

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

convenes the

FIFTEENTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

JANUARY 21, 2010

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
Conference Room B, Atlanta, Georgia, on Jan. 21,
2010.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
404/733-6070

C O N T E N T S

Jan. 21, 2010

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS CHRISTOPHER STALLARD	5
RECAP OF LAST CAP MEETING FRANK BOVE	9
CAP MISSION AND MEMBERSHIP CHRISTOPHER STALLARD	11
CAP UPDATES CAP MEMBERS	37
WATER MODELING UPDATE MORRIS MASLIA AND BOB FAYE	55
FUTURE STUDIES FRANK BOVE	107
O'BRIEN AND GERE REPORT JERRY ENSMINGER	116
FUNDING TOM SINKS	124
FUTURE STUDIES (CONT'D)	153
MALE BREAST CANCER	156
BARRACK LOCATIONS OF UNITS	167
WRAP-UP CHRISTOPHER STALLARD	172
COURT REPORTER'S CERTIFICATE	178

TRANSCRIPT LEGEND

The following transcript contains quoted material. Such material is reproduced as read or spoken.

In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

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

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

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

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

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

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

(alphabetically)

BLAKELY, MARY, COMMUNITY MEMBER
BOVE, FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR
Davis, Devra, PhD, MPH, PROFESSOR (via telephone)
ENSMINGER, JERRY, COMMUNITY MEMBER
EVANS, MIKE, USMC
FONTELLA, JIM, COMMUNITY MEMBER
GERHARDSTEIN, BEN, NCEH/ATSDR
MENARD, ALLEN, COMMUNITY MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH
CENTER
SINKS, TOM, ATSDR
TOWNSEND, TOM (via telephone)
WILLIAMS, SCOTT, USMC

1 **MR. MENARD:** Allen Menard, CAP Member.

2 **DR. CLAPP:** Dick Clapp, BU School of Public Health
3 and CAP Member.

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

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

8 **MR. BYRON:** Jeff Byron, the CAP.

9 **MS. BRIDGES:** Sandra Bridges, the CAP.

10 **MR. STALLARD:** All right. Well, that was a good
11 exercise. Again, it's all an opportunity to
12 practice having to use the microphone. When you
13 press the red, look for the red light to come on
14 when you speak.

15 Okay. Some of our operating principles, guidelines,
16 this is a public meeting. It's being captured
17 and/or broadcast. Frank, are we being live
18 broadcast all day today or not?

19 **DR. BOVE:** Yeah.

20 **MR. STALLARD:** All day, right?

21 **DR. BOVE:** As far as I know.

22 **MR. STALLARD:** All right. In the past these have
23 been our operating principles, guidelines of
24 openness and transparency. Zero just stands for
25 zero. No personal attacks. Keep your focus on the

1 issue at hand. We request that we not speak over
2 one another. Say your name before speaking.
3 Respect and honesty was added. Is there anything
4 else that needs to be added to how we interact with
5 each other? I think we've got this down pretty
6 well. Go ahead, what's that, Jeff?

7 **MR. BYRON:** I'm going to keep that last comment to
8 myself.

9 **MR. STALLARD:** Yeah. I'm going to ask you -- and
10 we're going to get to and address some of these
11 things when I ask later on, what are some of the
12 major barriers that we continue to face in this
13 process. And we'll have an opportunity again to
14 capture some of those challenges that we face.

15 Okay. For those of you who are in the
16 audience, I see maybe one or two new faces. We are
17 glad that you are here. Thank you for being here.
18 We ask that you listen attentively. And you may
19 state if you sort of indicate that you have
20 something to say that might be relevant and we'll be
21 happy to invite you to participate in the response.
22 Okay?

23 For everyone, I would like you to turn your
24 cell phones off or on silent stun. Very good.

25 **MR. PARTAIN:** Hey, Chris, we do have two guests from

1 the Community here in the audience.

2 **MR. STALLARD:** Okay.

3 **MR. PARTAIN:** I'd just like to take a moment to let
4 them introduce themselves and say who they are, if
5 that's okay.

6 **MR. STALLARD:** That would be great. Thank you.

7 **MS. BLAKELY:** I'm Mary Blakely, a dependent from
8 Camp Lejeune. My father was in the Marine Corps.
9 He retired in Jacksonville, still living there.

10 **MR. STALLARD:** Welcome, Mary.

11 **MR. FONTELLA:** My name is Jim Fontella, former
12 Marine stationed at Camp Lejeune and male breast
13 cancer survivor.

14 **MR. STALLARD:** Were you on that, with Mike, on that
15 television thing?

16 All right then. Thank you. So we have a
17 handout, if we need, for the folks in the back.
18 Thank you very much. We're in a different room. So
19 it's a different dynamic today. It feels very small
20 quarters. So if you have any needs that we can
21 adjust in terms of comfort or temperature, let us
22 know so we can work with the staff here.
23 And with that we're going to move over to a recap of
24 the last meeting. Frank is going to kind of go
25 through the last meeting for us.

1 could we organize a debate with members of the NRC
2 Panel that produced that report. That was
3 mentioned. In terms of -- concerning future
4 studies, the mortality study and the health survey
5 study, several things came up. One was to update
6 the CAP on the DOD's cancer registry, which is
7 called ACTUR, A-C-T-U-R. And I can do that briefly
8 later. To get a commitment, written commitment from
9 the Commandant of the Marine Corps that he will sign
10 a letter encouraging participation in the survey.
11 That was brought up. So we can discuss that later.
12 There was concern about male breast cancer, both
13 what were the specific rates, the U.S. case specific
14 rates. Dr. Devra Davis had a proposal or was at
15 least interested in addressing the issue. And we
16 can talk about that. There was talk about coming up
17 with an interview instrument and so on. So we can
18 talk about that later. We mentioned briefly about
19 the data linkage to cancer incidence study. But I
20 think we'll have to hold that for a later meeting,
21 because I think we have a lot to discuss today. And
22 there are other important issues around the
23 mortality study and the survey to discuss. And then
24 we also -- it was also asked that Morris present on
25 the Hadnot Point strategy for modeling Hadnot Point

1 and update us on what's going on there. That's
2 going to happen later this morning.

3 A few other things on the -- mentioned last
4 time, was that the Marine Corps update us on how
5 registrations are going and also update on the
6 combined Marine Corps/ATSDR development of
7 population estimates, because there's been several
8 requests from Congress and from other entities as to
9 trying to figure out how many people were on base
10 from the early or mid-'50's to the mid-'80's. And
11 there are various population estimates been thrown
12 around by the media, by me, by the Marine Corps and
13 so on. So we've tried to come up with some
14 consensus as to what we think a good number might
15 be. So we were working on that. And we'll talk
16 about that later, too. And then the last thing was
17 Jerry Ensminger, Mike Partain and others have put
18 together a chronology for the CAP at some point to
19 present that to ATSDR and to the general world at
20 one of these meetings. That was tabled for another
21 meeting when you're ready to do that. So that I
22 think summarizes. If anyone can remember anything
23 else that came up last time that I didn't mention?

24 **CAP MISSION AND MEMBERSHIP**

25 All right. So let's launch into the CAP

1 mission and membership. And let me hand around a
2 couple of things. This is one description that was
3 written out early on when we were discussing having
4 a CAP. And on one side is the recommendation from
5 the science panel, the 2005 science panel. And then
6 on the other side was objectives and a charge we
7 thought met you know, met that.

8 And then the next thing I want to pass
9 around is what's on our website, on our website
10 right now. And then the last thing is what is on
11 the ATSDR website -- I think it's still there -- on
12 essential thing on what a community assistance panel
13 is. So Chris, do you want to hand those out or
14 should I just pass them around?

15 Starting with the most general first, the
16 sheet that Chris is now handing out, this is on our
17 website. This is a description of a community --
18 what community assistance panels are. And if you
19 read through this, which you can do at your leisure,
20 you will notice that there's not a whole lot
21 specified here. The salient statements here are:
22 (reading) The CAP is a way for the community to
23 participate directly in ATSDR's evaluation and make
24 sure community concerns are addressed in any ATSDR
25 report. The CAP will assist ATSDR by sharing

1 community concerns and health information. The CAP
2 will not direct ATSDR's activities. Instead, CAP
3 members will work with ATSDR to gather and review
4 community health concerns --

5 **CAPTIONER (by Telephone):** Excuse me. I'm sorry.
6 This is the captioner. When you're reading, do you
7 mind slowing down just a little bit?

8 **DR. BOVE:** Sure.

9 **CAPTIONER (by Telephone):** Thank you.

10 **DR. BOVE:** Basically, instead of reading it, I can
11 just say it, that in this general description the
12 CAP is to provide information to ATSDR on what
13 community concerns are, any information that the
14 community has in terms of what exposures may have
15 occurred there, to help ATSDR develop its health
16 activities. So that's all it says. And it also
17 says that ATSDR will choose CAP members. And so
18 there's not much to be said about that.

19 The other two handouts, as I said, the first
20 one was -- on one side was the 2005 science panel's
21 recommendations that future studies should be
22 conducted in full partnership with the exposed
23 community and that an advisory panel, as they called
24 it, with long-term stability should be established
25 to oversee health studies that we do. So in

1 response to that, we came up back then with the
2 goal, which is the CAP was to involve members of the
3 community basically in representing the members of
4 the community in deliberations concerning future epi
5 studies, epidemiologic studies at the base, that we
6 would not be bound by these recommendations, but we
7 would give each recommendation serious
8 consideration. Okay. So that was the goal.

9 And the objectives, there were three.
10 Receive recommendations from the CAP about the
11 feasibility of these studies, which studies have
12 highest priority and secondary priority, and how the
13 CAP can be involved in implementing these studies.
14 So those are the three objectives. And the charge
15 was to provide recommendations by specific studies
16 and the priority ranking of those studies. So
17 that's what we thought back then right after the
18 science panel. And then finally, the description on
19 our website, which says that the purpose of the CAP
20 is to voice the concerns of the affected community
21 of marines and their families, to provide input for
22 future health studies, to provide their own
23 individual input as well as attempt to represent the
24 views of the community and the groups they belong
25 and that we would seriously consider the points of

1 view and recommendations. So that's what the
2 description on our site looks like.

3 So now we can open it up with that. Do any
4 of the CAP members have ideas on a mission
5 statement, any recommendations?

6 **MR. ENSMINGER:** My question is what's this all
7 about? What's the problem?

8 **MR. BYRON:** This looks like we're going backwards to
9 me. This should have been done at the very first
10 meeting, mission statements. And I'd like to know
11 myself what's driving this for a mission statement
12 and then a membership in the CAP. It seems to me
13 we've gone pretty far so far, because
14 recommendations for studies have been made to you,
15 yet funding is being held up by the Marine Corps and
16 the DoD and Department of the Navy. So maybe we
17 should have a mission statement on what ATSDR would
18 like to accomplish for the Camp Lejeune victims
19 versus what the victims' mission statement should
20 be. I don't get it.

21 **DR. BOVE:** Any other comments?

22 **MS. SIMMONS:** I brought it up in the first place.
23 The reason I brought it up is because I agree with
24 Jeff, this probably should have been done at the
25 first meeting. And this is something that's

1 integral with anything we do in DoD. We have
2 committees -- or any workgroups we have mission
3 statements, you know, what it's supposed to do. So
4 we keep getting asked for the mission statement for
5 the CAP. I've gotten asked many times. So that's
6 where it came from.

7 **MR. ENSMINGER:** Asked by who?

8 **MS. SIMMONS:** All sorts of people.

9 **MR. BYRON:** And the mission statement for the CAP is
10 to get justice for the victims who were exposed to
11 toxic water at Camp Lejeune. That's the mission
12 statement.

13 **MS. SIMMONS:** Okay.

14 **MR. ENSMINGER:** As far as what DoD or the Department
15 of the Navy or the Marine Corps wants, you guys
16 don't control this CAP, we do. ATSDR does. You
17 might be paying for it. But, oh, well. That's part
18 of your obligation, your moral obligation.

19 **DR. BOVE:** Instead of trying to figure out where
20 it's coming from, maybe the best thing to do would
21 be to determine whether any of these descriptions
22 that you have in front of you are sufficient and do
23 you feel good about that mission statement that we
24 could close out this discussion with that. Unless
25 you want to make some alterations to some of this.

1 **MR. ENSMINGER:** The only thing that -- and I know
2 what caused all this, is because, you know, it's my
3 thought and my view that the Department of Navy and
4 the Marine Corps thought they were going to kill
5 this CAP with attrition by people as they left the
6 CAP they wouldn't be replaced and pretty soon we'd
7 be down to one or two members. Well, no, we started
8 this CAP with a certain number of people. And as
9 those people either can't make the meetings or
10 people die, or people get sick that can't
11 accommodate these meetings, then we're going to
12 replace them. We're going to keep this at full
13 strength from what it originally started at.

14 **MS. SIMMONS:** Let me assure you nobody's ever talked
15 about killing the CAP through attrition. This one
16 thing that Frank passed out about the website, this
17 is the first time I've ever seen personally, maybe
18 you guys have, about the number of community members
19 and the representatives from DoD and the science
20 experts. That's good. Was this new, Frank, or -- I
21 mean I guess it doesn't matter.

22 **DR. BOVE:** I don't when it was up and when it got
23 out. But we -- from the early days when Perri and I
24 were starting the process of notifying both -- there
25 were two organizations that we sent the e-mails and

1 letters to, plus anyone we heard about in the past
2 that was interested in Camp Lejeune, asking for
3 nominations. Our view was to have something like
4 six or seven community members, one or two experts.
5 And so that has been sort of our working thing from
6 the beginning. Some people left, some people came
7 back. Well, there's no hard -- as I said, from the
8 description on our website about CAPs, they're a
9 fluid mechanism. You can have as many, you know,
10 people as it makes sense to have. And I've been
11 involved in CAPs that only had three or four people
12 left because of attrition. And those three or four
13 people that stayed were very vocal. On other
14 situations people come and go. So it really depends
15 on the situation and what works and what doesn't.
16 But so if we think that the description on the
17 website is good enough, or if there are any changes
18 you want to make to that, maybe that should be the -
19 - they're pretty similar, both the two handouts I
20 think. And so how do you feel about -- you know,
21 let's just focus on maybe seeing do we agree with
22 this and then moving forward instead of trying to
23 figure out who the motive is here, because there are
24 a lot of different motives going on. I'm not aware
25 of all of them. There's some in my agency. There's

1 some elsewhere. My own feeling, as I said last time
2 and the time before that is that I don't see things
3 are broken but that -- that need to be fixed. But I
4 do think that it wouldn't hurt to have an agreement
5 on the mission statement. So...

6 **MR. STALLARD:** Let me jump in here just a little
7 bit. I've done a lot of work with organizations.
8 And we can spend all day wordsmithing what is our
9 mission statement; is it happy or glad, you know,
10 who cares if you're smiling. We could have done
11 that maybe. We didn't in this group. No CAP is the
12 same, as Frank said. They're organic and vary how
13 they come together. We have one organization who
14 operates by a very structured parameters. We have
15 another who are less structured in that way. So
16 what they're looking -- what we're looking for is
17 something that guides us in what we're doing. Okay.
18 So I don't think we're going to be stepping
19 backwards, because I think it's clear -- and you
20 said to seek justice. But at the end of the day
21 it's to represent the interests, consequences,
22 quality of life for those potentially impacted by
23 exposure to toxic substances at Camp Lejeune.
24 That's what we do, right? Okay. So I mean we can
25 vote if you want. But I mean if it needs to be

1 written down and you want to wordsmith it. But we
2 all know why we're here. We had clear guidance and
3 purpose given to us by the expert panel that said
4 you are to look at the potential for future studies
5 with the full inclusion of the community members
6 potentially affected. So that's what we're doing.

7 **MR. MENARD:** I think you should take potentially out
8 of there.

9 **MR. STALLARD:** Okay.

10 **MR. ENSMINGER:** And put, who.

11 **DR. CLAPP:** That was the quickest wordsmithing I've
12 ever seen in my life.

13 And I agree. I think this is working and
14 why fix it, you know. If it's working, let's move
15 on.

16 **MR. STALLARD:** All right. Do you want to capture
17 that and tweak it?

18 **DR. BOVE:** Are there any comments about membership,
19 issues with membership?

20 **MR. STALLARD:** Well, we want to keep those on the
21 CAP alive. We've lost one.

22 **MR. BYRON:** Well, we can't be permanent residents of
23 the affected area, because I live in Ohio. Okay?
24 So --

25 **MR. ENSMINGER:** Nobody can be a permanent resident

1 of Camp Lejeune.

2 **MR. BYRON:** So that's okay the way it is in your
3 opinion?

4 **MR. PARTAIN:** Well, strike that part of it. But as
5 far as membership, you know, like we've done since
6 before I was here, the members of the CAP vote on
7 who will be seated on the panel.

8 **MR. STALLARD:** We have extended invitations, if I'm
9 not mistaken. The CAP has extended invitations to
10 expand the membership.

11 **MR. BYRON:** Right, the VA representation that's not
12 here again. And by the way, this isn't like, you
13 know, a situation where the VA representation just
14 came up. It's been going on for a year now. Okay.
15 And that's one reason -- I'm pretty disgusted with
16 my representation, you know, in Ohio that I haven't
17 been able to get a CAP member -- you know, VA CAP
18 member here, because I think they're critical to the
19 data gathering, for the mortality study, the health
20 survey. But for some reason they don't feel like
21 they need to be here. I don't understand that. You
22 know, we're all veterans here. Some of these guys
23 have had illnesses. They haven't even started a log
24 as far as what veterans are walking in to the VA and
25 saying I'm sick from Camp Lejeune. I mean that

1 should have been done ten years ago. Okay. I don't
2 understand what's going on here.

3 **MR. ENSMINGER:** That's being worked on through the
4 Veterans Affairs Committee.

5 **MR. BYRON:** Worked on or not, that representative
6 should have been here for the last three meetings.

7 **MR. ENSMINGER:** That's fine. You can't change that.
8 You can change the future. You can't change what's
9 happened in the past.

10 **DR. BOVE:** We did send a letter. You all saw it.
11 And we haven't gotten a response from the VA.
12 However, we are working with the VA on both the
13 mortality study and the health survey and the epi
14 study. And we've got at least for the survey a
15 response from them in the past that they will
16 cooperate and help us.

17 **MR. BYRON:** Well, that's all good and fine. But you
18 know what happens, as time goes by, it's been ten
19 years, okay, since I was notified, and you know,
20 this is dragging out, because of these guys back
21 here won't provide funding, won't come up with the
22 documentation that says, you know, that we were
23 exposed at these levels. They dropped the zeroes
24 off of the numbers. They lie about how much
25 contamination is in the ground. Okay. Let's just

1 get down to the truth here for once and quit beating
2 around the bush and just say how it is. I've got an
3 Executive Order here about transparency through the
4 Freedom of Information Act signed by Barack Obama.
5 I think it's the very first one he signed. And then
6 I have a contract with Booz Allen Hamilton right
7 here. Every single figure as far as monies is
8 redacted as if this is some national security issue
9 over Camp Lejeune that went on 30 years ago. Now,
10 me personally, that doesn't look like transparency
11 to me. Okay. I'd like to know how much money is
12 being spent with Booz Allen Hamilton, okay, to keep
13 the victims here and the victims that are listening
14 from getting justice. You're spending with them but
15 you're denying us the money for mortality studies?
16 I don't have much respect for that. Would somebody
17 like to explain it? Would somebody like to explain
18 how there's been four studies done and not one
19 single individual who was involved in those studies
20 has bothered to go through the documentation that
21 the Marine Corps is holding? I'm going to ask this
22 question again. And I'm going to ask it to ATSDR.
23 Who is doing document research? Because the victims
24 are the only people that find anything damning to
25 the Marine Corps. The Marine Corps sure isn't going

1 to give it to me. Jerry, Mike, Jim, Tom have been
2 the only ones who have come up with documentation
3 that has been basically beneficial to us but
4 detrimental to the Marine Corps. Is that
5 transparency? Is it? What, you guys act like you
6 don't know these documents exist? What? A hundred
7 thousand gallons of fuel is now turned into over
8 800,000 gallons of fuel and none of you know a word
9 about any of this? I find that damn hard to
10 believe.

11 **DR. BOVE:** I'm not sure how to answer that other
12 than the documents that Mike and Jerry are going
13 through are the documents that we provided in the
14 DVD and that -- and what I've said to Jerry and Mike
15 over and over again is that the more eyes go through
16 those documents the better. Our interest at ATSDR
17 is to find the information in those documents that
18 will help us determine what the exposures were on
19 site. That's the primary reason why we're going
20 through those documents. Other people going through
21 them have other interests as well. And that's
22 great, because there are documents that we may not
23 look at, because there are so many and our staff is
24 not -- you know, we can't look at every document.
25 And that's why it's great. That's why I think the

1 CAP is working, that other people in the CAP are
2 looking through these documents as well and then
3 finding information that is both useful for us and
4 useful for them in their efforts. And that's
5 exactly what community involvement in research is
6 all about. We don't have all the answers. We rely
7 and want to work with the community who were
8 affected to come up with the answer. And so I think
9 that we're trying -- we provided those documents,
10 the DVDs. The Marine Corps allowed us to do that.
11 And we provided them. We're requesting further
12 materials to be on DVDs in the future. And so that
13 is happening.

14 **MR. BYRON:** My complaint is not just with ATSDR and
15 the documents. I know that we're all working
16 together, and I'm happy that our members are able to
17 find the documentation. What I'm bothered with,
18 number one, is the government accountability report.
19 All they did is took their word. They didn't do any
20 research. It's obvious. Even when I pointed it out
21 to them, okay, they still did not correct it. They
22 took documents, mixed them together, other levels of
23 toxicity, so they could make it read whatever they
24 wanted and then presented it to Congress, didn't
25 they, okay, because it surely wasn't factual. Okay.

1 They didn't even have the guts to face me when I
2 showed up in front of Congress at the subcommittee
3 hearing and they sat right next to me. They
4 wouldn't even say hello. They went like this
5 (demonstrating), cower down, because they know what
6 they wrote, junk.

7 **MR. STALLARD:** When was that, Jeff?

8 **MR. BYRON:** June, 2007.

9 **MR. ENSMINGER:** Well, with the GAO Report as like
10 the NRC and NAS study, they wrote their reports
11 based on a preconceived conclusion. They had an
12 outcome when they first met. And they made their
13 report fit that preconceived conclusion. That's the
14 way they were written. And Congress knows it.
15 Everybody knows it. So I mean when you got the
16 Department of Navy writing the charge for the
17 committee, funding it and then writing the charge
18 for it, and also involved in the selection of the
19 committee members, you're going to -- you're going
20 to get what you see. And as far as I'm concerned,
21 the NRC and the National Academy of Sciences have
22 become scientific hired guns. They will write a
23 report for anybody that pays them. And they'll
24 write it for a favorable outcome however they want
25 it to end up. So that's what we ended up with.

1 **MS. SIMMONS:** I'd just like to make a comment. And
2 of course, everybody is entitled to their own
3 opinion. But the NRC report, the charge was written
4 by the Department of Navy, because we were charged
5 by Congress to do it. And we were also charged by
6 Congress to pay for it. So that is what it is. And
7 I'm sure that they will do studies for whomever pays
8 them. I mean that's their business.

9 **MR. BYRON:** Well, it's okay to do studies because
10 you're getting paid for them. But you've got to do
11 credible ones. Okay. And you've got to look
12 through the documentation --

13 **MS. SIMMONS:** You know what, Jeff, I can -- I could
14 not agree with you more.

15 **MR. BYRON:** I have one other bone to pick.
16 Basically, I don't know who to put this to.

17 **MR. STALLARD:** Just put it out here. Put it to me.

