THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

TWELFTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

APRIL 28, 2009

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room A, Atlanta, Georgia, on Apr. 28, 2009.

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

C O N T E N T S

Apr. 28, 2009

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

(alphabetically)

BOVE, FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC
BYRON, JEFF, COMMUNITY MEMBER
CIBULAS, WILLIAM, ATSDR
CLAPP, RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
FISHMAN, JULIE, NCEH/ATSDR
GERHARDSTEIN, BEN, NCEH/ATSDR
MCCALL, DENITA, COMMUNITY MEMBER (not present)
MENARD, ALLEN, COMMUNITY MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
SINKS, TOM, ATSDR
TOWNSEND, TOM (via telephone)
WILLIAMS, SCOTT, USMC

P R O C E E D I N G S

(9:20 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

MR. STALLARD: Good morning.

Tom, are you on the line?

MR. TOWNSEND (by Telephone): Yes.

MR. STALLARD: We are ready to start now. I'd like to welcome everyone to our CAP meeting here in April. And just to remind folks, that we've been meeting approximately quarterly since February of '06.

And for the benefit of new people who may be in the audience, I'll briefly state what is the purpose of the CAP, Community Assistance Panel. And that is to determine the feasibility of future scientific studies. And to do so with the full participation and transparency in working with the community and the agencies involved. That is the basic underlying purpose of this CAP.

So what we like to do in these meetings is to establish operating guidelines. As you can imagine, having this go on for so long and the process between science and

community and health, it can be a very tenuous situation in expectations and a lot of emotion-charged topics. So what we have is operating guidelines to keep us sort of focused and on task and moving forward to advance the notion of the purpose of the CAP to determine the feasibility of future scientific studies.

So one speaker at a time, and I'm speaking to the CAP here, because you'll see in a moment that the audience doesn't get a voice unless they're invited to speak, zero personal attacks, offer solutions where appropriate, have respect for the speaker, meaning not speaking over the speaker.

Speak into the microphones. You have to push the red button two times. So if any of you are a Luddite like myself and technically challenged, just practice that and push it twice when the red light comes on, you're speaking. Please put your cell phones on silent/stun so that we don't distract the discussion and the dialogue.

And for the audience that is here, I see some new faces, welcome to sunny Atlanta.

We're glad that you can join us for this open meeting. This is a federal facility. We have a responsibility to allow people to come who wish to come from the community and who have an interest in being here. But you're here to listen. You're here to be informed. You may speak if invited to speak.

And if you are invited to speak, because we know that the Panel knows that there are people in the audience that represent certain agencies that might have something to say or contribute to a particularly relevant question that the CAP has. So you may be invited to respond.

Now, there's a video team here. I think you've all seen them. They're on us, that's because, as I said, this is an open meeting, and in the interest of transparency they have been invited. They have been here before, and they are continuing to make, I understand, a documentary.

So with that what I'd like to do for the benefit of the court reporter -- this is all, all of our meetings are court reported. I guess is that the right word, court

reported? Documented. And also they are video streamed, so all of our meetings since February of ’06 are archived and have been videotaped and streamed. There are people watching us now.

So for the benefit of those in the room I’d like to go around and I’ll start with introductions. My name is Christopher Stallard. I am a CDC employee. I work for the Coordinating Office for Global Health, and I’ve been with this CAP since the inception, the beginning of the scientific expert panel.

DR. CLAPP: My name’s Dick Clapp. I’m an epidemiologist at Boston University School of Public Health.

MR. MENARD: My name is Allen Menard, and I’m a cancer survivor.

MR. PARTAIN: I am Mike Partain and a member of the CAP.

MS. BRIDGES: And I’m Sandra Bridges, and I’m a member of the CAP.

DR. BOVE: Frank Bove, a staff person at ATSDR, epidemiologist.

MS. RUCKART: Perri Ruckart, ATSDR.

MR. ENSMINGER: Jerry Ensminger, Camp

Lejeune CAP.

MR. BYRON: Jeff Byron, Camp Lejeune CAP, concerned father and grandfather.

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

MR. STALLARD: Welcome everyone. I'd like to take note that this empty seat here is CAP member Denita McCall who is not with us. She is quite ill as I understand.

And, Tom, would you introduce yourself, please, on the phone?

MR. TOWNSEND (by Telephone): Tom Townsend, member of the CAP.

MR. STALLARD: Welcome.

And I'd like to make it known that Allen Menard is a new member who has been invited to join the CAP.

You can see that we have an agenda before us that we've shared with everyone so that shouldn't be news to anyone. We're running a little bit behind schedule, but that's all right. What I'd like to do before I turn it over, I wanted to remind you that part of our process is to ask you what is it you want to achieve in this particular

meeting. And some of it's on the agenda and some of it may not. We want to establish your expectations so that we know how to move forward after the conclusion of today's meeting or if we're addressing what your needs are.

So the last meeting we had in December, the achieves that you expressed were to take down the public health assessment. And the 1997 PHA vanished, and a new PHA to reflect the truth and clarity on the Marine Corps dispute to the water modeling. And I think that, I think you're all aware that this week Morris is meeting with his panel of water modeling as well. And I think that you'll find out that since the last meeting we're going to hear about areas that have occurred to address these issues.

With that in mind is there anything, what is it that you'd like to achieve today? Panel members, what are your achieves?

MR. ENSMINGER: Today?

MR. STALLARD: Yes.

MR. ENSMINGER: I want to find out why benzene, which was in, at actionable levels,

in the water at Camp Lejeune, was not reflected in the Public Health Assessment. And I'd also like an answer from the Marine Corps and the Department of the Navy as to why those levels -- these documents were there. They knew these levels were there. Granted, ATSDR was at fault, some fault, for not including this in the Public Health Assessment. But why didn't you let them know it? They're your documents.

MR. STALLARD: Thank you, Jerry.

MR. BYRON: This is Jeff Byron. I'd like to see the VA participation in these meetings. I spoke to them concerning that we had -- not nominated, but made a motion to bring in a VA representative, and then to be honest, I suspect I forgot to assign responsibility to do that.

So I called ATSDR to let them know that I don't really have any official capacity to do this, you know, contact the VA. They basically told me they didn't have any contacts there either so they left it to me. I don't think that was right. I think ATSDR, Dr. Sinks, Dr. Frumkin, you guys need to send

a letter to them and get them involved.

Because now we're to the point where veterans are in areas of the country getting some help and other -- from what I understand, other veterans are being denied that help. So there needs to be a policy set forth that the VA can follow to allow that to occur so that all of the veterans are at least reviewed in the same manner. So that's one goal for me.

MR. STALLARD: Anyone else?

(no response)

MR. STALLARD: Okay, Tom has indicated that he may be able to respond to one of those.

So if you'd like to, come up to the table, whatever.

DR. SINKS: I'll do it here. I just want to make a suggestion.

Jeff, I think that's a very interesting idea, and in retrospect it's a shame we didn't come up with that at the last CAP meeting because, as you know, one of the requests from the CAP at the last meeting was this concern about how the VA was handling claims. And I volunteered at that time to send a letter to the VA, which I think you've

all seen, and I hope it was what you were looking for in terms of letter.

It would have been great to have written the letter in the style that I could have put that request in, so that's retrospect. If you want to take up the issue of the VA, let me ask you this. Let's not do it piecemeal. Let's do it as what are the issues you want us to think about with the VA so that I can, instead of doing this one CAP meeting after another CAP meeting.

If there's more than the one issue, Jeff, let's put them all on the table and I'd appreciate it if the CAP would have a more robust discussion about what interaction they'd like to see between us and the VA and provide some decisions to me so that I can think them over and do them more holistically rather than one at a time.

MR. TOWNSEND (by Telephone): Chris?

MR. STALLARD: Yes, Tom.

MR. TOWNSEND (by Telephone): I did make a written request to the Rear Admiral, Rear Admiral Dunne at the -- Under Secretary for Benefits at the VA. I said it'd be sort of

nice if the VA was involved in this.

MR. STALLARD: Did you get a response?

MR. TOWNSEND (by Telephone): Are you kidding?

MR. STALLARD: Had to ask, sorry.

MR. BYRON: This is Jeff Bryon again. I spoke to Dr. Mark A. Brown. He's with Environmental Service Agents. And I mentioned the fact that we wanted him to be on the CAP, and they spoke like they didn't really know what more they could do for, what they were specifying is that, you know, as long as that ATSDR's protocol to the VA for obtaining documents and so forth through Han Kang. You know, you guys all know him I'm sure. Right?

Frank, you know Han?

DR. BOVE: (inaudible response)

MR. BYRON: I know you've had some discussions. We've talked about him in the past. The protocol if it comes through is fine, but what the real problem is is how long will that take when somebody could be at the meeting, sitting here. They get the information here. They go back to start working on the database and getting the

information you need.

And the other thing that I spoke about is I asked about, well, what's the situation for children? Well, the VA explained that the only time they've ever got involved in providing any care for children was when Agent Orange, I guess, exposure had caused some veterans' children to succumb to spina bifida. I think very few were helped. And in this instance they relayed to me that the only way that that would occur is if Congress mandated that. So I don't know how we can proceed with that.

But I think there's been enough evidence as far as Tarawa Terrace is concerned to at least send a letter to Congress to say that these children were affected by the toxic water. Senator Dole stated that so I don't understand why the Armed Services Committee hasn't gotten involved with the VA and provided veterans' care and possibly looking at the children.

Because when you get right down to it, the most vulnerable group is the children, and they're getting absolutely no help. You know,

veterans deserve it, too. Don't get me wrong. But they're the parents of these children. How can you help one group and deny another, especially the most susceptible, the children? That's all I have.

MR. STALLARD: Thank you. Do you have anything else under the achieves, Jeff, you mentioned?

MR. BYRON: Yes, I did. One more is we've spoken several times about this letter for the health survey to the veterans, and I still see this General Payne on there. He means nothing to me, nothing, as a veteran. He's just another name. But if it says Commandant in front of there, which I know, Assistant Deputy Commandant, that's -- I want the Commandant or the President. That's whose name should be on that letter because you're asking for 85 percent participation in this study. You can't hardly get 85 percent of the people to show up for work half the time. There's just sickness and illnesses and problems in the family. So they're going to read this letter and, oh, General Payne. Okay, well, I'll get around to it, and then they forget about it.

My opinion is I don't know why you won't relent on this. What is so tough about getting a signature of the Commandant on this letter?

MR. STALLARD: We're going to talk --

MR. BYRON: Okay, that's good; that's good. Because that's a concern to me that that's not being handled properly.

MS. RUCKART: We can talk about that.

Denita, are you on the line? I heard someone just join. Did someone call in?

CAPTIONER: Hi, this is your captioner on the telephone line. I can hardly understand the last minute or two. It's very choppy.

MS. RUCKART: Okay, thank you. We'll try to speak loudly and clearly. Thank you.

MR. STALLARD: Thank you for calling in. Please don't hesitate to do that if you need to.

Okay, so what I have heard at least on this issue is that we would like -- Tom, Dr. Sinks has suggested that --

MR. TOWNSEND (by Telephone): Chris?

MR. STALLARD: Yes. No, not you, Tom, Dr. Sinks --

-- has suggested that as a CAP we sort of identify the universe of what is it that, you know, address the various needs that the VA could address. And so I think if we have time today -- we'll make time today to do that.

We've already spoken about a congressional mandate that the children being covered based on what we know already in Tarawa Terrace. So be thinking today what is it as a CAP that you want ATSDR to pursue with the VA.

So with that we're moving on, and still on the same subject. We're going to recap the last meeting then, and I'll turn it over to Perri.

RECAP OF LAST MEETING

MS. RUCKART: I'd just like to start off our current meeting by talking about what happened at our previous meeting, so just some action items from the December 18th CAP meeting. As Jeff mentioned, there was a motion. There was discussion at that previous meeting that CAP members would like to get a VA rep.

And as Jeff just said, we had

discussed with you that you could identify somebody. Tom just said that CAP can give some more feedback, and we can discuss that. We want to wait and see if there's any discussion about that in the NRC report that's going to come back, come out on May 6th.

And Frank and I had discussed this issue, and we were thinking that it would be best to have a discussion on the agenda for a VA rep to come and be present for a lengthy discussion but not necessarily be part of the CAP. Because the way we see it the CAP's purpose is to talk about future studies, and we don't see that the VA has so much of an input there. But we're certainly open to having an agenda item on a future meeting where a VA rep comes and you can discuss with them your issues.

DR. BOVE: Just to reiterate that we are dealing with the VA on the health study, the health survey, and even the mortality study we'll probably be working with the VA as well. That's a separate situation with different people than would be relevant to this discussion of benefits.

MR. BYRON: This is Jeff. I'm open-minded to the VA representative being here not as part of the CAP but I believe they need to be here. They need to see what's going on. They need to see how DOD has handled the paperwork as far as Freedom of Information Act where they've denied us documents and where we keep finding something else every time we walk in here. Now it's benzene.

Do you remember me reading that, what, aplastic anemia out of a medical dictionary? It comes up 40 to 70 percent of all cases of aplastic anemia are caused by benzene. Now here we are. The next one will be vinyl chloride I'm sure.

MR. ENSMINGER: It's already there.

MR. BYRON: Well, it's mentioned. It'll be the next hidden agenda for us to discover because they're not going to hand it over.

MS. RUCKART: Well, as Frank mentioned, we have some contacts at the VA for our future studies though we can try to identify someone who, and you as well, we can all work together to identify somebody who can come to a meeting, make that an agenda item, and have a

full discussion.

MR. BYRON: Dr. Mark A. Brown or his representative. Thank you.

MS. RUCKART: Okay.

MR. TOWNSEND (by Telephone): I have a comment about Mark A. Brown when I get into it.

MS. RUCKART: Okay, yes, Tom, you know you'll have a few minutes after this discussion.

Also at the last meeting as you know it was discussed that ATSDR would send a letter to the VA about the appropriate use of the 1997 Public Health Assessment, and that we would share that letter with you. That letter was sent on March 25th, and it was shared with the CAP. We e-mailed it to you. I have copies here if anyone at the table would like that I can pass that out now.

And then we also had a lively discussion at the last meeting about revising the 1997 PHA as it relates to the health effects expected in adults. And we initially discussed that we could post some statements discussing the uncertainty and share that with

you. And we did that. That was shared with the CAP on April 6th, but Dr. Sinks and Dr. Cibulas will be discussing the PHA a little bit later so I'm going to leave it to them to say a little bit more about the PHA.

Also discussed at the last meeting was for the USMC to provide a link for the BAH Search Index Document Titles on the searchable document library website by the next CAP meeting. Would you like to say anything about that?

MR. PARTAIN: This is Mike Partain. Scott gave me a -- not a link, but he gave me a disk with an index to the Booz-Allen-Hamilton library.

MS. RUCKART: And then we said that we would share the meetings from our December 9th quarterly meeting between ATSDR and DOD, and those were posted on our Camp Lejeune website on April 8th.

There was also a request to put links on our ATSDR website for the two community websites, The Few, the Proud and the Forgotten and The Stand, and we posted that on December 19th.

There was also a request at the last meeting for Mary Ann to e-mail Kim Parker Brown's contact info to Tom Townsend.

MS. SIMMONS: I did.

MS. RUCKART: Okay, good.

There was also a request to send Tom Townsend and Mike Partain the information that Scott Williams presented on the stakeholder analysis. And Scott had said that the USMC would put a link with this information on their website.

There was also a request that Scott would find out how many people identified from the DMDC database have registered with the USMC. This was thought to maybe give us a rough idea of how many people might respond to the survey.

MR. WILLIAMS: I'll answer Jerry's question on the break.

MS. RUCKART: Okay.

And then at our last meeting we discussed when to hold our next meeting, which is today, and you guys wanted it held in conjunction with the water modeling meeting, and that's what's happening. The water

modeling meeting will be tomorrow and Thursday.

MR. STALLARD: Thank you very much for the recap and update of progress made since the last meeting.

VA LETTER

Tom, you're on the agenda to speak briefly about the VA letter that you mentioned earlier. Would you like to share with us what it is you have to say on that?

MR. TOWNSEND (by Telephone): You ready to go?

MR. STALLARD: We're ready.

MR. TOWNSEND (by Telephone): I wasn't going to get into Mark Brown initially, but I have been talking to him for the last five or six years, more particularly I sent him an e-mail on the 13th of this month and asked him, I asked him about the, what was going on, and I sent a copy of this to Jerry Ensminger, to Mike Partain, both. I said I had hoped that I'd hear from him, and well anyway, I'll get back, but I don't know that he's the, I don't know that he really cares about it, but I guess he's the point of contact.

But let me get into what I wanted to say about the VA. I am a disabled American. I am a disabled veteran, have an 80/50 disability. I've lost my wife and my son to VOC. I, myself, am involved. I went to the Veterans. I have a neurology diagnosis of peripheral neuropathy in my feet and my hands and legs and all the other places.

I went for an exam from the VA a year ago based on what I had, and the VA in their eminent cleverness sent up a directive to the Spokane Veterans Administration at medical care that said request for exam and medical opinion. The veteran has made a claim for neuropathy due to chemical exposure as well. You are not to consider that claim at this time because we have not yet confirmed his exposure. This exam is to exclusively determine if he has a service-related radiculopathy.

I went up there. I asked for a neurologist that has experience in deal with VOC exposures. I got an ARNP, a nice old lady that was about two years younger than I am, who tapped my knee and my elbow and elsewhere

with a rubber mallet and said that's all, sonny, get out of here. I said what the hell is going on. I came up for a neurological exam and it turns out that they were shying away.

