epi studies generally come from occupational studies. And

it's not because it's necessarily the worst setting. I'm not saying Camp Lejeune was not a, you know, there wasn't an exposure there, but I'm saying --

MR. BYRON: There is no worse setting.

DR. SINKS: -- that there wasn't an exposure there, but I'm saying --

MR. BYRON: There's no worse setting.

DR. SINKS: -- but I'm saying usually when we form human information that's telling us about cancer risk, it's from occupational studies. Now, there are a number of reasons --

MR. ENSMINGER: So what you're saying is that there are much worse exposures --

DR. SINKS: Different exposures, but those are the things that are generally used. Now, let me --

MR. ENSMINGER: When you go to this and it says a 1997 ATSDR scientific survey concluded there's no scientific evidence to support the claim that VOC exposures at the levels present at Camp Lejeune.

DR. SINKS: Okay, so --

MR. ENSMINGER: Now, now, now, when you're

talking about levels, and you're talking about occupational exposure or exposure through drinking water, we have a thing called an MCL. It's called five parts per billion from TCE and PCE. There was 1,400 parts per billion of TCE documented in Camp Lejeune's water. If we're going to mix occupational exposures that aren't as bad as what we had, why the hell do we have MCL? Why do we have an MCL for safe drinking water if we're going to argue whether or not it is harmful? And I don't know what the resistance is for taking this thing down. But this document contradicts itself time and time again. People are being denied benefits because of this document, and we're getting a push back here from this agency. And I didn't write this thing, but this thing is a piece of crap.

MR. PARTAIN (by Telephone): One big thing on the occupational versus what we were getting at Lejeune, the occupational -- you go to work. You're exposed at work eight hours a day. You come home. At Lejeune we're getting it 24 hours a day, seven days a week. There is no science in that. That's what this is

about, too.

Now, you talk about this is a ten-year old document, and people are working and everything. When you have a scientific study, you have a hypothesis or what have you. And if that hypothesis is proven wrong or if the data suggests it's wrong, then you change it. This document is based on occupational studies. It's not taking into account that these people were living in it, drinking it, bathing in it --

MS. McCALL: Breathing it.

MR. PARTAIN (by Telephone): -- and breathing it. And the science is not there. It's unknown, and you said so in the document. But yet you're saying no, there's no exposure likely or not likely. And people like Colin McPherson down in Tampa, who just died of prostate cancer two years ago at the age of 47, who was at Lejeune from '76 through '87, was denied VA benefits because there was no link according to them between his VOC exposure at the base and his cancer, and they quoted this document.

MR. STALLARD: Okay, thanks, Mike.

This is Chris. I'm going to give Tom a chance to speak. And then I'd like to move for some more concrete solutions if we can here.

DR. SINKS: Actually, what I think I'm going to do is give you some concrete solutions, but maybe not, Chris, because -- I'm sorry, Tom, was that you?

MR. TOWNSEND (by Telephone): Yeah, I don't want to leave this. I've been looking through my records, and I went for an exam this year, 2008, to the VA, and they said, they made a don't go there kind of thing. It says this veteran has made a claim for neuropathy due to chemical exposure as well. I don't know what the hell that means. You are not to consider that claim at this time because we have not confirmed this exposure.

It just doesn't, I went for a neurological exam, and they checked my bloody reflexes, and they denied peripheral, they denied all three of my assets of my claim. The VA is using this Public Health Assessment as a rationale for denying claims. I have appealed on it and have been on their butts

for a long... I'm gonna wait.

But what people are saying as far as exposure 24 hours a day, I had a son in between Vietnam tours. We washed diapers by hand in hot water, and the water lines at my house at Paradise Point in the water, in the fire hydrant had 1,400 parts. And I have that in writing. I don't know what my house had because Morris hasn't finished it. But I am sick and tired of reading the excuses that this Public Health Assessment gives to the world that's trying to escape responsibility.

MR. BYRON: This is Jeff Byron. I'd like to know who the VA liaison is to the ATSDR and if you even have one. Because I don't see anybody here from the VA that I would know unless --

Is there anyone from the VA in the audience?

(no response)

MR. BYRON: And my understanding, and I believe it was 2003 when I went to Washington and spoke to the Assistant Secretary of the VA, is that the VA would not even get involved until the Senate Armed Services Committee told

them to. So where's the action, where's the interaction between the CDC, ATSDR and the VA concerning veterans up to a million of us?

And if there is not one, then I suggest we put one on the panel. Because the only way they're going to know what happened here and why this report is not up to standard is because they're not here. So as a member of the CAP I'm suggesting that we get a VA representative on the CAP.

MR. ENSMINGER: Good idea.

MS. McCALL: I second that motion.

MR. BYRON: All in favor?

(affirmative responses by CAP members)

MR. BYRON: The ayes have it.

DR. SINKS: You didn't ask for the opposed.

MR. BYRON: Opposed?

DR. SINKS: Just teasing.

MR. BYRON: Opposed?

(no response)

MR. BYRON: Ayes have it.

MR. STALLARD: You're recommending to invite the VA to participate, is that correct?

MR. BYRON: First what I would like for the ATSDR to do is go to the Armed Senate Services

Committee and tell them what the heck has gone on here. Because they're going to read that report and they're going to see no, not the possibility of, they're going to read no. And they're going to take it as the literal word because that's the Bible coming from you guys. So we need to make sure that the Armed Services Committees are made aware of it, and we should need to request that they involve the Veterans Administration in this study.

MS. McCALL: Dr. Sinks, have you seen the TCE report from 2006 from the National Academy of Sciences on TCE?

DR. SINKS: I haven't.

MS. McCALL: Well, I have, and it's 673 pages long. And I haven't gone through the entire thing, but I can tell you this, that they did conclude that TCE was 40 times worse than they previously thought. I can also tell you that when they look for cancer in a population, they look for rare tumors. And so far the people that I've come in contact with, we've all got rare tumors. And when you made the statement to me that the VA says, oh, you don't expect this type of cancer from

exposure. That's not true.

DR. SINKS: Denita, what I said was there isn't a body of literature that's suggesting that your specific tumor is necessarily related. That's a different issue. I'm not saying it's not related, but I'm saying if they are going to make, if you look at that report that the IOM put out and gave to the VA, and then looked at what the VA said, they said they want to take a more holistic view of the science informing their opinion. But my impression is there isn't enough science for them to make an opinion.

MS. McCALL: And our issue today with this report is this is the only science available. When they go to the ATSDR and they look for some concrete evidence on human exposure and cancer and whatever, you know, it doesn't only have to be cancer. This 1997 PHA is all they have, and it's erroneous. And I need to ask you, do you stand behind this report?

DR. SINKS: Let me do something a little different. First of all, what's very obvious, at least to me, is that for the most case we're pretty much in agreement. It's not that

we're in disagreement. We're in agreement. We all agree --

MR. PARTAIN (by Telephone): Agreement on what, Dr. Sinks?

DR. SINKS: Who was that?

MR. PARTAIN (by Telephone): That was Mike Partain.

DR. SINKS: Mike, let me finish. First of all we all agree that the word no is probably an inappropriate word that should not have been in there, and we will take care of that. So I will ask Bill to let's figure out a way so that what's ever on our website doesn't say no, or at least says there is uncertainty here, and we don't have an answer on it. That's what the state of the science is. And I think we all agree that no is inappropriate.

I haven't heard anybody at the table, you haven't heard us say, oh, we're standing behind no, Jerry. We like that word. We don't like that word. It's an 11-year old word in that document, and we'll change it. Let me keep going.

The second one is in terms of the science is that we've all come to the point

over the last two years of agreeing we need to move forward and do more work. So that really is our number one priority is to get the work done and to make sure it's of good quality. And I haven't heard anybody argue that we shouldn't be doing it. I think we're all in agreement.

MR. ENSMINGER: You didn't ask the audience.

DR. SINKS: Well, the audience isn't at the table.

The third thing that I have not heard an argument about is that none of us feel that the Public Health Assessment that was done ten years ago should be used by the VA to make a decision. You haven't heard, I don't believe you've heard me ever say that that report by itself ought to be used by the VA to be doing something. So Jerry shares with me this document.

Was this in that PDF that you sent me? Is this the right page, Denita? Page 138? Because I was looking at -- I didn't see 138. I was looking at an earlier page.

MS. McCALL: I'm not sure what Jerry has there.

MR. PARTAIN (by Telephone): Yeah, it's 138.

DR. SINKS: Let's make sure I know where this is, and we will --

MR. ENSMINGER: Mike, give him the full name of this report. This is a Veterans Commission report, September '07?

DR. SINKS: Mike, is this from the -- I think you were on that e-mail. Is this what Denita sent to me?

MS. McCALL: Mike, is that the one I sent to you?

DR. SINKS: It's got a big blue cover.

MS. McCALL: Yeah, that's it. The report to the Commandant from the VA.

DR. SINKS: So, Jerry, just make sure I get that when I leave, and we will draft some type of a letter to the VA that updates them. Because there's a lot of factual information that just isn't right here. It's not just in our report --

MS. McCALL: But Dr. Sinks --

DR. SINKS: -- but what the status of our work.

MS. McCALL: -- it's not just this table with no. I mean, I know in just half an hour

we made a little progress with getting no taken off. It's the entire report.

MR. STALLARD: I need to interject here. You said you're going to offer potential solutions?

DR. SINKS: Yeah, let me keep going.

So in terms of what we agree to, we agree no is not the right word. We agree that more science needs to be done, and we're doing it. We also agree the VA shouldn't be using the report to be basing that the word no, if you will, to be coming to a conclusion about risk for adults.

So I will draft some type of a letter to the VA that updates them and clarifies the language we'd like to see in terms of this. I can't tell you that's going to change how the VA will act, but I can tell you that's something I can control.

Now where I tell you we disagree is in terms of the health assessment itself and whether it will stay. It will stay. There are plenty of things that are in that report that are accurate.

MR. ENSMINGER: What?

DR. SINKS: Well, Jerry, it says there's a public health hazard there. It says there's a public health hazard to people from exposure to volatile organic compounds through drinking water. Do you want us to take that down, Jerry?

MR. ENSMINGER: I would like --

DR. SINKS: Is that inaccurate?

MR. ENSMINGER: No, that's not inaccurate, but then there's all kinds of excuses after that as to why they weren't going to do anything. I mean, is --

DR. SINKS: But, Jerry, we're doing something, so how is --

MR. ENSMINGER: -- do these people have a tray at their desks that have got all these different statements on it where they're writing these things? They can say, well, let's see. No, no human health risk --

MR. BYRON: Let's just correct it and put down Revision B, please.

DR. SINKS: I think once we correct it, I think, again, you're kind of going to the second thing where I think we agree on it. We're not standing still. Now, I'd like us to

be pushing forward more quickly, and I'd like these results to be out. And I'd like us to be getting some of this work published, but I will tell you I also want to make sure that the information that we generate is used appropriately for what it means.

And I, to me, and I'll go back to, I mean, I'll digress a little bit. The information in that report from the VA in terms of their accepting recommendations from the IOM about how to consider science in terms of a disability claim is the key and is extremely important to the end game here, if you will, in terms of how our science is going to be used. And that and the more recent report on TCE from the IOM. Those things are all important.

The question to me is how is the VA making those types of decisions. Are they making them on a case-by-case-by-case basis? Well, I think they are. Or are they taking a look in general in terms of Camp Lejeune in some bigger holistic way? And I don't know the answer.

MR. ENSMINGER: And another thing, you know,

we know that, and I admitted before we got started here that a lot of the errors in this assessment are not ATSDR's fault. We know that. We know you can only work with what you were given. There were a lot of other chemicals in the water at Camp Lejeune that didn't show up in this assessment as well which, hopefully, the water model will show when it's done.

There were extreme levels of vinyl chloride in a couple of those wells. We know that there were high levels of benzene in the water from the fuel farm for many, many years. And that fuel farm was right across the street and up a gradient. And there was the wells with down gradient and pulling that fuel right to them, 6-0-1, 6-0-2.

Now, none of that stuff shows up in the Public Health Assessment, so it couldn't be figured into your cancer slopes and all your 5.5 to the tenth power or whatever the hell it is or to the negative five. But anyhow, when you sit down here in your enclosed world here in this facility, and you work with these numbers and you work with

these facts and figures, and you look at these different reports, and you look at this, and you look at that.

I deal every day with the people. I know what kind of nightmare lies out there. I know how many people I've spoken to with bladder cancer, kidney cancer, liver cancer, non-Hodgkins lymphoma, leukemias. And these are adults. There's a damn nightmare out there.

And I believe that the Department of the Navy and the Marine Corps know it and have known it for years. And I believe that's why there's been so much resistance. And unfortunately, I'm afraid we're going to be uncovering this nightmare one grave at a time.

MS. McCALL: Dr. Sinks, can I ask you why it is important to keep this on your website and published? Why is that important?

DR. SINKS: Denita, first of all it's an historical document. I mean, if you throw it away you're just saying, oh, that history didn't exist.

MS. McCALL: It's an erroneous --

DR. SINKS: No, it's not an erroneous

document. It is a --

MR. PARTAIN (by Telephone): Archive the document then.

MS. McCALL: You can archive it --

DR. SINKS: We have archived it.

MS. McCALL: -- but it doesn't represent the truth.

MR. PARTAIN (by Telephone): ^ where it was.

DR. SINKS: I would argue with you what truth, what's there. I think that, again, this document was written ten years ago, and as Jerry said, with the information that we had. I think we agree with you that the issue of no is not the best way to phrase that. I think the calculations of the risk are still low. I do think that once when we have sufficient new information to update that health assessment, we should update it.

At this point one of the things we're waiting for is the modeling data to be completed so we have a better idea of what those exposures were and would be. I have to tell you that in any of this work that we're doing there is a significant amount of uncertainty. When you're dealing with the

data that we have and the information that we have that, you know, from other studies to use to compare to it, and there's a significant amount of uncertainty in that, and it is part of the science.

Jerry's main statement which he said, and he and I have spoken about this before, is that we're not going to have answers -- you could give this to any risk assessor who comes up with a model and be uncomfortable with what that answer is that they come up with. I mean, the best way for us to get the closest information we can is to keep going ahead with the science and getting it done and doing it right.

And we have been trying to do that. And all of our efforts have been, well, not all of our efforts, but the majority of them have been based not looking backwards at this health assessment but looking forwards at getting the science information and making sure we know we can answer questions like Jerry has which are, I think, the most important questions to answer. Now he's going to argue with me.

MR. ENSMINGER: No, I'm not. You know, I have the different versions of this Public Health Assessment that were issued. This one was dated -- and this was the brown cover -- January 6th of 1995. In the descriptions, in the descriptions -- I mean, this is what's getting me -- in the descriptions of the water systems like the Holcomb Boulevard system, it says when they had the fuel leak.

And then ATSDR in their description of the Holcomb Boulevard system said emergency backup water was then pumped from the VOC-contaminated Hadnot Point system into the Holcomb Boulevard distribution lines. True statement. It was.

The final version, now, there must have been some lawyers involved in this. Not you, Colonel Tencate. You weren't there then.

UNIDENTIFIED SPEAKER ONE: Did you make Colonel, sir?

LT. COLONEL TENCATE: Lieutenant Colonel.

UNIDENTIFIED SPEAKER ONE: You're still Lieutenant Colonel. I thought you might have gotten a promotion.

MR. ENSMINGER: You don't run around calling

Lieutenant Colonels, Lieutenant Colonel. You call them Colonel.

In the final version of this thing it says emergency backup water was then pumped from the Hadnot Point system whose VOC contamination was not yet identified. I'll be damned. It had been identified a long time ago, three years before that, four years really. The U.S. Army Environmental Hygiene team identified it back in 1980. Where's the '95?

DR. BOVE: I don't know why it said that. Jerry, it's a contradiction, yeah.

MR. ENSMINGER: That's the problem.

DR. BOVE: And there are several --

MR. ENSMINGER: -- deals were being --

DR. BOVE: I would like to make a suggestion. I don't know if Tom's going to go for this or Bill's going to go for this, but I've always had trouble -- and I have to be honest because I said so in the 2005 expert panel meeting, that I disagreed with that table, that I disagreed with the slope factors they used, that ten years before that in New Jersey back in the late '80s we had done a

risk assessment and found that the ten to the minus six risk for TCE was one part per billion.

That was again done, another risk assessment by California was done about 12, 13 years later after this, 1990, which again found one part per billion is roughly to the ten to the minus six risk. And EPA did a risk assessment which is yet to be finalized but which probably won't change once they ever release the document. It's a political issue here. But what they did was use occupational studies and our New Jersey study. And together or separately the ten to the minus six risk again was around one part per billion.

So if we are going to re-issue a table, we need to discuss the risk assessments that were done before this was done like New Jersey and subsequently. We need to, if we're going to put a table up there, we need to use the word uncertain, absolutely. You cannot say not likely. It's not true. It's not true. I said so in 2005 at the expert panel meeting.

So I'm certain we could discuss, I think, and describe why we think it's uncertain based on the unpublished EPA document, based on California's published document, based on NAS' published document. That might be more informative on our website so that we're on record as saying it's uncertain. At some point we're going to do a tox profile on it when the certainty becomes less certain, less uncertain, and something of that sort.

So that's what I would say. You have the health assessments up there, in sort of an archived netherworld on our website. But on our Camp Lejeune website we actually state something like what I'm just saying, expressing the uncertainty, expressing the fact that other risk assessments have found that risks are much lower.

MR. ENSMINGER: We have an expert, and we have Dr. Clapp on the phone.

And Dr. Clapp, we'll let you give your viewpoint on this.

DR. CLAPP (by Telephone): About the risk of trichloroethylene, is it?

MR. ENSMINGER: Yeah, and about these tables and about revamping them and just what Dr. Bove and Dr. Sinks and all of us have been talking about.