18 **MR. BYRON:** I don't like being called a stakeholder
19 personally, because what do I have to gain? I mean
20 even if there was a settlement in our claims, even
21 if you gave me healthcare, you can't give my
22 daughter's intelligence back to her. You can't give
23 her a straight spine. You can't take away the cleft
24 pallet she had. You can't take away my grandson's
25 learning disabilities. So I'm no stakeholder. I'm

1 an exposed community member from a tragic victim.
2 Okay. We're veterans. You can call me that. But
3 you know what, the only stakeholders I see are the
4 people that are sitting in the back of the room.
5 Because no matter what you can give us, you can't
6 give us back that life that you took. Okay. You
7 can't give back Jerry's daughter. And you can't
8 give back my daughter's intellect. So I'm no
9 stakeholder. I don't like being called an activist,
10 because this is the only issue I'm in. I don't like
11 being called a disgruntled veteran, even though
12 probably I am. But it's all used as derogatory
13 terms, okay, to put a slant on everything you guys
14 write. You're the stakeholder, not me.

15 **MS. SIMMONS:** Well, actually, we consider
16 stakeholders anybody who has a stake in the issue.
17 So it could be anybody.

18 **MR. BYRON:** The term stakeholder comes from --

19 **MS. SIMMONS:** It does refer to the others, too.

20 **MR. BYRON:** -- where people were given stakes so
21 that they could run out and grab land, okay, in this
22 country. Okay. That's what stakeholder means.
23 Well, I'm not grabbing anything. I'm trying to get
24 the answers to these questions. Yeah, I'm a little
25 irate, you know, because I've been tired of this

1 crap for ten years.

2 **MR. PARTAIN:** Going back to Frank's point, when you
3 mentioned that the ATSDR may have a different
4 interest on the committee and stuff as far as --

5 **DR. BOVE:** I didn't say different interests. Our
6 interest is to find out what exposure is. I didn't
7 say -- and I'm sure your interest is, too.

8 **MR. PARTAIN:** Yeah. Well, what I'm trying to bring
9 up, and one thing that might work, the work the two
10 years I've been involved in this, ATSDR I think is
11 handicapped by a lack of an investigative army. And
12 the work that we're doing, my degree is in history.
13 So I do investigative work. So the ability to put a
14 picture of what happened, I mean you can't do
15 scientific studies if you don't know what happened.
16 And a case in point is the recent revelation that
17 one of our committee members, Jim Fontella, found
18 about the 800,000 gallons of fuel at least that was
19 leaked into the ground water at Hadnot Point. No
20 one knew about that. It was in the documents. It's
21 in the DVDs. It's been around I mean with you guys
22 for a while. But nobody knew about it. So until
23 you can put together an accurate picture of what
24 transpired and how it got there, you've got to
25 answer that question on how, how did the

1 contaminants get there, what did they do, what did
2 they know, then you can start assessing the -- you
3 know, putting together the scientific models and the
4 data to build your knowledge. And I think that's a
5 critical weakness. And it's been borne by our
6 investigation and the things that we've been finding
7 over the past two years. And that's something that
8 ATSDR needs to consider. And it's also been one of
9 the important functions of the CAP that we've been
10 able to do that. And you know, for future reference
11 I mean that's something that we need to keep going
12 and keep that door open. And you know, there's even
13 more stuff that we need to look at.

14 **DR. BOVE:** Right. And you know, in other situations
15 as well the community affected knows a lot about how
16 they were affected. That is information that we
17 couldn't get any other -- any other way but
18 involving the community in those efforts. That's
19 why we want to have CAPs. That's why it's important
20 to have community participation. There are other
21 things that the CAP members need to help us do in
22 terms of determining who might be exposed and who
23 might not or where people were at in the base, and
24 that is where units were stationed. You know, we've
25 asked CAP members and they've been involved in that.

1 And they will hopefully be involved in that in the
2 future. So there are plenty of issues in terms of
3 exposure that we need your help with. And it has
4 nothing to do with whether we have an investigative
5 arm or not. This is true when any -- in any
6 research, whether it's done by academics or done by
7 government. They need to have -- work with the
8 community to actually do a good job on the research.
9 Okay. Now, we were aware of some of this
10 information in terms of -- and Bob Faye and Morris
11 are going to talk about that later. But as I said,
12 it's very important for community people to help us
13 identify how they were exposed and how much they
14 were exposed as much as possible.

15 **MR. PARTAIN:** Well, the problem, Frank, is when you
16 say about the community members know their exposure
17 and stuff, in my case I had no idea that I was
18 exposed until two years ago.

19 **DR. BOVE:** I didn't mean it that way. I meant --
20 what I said was oftentimes the affected community
21 has a good sense of how they might have been
22 exposed. They know, for example, that a factory
23 down the street emits air pollutants at midnight.
24 We wouldn't necessarily know that. Things like that
25 I'm talking about. It's very true also that

1 communities don't know how they're exposed. And
2 that's why we're involved.

3 **MR. PARTAIN:** Well, I mean the point of the matter
4 is that the information that is needed is in the
5 hands of the responsible party. And they are the
6 ones that control the flow of that information. And
7 that is a critical problem. Because I mean what
8 else -- I mean as evidenced in March when we found
9 out that there was a portal out there full of UST
10 documents on the base, well, what is in there? We
11 haven't seen it. We need that documentation. We
12 need to see what was there. I mean Site 22, which
13 is the Hadnot Point fuel farm, disappears document-
14 wise off the disk that we have, disappears 1985,
15 1986. And there's little bits of reference.

16 **MR. ENSMINGER:** Starting in '85.

17 **MR. PARTAIN:** And there's references to it. But we
18 don't have the documentation. What was pulled out
19 of the ground there? What did they do with it? And
20 that's -- I mean those are things that the community
21 needs to have as --

22 **MR. ENSMINGER:** Not what was pulled out of the
23 ground, what the hell went into the ground. I mean
24 now, I put together a slideshow, which I'm going to
25 present later, on Site 22, the fuel farm. Mike made

1 a statement earlier that nobody really knew how much
2 contamination there was. Well, I beg to differ.
3 The people sitting back there against that wall knew
4 it.

5 **MR. STALLARD:** I have a question.

6 **MR. ENSMINGER:** Now, that goes back to transparency.
7 The Marine Corps contractor was provided documents
8 and statements about how much fuel from the fuel
9 farm leaked into the ground. That official report
10 said 22,150 gallons to 33,150 gallons total fuel
11 loss. We find another document, which was the
12 meeting minutes from the partnering meeting in 1996,
13 where there was 800,000 gallons leaked into the
14 ground from the fuel farm. Then, we find documents
15 stating that it was nothing but jet fuel. Well,
16 that's total bullshit. Okay.

17 **MR. BYRON:** Tell them why.

18 **MR. ENSMINGER:** Because your own contractor
19 identified those plumes, those 15.44 foot thick
20 plumes that were down there riding on the shallow
21 aquifer as pure gasoline.

22 **MR. BYRON:** But tell them why they wanted to make it
23 out like it was JD45.

24 **MR. ENSMINGER:** Well, it was for the risk
25 assessment. It was to minimize the risk assessment

1 so that they could eventually transfer this thing
2 from CERCLA over to RCRA and get it out of the super
3 fund listing. I've got it all. I'll present it
4 later. And I'll show you the documents step by step
5 by step. And it was a damn conspiracy. Now, you
6 all knew this. You knew how much fuel went in the
7 ground. How in the hell is ATSDR supposed to do a
8 water model with inaccurate information on the
9 contaminants that went into the ground? Your
10 contractors stated that these contaminants entered
11 into the ground from 1979 through 1988. Well, I'm
12 here to tell you, if it was only 33,150 gallons that
13 you were talking about for that time period, where
14 the hell did the rest of the 700 and some thousand
15 gallons, when did that leak into the ground? How
16 long was that well contaminated? How is ATSDR
17 supposed to show us a accurate level and period of
18 contamination in their water model if they don't
19 have that information? Now, I'm mad as hell about
20 this. And so is Congress. When we showed them
21 these figures and these documents, they about shit
22 themselves.

23 **MR. PARTAIN:** I guess it's for them to know and us
24 to find out.

25 **MR. STALLARD:** Well, you raise a -- the question is

1 where do we get the information and what can be done
2 with it, where is it going, how can it be leveraged,
3 and what's the response from people who have the
4 information and can provide it. So it's very
5 complex situation. We're going to get right into an
6 update of what you've been doing with the
7 information that you've been able to discover.

8 We have a question. Please state your name
9 for the reporter.

10 **MS. BLAKELY:** My question is why did I have to learn
11 about this through CNN? My father lives in
12 Jacksonville. My mother died there. She's buried
13 there. Why did I learn this through CNN? I had to
14 tell my whole family what happened, tell them what
15 was wrong with them. Why isn't the media covering
16 this? Why aren't they making a blanket statement so
17 people like my sister who is illiterate -- she
18 doesn't how to use a computer. She doesn't know how
19 to find the information. The only reason I know is
20 from the CNN report about male breast cancer. And I
21 had enough knowledge to get on the computer and
22 start digging. Now, where is somebody going to
23 stand up and tell the real community, us, the
24 victims, the dependents, the people that let their
25 fathers go to war for y'all? What the hell is wrong

1 with you? You're not acting like Marines. I know
2 who Marines are. And y'all are not acting like
3 Marines. It's nothing but dishonor. You're a
4 disgrace to the uniform. You shouldn't be wearing
5 it. My friend lost her father fighting for this
6 country. My mother is dead because of this country.
7 We lived on base. I grew up on bases. I have been
8 taught to respect and honor the Corps. And I will.
9 And I still do. So I don't consider the people that
10 are involved in this cover-up, and it is cover-up,
11 or I would have known from some other source than
12 last September from CNN. Y'all are not real
13 Marines.

14 **MR. BYRON:** Mary lives in North Carolina, by the
15 way. I live in Ohio. Okay. How do you expect
16 people from Ohio to hear about it if the individuals
17 from North Carolina, the state where it happened,
18 don't even know? So that's been our -- this has
19 been our big problem, trying to find 500,000
20 marines, which I'm sure it's not that figure now,
21 but trying to inform them, you know. Because they
22 only wanted the 12,598 families that had children in
23 utero to know. The only reason there's 152,000
24 marines that know now is because of people you see
25 sitting at the table.

1 **MR. STALLARD:** We have another member in the
2 audience to speak.

3 **UNIDENTIFIED:** I don't need to. Thank you.

4 **MR. STALLARD:** All right. Can we please have an
5 update on what y'all have been doing since the last
6 meeting? Why don't you provide us an update?

7 **CAP UPDATES**

8 **MR. PARTAIN:** Well we continue, I'm putting together
9 the documents as far as this and the different
10 sources that we've been provided into a coherent
11 timeline. Currently, I'm working on a timeline for
12 the Hadnot Point fuel farm, which I hope to have
13 complete by the next CAP meeting. And of course,
14 during that research -- and a big thanks to Jim
15 Fontella, because he got in there and was digging
16 through, looking for a lot of documents that we
17 hadn't gotten to yet and found some really good
18 information. So that's been the primary focus as
19 far as the research goes, getting, you know, the
20 data together in some manageable sense so you can
21 get an idea of what happened. And then, you know,
22 looking through the reports and looking through what
23 the contractors found as they did their
24 investigation, the remedial investigations and such.

25 **MR. STALLARD:** So let me just get some clarification

1 on this. So there is a timeline that you're
2 constructing based on the documents you were able to
3 --

4 **MR. PARTAIN:** Yeah. The first part was already
5 done. That was done actually two years ago. And
6 I'm going to go ahead and submit that to ATSDR as a
7 document to accept the CAP and Frank mentioned this
8 morning. I didn't think about doing it that way,
9 but I'll go ahead and e-mail it to Frank so he has
10 the timeline. We'll submit that to keep for the
11 records I guess.

12 **MR. STALLARD:** Is this --

13 **MR. ENSMINGER:** The first part of the timeline goes
14 from the creation of the base up until 1989.

15 **MR. PARTAIN:** Actually, the installation of the fuel
16 farm is where it starts.

17 **MR. ENSMINGER:** And the second half goes from 1990
18 to present. I mean there's -- there is so much --
19 so much stuff that went on from 1990 to present
20 that, you know, it's just -- it's just mindboggling.
21 I mean, you know, I'd like to point out, too, all
22 the community members that are present and everybody
23 that's watching this or listening to it that ATSDR
24 has these document discs. They're DVDs. There's a
25 set of three of them. It has all these documents on

1 them that we're discussing here. And you are more
2 than welcome to e-mail or call ATSDR and they are
3 more than willing to send you a set of these DVDs so
4 that you have them at home. But they are
5 mindboggling. I mean when you get on them, there's
6 thousands of documents. And it's -- it's a real
7 task.

8 But to discuss other things that are going
9 on, we've got a bill that's been introduced in the
10 Senate by Senator Burr and Senator Hagan on -- it's
11 S1518. It's the Camp Lejeune Veterans Relief Act.
12 And that's for medical care for all Camp Lejeune
13 victims, including their family members and civilian
14 employees. That bill will be going in for markup
15 next week on January 28th. There is also a
16 companion bill that is going to be introduced next
17 week as well on the House side. And that will be
18 coming out -- it's supposed to be next week. So
19 that's where we're at with that.

20 We are still attempting to get the
21 Department of Navy and the United States Marine
22 Corps to live up to and follow the law, which is
23 Title 42, providing the funding for the proposed
24 mortality study, which they have still refused to
25 fund. And they are in violation of federal law. So

1 with that being said, that's where we're at on the
2 congressional side.

3 **MR. STALLARD:** Thank you, Jerry. Before we move
4 around, my question is on this timeline are you able
5 to show discrepancies or different information from
6 the other previous published timeline?

7 **MR. PARTAIN:** I have six Marine Corps timelines I've
8 identified over the past, I guess, decade. We have
9 it posted on our website. To be honest with you, I
10 mean if you -- if you look at what we've put
11 together and what the Marine Corps has, I mean you
12 can't -- I tried to do a comparison contrast. And
13 the discrepancies are so great, it -- you can't even
14 keep track of it. I mean it's just impossible. And
15 there's -- it's -- insert one entry into the
16 timeline where the Marine Corps said officially that
17 they notified the state in 1982 and then were
18 corrected by the state and said that they weren't
19 notified until 1984. And they had it on their
20 timeline. We know they had the documentation as
21 such so I left that on there so people could see
22 that. The only thing you could do if you want to
23 compare is just go -- they're on PDF files. So you
24 can go on our website, "The Few, The Proud, The
25 Forgotten," and download it, and then download the

1 Marine Corps timelines and look at them. And even
2 the GAO has a timeline, which I think I've got out
3 there as well. And if you look at the GAO timeline,
4 the differences between the two of what happened and
5 what actually happened is night and day. I mean one
6 Marine Corps timeline right before the GAO report
7 came out was, like, maybe six or eight pages. And
8 the one that I have put together, just for the first
9 half of the contamination, is probably 42, 43 pages.
10 The other thing, too, that the Marine Corps does not
11 show on their timeline is they do not show their
12 sources of where they got their information. Every
13 entry on our timeline is linked to a CLW, which
14 stands for Camp Lejeune Water or CERCLA document,
15 CERCLA certified documents. Every entry is linked
16 to a document. And actually, the one we have online
17 is interactive. So you can actually click on that
18 document as you're reading the timeline and it will
19 come up and bring the document up so you can see
20 what we're talking about. And of course, that
21 doesn't exist with the Marine Corps' version of the
22 timeline.

23 **MR. STALLARD:** And these timelines are being
24 presented to whom, anybody?

25 **MR. PARTAIN:** Congress. Mainly, Congress has been

1 the ones working with it. The media, when we are
2 contacted by the media for stories, we give them the
3 timeline. And it's up there for everyone to look
4 at. Like I said, it's part of our website. We have
5 a page dedicated to it. And it's updated as we do
6 find new things. And once I get these other
7 editions done -- unfortunately, I work a job during
8 the day and I do this at night. After my family and
9 children go to sleep, I get on the computer, on the
10 phone with Jerry and try to work on this. So I'm
11 not able to dedicate as much time as I'd like to get
12 this done. Otherwise, I'd have it done much
13 quicker.

14 **MR. ENSMINGER:** I'd like to point out that nothing
15 on these timelines is speculative. We left
16 speculation off of it. Everything, every entry on
17 these -- on these timelines that we're working on,
18 if there's not a document to back it up, it doesn't
19 go on there. You know, I had to slap Mike upside
20 the head a couple of times to keep him from, you
21 know, narrating, you know. But you know, you've got
22 to -- I told him this has got to be based on facts.
23 And you know, it's very eye-opening when you look at
24 the contrast between our timeline and the ones that
25 the Marine Corps and the GAO put out. It's like

1 night and day.

2 **MR. STALLARD:** So just to be clear, it has not been
3 provided to GAO per se officially or provided to --

4 **MR. PARTAIN:** GAO has closed.

5 **MR. STALLARD:** They're done?

6 **MR. PARTAIN:** There are seven Marine Corps versions.
7 The first one was written in 1985 by Elizabeth Betz,
8 the base supervisor chemist. Then the next one goes
9 to February, 2001, another revision in 2001, another
10 one in November, 2001. There's one from 1998. And
11 then the last Marine Corps-generated timeline from
12 2004 to 2008. Then after that period they just --
13 rather than do their own timeline, they just cut and
14 past the GAO reports' timeline and put on there,
15 which, you know, best guess, emissions and
16 everything as well. So I guess they figure they can
17 use someone else's work to hide behind rather than
18 do something themselves.

19 **MR. STALLARD:** Thank you. Allen, do you have
20 something?

21 **MR. MENARD:** You mean as far as what we're doing
22 or...

23 **MR. STALLARD:** Yes.

24 **MR. MENARD:** Well, mainly, me being stuck up north,
25 I have a hard time doing things. But mainly I've

1 been concentrating on trying to get the word out,
2 getting a hold of people that were exposed. And
3 since the last CAP there's somebody that I found
4 that has non-Hodgkin's, like myself. And I do have
5 a list of people with non-Hodgkin's. And that's
6 going to be coming out soon. And mainly, that's my
7 job. I found somebody with CLL, leukemia. And
8 mainly trying to get the word out and finding more
9 and more people. You know, it's like Pandora's box.

10 **MR. STALLARD:** How are you doing that?

11 **MR. MENARD:** Through the media, working up there in
12 Green Bay where I live and that -- keeping in
13 contact with the people. And mainly, that's what
14 I've been doing.

15 **MR. STALLARD:** Okay.

16 **DR. CLAPP:** I've actually been doing some work with
17 Allen about these persons he's identified with non-
18 Hodgkin's lymphoma. I just should add that CLL is
19 now considered a type of non-Hodgkin's lymphoma.
20 It's actually grouped that way. That's very recent.
21 And then I was on a, I guess you call it, conference
22 call with scientists where we talked about this.
23 Well, it's a group of people who call themselves
24 Science Communication Network. I forget the date.
25 But I think it was in October, or at least it was

1 since our last meeting. One of the people on the
2 conference call was Dr. Bruce Lamphear, who was the
3 -- one of the NRC committee members. So we actually
4 had a debate. And I was mainly talking about the
5 statement that Dr. Aschengrau, Dr. Ozonoff, Dr.
6 Wartenberg and Dr. Steingraber and I wrote. And so
7 I presented what we wrote and why in a brief way.
8 And he responded with what the NRC wrote and why he
9 thought they said what they did. He reiterated that
10 he thought that the purpose of the NRC report was to
11 get the Department of Defense to compensate people
12 who were at Camp Lejeune. And the chair of this was
13 Dr. John Peterson Meyers. Pete Meyers is his name.
14 He responded, I doubt that that's going to work.
15 You know, it was really like a debate that had an
16 outcome. But the chair of this felt that the NRC
17 person's stated goal of what they were doing was
18 false. That's as close as we've had to a public
19 debate. That was a conference call with a lot of,
20 you know, fairly well known scientists on it. And
21 then I guess to follow up on what Frank said, there
22 was an issue about staging a public debate that we
23 talked about at the last CAP meeting. And that was
24 after having Dr. Aschengrau and I having talked to
25 Dr. Savitz, the chair of the NRC committee. He

1 said, as I'll reiterate now, that he's sort of out
2 of the business with respect to Camp Lejeune, that
3 it's Dr. Jay Nuckols that he would talk to about the
4 possibility of debate. And I haven't heard from
5 either one of them.

6 **MR. STALLARD:** Is there any opportunity for redress
7 of that report aside from a debate?

8 **DR. CLAPP:** You know, I'm not familiar enough with
9 the NRC guidelines. Dr. Davis is. In fact, she
10 used to be the -- I think she was the head of one of
11 the committees at the NRC that did these types of
12 reports. So she might be able to if -- if she's on
13 later, she might be able to talk about that. I
14 don't know the details of how they -- whether it's
15 either revise or take back or amend because of new
16 information, some previously published report. But
17 somebody I'm sure may have some policy on that.

18 **MR. STALLARD:** I would think. I mean if the public
19 health assessment could change with new information
20 based on an NRC report. Thank you.

21 **MR. MENARD:** I do have two more things. I have
22 worked with Senator Feingold. He is one of the co-
23 sponsors of the S1518. And that's another thing
24 I've been doing. And also my Congressman Kagen. He
25 has definitely told me that he's going to be a co-

1 sponsor of a companion bill on the health side, too.

2 **MR. STALLARD:** Okay, thank you.

3 **DR. BOVE:** Actually, I have been doing stuff. I'm
4 going to talk about that in the future studies
5 section.

6 **MR. STALLARD:** Mary Ann.

7 **MS. SIMMONS:** I personally have nothing to report.
8 Do you guys want to say something? Registrations?

9 **MR. WILLIAMS:** Yeah, we've updated the website with
10 the (inaudible) December 31st. But we did bring an
11 additional update of the information just as
12 (inaudible). We were successful in advertising it
13 in USA Weekend. We had a big -- fairly big spike
14 from that. I can't remember what it was actually.
15 We've been advertising in Sports Illustrated,
16 nfl.com and you know, some NFL-related things
17 (inaudible) we've seen -- we've seen an increase
18 since (inaudible).

19 **MR. STALLARD:** Got that?

20 **COURT REPORTER:** I didn't get much of what he said
21 because I couldn't hear anything on that microphone.

22 **MS. SIMMONS:** I think it will be repeated later when
23 he gives his...

24 **MR. STALLARD:** Jeff.

25 **MR. BYRON:** Yeah, Jeff Byron with the CAP. Since

1 the last meeting I've worked with the military
2 legislative assistant in Senator Brown's office
3 trying to gain some support for S1518. I pretty
4 much expressed my disgust with the fact that there's
5 no VA representation here and asked that Senator
6 Brown and his constituents on the Veterans Affairs
7 Committee basically demand there be VA
8 representation here. I covered the fact that the
9 Marine Corps is not providing funding for the
10 mortality and the health survey even though there's
11 been monies already spent, taxpayer money to get it
12 where it's at right now. And you know, pretty much
13 asked for them -- for their help, you know, to go to
14 the Marine Corps and demand this funding. What else
15 have I been doing? Well, we maintain the website,
16 you know. Pretty much, that's about it. I haven't
17 had as much success with getting representation for
18 the 6,150 Ohio veterans as I would like. I'm also
19 trying to work with the Ohio Veterans Service
20 Organization. And they're supposed to be contacting
21 me soon. And I understand their national
22 organization holds classes twice a year. And
23 they're actually, I guess, contemplating asking us
24 to come speak there. So I might talk to Jerry and
25 Mike about that since they know factually more

1 documentation-wise what's occurred than I do. I
2 work and they do too. But I've been very busy and
3 I'm not as computer literate as they are. So I'm
4 not much for the document hunt. I'm just trying to
5 move things in the direction that the CAP will be
6 successful. But I've expressed my disgust at the
7 lack of funding and lack I personally feel is delay
8 tactics. I believe Booz Allen Hamilton has got
9 plenty of funding here for whatever they want to do
10 since 1940 in this country. Okay. They can afford
11 to give Booz Allen Hamilton funding for Camp Lejeune
12 issues. But they can't put up the money for the
13 mortality studies. I don't understand that. Just a
14 delay tactic. The only thing I told my legislative
15 assistant, military legislative assistant from
16 Senator Brown's office is that basically when the
17 Marine Corps says they take care of their own, yeah,
18 they'll provide you a gravestone, and that's it.
19 That's what I told him.