While I berated her for not knowing what the hell was going on, I do find out that she could not make any connection between my existing -- I happened to get blown up by an IED in Vietnam in '67. They didn't call them IEDs. They called them 2-1-5-5 shells that were made by the United States. I happened to be sitting in a five-ton truck and got a lot of sand pounded up you know where so I limp.

But the VA is constantly ducking this thing. I have, I'm up to the stage of the Board of Veterans Appeals for God's sakes. All I want is an honest exam by a neurologist to confirm what the hell is going on, and I'd like to have a disability compensation for this.

Now, the VA sent out a warning order basically on VA Healthcare Bulletin Fact Sheet 16-9 of December of '08. It says that perchlor and tetrachlor were found and so was

trichlor, but it is not clear at this time that any of the military service members or their families were exposed. What the hell do they mean it's not clear? God, ATSDR finished the Tarawa Terrace thing months ago.

Well, it's just another federal agency trying to duck and dive out of their bloody responsibilities. And I have been in the VA system since 1975. I've been there for 35 years, and you have to fight those SOBs every foot of the way. I contacted -- after Dr. Sinks -- contacted Admiral Dunne who is the Under Secretary for Health Benefits at the Department of Veterans Administration.

I tagged onto that, and I wrote Admiral Dunne and pointed out what the hell was going on, and I couldn't seem to rise out of the morass of the VA bureaucracy. I have a telephone number. I tried to call him, and he's surrounded by a coterie of armed guard women; ladies that won't give you the time of day. I have not heard from the Admiral.

I'm going to keep battering my way into the Veterans Administration until somebody up there wakes up. There are people

amongst, there are -- this is the only way that a veteran can get any help. If there's a Veterans Administration, we are forbidden to make a court case against the federal government because of the Feres Doctrine.

I have two claims that have been at the Judge Advocate General's Office for the last ten years waiting for something to happen. I happen to be still alive, and I'd like to have some help in battling the deficiencies of the disabilities that I have currently.

I am agitated, well, I've always been an agitated Camp Lejeune survivor, but I'm more agitated with the VA, and I asked for a VA representative here as well to the Admiral. But I don't think there's a VA rep in the crowd today. So that was my presentation and it looks sort of bleak. And I'm very irritated.

And I think that I understand from Mike that a veteran in a different region might be getting a disability when I can't. That raises my ire and we have a different levels of perception.

MR. STALLARD: Thank you, Tom. We hear the frustration of waging a one-man battle. And I think that it's become abundantly clear in the dialogue even earlier this morning the need to engage the VA as an agency in response to what the scientists are already showing and having a uniform response to all veterans who may have been exposed as we know. So thank you for presenting your perspective and stay well.

MR. ENSMINGER: Dr. Sinks, what's the possibility of getting a letter from ATSDR, an official letter, to the VA asking them to possibly appoint a representative to come to these meetings?

DR. SINKS: Let me put a proposal on the table for you to consider. First of all, it's not a problem to send a letter. If the CAP wants us to send a letter I have no problem with sending a letter, but let me put a proposal on the table.

I feel that one of the most important things that's going to happen to the natural history of Camp Lejeune is going to happen in the next ten days, and that's going to be the release of the National Research Council's and

the National Academy of Science's report. I don't know if that will contain any information about a VA role or compensation. It may. We haven't seen it.

But I would like to wait to see what's in that because that may actually provide us a little more fuel, if you will, for encouraging the VA to participate. And so before I rush off and send a letter, I'd just put a proposal out that let's see what's in that report. Let's see if there's something we can put our arms around in that report that would further encourage the VA. And if that's okay with the CAP, that's what I'll do. I'll send a letter either way, but let's see what's in the report.

MR. ENSMINGER: As far as I'm concerned the National Academy report is null and void because benzene was not included into the mix, and we know damn well it was there.

MR. BYRON: And this is Jeff also, and talking to the VA, they stressed to me to be involved they need direction from the armed services. So it's Congress. So you need a letter to go to them, too. So I'm requesting

that ATSDR send that letter also to the head of the Senate and the House Armed Services Committee. Thank you.

1997 PHA TABLE 3 DISCUSSION

MR. STALLARD: Okay. You can stay right there because I think we're moving into the next item on the agenda with Dr. Sinks and Bill to talk about the 1997 PHA Table 3.

DR. SINKS: I'm going to let Bill take the lead on that, and he'll discuss that. But are we done with the VA issue? So let me just make sure I understand what's the proposal that I heard two people from the CAP have made which is a recommendation for ATSDR to send a letter to the VA asking for either a representative to attend the CAP, to be here and we'll have to keep them advised of it, not to be a member of the CAP. And I think I heard, Jeff, you wanted that CC'd to Congress, and I would suggest we CC it to the Department of Defense as well.

MR. BYRON: Thank you.

DR. SINKS: And what I stated was I'm going to wait until I see what's in that National Academy report because I think it will be, it

may or may not be relevant.

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

MR. STALLARD: Well, go ahead and ask it.

MR. TOWNSEND (by Telephone): What has Mark Brown offered, what has Mark Brown told you the media is doing on the behalf of the Veterans Administration?

MR. BYRON: This is Jeff. Actually, basically what I just stated, to be involved they need to, they have Congress tell them to be involved through the Senate Armed Service Committee and the House Armed Services, I assume. It's not that they're not involved. I think the ^ agreed that there wasn't a set procedure for dealing with veterans from each region.

So my opinion that needs to be established that, you know, that's one reason why I say there needs to be some type of VA representation here so they understand the complexities of what veterans go through, not to mention that these veterans also have exposed family members. So they don't just suffer from physical ailments, they suffer

from mental ailments.

I mean, to be honest with you I go into a severe depression every time I come into one of these meetings, and it stays for about three weeks. I'm a pretty upbeat guy, but you come to one of these things and people are telling you about their illnesses and you have your own family's illnesses to deal with, and it starts to get overwhelming.

But my understanding is they need congressional mandate to be more involved. I'm assuming that some of these veterans are getting help based on the December VA -- I don't know. What is it? The VA does an assessment I guess every so often on what illnesses they cover based on what circumstances, and evidently, they must be recognizing some Camp Lejeune veterans for exposure and then in other areas not.

So that's what Mark Brown has said to me. That's what he said to me six years ago when I went to Washington to his office. That's why I haven't really kept in a great deal of contact with him until now where I feel it's paramount that somebody be here at

these meetings.

We've gone too far. This, for my family, May makes ten years, and I'm really aggravated at these guys sitting in the corner because you guys are the ones making this take ten years and 11 years because you haven't come forward with the documentation. You have this document that sits here specifying what you need to know in a brochure for Camp Lejeune water study.

Well, what they need to know is taking care of marines and sailors and families is our top priority. Where was it for 15 years? You didn't contact me for 15 years, and I got a statement in May of 2000, and I left the Marine Corps in 1985. And that goes on. What you need to know is basically, it's almost like a recruiting brochure.

MR. STALLARD: Thank you, Jeff.

Tom, are we ready to move on?

MR. TOWNSEND (by Telephone): Well, I don't get what Mark Brown is doing, nothing.

MR. BYRON: That's because he's not allowed to unless he's told to from Congress I'm assuming, but, you know, that's where we

start. We start with this letter --

MR. TOWNSEND (by Telephone): ^ the damn Veterans Administration is to take care of the veterans. That's been established for years.

MR. STALLARD: Okay, I think we have it on, clearly on the radar screen, and there's a new administration and General Shinseki, a decorated person in charge at the VA. You know, it seems to me that certainly the energy is around more engagement in order for them to be aware of what's happening to the veterans in this situation, right?

So we're going to move on now, thank you.

MR. MENARD: Can I bring up one thing?

MR. STALLARD: Yes, Allen, the new member, yes, please, let's hear your voice.

MR. MENARD: It is very important to get the word out because I did not find out until last October from the letter that I got from the IRS, otherwise I had no clue, none, none. I mean, I'm stuck way up in Wisconsin in the woods.

MR. ENSMINGER: When were you diagnosed, Allen?

MR. MENARD: I was diagnosed in 2001, had symptoms in the late ‘80s.

MR. ENSMINGER: What was your diagnosis?

MR. MENARD: Mycosis fungoides. That’s the same as what Dr. Gros had, has, I mean.

MR. ENSMINGER: Non-Hodgkins lymphoma.

MR. MENARD: Non-Hodgkins lymphoma, correct.

MR. STALLARD: Thank you.

DR. CIBULAS: Well, good morning, everyone. My name is Bill Cibulas, and I am the Director of the Division of Health Assessment and Consultation at ATSDR. And I appreciate the opportunity to come before you this morning and address some of the concerns that you’ve shared with me regarding the 1997 Public Health Assessment.

I should tell you that I took office in August of 2005, and I began pretty much soon after that to immediately hear some of these concerns. It began with the issue of the lost or probably better characterized as destroyed references that back the Public Health Assessment. And shortly thereafter I started hearing concerns about the Table 3 of the Public Health Assessment.

And specifically, I think the first concern I heard about was the information in the 1997 document as it characterized the exposure of contaminated water to those residents and communities that were serviced by the Holcomb Boulevard water distribution system.

The information that we had available to us in 1997 indicated that we believed that those individuals in those communities only received contaminated water for a period of about two weeks. I think it was actually 12 days from the time period of January to February of 1985.

We subsequently have learned that that is not the case. We have new information. And I've talked with a number of members of the CAP about it and with Morris. And we realize now that those residents serviced by Holcomb Boulevard water distribution may have received contaminated water for upwards of four years and maybe even intermittently beyond that. And so as I said, I began to hear about some of these issues shortly after I took office in 2005.

I want to start by saying that our commitment is to provide the best science that we can regarding harmful exposures to toxic chemicals. And we owe it to you and to the communities that we serve to provide top quality, accurate information.

Which brings me to the December meeting which was a very interesting meeting for me. It was the first CAP meeting that I had attended, and I heard the passion that many of you spoke to about the Public Health Assessment.

We committed at that time as Perri has gone through to two follow ups. One is the follow up with the VA and we've just been through that. And the second was a follow up that we made a commitment to which was to re-examine what I would characterize as the troublesome Table 3 in that Public Health Assessment.

And let me say to you that it's troubling not just to you, but it was troubling to me and to my staff also. I think sometimes in discussions like this it's better to just sort of start with the conclusion and

then give you the rationale behind the decision that we made. And so I'm going to do that.

The decision is this, that immediately following this CAP meeting or as soon as I can thereafter, we are going to remove the 1997 Public Health Assessment from our website.

MR. ENSMINGER: Yes.

DR. CIBULAS: And the reason is -- thank you, Jerry. The reason is that we can no longer stand behind the accuracy of the information in that document, specifically in the drinking water public health evaluation. We know too much now 12 years since when we did that document and recognize the fact that it's just not possible for us to stand behind that particular pathway evaluation at this time. And I want to talk a little bit more about that.

So again, back to the meeting in December, we committed to look at this Table 3, and there's a couple of inaccuracies in it that I want to talk about. But I want to start by talking about what I consider to be one of the more troublesome things about this

table. And that is that I think it's been misinterpreted, and it's been misinterpreted by not only you but others and possibly the VA as we have talked about today.

There are some who can look at that Table 3 sort of taken out of the context of the rest of the document and decide that what we were saying was that no way, no how would any person who drank contaminated water at Camp Lejeune be expected to suffer any adverse health effects, be they cancerous or non-cancerous. And let me be clear about this. The science is just not that good for us to make that determination, and I am convinced that that table has led to misinterpretations of that information.

If you go on to look in our document on page 27 I think we do a better job in describing our concerns. We talk about the epidemiologic information and the studies that have been linked to possible cancer from low-dose exposures. We point to limitations in the document, but we point to the fact that we need more studies on this issue for us to be able to either rule out or deny the concerns

for low-dose exposures and cancerous effects in adults.

Back to our follow up from the meeting, when I left that meeting in December, I immediately went back and asked my staff, including Morris Maslia, to go back and revisit Table 3 and to come back to me with recommendations on how we could fix that Table, how we could tweak it in a way to not only show the accuracy of what we know now about exposures to VOCs and potential health effects but also to deal with the issue of the misinterpretation. Is there something we can do with that table?

And I can tell you the staff came back to me, and I was pleased with their recommendation, when they came back to me and indicated that their recommendation was to actually redact or remove that table from the Public Health Assessment because of the fact, what we were going to do was we were going to sort of mute it out and then put language over the top of the document to indicate that we felt that this table does not accurately convey the exposures that we know about at

Camp Lejeune and does not accurately convey the potential health effects that could be expected to occur.

And then we were going to refer any reader of that table to the ongoing water modeling dose reconstruction and epidemiologic studies. And then it would be followed by a commitment on the part of ATSDR to redo the drinking water pathway evaluation in that Public Health Assessment. I thought that that was the right thing to do, it was the responsible thing to do, and I was pleased with that recommendation.

And up to about four weeks ago that's where we were. And about that time we asked Frank to share that information with members of the CAP, and that was the direction that we were going, and that was what I had expected to report back to you at this meeting.

Spring break came to Atlanta, which is the first week in April, and not a lot of people working during that week, but I was working. Tom was working. And we received a very strongly written e-mail from a member of the CAP.

MR. ENSMINGER: You can say.

DR. CIBULAS: Thanks, Jerry.

It was from Jerry. And Jerry was pointing out to us that he was continuing to do his research. And he recognized that in our 1998 Sonnenfeld document that we mentioned the fact that high levels of benzene had been found in at least one supply well in Hadnot Point water distribution system. The level that was reported was 700 parts per billion, 720, thanks, Jerry.

And the question that Jerry framed, and I'll paraphrase, was basically how could we not say anything about that in our Public Health Assessment, and he characterized it as a very grave omission. And so I did some research, and I asked my staff including Morris to research this and get back with me so that I had the information to be able to share with you, and here's what I discovered.

My staff, who had worked on the Public Health Assessment in 1997, were aware of hits of benzene in at least one of the 39 supply wells serving Hadnot Point, and we were aware of those high levels. But the information

that we had at that time was that that supply well had been put out of service and was not in use.

And we made the determination at that time that there was not a completed exposure pathway, that no one was drinking that water, and that was verified, if you will, by the small numbers of finished drinking water samples that we had available to us at the time which did not show benzene in any of the finished drinking water samples.

However, in thinking about that I believe it was a mistake not to mention benzene in our Public Health Assessment. And we should have mentioned that we had seen it in at least one supply well. We should have indicated caveats around that just as I had spoken to what we believed about the exposures or the possible exposures to benzene at the time and the information that we had. But I do believe we should have mentioned it, and I think that that was an omission in the 1997 Public Health Assessment.

And I'm exceedingly dry. I'm having seasonal allergies, but I'm going to try to

get through this here. But given the following, the rationale, so given knowledge that we did not include benzene in our 1997 Public Health Assessment, any mention of it whatsoever, again, we should have identified this as a data need or, you know, that we needed some sort of additional information to be able to verify or confirm whether or not benzene actually ever did show up in finished drinking water.

But given the fact that we didn't mention benzene, given the fact that Morris has been working exceedingly hard over the last few years and has finished the Tarawa Terrace modeling, and we know that vinyl chloride has been predicted to be seen in Tarawa Terrace water, given the fact that we know in our document that the exposure duration for Holcomb Boulevard residents and communities who received contaminated water is inaccurate, given the misinterpretations that I've talked about, and given the fact that we know that there's a lot of new research going on over the last 12 years about the potential health effects and toxicity of TCE, we have

come to the decision, I have come to the decision that we can no longer stand behind the drinking water pathway evaluation in that 1997 Public Health Assessment, and we are going to pull it off the web.

And we are going to put information up on the web to indicate that rationale that I just explained to you, our concerns about that document, and why we can no longer stand behind that particular evaluation of that pathway. We'll indicate that, we'll refer to the ongoing water modeling dose reconstruction and epidemiologic studies, and we will make reference to the fact of our commitment to re-do that pathway evaluation pending the completion of those studies.

You need to know also that that document will still be able to be requested by a letter to the agency, that there are nine other exposure pathways that were discussed in that document that, to the best of my knowledge, we have not received any new information to invalidate the findings in those nine other exposure pathways.

But I can assure you that anyone who

gets that document from now on will have some sort of -- who requests it -- will have some sort of letter, attachment or addendum that we will prepare that will clearly indicate that we no longer stand behind the drinking water pathway evaluation in that document.

And with that I'd just sort of like to close by saying that our primary mission is to protect public health. And when we find out new information which makes us feel the need to go back and either revisit, update or redo documents and conclusions and recommendations in our documents, we owe it to the communities that we serve to do that, and we owe it to you to do it in a timely manner. And that is my commitment going forward, and I'd be glad to take any questions that you might have.

MR. ENSMINGER: Just to clarify a little bit of information here. The 1984 confirmation study at Camp Lejeune which was done by a firm known as Environmental Science and Engineering -- I will refer to them further from this point on as ESE. There was a plan of work and safety plan written concerning their contract to do the confirmation study at Lejeune.

In that plan of work it called for a monthly progress report of where they were at each month. I just handed Scott Williams a note. We have May, June and July and just so happens July was when ESE started taking samples from wells. We didn't see -- now, August, September, October, November, December aren't anywhere in your files and that is when they would have been receiving the analytical data back and reporting it to the Marine Corps and the Department of the Navy like this.

We had to put two-and-two together and actually look at the technical data of the confirmation study, Mike Partain and I. And it showed high levels of benzene in Well 602 from the samples that were taken in July of '84. That well wasn't taken offline until 30 November.