DR. CLAPP (by Telephone): Well, I agree with what Dr. Bove says about the strength of the science, and to the extent that ATSDR has a policy of updating its PHAs with new science, I think they should do it.

MR. ENSMINGER: Well, I mean, there was even existing science when this was written that was disregarded.

DR. CLAPP (by Telephone): Well, then I agree with your comment, Jerry, that ATSDR was working with what it had.

MR. TOWNSEND (by Telephone): Dr. Sinks?

DR. SINKS: Yeah, was that Tom?

MR. TOWNSEND (by Telephone): Yeah.

DR. SINKS: Go ahead.

MR. TOWNSEND (by Telephone): This is a small academic point but none of the references that are part of your document are available. They’re gone. I think you’d have a hard time taking this to a doctoral dissertation, and you can’t find your

references.

DR. SINKS: You guys have pointed that one out before. Thanks for reminding me.

MS. McCALL: Dr. Sinks, I asked you a question, and I didn’t get an answer that is satisfactory. And you stated that the reason for keeping this PHA up is for historical reasons. I don’t see --

DR. SINKS: Denita, you --

MS. McCALL: -- that is in contempt --

DR. SINKS: -- made a statement, Denita, that everything in the document was false, what you said.

MS. McCALL: Most of it is.

DR. SINKS: Most of it is correct. If you look at the document it talks about the pesticide hazard. It talks about a lead hazard. It talks about current exposures going on at the time the document was written. There’s no argument about those.

MR. ENSMINGER: Then why are we --

DR. SINKS: The argument, I believe, is focused on what is this document saying about adult risk from VOCs in drinking water, can we make a better statement on that. And the

other piece of this which isn't in this document which concerns all of you, and it concerns me, where there's not a disagreement about, is how are other people using this document.

MR. ENSMINGER: Incorrectly.

DR. SINKS: And I think, and that's what I want to be open to. Now, taking this thing off our website isn't going to change how other people -- if that's all I did was to have this off the document, that's not going to change this language that Jerry shared with me in the report that the VA has. I think that's something I can be a little more assertive about and take on and make sure the VA is up to date with where we are, what we know and the language that we are going to propose be changed in that.

MS. McCALL: Well, in addition to the VA, you need to write the GAO the same letter. They used it in their report. You can't exclude everybody who has used this in support of saying there was no adult exposure risk. The GAO will use this report in support of their report.

DR. SINKS: Well, let me, if there's language in the GAO report which I'm not familiar with, Jeff, and you share that with me, I can see about doing that.

MS. McCALL: I sent you the GAO report.

DR. SINKS: Okay, that's not one that I opened up then.

The other point that I think is well taken is at what point does it make sense for us to update with current information a health assessment on Camp Lejeune. And I think that's in Bill's lane, and he's very aware of that. It's something we have discussed. We've not talked about redoing the toxicologic profile on TCE. That's something that has not been done because of the EPA IRIS hold that basically has held us up from moving ahead with that.

But I also would suggest we not wait for that to occur because that's a process that can take many months, and it's not something I feel we should wait on. I think we should go ahead, do something actively that corrects the language in the health assessment. I'd like Bill to perhaps come

back at the next meeting or even before and say whether we, you know, at what point will we feel this is the time to re-do a health assessment on this thing so you have that information that would then supercede this document.

And the third thing is for me to come up with a letter to the VA that directly deals with this issue. And I will probably in that letter cite their report that suggests they are going to have a process to look at a body of information, all of the information, to make their determination for Camp Lejeune. What worries me is -- and again, I don't know the process there, but I think it would be very difficult for them to be making case-by-case-by-case decisions, you know, when you're dealing with a couple hundred thousand people who were exposed.

MR. BYRON: This is Jeff Byron again. Can somebody please tell me how the VA got involved in this other than individuals going there? And where did the VA commission, who authorized them to even look into Camp Lejeune if anybody can tell me? Without the

participation of the victims, that thing isn't worth the paper it's written on either.

MS. McCALL: Well, Jeff, a couple of CAP meetings ago I had Kelly Dreyer promise me that she was going to notify the VA. I asked her over and over did you notify the VA. She said yes. How did you notify the VA? We wrote them a letter. Can I have a copy of that letter? When did you write the letter?

MR. ENSMINGER: Did you get the copy?

MS. McCALL: No, but the VA was supposedly notified of this Camp Lejeune situation by Kelly Dreyer. That's what she said.

MR. BYRON: The only thing I can say about that is you're getting a one-sided picture. So without any representation from the victims or without VA representation here, how could it possibly know what's transpired? Because as far as I know Congress has not directed the VA to look into this. Am I wrong?

Jerry, do you know?

MR. ENSMINGER: What?

MR. BYRON: Has Congress or the Senate directed the VA to look into Camp Lejeune?

MR. ENSMINGER: Yeah, the Veterans Affairs

Committee did.

MR. BYRON: When did this occur?

MR. ENSMINGER: Just a couple months ago.

MR. BYRON: They didn't bother to tell us or did they tell you?

MS. McCALL: Was it Senator Akaka?

MR. ENSMINGER: Senator Akaka I think. It's on the website.

MR. PARTAIN (by Telephone): This is Mike Partain here. You keep mentioning that the VA is looking at this on a case-by-case basis, but they're not even getting into the case-by-case basis. These veterans can't even get past the fact there's no exposure -- I'm sorry, not exposure, there's no health link addressed for adults. They found them right there and get stopped cold before they even get into their individual case.

DR. BOVE: Thanks, Mike.

MR. TOWNSEND (by Telephone): No, they get into the case, but they deny it because they claim that they don't have a, they don't know there's anything going on at Camp Lejeune.

MR. ENSMINGER: Dr. Bove, what was the study you cited in New Jersey?

DR. BOVE: Well, there's the study that we did that linked non-Hodgkins lymphoma with TCE. But then there was a risk assessment done -- I think it might still be available on the web. I have a hard copy of it. I don't remember the exact date, the late 1980's, risk assessments were done for all the VOCs for the New Jersey Drinking Water Act called A2-80, which was the basis for having the contamination levels we used in those studies, and where the ten to the minus six risk was ^ for both PCE and TCE if I recall. I know it was TCE. I'm pretty sure it was PCE, too, at one part per billion.

California did its own risk assessment in the -- let's see, when was that? It was after this but not much, like 1999, 2001 they did one for TCE and one for PCE. For TCE again it was around one part per billion range. They didn't use the New Jersey study. The EPA's risk assessment draft came out in 2001. There they used three or four occupational studies plus our New Jersey study on non-Hodgkins lymphoma, and that risk assessment again came out around one part per

billion for a ten to the minus six risk.

MR. ENSMINGER: When was that?

DR. BOVE: Two thousand and one was the draft, and then there was a whole history of the Science Advisory Board and the EPA commenting on it back and forth and then it being withheld, and it's still in limbo.

Now, I made a suggestion earlier what we might want to do is put up on our website just what is new and now both with the water systems there and with the uncertainty on the risk and what other risk assessments are found. I do see through here that we may have also made some errors in what we assume was the exposure estimate used for the table because we say, for example -- I didn't see this before, that exposure at Hadnot Point was probably intermittent between '82 and '85, which is probably not true at all.

And so, but that again, that requires the completion of the Hadnot Point water modeling to be exact. So, again, I think we can say there was some uncertainty in what went into the health assessment because we didn't know enough about the water system back

then. We know a lot more now. We'll know more after Morris finishes his work.

So there's problems both in the exposure column in that table. There's a problem with the potency that came up with the risk; and therefore, the last column is not quite right either. So given all that I think we can say something like that on our website. Say there is a health assessment out there; however, these are the issues since '97 and put the caveats there.

MR. ENSMINGER: Well, I mean, I agree with you, Dr. Sinks, about the rest of it on pesticides and lead and all that stuff, you know, the other parts of that assessment. The big problem is the VOC part of this thing, and I don't see why you just don't take the whole section of VOCs and pull it. I mean, you're going to have to re-do it when the water model's done. That whole section of the water distribution systems, exposures, the whole nine yards. I mean, the water model's more likely going to show higher levels of benzene or BTEX and vinyl chloride. I mean, 651 had documented levels of 600 and some parts per

billion of vinyl chloride in her. I mean, now, if you're running three or four other wells and mixing it, that's fine. But you ain't going to dilute that down to no less than damn two parts per billion, which is what the MCL is.

MS. McCALL: I have a question for Mary Ann. You recently did a PowerPoint presentation for the Navy and Marine Corps, and you cited from the 1997 Public Health Assessment. And I want to know if that was the only available information you had or did, you know, you've been sitting at this table as long as I have, and you know that there's clear problems with this exposure to the population.

Were you just confused about the potential harm to people or did you just use information from this PHA because it was there? I don't understand why because I was very upset to see that you used this PHA in a PowerPoint presentation to discount the potential harm to individuals.

MS. SIMMONS: This is Mary Ann. I'm not sure what presentation you're talking about.

MS. McCALL: The most recent one you did in

2008. It was --

MS. SIMMONS: The NEHC workshop?

MS. McCALL: Yes.

MS. SIMMONS: I did use it. We all use public health assessments as points of reference for, I mean, you guys are the experts.

MR. STALLARD: Can I summarize where we are in this discussion thus far? There's agreement on some things. The question is the applicability of the PHA report and the benefits in keeping it posted on the internet, and so there's benefits that there's some accurate information. We all seem to agree on that although there's a question about erasing contradictory information in the VOC section, correct?

MR. BYRON: Yes.

MR. STALLARD: It has been a catalyst for future studies supporting these efforts that we're currently involved in now. And it does serve as an historical document for those to refer to in the profession. The downside is for the government is how is it being used, in particular the VA and the GAO.

MS. McCALL: And NEHC.

MR. BYRON: And the Commandant's panel.

MS. McCALL: And the Commandant's Expert Panel.

MR. ENSMINGER: They're using that as ammunition to justify their stance.

MR. STALLARD: Okay, so potential solutions that I've heard offered here today are to correct the language in the PHA table. Is that correct?

DR. SINKS: Yes.

MR. PARTAIN (by Telephone): And what exact language would be proposed to use?

DR. CIBULAS: I think we'll work together on that. We did try to provide an update in June 2004, and then we provided an update statement at 2007. Seems like that wasn't quite what everybody was hoping for so we commit to working with the CAP on that, but to providing some language that updates what we know about exposures and health effects for VOCs at Camp Lejeune.

MR. PARTAIN (by Telephone): This is Mike Partain again here. I mean, I want to ask you, we're talking about the language no and

not likely. Are you saying you would have used the word unknown? Or what word are you looking to use in there?

MS. McCALL: Uncertain.

DR. CIBULAS: Yeah, I like that, uncertain. I was committing to working together on it, but --

DR. SINKS: Let's not quibble right now about what the exact words are. I mean, DHAC is going to have to come up with something. They're willing to share it with the CAP. We're going to appreciate getting comments back from the CAP. I will tell you we will make the final decision what we put in our documents. We will listen to what you have to say, but the CAP will not tell us what it will be that we put in our document.

MR. PARTAIN (by Telephone): Well, what type of timeframe can we expect?

DR. CIBULAS: Good question. We'll start working on it right away. I mean, I'll go back up and take what I've heard from this meeting and we'll start working right away on it and keep in touch with Frank and Perri and the committee and let them know how we're

progressing.

DR. SINKS: And I'd suggest we try to time this with any communication that I might have with the VA in terms of a letter, and I'd preferably like to see this some time by the end of January. Obviously, the next couple weeks is pretty much dust for all of us since the next two weeks most of us won't be in the office. But I think in January, probably by the end of January we should be able to have something.

MR. PARTAIN (by Telephone): This is Mike Partain again, one other question here. Dr. Sinks, would ATSDR be open to revising inaccuracies in historical summaries contained in the PHA? For example, in the conclusion it says contamination at the Holcomb Boulevard system was present only for two weeks, January 27th --

MR. ENSMINGER: Hey, Mike, this is Jerry. We're going to have to wait for the water model to do that.

MR. PARTAIN (by Telephone): Okay.

MR. ENSMINGER: But to change any of this historical stuff on the water system, let's

just take a time out on that and wait until the water model's completed.

MR. STALLARD: I will say that I have heard commitment to find the process to update information that's published in the PHA, Public Health Assessment, new information known in the intervening eleven years, and then to publish that new information as it's known. And then here's your solutions, communication with the VA and GAO as appropriate.

DR. SINKS: Just in terms of timing though I think the correct language in communication with the VA, and I'll have to look at the GAO stuff. Those should be concurrent, and the other things are going to have to come up as the science moves forward.

MR. BYRON: And, Dr. Sinks, is it possible for you guys to provide us with the correspondence between yourselves and the VA or is that --

DR. SINKS: Yeah, I'll also share it.

MR. BYRON: I'd appreciate that because if they're going to take action, you know, and have committees, I think the victims should be

represented.

MR. ENSMINGER: I agree with Dr. Sinks.

DR. SINKS: Sorry?

MR. ENSMINGER: This is Jerry Ensminger. I agree with Dr. Sinks that these changes, anything that they're going to change is imperative that that's done before he goes to the VA so that they have the most up-to-date stuff to work with.

DR. SINKS: Can I take a break?

MR. STALLARD: We were supposed to take a break at ten, but you were all so, this was a very impassioned dialogue, and we've come to some level of solutions here. So we're going to take a break -- yes, Tom?

MR. TOWNSEND (by Telephone): I don't know if you heard me about the references ^ some indication of where the references are that form your thesis. They're not there. They're not available.

MR. STALLARD: Okay, I got you. Thank you, Tom.

And the only other thing I think I heard that was unresolved is, has there been a request for the letter that was communicated

to the Veterans Affairs?

MS. McCALL: No. We've not been provided or I haven't been provided any kind of correspondence between the Marine Corps, Navy and the VA, nothing.

MR. BYRON: May I ask has anyone here had any contact with the VA at all? Anyone?

MR. TOWNSEND (by Telephone): I'll send my appeal and my ^.

MR. STALLARD: Thank you, Tom.

MR. BYRON: Anyone?

MR. WILLIAMS: I called them for the first time Monday to see who wrote that fact sheet. That's my personal take.

MR. BYRON: So really they're outside the loop.

MR. WILLIAMS: But ^ also --

MR. STALLARD: Wait, wait.

MR. WILLIAMS: -- ^ meeting in July showed all of the outreach efforts that we sent out to the VA centers as far as direct one-on-one contact in my time --

MR. BYRON: Okay, well, I need the Secretary of the VA to know and his assistant because they're the top dog. It all flows downhill

from there. Thank you.

MR. STALLARD: All right, folks, are we ready to break? It's scheduled for 15 minutes, is that -- ten, ten minutes, please, be back. Thank you very much.

(Whereupon, a break was taken.)

MR. STALLARD: We have a question from Mike on the phone first before we go into what's on the agenda. We are getting ready to go into Morris' presentation. Who's the senior ranking person here?

All right, Mike, you have a question you'd like to pose before we go into Morris' presentation?

MR. PARTAIN (by Telephone): Just want to say as far as that meeting I talked to Scott ^ document ^ opportunity to ^.

MR. STALLARD: All right, Mike, you came in very garbled and broken up. Are you on a cell phone traveling some?

MR. PARTAIN (by Telephone): ^.

MR. ENSMINGER: You keep breaking up, Mike.

MR. PARTAIN (by Telephone): Okay. Just had a ^ environmental ^.

MR. STALLARD: All right, so you requested

from Colonel Tencate, July of this year's information from the Environmental Health folks?

MR. PARTAIN (by Telephone): The Environmental ^ looking for an impact ^ written index.

MR. STALLARD: Written index?

MR. PARTAIN (by Telephone): For the document listed ^.

MS. RUCKART: We're going to be talking about that as part of the recap. If you could just hold off, we'll get to that.

MR. ENSMINGER: Mike, are you talking about the Baker or are you talking about the Booz-Allen-Hamilton library that they put together?

MR. PARTAIN (by Telephone): Either one. Baker has a website --

MR. ENSMINGER: I think what we were talking about before was the Booz-Allen-Hamilton inventory.

MR. PARTAIN (by Telephone): Okay.

MR. STALLARD: And so that's going to be covered then in the update. Sorry, Mike, I'll get it in the minutes ^.

MR. WILLIAMS: I'll be giving an update on

that later when we get to it.

MR. STALLARD: Very good. Let's move right along to Morris' water modeling update.

WATER MODELING UPDATE

MR. MASLIA: I'm going to give you a little update on the water modeling activity database development and stuff like that. And if I could, it would go, I think, faster if we all get our questions and answers, if you could just let me go through it. It's only about ten slides, and then ask questions about anything so I can get through the entire presentation.

MR. ENSMINGER: Why are you looking at me?

MR. MASLIA: You're the chief, so I'm -- okay, so that said.

We now have three-and-a-half, full-time internal people working on the water modeling. Renee Suarez, Jason Sautner, and Barbara Anderson's half time and myself finishing up on Tarawa Terrace overseeing the whole ^ project. And status of water modeling activities, I'm just going to give you an update on remaining Tarawa Terrace chapter reports. I'll go into some detail on what I'm

referring to as Hadnot Point and Holcomb Boulevard water modeling activities: timeline, database development and ground water model development and meeting with former and current operators and also the status of the expert panel that we are assembling.

So with that Chapter I which is, well, let me precede that and say all the remaining chapters with the exception of Chapter K, which is supplemental information, the summaries or results are in Chapter A that you have already, and nothing that will be in Chapter J, I or J, will change anything. So this is basically the details.

So rather than, for example, just showing you a one distribution of a model parameter, we will show you in Chapter I all eight of the ^. Same thing, rather than summarizing the percent of water that reached a certain point in how many days in Chapter I through the water distribution system, we actually give a lot more details in Chapter J. So I just want to make sure you were clear on that. This is not the changes to Chapter A,

but it's just the backup, if you will, documented backup information.

