

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

convenes the

SIXTEENTH MEETING

**CAMP LEJEUNE COMMUNITY ASSISTANCE**

**PANEL (CAP) MEETING**

APRIL 29, 2010

The verbatim transcript of the  
Meeting of the Camp Lejeune Community Assistance  
Panel held at the ATSDR, Chamblee Building 106,  
Conference Room B, Atlanta, Georgia, on April 29,  
2010.

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

C O N T E N T S

April 29, 2010

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS CHRISTOPHER STALLARD	5
RECAP OF JANUARY 2010 CAP MEETING PERRI RUCKART	13
CAP UPDATES/COMMUNITY CONCERNS CHRISTOPHER STALLARD	23
DATA DISCOVERY ACTIVITIES AND WATER-MODELING ANALYSES:	64
ATSDR ACTIVITIES AND STATUS, MORRIS MASLIA USMC/DON INVENTORY, ACTIVITIES, STATUS; USMC/DON REPRESENTATIVE(S) (INVITED) CAP INSIGHTS AND SUGGESTIONS, CAP MEMBERS DISCUSSION OF PRIORITIES AND NEXT STEPS, CHRISTOPHER STALLARD	
DISCUSSION WITH VA BRADLEY FLOHR	116
UPDATE ON FUTURE STUDIES: MORTALITY STUDY, HEALTH SURVEY, LOCATION WHERE UNITS WERE BARRACKED; FRANK BOVE, PERRI RUCKART	172
WRAP-UP CHRISTOPHER STALLARD	178
ADJOURN CHRISTOPHER STALLARD	197
COURT REPORTER'S CERTIFICATE	207

TRANSCRIPT LEGEND

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

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

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

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

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

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

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

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

(alphabetically)

ARAL, MUSTAFA, GEORGIA TECH  
ATKINS, GLORIA  
BOVE, FRANK, ATSDR  
BRIDGES, SANDRA, CAP, CLNC  
BYRON, JEFF, COMMUNITY MEMBER  
CIBULAS, WILLIAM, ATSDR  
CLAPP, RICHARD, SCD, MPH, PROFESSOR  
DAVIS, DEVRA, PROFESSOR (via telephone)  
ENSMINGER, JERRY, COMMUNITY MEMBER  
FALK, HENRY, NCEH/ATSDR  
FLOHR, BRADLEY, VA  
FONTELLA, JIM, COMMUNITY MEMBER  
HUNTLEY, TERRI, COMMUNITY MEMBER  
MASLIA, MORRIS, ATSDR  
MCKENZIE, RICHARD, RETIRED MARINE  
MENARD, ALLEN, COMMUNITY MEMBER  
PARTAIN, MIKE, COMMUNITY MEMBER  
RUCKART, PERRI, ATSDR  
SINKS, TOM, ATSDR  
TOWNSEND, TOM (via telephone)

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

(9:00 a.m.)

**WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS**

1  
2       **MR. STALLARD:** I'd like to welcome everyone to our  
3 CAP meeting today. We have a very different turnout  
4 than we have had in the past. I'd like to welcome  
5 everyone off to the sides here. We're going to  
6 start this session with welcoming remarks by Dr.  
7 Falk, Acting Director of ATSDR. And then I'll go  
8 over the operating guidelines that we generally use,  
9 and we'll have introductions because we have some  
10 new faces here at the table and so we'll get to  
11 understand who's here today and we'll go from there.

12           So Dr. Falk, if you would, please.

13       **DR. FALK:** Thank you very much. I just wanted to  
14 welcome all of you and introduce myself. My name is  
15 Henry Falk and I'm the Acting Director of  
16 NCEH/ATSDR. I've been in that position now since  
17 mid-January and probably you all know there is an  
18 active search for a permanent director, and I can't  
19 say when that will conclude but could be in the near  
20 future, could be longer. I'm not an applicant for  
21 that permanent position. I had previously been  
22 working at ATSDR as Assistant Administrator in 1999-

1           2003.

2           I would like to thank all of you for coming to  
3           this Community Assistance Panel meeting on Camp  
4           Lejeune. This is really important work for us as  
5           you all know. It's extremely important. It's very  
6           critical. This is challenging work. The science of  
7           this is very complex.

8           As you know there are so many servicemen and  
9           family members and others who have been extremely  
10          engaged in this because of concerns about the  
11          contaminated drinking water, many unanswered  
12          questions, and we value in particular the work of  
13          this Community Assistance Panel. You've helped us  
14          in many ways, and I think have been very critical to  
15          this process.

16          A lot of hard work that has gone on here has  
17          helped our team understand the Camp Lejeune  
18          operations during the time in the past when the  
19          contamination occurred, helped us understand issues  
20          in terms of water utilities, identify critical  
21          pieces of environmental data that have been  
22          important to the water modeling efforts, and so  
23          we're very glad you're here, and we really  
24          appreciate the opportunity it presents for dialogue.

25          In terms of my own role, I've tried as much as

1 I can over the last three months, and will for as  
2 long as I'm in this position, to support the staff  
3 here that have been working on this and to  
4 facilitate in any way I can with outside  
5 stakeholders, with the Department, with our  
6 leadership at HHS and CDC and with others. One area  
7 that I probably have been most involved in, Tom and  
8 I are engaged in discussions with the Deputy  
9 Assistant Secretary of the Navy, Don Schregardus,  
10 and his staff, in terms of obtaining the funding for  
11 the mortality study and the health survey.