And it is my estimation that the Department of the Navy and the Marine Corps received the information of the high benzene levels in those wells in August and nothing was done. And I'll almost guarantee God himself that that's why those progress reports for August, September, October and November

are missing.

Now, these were the Marine Corps and Department of the Navy's documents. This pamphlet that is sent out to everybody that states taking care of marines, sailors and their families -- and also you forgot about our civilian employees -- is your top priority.

I know ATSDR missed the boat on this because, and I mean, at least they're sitting here admitting it. But the environmental people at Camp Lejeune had an obligation to let them know of their shortfall. They received how many bites at the apple from 1992 until this report came out in '97? How many? How many reviews did you get? I know of four.

Why didn't you -- I mean, if our welfare of us and our families was so important, such a priority to you, why didn't you let them know of their shortfall, your environmental people? That's an obligation to them. What is the priority? Is priority one to cover your butt and second comes our welfare? Because that's what it looks like.

These were your documents. You knew

it. You knew this stuff was there, and you knew it was being emitted.

MR. BYRON: Call it dereliction of duty.

MR. PARTAIN: This is Mike Partain. I wanted to take a moment to read a little excerpt from the Environmental Science and Engineering draft report, Evaluation of Data, based on the July 1984 samples. This document was released, according to the date on here, January 13th, 1985. So it's in this time period here, and in reference, this is Site 22, the industrial area tank farm.

"Of extreme importance is the high level of benzene, 380 parts per billion, detected in the sample collected from the deep water supply well number 602. This concentration of benzene far exceeds the ten to the minus fifth human risk limit of 6.6 parts per ^. Therefore, the use of this well should be discontinued immediately."

Now, this sample was taken July 6th, 1984. Like Jerry mentioned, we've got the first three progress reports as according to the work safety plan they were supposed to submit these progress reports on a monthly

basis by the 15th of every month. The last one we have is dated July 15th, about a week and a half after the sample was taken.

So granted probably the data may not have been available for that July report, but the August, September and October reports, which are cited in this work study document, we don't have them. We don't know where they're at. I've been looking for them for about a year now.

Another concern here, they say the absence of contamination at Well 22-G-W-2, which I believe is a monitoring well, indicates that the migration pathway is deep not shallow. Does that mean that what was going on at the fuel farm, was that going straight into the deep aquifer and into these deep public supply wells?

Now another thing that we came across --

MR. ENSMINGER: Hey, hang on a second, Mike. There's one other thing I wanted to clarify.

The absence of benzene in the finished water as you mentioned, well, there weren't any benzene samples taken of finished water

until after the benzene contaminated wells were taken offline. So, gee, go figure.

MR. PARTAIN: And that is one of our, another person I've been working with sent me a document, a letter from NUS dated August 1991 -- which I believe I provided to Morris -- that states that, hey, if you go testing for benzene, it's going to drive the Public Health Assessment. I mean the Risk Assessment; I'm sorry.

MR. STALLARD: Can I intervene here real quick?

MR. PARTAIN: Yeah.

MR. STALLARD: I know that you said on your achieves that you wanted to address benzene, and clearly, you're doing that. My question is do you have any follow-up questions for Bill specifically about his presentation right now?

MR. PARTAIN: Yes, I'll get to one right now. One of the questions when we're talking about the tables is my understanding if you're not specifically looking for benzene, it's not going to show up. Like with the TCE and PCE, they were testing for TTHMs, and they

interfered. And that's how we know that they were there. If they were not specifically looking for benzene, then how is ATSDR going to be able to reconstruct that data?

And second, when -- I understand thank you for pulling this erroneous Public Health Assessment down. Is ATSDR planning on sending notification to the VA and the Armed Services Committee and appropriate government entities that this has been redacted?

MR. ENSMINGER: And the National Academy.

MR. PARTAIN: And the National Academy of Sciences.

DR. CIBULAS: I'm perfectly willing to work with everyone here to listen to recommendations on how we should follow up with that, and there obviously, are things that we should probably consider. And we'll work with Tom and the CAP and follow up and get back with you on that. But I think those are absolutely things that we should consider and probably do.

DR. SINKS: Can I, may I make a suggestion, which is, Morris, maybe you could come to the mike and explain what you're doing in terms of

modeling benzene and how it's -- you could do it later?

DR. CIBULAS: All right, do it later.

MR. PARTAIN: I'm sorry, this is Mike Partain again. On the NAS and the Camp Lejeune Committee, can you guys send them a letter and let them notify, notify them that this has been pulled down before they finish their things?

MR. ENSMINGER: ^ the benzene.

DR. SINKS: Yeah, I think the, we can always send a letter. The way these national academies work, these committees, they pull together for a short period of time. They do their work. They write their report. They don't meet again. They extended, they actually did extend the life of the Committee for four or five months last fall. It's doubtful in my mind that we will influence their pulling them back together. It's not our committee, but we can certainly let them know.

Now, other experiences with the Institute of Medicine or the national academies, when we have had even comments

about their reports, they're just comments that go to the staff that manage the committees, but they never really go back to the committee who sits and puts judgment on it. So we can send that. It's probably, my guess is at this point it's a little late. We won't influence what they say.

But I think what we ought to be doing with the National Academy report is seeing what's in it and seeing what it's telling us to go forward. Because I think the whole purpose of it is to tell us what, you know, what we should be doing to go forward.

And I think the major issue here with benzene is that there clearly were reasons why we're uncomfortable with the '97 report related to benzene. I want to make sure we're not in the same situation with the 2009 modeling report when we have to do with benzene and going forward how it will influence our epi study. I think that's what we absolutely need to be focused on.

I also want to just appreciate the CAP members, and particularly Tom Townsend and Jerry for, although I might not use the style

of the e-mail you sent, the information in it is critical. And Mike. I think Mike might be a little more stylistic.

The information you provide us is critical. I mean, this is just one example of something that helps us to be aware of things we need to be looking at. And I hope we're very responsive to looking at the, all of us are human. None of us are perfect. The more information we get from anybody the better off we'll be.

And I know that the members of the CAP have played a critical role in providing us new information all along at least the several years I've been involved. And we appreciate constructive critical thinking. That's where we should be. So I just want to tip my hat to you because I think it was very constructive although I might edit some of Jerry's style. I think it was very constructive to get the information.

MR. ENSMINGER: I'd just like to say that we are in Day 99 of change, and by God, we're starting to see it. Thank you.

MR. PARTAIN: This is Mike Partain again.

One quick follow-up question with the benzene issue. Now, there was a benzene reading in one of the Tarawa Terrace wells. I believe it was TT-23, and there are USTs at Tarawa Terrace. Has the benzene, well, we're looking at Hadnot Point, are we going to go back and look at Tarawa Terrace as well?

MR. ENSMINGER: USTs were figured.

DR. BOVE: Why don't we wait until Morris' -- Yeah, we can raise these issues and also the benzene questions, too. Why don't we wait for Morris?

MR. STALLARD: Tom, you had a question on the phone. We have about four minutes, and we're going to a break.

MR. TOWNSEND (by Telephone): Yeah, I've got a couple comments on Dr. Cibulas' operations. In 2000 I sent an e-mail to ATSDR pointing out the discrepancies in the operation in the described operations in the water system at Camp Lejeune. It was obvious from looking at the 1997 Public Health Assessment that they didn't seem to realize the distribution, the water service distribution areas that were being covered.

And I pointed out that Holcomb Boulevard wasn't put in until much later on, 1973, that the service areas were changed around, the missing documents from Camp Lejeune, the 35 documents referenced in the Public Health Assessment had been eaten by the CAP twice and all that crap.

A lot of credit is due to, given to, it should be given to Jerry and Mike. I'm getting older. I'm getting older. I've been working at this thing since 1999, I think, somewhere in there, ten years. I've collected 70,000 documents, written about 1,200 damn FOIAs, and I still don't understand why DHAC didn't seem to get the word in 2000 about the screwed up '97 Public Health report. It's about time that bloody bird dies. That's it.

MR. STALLARD: Thank you, Tom.

It is break time. We're running significantly behind the agenda, so can we take -- well, it says 15 minutes. Can we do 12? Be back at 20 'til, please.

(Whereupon, a break was taken from 10:28 a.m. until 10:41 a.m.)

MR. STALLARD: At this time I'd like to

introduce Julie Fishman and Ben Gerhardstein who will give us a presentation to the CAP members and answer CAP member questions relative to the NCEH/ATSDR National Conversation on Public Health and Chemical Exposures. So with that I'll turn it over to Julie who'll present from down here.

NCEH/ATSDR NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES

MS. FISHMAN: Thank you.

Good morning, everyone. My name again is Julie Fishman, and I'm the Associate Director for Program Development at NCEH/ATSDR. I have to say between swine flu update going on next door and the discussion that you all just had with the very exciting developments that were presented, I hope that you'll find my presentation interesting.

I'm honored to be here to discuss the National Conversation on Public Health and Chemical Exposures with you all. Your extensive knowledge and experience is key as we move forward with this project. We are in a formative stage with this project. It's a work in progress. But my purpose this morning is basically to share with you where we are at

this point, get your input, and then describe some proposed future opportunities for involvement.

So this project really is trying to take a look at broad issues related to the use and fate of chemicals. The vision for this project is that chemicals --

MR. TOWNSEND (by Telephone): Sandy? Sandy?

MS. BRIDGES: Yes, sir?

MR. STALLARD: Hey, Tom, we're in the middle of a presentation now, so you and Sandy can talk here shortly, okay?

MR. TOWNSEND (by Telephone): I thought we were out of session.

MR. STALLARD: We're back in. Thanks. We just started with a presentation that's on the agenda.

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

CAPTIONER: The audio is really fairly bad for the captioner.

MR. STALLARD: Okay, everybody's mike off except for the speaker?

MS. FISHMAN: So the vision for this project is that chemicals are used and managed in ways that are safe and healthy for all people, and

there are several components of this that really are required to achieve this vision, at least as we've been developing this project so far.

One is we've been describing, discussing just earlier this morning the specific issue of Camp Lejeune, but it's a broader issue as well. It's accurate information on chemical use, exposure pathways and exposure levels. And then a broad understanding of how these chemicals affect health.

Proactive database policies and practices that prevent or reduce harmful exposures, effective prevention of, preparedness for and response to chemical emergencies, elimination of inequities in exposure. A well-informed public and healthcare provider network, public engagement in governmental decision making about exposures, and close collaboration and coordination among partner organizations and agencies.

We recognize this is a lofty vision but if we had all these things in place, we'd

be much farther ahead in this country in terms of how we deal with chemical exposures.

Just giving some headlines, you all are aware of many of these issues. This is just a sampling of the types of exposure issues that hit the headlines. I just want to show ^ with this vision when they're not. Given that we are a Public Health agency within ATSDR and CDC we take a look at this issue based on a public health approach to chemical exposures and their essential functions of public health and environmental health that we base these on. And these also you'll see match up with the vision.

There's surveillance and data collection, research, investigation of incidents, releases and outbreaks, emergency preparedness and response, implementation and evaluation of interventions, policies, laws and regulations and education, communication, public participation.

We recognize in efforts to protect the public from toxic exposures that there are many, many actors, and this is just a short listing of many federal entities on the left-

hand side and then other organizations ranging from state and local agencies, industry groups, labor groups, environmental and community groups, academia that are involved. So we recognize that we don't do this work in a vacuum, that we must engage with many other actors and players in terms of doing this work.

We also recognize that in the over two decades since ATSDR was established there are a number of changed circumstances in terms of what we know about chemical exposures and how we address them. We recognize that there are pathways other than what you might call the traditional pathways of hazardous waste sites, air and water to include things like consumer products, food, other pathways.

We also have an appreciation from a much broader range of health outcomes and lower dose effects. So whereas initial efforts were largely in direct cancer, there are many, many other health outcomes of concern whether you're talking about respiratory effects, endocrine destruction, reproductive effects. There are many other

outcomes that have become increasingly important to our efforts.

Biomonitoring, which is the measurement of toxic substances in human samples, such as blood and urine, has really been a large change in the field over the last two decades, and the laboratory here in our sister part of environmental health in NCEH, the Environmental Health Laboratory, has done a lot of work in characterizing exposure, and we need to bring that to bear in the work that we do within ATSDR and other efforts that we undertake to protect the public from toxic exposures.

We also have new approaches to toxicity testing like computational toxicology that were not in existence at the time that the agency was created. Environmental justice which has always been a concern but it was not necessarily named as such has increasingly informed the work that we do in looking at inequities in exposure.

And then there's some advances around green chemistry and the changes and design of chemicals to be safe on the front end and

looking much more upstream rather than downstream after so many effects have occurred to try to design chemicals to be safer and to look at the entire life cycle analysis of chemical so you really understand the impact it has hopefully even before it enters commerce which leads to the last advance, REACH, which is the European Union's effort to address toxic chemicals which is looking at a much more proactive type of precautionary approach. And this is impacting what we're doing in the United States.

So I'm just going to hit here on a few examples of potential conversation topics. These are just some examples to show that the types of things we're thinking about as we're forming this project. These are not written in stone, but these are the kinds of things we want to take on. I'm not going to go in depth on each of these but just as examples.

Assessing health concerns at the sites is a clear area that ATSDR has had traditional involvement with. There's some successes. There are many challenges, and the ^ provide opportunities to rethink what we are doing.

This is very similar to what we were discussing earlier this morning.

Similarly, for provision of toxicological information and also for biomonitoring, just as an example for biomonitoring. There've been successes. We've determined the U.S. population exposure levels for many chemicals.

There are many more chemicals that we continue to need to evaluate. Interpreting these results, having people understand what they mean, knowing what it means to have a level in the body is an important challenge. And then opportunities, how do you use these results in decision making. So these, again, are just some examples.

So the goal of the National Conversation, at least as we have stated it thus far, is to develop an action agenda for revitalizing the public health approach to chemical exposures. This includes identifying gaps, potential redundancies, priorities and solutions.

We will focus on the role of NCEH and ATSDR since that is what we can control, but

we recognize that other federal agencies and other entities are critically involved in this work, and we know we don't do our work in a vacuum. And so we have to assess our work in the context of other agencies, but we understand that we have control over what we do.

So I want to share a few concerns that we have heard already about this and just share some of our responses. But then we'd be glad to discuss this further in the question and answer period.

So we've heard from several folks, why don't you just focus on NCEH/ATSDR? That's a big enough issue in itself. And our response to that is we really feel that we must understand the bigger picture to improve our work, whether it's other agencies, such as EPA or the National Toxicology Program or Department of Homeland Security, DOD. There are other entities that are involved with this work. And we feel that we have to be mindful of that to be able to do a good job ourselves.

Concern about why haven't I heard about this earlier. And I'm going to talk

about this a little bit more when I share a timeline with you, but we really are just at the beginning here. This project has not been launched in a formal kick-off yet. There've been several meetings and things that have occurred to date that I will share with you in just a moment. And we're really honored to be here to discuss and get your input at this phase of the process.

This concern that says we've told you before what this is referring to the fact that people have talked about what needs to be done in this area, the numerous reports, why don't you just take those reports and do something with them. And we do plan to use existing materials, existing documents. We do not want to re-invent the wheel here. But basically we'll take those and be the foundation of what we do to move forward.

Now, we've also heard let's not talk about this anymore. We don't need conversations. Let's act. We know what to do. And we do want to take action. I said very clearly to Dr. Frumkin when I took on this project that I did not want to work on

another report that sits on the shelf. I'm not interested in that. I want to take this to action. And so the aim for this is to have a conversation to gain broad support for the type of action that we want to take.

We've had a mention here of transparency and open government, and we just wanted to draw your attention which I think you were familiar with, President Obama on January 21st put out a government memo and charged agencies within I think 120 days to respond back indicating the government should be transparent, participatory and collaborative. I feel that the CAP is an example of that.

This process is meant to be an example of that as well on some broader issues related to chemical exposures. And so we feel like this is an opportune time with the type of approach that the administration is taking regarding transparency to be an example of a project that is trying to do that.

So I'm going to give you a brief timeline here. This timeline starts in January 2009, but the project has been under

development in terms of at least ideas about the scope and process for approximately the past year. The more dedicated effort on this project started in the fall of this past year, fall of 2008, when we hired a dedicated staff person to work on this, and that is my colleague, Ben Gerhardstein, who's right here. We're actually in the process of bringing on a couple more staff to work on this.

But basically, during the time period before this timeline starts, there were several one-on-one meetings that Dr. Frumkin had with other federal agencies and with some non-governmental organizations just floating this idea. Is this the right time to have this type of conversation. Are these the right types of questions.

We also started having meetings with our division directors in May of 2008, and then had some all-hands meetings and opportunities for initial input from our staff within NCEH and ATSDR starting in early in 2009. Then on this timeline here where it says project development, on March 6th there was a workshop that was held, and we have

notes and participants from that workshop available for anyone who is interested.

This was basically pulled together --

MR. ENSMINGER: Who was there at that meeting?

MS. FISHMAN: Who was there? I can read it.

MR. ENSMINGER: I mean, want you to -- I've already seen it.

MS. FISHMAN: Absolutely, thank you.

MR. STALLARD: Please use your mike.

MR. ENSMINGER: I'd like you to announce who was invited to that meeting.

MS. FISHMAN: Okay, I just wanted to say one thing before that. I just wanted to say what the purpose of that workshop which was basically pulling together individuals from a variety of different sectors to consult with us on this project, give some early feedback on some key questions that we should consider, and the scope and process.