Chapter K will be supplemental information and will update some issues in reference to start-up dates of TT-23 and things of that nature, some errata. Also, for example, correct the construction date of Knox Trailer Park.

I think we had published as '79 and it looks like it's, what, '53, Frank? When did you say that earliest housing, '53?

DR. BOVE: I'm sorry?

MR. MASLIA: Knox Trailer Park? Some time '53.

DR. BOVE: Yeah, I think that was it.

MR. MASLIA: Only because in '51 or '52 USGS ^ shows no housing at Knox Trailer Park. So aerial photographs and housing records, I think in '53 it shows people living there. Things of that nature will be updated in Chapter K.

So update on the timeline, and let's see if the network works correctly. I don't expect you to read this. I'm just going by color here. But typically these blue areas on

top represent database development and assembling of the various data. The brown here is being conducted by a collaborator at Georgia Tech. There's some statistical methods to give us a better understanding of some contaminant and concentration information.

MR. ENSMINGER: But wait a minute, Morris. What is this for?

MR. MASLIA: This is a timeline.

DR. BOVE: For Hadnot Point.

MR. MASLIA: For Hadnot Point. You can't read, but here we are right -- I can't even see, but I'll blow it up. Just a second here.

MR. ENSMINGER: Don't worry about blowing it up, just read it.

MR. MASLIA: Here you go. I just wanted to get some dates. Here we are in December right about right here, and the green line refers to all groundwater flow ^ transport ^ activities. And the purple is the water distribution system, and the reds are reports that we had. And these are readings ^ here. So at this point -- and we're going out there at this end line here is December 2009, so a year from

now.

So at this point I'll go into some specifics in reference to database development and the groundwater modeling. There are four slides that will follow. This is one of four. So here's where we are with the database development. The well construction database has got approximately 615 monitored extraction^ wells, 100 water supply wells and that's 100 percent complete as far as inventorying and setting up the database and all that.

On the hydrogeologic database we've got approximately 1,000 data points and that's 100 percent complete. The water level database we've got approximately 5,400 water levels and 17 different sites, and that is complete. When I say 100 percent complete, when I say complete that means we've set up like an Excel database so that we can extract that data to put into the model.

MR. ENSMINGER: You're talking groundwater.

MR. MASLIA: Yes, yes.

Contaminant database, approximately 2,400 groundwater samples and 375 soil boring

observations we've separated out into two types of databases, chlorinated solvents and BTEX databases, and that's 100 percent complete.

Mass computation, this is computing the amount of mass that remains and that we project was originally in the aquifer. That's where we got, for example, in the Tarawa Terrace reports how we estimated that there was 1,200 grams per day of source coming in from the draining field and the dry cleaner. That's how we have to back it out present day, and obviously, if we had past information we'd be home free, but we don't so you back it out. And there's published methods in the literature that show you how to do that. They use these methods in natural situations by the way.

But we needed the contaminant database to begin this work, and so we selected four areas that we have an ample set of information to do this with: a former landfill, Site 88 and two areas in the Hadnot Point industrial area. We're about 25 percent complete with that.

Well capacity history, we're obtaining that from logbooks and water treatment operation logs. There are 100-plus water supply wells, and we're about 95 percent complete with that.

Pumping schedules, this we don't need right away. The pumping schedules obviously will go into what we refer to the transient or the pumping model as opposed to the steady state or pre-development model. So we do have some time obviously to get that done, but we're working on that. For the well capacity history we will create month-by-month pumping rate schedules like we did for Tarawa Terrace. And that's about five percent complete.

And the groundwater flow model, we have selected the type of model or models that we will use. I'll get into that. We've designed the grid and boundary locations. That's 100 percent complete. We're about 80 percent complete with data input to make an initial run, initial simulation.

So the groundwater flow model, this is a biggie. If you recall, the Tarawa Terrace model had seven layers. We've got 13 here.

The Tarawa Terrace model had 24,000 active cells, so we're about 30 times larger on there. These are 500-by-500 feet. The Tarawa Terrace Model was 50-by-50 feet. We're going to get down to 50-by-50 feet for the transport. We're projecting a slightly different route on this.

And let me just pull this one up here. The red line is the outer boundary of a groundwater flow model. In a groundwater flow model, you have to put the boundary where you have known conditions. This is sea level so we know what the value of the water is there, and this is a topographic, a pronounced topographic divide. In other words, any streams on the other side will be flowing that way, to the east. Any streams on this way flow to the west.

So that's why this area, because you've got both wells and potential sources located real near here, at first we thought we could use this boundary right here which would make a much smaller model, but it's just not, those in the modeling community would critique us and criticize us. It would not be a very

well received model if we tried to make it smaller.

So we do have the computers to handle this, but the key is this will just be for the flow model. Once we get the flow, we have subsequent new versions of the USGS modflow model that you can go in and do just sub areas for transport. So we're not going to do fake transport over this whole area, but we'll just go into the area, let's say, HPIA, and just do a smaller transport grid right in those areas.

This is the flow model right here. It'll have all the wells and things, you know, pumping wells and ^. But to start with we will be doing, we will be trying to replicate what we refer to as pre-development or non-pumping conditions. And we have a map to show you what the data show us.

At this point this is not final so don't, you know, it's not cast in concrete at this point. But let me just pull it up. Based on the data analyses we've done to date, this is based on using pre-1995 groundwater levels, and pre-pumping, and that's basically what the water level, the average water level

and throughout the aquifer thickness looks like.

MR. ENSMINGER: What do you mean? Explain the --

MR. MASLIA: You sink a well down --

MR. ENSMINGER: -- yeah, explain what the contour lines are.

MR. MASLIA: They are water levels.

MR. ENSMINGER: What's the distance between --

MR. MASLIA: They're the height to which water will rise in properly constructed monitor wells.

MR. WILLIAMS: So, he's talking about the relative distances.

MR. MASLIA: It's based on the data. The relative distance is just based on the data, but I think we have -- these are two-foot contours.

MR. WILLIAMS: Jerry, it's just like a contour line on a ^ graph, it's the height of the water underground.

MR. MASLIA: These are just water flows from high to low. For example, this is a ten-foot contour. This is a six foot, four foot, two

foot and sea level so the water's going to flow this way in this area. The water's going to flow this way, ground water, we're talking about groundwater, is going to flow this way.

MR. ENSMINGER: What's that solid blue area right there?

MR. MASLIA: That's where you have a very sharp raise. No, no, this has no wells in it. This has no wells in it. This is what's referred to as pre-development. You see no cones of depression in here. So this is based on the water level data that we have obtained from after the wells ceased pumping or before they started.

DR. BOVE: Baseline, baseline.

MS. BRIDGES: So you're saying the water runs into the water.

MR. MASLIA: Yeah, in this area it goes this way. In this area it goes. It depends on what water it goes from a high water level to a low water level, not necessarily uphill or downhill, but high water level to low water level.

So in this case looking here, high water level is here, so water would go in this

way. This is 28. This is 14, so water would flow this way. Over here, and there are obviously some divides here, but here's ten, six, four and two, and this is sea level which is zero, so water would flow out this way.

MS. BRIDGES: And what about the lower, bottom right?

MR. MASLIA: Well, there it gets a little dicey down here. That's why I need a model. I can't, when it starts crowding like that, I can't just by hand tell you. I'm giving you general conditions, which is why probably I should not present this right now.

DR. BOVE: Right.

MR. MASLIA: But this has nothing to do with the model. This is just based on the, you know, the databases I said we were putting together, this is the water level database.

MR. ENSMINGER: Can you overlay that over a map that's got the structures on it?

MR. MASLIA: You mean the topographic map?

MR. ENSMINGER: Yeah.

MR. MASLIA: It is. You just can't -- we do that to know where to put the groundwater flow boundary. That was the previous map.

MR. ENSMINGER: No, I'm talking about your contour lines. Can you overlay that --

MR. BYRON: To where the wells are.

MR. ENSMINGER: Yeah.

MR. MASLIA: I have. They are. Those are the blue dots that you can't see. See that? See those? Those are what are your control points.

MR. ENSMINGER: You don't have any well numbers there.

MR. MASLIA: That's right, yeah, because this is not, again, it's a draft on it.

MR. ENSMINGER: Okay.

MR. MASLIA: It says draft on it. If you go from either the plate in Chapter A or when we do the report, these will have well identification numbers on it, and there'll be another table that gives you the water levels.

MR. STALLARD: So this is a fluid chart.

MR. MASLIA: No, it's a groundwater.

Okay, let's go on. Water modeling activities, meeting with the current and former operators. We had a meeting up at Camp Lejeune with the former and current operators.

I don't know, were there about ten

people?

MR. WILLIAMS: Yeah, it ended up being more than we thought.

MR. MASLIA: Yeah, yeah, very good meeting, and I'm going to go through it again and then pull up the maps, so let me go through this.

We basically confirmed that there was historical operation of a booster pump and a Wallace Creek valve. We understood -- when I say we, ATSDR, really for the first time in our understanding that there were two separate operations so to speak. I'll get into that.

We also came to a consensus that they typically, water transfers would occur in the dry months of April, May or June when the booster pump was turned on or when it was noted in the logbooks that the booster pump went on, you could assume they turned it on and kept it on for four hours maximum. And also if it turned out that there was still insufficient supply from the booster pump, then they would also open up the Wallace Creek valve. That was noted at certain times in the logs.

Now, let me pull up another map here.

Can everybody see that?

The booster pump we're talking about is this one right here, present day it's about here. And that's the Wallace Creek valve right over there. That's the booster pump and that. In the past I guess we have, ATSDR, has talked about interconnection, and I suppose that's where the misunderstanding of jargon took place. We rephrased it during our meeting of transfer of water. And I think then we got on the same wavelength as the operators. And this is the booster pump that's referred to in the logbooks, and this is Hadnot Point.

MR. ENSMINGER: That ain't right.

MR. MASLIA: Well, all the operators said it was.

MR. ENSMINGER: There's a valve there. The booster pump was right at the corner of Holcomb Boulevard and Speeds Ferry Road.

MR. WILLIAMS: Jerry's right, 742.

MR. MASLIA: Okay, right here? Okay.

MR. WILLIAMS: I can't see where Speeds Ferry Road is on that map.

MR. ENSMINGER: I can't either.

MR. MASLIA: Well, that's because it's only --

MR. ENSMINGER: That's right at the --

MR. MASLIA: -- it's only a timeline.

MR. ENSMINGER: -- bridge. That's right at the Wallace Creek Bridge on Holcomb Boulevard.

MR. MASLIA: We will get that correct. Again, the point being at this point that it was a obvious that they turned on the master pump, the valve would have to be opened also. So this is the booster pump that we're talking about, and we will be running some simulations and that's one of the issues also we will be asking the expert panel is what type of simulations they believe would allow us to adequately and accurately assess how contaminated water from here would mix and where it would go versus water from here and how it would mix and go.

What was basically the result of the meeting is that we now, ATSDR, has an understanding that, in fact, in the early spring there were times that this booster pump was turned on and run. And typically, it was in the early morning hours for four hours.

MR. ENSMINGER: Do you have more of that map on there, Morris?

MR. MASLIA: No, I don't.

MR. ENSMINGER: I mean, can you scroll it down?

MR. MASLIA: So that's what we're in the process of, and we'll probably have some example simulations for the expert panel when we meet in March to go over that and from there some questions, scenario types, some questions of how we should conduct the simulation. That's that.

And finally, the status of the expert panel, we tentatively have it set, hopefully, for the last week in March, but again, it depends on the schedules of the panel members, the ones that we're selecting. We sent out the inquiries, either letters or e-mails to about 25 potential panel members across the various disciplines, government, private industry, military, academia, both primarily in groundwater modeling but also with some expertise in exposure assessment epidemiology so we're just not talking in a vacuum.

And we've got a list but we're still

waiting for some responses from people. And it looks like we'll try to get ten to 15 experts that adequately represent a cross-section of disciplines and expertise. We're trying to finalize by the end of December, but again, we're waiting for some responses.

MR. ENSMINGER: Of '09 or this year?

MR. MASLIA: It should be '08. I didn't change that from last time.

And we have drafted a charge to the panel. It's still in draft form. But the way we plan to do is hopefully by the middle of January we will send a confirmation letter to the selected panel members. We will then include a copy of the charge with the panel members and give them an overview of the panel. And then hopefully by February, it will have to be by February, we will send them the documents, the background, the information, the data so that they can...

Like we did with the 2005 expert panel, we will ask them for initial feedback, you know, their impression initially before they get together to discuss so we have, meaning ATSDR, have some indication of what

direction the panel is going in and what are their concerns, what are their issues. And then when we meet, obviously, the panel members under the direction of the panel chair will discuss all that needs to be discussed.

There will be opportunity for comments and addresses to the panel chair from the public, meaning anybody who wants to, any stakeholder or any member of the CAP, military, EPA, anybody who wants to address the Chair. And then the Chair can make the determination if that's something the panel can answer or not.

And that's how we did it in 2005. I thought it worked out well in directing us with the Tarawa Terrace-type analyses, and that's why we're planning to go with that. And there will be a report just like October 2005 final report that I edited and gave the recommendations in, I think, Section Six that we followed and plan to do the same thing here.

So with that I will now be happy to answer any questions and we can turn on the lights.

MR. TOWNSEND (by Telephone): Morris?

MR. MASLIA: Yes.

MR. TOWNSEND (by Telephone): Tom Townsend. Is this a separate panel from the NAS panel?

MR. MASLIA: Tougher?

DR. BOVE: No, separate.

MR. MASLIA: Oh, separate. It is separate, yes. And it is -- I want to make sure we're all on the same page -- it is an expert panel. We are seeking opinions, majority opinion but also dissenting views if you want to call it that, in other words, all opinions from the experts.

MR. ENSMINGER: This is Jerry Ensminger. What about the PAHs and PCBs for your contaminants in water? I've been reading a lot of the site data on Site 82, and there were extremely high levels of PCBs, and they were finding it in the water in monitoring wells as well as the shallow aquifer and deep aquifer.

MR. MASLIA: We discussed this, and I think Frank can back me up on that, but we had to select compounds that we knew we couldn't get accomplished and analyzed on the water

quality, but do the transport and all that in the amount of time and budget given. And for that we selected a PCE site, a BTEX site and a TCE site. We also have pesticides. And again, we've discussed with Frank, and we will not be doing it in the transport. They tend to be pretty immobile as it is. But those are the three compounds.

MR. ENSMINGER: Well, for your mass computation --

MR. MASLIA: No, for mass computation you have to assume -- again, you're doing this by hand -- you have to assume single species. So, for example, we will do a mass computation, I presume, for PCE. We will not be doing necessarily mass computation for PCE degradation byproduct of TCE, but rather we will go to where TCE was actually measured at a non-PCE site and do the mass computation for that. And then we will do the mass computation for all BTEX compounds.

MR. ENSMINGER: So what you're telling me is then vinyl chloride's not going to show up in your --

MR. MASLIA: No, I'm not saying that. The

vinyl chloride's a degradation of both PCE and TCE.

MR. ENSMINGER: But none of the insecticides, herbicides or PCBs, none of that stuff's going to show up in this water model.

MR. MASLIA: That's correct.

MR. ENSMINGER: I mean, we've got data. The data's there. I mean, if you use Site 82 for your mass --

MR. MASLIA: I would suggest you then bring that up to the expert panel. Let them make their recommendation if we should or we shouldn't. It really gets down to, Jerry, a matter of people, a matter of time and a matter of completing some things that you need to go forward with this study.

We had to make some decisions on what we could provide in a timely manner and actually have some confidence in getting some results, and we decided those three compounds. However, again, that is why we are having the expert panel, and if the CAP or you individually feel strongly that this is either impacting the results of the water modeling or it's not answering the question you want

answered, I would suggest that during the comment period you bring that up to the expert panel.

MR. TOWNSEND (by Telephone): Morris? Tom.

MR. MASLIA: Yes.

MR. TOWNSEND (by Telephone): Just is this commentary to the expert panel prior to the beginning of their work or --

MR. MASLIA: No, it's during. It'll be like last time. There's a period on the agenda. We have not made the agenda yet, so I can't tell you the specific time. But there will be a time period in there where the Chair will ask for comments from the public.

And if you want to mail something in in hard copy prior to the Chair, I mean prior to the start of the panel so the Chair gets it, we can make arrangements for that. Because, obviously, the Chair will not be on this day-to-day will obviously need to read up on what's going on and be familiar enough with the site and with the issues that we're speaking about. So you can do that, but you will have a period during the meeting to address the Chair.

Any other --

MR. STALLARD: Telephonically will there be a bridge for like --

MR. MASLIA: Oh, yeah, we've -- maybe I put it on there, but I didn't -- we've arranged for a conference room like this, one of these three. And Clay in the back there, we'll arrange for IPTV, and there'll be a court reporter just like there was last time and verbatim transcripts and all that.

So we haven't seen to those details yet only because I don't know exactly still when the exact time for the date. You can imagine trying to get even five people's schedules in synch for two continuous days much less ten or 15 people's schedules in synch. So, but again, we're still waiting for some responses that we have not received yet, either yea or nay.

MR. STALLARD: Any other questions for Morris?

(no response)

MR. MASLIA: Thank you very much.

MR. STALLARD: Thank you again for your time.

Well, I guess, Perri, this would be the appropriate time to give a recap of the last meeting.

RECAP OF LAST MEETING

MS. RUCKART: I handed out to everybody a document called “Summary and Action Items from the October 2008 CAP Conference Call”. So I like to just usually begin the meeting, but at some point in the meeting, I’m just going to go over what happened last time to orient ourselves for the next meeting, the current meeting.