20 **MR. STALLARD:** I have a question. Who should we
21 expect a response on the funding question from?

22 **MR. ENSMINGER:** Well, they've already responded.
23 No, no, no, no.

24 **MR. PARTAIN:** I find it interesting that the Navy
25 and the Marine Corps can fork over \$600,000 to the

1 National Research -- the NRC for a list of
2 retainership basically while they're doing their
3 Camp Lejeune report but yet -- and have them say
4 that no future studies are really worthwhile. But
5 yet something that's meaningful, relatively easy to
6 do and worthwhile as far as funding and quick and
7 can give us real answers, oh, we're not going to
8 fund any.

9 **DR. BOVE:** Tom Sinks is supposed to be here between
10 1:00 and 1:30. And I think that that's -- we'll at
11 least have his take on what's going on with funding
12 and also with the NRC or any data of that stuff,
13 because he's been involved in this negotiation. So
14 I'm hoping he can do it from 1:00 to 1:30. There is
15 an all hands meeting at 2:30. In fact, this may
16 disrupt that.

17 **MS. SIMMONS:** I'm just going to say funding issues
18 are being decided way over anybody's head sitting
19 here.

20 **MR. MENARD:** Can you give us an update on the
21 latest?

22 **MS. SIMMONS:** No, I can't. I don't know. I know
23 there's ongoing discussion. That's all I can say.

24 **MR. STALLARD:** Speaking of Tom, is Tom on the phone
25 yet? Is there anybody on the phone?

1 **CAPTIONER:** The captioner.

2 **MS. BRIDGES:** He wasn't feeling good last night.
3 He's real tired. He said he was tired.

4 **MR. ENSMINGER:** Somebody tried to dial in earlier
5 and kept hearing the recording telling them that the
6 pass code that they were dialing in was incorrect.

7 **MR. STALLARD:** That was us trying to log in.

8 **DR. BOVE:** I screwed up.

9 **MR. ENSMINGER:** There's somebody. Did somebody just
10 join?

11 **MS. RUCKART (by Telephone):** Yeah. It's Perri. I
12 told Frank I would try to call in if I could. Okay.

13 **MS. BRIDGES:** We've needed you and we've missed you.

14 **MR. STALLARD:** We're about ready to take a break.
15 So that's perfect timing, for 15 minutes.

16 **MS. RUCKART (by Telephone):** All right. Well, I'll
17 call back in, in 15 minutes.

18 **MR. STALLARD:** All right. Well, we'll start at
19 10:30 again. I'd like to -- unless there's any
20 other update right now. First of all, I'd like to
21 thank everyone. And for those who are here who have
22 had an opportunity to express their concern,
23 frustration, and for those of you in uniform who
24 represent us, to understand where they're coming
25 from as well. So it was not a personal attack. You

1 are here and we are grateful that you are here to
2 take back and help us find solutions to these
3 problems. So with that I'd like to take a break.
4 Frank, anything else? We'll be back at 10:30.

5 (Whereupon, a break was taken from 10:10 a.m. until
6 10:30 a.m.)

7 **MR. STALLARD:** Welcome back, everyone. Morris,
8 before we do that, we have Tom who's on the phone.
9 And we haven't heard from him this morning. So Tom,
10 we welcome you. And if you'd just like to give us a
11 little update on things that you might have been
12 working on relative to the CAP in the past -- since
13 the last meeting. Then, Perri is on the line, or
14 was, or is now.

15 **DR. DAVIS (by Telephone):** Hello. This is Devra
16 Davis.

17 **MR. STALLARD:** Hi, Devra. Welcome. So Tom, you're
18 on, right?

19 **MR. TOWNSEND:** Yeah, I'm on. There hasn't been much
20 action. I've been looking for -- I've been looking
21 for a short listing of missing -- of missing
22 documents, but I keep coming up with empty -- empty
23 holes. So I'm just quietly slugging away here. I
24 just joined you. We have a big snow storm, et
25 cetera. I don't have much of a contribution. I'm

1 listening. And we'll wait what the Congress comes
2 up with.

3 **MR. STALLARD:** All right. Well, thank you.

4 Who else is on the phone with us now?

5 **DR. DAVIS:** Devra Davis.

6 **MR. STALLARD:** Welcome, Devra.

7 **DR. DAVIS:** Thank you.

8 **MR. STALLARD:** Do you have anything that you could
9 share with us, any work you've been doing relative
10 to the CAP?

11 **DR. DAVIS:** Only that I want to make sure that we
12 address the issue of electromagnetic field as well.
13 And as we start to do that, in the short survey that
14 we sent out to the cases that we identified. But it
15 is important, because that is one of the few
16 documented causes of breast cancer in men. So it's
17 important that we also make sure that we get that
18 information.

19 **MR. ENSMINGER:** Dr. Davis, this is Jerry Ensminger.
20 Did you know that the National Institutes for
21 Environmental Health are also looking at male breast
22 cancer?

23 **DR. DAVIS:** Yes.

24 **MR. ENSMINGER:** They're looking into doing a study
25 on male breast cancer.

1 **DR. DAVIS:** Yes.

2 **MR. ENSMINGER:** Okay.

3 **MR. STALLARD:** Dr. Davis, just for my understanding,
4 what would be the source of these electromagnetic
5 fields?

6 **DR. DAVIS:** Well, if they were assigned to work on
7 radar. If they were assigned to do any shortwave
8 work. If they were MPs and worked with speed guns
9 on, those all could be different sources of EMF
10 exposure. And I want to say I don't have any reason
11 to think that that is relevant. It's just something
12 that one has to rule out.

13 **MR. STALLARD:** All right. Excellent. Thank you for
14 sharing.

15 All right. For those of you on the phone,
16 please put, if you would, on mute until you have a
17 contribution to make. For those of you who came in,
18 in the audience and everyone, we ask that you sign
19 up, sign in, please. So if you haven't, over here
20 on the desk is where you would put your name down
21 and sign in.

22 And with that, we are now looking forward to
23 an exciting update from Morris on the water
24 modeling.

25 **MR. BYRON:** So this is Jeff Byron. Dr. Davis, are

1 you there?

2 **DR. DAVIS:** Yes.

3 **MR. BYRON:** I wanted to see if there was any
4 connection with radiation that's emitted from -- I
5 guess that is the electromagnetic field, isn't it,
6 with radar?

7 **DR. DAVIS:** Yes.

8 **MR. BYRON:** Okay. Thank you.

9 **DR. DAVIS:** Yes. Microwaves.

10 **MR. STALLARD:** All right. We're going to give our
11 attention now to Morris.

12 **WATER MODELING UPDATE**

13 **MR. MASLIA:** Good morning. I want to give you an
14 update on water modeling activities. And I'm going
15 to do this in two parts, first, just a general
16 update. And then after I conclude, Bob Faye will
17 give a specific update relative to the underground,
18 above ground storage tank information that we've
19 been -- that he's been working on the last several
20 months, or since March really. So it's in two
21 parts. So if you've got questions specific to that,
22 Bob will come up after I conclude.

23 Okay. We've got the following reports. Our
24 expert panel report has been completed and was
25 posted on our -- there are PDFs of the report which

1 include the text appendices, the verbatim
2 transcripts, two dates on April 29th and 30th,
3 certified verbatim transcripts, as well as the
4 presentations that were made by the technical staff
5 are all on our website. And then the hard copy is
6 actually at the government printing office. In
7 fact, I think it's being shipped, because they
8 called me to see if our dock could handle the 18-
9 wheeler truck to back up to the dock to offload the
10 reports. So the reports should be here. Anyway,
11 the hard copies, and we'll send out to the usual
12 people that we send them out to.

13 The Chapter C report, which is basically
14 predominantly the IRP site data, has been submitted
15 for ATSDR clearance, as all our reports are. It was
16 also sent out for data verification review. We sent
17 it out to, like, North Carolina, USGS, the Marine
18 Corps. And if I've left anybody off, I don't mean
19 to. I guess the CAP. We sent the CAP a copy of it.
20 And that is the last time I looked. I didn't look
21 this morning, but I believe it's up in my division
22 on the division director's desk. And after that,
23 once he approves, it does not need to go any higher
24 up unless he so desires it -- decides to. At the
25 same time, we've sent it out to the agency that

1 edits -- lays out all our reports, the USGS. And
2 they are currently laying out the tables and
3 editing. And then, of course, we get it back to
4 review the edits and anything we need to add to it.
5 So that's where the reports -- the two reports are
6 at this point.

7 With respect to data analyses, underground
8 storage tank, above storage tank report, that's
9 review of existing reports, data reports. It's
10 ongoing. And Bob Faye, as I said, will provide
11 specific details on that. Mass computations of
12 different constituents, we've analyzed data from the
13 IRP sites as going on. And once we finish going
14 through the UST-AST data, we'll, of course, assemble
15 and re-review that. That's important from the
16 modeling of the transport to give us a ballpark
17 figure as to not only what to start with but to see
18 if the model is coming out with realistic mass
19 computations for the modeling. So we used the data,
20 what data we have. And it does give us, as I said,
21 a back of the envelope type approach to do that. We
22 did that with Tarawa Terrace, too.

23 So with respect to water supply data, we've
24 completed the well capacity histories. And the well
25 -- historical well operations are about 95 percent

1 complete. I think within the next week or so we'll
2 be completing that, and that's some information that
3 our cooperator at Georgia Tech needs to do some of
4 the modeling that they're going to do. And if
5 you'll just recall, we presented this, I think, at
6 the expert panel. I know it's hard to see. It's
7 probably out of focus, too, at least according to
8 me. But this is basically a chronology of all the
9 water supply wells that we've got records for from
10 the beginning of base operations about 1942 -- or
11 with the well operations, obviously the base before
12 that. And this chart is also in the expert panel
13 report, by the way. And whether they're operating
14 replaced by certain other wells, whether we've got
15 actual contaminant data for specific -- well, those
16 are the red lines there and so forth. And we did
17 put quite a bit of effort and time into compiling
18 this. So that's all complete. And part of this, I
19 might add, this information was obtained, of course,
20 going through some of the 10,000 pages that we
21 obtained from the water utility, those PDFs that
22 were scanned in, and checking when a well was on or
23 off and so on.

24 Okay. With respect to ground water
25 modeling, I'll show a map in just a minute, but we

1 presented in the expert panel meeting, for those of
2 you who recall, the approach at that point was to do
3 one overall of the entire area, Hadnot Point/Holcomb
4 Boulevard, large, large flow grid and then look at
5 some smaller areas. We've since modified that based
6 on input from the expert panel. And we are
7 isolating into just modeling three areas. It's done
8 a lot faster, and I'll show you a map. But
9 basically, we've got the industrial area, HPIA, the
10 landfill area, and HP-645 area, which is actually in
11 the Holcomb Boulevard area. So for the --

12 **MR. ENSMINGER:** What are you calling the landfill?

13 **MR. MASLIA:** I'll address that in just a second. In
14 the HPIA, we've got PCE, TCE and benzene as primary
15 sources. In the landfill area we've got PCE and TCE
16 as primary sources and HP45 is strictly benzene.
17 The computational grids I'll show you on the next
18 slide.

19 **MR. ENSMINGER:** What about vinyl chloride?

20 **MR. MASLIA:** That's a derivative. Okay. That's a
21 byproduct. Okay. These are primary sources. And
22 right now we're concentrating on taking or
23 translating the geophysical data that Bob goes
24 through, water quality data, water level data that
25 Bob goes through the reports and extracts out or

1 identifies. We put them into data tables. And then
2 we, of course, have to convert them into the
3 appropriate model input format that we need. We've
4 done some initial simulations. The simulation
5 period is 1941 through 2006. That's before any
6 pumping and then after pumping is still going on
7 there. And we're using one-month time steps to show
8 you the areas now. Okay. Well, that's just the IRP
9 site locations. That's the industrial area or
10 landfill area in the HP-645 area. And I couldn't
11 put these both on the same slide. So I'll have to
12 do it this way. What you see here, the blue lines
13 are the average water levels through the entire
14 section that we're modeling, the seven layers over
15 time. So it's the steady-state predevelopment water
16 level surface. This is the HP-645 area right up
17 here. This is the HP industrial area. And this is
18 the HP landfill area. And we did it this way rather
19 than one huge computational grid because we really
20 don't need answers out here or way out here. And it
21 just chews up computer time. We're really
22 interested about the contaminant transport in these
23 areas right there. So cut it down and we'll have
24 three models, in other words.

25 **MR. PARTAIN:** Hey, Morris.

1 **MR. MASLIA:** Yes.

2 **MR. PARTAIN:** This is Mike Partain. Is there -- you
3 call it a landfill area. Is there a designated
4 landfill area or is that the disposal sites or dump
5 areas where they are dumping PCE, TCE at Site 82?

6 **MR. MASLIA:** Where they're dumping it. Generally
7 from a modeling standpoint we're lumping everything
8 in this model grid area.

9 **MR. PARTAIN:** Because when you say landfill, I think
10 of, you know, the big basin and --

11 **MR. MASLIA:** No, no, no.

12 **MR. PARTAIN:** -- designated landfill.

13 **MR. MASLIA:** Right. No, we're going past that.
14 We're just generally calling it as a name that it's
15 got that embedded within that modeling grid. Okay.
16 That area is embedded within that modeling grid.

17 **MR. PARTAIN:** Okay. I just wanted to make sure
18 there's no confusion.

19 **MR. MASLIA:** Yeah. No, no. There's no confusion.

20 **MR. BYRON:** So, Morris, this is Jeff Byron. What
21 you're showing look like contour lines on an
22 elevation map, but I assume that it's below surface?

23 **MR. MASLIA:** Yes. It's water level rather than sea
24 level.

25 **MR. BYRON:** So the closer these lines are does that

1 have to do anything with contamination or are you
2 just showing what the well was dug to, what level?

3 **MR. MASLIA:** No, no. These are based on -- this is
4 not model simulation, the blue lines. This is based
5 on all the water level data that we have been able
6 to gather from reports over all time. We took an
7 average, okay, no wells pumping, for all intents and
8 purposes, and just plotted a contour using a Grabber
9 display program to plot it. We need to do that to
10 give us some sense of where to put the model
11 boundaries. Okay. There's some technical
12 requirements and numerical requirements of where and
13 how we can place a model boundary. We just can't
14 arbitrarily place it.

15 **MR. PARTAIN:** Right.

16 **MR. MASLIA:** And that gives us an indication of
17 what's going on.

18 **MR. ENSMINGER:** What are those blue lines?

19 **MR. MASLIA:** They're water levels. They're
20 reference to sea level. So in other words, this is
21 a zero. That's sea level, below sea level. I think
22 they're in two foot contours. So that's two feet
23 above reference to sea level and so on. So the
24 water in here is flowing this way. But it goes from
25 high water level to low water level. So in here

1 water is flowing this way and water is flowing that
2 way and then so on. Okay. Again, I just wanted to
3 reference it to the model -- model grid. But again,
4 this is based on measured data. It's not computer
5 simulation at this point.

6 Okay. Water distribution system modeling,
7 we are currently doing what we are referring to as
8 scenario testing of the intermittent interconnection
9 of HP and Hadnot Point and Holcomb Boulevard
10 systems. We're referring to it as scenario testing,
11 because we obviously don't have anywhere near
12 complete records as to the continuous operations of
13 the system. So we're testing it with different
14 opening up the valve or turning on the booster pump
15 a different number of days for a different number of
16 hours and saying where the water distributes from
17 Hadnot Point to Holcomb Boulevard. We have decided
18 that we really need to break the network up rather
19 than assuming the same pipeline configuration into
20 three different pipeline network configurations.
21 And I'll work backwards here. One is the present
22 day that you've seen. Then in 1976 there were about
23 250 housing units added to Berkeley Manor. So
24 that's more demand being pulled up in piping going
25 over to that. So it changes the network a little

1 bit. And then, of course, when the Holcomb
2 Boulevard water treatment plant came online. Prior
3 to that, Hadnot Point was serving that area. So
4 those are three different, what we refer to as
5 distribution system networks or piping
6 configurations. In the big scheme of things they --
7 they're very similar, but because we're testing
8 scenario intermittent interconnections that becomes
9 important to look at. What happened before it was
10 Holcomb Boulevard came online, the treatment plant
11 after. As of right now, and we're not finished, but
12 as of right now based on the preliminary simulations
13 to date of distribution of finished water from
14 Hadnot Point, it's basically when you turn on the
15 pump or open up the valve, it's isolated to the
16 Berkeley Manor area. It does not go anywhere west
17 from that or east from that or north of there. It
18 stays in the Berkeley Manor area. So any slug of
19 water that would come through Hadnot Point to the
20 booster pump or through the valve, isolates to the
21 Berkeley Manor area.

22 **MR. ENSMINGER:** That's not Paradise Point?

23 **MR. MASLIA:** Nope, huh-uh.

24 **COURT REPORTER:** I'm sorry. I didn't hear Jerry.

25 **MR. MASLIA:** No. Again, that's preliminary, but

1 I mean that's what we see today. Was there a
2 question, someone?

3 **COURT REPORTER:** I didn't hear what Jerry said just
4 then.

5 **MR. BYRON:** He said that's not Hadnot Point.

6 **MR. MASLIA:** No, he said that's not Paradise Point.
7 It's Berkeley Manor, Berkeley Manor housing.

8 I've got the distribution system map for
9 present day. So in other words where prior to '72
10 this network here, this treatment plant served this
11 network up in here. From '72 on forward it's divided
12 and isolated with this valve here and this pump. So
13 when the interconnection testing is we'll either turn
14 this pump on or open up the valve, depending on the
15 records. Yeah?

16 **MR. WILLIAMS:** When you refer to 250 housing units at
17 Berkeley Manor, are you talking about Watkins Village
18 or are you talking about Berkeley Manor proper?

19 **MR. MASLIA:** I'd have to check with Jason. I think
20 he's probably talking about Watkins Village.

21 **MR. WILLIAMS:** That's what I'm talking about. Is
22 that based on the housing records or --

23 **MR. MASLIA:** It's probably based on the housing
24 records. And so what we're seeing right now is when
25 we either turn on this pump or open up the valve, is

1 that the water -- we can trace the water isolation to
2 this area right here. The water from Hadnot Point
3 isolates into this area right here.

4 **MR. WILLIAMS:** The only reason why I was asking the
5 question is you need to look at the housing records
6 to see when the human beings actually were living in
7 Watkins Village.

8 **MR. MASLIA:** Right.

9 **MR. WILLIAMS:** You should be able to do that.

10 **MR. MASLIA:** Yeah.

11 **MR. WILLIAMS:** It was probably exposure over a long
12 period of time. I was under the impression that
13 folks didn't move in there until '78, but I could be
14 wrong.

15 **MR. MASLIA:** Okay. We'll look at that. What we have
16 to do, actually, we're simplifying it, the issue that
17 we face is when you add areas or whatever you're
18 still delivering the same quantity of water more or
19 less. But the way the model works is, is this area
20 was not built or whatever then that same quantity of
21 water is delivered over a different number of
22 pipelines. So you've got to then redistribute where
23 water is being pulled out of the system. So it's not
24 an easy task to do.

25 **MR. PARTAIN:** Morris?

1 **MR. MASLIA:** Yes.

2 **MR. PARTAIN:** So I'm understanding you right, when
3 the interconnection valve or the pump was run, you're
4 saying that Berkeley Manor, Watkins Village area is
5 the only thing that's been affected by that?

6 **MR. MASILA:** At this point in time. I mean from what
7 we've seen at this point in time.

8 **MR. PARTAIN:** How did you y'all come to that
9 conclusion?

10 **MR. MASLIA:** You can do the model that we use EPA
11 Net, which is a publicly available water distribution
12 system, we've used in other sites, and it's publicly
13 downloadable from EPA. And it's basically an
14 industry standard model. We can trace -- we can
15 trace a volume of water from its origination point to
16 see where it distributes, what percent of it
17 distributes at any location throughout the network.
18 Okay. So if we want to we can run simulations and
19 say -- put a hundred units of constituent X here and
20 then open up and see where that constituent
21 distributes and what percentage of it distributes
22 where. And so that's called tracing, that we have.
23 It assumes no noted decay or anything like that.
24 Just that would be the maximum concentration you
25 would see. If you have a hundred units here, and

1 then after you run the model and you see 20 to 25
2 percent here and zero through here, you know that 25
3 percent of the water ended up here.

4 **MR. PARTAIN:** And also the golf courses, just going
5 back to, you know, the golf courses, have you been
6 able to reflect how the demand on the golf courses is
7 affecting the system?

8 **MR. MASLIA:** Well, we have -- Jason is actually
9 running the model, but because we know the wells that
10 they now use to supply the water, we know how much
11 volume of water those wells pulled out, then we know
12 how much volume of water to put to outtake for demand
13 of the -- at that end of the distribution systems.
14 So that is being taken into account.

15 **MR. BYRON:** Which -- pardon me, Morris, this is Jeff
16 Byron. Which water system handled the golf course?

17 **MR. MASLIA:** Well, prior to Holcomb Boulevard going
18 online, it would be Hadnot Point. Once that came
19 online it would be Holcomb Boulevard until the wells
20 came, until they --

21 **MR. ENSMINGER:** Combination of the two.

22 **MR. MASLIA:** -- only when the valve was open or the
23 pump was open.

24 And I think that's it. I'll answer any
25 questions about -- generally about progress or

1 modeling in general, and then Bob will come up.

2 **MR. BYRON:** This is Jeff. Generally, when do you
3 think this water modeling will be finished?

4 **MR. MASLIA:** We will finish all work by September,
5 2011. Okay. That's reports and everything. Okay,
6 reports and everything. We obviously will have
7 modeling results, hopefully at least nine months
8 before that. Okay. But then again, they will need
9 to be written up and gone through clearance and all
10 that. So we'll have data before that for Frank.

11 **MR. ENSMINGER:** When you do your water modeling, will
12 you identify -- you've got all these plumes that
13 identify contamination.

14 **MR. MASLIA:** Based on data.

15 **MR. ENSMINGER:** Yes, based on data. Is the water
16 model also going to estimate a bigger intrusion into
17 buildings that are above this point?

18 **MR. MASLIA:** Not into the buildings, but it will --
19 correct me, Dr. Aral, the Tech Flow MP will conduct
20 the vapor phase, right?

21 **DR. ARAL:** Yes.

22 **MR. MASLIA:** Vapor and soil.

23 **DR. ARAL:** Dr. Aral. The ground rules of fate and
24 transport model will estimate the vapor phase of the
25 contaminants, if there is such a phase. But we are

1 not asked to look at the intrusion into buildings or
2 homes. That's a different analysis. All we will be
3 looking at is the vapor phase in the pore space in
4 the soil.

5 **MR. MASLIA:** You'll recall we did the same thing in
6 the Tarawa Terrace report, in the summary chapter and
7 chapter G. There was much discussion on the vapor
8 phase in the soil.

9 **MR. PARTAIN:** Morris, going back to the golf course
10 again. Have you guys determined, like, a -- what
11 kind of daily draw the golf course --

12 **MR. MASLIA:** I don't think at this point, but I'll
13 talk with Jason.