And I have an invitation list which I can read. I also have noted who was and wasn't there. If folks would indulge me to read this whole thing, would you, it's about 30 names. Henry Anderson, who is the Chief

Medical Officer at the Wisconsin Division of Public Health; Tina Bahadori, who is at the American Chemistry Council; John Balbus from the Environmental Defense Fund; Scott Becker from the Association of Public Health Laboratories; Barry Breen from the Office of Solid Waste and Emergency Response at the U.S. EPA. There are several people inside CDC. Do you want me to list those as well?

MR. STALLARD: No, I don't think that's necessary.

MS. FISHMAN: We have the full list.

MR. STALLARD: Let me just cut to the chase. Jerry, what do you want out of --

MR. ENSMINGER: No, that's fine. Go ahead. Continue on.

MS. FISHMAN: Continue on, not reading or do you --

MR. ENSMINGER: No, no, continue with your presentation.

MS. FISHMAN: And this is available for all interested, and Jerry, just see, the one's who are marked there are the ones who were invited and didn't attend, weren't able to make it, and the remaining people were there. And then

this is list of just the participants which we can actually pass around.

MR. STALLARD: Thank you.

MS. FISHMAN: So this project development workshop, as it's noted on here, was basically gaining input on several questions related to the scope and process. And we're now at a point where we have sort of a draft scope and process, but we are still at a point where there's opportunity for input and involvement, and that was why I'm here.

We also, in addition to that meeting, have started presenting at invited meetings such as this one, public meetings such as this one, this CAP meeting, and we've also met with the Association of State and Territorial Health Officials. They have a group of state environmental health directors we wanted some early input from, and also the National Association for County and City Health Officials. They have an Environmental Health Committee. We've met with those groups within the last month, and then the CAP is the third example of a meeting of folks that are interested in these issues.

Just to walk through the rest of the timeline I can give you a sense of our approach here. We will have a kick-off meeting. We're planning a kick-off meeting, large public meeting, for this process in late June, and we will get details to the CAP as soon as possible on that. We're looking at a date of June 26th. We're just confirming a location and I just want to make sure I have that location confirmed before I let you know the date is confirmed.

That will be an opportunity to bring together a wider spectrum of folks representing many of the sectors that I shared on the slide earlier to basically kick off this project. On the timeline you'll see we have three prongs on here. A series of working groups, which I'll describe to you in just a moment; a set of regional forms and community town hall meetings, which have yet to be set but that is another opportunity for input that we are interested in pursuing; and then we're also very interested and very excited about using some of the emerging electronic platforms for web-based

discussions. And this is also very fitting with President Obama's, some of the efforts they're trying to undertake for public participation.

So then basically these will be going on and feeding information to each other is the idea and so that issues that are being dealt with will be addressed and input will be received through multiple channels.

We also have our National Conference on Environmental Public Health which is October of 2009 here in Atlanta. That is a conference we have about every three years addressing a broad range of environmental health topics. The last one we had was in December of 2006. We plan this to be one of the discussion topics in that conference. And we would be very interested just on a side note for presentations related to Camp Lejeune at that conference and can provide a little information about the conference for anyone who's interested.

The idea that we would have a draft action agenda that would be prepared some time in 2010, and that it again would have

additional opportunity for feedback on the agenda before it's finalized and then we go into implementation beginning in January 2011, at least as it's currently scoped out.

So one of the opportunities for input is a series of working groups, and these are proposed topics. We've worked through a number of different ideas we have for how to put these groups together. And this is open to change if there's a sense through the input that we're receiving up until the kick off in June, that these don't make sense to folks.

We are willing to revisit them. And we've gone through a lot of various iterations of this in trying to think about how you organize these topics since there's overlap between some of them. And we want to make sure that we're not putting folks in such a narrow group that they don't have an opportunity to discuss the broad range of issues.

But the six that are proposed at this point are monitoring that deals with collecting information on chemical use, exposure pathways, exposure levels and health

outcomes. Advancing our scientific understanding which includes filling knowledge gaps on the health effects of chemicals, policies and practices which is a very broad, large group. Addressing reducing harmful exposures and address health outcomes, eliminating inequities and spurring the development and use of safe alternatives.

We have a group proposed on chemical emergencies, preventing, preparing for and responding to acute chemical incidents. One that is very cross-cutting and really affects everything I've discussed so far related to serving communities. How do we address local chemical exposure concerns, to promote environmental justice and improve health. And then six on education and communication which is to ensure a well-informed public and a competent network of healthcare providers.

And I have just one more slide and then have a chance to open up. So there's some additional opportunities for input that we are proposing, and again, we are open to feedback on these and other mechanisms to reach out as broadly as possible and to get

input in this project.

We're talking about having some in-person meetings, regional and community forums. It's still open as to where, when and how. These are, feel that there needs to be some in-person engagements that are, for folks that cannot commit to or have the time to participate on a working group that will be meeting over multiple months but to have an opportunity to give input in a public setting.

We also are, as I mentioned, discussing and exploring some options for a web discussion platform, and we have some interesting ideas about ways for input and polling and priority setting via an electronic mechanism for people who may not be able to attend an in-person meeting or who want to comment in more than one format.

And then we're also exploring having a subcommittee of our existing Board of Scientific Counselors, which is our formal mechanism for receiving advice. It's a formal advisory committee operating under the FACA law. We are starting explorations with the Board of Scientific Counselors who meets next

at the end of May to have a subcommittee that would focus on this project to give input.

And finally, I just want to give our contact information which I note Jerry already has, but we are available. We are dedicated to working on this effort, and I'm very interested in hearing your thoughts, questions and comments. Thank you very much.

MR. STALLARD: Okay, we have about ten minutes for questions and answers, and we'll go from there. So please --

MR. ENSMINGER: I didn't see anywhere in any of these proposals even the word mentioned Public Health Assessments, and that's where your biggest problem in ATSDR lies is with the Public Health Assessments. I mean there is absolutely no continuity in the Public Health Assessments.

It depends on who's writing it over at DHAC on whatever information they want to cherry pick for that Public Health Assessment. What studies they want to cite. They're even pulling stuff out of their butts and putting it in these official documents that say that 300 parts per billion of trichloroethylene

won’t hurt you. If you got exposed to 300 parts per billion or less, you’re fine and dandy.

Where are they coming up with this stuff? And how can this agency publish that? You guys got to have a set standard, and that’s something that you’ve got to cover in this thing or this thing ain’t worth a damn. You’re not going to correct any of the problems that ATSDR has.

Number two, I didn’t see any community group members invited to that 6 March meeting. Why? You’re laying the groundwork for this thing with all these people from all these big, highfalutin organizations, but the community members, which I’m part, I’m one and everybody at this table is and some of the people on the phone, but we’re not included. Why?

I mean, you guys want to set up the groundwork and lay out the basis for how this thing’s going to go, and we don’t have any input in it? You’re going to include us later, right? When everything’s already been formulated? Huh-uh. I’m not window dressing.

MR. STALLARD: Is that it for your question? So you're asking for pre-decisional involvement essentially?

MR. ENSMINGER: Absolutely. And then any other community group that has been dealing with ATSDR and has had problems with ATSDR. You're not, the way you're going about this you are not addressing the problems that people have pointed out at ATSDR. You're going around it instead of attacking it or responding to it.

MR. STALLARD: Thank you.

Feedback, I'm sure.

MS. FISHMAN: Yes, let me start and we can take it from there. We did not discuss particular types of information products, for example, Public Health Assessments or tox profiles, but that's not because they're not included. We just, in level of detail for the slide set I already had to cut slides out so they are very much on the table. All of our information projects with both ATSDR and NCEH are on the table for what we're discussing here. So just because it's not on the slide does not mean that we're not going to address

it and discuss it.

In terms of your discussion and your question about who's working on the Public Health Assessments and continuity and particularly around setting levels, that is very much on the agenda. And it's not just our levels. There are levels that we set. There are levels that EPA sets on various chemicals. There's levels that OSHA may set, NIOSH.

And how are these harmonized? We often run into situations where the levels are different across agencies. And there could be good reasons for that, but we need to be able to explain those and be transparent about why, what is this level and what does it mean. Because once you set a level, that has tremendous meaning for all kinds of things.

DR. SINKS: I think if you -- I don't know if the slides are still up, but if you go back to the categorical slide that had categories of things, part of the art of trying to figure out how to do this is how to break this into sizeable chunks to get it done.

And I will point out one thing Julie

very clearly said. This is not a process to look at Public Health Assessments. This is a process to look at our entire organization in terms of NCEH and ATSDR and how we contribute in terms of the federal response, the state response and all kinds of things.

So in terms of, Jerry, if you're looking at a detailed assessment about what Public Health Assessments do, this will touch upon it, but this isn't the drilled-down, detailed stuff in terms of that particular process that you maybe would like that to be. Now, if you look at these categories, number one, number two, number three, number four, number five and number six all have to do with Public Health Assessments. They're all there.

The issue to this will be how do we get people who are critical thinkers, like you who's a critical thinker, to help us put into perspective the Public Health Assessments but also the other pieces that are relevant to what we do.

We're very interested also in the synergies and the modernization of where we are, where we should be today. I mean, all of

the ATSDR language was drafted 25 years ago, doesn't even touch upon things like biomonitoring which are very relevant now that we have an opportunity to work with the assets we have at ATSDR and NCEH. So that's part of this is grabbing this together.

I think the other issue is involvement of community members. My impression was there were some people at that first meeting, and I think Julie can talk about it about who that is, but I'll tell you my own -- concern isn't the right word -- but my own thinking on this is frequently when we go into a community, the people that identify themselves first as I'm the person who represents the community are usually are a person who represents themselves and their point of view. And it's always difficult to figure out how do you get the community.

And here we're not talking about the community of Camp Lejeune. We're talking about the community of communities, of communities across this country and how do we get that representation. And any advice you can give us on how to draw those people in

early and soon is good. We have thoughts about how to do it, but we're very open to hearing your ideas on how we could make it better.

MR. ENSMINGER: You could start by inviting them.

DR. SINKS: Well, I think Julie can give you an idea of who was invited into that first meeting.

MR. STALLARD: Thank you, Tom.

Are there any other questions that haven't been addressed?

MR. ENSMINGER: Well, there's one other thing about this thing that, it's just an observation of mine, but this is bleeding over into a lot of the EPA's areas, too, this entire program. So is the EPA onboard with this?

DR. SINKS: Part of the reason why we went early to talk to the other federal agencies was to engage with them and to get their input and involvement and interest, and there are many different parts. EPA is a very large organization. There are many different parts who very much want to be involved, and I think

we have a large number of them involved. The key is to not make this 500 people from EPA and one person from the community.

So we're trying to figure out how to engage with a lot of EPA partners. You may not realize it, the ATSDR side has a very strong partnership with OSWER at EPA, but we're also involved with a drinking water group. We're involved with the emergency response group. We're involved with the air group. We're involved with the research and development group in various programs across our agency. So the answer is yes.

MS. FISHMAN: And if I could, can I just add one thing?

MR. ENSMINGER: One more thing, getting continuity in Public Health Assessments is not, I don't feel, drilling down too far. Because you can't just let Public Health Assessments be written at the whim of the individual that's writing it. You've got to have continuity. If you don't have continuity, you don't have anything. You don't have an organization. You've got a bunch of individuals running around.

MS. FISHMAN: I think I really appreciate that point. And let me hit on EPA and then go back to community for just a moment.

We've had, at the March 6th workshop, there were four people from EPA there, and as Tom mentioned, getting representation from EPA is challenging because there's so many different parts. But we had someone from OSWER. We had someone from the Pollution and Pesticide Office. We also had someone from Air and someone from the Office of Research and Development from EPA.

But we've also had some one-on-one meetings, and Dr. Frumkin actually had a meeting at the time -- this was in the previous administration -- with the Deputy Administrator of EPA. And as EPA gets its new cast of characters in place, we need to go back and brief the higher levels of EPA, ideally to let Lisa Jackson as Administrator, to know about this. But we've been doing it at the Assistant Administrator level, Associated Administrator level during this time, during the government transition.

In terms of community groups I'm very

open and want to hear input about how to represent, as Tom said, communities and communities of communities. But in terms of who was at this particular meeting who represent communities, but obviously there are many, many community concerns, and we do not in a small meeting have every community there. But there are numerous opportunities for input in this process along the way.

But who was there on March 6th? Lois Gibbs from the Center for Health, Environment and Justice.

MR. ENSMINGER: Love Canal.

MS. FISHMAN: Love Canal. Peggy Shepard, who is involved with an environmental justice group called WE ACT up in New York in Harlem. And then Beverly Wright with the Deep South Center for Environmental Justice, which is down in New Orleans. So this is just a, this is a small snapshot. And we have already received comments, well, they don't represent communities. They're a level above communities. And there's, and you could argue about that, but I think there definitely are ways to get community members --

MR. ENSMINGER: Too far removed from.

MR. STALLARD: Okay, so we've heard a request for your feedback on community engagement strategies that from your perspective you can share, not necessarily all right now.

MR. ENSMINGER: I just have one more thing to say. I mean, we've known that ATSDR has had problems for a couple decades. Why are we doing this now? I mean, Dr. Frumkin got here in, what, September of 2005, I think.

MR. STALLARD: Yes.

MR. ENSMINGER: Why didn't we attack this then? I mean, why now?

MR. STALLARD: Because today's the day. Remember what we talked about looking forward to the leap forward? We've come --

MR. ENSMINGER: Yeah, but we had an administration before that was pro-chemical. We could have used somebody or an initiative like this to assist us.

DR. SINKS: Let me give you an answer to that, okay? Let me give you an answer to that.

If you take into context where we were

in 2005, which was how we stepped in about a week before Katrina hit. First, we had Katrina, which took our, the entire agency involved for about six months. And before that, so back in 2003, there was a reorganization, and we consolidated the National Center for Environmental Health and ATSDR. So one of the issues was we have that.

Dr. Gerberding became the Director of CDC. She decided to reorganize all of CDC. So for the next two years there was a very significant reorganization that was going on across the organization that was impacting morale. It was creating new layers. It created a lot of issues, was well reported in the newspapers. It didn't affect your lives. It affected all of our lives in terms of how we did our business.

And I can tell you knowing Dr. Frumkin that these thoughts about where we were at ATSDR were in his mind when he walked in the door. But we did not feel it was an appropriate time to do another round of thinking and evaluating at a time when, one, we've already had a consolidation across our

two organizations. Two, we were in the middle of a much larger reorganization at CDC that was affecting everybody across the organizations.

And we really felt we were kind of in burnout of organizational thinking. And it really wasn't until, I think, about a year ago, maybe a little more than a year ago, that Dr. Frumkin began to feel that this was an appropriate time to start looking at this and evaluating this, and he started taking those steps to talk to colleagues in other federal agencies to build the energy, if you will, to do it.

So one can look back and imagine many things that one wants to imagine, but I can tell you from at least sitting on the inside and seeing the many organizations, there was a lot of organizational fatigue to doing these things. And even this, which I think is a very constructive, positive process, will come at a cost of people's energy, people's time, people's interest, people's morale.

And we want this to be a very positive step forward. And what I am hoping is that

people like yourself and people like the CAP and others will see this as a great opportunity to engage and help us to do better work in the future because that's really what we have in mind.

MR. STALLARD: Okay, I'd like to thank --

Yes, Tom, we're going to move on. What's your question?

MR. TOWNSEND (by Telephone): The audio on this is terrible, for those of us on the telephone.

MR. STALLARD: Okay, well, thanks for that.

MR. TOWNSEND (by Telephone): I've got some comments on this National Conversation crap.

MR. STALLARD: It is constructive? If it's not --

MR. TOWNSEND (by Telephone): Well, it's constructive. This sounds like a big apology for the boys at National Conversation. These guys at DHAC, DHAC is not doing its job, and it should be. That's the constructive part.

MR. STALLARD: Well, is there a specific question that you have?

MR. TOWNSEND (by Telephone): Well, I assume that we're just putting this thing on the

table; I don't know what's going on because the audio is so bad that those of us on the outside, I don't have the vaguest idea what the hell you guys are talking about, and I'm looking at the television screen. It looks like Japanese.

MR. ENSMINGER: Hey, Tom, this is Jerry. I'll fill you in on this stuff a little later on. I'll call you.

MR. TOWNSEND (by Telephone): I've got better things to do than watch this joke.

MR. STALLARD: Well, what we did ask for is open and honest communication, and clearly, we get that here. We encourage that.

But I'd like to thank Julie and Ben for taking time to come share with the CAP and to engage the CAP in future activities of the National Conversation as they have done.

A question I did get is, are your presentations available or can they be made available?

MS. FISHMAN: Absolutely. This slide set, there is also, as I mentioned, notes from the March 6th workshop that includes the participants who were there. There's also the

list that is going around of people who were invited who couldn't attend. That was participants, yes. And we will share all of that information and anything that's up on our intranet site, and we are working on an internet site that will have constant updates.

MR. STALLARD: Great. Thank you very much.

Morris, are you ready? Because you're going to --

MR. MASLIA: I have to log in to my account.

MR. STALLARD: Tom, we're going to be making the transition to Morris' presentation now.

DR. SINKS: Just, folks, I'm going to take off because I have a few other things upstairs, but if you need me just send a, just have Jerry send me a text. I'll be upstairs, and if there's anything else I can do, let me know. But I appreciate seeing y'all today. One thing I would like Perri, you and Frank to think about, is as your scheduling CAPs to maybe do it around the time we're having our national conference in October so that maybe these folks could be attending the national conference in addition to the CAP.