So at our last meeting, a conference call, there was a recommendation for ATSDR to obtain written procedures on how Camp Lejeune operated the pump house in the 1980s. And Morris told me he would be discussing this during the meeting, but I don’t think he got around to that.

MR. MASLIA: Do you still have a question for me?

MS. RUCKART: Yeah.

MR. STALLARD: Sorry, come on back.

MS. RUCKART: Well, Morris, I don’t know if you recall but when I shared the summary of

the last meeting with you, one of the recommendations was for ATSDR to obtain written procedures on how Camp Lejeune operated the pump house in the ‘80s. And you said you’d be discussing that during the December CAP meeting.

MR. ENSMINGER: Which pump house?

MR. MASLIA: Are you talking about the water treatment plants?

MS. RUCKART: This is just what was said at the meeting.

MR. MASLIA: Written procedures, well, what we have, I think what you are referring to is to get a definitive understanding of -- and that’s what the booster pump discussion was about, about when the pump went on, went off, hours that it ran and things, and that was the meeting with the current and former operators.

As with any, not just Camp Lejeune, but any water utility, historically they don’t keep those records. In other words they don’t necessarily keep at one p.m. it went on. At three p.m. another operator turned it off. That’s just historically with water systems I’ve looked at throughout like that.

Presently they do, obviously, but in the past they did not.

So the best we can do is when we come to a consensus that, yeah, if the booster pump went on, they typically would keep it running for no more than four hours. So that's something that we do understand now. Or that the times that they turned on the Wallace Creek valve would mean that they had insufficient supply even with the booster pump on to that, so they had to depend on the hydraulic pressures and open up the valve so that we now have an understanding of. We have some minor follow-up questions, but that's what I'm referring to as written documentation.

MS. RUCKART: I think Scott wants to add something.

MR. WILLIAMS: I'm pretty sure -- Scott Williams -- I'm pretty sure this bullet item has to do with how the wells were rotated. That was supposed to be plural not singular for operate the pump houses. I think the question was about was there a standard way to rotate the wells. How many hours were they

on? That was the question. And I think you can summarize, but I think from the meeting we had, there was no standard way.

MR. MASLIA: No, there was no standard way. But what we were told is that the logbooks that we do have were the indications, if there are indications in logbooks, we should go with the logbooks. In other words that's the consensus we came to.

MR. WILLIAMS: And didn't you also cover the times that the pumps were on previously at another meeting? Wasn't it like 12 hours and five minutes or 10 hours and five minutes or something?

MR. MASLIA: Well, typically, I mean, I think if they turned the well on, they would run it. They would run it. But as far as having specific documentation of when it was on or when it was off, that groundwater flow model will, just like we did with Tarawa Terrace, we will use that.

Typically, unless you have documentation and a groundwater flow model as opposed to water distribution model, groundwater, if you turn a well on, you'll

keep it running. Now in a water distribution system, for example, you can turn a pump, a booster pump, on an hour and turn it off.

And we actually have seen that and being onsite at Tarawa Terrace even currently where the pump or one of the four pumps in the Tarawa Terrace pump house will come on for 15 minutes or 30 minutes and then they'll turn it back off. That's a water distribution system, and that's operated differently than a groundwater well, which typically we'll turn on and keep running.

But again, the models will have to help us determine that, and that's where we infer operations through a calibration process. We have measured water levels. We try to match them. If they don't match, then we go and adjust something. And one of the things that we may adjust is the pump operation.

MR. BYRON: So what you're saying is they operated this system based on need not based on written, documented procedures that say you run these pumps this long; you throw in this much chlorine. And it's how you operate every

day no matter what based on --

MR. MASLIA: There was a standard operation that the chlorine residual has to meet ^ fluoride, but also the overriding factor is water supply and fire protection. So as they have told us, they kept the elevated tanks full. And if you look at the historical and even current day, like elevated tanks, some of them would only be allowed to go down say from seven and a half feet to six feet. When it reached the six foot level, a pump would come on.

So I'm saying that's another piece of information that we would use, and some of that's documented in the logbooks that we have. And that will go in, for example, in doing some of these historical scenarios with the distribution system as to know when to, say, turn on a booster pump in April, May or June or test different scenarios.

Again, we will be testing scenarios. We will not necessarily be documenting like you do with a groundwater model when you have contaminant concentrations and you're trying to match that. We don't have hourly data for

the distribution system.

MR. ENSMINGER: Isn't there some guidance somewhere where, either state or federal, that dictates the length of time that a well can be run on a public water system? I mean --

MR. MASLIA: The state --

MR. ENSMINGER: -- to stop, to keep from creating like a big cone of depression?

MR. MASLIA: The state has some guidelines, but again, during the period we're talking about Camp Lejeune did not come under the state guideline and they can state --

MR. ENSMINGER: Well, wait a minute, wait a minute. The state --

MR. MASLIA: You do that for fire protection.

MR. ENSMINGER: -- primacy over the Safe Drinking Water Act in 1980. Yeah, it did.

MR. MASLIA: But if we have to operate a well for 24 hours -- in other words, again, we get into this discussion, and I think we got into a discussion last March or something when we had a meeting here. We average well operations over a 24-hour period, so many cubic feet per day or so many million gallons

per day.

Whether you operated that in a three-hour slug of time or whether -- the model will see over a 24-hour period of time. We're not modeling for operating a water distribution system or groundwater well fill. What we're operating for is to look at different exposure scenarios.

So consequently, whether we operate, take 100,000 gallons and divide it over a month and over a 24-hour period and, say, it ran 1,000 gallons per day over a 24-hour day or whether you operated 100,000 gallons in two weeks, the model sees no difference.

DR. BOVE: Because it can't.

MR. MASLIA: It can't. It can't. And asking us to say whether that was only operated for 12 hours here or that is, we're trying to read something into the data that is just not there. And since we're providing on a monthly basis results concentrations on an average month, that's as refined as we can get. We make no distinction, again, whether a well operated for two-and-a-half weeks continuously, non-stop or operated every day

for four hours. The model cannot see the difference, and we have no information to help us refine that.

DR. BOVE: Yeah, that's the problem.

MR. PARTAIN (by Telephone): Morris?

MR. MASLIA: Yes.

MR. PARTAIN (by Telephone): Morris, this is Mike Partain. I've got a question here.

MR. MASLIA: Sure.

MR. PARTAIN (by Telephone): Jerry and I had talked to one of the water treatment plant operators, and he had indicated that they had kept a plant log that showed what wells were run that day as far as what wells the operators were cycling. Now, I understand that these documents for the water treatment plants are not available. Have you followed up with a written request to the Department of the Navy and Marine Corps for those documents?

MR. MASLIA: We have an example, and I forget what year it's from, but about a -- what is it, a two month on that chart with the Xs?

MR. WILLIAMS: That's not what he's talking about.

MR. MASLIA: I mean, we have an example of how they may have cycled wells on and off over a month's period, but, no, there are no -- we've asked and --

MR. WILLIAMS: We've asked for the most recent ten years.

MR. MASLIA: Yeah, yeah, we've asked for the most recent ten years, and they're working on getting us that information which will give us some insight. Again, it will be insight into how they may have operated, but there are no historic data or information available.

MR. PARTAIN (by Telephone): But has a written request been made for those documents, the historical documents from the '80s?

MR. MASLIA: We have letters requesting all information from the Navy and the Marine Corps.

MR. PARTAIN (by Telephone): Okay, but not specifically the plant operation logs?

DR. BOVE: No, we haven't done it specifically for that. We've asked for all available information that was relevant.

MR. MASLIA: We did ask in meetings for that information, and the response is that is not

available. There are no other plant logs than what we have, and but they do have the ten most recent years of information, and they are in the process of providing that to us.

MR. PARTAIN (by Telephone): I just don't want to, I want to avoid any confusion in syntax, for example, interconnection versus transfer. I mean, all I understand to be pretty encompassing, but evidently when you said before when you were talking about interconnection, they didn't understand it to mean that transfer was the same word.

So I want to make sure we're not leaving it on the table because this operator indicated to Jerry and I that they did keep a pretty detailed log with the plants as far as what pumps were, what wells were being cycled, maintenance issues they had with them, and any type of problem or any unusual event that day was recorded in the plant logs. These should be available.

MR. MASLIA: My understanding is that those records are only kept for ten years, the ten most recent years.

MR. PARTAIN (by Telephone): I've got -- and

I'll send it to you tonight -- the CERCLA document that says fifty years retention on those documents.

MR. MASLIA: That may be what CERCLA says. I'm telling you what we have.

MR. PARTAIN (by Telephone): Okay, I just want to make sure the written request is in writing specifically for that so we can document it.

DR. BOVE: Yeah, it's not an issue for us.

MR. MASLIA: Does that answer everything?

MS. RUCKART: Don't look at me because this was Mike Partain's question.

MR. MASLIA: No, I'm saying did you have, did I cover everything in the previous meeting recap or --

MS. RUCKART: That was the only item that really pertains to you where we needed your input.

MR. MASLIA: Okay.

MS. RUCKART: Also discussed at the last meeting was that Morris was going to e-mail Mike Partain the McMorris document and the number, and listed on the sheet is the number for everyone to see, but I'll just mention

that. It's CLW number 1557-dash-1572. Mike Partain said he would search his files for documents that pre-date the North Carolina report that references July 1984 sampling.

Mike, are you still on the line?

MR. PARTAIN (by Telephone): Yes, I am, and I'm still working on that. I've been working a bunch of overtime with my employer so I've been a little sidetracked lately, but I am still working on that.

MS. RUCKART: Okay.

Also, we discussed that ATSDR will send the CAP members the final version of the signed MOU, and we'll provide that when it's available. It's not available currently.

The CAP members were going to nominate one-to-two people for the water modeling expert peer panel, and they've nominated Dick Clapp.

Mary Ann was going to get a date for when the USMC will make the BAH search index document titles available, but I believe Scott --

MS. SIMMONS: Scott's going to make that report.

MS. RUCKART: Do you want to give that now?

MR. WILLIAMS: Yeah, I mean, I can. It's just an answer.

I was hoping to have that to pass out today, but we didn't get the review complete. It's about 2,000 documents total. ^ it's 8,000 and something. There's 8,000 document titles that have to be reviewed, and we'll probably get that finished in the next two-to-three weeks. And I'll provide the ATSDR link to you guys, but definitely before the next CAP meeting you'll have it.

MR. ENSMINGER: What are they being reviewed for?

MR. WILLIAMS: FOIA and Privacy Act information. Some titles have people's names and such things. There's 10,000 titles. We have to have them reviewed.

MS. RUCKART: Scott, what about the update from the USMC on when the searchable document library website, the online reading room, will be available?

MR. WILLIAMS: Almost the exact same answer. All of us thought we'd be done by now, it's not. Those documents are in the FOIA office

for review. And I talked to a FOIA officer this week to get updates from her, and she knows that this is an issue we need to get done soon, too.

She's actually taking all the documents home with her on her Christmas vacation, and she's going to review them. She has a lot of use or lose. If you work for the government, you know what that means. And she's hoping to have that done in the next three or four weeks.

I'll get that back, and I'll make a commitment to do my best to get that out by the next CAP meeting and on the web. And I do actually have screen shots of what the new reading room will look like. So you guys will know it does exist, we did build it. ^.

MS. RUCKART: Also, discussed at the last meeting Mary Ann said she would find out more about the stakeholder analysis such as what the methods were, who was included, were the meetings face-to-face, things of that nature, and that she would report back at this meeting.

Are you prepared to do that now?

MS. SIMMONS: Actually, Scott's going to do that, too.

MR. WILLIAMS: ^ copies of that.

MS. RUCKART: That's fine.

And then one last thing that we had discussed at the last meeting, it was the reanalysis of the 1998 small for gestational age study.

DR. BOVE: Let me just jump in here real quick. For that small bullet it's not whether Knox Trailer received contaminated water, but what percentage or how much. What percentage came from Tarawa Terrace and what percentage came from Camp Johnson Montford Point.

And then the other issue we've already been talking about, how often, how far back was the booster pump used. Was it used all the way back to '72, June '72? Was it used only after Watkins Village came online -- online -- was built? And these are questions that need to be answered by the modeling.

So before we do anything with reanalysis of anything, I'd want answers to those questions. But then just see what the impact is of the booster pump. Does the, is

the contamination going to Midway Park and not so much to Paradise Point? Is it filtering through the whole system evenly? These are the kinds of questions I want Morris to answer because I don't know the answer to them yet. And so until that happens I can't really make any sense of any of this data until we, I can't really reanalyze anything until I have a good sense of the exposures still.

MS. RUCKART: Frank, I just want to mention what the issue was in case anyone is listening, and they don't have the sheet. Discussed at the last meeting was the possibility of whether we could analyze the data in a crude way, exposed versus unexposed, and then follow up with the monthly levels when they're available. But as Frank was saying, it wouldn't make sense at this point to do any analysis because there's some uncertainties, some more clarification and more information that's needed so that's not really an issue right now.

DR. BOVE: So if people don't object, I'd like to wait until I have all the information and then reanalyze just like we're doing the

case control study with all the data and just do it all at once, which is what I wanted to do anyway, but now I think I have to because of the booster pump issue.

Anyone have any problems with that position?

MR. BYRON: No, I don't have any problem. I just wanted to ask you one question. So, in other words, water went to Midway Park more than just the 12-day period or --

DR. BOVE: As you saw from that map, the booster pump goes, it doesn't go to the treatment plant. It goes right into the distribution system. So the question becomes does it get evenly distributed through the distribution system or not, so that's the question. I have some guesses, but I'd like the water modeling to tell me, effort to tell me exactly what's going on. So that's all.

I just wanted to wait and see if maybe Paradise Point got less of that water or if it's evenly distributed then the whole Holcomb Boulevard system has roughly the same contamination level or what. And then what the levels are given the mixing to some extent

of Holcomb Boulevard and Hadnot Point water during those two, three months.

MR. ENSMINGER: I believe where that water from that booster -- This is Jerry Ensminger. I believe what would determine where that water went to would be where the immediate demand was at the time that the pump was turned on. If it was going straight into the distribution system, commonsense would tell you that it’s going to wherever there’s an outlet.

DR. BOVE: I know. Commonsense would, and that’s fine. But that’s why we’re doing a water modeling, just to make sure commonsense is true. That’s all.

MR. BYRON: And my only question has nothing to do with concentration levels at any of the base housing areas. I just want to know if those valves were open more often than what they said initially.

MR. ENSMINGER: Oh, yeah.

MR. BYRON: Thank you. That’s all. That’s all I wanted to get to.

MR. STALLARD: All right, we’re now a little bit ahead of schedule so we can either move

Jerry's discussion --

MR. ENSMINGER: Let's take an early lunch.

MR. STALLARD: Well, we can't. We're on the IPTV so people are scheduled around it.

MS. RUCKART: Yeah, IPTV goes in three-hour chunks, so we'll be streaming from nine to 12 and then one until when we're done.

SUMMARY OF DOD/ATSDR DECEMBER 2008 MEETING

MR. STALLARD: So what we'll do is I think maybe since you had a 15-minute update and Mike wanted to hear what Lieutenant Colonel Tencate had to say, let's move the summary of DoD/ATSDR 2008 meeting.

MS. RUCKART: That's fine.

UPDATES ON HEALTH SURVEY AND MORTALITY STUDY

The next several items that we have listed there in the afternoon kind of go together so when I summarize our meeting with the DoD, it's also going to be providing the updates on the health study and mortality study because that was the focus of our meeting so we'll be killing two birds with one stone basically.

So we met with the DoD here in Atlanta on December 9th, and Morris discussed where he

was with the water modeling. And that's what he provided to you already. And then we gave our update, talked about the health survey and mortality study, just what's been going on there. So both the studies, the health survey and the mortality study protocols have been reviewed by our IRB.

We're currently responding to the peer reviewer and DON comments on both of these protocols. The mortality study does not need OMB approval because there will be no contact with participants. However, obviously, if there's a health survey, we'll be contacting people. We need to get OMB approval and our package is currently with our CDC OMB office and we anticipate it being sent to Washington's OMB office shortly.

We also are going to be getting a contractor to help us with all of the work involved in these two studies. And the requirements for the contract have been sent to our Procurements and Grants Office, and they're currently reviewing it. And we want to use the same contractor for both studies.

Also discussed at the meeting with the

DoD was our need to access the DMDC data, and we need it by February 2009. ATSDR sent an e-mail to our contact at the DMDC on December 2nd, and there's still some confusion, I guess, at this point about how we're going to obtain the data, but we are working with the USMC. They are helping facilitate this request, and --

I don't know. Do you want to say anything more about that?

DR. BOVE: I'm sorry. I missed --

MS. RUCKART: How we're going to access DMDC data. How we're interacting with the USMC now with the DMDC to try and facilitate this request. There's been some confusion about how we're actually going to get the data, whether it's going to come from DMDC or whether the USMC is going to provide that. We're trying to work out the kinks on that now that everyone is well aware that we do need this data. It's very important. We can't --

DR. BOVE: Do the studies without them.

MS. RUCKART: -- move forward without it.

MR. BYRON: The most direct route would cause less delay.

DR. BOVE: The biggest delay we're going to have is that, for the health survey anyway, is the OMB will not approve our health survey until the NAS report is out. And the NAS report won't be out until April, so that right there prevents the health survey from going forward until that NAS panel comes out.

Mortality study could be done earlier. We're having difficulties with our usual bureaucracy here. So I have a feeling that that, we won't be able to hit the ground with the mortality study until roughly the same time as well. It has nothing to do right now with the DMDC database, getting the DMDC data, although that may become a problem. We're trying to figure out what the issue is here because it would seem to everyone that once the DMDC gets data from each service, it becomes the property of the DMDC. And so they should be determining how it should be sent out to researchers and what the procedures are. And so we'll have to straighten that out with the DMDC because both I'm confused, Scott's confused as to why -- there's just some confusion. We may have to go out there

and meet with them and straighten it out. But I don't expect that to delay anything. I think the biggest problem is our own internal bureaucracy unfortunately, and the fact that the NAS panel report won't come out until April when we thought it might come out in February. So those are the, yeah.