14 **DR. DAVIS:** (By telephone): This is Devra Davis. As
15 you know, in the volume six of the National Academy
16 of Science's report on drinking water and health,
17 there was an estimate of the percent of exposure to
18 all the -- in drinking water from cooking, bathing,
19 and showering. And, of course, Marines take showers,
20 I don't know how often. But it was estimated that 50
21 percent of the exposure to trichloroethylene would
22 come from cooking, bathing and showering. Is there
23 any attempt to model that?

24 **MR. MASLIA:** No. We are -- I guess you would refer
25 to it, we're, the results that we provide to the epi

1 study is the maximum potential concentration that
2 someone would be exposed to in the drinking water
3 delivered from the water treatment plant. We were
4 not modeling it into the homes or barracks or
5 anything like that.

6 **MR. BYRON:** Morris, this is Jeff again. So I think
7 what Devra's saying, even though you're not modeling
8 that, once you know what the concentration was of the
9 tap water, we understand that these chemicals get
10 volatilized as you're heating up the water, as you're
11 taking a shower. So your exposure level is actually
12 higher through those avenues of inhalation versus
13 ingestion, right?

14 **MR. ENSMINGER:** Yeah, but that would be up to the
15 epidemiologists.

16 **DR. BOVE:** Right. Well, we're going to assume that
17 because we don't have good data, that the exposure is
18 similar. Okay. So it's proportional to what the
19 contaminant level is in the water itself. And for
20 risk assessment purposes, it's possible to go from
21 the level of contaminant in the drinking water,
22 because we know that that's out of the tap. And then
23 come up with scenarios for what your total dose is
24 based on just what Dr. Davis said, that at least 50
25 percent is probably from inhalation, and another

1 increment from dermal, and then ingestion, so that
2 risk assessment could play around with that data and
3 come up with a dose metric for it. But we're not
4 doing that for the epi study. For the epi study,
5 it's simply using the levels of contaminant in the
6 drinking water trying to find ways to see how the
7 disease rate varies with the exposure -- with the
8 concentration in the drinking water.

9 **MR. ENSMINGER:** And to answer Dr. Davis's question
10 about Marines taking showers, we took a shower every
11 day, at least one. I mean if we had somebody that
12 didn't take a shower, when you live in the barracks,
13 he got a shower whether he wanted it or not. It's
14 called a GI shower. But no, get on the serious side,
15 down at Camp Lejeune, especially during the spring,
16 summer, and fall months, Marines were prone to take
17 more showers than most normal people because we had
18 PT. We had PT in the morning. Especially during the
19 warmer months, when you got done with PT you took a
20 shower and went to chow and then you had formation.
21 The winter months we had PT in the evenings. But I
22 mean, and then after you went to work and worked the
23 whole day, when you got back to the barracks you
24 needed another shower, by all means, before you
25 either went to evening chow or went out on liberty.

1 So I would say your average Marine took more showers
2 than your normal civilian person.

3 **MR. MASLIA:** Just a couple of closing comments on my
4 end that was an oversight. I just didn't put it up
5 on the slide. Of course, our partners at Georgia
6 Tech and Dr. Aral are looking at a -- trying to
7 determine the concentrations in the -- are
8 reconstructing the concentration in the water supply
9 well. They presented the approach at the expert
10 panel control theory, and they're still working on
11 that. That has been -- the methodology has been
12 developed. It's been tested against, like the Tarawa
13 Terrace results that we have, so we can have some
14 idea. And now based on getting complete data from
15 ATSDR, that will be applied to the Hadnot Point area.
16 And then finally, as was recommended by our expert
17 panel, besides these very smaller models, we will
18 also be every now and then bringing in two or three
19 experts in our workgroup setting just to pay a little
20 closer attention to what we're doing and getting
21 feedback from them as we progress, because time is
22 short, and we want to make sure there's general
23 agreement as to the approach that we are taking or
24 anything that we're missing looking, somebody from
25 the outside and look at it and give us some immediate

1 feedback. Again, those are technical working groups.
2 They're not meant to be expert panel or nothing like
3 that.

4 So with that, are there any other questions?

5 **MR. BYRON:** Yes. This is Jeff again.

6 **MR. MASLIA:** Yes.

7 **MR. BYRON:** Back to the vapor, sorry Frank to foul
8 things, but Frank says they're using the same as
9 though it was ingested. Okay. So if I poke one drop
10 of PCE in this bottle and say it's ten parts per
11 billion --

12 **MR. MASLIA:** Right.

13 **MR. BYRON:** -- when I stick this in a pan, this whole
14 bottle, --

15 **MR. MASLIA:** Right.

16 **MR. BYRON:** -- is it still ten parts per billion as
17 I'm breathing it or is it 100 percent PCE? Does the
18 water and chemical separate? Am I now breathing the
19 vapor from the chemical only or am I getting the
20 water, too, or do I have both? Would it be the same
21 concentration?

22 **DR. DAVIS:** Excuse me. This is Devra. (Inaudible.)

23 **MR. BYRON:** Devra, could you say that again? You're
24 breaking up on the phone.

25 **DR. DAVIS:** Sorry. It depends on the temperature.

1 **MR. BYRON:** So temperature could relate to the
2 percentage of chemical that you're inhaling?

3 **DR. DAVIS:** Yes, absolutely, because if it's very
4 cold it's not going to volatilize as much as it is if
5 it's very hot.

6 **MR. BYRON:** Thank you. That makes sense to me.

7 **MR. PARTAIN:** Morris, going back to the NRC report,
8 you know, the exposure on the chapter assessment --
9 sorry, the chapter on exposure assessment, if I can
10 get my words right, was very highly critical of what
11 you all are doing, and given the Navy's propensity to
12 try to use the NRC reports as justification for what
13 they want to do, have you guys responded to that? I
14 know Dr. Aral had comments, but what about ATSDR
15 officially through your corporate --

16 **MR. MASLIA:** Our group, and I'm talking about my
17 division, enlisted input from Bob Faye. We did have
18 comments, I think it's about twenty-some-odd pages.
19 We went through the chapter two, which is the
20 exposure assessments. There were obviously
21 misstatements, misquotations of our data that we
22 presented in our reports. We typed it up and I sent
23 it up to my branch chief and division director. We
24 were told all along, I think that's still the case,
25 by ATSDR leadership that the ATSDR would not respond

1 to the NRC report.

2 **DR. BOVE:** At least point by point.

3 **MR. MASLIA:** Point by point, not respond point by
4 point to the NRC report. So on a technical of, say,
5 chapter two where we responded point by point or
6 issue by issue where we had technical -- not only
7 technical disagreements, but we felt they were wrong,
8 no, we were not allowed to respond.

9 **MR. PARTAIN:** Have you been able to make any -- I
10 understand some members of Congress have been talking
11 to y'all. Have you --

12 **MR. MASLIA:** Not, not to me.

13 **MR. PARTAIN:** Okay.

14 **MR. MASLIA:** They have not called me. But as I said,
15 it was -- it was written up and passed on to the
16 chain as far as I could pass it up. Where it went
17 after the division director's office, I don't know.
18 I don't know if Tom Sinks or Howie Frumkin ever saw
19 it or not.

20 **MR. PARTAIN:** Okay.

21 **MR. MASLIA:** Okay. But again, based -- the
22 approaches that we're taking on, on this, it's not
23 necessarily controlled by or formulated by the NRC
24 report. It's based on the science, the data and what
25 models and what approach are best available to give

1 the answers of the epidemiologists.

2 **MR. TOWNSEND:** Morris?

3 **MR. MASLIA:** Yes.

4 **MR. TOWNSEND:** This is Tom.

5 **MR. MASLIA:** Good morning, Tom.

6 **MR. TOWNSEND:** Hi, Morris. Does this current work of
7 yours include Paradise Point housing other than --
8 other than -- other than Watkins Village?

9 **MR. MASLIA:** Yes, it does. The water distribution
10 system model and the piping network includes the
11 entire area of Holcomb Boulevard and Hadnot Point.

12 **MR. TOWNSEND:** Okay.

13 **MR. STALLARD:** So we'll have a chance to ask Dr.
14 Sinks this afternoon, I think, about the chapter two.
15 Was chapter two provided to the --

16 **MR. MASLIA:** That's in the entire -- the NRC report
17 is broken up into --

18 **MR. ENSMINGER:** Not that, no.

19 **MR. STALLARD:** So you've not gotten ATSDR's account?

20 **MR. MASLIA:** No. As I said, we were --

21 **MR. ENSMINGER:** We got the watered down version.

22 **MR. MASLIA:** It would have had to have been released
23 by --

24 **DR. BOVE:** Yeah. We decided not to do point by point
25 critique of the NRC report, but instead put forward,

1 and it's on our website, a general response in the
2 sense of how we're going to go forward. Morris, as
3 he said, wrote up stuff. I wrote up stuff too on
4 other parts of the NRC report. But it was decided --
5 some of that made it into that final group, but a lot
6 of it didn't, again because we were not trying to
7 answer point by point what they said. And it was
8 decided by the agency not to do that.

9 **MR. MASLIA:** Above my head or my control.

10 **DR. BOVE:** Right, and mine, too.

11 **MR. ENSMINGER:** This next presentation is going to be
12 given by Bob Faye on this UST portal? Do you have
13 copies of these documents, DVDs, Morris?

14 **MR. MASLIA:** No. These are done -- as with many of
15 the documents we get, we first get them, use them.
16 And in this case, since there's so many of them I
17 have asked through an e-mail -- I think a week ago I
18 sent to Scott, as well as to Camp Lejeune, to be able
19 to publicly release them. Okay. And that same
20 approach will be used with the CLW and CERCLA files
21 on the Tarawa Terrace reports. And because there's
22 quite a number of them we will probably when we write
23 up a report on the UST sites, we will put a CD or a
24 DVD, depending on what they fit on, with that report
25 based on the files that we are allowed, you know,

1 have permission to release.

2 **MR. PARTAIN:** Are these files not part of the public
3 record anyways?

4 **MR. MASLIA:** I don't know. I don't know. All I know
5 is the procedures we have agreed to with the Navy and
6 Marine Corps to go by is that if we ask documents
7 from them they provide it to us and, you know, not to
8 release. I forget the official terminology. Not for
9 release, and then if we want to release it as we did
10 with the CLW, the CERCLA file, this case the UST, we
11 officially ask them to release and give them the list
12 of documents which we have. And then they will come
13 back. I think the lawyers will get it or whatever,
14 and then provide us the list that we can release.

15 **MR. FAYE:** Bob Faye here. To answer your question
16 Mike, I have heard and understand to the best of my
17 knowledge from talking to people at NC DEHNR, that
18 there is a repository of all of these reports in that
19 agency in Raleigh, including the IRP reports, and
20 including the -- all of the UST documents.

21 **MR. ENSMINGER:** They'll all hard copies, correct?

22 **MR. FAYE:** And they're all hard copy. Apparently
23 there's an issue even, I guess, within that agency.
24 There's so many that they're running out of storage
25 room for them. But the presumption would be that,

1 you know, if the North Carolina DEHNR has the -- has
2 these reports, that they would be within the public
3 domain. In other words if, you know, if we had some
4 specific report in mind that we could actually go to
5 that agency and request a copy of it or whatever. So
6 all of that to my knowledge is in the public domain,
7 at least there at that one site.

8 **MR. PARTAIN:** Well, my point is, if these documents
9 are within the public domain now and it's a formality
10 of paper versus electronics, I mean grant it, you
11 know, the affected community is scattered all over
12 the country. So I don't think very many people are
13 going to be making trips to Raleigh to spend a
14 considerable amount of time in the archives going
15 through paper. In order for the CAP to do its job --
16 in order for the CAP to do its job, we need these
17 documents. We need to know what was there so we can
18 review them. And we should have access to these
19 documents.

20 **MR. ENSMINGER:** Before the report comes out.

21 **MR. PARTAIN:** Yeah, before the report comes out so we
22 can do what we need to do and help you guys and, you
23 know, try to get to the bottom of some things. So I
24 guess the -- from what Morris is saying the request
25 has been made. So now it's over to the Department of

1 the Navy to -- if they're going through their chain
2 of command as far as how their agreements are with
3 ATSDR. We're, I mean, requesting release of the
4 public domain documents on a DVD form. So what do we
5 have to do to get these things? That's my question.
6 And it's going to be directed towards the gentleman
7 in the back, Mr. Williams and so forth.

8 **MR. EVANS:** I was going to ask the question, when is
9 that report due, because I have the documents to
10 review. Certainly you can hear me.

11 **MR. MASLIA:** When is our report due?

12 **MR. EVANS:** Yeah, when are you going to report that
13 UST referral?

14 **MR. MASLIA:** We would like it as soon as possible, to
15 be quite honest about it.

16 **MR. EVANS:** Are you waiting for a review to release
17 your report?

18 **MR. MASLIA:** The report is not in that form yet.
19 Okay. But I would like to have the -- know that the
20 documents or whatever ones are okay to make public
21 for us to release publicly as soon as practical.

22 **MR. EVANS:** Yeah, but my question is when do you plan
23 on releasing your UST report?

24 **MR. MASLIA:** I'd say within the next six months.

25 **MR. PARTAIN:** But these documents have been

1 available. They were released over to ATSDR in March
2 of 2009. So we're almost a year later and the CAP
3 has not seen these documents. We do not have access
4 to them other than driving up to Raleigh and
5 requesting through North Carolina. So I mean we're
6 sitting through red tape. I mean these documents are
7 public domain, so why are we going through the
8 formalities and technicalities of procedure and
9 protocol? If they're public domain, get the
10 permission so the ATSDR can, you know, release this
11 to the CAP. Let us do what we need to do. I mean
12 hopefully there's no big secret.

13 **MR. EVANS:** There is a review required. I'm going to
14 be doing that review. As to whether or not these
15 documents are currently public domain, I heard an
16 assumption that they are. I don't know that that's
17 true necessarily. So my job is to do the review and
18 then send it up to say I believe these are reports or
19 these documents are releasable in whatever form.
20 They look like they're releasable.

21 **MR. STALLARD:** Could you state your name, please?

22 **MR. EVANS:** I'm sorry. My name is Major Mike Evans.
23 I'm from Camp Lejeune.

24 **MR. PARTAIN:** And Major Evans, can you give me a time
25 line of when you think you'll be able to accomplish

1 that?

2 **MR. EVANS:** Currently I don't have the -- I know
3 there are a lot of documents. However, I haven't
4 seen the stacks and stacks. So I'd be -- I'd give
5 you an uneducated guess if I guessed right now.
6 That's part of the reason why I was asking when --

7 **MR. WILLIAMS:** He has the document numbers, but he
8 doesn't know how many pages each document number
9 represents.

10 **MR. FAYE:** Some of them range from half a dozen pages
11 to well over a thousand.

12 **MR. BYRON:** Major Evans, this is Jeff Byron. You say
13 that you're going to review these documents. Is that
14 so -- I mean is that -- will there be documents that
15 may be redacted, that you will redact yourself
16 personally?

17 **MR. EVANS:** I'm reviewing the documents so we release
18 all the information that is releasable legally, and
19 we don't release anything that would be illegal to
20 release for some reason.

21 **MR. BYRON:** May I ask you this? If you do that and
22 you find documents that can't be released for a
23 reason, will you state what those reasons are, I mean
24 as far as -- you know, I don't want to just hear it's
25 because for national security, because that's just

1 lame. I mean, you know, if there's evidence there
2 that doesn't look good to the Marine Corps you could
3 always say well, this is under national security. We
4 don't have to hand it out. That's why I was talking
5 earlier about transparency and, you know, the
6 Executive Order from the President concerning
7 transparency and FOIA.

8 **MR. WILLIAMS:** We're going to follow the same process
9 we did last time. And I don't think there was any
10 appreciable amount of information that wasn't
11 released --

12 **MR. BYRON:** It was --

13 **MR. STALLARD:** Excuse me. One person speaking at a
14 time.

15 **MR. MASLIA:** The Tarawa Terrace documents, the CLW
16 and the CERCLA files, when we submitted the list,
17 they returned -- it was an Excel file -- with the
18 reasons why they could not be released. Most of them
19 -- and I did not go through all the ones that could
20 not necessarily be released, but from the ones that
21 were released that had the redactions in them, most
22 of the redactions were personal names and telephone
23 numbers.

24 **MR. BYRON:** The reason I asked this is because they
25 just threw the contract with Booz Allen Hamilton in

1 the garbage because every figure, every figure was
2 redacted. So I mean what does -- you know, maybe
3 that does have something to do with national
4 security, how much we spend or not.

5 **MR. WILLIAMS:** It's not national security; it's
6 contract law.

7 **MR. EVANS:** It is contract law. National security is
8 not an easy -- I mean you make it sound like there's
9 a category of national security that I can throw
10 anything in. I don't agree with that assessment.

11 **MR. BYRON:** First off, it's not an assessment. I'm
12 not making an accusation. I'm just stating that I
13 don't know what your policy is. I really don't know,
14 you know, what determines whether you redact or not.
15 I'm not trying to say that you're intentionally
16 redacting everything, okay. But, you know, like I
17 said, when I look at the contract with Booz Allen
18 Hamilton over 2007, the whole thing is redacted as
19 far as amounts they're spending. And that was my
20 concern because we're not getting the funding for the
21 mortality event, that's all.

22 **MR. FAYE:** (Inaudible)

23 **MR. STALLARD:** Can you speak to the microphone,
24 please, Bob?

25 **MR. FAYE:** I have been working with these documents

1 for about a year, and one way that, you know, perhaps
2 the folks here could make an assessment of how quick
3 it will be completed is just by asking the simple
4 question, other than yourself, how many other folks
5 are going to be reviewing the documents?

6 **MR. EVANS:** That's a good question. I don't know. I
7 got the request recently and again, I haven't seen
8 the volumes that are required to be reviewed. And
9 obviously, if it's too much for me, and it probably -
10 - it sounds like it may be, then I'll be pulling from
11 -- pulling the chain towards, you know, Headquarters
12 Marine Corps to get help. I mean Headquarters Marine
13 Corps is not looking to drag their feet in order to
14 not release documents.

15 **MR. PARTAIN:** Major Evans, maybe a suggestion here.
16 If there are documents that are in the public domain
17 already, I'm basically going back to my original
18 point, would it be easier just to go ahead and cross
19 reference the document numbers that you have with
20 what's already in the public domain or should be in
21 the public domain through the Raleigh depository, and
22 then release those documents and get them out? I
23 mean it will save you some time.

24 **MR. EVANS:** If I could assume that there was a review
25 before they were released to the public domain, then

1 I think that would be safe, but I don't know that I'm
2 willing given the fact that I'd really like to review
3 all the documents. I'm not willing to make that
4 assumption.

5 **MR. PARTAIN:** And are these documents also part of
6 the CERCLA administrative record for Camp Lejeune?

7 **MR. EVANS:** I have not seen the documents. All I've
8 seen is the table that includes hundreds of
9 documents, but I don't know, I haven't seen all the
10 pages.

11 **MR. WILLIAMS:** Some of the information will be
12 duplicative.

13 **DR. DAVIS:** This is Devra Davis. I just want to ask
14 whether any discussion -- the question, I want to be
15 clear. I have no basis for it. But was Camp Lejeune
16 ever used for testing purposes of any radar equipment
17 or any unusual electromagnetic field survey? Was it
18 ever used for such purposes? And that's a question
19 I'd like to get an answer to.

20 **MR. STALLARD:** So who would take that question?

21 **DR. DAVIS:** I don't know if the Major can help us get
22 the answer or not. It hasn't been raised before, and
23 again, I raised this because in looking at the
24 literature at which -- on the question of male breast
25 cancer, one of the few confirmed causes of male

1 breast cancer is unusual exposure to electromagnetic
2 fields. And I suspect -- I suspect it's not
3 relevant, but I think we have to at least rule it
4 out.

5 **MR. BYRON:** It may be relevant to air traffic
6 controllers at New River Air Station.

7 **DR. DAVIS:** Well, it certainly will be relevant to a
8 small group. That's the problem. I don't have any -
9 - and we're dealing with a large population. So I
10 think it's just important that we have to approach
11 the question.

12 **MR. EVANS:** Major Evans here. I do not know whether
13 that test was ever done at Camp Lejeune.

14 **MR. STALLARD:** Okay. We have an outstanding question
15 that we can try to figure out whom the appropriate
16 person to follow up for a response to that question.
17 And the issue remains is, how can get these documents
18 that have been requested made available, those are
19 appropriate?

20 **MR. PARTAIN:** In a timely manner.

21 **MR. STALLARD:** In a timely manner. And so the way
22 forward is what? What's the way forward? As I
23 understood it, they're on your desk. You've got to
24 look at what the workload is, right?

25 **MR. EVANS:** Currently I have a request to review

1 them. Part of what I came here today to find out was
2 when their report would be open so I could back plan
3 from there. But I'm hearing from the CAP you want to
4 --

5 **MR. PARTAIN:** Well, we need these before the report.

6 **MR. EVANS:** I hear what you're saying. I'm going to
7 base my deadline on when they're going to release the
8 report. Understood.

9 **MR. PARTAIN:** The source of these documents, is that
10 RCRA? I mean where are they coming from?

11 **MR. MASLIA:** It's run by Catlin Engineers or Catlin
12 Engineers. It's a website that we were given a
13 password and a user ID by the operator besides -- you
14 can type in either the name of the report or a key
15 word. It will do a search, HP fuel farm, and will
16 list all the reports under that key word in pdf
17 format.

18 **MR. PARTAIN:** And what was the site?

19 **MR. BRIDGES:** Catlin. I don't if it's with a C or K.

20 **MR. MASLIA:** Catlin Engineers.

21 **MR. STALLARD:** Thank you, Morris. Speak into the
22 microphone, folks.

23 **MR. WILLIAMS:** The UST portal is just a mechanism to
24 do work. It's a portal that the contractors and the
25 current employees at the base use to transfer

1 information back and forth. Around 2004 somebody
2 made the decision to have the contractors scan
3 documents into our library, hardcopy documents, just
4 like exist in North Carolina. They scanned it into
5 electronic form and put it on the portal so that
6 there was easier access to it. I didn't even realize
7 this until about the same time you guys realized it.
8 So the UST portal isn't anything special. It's just
9 scanned documents that are in our library that ATSDR
10 has had access to since the beginning of time.
11 Likewise, the document center in the state of North
12 Carolina's repository. As far as that being public
13 domain, the documents the state of North Carolina has
14 are obviously -- there's no release authority for
15 them. So to the extent they say they're part of
16 public domain, maybe they are. But for the documents
17 we have, we're the release authority and we have to
18 do a proper review, which will most likely only be
19 for personal information or to make sure, you know,
20 if there's four or five iterations of something you
21 don't release the draft, you release the agreement on
22 final copies.

23 **MR. PARTAIN:** You know, actually, Scott, on the --
24 why wouldn't we release the drafts?

25 **MR. WILLIAMS:** Because the law says you don't release

1 draft documents.

2 **MR. PARTAIN:** There was an agreement in -- I've seen
3 discussions about it. It was a memo where Robert
4 Warren asking to not -- I remember a Robert Warren
5 asking to just release the draft -- I mean the final
6 report without the drafts. So I don't require -- I
7 don't recall any laws. This was back in '92.

8 **MR. WILLIAMS:** Anything that's preconceived more
9 deliberative, you don't release because they could
10 have information that the government ended up
11 disagreeing on and then they corrected it. So the
12 draft information would -- I think ATSDR had the same
13 policy, correct?

14 **MR. PARTAIN:** So you're claiming that as work
15 product?

16 **MR. WILLIAMS:** No. That -- attorney work product is
17 completely separately.

18 **MR. PARTAIN:** No. I didn't say attorney. I just
19 said work product. By the way, Scott, the maps for
20 the plumes on Hadnot Point and Tarawa Terrace, is
21 there a possibility you can get the CAP numbers? I
22 know I have a copy of it, but not everyone does. Can
23 we get a hard copy and/or pdf copy of that?