And I don't know if anybody's putting

anything in on Camp Lejeune for the conference, but it might be a good idea. I don't know if the window of opportunity is closed, so I'll just leave that with you guys.

Again, thanks all of you and nice to see you.

MS. BRIDGES: Can we do something about the quality of the sound system? No one can watch, not just Tom, but no one else will be able to see it either --

DR. SINKS: Yeah, we can check and I don't know what we can do, but we can certainly check into it.

And, Tom, you know you can always call me if there's anything I can help to explain or you want to yell at me.

MR. STALLARD: Did we have this last time? Did we have a problem with the audio last time?

MR. PARTAIN: It was in and out when I was --

MR. STALLARD: Really?

MR. PARTAIN: Yeah, I was having a hard time hearing.

MS. BRIDGES: In the other building it

wasn't bad.

MR. STALLARD: See what happens with change? We came from the old building to the new high tech building.

All right, Morris, are you about ready?

All right, folks, get comfortable because we're going to be with Morris for quite a few.

WATER MODELING UPDATE AND DISCUSSION ABOUT EXPERT PANEL MEETING

MR. MASLIA: Are you all ready?

MR. STALLARD: Let's see what --

MR. MASLIA: What I've decided to do today is to sort of go through my presentation that I'm going to be giving to the expert panel. As you know, we've got an expert panel meeting scheduled for tomorrow and the day after.

And I wanted to first be clear for those who are not familiar with that this is not a federally-mandated backup. It's not a peer review panel, but rather it's a group of experts that we have invited and try to include representatives of all the stakeholders having expertise. They represent federal, academia, private consulting as well

as people of national and international fame or repute, to provide input to the agency on the approaches that we should try to follow or use for Hadnot Point and Holcomb Boulevard. As well as obviously there will be some discussion I'm sure on the Tarawa Terrace area although the focus of the panel is on Hadnot Point, the object being that we've used certain techniques and approaches at Tarawa Terrace and are those techniques and approaches appropriate for Hadnot Point? Can we improve upon them?

We should look out for what we need to improve upon because that's really the purpose and recommendations to ATSDR that we will need to sit down and decide how or if and when to implement it. And I've got total data with respect to Tarawa Terrace just to give you an idea so with that I will proceed.

I just want to go over again, we used this at Tarawa Terrace, and it applies to all the water modeling that we've done, and that we will be doing for Hadnot Point. We have four goals, and they remain the same. These were goals that were provided to us or asked

upon us to try to achieve from the epidemiological standpoint, and that's a very important point to understand. It was not the water modeling saying these are the goals that we need to help you out, but rather the epidemiologist telling us this is what we need in order to conduct the study.

And they go in order of achievability. In other words if we couldn't do anything given the limited data, could we at least determine arrival dates at contaminated wells. If we were able to do that, could we then determine the distribution of contaminants by housing location. So we've done that for Tarawa. And by housing location I meant in the broader sense.

We provide the epidemiological study with monthly mean concentrations. And finally, could we provide epidemiologists a sense of reliability. How certain are we of the results? And these remain the same for Hadnot Point and Holcomb Boulevard. So again, this is reviewed for you, just the panel meeting tomorrow.

When we first started out, we

obviously thought, now we know differently, but we thought we had two exposed areas and one totally not exposed area. The two exposed areas were Tarawa Terrace and Hadnot Point.

And this is going back to 2003 for us, and this was totally unexposed, and subsequent to receiving information from both the CAP and documents from the Marine Corps and newspaper articles, we're as confident as we can be without an operator telling us that Holcomb Boulevard began full time service around June of 1972, and so that will be factored into the epi study but that's what's changed since we first started.

And, of course, now, and this will impact the Hadnot Point and Holcomb Boulevard, and there's a booster pump right here and a valve referred to as well. It's a creek valve here, booster pump right here. And going through the logbooks from the water treatment plant and in meetings with former and current operators we now understand that this booster pump was operated intermittently during the dry spring months, primarily April, May or June for a few hours during the day to provide

additional water supply to the Holcomb Boulevard area.

And if that water supply was insufficient, pressures were getting low, then they would open up the Wallace Creek valve. There are notations into that. And that is something we will need to address. And that's something the panel will be addressing, too, how best to try to model that, or recreate that given the limited data.

MR. PARTAIN: Morris, just one question on the interconnection valve. The Paradise Point championship golf courses, that they required water. Now, I understand we've got the dry months, April, is it March, April, May, June. But those golf courses require daily watering, and from what I understand, the use of treated Holcomb Boulevard water to water those golf courses is a considerable drain on the system. How is that being factored into the water model?

MR. MASLIA: We will, the golf courses are easy to deal with, and I'll tell you why. Because they have since the use of the treated Holcomb Boulevard water has since been

replaced by golf course wells. We know what the well capacity, they're going to water the golf courses in 2009 the same as they watered it in 1985.

MR. ENSMINGER: Yeah, but you've got new equipment.

MR. MASLIA: And then we're not at that resolution in the golf course reconstruction. It's just not going to get that fine.

So we know what the present well capacity is. We know the amount of water that they're using now. So rather than having wells, we'll just put that in as a completion of the water or a demand on the system back whenever we run it, and it'll take out that much water from the system.

And we will see the model will be able to tell us if in fact we need to turn on the booster pump or open up a valve or how exactly we need to balance the system given that they, from our experience and field testing, they would, their operational load is to flat line the storage tanks.

MR. PARTAIN: Do we have an idea of what kind of draw those two golf courses were

taking? I've seen stuff on the --

MR. ENSMINGER: He just said they flat lined the storage tanks.

MR. PARTAIN: Yeah, but how many thousands of gallons --

MR. MASLIA: I don't have a number off the top of my head, but we will need to know that because that'll be what we refer to as the demand. That's for the water going out of the pipelines in the golf course.

MR. PARTAIN: Because from what I'm seeing you're talking hundreds of thousands of gallons of water for each golf course, and you got a two million capacity at Holcomb. I want to make sure that's accounted for in that model.

MR. MASLIA: That will be accounted for.

I'm bringing up this slide basically because it's now fairly complete. It's meant to be generalized, not to get very specific, and it shows the relationship between all the activities going on over time which makes it very useful.

You see the health study up here. We know Hadnot Point was the original water

supply system, so it's been going on the whole time. Tarawa Terrace, through documentation we've established it came online somewhere around in 1952 and, of course, it closed in March of '87. Holcomb Boulevard from June '72, and it's still going.

This is basically all of what we call the documented VOC contamination that's measured data. That's all we have. And down in the green is the historical reconstructions. So we've completed Tarawa Terrace. This is when it went above the MCL, November '57, and Hadnot Point since we're working on it we don't know. But I'm guessing since it operated in the 40 and with disposal practices and everything else, we're probably going to see somewhere in the 50s as contamination is hitting. But that's what the historical reconstruction will determine.

The point to be made, and we'll make this I'm sure many times in the expert panel, is there's nothing else we can do about reducing uncertainty unless somebody tells me they've got some additional information or data. That is all the data that there is and

that's what we're calibrating the models to. So the uncertainty is what it is.

There's obviously maybe a disagreement in agency philosophy on that, and that's what it is. But there's nothing, no tweaking. We can run models from now until we're blue in the face. It's not going to reduce the uncertainty because you have nothing more to compare it to, and so that's a point that needs to be taken into account.

So the rest I just want to go over Tarawa Terrace and Hadnot Point. I think it's important since we're coming up on an expert panel to see how and where we implemented the recommendations with Tarawa Terrace because we held one of these panels back in 2005, and they came up with some recommendations.

And this is the expert panel report, and they came up with five recommendations. Some of these have sub-recommendations like the groundwater modeling, but basically they were categorized into five sections: data discovery, chronology, ground water modeling, data analyses for Hadnot Point, which obviously, we have not implemented 'til now.

And then water distribution.

And what I did, I went through in the Chapter A Report, and I've got a marked-up copy if anybody wants to see it. But this is the section in the Chapter A. That's the summary of Tarawa Terrace, and this is the page number. And this is where the recommendation is implemented. So we implemented every recommendation that was made, the agency actually agreed with and implemented it.

For example, the sensitivity analysis where we actually went well beyond and went into the probabilistic analysis and which took some effort. So it is, you can find it directly in that, and that was the way the report was written, in essence, is to also be able to incorporate and explain where we implemented the recommendations of the panel.

So the big picture we can summarize in three bullets here. Basically, it is our belief, the agency's belief that the calibrated models for Tarawa Terrace are useful for the epidemiological study, for groundwater flow, fate and transport and

mixing. So the results we have provided can be used by the epidemiologists.

They also point out that the high concentrations, in terms of Tarawa Terrace, and I'm speaking of only Tarawa Terrace right now, that were measured in the 1980s are representative of the high concentrations over many years. And there's no indication that finished water had higher concentrations than that.

And finally, the conclusions that we made and the quanta of things that we've been able to provide to, for the epidemiologists would not be possible without the modeling approach. And that goes back to the previous... It would not be possible because you've only got that limited information.

Was there a question?

MR. BYRON: No.

MR. MASLIA: Oh, okay.

So the results from Tarawa Terrace basically did two things. Besides telling us the exposure concentrations, they established the relationship between the supply wells and the drinking water concentration and basically

indicated that the driving force was TT-26.

When TT-26 was shut down for maintenance, so did the concentrations in the water treatment plant go down almost instantly. And when the two wells, TT-23 and -26 were shut down permanently, of course, the aquifer still contained contaminated water, so another well started pulling water into the treatment plant. And these are to be looked at as mean values or average values.

What we then did in the course we needed to answer, so this analysis basically answered the first three goals. That is, when the arrival at the wells, the distribution in terms of the wells mixing it at the treatment plant, and then it all went out to the housing area, and what the monthly concentrations were from the drinking water.

The fourth goal is the reliability is answered by this graph right here, and this just shows two different types of probabilistic analyses. The blue line here is the same blue line we just saw on the previous graph. So that blue line is this blue line right there.

So we ran one type of analysis where we used the same pumping as we did in the previous graph. In other words, we established based on model calibration, based on trial and error, based on going through the logs and what data we had that this was the pumping schedule on a monthly basis. And then but we varied all the other parameters, all the other hydrologic parameters. In other words what is infiltration? What is the source contamination at ABC? How did it vary? And that's the yellow band right here, the yellow band.

And then we ran another type of analysis where we said, well, even pumping is uncertain, and rather than having a constant value for the month, we let it vary. And that's this red band here. What this shows us is, yes, there's variation, but it still shows that no matter which analysis was, whether some pumping was constant is uncertain, it's still where we had the data captured the data. They are contained in the bounds or the uncertainty limits. These bands represent basically 95 percent of all the probabilistic

analysis. You can think of it as 95 percent confidence limit, stated simply. So that shows us our confidence.

And what I've done, there was a question that came up, and it's an interesting discussion topic as to what should you calibrate to. What should you tune your model to? And it turns out as we have stated all along that there is no calibration standard for models in the U.S., maybe worldwide. There just isn't. So if you go out, and you're doing a model for a mediation, you may use a much tighter limit between what the model says and what you measure in the field. If we're doing a reconstruction, we may have a broader limit.

So what I've done in this plot is the data, which are the squares here are all the data that's available. That's the same data that's plotted in Table A-10 and Figure A-12. But rather than expressing it, whether we made it in terms of plus or minus, so many ppb or feet, I plotted it in terms of the confidence that I just showed you in the last, and what you see where we have data measured above the

MCL, we are in every single confidence limit that there is.

MR. ENSMINGER: Wouldn't that be your calibration?

MR. MASLIA: No, no. When you're doing a probabilistic analysis, you don't do a calibration. When you're doing what we call a deterministic single point value, you assign single values to model parameters, and then you say I'd like a model in terms of water level to be within plus or minus five feet of what I measured.

In terms of concentration you may say I want it to be within plus or minus an order of magnitude, plus or minus a half-order of magnitude, or whatever value you want. It may not be possible to achieve that. I believe we did, but a better way, not necessarily a better way, but another way to show this and to answer the question, well, how reliable is that, is we showed you the 95 percent band in the previous slide.

And whether you do pumping excluded or pumping included, you see that the measured data fall on that band. All these fall right

there. And that's all the data. All this over here -- and we're showing it are non-detects. So non-detects with no blue square means that there's no measured data. It just says the record says non-detect on it.

Where there's a symbol right here it means they came up with a measured value. You've got a non-detect of ten and -- I think this is a six value. They wrote down a six. Somebody determined it was six ppb. So that's just an indication that, in fact, we believe the model is reliable enough for the epidemiological study. Again, it's the purpose for what it's intended to be.

So that's it on Tarawa Terrace. Again, there may be some discussion at the expert panel meeting on that or again, the purpose will be geared more towards Hadnot Point, and I can answer questions about that or go on to Hadnot Point.

MR. BYRON: This is Jeff, and I'd like to stick with TT for a second so I understand that all the water modeling's been done, grass straw and you name it. But the DOD doesn't agree with you even though they've been

involved in this whole process. What's up?

MR. MASLIA: I'm glad you mentioned about the DOD. We got comments from the Department of the Navy. So I'll address that just so we're all on the same page if that's okay.

They provided us on June 19th of 2008, with a letter pointing out some questions that they had, concerns with the Tarawa Terrace modeling. We addressed those in detail, and I think sent the letter back to them on March the 10th.

There are certain items that we agreed with them on; there isn't sufficient data. There's nothing we can do about that. Agreed to that, and said, yes, that will increase the uncertainty. There's no question. If you double the data points we could do something about that. We can't.

On certain items we disagree. I think they feel the model is not sufficiently calibrated for the epidemiological study. We disagree with that. That's just the bottom line.

MR. BYRON: Well, wasn't the process figured out before with the expert panel meeting? I

mean, this is one reason why I'm not going to stay tomorrow. Because first off, I'm not a scientist. I wouldn't really have that much to input, but what good is it if you finished the water modeling, and they just turn around and say, well, we don't agree with it. So what --

MR. MASLIA: I'm not sure what the political process is or the agency-level process is, but in fact -- and I think we need to wait really, I'm curious to see what the NRC report, I know Dick Clapp was on the panel, and we'll see what they -- you weren't?

DR. CLAPP: As a reviewer.

MR. MASLIA: You were a reviewer, okay. We'll see what they have to say about that. In other words, if somebody came back to us and said, you know, if you use this value and change it or do something else, that's not a problem for us to say, okay, we'll do that. But if you make a generalized statement that it's not in their opinion, and again, that there's questions whether it can be used from an epidemiological study, our opinion is that it can be.

And the panel is really not going to specifically address that question. What they're going to address is, number one, you used a certain method at Tarawa Terrace with all of its good points and all of its flaws. It's got both. You've got answers now. Now, given that Hadnot Point is significantly more complex, are there things you can either tweak, take different approaches for Hadnot Point that we should be doing. And that's really what we want to know for Hadnot Point.

MR. ENSMINGER: Morris, just to clear up a point here. Wasn't your work, your published work at Tarawa Terrace, also published in a peer review journal?

MR. MASLIA: Yes, it was. And the reports were sent -- just so everybody's clear -- prior to the agency, or as the agency was clearing from an agency standpoint, they were also sent out to individual experts to review.

MR. BYRON: Independents.

MR. MASLIA: Independent experts. For example, Chapter B on the geology was sent out to Dr. James Miller, who is retired from USGS, and did all the, is an expert in the Atlantic

Coastal Plain. So we sent that out. In our opinion that's a much more useful approach on these type of reports than holding a panel for each report or holding a two-day panel and then doing it because they can critique and tell you to change certain things in the report, which we did by the way. I don't think there was anything that we outright rejected in changing the report.

But the bottom line is the data are what the data are. Neither ATSDR or DON or the Department of Defense can change anything about that data. That is what's going to be reflected in the uncertainty. But there is uncertainty there, and I would think it would be in the matter of agency policy whether you accept it or don't accept it.

MR. BYRON: Morris, I guess basically what I'm driving at is that they have a motive to not accept your report. They have how many SF-95s have been filed now?

MR. ENSMINGER: Oh, he won't know that.

MR. BYRON: I didn't ask him. I'm asking Mary Ann. Anybody know? From DOD or Environmental Service? There's probably

thousands, okay. So it's in their best interest to say, well, we disagree with everything. They don't even have to read the report. It's kind of like Congress. We don't read the Stimulus Package; we just sign it.

MR. MASLIA: In any, and I've been involved in a number of them, not at this agency but at other agencies. You're going to have disagreements on a technical standpoint. A lot of times you can do something about that. If you're doing a remediation study, you can go out, obtain more information to verify. We don't have that ability with the historic reconstruction.

And that's all I'm telling you. I'm not saying good, bad or indifferent. I'm telling you the Navy commented on our report. We replied in a lot of detail because we do take anyone's -- and they'll give more comments when the epi study is completed whether the report's an appendix or whatever as part of the epi study from where they get their numbers.

Frank will ^ tomorrow showing how to use the concentrations. There will be other

members of the public or whomever that will write in during the public comment period, and we will need to address that. So there's still an opportunity to comment on it.

MR. PARTAIN: Morris, I have a quick question here. Just a clarification, isn't the purpose of creating a water model to help you understand and shed light on data that you don't have to begin with? I mean, I hear this banter back and forth between --

MR. MASLIA: The specific goal was, as the goal said, to provide concentration, monthly concentration information for the epi study. In doing so we needed to come up with information that we obviously did not have. And what the model does help you do is if you're running a model one leg, and for example, you're drying out the aquifer, you're pumping too much or you have to turn on some other wells. So it does indirectly help you figure out some operating scenarios.