MR. BYRON: And are we needing the NAS report for the recommendations or what is the -- why are we waiting is what I want to know.

DR. BOVE: OMB is waiting because OMB doesn't want to approve something if NAS decides that we shouldn't do it. All we've heard anecdotally from NAS is that they're not going to say anything of the sort, but OMB doesn't want to do anything until they get the final report from NAS.

So that's, as I said, the mortality study doesn't need OMB approval. We have IRB approval for the mortality study. The problem there will be getting the contractor on board and going through the hoops that are internally here, and we've had some delays that we didn't expect from the process. And so that's unfortunate, but I think we'll be

hitting the ground in April for both studies.

MS. RUCKART: Also, we discussed with the DoD the strong need to have the Commandant sign the pre-notice and survey invitation letters. And this is especially important to increase the participation rate among the Camp Pendleton population. So we discussed this quite a bit at the meeting, and we are pursuing this. And I believe Mary Ann was going to give an update as to where we are with that.

MS. SIMMONS: This is Mary Ann Simmons. Yes, we're, graciously you guys asked us to help work on the letter, and we're doing that right now. And we're drafting the letter, and we have presented the concept to Major General Payne who thinks it would probably be acceptable to the Commandant, but until he sees the letter and can agree with the concept and the way to go forward, we can't make that commitment for positive, for sure. But that's what our hopes are so we hope to get something to him very soon.

MS. RUCKART: Just to clarify what Mary Ann was sharing, the letters that we, ATSDR,

developed and then they want to just make sure that the USMC is comfortable signing that because they previously did not have input into the letter. So that's what she means by that.

MR. PARTAIN (by Telephone): This is Mike Partain here. Is the Commandant's signature going to appear on those letters when they go out?

MR. WILLIAMS: That's the goal.

MS. SIMMONS: Right now that's the goal. We can't make that commitment, but that's our goal.

MR. PARTAIN (by Telephone): Okay.

MS. RUCKART: I'm sorry. Did you have something else, Mike?

MR. PARTAIN (by Telephone): No, that was Tom.

MS. RUCKART: Tom, did you have something to say?

MR. TOWNSEND (by Telephone): I do have a comment. When you go to the ATSDR/DoD conference, do you have access to the meetings of the DoD and their agencies that meet prior to you, do you know what they talk about?

MS. RUCKART: Is this a question for ATSDR? Do you mean when we have our meetings with the DoD, are we --

MR. TOWNSEND (by Telephone): Yeah, I'm talking about the meetings that DoD has prior to, with the military services.

MS. RUCKART: We're not privy to internal meetings of the DoD. All we know is what they bring to the table when we meet with them.

MR. TOWNSEND (by Telephone): Do you get access after the fact of their meetings, to their meeting minutes?

MS. RUCKART: No, I mean, we just know what their decisions are, what their point of view is when we meet with them. That's when we find out.

MR. TOWNSEND (by Telephone): That's rather interesting because I have several years of the minutes of your meetings with DoD and the minutes of the DoD where they're all an integral unit, and they tend to consolidate. And then on the day that you meet with them they beat the hell out of ATSDR. It seems to be a constant beat up on ATSDR every time you meet with them.

MS. RUCKART: Well, I want to say that our last several meetings have been much smoother than previous meetings, so I hope that's a consolation to you.

DR. BOVE: We've really fought to a draw. No, we're doing fine. I think the meetings have been very good and very productive.

MR. STALLARD: Okay, thank you. Let me just say there appears to be an evolution of the relationship that has been improving over time as we work toward a common goal here.

MS. RUCKART: Just a few other items to report out from that meeting. We just discussed a sharing of contact information between the USMC and response to our survey, and we just basically agreed that whenever we can, we would share contact information, just contact information only, not any other personal health information. But whenever this would be needed or be useful our two agencies would share that contact information.

Also discussed at the meeting on December 9th, was selecting the comparative population and in the request to DMDC we did request data for Camp Pendleton because we

were wanting to pursue that with our comparison population. And after some discussion at that meeting, it was decided that Camp Pendleton would be the most similar and most appropriate comparison group for Camp Lejeune.

And we will use 50,000, or we'll ask for, try to contact 50,000 former Camp Pendleton Marines and 10,000 former Camp Pendleton civilian employees for the health survey. However, we may want to increase this to 100,000 former Camp Pendleton Marines for the mortality study. And the reason is because increasing it to 100,000 from 50,000 just for the mortality study where we're not contacting people, we're just looking at data, doesn't increase the cost that much.

However, if we were to ask for 50,000 more for a total of 100,000 for the health survey, that would increase the health survey cost significantly, also increase the workload significantly. And it's not exactly clear how much added benefit we'd be getting for the cost.

DR. BOVE: Mainly, a peer review comment was

that if you can get -- this for the mortality study. Because what we did was send each protocol to different peer reviewers. The mortality study had three peer reviewers. The health survey had a different group of peer reviewers from outside the agency from academia.

And one of the peer reviewers for the mortality study said, well, this is a data linkage study. The costs are not going to increase that much by adding more people. If you can add more from Pendleton, why not? It will increase your statistical power if you do so. So they were right.

So, we've been responding to peer review comments on both protocols and also we're working on comments that the Marine Corps and Navy have given us, too. And in the process we are revising our protocols and strengthening them, I think. We got pushed by both peer reviewers and the DoD commentators to beef up the data analysis section and other parts of the protocols. So we're doing that, and this was one suggestion we thought was a good one.

So when we asked for data from the DMDC, we asked for just all the data for Pendleton for people who were there from ’75 to ’85. And then we can take a sample and say who the -- for the mortality study, if it’s 100,000, let’s say, from Pendleton, we have to make sure that all 100,000 were not at Camp Lejeune any time when the water was contaminated.

They could be at Lejeune after the water was contaminated, but not during the time. So we’re going to have to use the data to weed out those who might have come east and spent time at Lejeune during the time the water contamination was happening. But we think we can find 100,000 from Pendleton for the mortality study.

And we’ll also try to get as many civilian employees as possible instead of a sample of 10,000, if there are more civilian employees at Pendleton. But that won’t help as much because the real limiting factor for the civilian employees is the sample size at Lejeune which is somewhere around 8,000 maximum. The number gets smaller for civilian

workers so that's, so adding more Pendleton won't really help matters, but it will help with the active duty part of the mortality study.

MS. RUCKART: Just a few more things. When we met with the DoD we just discussed our meeting here today at the CAP. We provided them with the agenda, and we talked about what they would be updating us on. And then also we discussed with the DoD a communications plan, and we'll be developing draft Q&As and fact sheets and also joint and separate communication policies. Mary Ann I think is going to be integrally involved in that.

Communications plan, Mary Ann, do you want to just discuss that briefly?

MS. SIMMONS: Mary Ann Simmons. Yes, we, myself and Captain Mulligawny* from Headquarters Marine Corps Public Affairs and Jan -- I'm sorry, I --

DR. BOVE: Telfer.

MS. SIMMONS: -- Telfer, the ATSDR Community Outreach person, I think.

MS. RUCKART: Communications.

MS. SIMMONS: Communications person. We're

going to work on some frequently asked questions, some fact sheets, and basically a way that we can agree to release information to the media. So we're in the very early stages of this right now. And we'll be working hard to get something finished.

MR. BYRON: Could I request that I get that information to put on our website since it's going to the media?

MS. SIMMONS: Nothing's going to the media. It's how we would respond.

MR. ENSMINGER: So let me get this straight. The Marine Corps, Department of the Navy are going to be, The Marine Corps' Public Affairs is going to be reviewing what ATSDR puts out?

MS. SIMMONS: No. That was not exactly the case at all. In some of our meetings, especially the latter ones, we've worked hard to find areas where that we're working together. And then there's definite separate things that the Marine Corps does, DoD does, and then ATSDR. Of course, ATSDR's a separate agency, and they're very independent things.

So we would not be reviewing the things that they publish. We're trying to

find some places that we work together; we can have joint talking points, try to make it easier for people to understand who does what to whom. That sort of thing. It's not we're reviewing their material. Of course, they're the author, so it's their material.

DR. BOVE: One of the things that we talked about was just making sure the roles of the two agencies are clearly stated. I think that that's item number one --

MS. SIMMONS: Yes, that's a huge thing.

DR. BOVE: -- is to come up with what is ATSDR's role. Because when we get phone calls from people, and I actually have my direct line, they're asking me compensation questions or legal questions. And I have to say, no, you have to call the Marine Corps because I don't have the answer to those questions.

Or they want more information about the CAP or even about the work that other former Marines are doing. Then I say, well, there's two websites, and I give them your website, for example, so they can get more information. So just so the people know what ATSDR does, because people don't know what we

do, and because they oftentimes see one government and not understand.

So that I think is very important. After that it's less clear exactly what joint and what's separate, and that needs to be worked out.

Is that fair?

MS. SIMMONS: Yeah, I just found my notes from the meeting, and the three things we're working on initially is, like Frank said, the roles and responsibility for each organization. What each organization or group -- probably organization is not the best way to say it -- what each group has done in terms of moving forward. And then where have we worked together. And there are certain areas we have worked together with ATSDR, and there's certain areas where we haven't. So those are the three main things that we're starting with.

MS. RUCKART: One thing I want to add is we have made a commitment to share meeting minutes with the CAP and the public. So our groups are working right now to develop those minutes, and once they're finalized you will

get the meeting minutes from the meeting on December 9th.

DR. BOVE: And the other things is that, as we've been doing in the past, we always give the Navy and Department of Defense advance copies within 24, 48 hours when we release something to the public. So that's something we've been doing all along. And so we're probably just going to put that in writing so that's, so I don't expect a change in advance notice.

MR. BYRON: So you're setting down responsibility.

DR. BOVE: Yeah, pretty much.

MR. TOWNSEND (by Telephone): I have a question for Mary Ann.

MR. STALLARD: Go ahead, Tom.

MR. TOWNSEND (by Telephone): Mary Ann, I haven't seen anything out of the Navy-Marine Corps Public Health Center for some time. Do you guys still handle, are you still involved? How involved are you in this process?

MS. SIMMONS: With the health study?

MR. TOWNSEND (by Telephone): With anything concerning Camp Lejeune.

MS. SIMMONS: We actually are here in support of the Marine Corps, so you probably wouldn't see anything directly from us. But we support the Marine Corps whatever, risk communication, that's what we've been doing a lot of as well as epidemiological assistance. We've reviewed, I know epidemiologists have reviewed your protocols and provided comments. I've reviewed some risk communication-type materials for the Marine Corps. But we don't really have on our website anything specific to Lejeune.

MS. RUCKART: And Mary Ann's also present at all of these meetings between the DoD and ATSDR so that they're represented there.

MR. PARTAIN (by Telephone): I had a question here. This is Mike Partain. When you mentioned about people calling in and I know on the ATSDR website there's a link to the Marine Corps' website and information. Is it possible to get our website linked up there as a source of information so we can be objective here?

MS. RUCKART: That should be fine because we have links to external groups. We just

identify them saying when you click on, I believe it says, just like a little message. You're going to an external website, and we're not endorsing it one way or the other, but we're just making you aware of that so I don't that that would be a problem.

MR. PARTAIN (by Telephone): Yes, it would be nice to have it out there so people can see there's other places for information.

MS. RUCKART: Let me ask you this. Obviously, you're speaking about The Few, The Proud, The Forgotten website, but are you also, what do you think about the other groups' website, just to be all encompassing?

MR. PARTAIN (by Telephone): I would have to have, I would have to pose that question to you all.

MS. RUCKART: Okay, so right now the request is just to get The Few, The Proud, The Forgotten website listed. We have a section called "Selected Resources" that I believe could be put on there.

MR. TOWNSEND (by Telephone): I don't understand why the Marine Corps personnel can't provide the CAP members with information

of what they're doing. They're talking about us, but we can't see it.

MS. SIMMONS: Tom, this is Mary Ann. I'm not sure what we're, I'm not sure what you're talking about.

MR. TOWNSEND (by Telephone): Well, you have communications regarding the Camp Lejeune water contamination problem. Why can't we see what you're talking to the Marine Corps about?

MS. SIMMONS: The only things I can really think of is it would be like internal review comments.

MR. TOWNSEND (by Telephone): You do projects. We have, used to have commentary ^ defined. Now we have ^ not with your new name seems to have gone undercover.

MS. SIMMONS: Well, we don't mean to go undercover. We're supposed to be more visible. That's what my CO says. I really don't, can't think of anything that we've done that hasn't been a part of either ATSDR's process or the Marine Corps' process. If you've got something specific that you know or have heard about, please let me know and I'll be glad to try to address that.

MR. PARTAIN (by Telephone): Mary Ann, there is something specific. Denita mentioned the slide show, your slide presentation in 2008. And in that slide presentation there was a comment that the Navy was being forced to deal with questionable science as a result of the Camp Lejeune issue. That's some of the things that --

MS. SIMMONS: Well, that was on our web, that was part of our presentation at the NEHC conference last year. And that was on our website. I honestly don't know if it's still there, but it was for months.

MR. PARTAIN (by Telephone): ^

MR. STALLARD: Folks, we're about to lose our connection here. It's lunchtime. We'll be able to reconvene at one and pick up where we're at.

DR. BOVE: Yeah, why don't do that.

MR. PARTAIN (by Telephone): I will not be there.

MR. STALLARD: All right, Michael, thank you for your participation.

MR. PARTAIN (by Telephone): Thank you, and as a last note on my part, make sure we have a

CAP meeting, I'd like to see another CAP meeting before the expert water panel.

MR. STALLARD: Okay, so we'll put that on the table for discussion at the end of next steps and when should we convene the CAP again just prior to the expert panel.

With that let's please be back in one hour.

(Whereupon, a lunch break was taken.)

MR. STALLARD: All right, folks, welcome back. For those on the phone we're going to recommence. So, Tom, are you there?

MR. TOWNSEND (by Telephone): Yes.

MR. STALLARD: And Dr. Clapp, are you there?

DR. CLAPP (by Telephone): Yes.

MR. STALLARD: So we left off just before lunch and Perri was giving us an update I think on the -- what was it, the DoD visits.

MS. RUCKART: And also that kind of led into an update on our activities because those two were, the one was given at the other.

MR. TOWNSEND (by Telephone): I had a question for Mary Ann before you quit.

MR. STALLARD: Okay, speak it now, Tom.

MR. TOWNSEND (by Telephone): Am I on?

MR. STALLARD: You are.

MR. TOWNSEND (by Telephone): The NEHC, are they playing an active or passive role? In the past they always used to try to torpedo what the hell was going on. And now are they just quiet and do it under the table?

MS. SIMMONS: I don't think we do anything, well, wouldn't characterize anything we -- this is Mary Ann -- as under the table. I think we probably just assumed a different role just because of who's doing, again, who's got the different roles and our responsibilities.

When this project initially started, somebody in my office was the official ATSDR liaison for the Navy. And so we did play a much more active or visible role than what we do now. That's since changed to NAVFAC as being the point of contact, the official liaison between the Navy and ATSDR. But we still do support the programs in technical and scientific sorts of ways.

MR. TOWNSEND (by Telephone): Well, where do we find your commentary to NAVFAC income? If they're the mouthpiece for you, where's that

information being disseminated?

MS. SIMMONS: I don't know. Like I said, I don't know what information we've had different. We've had input to different things like to MOU and comments on different projects, things like that. But those go to NAVFAC for their consideration, and then they roll them up with comments from other people.

MR. STALLARD: Tom, what is it that you had access to before that you don't have now?

MR. TOWNSEND (by Telephone): Their documents regarding the Camp Lejeune investigation hasn't been there, and their medical assessments of what's going on.

MR. STALLARD: Are those one-time publications or are those things that are revised?

MS. SIMMONS: Yeah, I'm not familiar with those documents. I'll be glad to check that out, but I'm not familiar with any documents that we have that would be a Navy medical assessment of Lejeune, the health study.

MR. TOWNSEND (by Telephone): Well, Mary Ann, if you look back in history, NEHC tried to torpedo the ongoing study of Camp Lejeune,

and Jerry can talk to that. I'm curious what NEHC is doing and what kind of documents -- if I'm supposed to go to ^ for information ^.

MS. SIMMONS: Like I said what we're doing, we're in a support role, and we provide technical support to the Navy and Marine Corps. If you want comments that the Navy has made or the Marine Corps has made on something, that would have to, at least for our stuff, it would have to go through NAVFAC, not ^ but NAVFAC.

MR. TOWNSEND (by Telephone): Well, I've written about 12 letters to FOIA and including a whole pile --

MS. SIMMONS: Oh, I know.

MR. TOWNSEND (by Telephone): -- if I have to go the FOIA route I will, but I just --

MS. SIMMONS: I'm truly, I'm not sure what else to say. We haven't done anything actively in terms of like writing letters like we did early on because our role in the picture is just changed. We no longer can have anything to do with funding requests or anything like that. That's all handled at the NAVFAC level.

MR. TOWNSEND (by Telephone): Well, you still have some ^, don't you?

MS. SIMMONS: Yeah, Dr. Rennix is now civilian. Yeah, he is. He's the head of the epidemiology group, and he and his group have reviewed documents at the --

MR. TOWNSEND (by Telephone): ^ reviews in writing, where do you find them?

MS. SIMMONS: NAVFAC, because we provide those to NAVFAC that would be incorporated with their comments and comments from whomever else they've asked to review something.

MR. TOWNSEND (by Telephone): And where at NAVFAC do you address all this junk?