24 **MR. WILLIAMS:** Yeah. You're referring to the maps
25 that were made publicly available at the NRC kickoff

1 meeting down in Jacksonville --

2 **MR. PARTAIN:** Yeah, November, 2007.

3 **MR. WILLIAMS:** Sure. I will provide a pdf copy to
4 Frank. He can send it to you.

5 **MR. PARTAIN:** Okay. Is there any way you can get any
6 hard copies in addition to the pdf?

7 **MR. WILLIAMS:** Oh, you don't have a big printer?

8 **MR. PARTAIN:** No.

9 **MR. MASLIA:** We can print them out at whatever size
10 you want.

11 **MR. PARTAIN:** Okay. That would be great.

12 **MR. WILLIAMS:** I just thought you'd rather have them
13 electronic.

14 **MR. PARTAIN:** I said both.

15 **MR. WILLIAMS:** No problem.

16 **MR. PARTAIN:** Thank you.

17 **MR. STALLARD:** All right. Let's move on now with the
18 next presentation, please. Anybody up there?

19 **MR. FAYE:** Bob Faye, Eastern Research Group. And I
20 work as a contractor to -- Morris's project in
21 support of the Camp Lejeune work. And I was invited
22 here specifically to discuss the current topic, the
23 UST documents. And I'm going to impose on your
24 tolerance a little bit just to review all of our data
25 we're using for our various reports, models, et

1 cetera.

2 In terms of actual documents, and here we're
3 talking reports, but they're ^ term is probably more
4 appropriate for Hadnot Point and the vicinity, the
5 IRP sites we have a little over 200 documents, actual
6 IRP documents. These are site assessments and
7 related work describing water levels, contaminant
8 concentrations, bore hole construction logs, bore
9 hole ^mythology logs, just the typical suite of
10 information that you would expect at a -- that you
11 would collect during a very intent -- for the most
12 part a very intensive, very detailed geohydrologic
13 investigations. On top of that there are 30 -- more
14 than 3,500 or so CERCLA documents, and these are a
15 mix of just almost anything that you could imagine.
16 Many, many, many of these documents are review
17 comments related back to the reports, the IRP
18 reports. There are memos. There are laboratory
19 reports of analyses, of ground water samples that
20 identify various contaminants and concentrations.
21 It's just a hodgepodge of just everything that you
22 could imagine. And as Mike and other folks have
23 pointed out here this morning, the more eyes that we
24 have on these documents it just seems the more
25 information, pertinent information actually that

1 falls out. So you can imagine the notion of the
2 task. And I'll just tell Major Evans right off the
3 top, if you're the only person that's going to look
4 at these reports, you're going to spend many, many,
5 many months going through these UST documents. It's
6 a massive task, which is exactly what I've been
7 doing.

8 And then we have the Camp Lejeune water
9 documents. A lot of CLW documents are redundant with
10 respect to the CERCLA documents. There's also much
11 information as well, same type -- same topics that I
12 just discussed. With respect to the UST sites,
13 actually there's a lot more than 120 UST documents.
14 There's closer to 300, actually, all together that we
15 have. And they're essentially the ones that I've
16 concentrated, a number in the neighborhood of about
17 100 to 150. And these would be the site assessments,
18 the documents that relate to the various
19 geohydrologic investigations. And again, they
20 contain the same type of information, bore hole logs,
21 summaries of laboratory analyses, site maps, monitor
22 well construction data, et cetera, exact water level
23 data, exactly the kind of information that we need to
24 process through and assign to the model data bases.
25 And here's a more specific summary of the

1 information. We have wells and bore holes including
2 hydropunch. For the IRP sites this would include --
3 I think there's upwards of two dozen IRP sites all
4 together in the study area. We have 800 plus monitor
5 wells, bore holes, hydropunch locations, et cetera,
6 that we have data for, a similar number for the --
7 for the UST sites. Water level measurements, upwards
8 somewhere north of 2,500 in the IRPs -- extracted
9 from the IRP reports. We're working on in excess of
10 6,000 water level measurements now from the UST
11 reports. And that will probably top out somewhere
12 between ten and 12,000. There's just a massive,
13 massive amount of information in terms of water level
14 measurements in those reports.

15 In terms of actual ground water
16 contaminants, your PCE, TCE and their derivatives, we
17 have north of 2,500 complete analyses published in
18 the IRP reports that we've extracted. And we're
19 north of 700 now in the -- in the UST reports. And
20 if you hadn't gotten the impression already, this is
21 a work in progress over here. This is all completed.
22 And Morris mentioned Chapter C, which is now being
23 processed for publication. All of this information,
24 with respect to the contaminants, not the water
25 levels, but a lot of raw data and the contaminant

1 data are all summarized and described in Chapter C by
2 the individual IRP sites. Again, here is your BTEX
3 constituents, about 2,700 analyses from the IRP
4 reports. The UST and I guarantee you this will top
5 out in the neighborhood of five or 6,000 easily from
6 the UST reports.

7 And then the supply well and water well
8 tests, these are slope tests. These are -- and
9 aquifer tests. These are tests designed to evaluate
10 the hydraulic properties of the various sediments
11 where the contaminants are found in the subsurface.
12 A large number of those need IRP reports. And quite
13 a bit smaller, they've all been analyzed now from the
14 UST reports. So that's a fairly brief summary of the
15 specific data, actually, the number of documents and
16 the specific data that we find in those documents
17 that we're in the process of using and evaluating. I
18 want to make another point. That is that just
19 because you find a water level measurement, or just
20 because you find a bore hole log or whatever, most of
21 these data have to be analyzed to somewhat of a
22 higher level of analysis in order for us to apply the
23 data to the -- to our models. So it's just not a
24 matter of extracting a piece of information from this
25 report, putting that piece of information in the

1 database and then translating that -- potentially
2 that piece of data directly into a model. It just
3 doesn't work that way. There's a lot of -- there's a
4 lot of string pulling and wheel turning and -- and
5 nuts and bolts type analysis that goes into the final
6 data that we actually present to the models. Are
7 there any questions on this?

8 (no response)

9 **MR. FAYE:** There are three major sources of data that
10 we utilize in this project for a variety of reasons,
11 including the models, including -- you know, making
12 data available to the public, et cetera, et cetera,
13 et cetera. The actual water supply well data related
14 to the actual water supply wells at Camp Lejeune in
15 the study area, this isn't the whole suite of things,
16 of course. This is just the Holcomb Boulevard Hadnot
17 Point study area and the IRP data and the data from
18 the UST reports that I just described. So this gives
19 you some notion of the data coverage that we have for
20 the supply wells. All together historically in the
21 study area there's more -- there are more than 90
22 supply wells. And for most of these we have good
23 construction information. Thanks to Scott and
24 reports, other reports that have been published at
25 Camp Lejeune, we have very excellent location data.

1 In many of these we have geophysical log data. And
2 that becomes critical when we -- when we do our
3 geohydrologic analyses and develop our geohydrologic
4 framework that we have to assign to the model.

5 These are the supply wells. And we have
6 operational data on a large number of these, as
7 Morris talked about. We have capacity use
8 information on a large number of these. So we have a
9 fairly substantial database related to each one of
10 these individual supply wells at Camp Lejeune going
11 back to the original 20 or 21 that were -- that were
12 put on line back in 1941 and 1942. That's the supply
13 wells coverage.

14 Here's the monitor well coverage, the 800-
15 and-some wells, whatever, bore hole wells that we --
16 bore holes, so monitor wells that we've -- that we've
17 extracted from the various IRP reports. This is the
18 coverage of those. And just to sort of refresh your
19 memory a little bit, this is the HPIA area here,
20 jokingly called pin cushion one. This is the -- what
21 we call the landfill area. And it's basically IRP
22 sites 82 and 6 and cushion 2. And then up here is --
23 this is actually IRP site two, I believe, right here.
24 And it's right adjacent to HP 645 area, which is the
25 third area of interest that we're going to model.

1 And similarly, there's the monitor well coverage from
2 the UST reports. This is again the 800 and some
3 wells that we've extracted data from from the various
4 UST reports. Again, here is pin cushion one. This
5 is the HPIA area. And in particular this is the fuel
6 farm area, building 1115, building 1101. And this is
7 the fuel dispensing area of building 1613 here,
8 massive BTEX contamination in this area.

9 And this is the 645 area right up here.
10 And because the landfill was not a RCRA study, it was
11 a CERCLA study -- a CERCLA investigation, there's
12 little or no data right in the -- what are the site
13 82 and site 6 areas, which is the second area of
14 interest of us to model.

15 And that's all three sources of information
16 put together in terms of the data coverage that we
17 have in the study area. And that concludes my
18 remarks. So are there any questions, any comments?

19 **MR. STALLARD:** Thank you very much, Bob.

20 **MR. PARTAIN:** Bob, with respect with the USTs, are
21 you getting an idea on product load as far as how
22 much product was in the ground, for example, at
23 Hadnot Point fuel farm?

24 **MR. FAYE:** Well, as Morris mentioned earlier, the --
25 one of the elements of the project is the mass

1 computation that we're doing. And we're doing mass
2 computation analyses at the fuel farm, at building
3 1613, which is in the southwest corner of the HPIA.
4 Also at the sites 82 and IRP sites 82 and 6, which
5 are called the landfill area, and also at the 645
6 area, HP645 area. So the -- it's kind of involved,
7 the process of doing the mass computations and the
8 subsurface is kind of involved, but it parallels very
9 closely to what we've reported in -- what was it,
10 Morris, Chapter E?

11 **MR. MASLIA:** Chapter E.

12 **MR. FAYE:** Chapter E of the Tarawa Terrace reports.
13 And, yes, the end product of that will be an
14 independent evaluation of the BTEX mass or the PCE
15 mass or the TCE mass in the subsurface at these
16 particular sites. And in particular at the HPIA,
17 where we saw the high density of the monitor wells
18 and also in the 645 area, as well as in the landfill
19 area, a lot of the subsurface data collection
20 actually involved the collection of cores in various
21 intervals, two-foot intervals, 18-inch intervals,
22 whatever. Each one of these cores was extracted from
23 the subsurface at a well defined depth and tested for
24 -- well, for example, BTEX quantity or BTEX
25 contamination. They use things called H-NU sniffers

1 and things like that. So we actually not only know -
2 - we actually not only have the notion of the
3 concentration in the -- in many of these cores,
4 segments of these cores was submitted to the
5 laboratory for analysis. So we actually have a
6 contaminant -- a relative contaminant concentration
7 based on weight at these various intervals. So what
8 the bottom line is, what we understand now is that
9 this stage, for example, with the HPIA at the fuel
10 farm, this contamination not only -- not only extends
11 from a very significant free phase, a pool of it
12 sitting on the water table, 15 feet of it, actually
13 almost a continuous column of it all the way down to
14 a hundred to a hundred feet, and then sporadically
15 below that all the way down to 150 feet. So when we
16 do our mass computations we have this fairly
17 excellent suite of information. So we should come up
18 with a pretty good independent evaluation of the
19 actual contaminant as to the subsurface. Then we can
20 compare to what's reported.

21 **MR. PARTAIN:** Now, have you gotten any official
22 numbers from Navy, Marine Corps as far as a mass
23 computation of the actual loss of product?

24 **MR. FAYE:** Well, prior to the -- you guys telling us
25 about 1866, CLW -- CERCLA 1866, the only reports that

1 we had relative to the fuel farm, to the HPIA fuel
2 farm, and this was repeated as history in a fairly
3 substantial number of documents about the fuel farm
4 and site assessments and whatever, was the 30,000
5 gallons loss during transfer in 1979. And then there
6 was a caveat saying that there were probably other
7 losses historically through time, but there was no
8 documentation for that. And that's repeated, like I
9 said, in a fair number of reports that describe
10 information or conditions of the fuel farm. That's
11 the only one. That's the only one that I can recall
12 right now. But that was repeated later on in a
13 number of other reports.

14 **MR. ENSMINGER:** O'Brien and Gere report.

15 **MR. PARTAIN:** So I mean for your purposes, I mean --
16 the notation in CERCLA 1866 about the 800,000 gallons
17 with 500,000 gallons already recovered by the
18 contractors, I mean how does that affect what you all
19 -- what you were doing in your modeling?

20 **MR. FAYE:** That's a good question, because it's
21 pretty obvious that that 800,000 gallons didn't get
22 there all at once. So you have to -- you have to try
23 to rationalize a temporal distribution of the loss at
24 that tank farm through time. We don't know when the
25 losses began. They could have began immediately

1 after the tank farm opened for business in 1942, just
2 through routine careless operations and spillage from
3 railroad cars and whatever, and transfer processes.
4 So significant -- if you divide 40 years and 800,000,
5 I mean what do you get? You get -- help me -- 20,000
6 gallons a year, is that what it comes out to? Okay.
7 I mean that -- you know you divide 12 into 20,000 and
8 you're losing in excess of a thousand gallons a
9 month. So, you know, whether you model that as an
10 average over time or whether you, you know, choose
11 another year, when you think substantial losses
12 occurred, those decisions have to be made yet. And
13 we haven't made them.

14 **MR. PARTAIN:** Well, we know from the base
15 (indiscernible) that sometime during the 'Eighties
16 they were calculating a loss rate of 1,500 gallons
17 per month.

18 **MR. FAYE:** Okay. Well, that's as good a number as
19 any. And we know from the monitoring data that we
20 have from the UST reports at the HP fuel farm that as
21 of, like -- this is -- I'm trying to recall -- 2005,
22 2006, I think they already recovered several hundred
23 thousand gallons of fuel product from their
24 remediation schemes -- from their remediation
25 activities since 1996, which was when they began. So

1 as of 2005, 2006 they've already recovered several
2 hundred thousand gallons. So that 800,000 number
3 looks pretty good.

4 **MR. PARTAIN:** So that 800,000 number, that's relevant
5 to you guys? I mean that's something -- information
6 you need?

7 **MR. FAYE:** Oh, yeah.

8 **MR. PARTAIN:** And did you have that information
9 before --

10 **MR. FAYE:** No, no. I can't tell you the number of
11 hours I've spent reviewing the CERCLA documents and
12 CLW documents and, you know, that's -- that just
13 wasn't -- that just -- the meeting notes and things
14 like that, I didn't pay attention to them. My
15 emphasis was the site assessment reports where I
16 could actually find data and, you know, --

17 **MR. PARTAIN:** So you were concentrating on the data
18 reports?

19 **MR. FAYE:** Exactly, exactly.

20 **DR. BOVE:** Okay. And it drives home how important it
21 is that the number of eyes, through this data.

22 **MR. PARTAIN:** Yeah. That was my point in a
23 roundabout way was saying, you know --

24 **MR. STALLARD:** We're going to move on then. Thank
25 you very much.

1 **MR. BYRON:** Hey, Bob. This is Jeff. You mentioned
2 H2 detection. Does hydrogen come off these chemicals
3 in some manner from these bore holes you were talking
4 about?

5 **MR. FAYE:** Most of what I'm familiar with is a
6 florescent indicator. Okay. And unfortunately
7 that's not necessarily totally -- because of the
8 types of sediments that are in the ground, some of
9 the sediments also floresc. Okay. So just because
10 you have a relatively high, you know, H2 reading,
11 that may not necessarily indicate a fuel content.
12 But they do another -- other qualitative test at the
13 same time. They do an odor test and whatever. So
14 you can be definitive, Jeff, and say yeah, there's
15 fuel in that core. Quantifying it you'd have to send
16 it to a laboratory.

17 **MR. BYRON:** Thank you.

18 **MR. WILLIAMS:** Bob, can't you sort of fingerprint the
19 fuel to the ground coming from the -- as to the agent
20 fuel and give you some idea when it --

21 **MR. FAYE:** Yeah. The obvious thing to do is analyze
22 for lead.

23 **MR. WILLIAMS:** So you don't just have to completely
24 guess?

25 **MR. FAYE:** No.

1 **MR. WILLIAMS:** You can make some informed decisions
2 about how the fuel got into the ground?

3 **MR. FAYE:** That's right. Yeah. Like I say, the
4 obvious thing to do is analyze for lead. And then
5 you can look at the relative concentrations of the
6 various constituents to say whether it's diesel fuel,
7 gasoline, other things like that.

8 **MR. BYRON:** So then what you're saying is the 800,000
9 gallons that supposedly spilled onto the ground, it
10 could be determined whether it was JP4 or JP5 versus
11 gasoline?

12 **MR. FAYE:** We're talking about the fuel farm. To the
13 best of my knowledge, it was -- the vast majority of
14 it was gasoline. And then some of it was diesel
15 fuel. But there also, I believe, was kerosene out
16 there or what they called kerosene in studies, which
17 could have been jet fuel.

18 **MR. WILLIAMS:** It was mostly diesel fuel, some low
19 gas and then some kerosene. And I think they've
20 already documented that. I was telling Mike earlier,
21 I think the reference to JP5 was incorrect.

22 **MR. STALLARD:** All right. Folks, we have about seven
23 minutes before we break for lunch. Jerry would like
24 to give a presentation, and that will be the first
25 thing after lunch, which is follow-on on the water

1 modeling information that we just received. So
2 Frank, do you have anything to cover in the next
3 seven minutes or should we just break now for lunch
4 and come back?

5 **FUTURE STUDIES**

6 **DR. BOVE:** Well, just quickly, in the future studies
7 category here in the agenda, I have received the DMDC
8 data, actually two different versions of the data.
9 And I'm requesting a third version because there's
10 some problems with other two. And there were two
11 missing variables that I wanted. One is service in
12 Vietnam, yes/no, and date of separation from the
13 service so that -- I'm still waiting for that data.
14 Scott is aware that we're trying to work with the
15 DMDC to get that data. But from what we already have
16 received, we know that something like 152 to 153,000
17 Marines would be part of the mortality study because
18 they were at Camp Lejeune during '75 to '85, and they
19 started their service either on June, '75 or later.
20 So that -- that's the number. When we did the power
21 calculations to see how -- what we -- how strong the
22 study could detect small risks, small elevations and
23 risks, we assumed that about 160 to 170,000. So this
24 is pretty similar to that. I assume that everyone
25 started at age 19. I have data now that shows that

1 some people started a little bit earlier than that,
2 and some people started a little later than that. So
3 the power calculations that we did that were also
4 given to the NRC, which unfortunately they didn't
5 look at it, I guess, but whatever, our -- it would be
6 similar if I used the data now. So they're still
7 good.

8 **MR. WILLIAMS:** (Inaudible)

9 **DR. BOVE:** I provided some information to Scott about
10 the DMDC data breakdown. I also went through the
11 Command Chronologies that I have, which has school
12 enrollment totals, and gave them to Scott as well so
13 that he could pull that together with the information
14 he has so we could jointly come up with some kind of
15 rough estimate as to how many people were on base.
16 There have been a number of questions -- Scott can
17 state this better than I can, but the Marine Corps
18 has received a number of different kinds of questions
19 as to how many people were on base or how many people
20 were exposed or, you know, various different
21 questions. And it's hard to answer all of them with
22 the information that's available. But we've been
23 trying to come up with some estimates as to how many
24 people were on the base.

25 **MR. WILLIAMS:** The question has been asked many

1 different ways many different times over the years.

2 (Inaudible) asked the question (inaudible).

3 (Inaudible) recently and AP Rogers will ask the
4 question differently. So Frank and I are going to
5 continue to revise the estimate as we get more
6 information from the DMDC data. Frank (inaudible)
7 calculations. We found some things in the
8 chronologies about school children, which actually
9 confirmed one of the earlier assumptions we made.
10 They had some data that backs up some assumptions.
11 We had a follow-up question from the Senate Veterans'
12 Affairs Committee, Senator Akaka recently, and we
13 estimated that as many 800,000 people lived at
14 Lejeune during that time frame.

15 **MR. PARTAIN:** What time frame was that?

16 **MR. WILLIAMS:** We used '57 to '87, 30 years. And
17 that's a high -- it's highly estimated. There's no
18 data really to base it on. But as we continue to
19 know more we'll continue to revise the estimate, but
20 I think that's a good upper end.

21 **MR. PARTAIN:** And how is that broken down? Do you
22 know, men, women, servicemen and dependents?

23 **MR. BRIDGES:** He mentioned something about children.

24 **MR. PARTAIN:** Any children?

25 **MR. WILLIAMS:** Yeah, I think we assumed -- Frank may

1 remember, 30,000 births during the period and 60,000
2 children. That's assuming -- anyway. This
3 information is in our response back to Senator Akaka.
4 So it was in writing. I've been trying to get a copy
5 of what actually went out.

6 **MR. ENSMINGER:** Well, I got a phone call last night
7 from the Senate Veterans' Affairs Committee. And
8 they've issued their -- Akaka's staff issued their
9 report. And it estimated 500,000 service members and
10 500,000 dependents. Now, where did that come from?

11 **MR. WILLIAMS:** It didn't come from us.

12 **MR. ENSMINGER:** They said it came from ATSDR.

13 **MR. WILLIAMS:** Chris was just telling me that might
14 have been a VA estimate.

15 **MR. GAMACHE:** That was, I believe -- and this is just
16 what I was reading. It came from one of the follow-
17 up, I believe, from the VA. And it was from a
18 separate hearing than the October 8th hearing in
19 which the VA comments on S1518. And they estimated
20 500 and 500 --

21 **COURT REPORTER:** Can I get your name, please?

22 **MR. ENSMINGER:** Well, I told the staffer I had no
23 idea where those numbers came from. And I sent that
24 to you.

25 **MR. WILLIAMS:** Gamache.

1 **DR. BOVE:** There's no way there's that many
2 dependents.

3 **MR. ENSMINGER:** The VA said it came from you, from
4 ATSDR.

5 **DR. BOVE:** No, no, absolutely not.

6 **MR. WILLIAMS:** I think they used the ATSDR estimate
7 from the earlier hearing of up to a million, and they
8 just -- I guess they just divided it in half.

9 **MR. ENSMINGER:** Now, this 800,000 number, does that
10 include civilian employees?

11 **MR. WILLIAMS:** Of course, I'd never forget the
12 civilian employees.

13 **DR. BOVE:** I mean it's their best estimate at this
14 point on the total population.

15 **MR. BYRON:** Okay. Real quick, this is Jeff. You
16 said you had 153,000 Marines that can participate in
17 the mortality and health survey?

18 **DR. BOVE:** No. I said a hundred -- about 153,000
19 Marines that will -- from Lejeune that could be in
20 the mortality study. And I haven't done the work for
21 Pendleton yet. But the total number of Marines in
22 this DMDC database, there are about 215,000 -- and
23 Navy, are 215,000 roughly from Lejeune, and about
24 230,000 from Pendleton. So for the survey, all of
25 those people will get the survey, but the mortality

1 study we have limited it to those people who started
2 in June '75 or later for the active duty, because we
3 do not know where they were before. So if they
4 started active duty before June '75, we don't know
5 where they started.

6 **MR. WILLIAMS:** And you have about 160,000 Marines who
7 were at Pendleton and never at Lejeune. So you'd
8 have to subtract from that 160,000 folks at -- who
9 were there before '75. So it would be something
10 smaller than that.

11 **DR. BOVE:** Well, the people only at Pendleton was
12 that 230, 230,000 figure. But out of that, how many
13 people started in June '75 or later would be a
14 smaller number. Okay. There are more Pendleton, in
15 other words, than Lejeune.

16 **MR. WILLIAMS:** But for the control group from
17 Pendleton, you only want folks who were at Pendleton
18 and never at Lejeune, right?

19 **MR. BYRON:** That wasn't what I was trying to get at.
20 What I was trying to get at is that there's the
21 150,000 from '75 to '87. How many people, how many
22 Marine veterans have registered with the Marine Corps
23 from 1957 to 1987 total?