MR. PARTAIN: I guess if you had the data, you wouldn't need to do the modeling.

MR. MASLIA: Or we might use the model just to refine where we have gaps. Here, most of

what we have is a gap.

MR. STALLARD: We have about seven more minutes.

MR. MASLIA: I think I can finish up and take questions.

Basically, on Hadnot Point-Holcomb Boulevard we're modeling analyses. Data analyses are about 95 percent complete. I'll get to the asterisk in a minute. And data report and a draft is 95 percent complete. We've developed some statistical and fate properties, different compounds and degradation and all that. That's complete.

Groundwater flow and transport modeling, there's a number of reasons why this is only ten percent complete. One is we did not want to go so far along and then have the expert panel and say, no, you should use this flavor of a model or that flavor of a model and come back. It's an order of magnitude more difficult and complex than Tarawa Terrace. So we basically have the input data that we need to get the model running. We know the size of the model, where it's located. I can bring that up if we have time.

You'll see it tomorrow if you're here. We've run some initial simulations, just what average water levels were before pumping actually began. But we have not proceeded past that, waiting for input from the expert panel.

Water distribution system modeling, we actually have calibrated all pipes models for the Hadnot Point-Holcomb Boulevard area. This was using information we obtained when we did the field testing in 2004, and we've done some initial simulations where we turn on the booster pump, and we turn it off just to make sure the model had what we refer to as the water balances out. That means you're not drying out a tank or pipes go dry and things like that.

And again, we're waiting for feedback from the expert panel exactly what type of simulations should we do. Should we do hypothetical? Should we do probabilistic? Should we do a one day, and that's a typical day? And like that, that's the purpose of the panel. So again, that's the reason we're not farther along on the modeling standard.

We now have information that there's about a hundred or more underground storage and above-ground storage tank reports that we've pulled off a website. And again, this will be a question for the panel to provide us input as to what to do with those. The information universe apparently has no bounds on it. And when I say that, I'm not saying data. I'm saying information. But to see if there's any data that's useful, you've got to go through the information. And so the question is, where do we stop?

MR. ENSMINGER: Where did you get this stuff, this new information?

MR. MASLIA: This is from a website maintained by Kaplan and Associates. It's a NAVFAC website. We came across it in looking up or requesting some references. I don't know if we've pulled everything off there. We do have access to it, and the reason we have catalogued what we have, and there does appear to be some useful information in terms of water levels where the quality data on areas that we have no information for.

The question is, and this gets back to

some of the critiques on Tarawa Terrace, is in the Tarawa Terrace one, because the data was so limited, we could not, say, split the data and use part of the data to calibrate the model and the other part to verify the model. We may have that opportunity with this data here is to use the data over here that we've already compiled and gathered, run our models, do our simulations, then come back and test the model against the data contained in these reports.

Again, that's something we want the expert panel to weigh in on where do you put bounds on a universe that apparently has no bounds on it. In other words at some point we need to provide information for the epi study.

MR. STALLARD: What does NAVFAC mean?

MR. MASLIA: NAVFAC, that's Naval Facilities Engineering Command.

MR. PARTAIN: Now, Morris, these one hundred reports, is this new information? Where did this, how did y'all come across this?

MR. MASLIA: It's new for us only that we had not seen it before.

MR. PARTAIN: Didn't ATSDR ask for any and

all information related to the water contamination documents?

MR. MASLIA: Yes, yes.

MR. PARTAIN: Then why weren't they provided until just now?

MR. MASLIA: I don't know. We came across this in doing what we consider is our quality assurance, quality control, in going through our data report, in trying to capture all references that make sure we have referenced all information.

And have, as you go through especially on historic sites, you may go through one reference and then it mentions another report. Many times we have those reports. In this case there were about a half dozen of these reports that we did not have, and we asked for those reports. And we were provided a link to this website to go find those reports.

MR. PARTAIN: Have y'all made a request for an index, was it Kaitlan (sic) and Associates?

MR. MASLIA: Well, we've got access to their website.

MR. PARTAIN: But I'd like to --

MR. MASLIA: I don't know if it's indexed.

We've got, the way the website works is you put in a site location or a building location or a name, and it'll list out all the references in that website.

MR. PARTAIN: Is this exclusively, I mean, can CAP members get into that and look at the documents, too, there?

MR. MASLIA: I can't answer that. We've got access. It's not a public, from my understanding, it's not a public website. We were given a password user ID, and we have downloaded the information. I'll have to defer to Scott on the legal aspects of that.

MR. STALLARD: We're going to let Mary Ann close out and then go to lunch.

MS. SIMMONS: I'm just going to mention one thing and the scholars and lawyers can correct me if I'm wrong. But I believe all these documents are available in the administrative record which is in the library at Jacksonville, and also, the State of North Carolina has them, too, so they're not new. It's just newly found.

MR. MASLIA: ^ documents? Because we were at North Carolina. We just went up there in

March, and they did not have them.

MR. STALLARD: Thanks.

Would that be an appropriate time?

MR. MASLIA: Well, let me see. I think this is just to give you an idea of magnitude difference in Hadnot Point and Tarawa Terrace. But there's about an order of magnitude more information. One of the things that gives us, I guess, a pause to be happy about is whereas we had no supply well tests at Tarawa Terrace, meaning testing the well performance, getting that property, we've got 69 supply well tests at Hadnot Point, 132 accra* tests.

So there is more information. At the same time the model is much more complex. There are many more contaminated sites. There's not necessarily a single start-up date. Like ABC we could pretty much, based on the owner's deposition, say when they started operations and things of that nature. So there's uncertainty in areas, in other areas that we didn't have at Tarawa Terrace.

MR. ENSMINGER: Nineteen forty-two.

MR. MASLIA: So with that I know there are some questions about the, how we're going to

model BTEX and all that. I don't know. Do you want me to come back after lunch?

MR. STALLARD: This is the lunch break. You're back on the agenda at 1:00 p.m., from 1:00 to 1:30.

Now wait a minute. What I would ask is for those of you who have information that you can share with others during the break that can be reported back to the CAP, that would be most appreciated so that everybody hears the same information and alleviates doubt and confusion. So please be back in one hour.

(Whereupon, a lunch break was taken from 12:00 p.m. until 1:05 p.m.)

MR. STALLARD: This is Christopher here in Atlanta. We're going to resume our afternoon session. Who's on the line, please?

(no response)

MR. STALLARD: It said three people. So, Tom, are you on?

MR. TOWNSEND (by Telephone): Yes.

MR. STALLARD: Okay, and is there someone else there on the line, please?

CAPTIONER: Captioner is on the line.

MR. STALLARD: Okay, thank you very much.

Folks, thank you for a very productive morning session. We're going to start the afternoon session with Morris completing his presentation from this morning, and then we'll move on.

I'd like to invite you to think about two things that you think the VA could do as a representative either at a meeting or on the CAP or whatever. In going back to our earlier discussion this morning, we heard a lot about the VA, and I want to capture those thoughts. So I want you individually to think of two things that you think of merit that we can capture.

Okay, Morris.

CONTINUE WATER MODELING DISCUSSION

MR. MASLIA: Continuing where we left off, I just want to go into some bit of data that we put together for Hadnot Point-Holcomb Boulevard area. First I was remiss, and I just wanted to let the CAP know, for the expert panel, for each of the experts that are on the panel -- we have 13, I believe -- we've provided them with a notebook like this. If

you want to look at it, that's fine.

The rules of the game are most of this is draft not cleared, so they have signed a confidentiality agreement and they are returning the notebooks back to us. So there'll be one or two at the meeting also so basically it's some raw data, a draft data report, some background information, and that's what they, plus we provided them with Chapter A reports, stuff like that.

So that's basically what they gave us their pre-meeting comments on, and there was basically to assist them in coming to the meeting as prepared as possible. Plus they have access to any of the Tarawa Terrace reports that are on the web.

With that said there was a question this morning about modeling and so on, how we're going to do that for the Hadnot Point area. While I don't want to get into the details, specific details, I wanted to go over just some of the data that we do have. And what we have here is just the site areas, the site investigations where we do have information. So we've grouped it, and

basically there's a landfill area, the industrial area and then Site 888 for areas.

And the key would be to try to capture those and for the other areas in the model to get answers to the three types of compounds that we said we were going to look at which would be PCE as a source, TCE as a source, as a degradation product. PCE is the source, and then BTEX compounds. And so with that let me pull up another slide.

This becomes much more problematic than Tarawa Terrace. This is what we call a regional or an overall model grid where we're first using a process that we did in Tarawa Terrace, we need to first figure out how the water's flowing or where the groundwater's flowing. For that we don't need such a fine resolution.

MR. STALLARD: Tom, or whoever's on the line, could you please mute your phone or turn off any type of appliance that might have sound coming out? Thanks.

MS. RUCKART: I think they're watching the presentation on their computer. It's the audio from the streaming.

MR. MASLIA: So from a regional standpoint we have the model out to the natural boundaries, and that's the overall model and that's where I say the model's about 50 square miles in size. That's what that area represents.

MS. BRIDGES: What are the dots on there?

MR. MASLIA: Wells.

MS. BRIDGES: Wells or contaminated wells?

MR. MASLIA: No, don't jump now. We don't model like that.

MS. BRIDGES: They're wells.

MR. MASLIA: They're just well locations. These are supply wells coming through here. They may be also monitor wells as well. Again, I know these are supply wells up here.

MS. BRIDGES: And they drain into those creeks like.

MR. MASLIA: Well, no, the creeks are just drains which we have to account for because that's either water going into the creeks or coming out of the creeks depending on the seasons, and the model needs to know that. But what I was looking for is, yeah, this is it right here.

So now, looking over there, we obviously cannot, or we don't really want to do a contaminate fate transport over that entire model grid because, number one, the contamination did not go all the way out to the boundaries. It's much more computationally intensive to do that, so we can isolate in on what we call local grids or local refined areas. So that's where we'll actually do the contaminate fate transport.

And here, this is just rough areas right now. Again, we're asking the expert panel to give us feedback on that. But so we'll have this groundwater flow all the way and out here, and they would be going here and just do the transport in these little sub-areas. We have to actually have two different model areas for transport.

So that's it on the modeling at the site, and then someone, we were talking a little bit earlier on about the compounds and depths and stuff like that. What we have done, for example -- and I'll show you a couple of these. This is PCE. And what we've done here is we've taken a section through

here. And this is now depth so now you can look at the depth of the contamination with depth.

And the circles represent the size of the, or the concentrations. The larger the circle, the higher the concentration. So, for example, the maximum would be this large circle here is 170,000 micrograms per liter. That's obviously pure product since PCE saturation is about 150 micrograms per liter. So you can see the pluses are non-detects what you can see you've got PCE going way down. And that would be expected if you had pure product up here because it's denser than water.

So, yes, that would tend to, if there were wells pumping here, tend to impact a pumping well. So there's land surface sea level. Sea level Camp Lejeune ranges anywhere from sea level to about 30, 40 feet above sea level, so land surface is about right here. So your supply wells would typically in this range right here. So that's something that we have, in other words, go through the data that we need to understand prior to running the

model to do that. And we've done that.

TCE as well, you can see TCE, you've got much higher concentrations at depth. Down here, again, almost pure product down there, and then the benzene is there. Again, you've got benzene. It's floating. It's to be expected. It's LNAPL so it's on the surface or very near the surface. Over there with a maximum right there. And if we look at depth, these are the detections of benzene. So it's basically right near the surface. Again, this is data that were obtained in various reports.

MR. PARTAIN: Hey, Morris, looking at that the benzene's up on the surface.

MR. MASLIA: Right, on or near the surface.

MR. PARTAIN: Six-oh-two's a deep well.

MR. MASLIA: Yeah, again, look at the concentration here though of, again, so as a well starts pumping it's going to dilute going down. At 602 remember it had, what, 720? 720?

MR. PARTAIN: Yeah.

MR. MASLIA: Something like that. So that's much more diluted than the 36,000.

MR. PARTAIN: I'm just not seeing plots of

benzene downward.

MR. MASLIA: Well, no, remember, this doesn't show time. It just shows all data that we have. And when you run the model, you're going to run it in time, and that's where you'll determine over time how the concentration increases the well water.

MR. PARTAIN: So this point here is assumed is a star point on the data?

MR. MASLIA: No, it's just data.

MR. PARTAIN: This is data.

MR. MASLIA: It's data as we go through reports. And we say where do we have benzene data. Where do we have TCE data. Where do we have PCE data, and we just put together a spreadsheet. And this is just giving you a sense of the amount of data we have, where it's located and at what depth the sample was taken or the sample occurred, let me put it that way.

MR. PARTAIN: Was there any deep water sampling for benzene?

MR. MASLIA: This is all the benzene data we have.

MR. PARTAIN: I mean, do we have any data to

say that they did sample deep water and found nothing?

MR. MASLIA: No, not unless it says non-detects. In other words, these are all the detections. The one before that shows all samples including non-detects, and you do have some, that's about the deepest that you have, right around it looks like about ten feet above sea level.

DR. BOVE: Except for the supply well.

MR. MASLIA: Right, yeah, yeah, but they --

DR. BOVE: I think that's what his point is, is that the benzene level --

MR. MASLIA: It's in the supply well, right. This is not necessarily a supply well. This is all sampling data obtained during, for example, site investigations.

DR. BOVE: I think the question was why aren't there points more deeper --

MR. MASLIA: Site investigations typically took place after the supply wells were shut down.

MR. PARTAIN: Well, we've got that one here where July 6th, we've got a supply well sample with benzene. As part of the site

investigation I don't see a plot for it. That's what I'm questioning.

MR. MASLIA: I'll have to look at that.

MR. PARTAIN: Because it's pulling up July 6th, 602, 380 parts per billion benzene.

MR. MASLIA: We've got those probably tabulated separately under --

MR. PARTAIN: That's why I'm questioning because I --

MR. MASLIA: -- supply, this is what we refer to as site investigations, not necessarily going to, you know, somebody comes in and investigates the site, not necessarily going to the supply well, turning them on to get a sample or getting samples from the supply well. We've got tables of supply wells and then we see what contaminants are in the --

MR. PARTAIN: This was the initial site investigation?

MR. MASLIA: Not necessarily initial. This was again, this is a compilation of all site investigations. So in other words if you've got two dozen reports from various site investigations, this reflects all of the data

that were obtained from all.

DR. BOVE: But not the supply wells.

MR. MASLIA: Not the supply wells.

MR. STALLARD: But that will be reflected in some other chart.

MR. MASLIA: Yes, yes, yes. We've got tables of supply wells. We are separating these out because, again, when you're running the model, you can simulate a concentration at X-Y-Z location which is not a well necessarily. But then again you also model ^.

I think that's -- the only other thing is to let you know that I believe we're shooting for some times in May. We'll be taking six or seven staff people up to Camp Lejeune to go through various documents, go through, when BAH came onsite, they gathered or indexed what's available in terms of records and stuff. We looked through that for the Tarawa Terrace, and so we're going back now to go through that for Hadnot Point and see if there's any additional information or we've missed anything. And that will be hopefully in May, and we're planning to spend about a week.

So I think that's it. I'll open it up to any other questions. If not, we'll be here for the next two days for the expert panel meeting and then we will, like we do with ^ have a report or a document coming out, out of the expert panel meeting, and there'll be recommendations that they have made, and what changes they suggest or modifications in approach.

I did want to add one thing. I brought this chart here. We have come up -- and we're presenting this to the expert panel -- with a method that is a lot simpler than the big numerical model that we used for Tarawa Terrace that we're proposing here. It's a crude method, but we feel that it may, in fact, if nothing else it's a screening -- well, depending on times and budgets and all that, that may be the approach to take at Tarawa Terrace because it does address contamination in supply wells, which is what we need to get to the water treatment plant.

So we're planning to present that as a screening level method and see if the expert panel thinks that it should be used and it

should at least maybe be used to get us going with a more complicated model. It looks promising.

We've tested it out actually on the Tarawa Terrace results that we have using the Tarawa Terrace results as if they were real, quote, real data, and it's able to duplicate it based only on a pumping well and a monitoring well. It takes a lot less obviously to do that, and it seems fairly robust and predictive and we can do a lot of things with it.

Whether that meets the scholarly level of acceptance or not, and that's why we're throwing it out to the expert panel. If nothing else it may give us a place to start with. Starting up a 50 square mile model with umpteen hundred thousand or millions of cells, and trying to get it to the point where you're getting reliable concentrations and all that is going to take a lot of computer crunching and time. And it may be that we can get further along to start off with, you know, keep it simple at first. That may be.

So we're going to present that to the

expert panel. Our corroborator from Georgia Tech developed it at our request basically anticipating that, yeah, are there other methods that may get us 95 percent of the way with only expending 20 percent of the effort and budget. In seeing the amount of information for Hadnot Point and just basically have to deal with that may be a better way, a more efficient way and get us closer.

And it can provide monthly concentrations. And it's really the supply wells that we're interested in. All this other location around that, the wells and all that, that's just dated excess to obey the rules of the model, do modeling correctly. We're really not interested in that. We're not interested in what the concentration is between Building 21 and Building 25 for the purpose of the epi study.

What we want to know is what is the concentration in the supply well, and how did that supply well mix at the treatment plant. That's really what we're interested in and if we can do that, if that looks like a viable

method, and the expert panel says, yes, go ahead and further refine it and let's see where it goes, we may...

MR. TOWNSEND (by Telephone): Chris.

MR. STALLARD: Yes.