MS. SIMMONS: I would -- Kim? Kim Parker Brown, and I'd be glad to -- I don't have it with me, but she's the official Navy liaison to ATSDR. I don't have her contact information with me here, but I'll be glad to get that to you tomorrow if that's what you'd like.

MR. TOWNSEND (by Telephone): I live in Idaho ^.

MS. SIMMONS: I'm sorry. I can e-mail it to you if you want.

MR. TOWNSEND (by Telephone): Thank you.

MS. SIMMONS: Okay, so I'll get that to you tomorrow.

MR. STALLARD: And, Tom, thanks for just telling it like it is out there.

So what's next on the agenda, folks? We're looking at the updates on the 415 mortality --

MS. RUCKART: No, no, one p.m. discussion about CAP presentation at the water model.

DR. BOVE: Let me add a little bit more to where we're at, too, so just to reiterate. We did get comments from DoD as well as our peer reviewers and we're writing up responses to them and so the comments that DoD made you'll be able to see along with our responses when we get ready and publish that or whatever. So you'll have that.

In response to both DoD comments and some peer review comments, we've been asked to make it clear in the health survey what the study population is and who is and who isn't in the study population. Because we are sending surveys, according to the Congressional mandate, Congress said that

surveys should be sent to everybody that's identified or who registers with the Marine Corps.

So that's going to happen, but not all those people are going to be part of a study. The reason is that -- and everyone's been pointing out this to us -- is that the people who register might be registering because they have problems, and that might produce a biased sample. And we've brought this up before. I just wanted to reiterate it so it's clear.

We are making a sharp distinction between the study population and the other people who get the surveys. The study population we have to be able to identify beforehand from the available data. And the available data is the DMDC data on active duty personnel, DMDC data on civilian employees and the ATSDR 1999-2002 survey. So those people can be identified beforehand and those people will be the study population. So all those people will get health surveys.

Then people who aren't part of that but who just register with the Marine Corps for some reason, have heard about the study

somehow and registered, they will get a survey. But we'll have to analyze their surveys separately because, again, we want to start off with an unbiased sample.

There are still biases that will occur because people we sent surveys to in the study population may not participate, and we'll have to deal with those issues. But at least we want to start off with a non-biased sample so the study isn't attacked right off the bat for that.

So that's how we've decided to do it. We think that OMB will go with that, but we think that OMB might not go with it unless we do that, and so is there any questions about that? I just want to make sure you all know that. I think we've mentioned this before, but we're trying to make it crystal clear now in our protocols that there are these two groups, the study population and then the people who get the survey because they register but we don't know who they were beforehand.

MR. TOWNSEND (by Telephone): How far back do you go on your study population in time?

DR. BOVE: Well, what we have is the DMDC data which is anyone who stepped foot on Lejeune anytime between ’75 and ’85, so that’s 210,000 active duty.

MR. TOWNSEND (by Telephone): What about the folks who were there in the ‘60s?

DR. BOVE: I’m getting to that.

Then we have the civilians who worked anytime at Lejeune from December ’72 to December ’85, that’s about 8,000 and change, 8,085 it was. So that’s two groups. And then the third group are those in the survey, the ATSDR survey. And there’s overlap between them and the DMDC people, but I would say -- what, weren’t, 65 percent were not in the others?

MS. RUCKART: Were.

DR. BOVE: Were, yeah, about two-thirds of the active duty people in the ATSDR survey are also in this DMDC data. So about a third of the survey people are not, so that’s about 4,000 additional active duty people anytime, who participated in that survey. So that they could go back in time pretty far. They just had to have a child born between ’68 and ’85.

That's how they got into the survey. And then the dependents in that survey, the spouse and the child that's part of that survey, those are all part of the study population.

MR. TOWNSEND (by Telephone): And, Frank, the Tarawa Terrace went back to 1957 to 1987, and there were several of us that lived there in the '50s and '60s that you're ignoring completely.

DR. BOVE: That's right. And the reason is for two reasons. One, there's no data to identify them, and/or two, if they registered with the Marine Corps, we have to have an unbiased sample, and we have to be able to define that sample beforehand. The only way to do that is with available data.

MS. RUCKART: We're not ignoring them completely though I'd say because --

DR. BOVE: No, I don't want, we're not ignoring them meaning they're not included in the study. Anything we find in these studies is relevant to anybody who was exposed whether at Lejeune or anywhere in the country.

MS. RUCKART: Frank, let me say we're not ignoring them completely because they will get

surveys, and they will be analyzed. They'll just be analyzed separately, but they're not being ignored, and they're not, and it's not what you're saying, yes, the results from the main survey population will be applicable. But they also will be analyzed.

DR. BOVE: They'll be analyzed, but because we analyze them separately, we may not be able to make conclusions based on their information. The information we're going to be basing our conclusions on are on the study population itself, which is just what I said, the people identified through DMDC data or the ATSDR survey.

That's all we can do. Otherwise you bias the study from the get-go, and the study is worthless. So you really have to make, there are always these trade-offs. You'd like to increase the size of the group you're studying, but if you do that and introduce bias, you're shooting yourself in the foot, and so that's where we're at.

MR. TOWNSEND (by Telephone): Right, I hate to be a real pain in the butt, but after losing my wife and my child and being exposed

myself, I am biased. But I'd like to be in a bloody survey.

DR. BOVE: You will get a survey.

MR. TOWNSEND (by Telephone): What survey? The third increment?

DR. BOVE: No, no, everyone gets the survey, whether in the study population or whether you've registered with the Marine Corps, you get the same survey. The issue is what surveys are going to be considered part of the study and which ones we have to keep separate, but the findings from the study apply to everybody.

MR. TOWNSEND (by Telephone): Some of us ^ than others.

DR. BOVE: I mean, again, I would love to go back in time. If somehow some data came from, was found that could allow us to go back in time that would be terrific. This is what epidemiologists always face, the fact that data is just not available. We have to use what is. We can't, you know, we have to rely on data that exists.

MR. STALLARD: Perri, Frank, does that conclude the updates on the health survey and

mortality study?

MS. RUCKART: Yes.

MR. STALLARD: Any questions?

(no response)

DISCUSSION ABOUT CAP PRESENTATION AT EXPERT PANEL ON WATER MODELING OF HADNOT POINT

MR. STALLARD: Well then we're going to go back to our one o'clock from Jerry, a discussion about the CAP presentation at the expert panel.

MR. ENSMINGER: I was asked to represent the CAP at the expert water modeling panel meeting that's going to take place supposedly the last week in March. That's still up in the air. I'm going to be soliciting to everybody on the CAP and on the website anybody that has any input as to what they would like me to address.

But mainly what I'm going to address to the experts on this panel is the importance and why it is so important that this water model go forward and be completed. And the only way I can do that is to show the conflicting messages that have been provided by representatives of the Marine Corps,

Department of the Navy, incorrect data, out-and-out lies that have been provided to not only state and federal regulators but to the local community, the local governments and the populations that were exposed.

And I'm going to accomplish this by utilizing their own documents. It's going to be very extensive. It's going to be very detailed. I'm going to provide them with the actual documents where these lies were recorded in writing and show them that this is what ATSDR's been up against since they've been involved in this. This is what all of us have been fighting since we've been involved in it. And hopefully, the water model will get us down to some level of truth. That's all I have.

MR. BYRON: This is Jeff Byron. On the water modeling panel itself, the expert panel, I mean, we had one for Tarawa Terrace, number one. Did something change? I mean, I'm sure from what Morris told us the complexity is much deeper so that's why you're needing another panel.

MR. ENSMINGER: Well, the original one

wasn’t just for Tarawa Terrace. That was for --

MR. BYRON: That was across the board, too, huh?

So, but I mean because of its complexity are we just rehashing the same thing and the water modeling is a good process that needs to be tweaked or what?

DR. BOVE: There’s complexity, a much larger number of wells, much larger area, several sources of contamination, and so that’s part of it. There’s the issue of how much uncertainty can be tolerated in a model so that’s been raised. I mean, the DoD’s raised issues around uncertainty which we were trying to address. And so for those reasons -- it’s not a bad idea for us to have another panel to go over this one more time.

We don’t feel it’s that much of a burden to do this given the scrutiny that this is, how strong this is looked at. So we initially weren’t going to do one, but I think -- or at least we weren’t necessarily planning on doing this initially, but it makes sense. So we’re going to do it. And you’re all

welcome to come by the way and at least see the proceedings.

And actually, Jerry, at the last one you participated quite a bit from the floor so there probably will be opportunities for that as well this time around.

MS. RUCKART: That's also going to be streamed over the internet if people can't travel here.

DR. BOVE: That's right. I think, isn't it?

MR. BYRON: So basically the water modeling hasn't changed, but the complexity and refining what you've already done in the past and what you're about to do in the future that could help you with this.

DR. BOVE: Yeah, for the most part the approach is the same. There are slight differences because again, because of the complexity and the multiple sources of contamination. For example, at Tarawa Terrace we were focused on PCE. Here we're focusing on PCE, TCE, BTEX, you know, so that already makes it different. Also, this issue of the inner, the transfer of water will mean that that some water distribution system modeling

becomes more important this time around than the last time around.

I also would like to see -- although I'm not sure we're going to have time to do this -- a look at the trailer park once more to see if we can figure out what's going on there, whether we need to just assume 50-50 from Camp Johnson, Montford Point and Tarawa Terrace or whether we can refine that a bit. The water operators were saying more like 85 percent, 90 percent from Camp Johnson; ten percent from Tarawa Terrace.

That's interesting. We don't know if that, we don't know if their memories are still good on that one. Others have said 50-50 makes sense. Maybe we can see from the model what makes sense. We may do that, but that's not as important as the Hadnot Point modeling and the transfer of water issue.

MR. STALLARD: Go ahead.

MR. TOWNSEND (by Telephone): Can you separate the water modeling prior to Paradise Point and that part of the world that was formerly serviced by Hadnot Point and separated before the skunk in the woodpile

came on board?

MS. RUCKART: Are you saying do you want to know if the water modeling will be different before Holcomb Boulevard came online and after, if that's going to be factored in?

MR. TOWNSEND (by Telephone): Yes.

DR. BOVE: Yeah, sure. We're going to go back in time. We'll probably go back to, as far back as Tarawa Terrace if not before that so that Holcomb Boulevard wasn't around then. And then the change that occurs with Holcomb Boulevard and the transfer of water again, too. All these issues we need to address. It's much more complicated than Tarawa Terrace.

MR. TOWNSEND (by Telephone): Well, Tarawa Terrace wasn't on the Hadnot Point water line.

DR. BOVE: Yeah, I know. I know. I'm just saying that -- I didn't say it was. All I'm saying is that we'll go back in time as far as, at least as far as we did with Tarawa Terrace if not further back in time. Okay?

MR. TOWNSEND (by Telephone): Yes.

UPDATE ON CONFERENCE CALL WITH CANCER REGISTRIES

MR. STALLARD: All right, that brings us to

the update on the conference call with the cancer registries.

MS. RUCKART: Well, last week Frank and I met with the state cancer registries, and we've been working with CDC's cancer division, and they helped facilitate this call. There were 30 registries present on the call as well as Frank, myself and the CDC staff in the cancer group. And the general feeling was that the state registries were very happy that we were involving them early on, and that we're giving them a chance to give some input. They're very willing to work with us.

We were explaining to them that it's a kind of a two-stage approach. First we have the health survey. We'll be going to them to help confirm self-reported cancers. We'll have informed consent and medical records release forms which will make it easy for them or easier for them to help confirm the cases.

And then later on there's a possibility of a cancer incidence data linkage study. That's a little more complicated because we won't have informed consent because we won't be contacting participants. So we're

trying to engage with them early on to, if that process becomes necessary, what can we do to work with them and get the data we need from them.

So like I said, the general feeling was they're glad we're bringing them aboard early on. They're willing to work with us. We have shared our protocols with them. And based on discussions, we will need to tweak our informed consent to specifically mention that we will also be seeking confirmation through cancer registries. Prior to that it didn't say that. It just said health care providers and death certificates and stuff like that. So that was a good suggestion. And we have a follow-up call scheduled so we're very encouraged by the way that's progressing.

MR. ENSMINGER: Do you have a list of the states that participated in that?

MS. RUCKART: I do. I think I have it with me. Let me check real quick.

DR. BOVE: Yeah, we do have a list.

They suggested that -- there's this issue between the state cancer registries and

the VA. It came about because of the laptop that was mislaid or whatever, and so there's been a lack of communication between state cancer registries and the VA and a lack of sharing the data.

MR. BYRON: Because the state doesn't trust them.

DR. BOVE: I think it's maybe the other way around. The VA doesn't give the data to the states. But regardless of which direction the problem is, this is something that we've been talking with the cancer group about as well. How could we help facilitate some better sharing of information between the VA and the states as part of this effort around Lejeune, sort of a byproduct, you know, another benefit of this.

And so we're still pursuing that. But what the state cancer registries said is you want to go to the VA first to see if you can confirm these cancers and then come to us. So we do need to sit down with the VA cancer registry and the DoD's cancer registry for that matter because probably that might be the best thing is to exhaust them first before we

go to the states.

MS. RUCKART: Well, one thing I want to say. I mentioned that 30 states were on the call, but first of all other states couldn't be on the call just because of competing things at that time. So we're still wanting to work with all 50 states, and we have gotten some e-mails from states that couldn't be on the call because they still got the protocols and the materials. They'll be included. It's just that they couldn't make it this time. It doesn't mean they're not interested.

DR. BOVE: Well, there's one other thing we forgot to mention. These states are the states that are working with the CDC division which is most cancer registries. There are about six, seven or eight older cancer registries --

Oh, there's only five?

Okay, there's five cancer registries that are called SEER cancer registries. There are other SEER cancer registries, too, but these five are not working, are not part of the CDC program. They work with NCI, National Cancer Institute. So we have to set up a

separate call for them.

Connecticut's one; Hawaii's one. I can' remember the other three. But we have to meet with them. We have to meet with the VA cancer registry. We have to set up a meeting with the DoD's ACTUR, it's called, cancer registry. So these are still things we, Perri and I, have to do.

We're going to have a meeting in April of cancer registry directors. We've been asked to come and talk about Lejeune there, have a session. So that's good. So there is interest. I think because we've involved, as Perri said, we involved these registries early in the process, they really like that, and they're much more interested in working with us.

They'll want money for the effort so we'll have to find out what their needs are. Each state has a procedure that we have to follow to go through their IRB. Some states will say, well, CDC approved it. We'll approve it, too. But many will not just do that. They will want to go through their own IRB process. So it's still a lengthy process

just to get their participation to help confirm the cancers that are reported to us in the survey.

For the data linkage effort if we decide to go that route, there's a whole set of issues there. This has never been done before in this country, so there are a lot of issues including the fact that states don't normally work together on a project like that. They have worked with the AARP. I was aware of this before.

But just like CDC, cancer registries will send data to CDC without personal identifiers. That's not helpful for our purpose. We need the personal identifier. They also did the same thing with AARP to look at either cancer risk among the elderly or some kind of treatment issue. I can't remember what it was. Again, but they did not supply personal identifiers so what you got were frequencies of the cancers or something like that.

But we want to link the person to the cancer because the person's where we have the exposure information and other risk factors

that we want to compare. So we need the personal identifiers. And for that that changes it entirely.

They've never done that, and we think they should. This should be the first time they do it. And so we're going to try to keep pushing this along to see just what are the obstacles and whether they can be overcome without legislation, national legislation, or whatever.

MR. BYRON: And then you're also going to try and get the VA in this same meeting, right?

DR. BOVE: Well, I think we're going to have to set up a special --

MR. BYRON: A separate.

DR. BOVE: -- meeting. Yeah, one of the epidemiologists that attended our panel back in March, was it? His name is Dr. Han Kang, K-A-N-G. Dr. Kang did many of the Agent Orange studies and is doing the Gulf War stuff as well. He approached --

How many? Do you remember many cancer registries?

MS. RUCKART: Thirty-two.

DR. BOVE: I think he approached, yeah, he got some no's from cancer registries. He approached thirty-some cancer registries for the Gulf War study. New Jersey, for example, my old state, anyway, so he's had some difficulties himself. But he works for the VA, and so we thought we'd ask him to intercede. So we haven't talked to him yet. That's sort of the first approach we'll take is to see if Dr. Kang can help us sit down with the VA and see what kinds of issues they might have.

MS. BRIDGES: Sandy Bridges. Jerry, you know Jerry Siegel (ph) with TCE?

MR. ENSMINGER: Lenny Siegel.

MS. BRIDGES: Yeah, Lenny Siegel. Well, I get that notice. Do you get those notices from him? Did you get one yesterday morning where they were asking for groups around the country, different organizations, activists, whatever, anything pertaining to contamination to group together? He's asking for representation from --

MR. ENSMINGER: ^ yesterday morning.

MS. BRIDGES: I know. I was in a hurry,

too, so I didn't read it real well, but he's asking for organizations, websites, whatever groups to join together so that it can work much better, similar to what you're talking about. We'll have to read it.

^^^^

UNIDENTIFIED SPEAKER: He said they're organizing.

MS. BRIDGES: Oh, yeah, that's right. That's exactly what he's doing. So that is that similar to what you're talking about?

DR. BOVE: No, no --

MS. BRIDGES: We're talking about having more power by going as groups together.

DR. BOVE: No, I'm a big fan of people organizing. I used to be a pretty good organizer. But I'm talking about something a little different. In order to, we're going to send out this survey, and people are going to say they had this cancer or that cancer or this disease or that disease, right? For cancers, at least, we want to confirm all these diseases.

So if someone said they had Parkinson's, we want to get a medical record

to confirm that. If they said they had lupus, we want to have a medical record to confirm. If they said they had a cancer, well, there are cancer registries. We may be able to confirm it easier by going to the cancer registry where they were, the state where they were diagnosed.