24 **MR. WILLIAMS:** That's a good question. I'd have to
25 look at it. I don't think we required them to

1 document their service to be able to register. So
2 I'm not sure if we can break out the formal military
3 from the dependents.

4 **MR. BYRON:** I guess I put that wrong. I'm just
5 trying to figure out how many veterans are registered
6 with the Marine Corps that were at Camp Lejeune
7 between 1957 and 1987, not the ones that we're going
8 to use for this '75 to '87.

9 **MR. WILLIAMS:** We don't collect that information. We
10 don't require people to document their service.
11 However, using this DMDC data we did send out a
12 direct notification to over 200,000 people. So
13 150,000 of those was through the IRS. So if they
14 paid taxes the IRS has their address. The IRS
15 directly notified them. And a large portion of those
16 came back and registered, and their family members.
17 But we don't differentiate between service members
18 and...

19 **MR. STALLARD:** It's time to go to lunch. Please be
20 back at one o'clock, one hour.

21 (Lunch recess, 12:00 noon till 1:00 p.m.)

22 **MR. STALLARD:** Okay. It's one o'clock. And we're
23 going to start because I think there's an all-hands
24 meeting today. Morris, you'd like to update us?

25 **MR. MASLIA:** I wanted to clarify two points, the

1 question was asked with respect to the water
2 distribution system modeling. Scott, that it Watkins
3 Village. It will be correct, as on our published
4 reports and everything else, identified correctly.
5 But the slide presentation, very quickly, I just
6 called the whole area Berkeley Manor. But, of
7 course, it's subdivided into Berkeley and Watkins
8 Village. And as you did mention, the actual demand
9 for withdrawal of water from that area will not start
10 until people occupy the thing. Although, we can put
11 the pipes in the model whenever we want to, in other
12 words, it just won't have any demands --

13 **MR. WILLIAMS:** The pipes would have been there before
14 the people?

15 **MR. MASLIA:** Yeah, yeah, yeah, yeah. So I just
16 wanted to clarify that.

17 And then the question about -- the golf course wells
18 or whatever, the volume -- which actually come in
19 handy, because we know how much those wells are
20 pumping now. So that's the volume of water, the
21 maximum capable. And that volume of water would have
22 been extracted or put in as a demand node closest to
23 that area in the distribution system model.

24 **MR. WILLIAMS:** You're basically going to assume the
25 amount of water they pumped from the irrigation wells

1 was quasi equal to the amount of water they would
2 have pumped when they were having to use water from
3 the (inaudible) plant?

4 **MR. MASLIA:** Yes, yes, yes.

5 **MR. STALLARD:** Could you restate that for...

6 **MR. MASLIA:** Oh, okay. The amount of water -- or
7 because we do have -- we've got a well capacity on
8 each of those -- on those wells. So you can't -- I
9 mean water to the well capacity, volume-wise. And so
10 what we are going to assume short of actually having
11 actual meters at those locations for watering the
12 golf course, that the amount of water that the two
13 irrigation wells are now or are designed to withdraw
14 to water the golf course, prior to their existence
15 that water would have been finished or treated water,
16 and that's what would have been taken out of the
17 distribution system to water the golf course. Yes?

18 **MR. WILLIAMS:** Model and human decisions, the way
19 they do, is tough. There's really no way to do it.
20 But I'm not so sure it's a safe assumption to assume
21 they irrigated the golf course just as much before
22 they put the irrigation wells in as they did after.

23 **MR. BYRON:** It's probably based on annual rainfall,
24 okay? Because you're not going to let your golf
25 course burn up.

1 **MR. MASLIA:** We're using average values. In other
2 words, we've got a total amount of water that went
3 into the system that we know.

4 **MR. STALLARD:** All right. Thank you. Jerry's going
5 to lead us -- Is there a presentation that you can
6 give?

7 **MR. TOWNSEND:** Hello?

8 **MR. STALLARD:** Hello, welcome back, Tom. We're
9 getting started. Jerry's going to give us a
10 presentation following the water modeling update.

11 **O'BRIEN AND GERE REPORT**

12 **MR. ENSMINGER:** Okay. This morning there's been a
13 lot of discussion about site 22 and the Hadnot Point
14 fuel farm and the amount of fuel that was lost at
15 that fuel farm. This was the report that was issued
16 by O'Brien and Geer in December of 1988, December,
17 1988. The section two, history of fuel losses, it
18 says review of this information indicates between
19 23,150 gallons of fuel and 33,150 gallons of fuel
20 product have been lost in the tank farm. That's a
21 total.

22 Now, what was odd to me was this 29 March, 1988
23 letter from the Staff Judge Advocate at Camp Lejeune
24 cited a meeting that he had attended. This letter
25 went to the Assistant Chief of Staff facilities at

1 Marine Corps Base Camp Lejeune. And he stated that
2 Mr. Alexander, who was the base environmental
3 engineer presented a disconcerting fact that the
4 tanks are in such deteriorated state that they
5 continue to leak at a rate of approximately 1,500
6 gallons of fuel per month. Now, if you back that up
7 all the way to 1979 when they had that massive fuel
8 spill, and you take 1,500 gallons per month, which I
9 did, that totals 162,000 gallons of fuel. And then
10 you add that 30,000 or so plus onto that, you're in
11 the ballpark of 200,000 gallons. But my question is,
12 this letter was written on 29 March, 1988. Why
13 didn't O'Brien and Geer have that for their report,
14 that information? You know, this is what I'm -- this
15 is what we're talking about with transparency. Okay?
16 This information was not provided to your own
17 contractor. Here are the minutes from a meeting, a
18 partnering meeting in 1996. They had explained that
19 800,000 gallons of fuel had been lost. And that to
20 date 500,000 gallons of fuel had been recovered. So
21 you know, hey guys, they already recovered 500,000.
22 That 800,000 gallon figure ain't far off.

23 **MR. BYRON:** What's the date on that document, Jerry?

24 **MR. ENSMINGER:** That was in 1996, November, I
25 believe. Right, Jeff?

1 **MR. BYRON:** I can't remember, Jerry.

2 **MR. FONTELLA:** It was '96. I don't remember the
3 month.

4 **MR. ENSMINGER:** Okay. Here we have another one of
5 these references. This was by a guy by the name of
6 Wattress (ph), who was a contractor. This was at a
7 technical working committee or technical review
8 committee meeting. It states that the constituents
9 that are associated with jet fuel at Hadnot Point.
10 This is the letter from LANDiv, Paul Rakowski, to the
11 EPA, stating that these tanks contained jet fuel and
12 therefore are exempt from CERCLA under the petroleum
13 exclusion. Okay. Scott, you said that a while ago,
14 that it contained jet fuel. Jet fuel is petroleum.
15 Okay?

16 **MR. WILLIAMS:** It still would have qualified under
17 petroleum exclusion whether it was ^ gas or jet fuel.

18 **MR. ENSMINGER:** Okay. But the big thing here is the
19 risk assessment, okay, that was being conducted for
20 the Hadnot Point fuel farm or the Hadnot Point
21 industrial area. Jet fuel has .2 -- .02 percent
22 benzene. It's not even listed as a carcinogen.
23 Gasoline had 98 percent more benzene than jet fuel.
24 And also, if you get Site 22 drop off of CERCLA and
25 put under RCRA, then it doesn't require a public

1 health assessment by ATSDR under the Super Fund laws.

2 There was the identifying product that was
3 done by O'Brien and Geer, your own contractors.
4 There were layers of fuel in that aquifer, the
5 shallow aquifer, that were 15.44 feet thick. And
6 lastly, I know you can't read this very well, but
7 these were the analytical laboratory reports from
8 O'Brien and Geer in their 1988 report. And what I
9 found interesting on these analytical results for
10 these monitoring wells was that if it wasn't a fuel
11 product, if it was a chlorinated hydrocarbon or a
12 chlorinated solvent, number one, they set the
13 detection limit at a thousand. So anything less
14 than a thousand wouldn't show up. Now, Scott, you
15 said that if it was -- if it didn't have anything
16 else in it it was -- it qualified for the petroleum
17 exemption, right?

18 **MR. MASLIA:** That's how I understand it, Jerry.

19 **MR. ENSMINGER:** Well, I'm here to tell you right
20 now, 1 2 dichloroethylene was found at -- what
21 happened? 1 2 dichloroethylene showed up right
22 there at a thousand, raked up right there at 1,800,
23 and right there at 2,000. It was at or above the
24 detection limit. 1 2 dichloroethylene's a
25 chlorinated solvent, right? It's the degradataion

1 by-product of either PCE or TCE. Now, in future
2 sampling of that site they didn't test for 1 2
3 dichloroethylene anymore; they left it off. So, why
4 is that? I don't know. That stuff had to have been
5 in the ground at the fuel farm for a long time.
6 More than likely it was trichloroethylene that was
7 used to flush those tanks out. And it either leaked
8 into the ground or they dumped it right there at the
9 fuel pump. But once again, this site should have
10 never been -- should have never been dropped from
11 CERCLA and put under RCRA.

12 **MR. WILLIAMS:** The decision to take the site and
13 move it out of CERCLA and move it into RCRA
14 petroleum mediation program would have been a group
15 decision made by the partnering team to include the
16 state of North Carolina and the EPA.

17 I wasn't a part of that back then.

18 **MR. ENSMINGER:** I realize that, but if you're going
19 to base it on the truth? Why later on? I mean this
20 thing wasn't shifted. This thing wasn't moved.
21 Right there is Rakowski's letter. That's 10 April,
22 1992. They didn't get approval to transfer that
23 site out of the CERCLA program and under RCRA and
24 under the North Carolina underground storage tank
25 program until, I believe it was May. This is 07 or

1 724. 726 is the letter back from the EPA
2 authorizing them to transfer that. But what I'm
3 saying is, had everybody in the mix and all the
4 partnering folks had known that these chlorinated
5 solvents were involved in this site, would they have
6 authorized you to transfer this? I see you shaking
7 your head. So I mean, do you think they would have
8 with chlorinated solvents mixed in? I found one of
9 the stipulations was they could not have anything
10 other involved than fuel products.

11 **MR. WILLIAMS:** What I would say to you, Jerry, is
12 you're ^. You have access to the EPA regulators and
13 State regulators. If you have questions about the
14 movement of this site into the RCRA program out of
15 the CERCLA program, you should ask those guys. I
16 wasn't there. You weren't there. If you want more
17 information you should --

18 **MR. ENSMINGER:** Oh, I agree. But I mean do you see
19 what I'm pointing out here? I mean there's all
20 kinds of inconsistencies. I mean why wasn't the
21 contractor provided the information about the 1,500
22 gallons a month? I know that's historical. You
23 can't answer that.

24 **MR. WILLIAMS:** Right.

25 **MR. ENSMINGER:** I mean this is a track record. Now,

1 did you know that there was 800,000 gallons of fuel
2 total leaked into the Hadnot Point aquifer?

3 **MR. WILLIAMS:** No. And I don't know that now;
4 that's suggested. Obviously nobody would know the
5 exact figure. But it's obviously large.

6 **MR. ENSMINGER:** I mean nobody ever let on to any of
7 your contractors prior to this thing being shifted
8 out from under CERCLA and put under RCRA. Nobody
9 ever -- nobody has ever mentioned that 800,000
10 gallons figure. I mean it was a -- it was a total
11 blindside for me.

12 Now, how far back in time do these fuel
13 leaks go?

14 **MR. WILLIAMS:** According to the record the earliest
15 one we know about is 1979. That's just what the
16 record says. That's all we have to inform us.

17 **MR. ENSMINGER:** Well, anyhow, --

18 **MR. FAYE:** Bob Faye.

19 **MR. STALLARD:** Let me get you the mic, please.

20 **MR. FAYE:** Do you have any idea how the 800,000
21 gallon number, where that came from?

22 **MR. WILLIAMS:** I'm sure it's some type of modeling,
23 less sophisticated ones than what you would do
24 today. But no, we can try to backtrack through the
25 documents and talk to people who have worked during

1 the time period. I think I gave -- I gave Morris a
2 name the other day.

3 **MR. FAYE:** Yeah, we followed through.

4 **MR. WILLIAMS:** He may have the answer.

5 **MR. FAYE:** We followed through on that. So you think
6 it was just basically, you know, using the field data
7 with a simulation tool?

8 **MR. WILLIAMS:** Sure. It wasn't based on oh, you
9 know, this spill happened and it was 800,000 gallons,
10 you know, or some contractor estimate, both the
11 amount they think was there and how much they think
12 they pulled out. It's all highly estimated.
13 Obviously there was a large amount of fuel.

14 **MR. MASLIA:** It's based on -- and I did a real quick
15 perusal. I didn't go step by step through their
16 computations. But using this spill cad^, which is an
17 analytical model, a simple model using average
18 hydraulic gradients going through there, and the
19 thicknesses of the product and the soil porosities,
20 you know, one-number estimates. My guess is it's
21 probably how they came up with it because I talked
22 with Scott Minelli, who's now with Rich -- I mean
23 Rich Minelli, who's now with Michael Baker out in
24 Arizona. And he basically said that's what they
25 would have used in model four is to get some ballpark

1 figure as to that. And that's why ^ Bob and I have
2 talked about, it's critical for us to do the mass
3 computations by hand and get a more quantified
4 figure. We'll have that figure, and then we'll see
5 what the actual models come up with. And we'll be
6 able to make some judgment as to where in between or,
7 you know, where it applies.

8 **MR. WILLIAMS:** And today, you guys would have more
9 data available to you than those guys had. And you
10 would have more sophisticated modeling techniques.
11 I'm assuming that when you do your independent
12 verification you'll come up with a better estimate
13 than what they were able to do in 1996, I hope.

14 **MR. FAYE:** I think we can.

15 **MR. STALLARD:** But we know we're stuck with -- around
16 a large estimate. So we're going to use this time
17 right now. Tom is here, and his time is limited. So
18 we'd like to offer him the opportunity.

19 **MR. PARTAIN:** Chris, can we come back to that,
20 because I do have something I want to add?

21 **MR. STALLARD:** Yeah. We can come back, yes. So I
22 don't know how you want to handle this. If you have
23 anything that you'd like to share or --

24 **FUNDING**

25 **DR. SINKS:** Well, I understand that I was asked to

1 come and speak specifically about budget. So I'll
2 try to do that. I don't have any prepared notes.
3 But Chris, it always unnerves me when somebody comes
4 and tells me my time is limited.

5 **MR. STALLARD:** Yeah.

6 **DR. SINKS:** So with that statement -- although my dad
7 is 96 and my mom is 93, they're both in recently good
8 health. So while it's limited genetically, it's
9 still out there.

10 So I think I'll just address this perhaps in
11 good news and maybe not so good news, but news. But
12 being the eternal optimist and thinking of everything
13 as half full rather than half empty, I'll start with
14 good news.

15 So in terms of the funding issues and where
16 we are, we do have good news in terms of I think you
17 all know we have an agreement on this year's annual
18 plan of work to be moving ahead with modeling, moving
19 ahead with the studies that are in hand, the
20 reproductive health study of the children's selected
21 cancer and birth defect studies. And we're moving
22 ahead with that. And frankly, Morris, I need to be
23 paying more attention to what you're doing. But my
24 attention has been elsewhere in terms of dealing with
25 -- you know, dealing with the issues. I think

1 unfortunately, because we haven't reached agreement
2 on the funding for the health survey and the
3 mortality study, this has just escalated to levels
4 that you know, create a lot of difficulty in terms of
5 drawing my attention away from what we're actually
6 doing and focusing on what we're not doing and how to
7 resolve some of the dispute resolution, if you will,
8 on the -- the two studies that are right now in
9 dispute in terms of funding. But I still want us to
10 talk about the good news. And the good news is that
11 we really I think in the last -- since the beginning
12 of the year have opened up a very good line of
13 communication so that leadership at high levels are
14 accurately discussing how we might come to resolution
15 on these issues. So we aren't in a static mode where
16 we just put our position down and nobody's talking to
17 each other. The important thing is that we are
18 talking to each other. And we will continue to talk
19 to each other and hopefully get this resolved as
20 quickly as possible.

21 The other news, as you know, is that we
22 still are unresolved in terms of obtaining the
23 funding for both the mortality study and for doing
24 what ATSDR would propose to do, which is a
25 scientifically credible health survey. The one thing

1 I'll also mention about the health survey
2 particularly is that -- and I think you know this, is
3 that we had proposed primarily as a -- as a -- I
4 can't even read that -- as a response to the NRC
5 report that we would do a pilot study on the health
6 survey. And we put that in there for scientific
7 reasons. I think that while we thought that was an
8 appropriate thing to do it was -- let's say a lot of
9 our partners disagreed with the need to do a pilot
10 study. I think you folks probably were concerned
11 about it. We heard from Congress that there was a
12 lack of support. And in their response to us from
13 the Navy they identified that the pilot wasn't part
14 of the -- the defense bill that was passed that
15 required the health survey. And a full survey would
16 need to be done. And they weren't supportive of the
17 pilot study either. And I think there are three real
18 reasons why -- good reasons why we shouldn't consider
19 the pilot study. One of them, and probably the most
20 important, is that if we do a pilot study at ten
21 percent and we find out that from a scientific
22 perspective the study won't stand up with the
23 strongest scientific validity, Congress still
24 mandates that the survey be done to the other 90
25 percent of the people.

1 **MR. PARTAIN:** Dr. Sinks, I want to interrupt you for
2 a second.

3 **DR. SINKS:** Go ahead, Mike.

4 **MR. PARTAIN:** You said at the beginning that you're
5 talking at high levels with people, and yet we still
6 do not have funding for the mortality study. Who
7 are you talking -- when you say we, who are you
8 talking about?

9 **DR. SINKS:** Well, we're following the dispute
10 resolution language that's in our memorandum of
11 understanding. We're at that level.

12 **MR. PARTAIN:** Okay.

13 **DR. SINKS:** We haven't exhausted that language at
14 this point. So that's where we are.

15 **MR. PARTAIN:** So you're talking with the Department
16 of the Navy at this point --

17 **DR. SINKS:** Yeah.

18 **MR. PARTAIN:** -- about that? Okay.

19 **DR. SINKS:** Okay. So let me go on, Mike, because
20 now I've lost my train of thought. All right.
21 Pilot study. And at my age, it's easy to lose my
22 train of thought.

23 So the first reason is that Congress
24 mandates the survey be taken by a hundred percent of
25 the cohort that are identified regardless of the ten

1 percent of the pilot. And I think the second one
2 and maybe the most important one is time and
3 timeliness that we go ahead with a pilot study.
4 We're going to stall the entire study by 18 months
5 or two years. You know that. We've always said
6 that. And given that we've, you know, been -- we
7 love meeting with you all and we want to continue to
8 meet with all of you, but if we can get this
9 finished two years earlier, we ought to try to do
10 that. That's the second one.

11 And the third one is the Paperwork Reduction
12 Act, which requires OMB approval, which I don't
13 think the pilot study is a problem in and of itself.
14 But there won't be any paperwork saved by doing the
15 pilot study if we have to do 100 percent of the
16 people anyway. So from that perspective, I think we
17 can agree not to do the pilot study, but we still
18 are concerned about scientific quality for this
19 survey and want to make sure we have appropriate
20 expert oversight on that work as it progresses.
21 Because it's expensive. It's a lot of work. And we
22 want to make sure we're doing it well. And we want
23 to make sure if we're having problems as we're going
24 we identify those problems and we're clear. I don't
25 want to -- we don't want to proceed for a three-year

1 task and find ourselves at the end of three years
2 that the study didn't work well. If we're seeing
3 problems early on, we ought to know about it. We
4 ought to be clear about it. And we ought to be
5 dealing with it as soon as we can.

6 **MR. PARTAIN:** And when you mentioned the NRC
7 earlier, is ATSDR using the NRC in this process,
8 decision-making process? I mean understand the Navy
9 has a contract with the NRC that was signed before
10 the report was released last June. So what's
11 y'all's position on that?

12 **DR. SINKS:** When I mentioned the NRC, I mentioned
13 the first -- the report that has been issued by the
14 NRC and that we agree with many of the scientific
15 difficulties of doing the health survey that were
16 included in that report that, in fact, probably came
17 from us to begin with. And --

18 **MR. PARTAIN:** Well, let me ask you, in that report
19 there was -- and I asked this of Morris earlier.
20 You know, the NRC was highly critical of ATSDR on
21 the modeling of the technical comments as far as
22 what they were doing. And my understanding, because
23 I asked Morris if they had responded to that, and he
24 said that they had prepared a report and pushed up
25 the chain basically. I have never heard of an

1 official ATSDR response to their -- you know, the --
2 **DR. SINKS:** Well, Mike, what you have seen in August
3 was what I said you would see, which is our plans
4 going forward and how we've reacted to the NRC
5 report. And I think all of that is in there. Some
6 of the staff have provided more detailed
7 information. But we really -- all of that is in
8 that August --

9 **MR. PARTAIN:** The NRC is being real critical, saying
10 you guys can't do it, it's impossible, you know,
11 let's throw our hands up and give up. But yet from
12 my understanding, you know, it is possible. And a
13 lot of the assumptions that the NRC made in their
14 report were erroneously based. And that was pointed
15 out in a report to you. Where is that report? Is
16 it being given to the NRC or what?

17 **DR. SINKS:** I think I have responded to this
18 previously that we -- we didn't feel the need to
19 respond to a committee that doesn't exist. Because
20 the NRC, when you're talking about an NRC report and
21 a committee, you're not talking about the staff of
22 the NRC. You're talking about a group of pure
23 scientists who have been brought together for a
24 period of time to do some work and issue a report.
25 And our experience with that is essentially that

1 once that report is done that committee no longer
2 exists. There's nobody to provide that to. Now, I
3 can tell you we have put our position very clearly
4 and justified it in that August report. And if
5 you've read it, it very clearly states our position.
6 And it may not contain all of the details that staff
7 have provided to us, but it says the same thing.

8 **MR. PARTAIN:** Yeah. But the committee --

9 **DR. SINKS:** Mike, Mike, I don't want to argue with
10 you.

11 **MR. PARTAIN:** I'm not arguing. I'm just saying that
12 the NRC --

13 **DR. SINKS:** Mike, Mike, Mike --

14 **MR. PARTAIN:** The Secretary of the Navy sees the
15 NRC.

16 **DR. SINKS:** Mike, Mike, what the Navy does is what
17 the Navy does. I can tell you what we've done.

18 **MR. PARTAIN:** But your silence is acquiescence, I
19 mean regarding that.

20 **DR. SINKS:** Mike, we have hardly been silent. We
21 have very clearly stated our position, our plans to
22 go forward. And that justifies our position on the
23 science, regardless of what the NRC has said. And
24 that's our position. So as I recall, when we
25 brought it up you all were quite pleased with it.

1 So...

2 **MR. STALLARD:** So there is no further redress, if
3 you will, to the NRC?

4 **DR. SINKS:** On that, now I will tell you, you
5 brought up the other issue of this ongoing contract.
6 I have in the last couple of weeks been in contact
7 with both the NRC and with the Navy to discuss what
8 they are doing. And we will be having further
9 discussions to see if we can do something that at
10 least from ATSDR's perspective is more constructed
11 to helping this forward rather than looking back at
12 further debates. But at this point those
13 discussions have just opened. So I'm hoping to
14 create a situation that actually works for us and
15 works for everybody in terms of what that is.

16 Now, I will tell you that any agency that
17 contracts with the National Academies has the right
18 to contract with the National Academies. And I am
19 not in a position to tell any agency whether they
20 can or can't contract with it. What I would like to
21 do is see if I can create a situation where if the
22 Academy -- if the NRC is continuing to look at work
23 regarding to our work, then NRC is useful for us.
24 And hopefully I can come up with some agreement that
25 works on that. And that's really, you know, the

1 only thing that I see in terms of the -- you know,
2 where we are with the ongoing issue of the NRC.