MR. TOWNSEND (by Telephone): This is Tom Townsend. I have a comment for Morris.

MR. MASLIA: Sure.

MR. TOWNSEND (by Telephone): Okay?

MR. MASLIA: Okay, I'm ready.

MR. TOWNSEND (by Telephone): Hey, Morris, thank you so very much for your work. I think as a resident and have lost a wife and a child to this junk at Paradise Point, I appreciate all the work you're doing, and I hope that beside the expert panel, I hope that the Veterans Administration is paying attention to what the hell you're doing. Thank you a lot.

MR. MASLIA: Thank you, Tom. It's always good to hear your voice, and as I said, hopefully our goal for tomorrow really is to set the direction for the next few months and to go forward from that. So with that, that's my presentation. I think Frank is up and...

MR. TOWNSEND (by Telephone): Hey, Frank?

DR. BOVE: Yeah, Tom?

MR. TOWNSEND (by Telephone): Hey, Frank, if Morris needs money from the Navy, let me know because I'll hammer them as hard as I can.

DR. BOVE: I'll keep that in mind.

I want to give you sense of what we're going to say tomorrow to the expert panel. I'm going to run, go quickly through some of these slides for the benefit of the expert panel, for example, a 1998 study, the results of that which we've gone through before. And the current study, you know pretty much all this, and so we'll move quickly around that, too.

So we have these birth defects we were trying to evaluate and ^, but we ended up after the survey, which you all know about, recorded cases, then we went through that verification process that verified diagnoses. And this is the situation where we are right now. We've gone through four. So we'll present this to the panel, and then we'll ask them for some advice on how to analyze this data basically.

Also trying to explain to them why we

had to go through, or Morris had to go through this effort. Why we need data on a monthly level, for example. So the data analysis, what we have planned, and again, we're willing to hear advice from the panel. There are epidemiologists on the panel -- Dick will be on the panel, for example. Some colleagues of his are going to be on the panel.

So the first thing we're going to do is we're going to analyze neural tube defects separately, oral cleft separately and then evaluate cleft lip and cleft palate separately. Even though we do have small numbers, those two defects sometimes have different etiologies, and it's often good to look at them separately in case they have different results for them. And then we'll combine, as we were asked to do way back in the 2005 now, we'll combine the non-Hodgkins lymphoma with childhood leukemia. So that's the first thing we're going to do.

The next wrinkle on this is to analyze the contamination both as a continuous variable, the monthly average, for example, and also to categorize it, too, because there

are assumptions made when you use a continuous variable with the models that we used. And sometimes there are fewer assumptions with categorical variables, but then you have to have, choose cut points. So there are pros and cons to both approaches. We use them both.

Deciding where the cut points are for the categorical model, we'll try to see if we can use some, let the data tell us where to make those cut points, and there are smoothing methods to do that. Alternatively, we may not have much choice. Because of the small numbers of cases, we may be able to just use three categories: no exposure, medium and high, and group people together. We may have to do that, so we'll see how that goes. It's again something that we can ask the panel if they have any advice.

Initially, we'll analyze each contaminant separately. This assumes that there's one chemical that's causing the problem, and it's not the fact that they're mixing together. So that's a major assumption. So we'll do this, but then we'll

also evaluate the chemicals as a mixture.

And any questions --

MR. TOWNSEND (by Telephone): Frank?

DR. BOVE: Hello?

MR. TOWNSEND (by Telephone): I have a question. Are you ever going to go back and visit the adverse effects that didn't make the cut, like Tetralogy of Fallot?

DR. BOVE: No, no. We were not able to ascertain enough cases of Tetralogy of Fallot or of the other conotruncal heart defects. The survey just did not pick them up. And so there's no other way to get at these birth defects other than through a survey. And the survey was just deficient in that way. When you do studies of these kinds of defects you use a population-based birth defect registry. That's the ideal, and at Lejeune we didn't have one. No state had one back then. The only, well, actually, New Jersey had it by '85, and some states had it, but North Carolina didn't. And CDC had one in Atlanta, but that's about it. So, no, the answer to your question is we'd like to look at conotruncal heart defects, we just can't do

that. We can't ascertain them reliably.

For the confirmed cases of neural tube defects, we look at the average and maximum contaminant level of the first trimester. That's the key period. In fact, the first month of pregnancy is the key period. So we'll do that, too, realizing that we're not sure when conception occurred based on the interviews and the information we have. So we have to make some guesses as to the time period here.

And then we'll look at the three months prior to the date of conception up to the date of conception. So that's one period. The first trimester is another period. The first month of pregnancy is a third period. We'll look at all three for neural tube defects and use the average and the maximum level as well, so that's additional analysis.

For clefts the focus now is more on the second month of pregnancy actually for clefts. Again, we're not sure whether we can identify with complete accuracy the second month, so what we do is we look at the first trimester again just like we do with neural

tube defects. And then the same period that I mentioned before, the three months prior to conception up to the date of conception is the second period.

This may be, the second month pregnancy for sure for cleft lip. For cleft palate may slightly go over the second month into the third depending on what you read about it. So we may combine second and third as well as additional analysis.

So that's cleft. So you see we're doing different things with different birth defects. And then with the cancers, leukemia and non-Hodgkins lymphoma, it's totally different because we have no idea when the vulnerable period is during pregnancy. So what we do is we look at each trimester separately to see which trimester might -- if we can do this.

I mean, again, we have the small numbers, but we're going to try to do this. We'll also look at the average and the maximum over the entire pregnancy. That's not on the slide, but that's also what we'll do. Then we'll look at the first year of the child's

life, date it's born to age one. And then again we'll look at this period before conception, three months before up to the date of conception and then finally have a cumulative exposure of the whole period and see if that provides us with any information we don't get from the other analysis. So those are the approaches we are thinking of taking.

But this is actually real data from Tarawa Terrace. Now, I'm not telling you which child is the case and which one's the control. That would be giving information away I don't want to. But I want to give you a sense of why, I want to give the panel a sense of why monthly levels are important. From the previous slides you can see that we're interested in first trimester or even the first month of pregnancy.

But look at the variability that goes on for some of these. This is real data now. For example, this is extremely different than this. And then, of course, there are periods when they're not on base, and we're assuming that they're not exposed when they're not on

base. So all kinds of different patterns occur here, and that's why you need monthly data. For the future studies, for the mortality study, for the health survey, you really don't need monthly data like this. But for birth defects in particular you need monthly data like this, and that's the point I'm going to make sure the panel understands.

MR. ENSMINGER: What's that 3-DOC, 2-DOC?

DR. BOVE: This is three months before the date of conception. Two months before the date of conception. Up to the date of conception in month one of gestation, two and three. So that's it.

So this is first trimester, and this is the three months before the first trimester. And you can see the variability.

This, again, we're going to use logistic regression, but we may have to deal with the sparse data and try some other approaches that are related to the usual logistic regression approach. Although sparse data is sparse data and no matter what you do, it's like you have only this much of data for the drinking water, for the modeling effort

sample data you have to, that's all you have. So that's what we're going to have to be creative about how we analyze this data.

We're also going to try to keep the models as simple as possible and only put it in variables that are actually necessary to put in there to deal with any bias issues, particularly ^, and then look at the water usage data that's useful. Oftentimes there's not that much variability in what people report about how long they take showers, for example. How much they drink water, and they're also going to be recalling behaviors many years in the past so this data may not be that useful, but we'll look at it. My own experience with this kind of data when you're going way in the past is it's not that reliable and other sites seem to indicate that, too. But we'll take it into account and see what it tells us.

Then we know there will be some misclassification of exposure because people were not sure where they lived. I feel pretty confident about the water modeling actually, but I don't feel as comfortable about people's

recall about where they lived.

We do have housing records that we can compare with what people state, but the housing records won't tell you that the people crashed with these people for several months or a woman lived with another person or whatever, all kinds of combinations.

So we're going to do a sensitivity analysis and see what happens if you change how you assign exposures to the cases and the controls and how that affects the results. So you get a handle on that.

Because as far as numbers, we'll also see if the results change if we add cases and controls with incomplete residential history and then for that we'll just have to rely on the housing records to fill in the blanks or the cases that are still pending where we don't know whether they have a disease or not. We wanted to strictly restrict the study to confirmed cases, but we may want to check to see if adding the pending cases changes anything.

And finally, this is how we interpret results, not by p values but by the highest

ratio of the relative risk, the size of the effect and the dose response and whether it makes any sense from what we know from the science of disease and the chemical.

So that's all. So that's what we're going to go over with tomorrow briefly with the panel just to acclimate them to why the water modeling is necessary, what we hope to do with the study, and again, because of the epidemiologists on the panel we might as well exploit their knowledge there and then get some advice while we're at it.

Any questions?

MR. MASLIA: Not a question but a point to make. You can pull up the slide with the table, and I don't have a pointer with me. Obviously, since this is Tarawa Terrace, generally, what's happening here is obviously a well, a major well has cycled off, whether it's maintenance or whatever because you see the difference in concentration from one month to the other.

That's one of the reasons we placed importance on trying -- I know we've got ten years of water plant operations recently the

Marine Corps gave us, is for Hadnot Point, for example. Because basically housing was filled to capacity all the time. This is not a residential area. It's a military base. So we know housing, water usage at housing did not change that much over time. So we can use present information to help guide us as to how they may have supplied water in terms of wells cycling on and off historically.

But also what we can do is because you can see the variation in there and it's again up for the epi side, if they wanted to see what impact it was just to have a different well cycle on and off, we can now go back and re-run that model and turn that well on and off wherever the epi people tell us. We're still blinded to case and control, and they can see what impact it may or may not have on the final epi results.

MR. PARTAIN: Morris, real quick, you mentioned you had ten years of well data?

MR. MASLIA: No, it's water treatment plant operations. We've got written records from the Marine Corps. They gave them to us.

MR. PARTAIN: What time period?

MR. MASLIA: 'Ninety-eight to 2008. Not early, no. But that's what I'm saying is they still shed good light onto how they may have operated in the past.

MR. PARTAIN: Operated post-contamination discovery.

MR. MASLIA: But we can use that as insight on, in other words if they turn a well on, and we see that it's regularly operating for eight hours, we can make an assumption that typically then they may have operated a well like that for eight hours historically. Water utility operators don't like to see changes from normal operations.

All water utilities like to operate on a standard schedule. So we can get some insight even on present day as to how they're operating on an hourly basis or whatever, that's very useful information going back historically, and so there's good reliability that they probably operated the same way. Especially since we know housing is not really variable in terms of occupants and order demand and things of that nature.

DR. BOVE: There are times when Tarawa

Terrace was being remodeled and redone as it were. We can look at that, but you can get a sense of how the system operated. How people operated the system. That's important.

MR. TOWNSEND (by Telephone): Frank?

DR. BOVE: Yes, Tom.

MR. TOWNSEND (by Telephone): If the Marine Corps is having an outreach program on trying to find people that have not reported in or are not reporting any adverse effects, if a sufficient number of people come in with a common concern adverse effect, will you take a look at that and put it in the pie for the epi study?

DR. BOVE: Yeah, that's what this survey's all about. The health survey will attempt to capture not only cancers and other specific diseases that have been related to VOC exposure, either in occupational settings or in drinking water studies, mostly occupation. But also we'll have an open-ended question where people can put in any other ailments that are not mentioned in the list we're focusing on. And so we'll capture that data.

And what we'll do with some of that

we're not sure yet. Again, it depends on how many people respond to the survey, how small the participation rate is, what kinds of diseases are reported to us. We have no idea what we're going to find. So we're hoping that the health survey can capture that kind of information.

MR. TOWNSEND (by Telephone): Is this a new survey?

DR. BOVE: Yes, the new survey will, yeah, the Congress mandated that ATSDR involve the survey instrument and that Marine Corps mail it out. We worked out an arrangement -- we've been talking about this for several CAP meetings now. It's a health survey study and we're going to be mailing the survey.

Perri will talk about it in a minute. But we're going to be mailing surveys to hundreds of thousands of people with follow-up letters and so on, so it's a major effort, and we should get started soon. And Perri will tell you more details about that. But, yeah, we're hoping to capture that information.

MR. TOWNSEND (by Telephone): Good on you, Frank.

MS. RUCKART: Frank, do you want to say something about the fact that even with the catchall question we still want to confirm the diseases?

DR. BOVE: Yes. We want to, I guess I can launch into that. Any other questions about this presentation? Any problems with it? Any suggestions?

(no response)

DR. BOVE: It gets into all the, the ways we've been working with the registries and so on to confirm. Do you want to do that now?

UPDATES ON HEALTH SURVEY AND MORTALITY STUDY

MS. RUCKART: So the next topic area on the agenda is just to give some updates on the health survey and the mortality study. Just this week we received approvals of our response to the peer review comments. Recall that ATSDR seeks peer review on our protocols and we got responses from the peer reviewers. We got their comments, and then we need to respond to their comments, and our agency approved our responses.

So we have IRB approval for both of those studies. We have the, our response to

peer reviewers' comments are approved by the agency. The mortality study does not need OMB approval because there's no contact with participants. The health survey does need OMB approval. The health survey is currently with OMB and I'll talk a little bit about that in one minute, so we're moving along there.

As far as getting a contractor onboard to begin conducting these studies, the contract is still out with our Procurement and Grants Office, and we're waiting to hear back from them on who the contractor will be for these projects.

And we have been working with the various cancer registries, the state cancer registries, the VA and the DOD cancer registries to get their support to confirm the cancer cases that are going to be reported as part of the health survey. We've talked about this before how we've had a couple conference calls with the CDC-funded state cancer registries. They've been very supportive as we've mentioned.

Earlier this month we went to a meeting here in Atlanta where all the program

directors of the state cancer registries attended, the CDC funded ones. Frank and I gave a presentation, and again, it was well received, and we have their support.

Once we have the OMB-approved health survey and we make any needed changes as required by OMB, and we go back to our IRB so they can be approving the final version, then we'll give that final version to the IRBs of the state cancer registries for them to just approve it so they can work with us.

And as I mentioned, we have also been in contact with the VA and DOD cancer registries. Again, they're very supportive of working with us in our efforts to confirm the reported cancer cases. Basically, there are some issues with states reporting on patients who are also part of the VA registry. So we'll go to the VA first. They'll confirm anybody that they have in their database, and then we go to the state cancer registries.

There are basically two programs of funded state cancer registries. There's the CDC-funded registry. That's the majority of the registries. And the National Cancer

Institute has some funded registries. We had a call with them earlier this month, and they are also very supportive.

We are going to follow the same type of process as with the CDC-funded registries where we will submit to them our final IRB-approved version of the protocol. And their state IRB will approve it or their local IRB, and then they'll be able to work with us and share the data.

Now, I was mentioning about the OMB approval, we are not expecting to hear back from OMB until after the NRC Report is released. Initially, we were given a date of May 6th for the release of that report, the NRC Report. And we just found out today that that is going to be delayed and there's no new date for that. So that's going to further delay OMB's review and approval of our package.

Now, there was a question earlier --

DR. BOVE: But the mortality study can go forward as soon as we get a contractor onboard, and we get the --

MS. RUCKART: Yeah, yeah. So I'll talk about the DMDC data in a minute, but there was

a question before about the letters, who's signing the letters for the health survey. So we talked about this before. I'm not sure if we talked about where we are finally at this point. So I'll just go over that.

Everybody is going to receive two letters. One is the initial letter letting the participants know, hey, we're going to be sending out a survey. Be on the lookout for this. And that's going to come one-to-two weeks before the formal invitation letter that includes the survey.

And where we are right now with that is that the notification letter, the initial letter to notify you that the survey's coming, will be signed by General Payne. And then General Payne is going to present to the Commandant and ask him to sign the invitation letter. The wording's not yet complete because we need to hear back from OMB.

So General Payne wants to present to the Commandant the final version. He can't do that yet because we don't have the actual final exact wording yet because of the OMB hold up. So the hope and the goal is that

General Payne would sign the notification letter, and then in one-to-two weeks from that mailing, everybody would get like the official invitation letter and the survey itself. And that would be signed by the Commandant.

MR. BYRON: Thank you.

MS. RUCKART: So we'll see how that plays out.

MR. BYRON: Thank you in the back corner, when it happens.

MS. RUCKART: Then, as Frank was mentioning, because we don't need OMB approval for the mortality study, we could start that as soon as we have the contractor in place, but we also need to get the DMDC data. And there's been some movement on that part. Initially, the Marine Corps was given a dataset on Camp Lejeune to give us some preliminary numbers, and now we also need some information on Camp Pendleton. They need to get the codes for Camp Pendleton. That's separate from Camp Lejeune. So they're working on that. I think they recently found some code books that are going to help with that effort.

And then they're also trying to

recreate the Camp Lejeune dataset that was made before to make sure they have everybody. Maybe a couple more people will come into that 210,222. So there's some movement there, and we're still hoping to start these in the summer. We'll have to see how that plays out though.

MS. SIMMONS: Perri, if I could just say the Pendleton codes are complete, and the Lejeune codes are complete, but they're double checking to make sure they're correct. And hopefully, you guys will be able to do your queries within the next three weeks.

MR. STALLARD: Tom, you got any questions?

MR. TOWNSEND (by Telephone): No, it seems like it's moving slowly.

MR. STALLARD: It is moving.

MR. TOWNSEND (by Telephone): Yes, sort of a snail's -- OMB is not the fastest organization in the world.

MR. STALLARD: How many letters have you written to them?

MR. TOWNSEND (by Telephone): Several.