And the state cancer registries are saying, well, don't do that first. Go to the VA first and see if you can get it there because we don't have the VA, if the VA diagnosed the cancer, the state may not have that registration, may not know about it. It's unfortunate.

MR. BYRON: Yeah, vice versa.

DR. BOVE: No, well, vice versa, yeah, but that's unfortunate. The states should know all the cancers that occurred in their state. This is a problem so that's what I'm saying. So they're saying we don't know all the cancers that were diagnosed in our state. Sometimes this also occurs in situations with the tribal nations, too. There's some, although I think it's nothing like this. This is really a big problem with the VA right now.

DR. CLAPP (by Telephone): Frank, I had that experience in Massachusetts where the VA said, well, your state law doesn't really apply to the VA so we're going to have to report. So I went and talked to them. This was the director of their cancer registry and said what you just said which is we really should see all of the cases for Massachusetts residents diagnosed in our state so please send this stuff in. They agreed to do it. But I think you're right. It's gotten worse. In a lot of states the VA won't do that. I know that's the case in West Virginia right now.

DR. BOVE: Well, yeah, it's because that laptop was lost, stolen. I don't remember the details of that. But since then they've really, the states are really complaining about this to the CDC cancer division.

Anyway, so that's what I'm talking about. I'm talking about finding ways to verify these self-reported diseases that come in from the survey. So if you take the survey, and you say, yes, I have lupus, we want to be able to confirm that. We'll have

to get your medical record. But if you said you had a cancer, then we will try to get it confirmed by a cancer registry. It's a little easier we think. And so that's what I was talking about.

MR. STALLARD: I'm curious. So is ATSDR working through the cancer folks here?

DR. BOVE: And there's another group that's -- I forget the name of the group, NAACCR or something. If necessary, we'll work through them, but right now we're working, we thought we'd work with the CDC division first, and if we have to go through another entity, we'll do that.

MS. RUCKART: Well, that's funny. I see Scott leaving. I was just going to see if he wanted to give his presentation now, but I guess there was another topic that Jeff wanted to bring up.

Do you want to take care of that now?

MR. BYRON: I'm sorry. I was talking to Sandy.

MS. RUCKART: Well, basically, we're finished with the agenda, and there was just two more things that were not on the agenda.

One Scott was going to give a more detailed update on the stakeholder analysis, and I know you had something you wanted to bring up. So I was just seeing who wanted to go next.

MR. BYRON: Until I remember what it was.

MR. STALLARD: Okay, well, you have time.

All right, Scott.

UPDATE ON STAKEHOLDER ANALYSIS

MR. WILLIAMS: I want to apologize. This update's going to be similar to what I gave last time.

Denita, I don't think you were here so in this update I actually printed off what I presented in July.

Scott Williams. As you can see we're up to 108,818 total unique registrations as of December 15th. If you flip back a couple pages you will see where we were back in July. We were at 64,960 total registrations. Most of those were manually put in from the DMDC database. Oh, it's two-sided as well. We tried to save some trees when we printed it out. So I think that's pretty good.

Total to date we've had 33,000 inquiries to the call center. That's as of

December 10th. We responded to 1752 e-mails. And of the 49,000 DMDC registrants that we manually put into the database, you know, we send them letters, and we've done outreach to those guys. And we've had almost 11,000 come back and update their information and, you know, and put update information which is almost 25 percent of the population. That's pretty good.

And to date, accounting for some of the overlap, we've sent out 221,000 direct notification letters. This includes an IRS mailing, and the people who have come to our website and registered, and then we send them a notification letter. Even though they might hear about us through mass media, we still send them a notification letter after they give us their address because the Congressional mandate says directly notify as many people as possible. So even though they might come to us through friends and families or other media outreach, we go ahead and send them a notification letter.

The next part of this is just update information. I'm not going to read through it

all based on what I presented last time except for the first two items. The retired general officers, just this past month we mailed letters and brochures to 365 retired general officers. And I have examples of what we sent out here, I'll pass out -- to include a brochure that was included, and I have a copy of that as well. I have only three copies, so you guys can pass this around.

MR. TOWNSEND (by Telephone): Just what questions were asked of the general officers?

MR. WILLIAMS: There were no questions asked. It was a general information letter that said, hey, basically said when they would go to their engagements or, you know, speaking engagements, they could pass the information out if they felt the need to, and we gave them a brochure with information it where they could get more information. So it was an information push, not an inquiry.

MR. TOWNSEND (by Telephone): Information about the contamination.

MR. WILLIAMS: Yes, sir.

MR. TOWNSEND (by Telephone): And this is going to the Commandant of the Marine Corps

for the last 15 or 20 years and there's still nothing going on?

MR. WILLIAMS: These are retired general officers. I'm assuming some of them may have been commandants.

MR. TOWNSEND (by Telephone): Absolutely.

MR. STALLARD: Is there a way that any of these documents could be provided so that Tom, who's on the telephone...

MR. WILLIAMS: Yeah, I mean, it's for public consumption, so I mean, you can copy these and then do whatever you will with them. Another note is that that actual brochure, we're going to start sending that out with all of our notification letters.

MS. RUCKART: I think the question was can you supply it to us electronically so we can get it to Tom and Mike because they couldn't be here in person.

MR. WILLIAMS: I'll scan and e-mail it to you or you can scan and e-mail it.

MS. RUCKART: You don't have this electronically already?

MR. WILLIAMS: No.

DR. BOVE: Okay, we'll scan it.

MR. WILLIAMS: Oh, you're talking about the whole package.

MS. RUCKART: Yes.

DR. BOVE: Yes, yes.

MR. WILLIAMS: I thought you only met the letter.

MR. STALLARD: Well, I'm sure he'd be interested in that, too.

DR. BOVE: Yeah, I know he would, yeah.

MR. WILLIAMS: We're going to put a link to that on the website. And like I said, we're also going to send it out in the notification letters.

MS. BRIDGES: Do you have another one of these with you?

MR. BYRON: No, he only had three.

MR. WILLIAMS: Well, I could print out more, but I wanted you to see --

DR. BOVE: Maybe we should hold onto one and so we can scan it in and then send it out to people.

MR. WILLIAMS: If you guys want these, it's a good thing, and I'll get them to you. So if you want them, I'll get them to you.

If you skip down to the bottom, the

Yahoo and the Google and the IRS letters, note, you can see we've, our advertisement has popped up on Yahoo, yeah, the second pages just above keeping contact information current. We've had our ad show up on Yahoo 874,000 times, really 875,000 times, and we've had 6,128 clicks which is 0.7 percent.

As you can see the last update in July we hadn't engaged Google yet. Google has caught up and passed Yahoo. The ad has popped up 1,479,000 times with 2,000 clicks for a percentage of about 0.14. And as you probably know we sent out approximately 150,000 letters through the IRS.

^^^

MR. WILLIAMS: Because that's how many we got out of the database. The database had about 200 and --

DR. BOVE: Ten.

MR. WILLIAMS: -- 210,000, but once we ran it through the postal service, I guess a contractor or a program called CSI, Continental Services Incorporated, and they looked at those addresses and told us which ones were good addresses, we manually put

those in the database.

The rest of the persons in the DMDC database, we took their social and just sent their social and their social only to the IRS. And then they sent a letter on our behalf to the last known address, which I think was your suggestion a couple of years ago. That worked.

Okay, you can flip to the first pie chart now. You guys can look at this at your leisure, but I provided the pie chart as it stands today or actually as of 30 November. And the next couple pages you can look at what I presented in July and look at the way the pie chart looked six months ago. And you can just see the percentage differences. As you can see now no more than 58 percent of our database population came from the IRS notifications.

MR. BYRON: Is that other 20 percent, is that family and friends?

MR. WILLIAMS: Are you looking at the new one?

MR. BYRON: The new one's, I guess, 32?

MS. RUCKART: This is the old one.

MR. BYRON: It's the old one. I'm sorry.

MR. WILLIAMS: Now you can keep flipping forward and flip pass a second pie chart, and you'll see I have two summaries here for the two stakeholder outreach reports that are being developed. And it kind of gives an overview of exactly what we did and how the stakeholder analysis was conducted. And I had my contractor provide bullets that helps you guys understand how you were included in the process and where you fit.

DR. BOVE: It says Marine Corps Camp Lejeune Water Registry Research.

MR. WILLIAMS: Did you find it?

Well anyway, I'm not going to read this to you. You can read it at your leisure. If you have any questions, I guess you can ask me offline. But this is just a pretty good summary of exactly what we did and how things worked, how the process works.

And if you flip to the very last page, this is kind of a biography for Gerry Chervinsky. He's the president of KRC/Communications Research. And this is the guy, it was his company that actually did the

phone surveys. I saw on some of your websites, I guess, there were some people calling. You didn't know exactly why.

This will give you an example of the work this guy's done, and he has an impeccable reputation. But his bank of callers, they don't know who they're working for. So I think somebody called and said who are you working for, and they couldn't tell you, and so they didn't participate.

There's a reason that you don't want the guys doing the survey to be biased because they know who they're working for. So they don't know who they're working for. But this is the guy that we subcontracted through to do this survey, Gerry Chervinsky.

Anyway, that's that and my update.

MR. BYRON: One question.

MR. WILLIAMS: Yes, sir.

MR. BYRON: I know you guys said you were trying to get the Commandant to sign this, but I still see it's made out for a two-star general, not four.

MS. SIMMONS: That's not the same letter.

MR. BYRON: That's not the same letter?

MS. SIMMONS: No, this is just --

MR. WILLIAMS: That's an example letter. It doesn't have, you know, we had to follow protocol. When you send out a letter to generals, it comes from a general so it's on two-star letterhead. General Payne wrote that letter to 365 individual retired generals.

MR. ENSMINGER: Well, no, the question is why didn't the Commandant sign the letter for these 360 retired generals?

MR. BYRON: That's what we've been fighting for for I think the last three meetings.

MR. WILLIAMS: General Payne came up with this idea. I think it's a great idea, and I think this is good news. It was his initiative. He did it on his own, and I think it's a good thing.

MS. RUCKART: I think there's some confusion here because the letters that we've all been talking about wanting the Commandant to sign is completely separate --

MR. ENSMINGER: No, no, no, I understand that. I understand that.

MS. RUCKART: I'm not sure others do.

MR. ENSMINGER: You know, if the Commandant

truly is concerned, why didn't he come out with this stuff?

MR. WILLIAMS: I have not spoken to the Commandant.

MR. ENSMINGER: General Payne talks to General Conway.

I have another question.

MR. BYRON: Like I say, General Payne probably didn't think he needed to go to the Commandant. He could do it on his own, so he did.

MR. ENSMINGER: Yeah, he can, but --

MR. WILLIAMS: But this was no easy task. I think this was a good thing.

MR. ENSMINGER: Never mind.

MR. BYRON: Okay, but the follow-up letter we hope is coming from the Commandant and that the 365 generals, I guess, get it, too, I would assume. I mean, everybody's supposed to get it, aren't they, that's going to take the survey?

MS. SIMMONS: We hope so.

MR. WILLIAMS: The generals that receive this letter and then come back and register, yes, they would get the survey, and the goal

is to have the Commandant sign it, correct.

MR. ENSMINGER: I had a question. I missed your beginning with the breakdown of these numbers. You get 108,818 total registrations?

MR. WILLIAMS: Those are unique. So we have probably 130,000 in the database, but they verify all the people who come and try to register. And we know that we have 108, almost 109,000 unique registrants.

MR. ENSMINGER: Now, what's the 49,176 registrations from DMDC database?

MR. WILLIAMS: This is, the DMDC database had 210,000, right?

MR. ENSMINGER: Okay.

MR. WILLIAMS: So we took all those names and addresses and information, some of them had addresses, some of them -- I think most of them did. We ran them through the postal service. This is the Continental Services Incorporated.

MR. ENSMINGER: So they came up with 49,000 good ones.

MR. WILLIAMS: Right, and they said we think these 49,000 addresses are good. So we manually put those in the database, and then

sent those guys a notification letter. And the 150,000-ish remaining, we took the socials, sent it to the IRS, used the Project 753 program, and they mailed the letter on our behalf.

MR. ENSMINGER: Okay, now, the 10,983 DMDC registrations updated. What's that mean?

MR. WILLIAMS: That means once we manually put them in the database, we sent them a letter. We also sent them a postcard reminding them to come back and update their address. The 11,000 of the 49,000 have since come back and updated their information.

MR. ENSMINGER: Okay, now, out of the 108,818 that you have total registrations on your website, how many of them are actual names out of that 210,000 that you have in the DMDC?

MR. WILLIAMS: We'd have to go back and ferret out how many people just came to the website on their own or through media outreach that weren't included in that '75 to '85 range. That can be done, but I've not done it. I could take it for action if you want me to.

UNIDENTIFIED SPEAKER: ^ the children of people on the DMDC database.

MR. WILLIAMS: Right. It could have been anybody who was interested.

MR. ENSMINGER: No, but I'm talking about the actual people, the actual name, the actual sponsor, the Marine, the sailor or --

MR. WILLIAMS: I know what you're saying.

MR. ENSMINGER: -- service member.

MR. WILLIAMS: I think that we can glean that information, but I just haven't done it yet.

MR. ENSMINGER: I mean, that's going to give us an idea on participation.

MR. STALLARD: Yes, go ahead, Tom.

MR. TOWNSEND (by Telephone): Does a member sitting there have a paper that goes to this mathematical computation of adds and drops and all this stuff if somebody can figure out what the hell's going on?

DR. BOVE: Scott said that he will give us an idea of how many of the DMDC people have registered. This is, again, Jerry's right. It would give us some handle on participation although this isn't the survey. This is the

registration process. So things may be different because it takes a bigger effort to fill out a survey than to just come back with an address. But it will give us some idea.

MS. RUCKART: Also, we're going to be using intensive efforts to locate people which they were not able to do --

DR. BOVE: And we're also hoping that the Commandant will be signing these letters so there'll be a different situation. But we could get a handle, some handle, on what the possible, potential participation --

MR. TOWNSEND (by Telephone): I'm interested in the numbers and the names of the groups they represent to see what this slight-of-hand Ponzi scheme is doing.

MR. WILLIAMS: Well, Tom, just to let you know, we don't throw any records away. So when, if you register, and some people have registered nine times. I mean, those stay in the database. They go into what's called a duplicate file. So if one person tries to register nine times, we keep the original and then the other nine go to the duplicate file. So there won't be any drops or adds. There's

a field in the database to identify a person when they're deemed to be unique.

MR. ENSMINGER: And if you've noticed, we have recommended the members and the people on our site to go to your site and register.

MR. WILLIAMS: And I appreciate that.

MR. ENSMINGER: I can't help what them others do over there.

MS. McCALL: We've asked them, we've asked the other website to not recommend to their subscribers to submit their information to the ATSDR because, but they refuse to do it, and I don't know why. But I think they're really hampering this situation and this effort.

And if somebody could come out and say, you know, not me or Jerry or Jeff, could come out and say please register directly with the Marine Corps. Do not submit the information to ATSDR because ATSDR is not equipped to handle this amount and this volume. I mean, we've laid it out in plain English, but for some reason they're standing their ground and I think it's a huge problem.

MR. ENSMINGER: Because it's their only damn claim to fame. The only thing they've got to

say.

DR. BOVE: We have talked with them, and we pointed out there should be no problem with registering with the Marine Corps. They don't give up any of their rights and so on. But they claim that a lawyer has told them otherwise, so there you are. And we told them it was difficult for us. We don't have the capacity for this, and then we send the names over to the Marine Corps anyway. So I was unsuccessful in convincing them. I don't know who will be successful in convincing them. We have tried. We've tried.

MR. WILLIAMS: But, Denita, I'm glad you brought that up because I listened in on the last CAP call you had, and I heard you guys discuss this. The issue other than personnel issues for Frank, it's not that we're going to miss anybody.

I mean, they send us all the names, and we put them into the database. It's the metrics of tracking it. In other words, we won't be able to see when that spike came in, or we won't be able to track how because when we manually put them in the database, we just

put them in as call center as if they'd phoned.

MS. McCALL: Okay, well, these people claim that Frank specifically says go ahead and send me your information. It is okay with ATSDR for you --

DR. BOVE: What I said to them, what I said to them was, okay, if you're not going to send it to the Marine Corps -- and I kept reiterating that there's no problem with it. You're not giving up any rights, and there's no reason why you shouldn't encourage people -- then I said if you're not going to do that, then by all means send it to us. That's how I said it.

It got interpreted as -- well, I mean, the person I was talking to said, well, I hate to be told I'm wrong. And I said, well, I hate to say this, but you are wrong. There's no legal problem with giving your name to the Marine Corps. And then she admitted that, yes, she was wrong. So I thought that I had been successful in communicating that. And then I heard from, I have yet to look at their website, but I heard that up on the website it

says that I say it's okay to send stuff to us.

MS. RUCKART: It says that. I verified that.

DR. BOVE: And I guess you can interpret what I said that way. What I said was if you refuse to send it to the Marine Corps, then you can send it to us. So if people are so afraid to send their name to the Marine Corps, I don't want to lose these people so I said then send it to us. But I reiterated over and over again we don't have the capability to handle this.

MS. SIMMONS: And the Marine Corps gets it anyway.

DR. BOVE: Right, and the Marine Corps gets it anyway, absolutely.

MS. RUCKART: Well, at the very end of the month I send all of them over to the Marine Corps to the call center e-mail, but if people are very interested in knowing which ones come from ATSDR, could you add a variable? Like you have all these groups. Could it be ATSDR sent it to us?

MS. McCALL: Perri, I really think that the ATSDR needs to put their foot down and say if

you are interested in this issue, then you must register with the Marine Corps. We will no longer be able to help you out with it. I'm not going to help you out. If you want to register, register with the Marine Corps and do not send us your information. You need to put your foot down because dancing around the subject is giving them leeway to interpret what you say as it's okay to do whatever you like.