3 **MR. STALLARD:** May I just do something real quick?
4 I want to make sure... Your concern is that the
5 uncontested response to the NRC, particularly with
6 the water modeling, is advantageous to the whole
7 water modeling effort or...

8 **MR. PARTAIN:** Well, it's just advantageous to the
9 entire water modeling effort. I mean yeah, the
10 committee is dead and gone, but the report lives on.
11 And it is widely -- it is being used at every
12 opportunity to beat you up over the head, beat us up
13 over the head. And another factor --

14 **DR. SINKS:** I can't get the -- the NRC won't
15 withdraw its report. That's not -- and there's no
16 committee there to respond to that. They put these
17 things out, they're there. We have evaluated the
18 report and we have determined that the water
19 modeling can be done. And we've determined that our
20 studies can be done. And we've stated that quite
21 clearly. And I think in that report we draw -- we
22 identify some of the specifics that we had problems
23 with in the report. But we thought it would be
24 better to look forward rather than backwards at the
25 NRC. And that's just simply why we didn't --

1 **MR. PARTAIN:** Oh, I'm sure the NRC will be
2 resurrected again.

3 **DR. SINKS:** We have -- we did make sure that that
4 report was shared with the NRC as it was shared with
5 the various individuals who had sent us letters
6 regarding the NRC reports so they understood where
7 we were.

8 **MR. ENSMINGER:** Oh, during the time --

9 **MR. STALLARD:** Wait, wait, wait. We have one ground
10 rule that we're not abiding by here. And that's one
11 person speaks at a time and not talk over each
12 other. So please try.

13 **MR. ENSMINGER:** You say you're -- recently been in
14 conversations with the NRC and the Navy, Department
15 of Navy. About what? About this --

16 **DR. SINKS:** Well, we know that there is a contract
17 that was established last May. And we know that the
18 initial proposal was to review the protocol that has
19 already been written on the health survey. And that
20 I said is a problem for us. We've already issued
21 that. We have an internal protocol. It's been
22 through peer review. We've gotten comments on it.
23 And my feeling is redoing it again can only create
24 more havoc and slow us down. At the same time, I
25 have always been very open and appreciative of

1 external scientific review by credible people. And
2 there are probably any number of questions that may
3 come up in the future that are predictable. And if
4 we can redirect that interest into answering some of
5 the questions that we have, we can use the results.
6 If they are focusing on questions we don't have or
7 that we've already answered, I don't know how we can
8 use those results. And my hope is that if there is
9 some involvement or this thing is going to continue
10 that it becomes something that works for us as well
11 as for the Navy, who has the contract, who is asking
12 the NRC to do the work. I think everybody -- I'd
13 like to be in the situation where everybody has the
14 same expectations and understanding of how something
15 is being done will be used and those are the
16 conversations I'm trying to have, is to make
17 something be more of a winnable situation rather
18 than one that creates difficulties for us. And you
19 can see the difficulty.

20 **MR. ENSMINGER:** Will, I mean I hear this language
21 out of the Department of the Navy that this
22 subsequent contract was only created to fulfill the
23 requirements of the congressionally mandated health
24 survey. If you go to the actual contract and go to,
25 what is it, paragraph 4.5.1 of that contract, it

1 clearly crosses the line into ATSDR's work on risk
2 assessments, you name it. I mean it's spelled out
3 in black and white right there in the contract. So
4 all this stuff about, well, this is only for them to
5 review the protocol for this study or this survey,
6 no, bull. It's right there in black and white.
7 It's right there in damn black and white. That was
8 what they were contracted to do. Now, you can say -
9 - you can change -- try to change it in midstream.
10 The contract is right there. It's signed. It's
11 paid for, \$600,000. Page 11 of that contract was
12 damn appropriations data. They paid for it. And
13 then they tried to come back and say they didn't pay
14 for it.

15 **DR. SINKS:** Jerry, I appreciate what you're saying,
16 and I know you're not directing that at me
17 personally. And I understand the difficulty that --
18 I think this has created at the same time in the
19 last couple of weeks of the discussions that I have
20 had I think I have -- we have managed to create some
21 flexibility, at least verbally, and that I am
22 planning to follow up on that flexibility and see
23 what I can do to make this work for all of us and be
24 something that we're happy about rather than we're
25 worried about how to use it or what the implications

1 are. And I personally want to be looking forward to
2 doing that. I'm the eternal optimist. You remember
3 my glass is half full. I know the half empty part.
4 But if I can fill the glass and make this work for
5 us, I think it works for everybody and will make our
6 science stronger. So I don't see the value of
7 worrying about what was done in May.

8 **MR. ENSMINGER:** Okay. Is it not true that the
9 National Academy of Sciences or the NRC cannot
10 review anything that is not a public document,
11 correct?

12 **DR. SINKS:** That's my understanding. But that's
13 something to ask the NRC.

14 **MR. ENSMINGER:** And your protocols are not public.

15 **DR. SINKS:** That is our standard operating
16 procedures. We don't publicly release our
17 protocols.

18 **MR. ENSMINGER:** Thank you. And furthermore, this
19 contract was signed on 1 May of last year, which
20 means that there were financial discussions going
21 on, negotiations between the Department of the Navy,
22 the United States Marine Corps and the National
23 Academy of Sciences well before the issuance of
24 their previous report, correct?

25 **DR. SINKS:** You know, Jerry, that isn't really

1 something -- Let me just say, you know, just a point
2 on that again, being the eternal optimist, you know,
3 it's very easy to draw conclusions and allegations
4 of inappropriate behavior. And it's also very
5 conceivable that people are doing things for the
6 right reasons. And you know, I'm not going to try
7 to, you know, determine where they are or where they
8 aren't. I personally feel that if the NRC were to
9 re-review something that has already been reviewed
10 through our normal process it doesn't help us. And
11 so my interest is to see if I can't work with the
12 Navy to refocus this into an area that is to our
13 advantage and makes the science better and is not
14 duplicative of what's already happened. But if I
15 can do that, I think that's a success. If I can't
16 do that, I can't do that. But -- and the other
17 point is that --

18 **MR. ENSMINGER:** You have to get the money first.

19 **DR. SINKS:** Well, that's a different issue. But the
20 -- you know, the other point is that, you know,
21 whatever the contract is between the Navy and the
22 NRC is the contract between them. And how they fill
23 it or they don't fill it, they are the ones that
24 have to make that decision.

25 **MR. ENSMINGER:** That's right.

1 **DR. SINKS:** I've been trying to have input into it
2 if I'm included in the discussion. And that's where
3 we are right now.

4 **MR. ENSMINGER:** Well, I mean but by law I mean,
5 yeah, the Department of Navy can go contact these
6 people all they want. That's fine. They've got the
7 money to pay for it, here. Here's \$600,000, this is
8 what we want you to do, go ahead and do it. But
9 it's not going to have any impact on what you're
10 doing, none, absolutely none. By law, it cannot, it
11 shall not.

12 **MR. PARTAIN:** And that's the problem because it is
13 now. Otherwise, where's the money (inaudible)?
14 They're citing the NRC report. You don't have to
15 have them go -- you don't have to have the NRC go
16 back and review the report. I mean obviously
17 there's errors. Obviously, there was
18 mischaracterizations of what you all have done. Get
19 it out there for the record, official statement as
20 far as exactly what's wrong with it. And then let
21 the people making the policy decisions see that.
22 And that's what's not there now. That's what my
23 original point was. And what will happen is because
24 the NRC is an official report, the Navy will keep
25 coming back to it as a source, as a reason and

1 justification to hammer everybody over the head.

2 **DR. SINKS:** I think the last thing I'd just say,
3 Mike, in response to what you've just said is that
4 these reports are out there for anybody to use any
5 way -- which way they can. And they won't
6 necessarily -- the way people use them won't
7 necessarily be influenced by anything that we do.
8 We have made our position pretty clear. I forgot to
9 cite the letter we sent to the VA regarding part of
10 what was in that NRC report, so I think we're pretty
11 clear there as well. And I think that's useful
12 information for the people who want to use it and
13 for us. And it certainly -- I mean we've already
14 made it very clear that we don't agree with
15 everything the NRC said and we're planning to move
16 ahead. And ultimately, we're the ones that count,
17 because we are the ones who decide what we're going
18 to do.

19 **MR. STALLARD:** Just for my understanding, to whom
20 did we make this known, our position?

21 **DR. SINKS:** I'm sorry?

22 **MR. STALLARD:** To whom have we made it known our
23 position on the NRC --

24 **DR. SINKS:** Everybody at this table has known about
25 it since we were provided the report back in August.

1 Jerry was very concerned that I would be delayed and
2 not come down -- come up to providing that
3 information in a timely way. And I beat our own
4 deadline by a couple of weeks. And I think we've
5 also provided the VA letter as well. So we've also
6 shared those concerns with -- we did get some
7 unsolicited comments from people outside of the
8 agency regarding the NRC report we sent our -- our
9 copies of our information to them. Dick Clapp got
10 one. I know he did. I sent it to him personally.
11 I sent it to the NRC. And the VA letter has been
12 shared with you, and it's been shared with the EPA
13 as well.

14 **MR. STALLARD:** Allen, you have something?

15 **MR. MENARD:** Yes. So I take it, it's your comment
16 you're going to be influenced by science, not by the
17 NRC?

18 **DR. SINKS:** No, that's not what I said. And let me
19 be very clear. The NRC and the National Academies
20 are a credible scientific body that are important to
21 the federal government in many ways. And I agree
22 with many of the things that they do. That doesn't
23 mean I agree with everything they put out. And it
24 doesn't mean I agree with much -- with some of what
25 was in that particular document. There are some

1 things in there I totally agree with. You can go
2 through that document and find a lot you may or may
3 not agree with. And my guess is that Dick Clapp
4 sitting here on my left would probably agree with me
5 that there are things in there he agrees with and
6 things he definitely doesn't agree with. We will be
7 influenced by the academies when we are asking them
8 directly for information in a process that is
9 designed to influence our decision. That's what we
10 use them for. And we've also used them for peer
11 review in some cases. So a blanket statement that
12 says we will not be influenced by the NRC, I will
13 disagree with. But I think in this case we were --
14 we looked at what the NRC said. We made our
15 decisions. We made them public. And we're moving
16 ahead. And you know, Mike, you brought up the water
17 modeling and what was said in the NRC report. We
18 agree with some of what the NRC said in that report
19 about simplified models. We put that information
20 forward. The Navy has agreed to fund the water
21 modeling. And so I'm not sure there's any
22 disagreement at this point. I mean we're moving
23 full speed on the water modeling. And the water
24 modeling is critically important to every piece of
25 the epi that we do. So you know, we're going ahead.

1 **MR. ENSMINGER:** You know, there's one thing I don't
2 understand, Dr. Sinks. And that is you said that
3 you are participating now in conversations with the
4 Department of the Navy and the NRC about this
5 subsequent contract. For what purpose? The hell
6 with it. Let them go. I mean they have nothing to
7 do with ATSDR and your work. If they want to
8 contract them, fine. They have to justify spending
9 that \$600,000.

10 **DR. SINKS:** You are correct on part of that, but the
11 other side of it is there may be an opportunity
12 there to do something that's constructive and
13 answering some of the questions we need to. And if
14 I can do that, why not? So you know, maybe I'm too
15 optimistic. If we can't, we can't. But I don't see
16 much danger in trying, as long as it's something
17 that will work for us.

18 **MR. STALLARD:** All right. Thank you.

19 **MR. BYRON:** I'm sorry, Dr. Sinks, could you give us
20 a quick update on have you heard anything from the
21 VA concerning your letter?

22 **DR. SINKS:** I have had no response back from the VA.
23 And I frankly don't know where they are in terms of
24 doing the review for a presumptive service
25 connection. We've heard -- our last letter to them

1 was, I think, pretty focused on that. But we've not
2 heard anything back, and my guess is there's nobody
3 from the VA here. And we had asked them if they
4 would participate. So you know, no, we haven't. I
5 -- you know, the last few months have been months of
6 ratcheting up of high level letters going back and
7 forth, not just between us and the Navy but between
8 Congress, and many, many briefings. And while that
9 is influential and important and it's good to know
10 that there's a lot of interest, it also is chilling
11 in terms of, you know, how some people may feel, I
12 don't want to get myself involved with Camp Lejeune,
13 it's too high profile and there's too much at stake.
14 And so that may have something to do with it. I
15 don't know. But I have not had any connection or
16 contact with the VA other than that letter.

17 **MR. ENSMINGER:** Well, and then with my discussions
18 with the Senate Veterans Affairs Committee staff,
19 they are working feverishly right now that they are
20 going to try to get somebody here from the VA for
21 every meeting, as this is an emerging issue. It's
22 more than emerging. The damn thing is sticking out
23 like a sore thumb. But they recognize the fact that
24 somebody should be here for at least these staff
25 meetings. So it's coming.

1 **MR. BYRON:** I've been on the Senate Veterans Affairs
2 Committee member also by Senator Brown. I'm not
3 really getting that feeling, but I know you have a
4 little closer contact with what's going on.

5 **MR. ENSMINGER:** Well, I'm talking to the staff.

6 **MR. BYRON:** To the staff.

7 **MR. ENSMINGER:** The actual -- some of the staff
8 members of the Veterans Affairs Committee.

9 **MR. BYRON:** So is there going to be action
10 happening?

11 **MR. ENSMINGER:** Yes.

12 **MR. BYRON:** Okay. Thank you.

13 **MR. STALLARD:** I guess the question I have at least
14 for -- is there any plan to follow up on the letter
15 to which was not responded? Is there any --

16 **DR. SINKS:** With the VA?

17 **MR. STALLARD:** Yeah.

18 **DR. SINKS:** You know, my attention has been focused
19 elsewhere. So it hasn't been something I really
20 developed plans for. I'm willing to consider it and
21 keep open-minded on it. But really, the short-term
22 issues here, that we're getting these funding issues
23 resolved so we can enfold the science as soon as
24 possible. That's really where I want to focus. And
25 that's really the short-term critical issue. And

1 like I said, I'm optimistic that we will be able to
2 resolve this in the short term.

3 **MR. BYRON:** And this is Jeff. I think that we could
4 probably put some kind of statement to the fact that
5 they haven't even responded to the letter from ATSDR
6 on the website and possibly put a little pressure on
7 them. I'm not sure. But we should do something to
8 let the people know that they are not even
9 responding to us.

10 **MR. ENSMINGER:** To what?

11 **MR. BYRON:** The VA is not responding to Dr. -- that
12 the VA is not responding to Dr. Sinks's letter.

13 **MR. ENSMINGER:** Has ATSDR got a response back from
14 the Department of Navy yet on your final dispute
15 resolution?

16 **DR. SINKS:** The only written response is an e-mail
17 inviting the pertinent discussion and verbal
18 discussions on it, but nothing officially in
19 writing. And I don't expect we'll get something
20 officially in writing until they have, you know,
21 made their final determination at this step. But
22 that's really where we are.

23 **MR. ENSMINGER:** Now, in their response back to
24 several senators' letters they state that your
25 December revised APOW is something of great

1 consideration for them. What was so earth-
2 shattering in your revised APOW of December that's
3 changing anything or making them back up and
4 reconsider?

5 **DR. SINKS:** You know, I don't know the exact
6 language. So I'm going to take a guess here, Jerry.
7 When they responded back to us in, was it, late
8 October when we got their response, when they said
9 they would go ahead and fund something that they
10 were concerned about the pilot study, we were
11 operating at that point that because of what we --
12 the problem we had had with the funding of the
13 research contract last year, where our program
14 grants office was telling us we had to fully fund up
15 front the research contract for both the mortality
16 study and the health survey and we were to fund
17 them. And we got bids back that were three to four
18 times the amounts that we were predicting for the
19 health survey. We -- so we were dealing with that.
20 And then when we set up the 2/20/10 -- is it 2010,
21 2010? What is it? Have the discussion 2010, APOW,
22 we proposed a pilot study which would have been
23 funded -- fully funded through the first year, which
24 was, I don't know the amount, but it was a couple of
25 million dollars. We were then asked to not do the

1 pilot study. So the revision that went forward
2 asked for full funding for the entire health survey,
3 which was a lot more money than they had spent. And
4 I think it surprised them. I think they didn't
5 realize the consequence of how we would react in
6 terms of not doing the pilot study. Now, I have had
7 further discussions with the head of the program
8 grants office for CDC specifically on this issue of
9 does this actually have to be fully funded in one
10 year, something that's going to take three years and
11 may cost eight million dollars. Do we have to have
12 the obligation before we start? There's some
13 flexibility there it seems. Has it been totally
14 worked out when you're dealing with these -- you
15 know, with people who are the financial people that
16 --

17 **MR. ENSMINGER:** They're called bureaucrats.

18 **DR. SINKS:** Yeah. I was going to say that word, but
19 you've called me that before, and I didn't want to
20 put myself in that boat. Rightfully so, Jerry. So
21 anyway, we are working on the flexibility to see if
22 we can do this in a way that is -- the funding comes
23 over a couple of years, because it's a large amount.
24 So it may be that their concern was that suddenly
25 the APOW went from X to two times X or three times

1 X.

2 **MR. WILLIAMS:** It went from eight million to 16
3 million.

4 **DR. SINKS:** Two X. And I don't blame them for
5 swallowing. The first thing I did when I saw that
6 was I said I need to talk to the head of our program
7 grants office, because I want to make sure that the
8 information we're getting is correct. I've since
9 determined that there's more flexibility there than
10 we were being told. And so it won't be to that
11 extreme, but we'll have to figure out how to
12 partition it in a way that will work. That's to be
13 determined. So Caroline and others are working on
14 that now.

15 **MR. PARTAIN:** And Dr. Sinks, real quick. When you
16 were talking about the water modeling and moving
17 forward -- and I do know that -- and thank you for
18 what -- you know, for making the statements. I
19 wasn't saying you weren't doing anything. But my
20 whole point with the NRC issue is that -- you know,
21 unless it's specifically addressed, it will come
22 back. And I hope I'm wrong on this, but I'm sure if
23 there's an available water modeling result or some
24 time in the future that we'll hear this NRC contract
25 has justification why it shouldn't be pursued and

1 why it went -- nip it in the bud now to get it
2 resolved, because people who are not equally
3 involved in this don't know that ATSDR has specific
4 issues with the NRC report. We do because we're
5 here, but people making the policy decisions don't.
6 And all they see is the NRC. That was the whole
7 point of what I was trying to bring out earlier.
8 Thank you.

9 **MR. TOWNSEND:** Dr. Sinks?

10 **MR. STALLARD:** Yeah. Tom, go ahead.

11 **MR. TOWNSEND:** Hi, Dr. Sinks. Tom Townsend. I have
12 been in contact with the VA over the last year. I
13 have a claim pending. And everything I get back
14 either from Washington, DC, the admiral that you
15 send letters to, he doesn't answer me either. But I
16 do give letters. And the VA is waiting for your
17 information on the study. They don't plan to go
18 forward until they -- until you finish up the water
19 modeling.

20 **MR. STALLARD:** Do we have copies of those
21 correspondences?

22 **DR. SINKS:** Thanks, Tom. It's nice to hear from
23 you.

24 **MR. TOWNSEND:** Yeah. What correspondence?

25 **MR. BYRON:** Tom, I think they're asking if you could

1 provide that correspondence.

2 **MR. TOWNSEND:** Yeah, yeah, I can. It's normally --
3 it's probably the same thing you get back, nothing.
4 But --

5 **MR. BYRON:** I actually go to Washington and talk to
6 them, and I've still got nothing. So...

7 **DR. SINKS:** I'll just point out to Mike that if the
8 VA has actually made that determination, then it's
9 showing that they are not listening to the NRC
10 report either. Because the NRC was very clear that
11 they felt that policy decision were about to start
12 and not await further science on the issue. And
13 that's something we agree with.

14 **MR. ENSMINGER:** But you know, let's face it, eight
15 million bucks to the Department of the Navy? Come
16 on, guys. Hell, you spilled that much damn fuel
17 underground, more than that. Why don't you just
18 take the damn money you were going to recover on all
19 that fuel and use it on the studies for all the
20 people you've poisoned?

21 **MR. STALLARD:** All right. Anything else for Dr.
22 Sinks?

23 **MR. ENSMINGER:** Hammer 'em.

24 **MR. BYRON:** Till you get it.

25 **MS. BRIDGES:** And thank you for coming.

1 **DR. SINKS:** The only problem is when the military
2 buys a hammer, it's too expensive.

3 **MR. STALLARD:** Well, we're all hopeful that your
4 optimism will translate into action. Thank you.

5 **MS. BRIDGES:** Right. We appreciate him coming.

6 **MR. BYRON:** I need to speak to all the members of
7 tftptf.com after this, okay? Two minutes. So don't
8 run out of here.

9 **MR. STALLARD:** Okay. So let's see where we're at.

10 **DR. BOVE:** In fact, you guys don't run out of here
11 because I have to give you your voucher information.

12 **MR. STALLARD:** What time are we supposed to wrap up
13 by?

14 **MR. ENSMINGER:** You were supposed to have done that
15 at lunchtime, Frank, when we came back?

16 **DR. BOVE:** Right.

17 **MR. EVANS:** Three o'clock.

18 **MR. STALLARD:** Three o'clock.

19 **DR. BOVE:** Well, I was busy.

20 **FUTURE STUDIES (cont'd)**

21 **MR. STALLARD:** All right. Listen, do you have more
22 to add here where we have future studies, DMDC,
23 barrack locations of units, funding, male breast
24 cancer, cancer incidence?

25 **DR. BOVE:** Yeah. I don't know if Dr. Davis is still

1 on the phone.

2 **MR. STALLARD:** Devra?

3 **DR. BOVE:** She may not have been able to. But also,
4 before we talk about male breast cancer, I want to
5 make sure Dick is around. So...

6 **MR. PARTAIN:** Real quick. Before we get going, I
7 just wanted to -- before we had a break for Tom, I
8 wanted to point out something. When we were talking
9 about the USTs and RCRA and everything, you know,
10 Jerry has pointed out in his presentation about
11 pulling the USTs out and putting them under the RCRA
12 program. The EPA very early on in 1990 during a TRC
13 meeting, their representative, Victor Weiz*, when
14 talking about pulling the USTs out, made an
15 observation. He said if this was an isolated area
16 separated from Hadnot Point, you know, we would
17 agree with that. But as strictly an underground
18 storage tank program, we feel that it's part of
19 CERCLA program as well and should meet all the
20 technical administrative requirements of CERCLA.
21 And the EPA had a huge problem with them pulling the
22 USTs out because of the mixed contaminants. How it
23 ended up washing out in 1994, that's another mystery
24 we've got to figure out. But you know, the
25 petroleum exclusion that Scott was talking about

1 earlier, yeah, it does apply when you have a single
2 contaminant. You pull it out under the UST
3 petroleum exclusion. But it's not -- when you're
4 mixing in solvents, petroleum and everything, it
5 stays under CERCLA. And somehow or another, it's
6 gone. So I just wanted to emphasize that point, in
7 fact, when Jerry and Scott were talking earlier when
8 we had to break off for Tom. So...

9 **MR. STALLARD:** Thank you.