DR. BOVE: Again, we don't know how long the OMB process will take. They've had some

preliminary looks at our package so it's not new to them. But, of course, the wild card is still the NRC Report, and what the OMB will do with that report is unknown. And then how long OMB will take once that report comes out.

MR. ENSMINGER: There's a new OMB, too.

DR. BOVE: So there are issues, although some of the same people are still there who we think will be reviewing this package. So, again, that may not be the reason there's a delay, just OMB takes time, and then there's a back and forth between OMB and us to resolve any differences we might have. So the health survey could get held up for quite awhile until that all got resolved.

But the mortality study, actually, it makes sense to do the mortality study first anyway. That way we'll have a good handle on the DMDC data. We'll have identified those who have died, which is very important, so we don't send surveys to them. But also it will help when we get the death certificates, we'll have some indication of who the next of kin is and then can put them on the survey mailing list. So it's not so bad if we get moving on

the mortality study first, and then we have to deal with our own internal problems with the grants and procurement.

MR. STALLARD: We have actually caught up with the agenda, and we're ahead of the agenda amazingly. So I had asked you before --

MS. RUCKART: One thing I forgot to mention, right before we came back from lunch, I handed out this update that Scott gave me, the notification update. He told me that all the information in green is new, so I just wanted to mention that in case you're thinking what is this handout?

MR. PARTAIN: Chris, this is Mike Partain. Just a quick thing. Morris had mentioned you're going to look for documents at Lejeune. On CERCLA 388, page 2-34, there's a handwritten note from somebody over in NAVFAC that says, we must send them our 1-1-4-1's report on well data. I haven't seen a Form 1-1-4-1, but --

DR. BOVE: What form number is that?

MR. PARTAIN: It's CERCLA 388. It's a handwritten note on the document so it wouldn't show up on a scan. And it's

referring to a form apparently that NAVFAC had, number 1-1-4-1. And the handwritten note says we must send them our 1-1-4-1's report on well data, what it means, and what wells to keep shut down. And this is the section on the additional tank farm when they discovered the benzene in there.

MR. STALLARD: And we want to know what a 1-1-4-1 is.

Thank you.

VA EFFORT

So, as you recall, we wanted to have time to get back to respond to Dr. Sinks's request for a more comprehensive input into what should be included when he goes back again to VA on behalf of CAP. And so I asked you before break, and shortly after we got back from break, to each individually think of at least two things that you think need to be addressed in the follow-up effort of connecting with the VA.

So what I'm going to do is ask, we're going to start and go around the room and say what's your two, what's your two, what's your two, what's your two. What we might find is

that you all have two because somebody else said them. And if somebody doesn't -- if we miss something, add it. Does that sound fair? Take about five, ten minutes to do that?

DR. CLAPP: I have two, and the first one I think Jeff mentioned Han Kang this morning. And Han Kang has been part of some of the discussions that Frank actually convened of advisors who were familiar with doing mortality studies. I think he should continue to stay involved in some manner or somebody from his staff as the mortality study goes forward.

He had a suggestion at the meeting, I guess it was about a year ago now, about a cheaper way to get death certificate information than going to the National Death Index. It's a two stage thing and made a lot of sense. I don't know that I'd ever heard of it myself, but it seems like a good way to do it. That's the kind of information that he brings. And if it's not him, somebody else that is in his group. They do studies with veterans all the time.

MR. STALLARD: Is it H-A-N K-A-N-G, two

words?

DR. CLAPP: Yeah.

DR. BOVE: His first name, Han, his last name, Kang.

MR. STALLARD: Is he a doctor?

DR. BOVE: Yeah, Dr. Han Kang.

MR. STALLARD: Got it. Should remain involved in the mortality study.

DR. CLAPP: Right.

DR. BOVE: We've also consulted him in the past about how he's doing with his cancer incidence study to get a sense of what registries were participating. We probably want to check back with him to see how much more progress he's made. He had some registries participating and some that refused to and some that required a lot of money to do it.

So he's had a different experience primarily because he's trying to do a data linkage effort, and we're, instead, trying to get confirmation of reported cases. It's a very different kind of study. And so he's running into some difficulties, and we'll keep in touch with him about his progress.

MR. STALLARD: Okay, I'll capture that as an action item for you.

DR. CLAPP: And the second item was related to that which is some states apparently -- I found this out from Gulf War veterans' studies at our department that B.U. is involved with. Some states the VA hospital does not send cases to the state cancer registry. It should. They should. And they used to. And in our state, for example, Massachusetts, they used to.

So Han Kang has some -- or somebody at the VA I should say -- would have some way of helping make sure that VA cases get sent to state cancer registries so that the data are complete. And Frank pointed out that there may be this study that is being done by ATSDR will get those cases from both places so that it'll cover that eventually anyway. But it would be a lot simpler if state cancer registries got the VA cases.

DR. BOVE: In our discussions with the cancer registries in our phone conversations Perri and I had with them, they've pointed out this issue with the VA over and over again.

And one of the suggestions we got was to approach the VA and get approval from the VA so that the states can release that information to us.

Right now the states can't release VA cases to anybody without VA's approval. And so that's, I'm not sure whether that came out of that lost laptop issue or what the problem is. It seems to have started around then in earnest, this problem. So, but anyway, we're working with the VA hopefully to resolve that.

MR. STALLARD: Let me just make sure I captured that. I'm going to read it back. You said that Gulf War vet studies, VA does not send cancer study cases to the cancer state registries. They need to get approval from VA to release the state registries. Does that capture the essence?

DR. CLAPP: Yeah, you captured. It's two separate points, but they're both there.

MR. STALLARD: Okay, and you can discern the two points. Thank you.

Who has something to contribute? Yes, Jerry.

MR. ENSMINGER: Once again, that letter from

ATSDR to the Veterans Administration requesting a representative for this CAP.

MR. STALLARD: Let me get clarity on that. Requesting representation for like a CAP meeting or to sit here for several CAP meetings or --

MR. ENSMINGER: Somebody from the VA to attend these CAP meetings. This is concerning veterans.

DR. BOVE: Jerry, do you want someone to sit at this table, like a representative of the VA?

MR. ENSMINGER: Yeah, or I mean, they could sit back. I don't care where they sit.

DR. BOVE: That's two different things. We can encourage them to attend CAP meetings. Or we can put them on as a representative of the VA on the CAP. That's two different things.

MR. ENSMINGER: But there's got to be some consistency within this administration as to how they're going to deal with Camp Lejeune veterans that are coming in with these certain ailments.

MR. STALLARD: So if we were to request as a start for them to come and give a presentation

and answer why there are disparate treatment of our veterans based on the science that we know already. I mean, request to have them come and present would be a step?

MR. ENSMINGER: Yeah.

MR. STALLARD: Okay, and then from that perhaps to participate understanding the complexities and all that?

MR. BYRON: Yeah, I'd like to understand how it is one veteran can get help in one area and one's not. Is there a list of illnesses that are, that they're looking at right now or what the situation is. I really don't know.

MR. STALLARD: They may not be aware, but having them come and answer those questions would help to bring awareness of it.

MR. ENSMINGER: Well, sometimes it depends on what congressman you know or senator.

DR. BOVE: And that's not right.

MR. STALLARD: So to present, attend and participate, let's just say. And who's going to take this? This is ATSDR, so I guess, Frank, that's somewhere in your purview to help coordinate that.

MR. PARTAIN: We also need to advise the VA

that the Public Health Assessment has been redacted.

MR. STALLARD: It wasn't redacted. There's another word.

MR. PARTAIN: Rescinded, sorry.

MS. RUCKART: Taken off the website and only available by request.

MR. STALLARD: So advise VA on withdrawn PHA.

DR. BOVE: We also have to do that with the NAS panel, NRC panel.

MR. STALLARD: Let me just add that. And who, NAS?

DR. BOVE: Yes.

MR. STALLARD: And who else?

DR. BOVE: Well, the rest of the world.

MR. STALLARD: Folks, I beg your apologies in advance. This does not have a spell check on it, so if I misspell something like benzene, just tell me and I'll fix it.

What else?

MS. BRIDGES: I think that person from the VA should have a broad understanding of the chemicals and how they affect and be aggressive enough to get the word out there

what he knows to the doctors that these people are going to. They think you people are crazy. The doctors don't, most of the doctors don't understand. They don't want to hear any problems anyway, except the medicine they can't prescribe for you.

MR. STALLARD: Does this capture it? The rep must be a subject matter expert in the toxins we're talking about?

MS. BRIDGES: Yeah, they need a broad understanding of how the chemicals, what the chemicals, how they affect our health. And be willing to inform and make sure it gets across to other physicians.

MR. STALLARD: So we're not just looking for somebody to sit at the table. We're looking for a very specific person to sit at the table.

MS. BRIDGES: I would think so. What do y'all think?

MR. STALLARD: Who can speak with some level of informed --

MS. BRIDGES: Or can he help us find that person?

MR. BYRON: When I was speaking to Dr.

Brown, I told him that I was aware that he'd been briefed in the past by Environmental or DOD individuals, someone representing the Marine Corps, but yet they never called any CAP members for any opinion. So I made that a point to let him know that I wasn't too happy with that. That VA, number one, hasn't been asked to address this issue that I'm aware of from Congress, so why is DOD giving them reports without affected communities' input into that, so my understanding is he'll contact some CAP members. But to be honest with you, if they're here, they don't have to. So that's really why it's kind of paramount that -- and so we're not getting one-sided information because it's been like that for too long. And we want transparency, like you said.

MR. STALLARD: It sort of goes back to the National Conversation thing?

MR. TOWNSEND (by Telephone): Chris?

MR. STALLARD: Yes, Tom.

MR. TOWNSEND (by Telephone): Let me input here on Mr. Brown, Dr. Brown. I got a note from him yesterday said, well, this issue is

certainly heating up so I think people should be taking a lot more notice. I think VA should be taking a hell of a lot more notice.

MR. STALLARD: Well, it appears that we're developing the strategy to make that happen.

MR. TOWNSEND (by Telephone): I sent a Townsend-gram to Admiral Dunne, the Under Secretary for Benefits and told him what the hell is going on and to get organized. But I have comments, too, but I'll wait.

MR. STALLARD: Okay.

MR. BYRON: This is Jeff again. We also mentioned up there with the letter to the VA, that that letter should also go to the Armed Services Committees. So I want to make sure that happens.

MS. BRIDGES: And the Department of Defense, too, didn't they say?

MR. STALLARD: Let me just make sure I understand.

MR. BYRON: Send it to Obama, the President.

MR. STALLARD: So broad distribution of this invitation is what you're saying?

MR. PARTAIN: Yeah, to Armed Services Committee, Senate, House and DOD.

MR. STALLARD: VA invitation to other key stakeholders.

MR. PARTAIN: Specifically the Armed Services Committees for the House and Senate.

MR. STALLARD: Armed Services Committee for House and Senate.

MR. BYRON: I want to make sure that letter goes at least to them for sure whether they participate here or not.

MR. PARTAIN: You could I guess add the House, Senate Veterans Affairs Committee.

MR. BYRON: Yes.

MR. STALLARD: Okay, what else?

MR. TOWNSEND (by Telephone): I'm ready to go.

MR. STALLARD: You ready now?

MR. TOWNSEND (by Telephone): Yep.

MR. STALLARD: All right, bring it on.

MR. TOWNSEND (by Telephone): I'm probably one of the only few veterans that brought a claim against the Veterans Administration for adverse effects relating to VOCs. Let me give you a background. I went for a compensation and pension observation exam at the Spokane Medical Center after having two neurologists

check me out for motor reflexes and all that crap.

And the VA very kindly without my notice sent a notice to the examiner that said request for exam and medical opinion. Note, this veteran has made a claim for neuropathy due to chemical exposure as well. You are not to consider that claim at this time because we have not confirmed his exposure. This exam is exclusively to determine if he has a service-related radiculopathy.

I do have a service-connected disability of my spine because I got blown up in Vietnam. My question -- I had to find that through a FOIA demand. I go in for exam X, and I get exam Y. One, the compensation of pension exams must be consistent with a veteran's disability claim.

MR. STALLARD: Restate that for me.

MR. TOWNSEND (by Telephone): VA compensation and pension exams, called C and P, must be consistent with a veteran's disability claim. The only way you can check for neuropathy or radiculopathy is by putting electrodes on your body and giving electrical

shocks. If your leg sticks straight up, that works, and if nothing happens, they know that the damn thing is dead.

And I asked for a neurologist that knew something about these chemicals. I got an ARNP nurse, some kind of a practical whatever. She checked my reflexes with a rubber hammer. I said what the hell are you doing? And that was it.

Well anyway, next note. The veteran needs to know what orders for the exam are sent by his regional office to the examiner.

MR. STALLARD: Okay, got it, Tom.

MR. TOWNSEND (by Telephone): Next one. The Veterans Administration needs transparency on VOC claims. They are in a state of denial. Nothing new. I've been in the VA system for 35 years, and you've got to fight them every foot of the way.

The last one is the VA representative that comes to the CAP must be able to speak for the agency at our meetings.

MR. STALLARD: Okay, Tom?

MR. TOWNSEND (by Telephone): That's it man, thanks.

MR. STALLARD: Thank you very much for your input.

Anything else?

MS. BRIDGES: We'll ask an awful lot of that VA rep. I was thinking to myself. I thought maybe the VA rep could find people who have access to doctors retired from the Marine Corps to get some facts from them.

MR. STALLARD: I suspect that as we engage with the VA, we'll think of all kinds of, and they may themselves think of ways that --

MS. BRIDGES: Can we get that person?

MR. STALLARD: -- just like we're asking the CAP to contribute to the National Conversation, ways to engage the community. There's not a playbook on how to do this really, something of this scope and complexity.

MR. BYRON: Waited too long.

MR. STALLARD: We're here today.

MS. BRIDGES: So how do we go about doing this, finding this person? Or how do we attack the VA?

MR. STALLARD: How do we engage, engage --

MS. BRIDGES: Well, attack or engage.

MR. STALLARD: I suspect we're going to have to have a sit-down chat and there are various folks that have that, will help us come up with a strategy, and you've provided some significant input toward that end.

So there's obviously going to need to be an update on what's going on with the VA for the next agenda, right?

MR. TOWNSEND (by Telephone): Chris?

MR. STALLARD: Yes, sir.

MR. TOWNSEND (by Telephone): Townsend again. I made it very crystal clear to Rear Admiral Dunne, the new Assistant Under Secretary or whatever the hell he is, what the game is and what's going on with the VA. And since he's a newbie, maybe he will do something for us.

MR. STALLARD: Well, keep us posted on that if he responds to your Townsend-gram.

MR. TOWNSEND (by Telephone): Well, I had to go through his consort of three ladies up at, right to a telephone number. I asked for him directly and told him who I was. They said you can't talk to his eminence. And I said, well, if there's a six-day track on your

machine. Well, I will keep you informed.

MR. STALLARD: Please do.

Anything else on VA?

(no response)

WRAP-UP

MR. STALLARD: So I think then the next steps are, when are we going to have our next meeting. And it was proposed I heard, I don't know if October's too late or... Okay, so when?

MR. BYRON: Last of July, first of August, whatever works out.

MS. RUCKART: Well, if you have it then, I'll be out of town so please go ahead and have it.

MR. BYRON: As long as you've got the paperwork filled, we'll be okay.

MR. STALLARD: So mid-July, next meeting.

Why can't we have these meetings at Camp Lejeune?

DR. BOVE: I think mid-July we should know something about NRC I hope. OMB I hope. Our contractor, expert panel.

MR. STALLARD: Okay, so NRC, OMB.

DR. BOVE: So there should be plenty of

information by mid-to-end July.

MR. STALLARD: Expert panel. And we have to wait for OMB. We'll just say question mark. And what else?

DR. BOVE: Well, the start of the mortality study.

MR. STALLARD: And mortality study.

This looks like momentum, I have to tell you. Mortality study. Anything else? Jeff, Morris.

MR. MASLIA: I'll be ready for vacation by that time.

MR. STALLARD: I do believe.

MR. MASLIA: We'll have a draft report, yeah, we'll have the draft report. The process is once we have the expert panel meeting, whatever is said and all that is drafted into a summary document like the one for 2005. And by then we'll probably have been passing it around to all the experts to make sure we captured everything that they wanted as well as the verbatim transcripts are being edited to make sure of any questions with them. So we'll have some draft. We'll have definitely their recommendations. That's

the last section of the report, so we'll have a definite tabulation of do's, don'ts, changes, you know, what planet were you on or whatever. So we'll be able to report to the CAP what the recommendations we actually have.

MS. BRIDGES: Perri, what about Perri? She said she's not going to be around?

MS. RUCKART: They're just suggesting having it the last week of July, first week of August. I said I was just out of town for just that time.

MR. STALLARD: Yeah, we'll work something out.

MS. BRIDGES: You mentioned something about Camp Lejeune?

MR. STALLARD: Oh, I was just, it was an idea that came from some place, that's all. Is there any other business that we haven't addressed that we need to address? Anything like submit your vouchers on time? All that kind of stuff? We're good?

All right. Then what I'd like to do, number one, is thank and welcome again Allen Menard who has joined us, and we look forward to your continued active participation. I

invite you all to reflect on those who of our families and others in this nation who are suffering and Denita who is not able to be here with us at this time.

And I'd like to thank everyone on the panel and those in the audience who chose to be here today and to remain here today and to contribute as they have to what I consider to be a very productive meeting.

And with that we will conclude this meeting and wish you safe travels home. Thank you.

(Whereupon, the meeting was adjourned at 2:20 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Apr. 28, 2009; 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 May, 2009.

_____

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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