MR. WILLIAMS: My concern is that people will go to that website and then be discouraged altogether from registering, and not only would they not register with us, they won't send an e-mail to ATSDR and then you're going to lose people.

DR. BOVE: Let me ask you a question. I've been working with the public and working with both websites over time. I want to make sure that everyone gets included. If it means that they send it to us, then we'll deal with it. We answer phone calls from these people all the time as well. And we get calls from all kinds of people. It does take an effort, but we do it, and I don't want to lose anybody

because they're worried about whatever.

MS. McCALL: Frank, at some point are you not going to be able to handle these phone calls and these e-mails? Is there some point where there are going to be so many that you won't even be able to handle them? Is there going to be a point?

DR. BOVE: Well, that's when we'll get a contractor in. I think when we do the survey for sure we're going to get deluged with phone calls -- as you will, too -- and --

MS. McCALL: Then it only makes sense to stop it now.

DR. BOVE: Well, no, that won't stop it. That won't stop anything. It won't stop anything.

DR. SINKS: Let me just paint maybe a bigger picture issue on this. This is Tom Sinks. It seems to me that there are a variety of purposes that the CAP is dealing with, and we are dealing with and the Marines are dealing with their community outreach, education and quality science are the ones that come to my mind.

The biggest priority for our agency,

I'm going to put the science first, maybe because I'm a scientist, but that's what I'm going to put first, and I think Frank's message is based on the science which is follow up, follow up, follow up. The higher our percent of follow up, the better our science is going to be.

And if we do anything that shuts off that follow up -- I have no idea what percentage of these people are involved -- but if we're talking five or ten percent of the people who may not be included because of some squirrelly site or whatever, we want to make sure -- I apologize to whoever I'm calling a squirrelly site because I don't know.

But I'm just saying, we want to make sure the science is good. So I don't think we should be trying to tell Marines, ex-Marines, what we will or what we won't do. But maybe it's something we do more effectively through this advocacy group.

And I don't know the group, but perhaps send them a letter formally that says we are concerned that your efforts will adversely affect the science and the

communications and the education that needs to go. And we want to help you to do the best job you can. And we think the best job we can do is the following, and see if they'll buy that, and maybe that's the way to do this. I wouldn't want to cut Frank off or anybody off just because, you know, it can't be that hard for us to just bundle a bunch of stuff up and send it off to the Marines.

MR. BYRON: The issue came up as far as expediency entirely. And all you will see on that website is that they want action. Well, if they want action, they have to participate by taking action. So I guess, I find it really sad that we have to discuss websites really because we all want every Marine who was there to be a participant no matter what their paranoia may be. But the point is, is somebody needs, I mean, at least try to make one more contact. It's not going to happen through me. I guarantee you that, but at least come through ATSDR --

DR. SINKS: And possibly DoD.

DR. BOVE: First of all, it will not --

MR. ENSMINGER: ^.

DR. BOVE: -- yeah, I think I agree with Jerry because it will not affect our studies. We have a different mechanism altogether, and so it shouldn't affect the studies. And I really do want to -- I know that there's problems between the two websites, and I don't want to, I want to be able to work with both.

MR. ENSMINGER: That ain't a problem with me --

DR. BOVE: All right.

MR. ENSMINGER: -- I don't talk to them.

DR. BOVE: That's my point.

MR. ENSMINGER: Dr. Sinks had the right animal. He just had the wrong thing. It's what they eat.

DR. BOVE: So anyway, so I'm going to attempt to be available for all, everyone and continue that.

MR. ENSMINGER: You need to be.

DR. BOVE: Yeah, I need to be. I think if the CAP wants to take a step in contacting that website and making it, that's totally appropriate, but I don't think my agency should do that. I think my agency should be open to following the science.

MR. TOWNSEND (by Telephone): Frank? Dr. Bove?

DR. BOVE: Yes.

MR. TOWNSEND (by Telephone): Tom. Speaking of following the science, are you ever going to expand the listing of adverse effects that ^. In the past you've told me if you didn't meet your minimum standard of ten episodes that you fall out of the study. Is that still valid?

MS. RUCKART: I think what Tom's talking about is at a previous meeting we presented a ^ table, some of the expected cases. And we have said if we don't expect at least ten cases of a disease, we will be less likely to pursue that.

But in the health survey we do ask about a lot of conditions specifically, but we also have a catch-all question for people to report anything else they're interested in. So that way we will be capturing information on any condition you'd like to let us know about.

MR. TOWNSEND (by Telephone): I'm referring to a specific episode that you expected to

have ten heads and you only got six so the whole thing dropped.

DR. BOVE: Well, I know what you're talking about. You're talking about the heart defects during the survey where --

MR. TOWNSEND (by Telephone): ^

DR. BOVE: Yeah, we could see clearly that we were under ascertaining, weren't identifying most of them. So when you're not identifying most of them, it's very hard to do a study that will have any credibility whatsoever by including them. So that's why. We knew that we -- the survey is a poor way I should say of trying to identify these cases, but it was the only way. But when we could see that we obviously weren't identifying the cases, we're missing probably two-thirds or more, then you really can't do a study with any credibility.

With the mortality study we shouldn't miss any, or hardly any, deaths and the causes of those deaths. In the health survey, on the other hand, we may miss, and that would be because people either don't participate or they participate but we can't confirm their

diagnoses that they're reporting for some reason.

And then there's the issue of people who think they're unexposed or people from Pendleton, for example, who might think why am I bothering with this or don't have an urgent issue. They may underreport. They may not even report diseases that they have. That's a problem as well.

So a survey does have these issues. There's nothing we can do about that. That's the nature of the beast. But for the mortality study it's not a problem. But for the current case control study, we made that decision because first of all we have small numbers of heart defects to begin with. But secondly, we knew we were missing most of them.

MR. TOWNSEND (by Telephone): These mortality studies pick up on deaths in military hospitals?

DR. BOVE: Mortality studies will pick up all deaths in that cohort.

MR. TOWNSEND (by Telephone): Well, if your child died in a military --

DR. BOVE: No, your child would not be in this study. Your child is not in the mortality study. The mortality study consists of the active duty Marines. There's 210,000 minus those who started before '75 because we don't know where they were when they started. So that's about --

MR. TOWNSEND (by Telephone): What about dependents, Frank?

DR. BOVE: Dependents are not part of the mortality study. So the dependents would be part of the survey. And if they died, then we'd have to find that out; that's right. We could find that out by doing the same thing that we're doing with the mortality study, which is if we're finding that we're missing some people, we may decide just to send their names to, if we have enough information, the same thing we did with the mortality study we could do which is we would send their social security number and their name and date of birth to the Social Security Administration database to find out if they're alive or dead. If we find out that they're dead, then we send their information, then we send that same

information to the National Death Index and get their cause of death. So, yes, we could find out that.

MS. RUCKART: That is the plan because the mortality study will --

DR. BOVE: Don't include dependents, so this is what we have to do for dependents.

We haven't really talked about this so I'm glad you brought it up, but for those who are not part of the mortality study, if we do not get a survey back from them, we may decide to do this to see if they're alive or dead because it shouldn't cost that much more. But this is something we need to work out.

Again, the survey is very complicated, and every time we think about it there's a new wrinkle. And so, again, I'm glad you brought this up because we're going to have to address this. There are other things we also may have to do to see if the person is alive or dead.

MS. RUCKART: You're just talking about the '99-2002 survey population then?

DR. BOVE: No, no, because --

MS. RUCKART: The dependents who --

DR. BOVE: -- besides dependents -- there's

a difference between the two studies in terms of who's in the study population. For the mortality study, as I said, we start off with 210,000 active duty Marines, but we have to subtract from that group those people who started before June '75. Because if they started before June '75, they started active duty before then, we don't know where they were stationed during that time just from the personnel records that the DMDC has.

So we're limiting the mortality study to about 160, 170,000. We don't know the exact number yet of the active duty. But for the survey we don't have to rely on just the personnel records for information. We can ask the people where they were stationed so we can include everybody, all 210,000 of those active duty Marines in the survey.

So the difference between those two, which we think are maybe around 130, 140, 000 but we're not sure yet until we get the data, will be people we, that were part of the mortality study that we do need to check to see if they're alive or dead.

MS. RUCKART: But as far as dependents we

will only have the ’99 to ’02 survey.

DR. BOVE: We’ll have to go through the same process again.

MS. RUCKART: Which we could do that. We won’t have any other information on dependents except those who register. But we have, I mean, isn’t there something on your website that tells people every family member needs to register separately so someone could register a deceased family member and fill out a survey for a deceased family member.

DR. BOVE: Okay, but --

MR. TOWNSEND (by Telephone): If I apply to a state and I find out if I’m on their death registry, my child?

DR. BOVE: I missed the question.

MR. BYRON: He wants to know whether or not he can find out from his state whether his child is on the state death registry.

MR. ENSMINGER: No, any state.

DR. CLAPP (by Telephone): Yes, this is Dick. He should be able to do that.

DR. BOVE: Yeah, yeah, I didn’t understand the question, okay, yeah, absolutely.

MS. BRIDGES: If you don’t apply, if a

family doesn't apply for that $250 death benefit, or if the Social Security Administration's not notified that that person died, if they don't have a will that's gone through probate, it's not going to show that they're dead.

DR. BOVE: We're going to use a couple different databases so that we'll have close to -- we're going to use -- there are two different routes to go for doing this kind of work. One is to send all the names to the National Death Index, but it's extremely costly.

You can mimic, you can get the same kind of results by using a cheaper route, and that's what most mortality studies do using the Social Security Administration database, a VA database and -- what was the third one? There's one other one, but those are the two main ones. And that will tell you whether the person's alive or dead or unknown.

If their status is unknown, then that smaller group of unknown could be sent to the National Death Index, and that would be cost effective then because you've gotten an idea

if most of the people were alive or dead. It's only a smaller group that you really don't know, and the National Death Index should deal with that issue.

MS. RUCKART: But Frank's only talking about people that we have information from the DMDC database, active duty --

DR. BOVE: Yeah, this is the mortality study.

MS. RUCKART: -- I think the point is -- and I think this is what Tom is wanting to really get at -- when people register, they should go ahead and register for deceased members of their family because we are not otherwise going to know about those people because they weren't the former duty or --

DR. BOVE: Perri, we need to talk about this some more, but what I'm trying to say is this. That we can send the dependents' information and the additional active duty people who weren't in the mortality study, we could send them through the same process we do for the mortality study if we have enough information on them.

Now, we will for the active duty. For

the dependents it really depends on whether we have social security number on them or not or whether we can get away with just date of birth and name on this search. So these are things we have to work out.

MR. TOWNSEND (by Telephone): There are two things before we leave this. Many infants died at Camp Lejeune that do not have social security numbers. And two, the questions about their death are not asked for on the Marine Corps site.

DR. BOVE: Right, okay.

MS. RUCKART: But you could go ahead and register deceased members of your family if you would like to.

DR. BOVE: Perri's right. You can do that. We'll use any information we can, we get. But I think that we have to have a more formal process for determining if people are alive or dead even for the health survey, and that's why I'm suggesting is we use the same process we're using for the mortality study as long as we have enough information.

There will be people who will be missed in the health survey. The health

survey's not going to be foolproof. We're going to miss, some people aren't going to participate. People are going to tell us about diseases that we can't verify. People may not report diseases that they do have.

This is the nature of a survey. This is the problems with a survey. You can do a lot of things with a survey, but the survey also has major limitations to it, and these are some of them. But what we can do is try to use a similar approach, as I said, with the mortality study, at least identify who might be alive or dead. And if we have enough information we should be able to do that for most people.

MR. TOWNSEND (by Telephone): Well, how about sending a how-to-do-it letter, Frank?

DR. BOVE: Send out a what?

MR. TOWNSEND (by Telephone): How to do it.

DR. BOVE: How to do what?

MR. TOWNSEND (by Telephone): Some details and let us out in the field answer the questions.

DR. BOVE: We ask for each cancer and other diseases that we're interested in the survey,

we ask for a whole slew of information. So --

MR. TOWNSEND (by Telephone): You ask the former active duty men and women, not the ^ retired people.

MS. RUCKART: If you register with the Marine Corps, you will get a survey regardless of when you were first stationed there. And if you register deceased members of your family, you can fill out a survey on their behalf as well.

MR. TOWNSEND (by Telephone): They didn't ask for my family. They asked for my name, address and telephone number.

MS. RUCKART: Okay, well, at some point we realized that and so the Marines updated their website to specifically mention that all the family members needed to be registered separately. So if that happened after you registered, you should go back on there now and register your other family members.

MR. TOWNSEND (by Telephone): Gotcha.

DR. BOVE: But as I was saying, for the study population identified by either the DMDC data or the ATSDR survey, we will try to find out whether they're alive or dead through the

same process that we're using for the mortality study. Because that's the group we're going to make inferences from, and I just want to make that clear.

DR. CLAPP (by Telephone): This is Dick. I have to sign off now. I have a class or assembly. I have to give them their final exam. Have a good holiday, everybody.

MR. STALLARD: Thanks for joining us.

WRAP-UP

Okay, we're at the point on the agenda where we need to talk about next steps. Before we go on I'm going to do something a little impromptu. We started out with our achieved, and then we had a pretty robust dialogue today. So how would you gauge the, if you will, success of our meeting today?

MR. ENSMINGER: I think we need to wait and see. Let's see what the Department of Health Assessments and Consultations does with the recommendations that were made to them about the public health assessment. See if any of that sunk in. I believe it did. I believe there will be changes made to it, and that's good. This was an issue that's, as Tom stated

earlier, has been a sore spot for a long time. And I have to give Denita all the credit for resurfacing this thing at this time. Good deal.

MR. STALLARD: Well, there is a process, and it's called a site review and update. And so they will be pursuing that in terms of addressing this issue as I understand it. So we can look to updates --

MR. ENSMINGER: And I hope they stay in touch with, I hope they stay in touch with us about this thing because there's some of us that know more about that thing, I think, than they do.

MR. STALLARD: Okay, then, let's go ahead, next meeting.

Did you remember what it is you wanted to talk about?

MR. BYRON: Actually, I did remember. I never did really forget it. I just wasn't sure whether I wanted to bring it up at this time, and I'm going to table it until the next meeting.

MR. STALLARD: Okay.

I heard from the group that you wanted

to look at a meeting that would coincide with just prior to the expert panel water, right? We don't have a firm data on that so we're looking tentatively, what?

MS. RUCKART: Well, their meeting is tentatively planned for the end of March, so I guess if you're talking about meeting right before then, it would be mid-March.

DR. BOVE: Can I ask a question? Why do you want to meet before the expert panel? A couple things are happening in April. The NAS panel's going to be issuing its report. The expert panel would have met hopefully. We'll know better about what's going on with the DMDC data, the OMB situation and all.

So, I mean, we could meet in March. I'm just nervous that we may not have a whole lot to say at that point given all these ifs, ands and buts floating around. Like what will the NAS actually say. What will, you know, we won't know about where OMB is until after the NAS report comes out anyway. And I don't know what the NAS report's going to say. So anyway, I'm willing to have a meeting any time you want. I'm just saying it may not be as

fruitful if we have it in March as we would maybe the next month.

MS. RUCKART: But can I throw something out? I know people were kind of displeased with having a meeting via conference call, but if you want to meet before the expert water panel meeting in March and then it would make sense to meet again in April, it seems like a face-to-face meeting would make the most sense in April. Possibly would you consider having a call in March just to touch base followed up by a meeting the next month in person?

MS. McCALL: Personally, I don't think telephone meetings are very productive.

MR. ENSMINGER: Well, I do see the point they're making about, you know, you're going to have a whole bunch of ammunition after, but when is the NAS?

DR. BOVE: I think we can pretty much bank that it'll be sometime in April, beginning of April, end of April. Everybody's throwing their hands up. I don't know.

MS. RUCKART: Frank, I thought it was a possibility that at May's, ^ May, so --

DR. BOVE: Well, we'll at least have the

expert panel meeting I hope by the end of March.

MR. ENSMINGER: All right, well, let's go with the first week in April.

MR. BYRON: Yeah, because if we go any later, it's even back further out again.

MS. RUCKART: Did you want to have a call in March or no?

MR. ENSMINGER: No. I can call these people any time I want to call them anyhow.

MS. BRIDGES: Why don't we? Instead of getting, we need to stay close. Why not just have a conference call?

MR. BYRON: It doesn't have to be a three hour conference call. Make it 30 minutes and just say, okay, here's what I got.

DR. BOVE: Or an hour. Conference calls can be an hour long.

MR. BYRON: An hour's long for a conference call.

MR. STALLARD: It could be an update on some of these things here.

DR. BOVE: Yeah, yeah.

MS. RUCKART: Well, why doesn't everybody think about it, and we can touch base next

week and see if people do want to have the conference call, and you can have more time to think about it.

MR. STALLARD: We're coming to the end of --

MS. BRIDGES: I don't think everybody agreed to it then. We agreed to it. Did you agree to it?

MS. McCALL: It doesn't matter.

MS. BRIDGES: For an hour conference call?

MS. McCALL: Sure.

MS. BRIDGES: To even discuss anything that has come up since we've been here, and those that we need to address.

MS. RUCKART: The other thing is we can have a conference call and those who want to participate can, and those who are not as interested don't have to.

DR. BOVE: We'll keep you up to date though. We'll always keep you up to date.

MR. STALLARD: Okay then. That concludes both the agenda and the non-agenda items that we were going to talk about today.

Is anything administrivia I need to mention like the timely submission of vouchers? Anything else?

(no response)

MR. STALLARD: I guess this is time to say goodbye and wish everyone a safe journey home and happy holidays, however you celebrate.

(Whereupon, the meeting was adjourned at 2:30 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Dec. 18, 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 9th day of Feb., 2009.

_____

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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