10 **DR. BOVE:** Until Dick comes back, I just wanted to
11 say a few things about future studies. And one of
12 the things that was asked about in the last CAP
13 meeting was this DoD cancer registry. And I was
14 going to go back and get some information. And
15 actually, a study came out in June of this year,
16 June of 2009, which used this DoD cancer registry
17 and compared it to the National Cancer Institute's
18 registry, the SEER registry. And it looked at all
19 military. It didn't break it down by service and
20 compared cancer rates between the two registries.
21 Okay. And what they found was that certainly there
22 is a concern of underreporting in the DoD's cancer
23 registry. Although at the same time they found some
24 interesting findings that there was some cancer
25 rates that were lower in the military population for

1 colorectal cancer and possibly lung cancer. But
2 they also found increases in female breast cancer,
3 prostate cancer and so on. So there are some
4 cancers that were lower than the -- in the military
5 population than in the SEER data and some that were
6 higher. And their conclusion basically was why --
7 the same conclusion we've come up with, which is you
8 cannot simply compare the military population to the
9 general population, that you need a military
10 population as a comparison. So this -- I can get
11 this study to you if you're interested. It came out
12 in June, 2009. And so I'll send it to the CAP
13 members if -- you know, if you're interested. But
14 that's why we can't use just the DoD's cancer
15 registry. And we never were planning on doing that
16 anyway. But you certainly couldn't do a study just
17 based on their registry.

18 **MALE BREAST CANCER**

19 **MR. PARTAIN:** Hey Frank, speaking of the DoD cancer
20 registry, I have seen a report that was a study on
21 breast cancer in the military, there was an article
22 about it, and they had identified 614 or 641 cases
23 of male breast cancer in the VA system.

24 **DR. BOVE:** VA system, yeah.

25 **MR. PARTAIN:** Are you able to contact them and find

1 out how many of these gentlemen that are in the
2 system who are former marines at Camp Lejeune?

3 **DR. BOVE:** We haven't asked to do that. I don't
4 know if we could do that or not.

5 **MR. PARTAIN:** Like I say, that's a truly significant
6 number, a lot. That's a good glob of them in there
7 so I wonder how many of them are marines.

8 **DR. BOVE:** Like how many of them were at Lejeune,
9 yeah. Right now we were pursuing the two studies we
10 were trying to get funded, and another possibility
11 has always been a data linkage effort which would be
12 something like that which would go -- which would
13 ask cancer registries if they have any cancers among
14 the at least the DMDC personnel we have.

15 But what you're talking about is more of a
16 focused male breast cancer study, and that's
17 something we can talk about when Dick's back in the
18 room so maybe we should move right into that as what
19 are the possibilities and the options there.

20 Just quickly, I don't know if Tom asked me
21 to do this -- I can't remember now who asked me to
22 do this or whether I just did it, but I did a power
23 calculation, trying to figure out how many male
24 breast cancer deaths we find in the mortality study
25 we expect based on the national rates, okay, and

1 also how many we expect to see in the survey, okay.
2 We still have other cancers, but now I focus on male
3 breast cancer, and what I found was, what I thought,
4 was that you expect very few male breast cancer
5 deaths in the mortality study. And particular if
6 you use a 10-year lag -- so in other words, you have
7 to have been exposed and then 10 years later we
8 start following you. We expect about three cases of
9 male breast cancer deaths in the mortality study;
10 use a 20-year lag, it's two cases. So that's pretty
11 much what I thought, that it's such a rare disease,
12 that this is such a young cohort, that if you use
13 national rates which you remember -- and I have them
14 actually here with me -- in the younger age groups
15 you hardly see any at all; it's a very tiny rate.
16 So this is what I would expect.

17 Now for the survey, we're not talking about
18 deaths now, so they're assuming -- I think I was
19 assuming the 50 percent participation rate at this
20 point and about 11 cases would be obtained that way
21 in the survey, be expected, with a 10-year latency
22 and about nine cases with a 20-year latency, so
23 there are more cases there, but still a small
24 number. So it will be interesting to see what
25 happens with these two studies.

1 **MR. PARTAIN:** When you say that, okay, the second
2 figure, you're talking about the health survey, not
3 the mortality?

4 **DR. BOVE:** Yeah, the health survey with 50 percent
5 participation. I mean we don't know how they will
6 participate, so I'm just throwing that out. In the
7 power calculations they give for the protocol, we
8 assume 65 percent participation so we do have -- the
9 numbers will be a little bit higher. But basically
10 in the ballpark that's the number of male breast
11 cancer cases we expect to get in the survey if their
12 rates in Lejeune's population is the same as general
13 population.

14 **MR. PARTAIN:** And what kind of population or figures
15 you're basing the 11 to nine cases out of?

16 **DR. BOVE:** Out of the 50 percent participation of
17 the number of people we assume will be in the
18 survey.

19 **MR. PARTAIN:** And how about -- do you have a number
20 on that?

21 **DR. BOVE:** Top of my head it's 210,000 -- at that
22 time I was using the previous DMDC data that -- the
23 iteration that the Marine Corps's been using for the
24 notification effort. So in that, DMDC data was
25 210,000 marines and navy personnel. We estimate

1 another 29,000 or so from the ATSDR survey, so
2 something like, yeah, I think that's about right so,
3 and then 50 percent of that, and then using the
4 cancer, male breast cancer incidence rates.

5 **MR. PARTAIN:** These are just marines, not
6 dependents.

7 **DR. BOVE:** No, this would be throughout.

8 **MR. PARTAIN:** Okay.

9 **DR. BOVE:** Let me, one second. No, I'm sorry, this
10 -- these power calculations were just for marines,
11 not their dependents, to make it easy. So there
12 will be a few more cases, but again, those people
13 will be the younger, right, dependents, so you
14 probably expect -- on the end, so adding them in
15 wouldn't really add too many more to the expected
16 number. That's why we did that. So maybe one or
17 two extra cases more, but we're still talking 11,
18 12, 13 cases expected, based on the national rates.
19 Again, that's because it's such a rare disease and
20 this is such a young cohort.

21 **MR. STALLARD:** Is that incidence?

22 **DR. BOVE:** Yeah, I've used both mortality rates and
23 cancer incidence rates. In both cases -- if I can
24 quickly -- I mean if you get for incidence rates, I
25 got them both from the SEER rates and also from

1 CDC's WONDER, which is national rates from cancer
2 registries, and they don't even give you rates until
3 age 25; they suppress them. That's how small they
4 are. And then beyond, I mean, the crude rate per
5 hundred thousand between 25 to 29, they give you a
6 zero. So it's less than zero per hundred thousand.
7 And so you don't get, you get one per million
8 basically in the 30 to 34 age group. We're talking
9 tiny numbers, okay, and since the cohort is most of
10 the person time for this cohort is in the younger
11 age years, the number of expected cancers is
12 practically nothing. And so that's why, even though
13 it is a lot of people, okay, you get these numbers.

14 **MR. PARTAIN:** Now as far as definition with male
15 breast cancer, in talking with Dr. Davis, she's
16 including breast tumors in men, because we've had
17 some men report that they were diagnosed with breast
18 tumor, had the mastectomy and everything, but it was
19 not cancerous or it was what they call precancerous.

20 **DR. BOVE:** Right.

21 **MR. PARTAIN:** Those are included when you use the
22 terminology in male breast cancer, or are you
23 strictly dealing with ^ malignant?

24 **DR. BOVE:** Yeah.

25 **MR. PARTAIN:** Okay.

1 **DR. BOVE:** I don't know if there are reads for the
2 others. Dick?

3 **DR. CLAPP:** I think that if there are reads for the
4 tumors, it would be recent and -- because a lot of
5 cancer registries didn't even count those until
6 recently, and even less likely would there be tumor
7 rates for males, for male breast cancer, it's more
8 likely like in female breast cancer where you would
9 see that.

10 **DR. BOVE:** Okay, so you've got a handle then of what
11 -- the mortality study will be difficult to look at
12 male breast cancer. We'll look at but we'll
13 probably begin with small numbers. On the other
14 hand, if there's a large number of male breast
15 cancer deaths in our cohort, then that's going to be
16 an amazing finding. That's going to stand out. So
17 I'm just saying you know, but we are going to be
18 dealing with small numbers as opposed to say, kidney
19 cancer where there are 30 to 40 expected in the
20 mortality study for example. So there's many more
21 and then you can see, we can detect lower at risk,
22 okay. So given that, okay, and given also the fact
23 that the survey is not focused on male breast
24 cancer; it's not focused on any cancer in
25 particular. In other words, we're not asking a lot

1 of questions such as questions Dr. Davis was
2 bringing up which is were they working with radar,
3 were they working with microwaves in any way, for
4 example. We don't ask those questions in the
5 survey.

6 For other cancers that are other risk
7 factors, we don't ask about diet, for example; we
8 don't get into diet questions. So we've -- if you
9 wanted to focus on male breast cancer specifically,
10 you'd want to ask additional questions than what
11 we're asking in the survey, okay. So there are a
12 couple of options, and Dr. Davis sent me an e-mail,
13 a while ago now, where she threw out the idea of
14 doing a questionnaire. She has a lengthy
15 questionnaire that she developed it says in 1994, so
16 we can update it, but she has a questionnaire and at
17 that time there were about 50 cases that she knew of
18 through the ACNN -- there are probably more now, but
19 that's when she wrote it --

20 **MR. PARTAIN:** We're up to 55, by the way.

21 **DR. BOVE:** Fifty-five, okay, so it's not that
22 different. Okay, and then she wanted to --- she
23 proposed that we would contact these people, ask
24 them to provide the medical records, we would send
25 them -- use the internet; she wanted to use the

1 internet for the questionnaire and get some
2 particular information of risk factors that we think
3 are related to male breast cancer or known to be
4 related to male breast cancer.

5 So that was her suggestion, and what I
6 responded to her was that I thought about two
7 possibilities, and then we can talk about other
8 possibilities as well. And the first one was that
9 we will be getting, as I said, some male breast
10 cancers identified through the survey, and we could
11 then ask additional questions of them, sort of a
12 nested, what they call nested case control study.
13 So use the male breast cancers identified in the
14 survey, ask them additional questions, get a
15 comparison group from the survey as well, and ask
16 the same questions to see what we find. So that's
17 one approach.

18 Another approach is to -- sort of on the
19 line you're moving in, Mike, which is to try to find
20 ways to identify as many male breast cancers as
21 possible in the marine population, let's say, and
22 then see how many are Lejeune marines and again,
23 through that kind of case control study which would
24 include Lejeune marines as well as non-Lejeune
25 marines who had male breast cancer as a case control

1 study, okay. And then a sample from the survey who
2 didn't have the disease. So again, these are some
3 options.

4 A third option is just to treat this as a
5 cluster investigation kind of an approach where you
6 get as much information as you can from the male
7 breast cancer cases; you don't necessarily have a
8 control group, you're trying to find out what ties
9 them all together, okay, in a particular part of the
10 base, were they there in a particular time period,
11 okay. Given the information we have from the water
12 data, what were there exposures, we thought, what
13 did they have for occupation, so on and so forth,
14 and see if, if first of all there's nothing that
15 ties them together except the drinking water, then
16 that would be interesting to know.

17 So these are the different approaches to it.
18 The other is to just wait and see what we get out of
19 the mortality and health survey and decide what to
20 do beyond that because there's some question as to
21 whether there is an excess in male breast cancer or
22 not. And so we don't know because we don't know the
23 denominator at this point other than there are 55
24 cases that have been identified. So we could wait
25 and see what comes out of the two studies we're

1 doing and then determine if we need to go further,
2 and that would be true not only with male breast
3 cancer but any cancer that came out of those two
4 studies that look extremely interesting. We might
5 want to pursue that further with an ^ case
6 controlled type approach, okay.

7 So Dick, did you have -- want to weigh in
8 here at all?

9 **DR. CLAPP:** No, those are the things I agree with.
10 I think we actually, when you got the epidemiology
11 group together, those are the things we talked about
12 and it's following through on that. I would say
13 also that I don't know how this conversation
14 started. I was out in the hallway, talking with Dr.
15 Sinks about something completely separate having to
16 do with Cape Cod and a letter that he got from
17 something on Cape Cod, so I missed the first part of
18 this.

19 **DR. BOVE:** Right, and we are planning -- Dr. Sinks
20 mentioned that we're going to have a panel of
21 everyone and call it ongoing group of
22 epidemiologists who will assist us, just like the
23 epi panel we had before and be able to hopefully
24 bounce these ideas off of them too for their
25 recommendations. Dick was on that panel, and I'm

1 sure he'll be on that again, and we would -- if you
2 can, but yeah, we will have a group of
3 epidemiologists that will help us on this. So this
4 is where we're at on this right now.

5 **MR. STALLARD:** Anything on the agenda in terms of
6 updates? Mary, do you have anything for us? No.
7 Have we talked about the barracks locations?

8 **BARRACK LOCATIONS OF UNITS**

9 **DR. BOVE:** Oh, yeah. I've been going through the
10 Command Chronologies once again. I've looked
11 through some before; there's not a whole lot of
12 information there. I didn't have time to prepare --
13 I'll do this for the next CAP meeting -- is to come
14 up with a list of units that I do have but also
15 which units I think were not on main side is
16 basically what I want to do because then the rest
17 are on main side, and see if we can reach agreement
18 on that. You can take that back with you and ask
19 your friends who were at the base to see if this
20 jives with what they remember about where the units
21 were stationed. So I'll try to get that ready by
22 next time.

23 So that's still ongoing. Just to back up on
24 that, about two years ago, Perri and I and Jerry was
25 there and a few others, met in Camp Lejeune, and

1 Scott was there, and we discussed these issues. We
2 discussed with the industrial hygienists there about
3 the kinds of exposures that workers might get back
4 then. And then we also talked about the units that
5 were, we thought were at the base and wherever they
6 might be barracks. Since then Scott and others I
7 guess have worked through a lot of documents to come
8 up with a new list of units that were there, a
9 better list than the ones that was used previously,
10 than used by the DMDC to give us this data that we
11 now have. So we have a better list now of which
12 units were on base --

13 **MR. WILLIAMS:** The names of the units, not
14 necessarily the location.

15 **DR. BOVE:** Yeah, their names and the RUCs, the unit
16 codes. So they're different, not that different,
17 but it is different from the previous one. The
18 previous one really I don't think was -- was sort of
19 slapped together rather quickly. And I think this
20 one is a much better list. And so...

21 **MR. WILLIAMS:** There's very little difference in
22 total number. I just brought forward the unit names
23 and queried the DMDC data. There was no need to
24 have the unit names, but I brought these forward, so
25 there's not that much difference in the data per se

1 other than now we have the names of the units which
2 wasn't useful in querying the DMDC data.

3 **MR. BYRON:** Well, would it help us to ask members of
4 the website where they were at, what their unit was,
5 and where they were located? I mean would that help
6 you at all?

7 **DR. BOVE:** That always is helpful. That's what I'm
8 hoping --

9 **MR. ENSMINGER:** It is and sometimes it isn't, you
10 know. A lot of these guys, they don't have a damn
11 clue.

12 **MR. BYRON:** But for the ones who do...

13 **MR. ENSMINGER:** I've talked to a lot of them and
14 you know, they --

15 **MR. BYRON:** Our controllers were at New River Air
16 Station. I mean they weren't up at main side.

17 **MR. ENSMINGER:** I'm talking about these guys, a lot
18 of these guys over at main side, you know you ask
19 'em, hey, what unit were you in? And they tell me
20 what unit they were with and I say, you remember
21 where your barracks were on the base? I said, well,
22 can you describe your surroundings? You know,
23 something you remember? I mean, it's difficult, I
24 mean and then historically we had force troops. I
25 mean, these command structures change and are

1 continuing to change over the years. Unit force
2 troops back then. They had a unit called second
3 FAG. How'd you like to be in that unit? You know,
4 basically -- It was field artillery group. And it
5 was part of, it was part of force troops which later
6 became FSR -- or no, FSR fell under force troops
7 which all that later became second FSSG, or the
8 force service support groups, which now they've
9 changed that. But identifying these people by their
10 commands is going to give you a much better idea of
11 where they were billeted at the base, okay, because
12 most of second FSR, or force troops, were at Hadnot
13 Point, for the lion's share of it.

14 There's a question at second marine division
15 about eighth marines. Eighth marines moved back and
16 forth across the damn river I don't know how many
17 times. And I also understand that they may have
18 flip-flopped periodically with sixth marines. So I
19 don't know, that's something we're going to have to
20 check out. The second marine division's command
21 chronology should have that; the headquarter's
22 command chronologies should have what units they had
23 where.

24 **DR. BOVE:** Right, and I don't have the full set of
25 command chronologies. What I do have is the

1 headquarter's command chronologies. Does that make
2 sense? And then a few additional command hard
3 copies of command chrono -- For a particular --

4 **MR. WILLIAMS:** What do you mean when you say
5 headquarters?

6 **DR. BOVE:** Whatever that was --

7 **MR. WILLIAMS:** You mean Marine Corps base.

8 **MR. ENSMINGER:** Yeah, the (indiscernible). Don't
9 have the division one or the force troops one.

10 **MR. WILLIAMS:** You have some of the FSSG ones.

11 **MR. ENSMINGER:** FSSG. I'm talking about the actual
12 force troops command element, or the headquarters,
13 or second marine division's command chronology.

14 **DR. BOVE:** Right, Scott corrected me. Yes, that's
15 what I have, a few hard copies of, a very few. And
16 what -- for particular units where we have some
17 question on one we'll probably have to go to the
18 library to --

19 **MR. ENSMINGER:** I mean I know this stuff's available
20 somewhere. I mean if they can come up with damn
21 General Pete Ross's damn pay record from back in
22 Guam when World War II when he was a second
23 lieutenant, damn it, they can find out what units
24 were at Camp Lejeune and where they were at.

25 **MR. WILLIAMS:** Command chronologies are in the Gray

1 Research Center (indiscernible), especially a lot of
2 their (inaudible), and so anything we have would be
3 archived there.

4 **DR. BOVE:** And that's the next step; yeah, yeah,
5 that's the next step. Let's see if we can focus --
6 let's narrow the scope of what I have to do when I
7 go to that library and see if we can do that so
8 there are only a few units we're not sure about and
9 then, and periods of time, and then we can do that.

10 **WRAP-UP**

11 **MR. STALLARD:** Okay, so that's a perfect segue for
12 wrapping up. That's a next step that you're
13 involved with?

14 **DR. BOVE:** Right, right, but you know, maybe this is
15 a discussion that has to happen between Jerry and
16 Jeff, but I do think that using your website to ask
17 people whether they were main side or not, it's a
18 simple question, not exactly where on main side
19 'cause that's not interesting, just whether they
20 were on main side or not. That's all I need to
21 know.

22 **MR. STALLARD:** All right. Well, I think that we're
23 coming to the end of our meeting today. We're
24 looking forward to the updates for the next meeting.
25 Do we expect to have some congressional action, you

1 think, between now and the next meeting?

2 **DR. BOVE:** Got to have some resolution.

3 **MR. BYRON:** I hope we'll have a VA rep by then.

4 **MR. STALLARD:** Okay, so for --

5 **MR. PARTAIN:** On the mortality study, we talked at
6 the last meeting about deadlines and the cloud of
7 bad things that would happen if we don't receive
8 funding by the end of this month. What's the status
9 on that and what are we looking as far as delays?

10 **DR. BOVE:** My understanding is it was extended to
11 sometime in March, so you know we need to get a
12 resolution. We can hold on to the bids and the
13 proposals we got from our contractors up until some
14 time in March; I don't know if it's the end of March
15 or middle of March, but some time in March. So I'm
16 hoping that the decision gets made before then.
17 Otherwise, we'll have to go through the process
18 again and that will certainly delay things.

19 And as to the survey, we have to put it out
20 again and get bids in, so that's already going to be
21 delayed quite a bit. I'm hoping that, again, the
22 decision's made quickly there soon, that we could
23 start the survey process by -- soon, before the end
24 of this fiscal year so that at least the
25 questionnaire could be computerized so there could

1 be a web version and the addresses of, current
2 addresses could be at least identified before the
3 end of fiscal year. That's the hope.

4 What we've been talking about when Tom said
5 that we were trying to split things up, one idea is
6 to split it up, the contract first, get the current
7 addresses, and get the survey on the web version of
8 the survey. That would be, again, -- this fiscal
9 year, the next fiscal year do the -- all of the
10 mailings and the encouragement of participation and
11 assemble that data and then the third, the next
12 fiscal year would be medical records verification.
13 You can split up -- I mean it's not ideal but you
14 could split this up if necessary to satisfy both our
15 grants office and the Navy. Work could be split up
16 that way, for example. You know, as Tom said, we're
17 negotiating this with the Navy and we'll see what
18 comes up.

19 **MR. PARTAIN:** As far as money goes, if money was in
20 the ^ January 1st, you guys would be proceeding with
21 the mortality study at this point?

22 **DR. BOVE:** Sure.

23 **MR. PARTAIN:** And the survey sort of pilot study.
24 And as a consequence --

25 **DR. BOVE:** Well, with the survey we had to put -- we

1 still -- 'cause that was put out a while ago. We
2 had to put that out again.

3 **MR. PARTAIN:** Okay. So the survey would have to be
4 renegotiated anyway, so...

5 **DR. BOVE:** You have to put it out again for the
6 contractors to bid on it with their proposals.

7 **MR. PARTAIN:** And when did that, when did that
8 deadline pass? I'm just interested in learning --

9 **MS. HARRIS:** We would have to put it in on the
10 second, but we would have to put it in with no money
11 because we don't have any. Then when we get money,
12 we'd have to go back in and amend it to add the
13 funds.

14 **MR. PARTAIN:** That was my point I'm getting at, is
15 right now, because the money's not in, we've got a
16 90-day delay on the mortality study, basically doing
17 nothing. And I don't, I'm trying to quantify what,
18 how many months are we now being delayed with the
19 survey because the money's not in. I'm making a
20 point for the record.

21 **DR. BOVE:** Yeah, well, yeah.

22 **MR. STALLARD:** So for our next meeting, we'll look
23 at a date in April; is that about right? That's
24 three months from now, right?

25 **DR. BOVE:** Perri will be back then.

1 **MR. STALLARD:** Perri will keep us --

2 **DR. BOVE:** So when would you like to have the
3 meeting, Perri?

4 **MS. RUCKART (by Telephone):** That's what I said,
5 have it on a day that I won't be working. No, I
6 mean, I mean, I'll be working. I'll be working
7 part-time; that's why I said that.

8 **MR. STALLARD:** Okay. Well, we'll coordinate, I
9 think, via e-mail on that. We're still looking at
10 resolution of the funding issue, I think we're going
11 to look for an update from the CAP members next time
12 in terms of progress made of the various fronts that
13 they're using. I think there's still an outstanding
14 issue between Major Evans' office and Morris about
15 getting those documents and the report synced so
16 that you can get a response to the documents that
17 you'd like to see and those that they can release,
18 right? Did you understand all that?

19 **MR. EVANS:** Morris and I talked about it, and I plan
20 to get him -- we plan to work together to get him
21 what he needs in order to release what's releasable.

22 **MR. STALLARD:** Okay. And our goal would be that
23 that happen preferably before the next meeting, if
24 at all possible. So that's a couple months -- I
25 don't know -- you know, we're optimistic. You heard

1 it said by Dr. Sinks; we're all optimistic so we'll
2 just put it out there that maybe we'll have some
3 progress on that front by next meeting.

4 **MR. EVANS:** Progress.

5 **MR. STALLARD:** Okay. Is there anything else?
6 Please file your TDY vouchers or whatever it is you
7 have to do. Frank, anything else?

8 **DR. BOVE:** No, maybe at the next CAP meeting we'll
9 have some information about the TCE risk assessment
10 that might be -- so we'll see with what comes off in
11 the next three months.

12 **MR. STALLARD:** Right. And I forgot to mention, and
13 the VA, of course, we made an outstanding issue that
14 we hope to have some resolution on.

15 All right. Thank you all. Thank you all
16 for coming. Safe journeys wherever you're going to
17 get home. And we'll be in touch. Thank you.

18 (Adjourned, 2:30 p.m.)

19

20

21

1

CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of January 21, 2010; 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 19th day of February, 2010.

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

2

3