12 I'm under no illusions that my role is  
13 determining in that there's been tremendous support,  
14 I know, and concern has been registered about having  
15 these studies done by yourselves, many of the  
16 veterans, public, members of Congress and others.  
17 But I was engaged in those discussions and probably  
18 hope that that was helpful in securing the funding  
19 and so enabling the studies to go on.

20 I know you're, I've seen reports in newspapers.  
21 I did have one meeting with General Panter. He had  
22 requested to come down here and essentially  
23 introduce himself. He is new, and I was new. We  
24 did have that meeting. It was primarily  
25 introductions, but I think he was concerned to

1 express in person his willingness and to assist in  
2 ways that they can.

3 We didn't actually discuss anything in detail  
4 other than registering the willingness. It was a  
5 very short meeting. I understand that it has  
6 generated a lot of concern. I'm very sensitive to  
7 that, and so I will keep that in mind for any  
8 requests in the future, and I understand the need  
9 for all of you to be aware of what we're doing, and  
10 for us to be very open. So we'll try to do that as  
11 much as possible.

12 In any event I want to thank you all for being  
13 here and for participating and look forward to  
14 discussions today. Thank you.

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

16 You all have the agenda. We're going to be  
17 going through the welcome, introductions,  
18 announcements. Then we're going to turn over to  
19 Perri to do an update, and then we will turn to the  
20 CAP members to provide their community updates.

21 But a couple of the things that we go over at  
22 every meeting is the operating guidelines. This is  
23 for the CAP members, how we interact with each  
24 other, and also for the audience. Since we do have  
25 a very different turnout than we've had in the past,

1           it's important that we understand the guidelines.

2           This is not a, the public is here to listen  
3 unless called upon. We are glad you're here and  
4 that you're interested in this topic and willing to  
5 spend the time and listen. But this is for you to  
6 view the interactions of the CAP, okay? This is not  
7 a town hall meeting.

8           So zero personal attacks. We go over that. It  
9 sounds elementary, but this is a very difficult  
10 topic and situation. It's the balance between the  
11 community members who are impacted with death and  
12 disease in their family, with science and trying to  
13 determine what are the rigors of proper science, and  
14 with organizational dynamics. So it's a delicate  
15 balance between emotion and these other factors.  
16 And so we ask for you to please honor that everyone  
17 is here with the best intent to move forward and  
18 keep focused on the issue at hand. No personal  
19 attacks.

20           That goes to what we consider to be our guiding  
21 principles in terms of how we interact upon the CAP  
22 with openness, honesty, transparency and respect.  
23 We're trying to work together to solve this very  
24 complex issue.

25           Please turn your cell phones on silent or stun

1 or off so that they don't distract the proceedings  
2 here today. Please sign in over here if you haven't  
3 when you came in, and take an agenda.

4 If you are called upon or asked to speak by the  
5 CAP, in the audience, you must use this microphone.  
6 Everything is being recorded where this is a live  
7 stream going out, and it's being recorded by the  
8 court reporter here as well. So we're here for  
9 posterity and historical sake. We need to get your  
10 voice on the microphone.

11 So with that what I'd like to do is to -- oh,  
12 yes, and just a reminder for those who might be new  
13 here, also it's very important that when you speak,  
14 you say your name first for the court reporter to  
15 capture it, and you press this red button to engage  
16 the microphone system, and you push it off when  
17 you're finished.

18 So what I'd like to do is start with those who  
19 may be on the phone. Let's have you introduce  
20 yourself, please.

21 **DR. DAVIS (by Telephone):** This is Devra Davis. I'm  
22 a member of the CAP. I'm an  
23 epidemiologist/toxicologist.

24 **MR. STALLARD:** Welcome, Devra, thank you.

25 **MR. TOWNSEND (by Telephone):** Tom Townsend from the

1 state of Idaho. I'm pleased to be here and let's  
2 proceed. Thank you.

3 **MR. STALLARD:** Welcome, Tom. Thank you.

4 Is there anyone else?

5 (no response)

6 **MR. STALLARD:** Let's start over here then. Jeff, if  
7 you'll go around. We had Dr. Falk already  
8 introduced.

9 **MR. BYRON:** Yes, I'm Jeff Byron with the CAP.

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

12 **MS. RUCKART:** Perri Ruckart, ATSDR, Division of  
13 Health Studies.

14 **MR. FLOHR:** Brad Flohr, I'm the Assistant Director  
15 for Policy, Compensation and Pension Service in  
16 Washington, D.C.

17 **MR. STALLARD:** Welcome.

18 **DR. SINKS:** I'm Tom Sinks. I'm the Deputy Director  
19 of the National Center for Environmental Health and  
20 ATSDR.

21 **MS. BRIDGES:** I'm Sandra Bridges. Sandra Bridges,  
22 and I'm on the CAP.

23 **MS. HUNTLEY:** Terri Huntley, and I'm on the CAP.

24 **MR. MENARD:** Allen Menard, and I'm on the CAP.

25 **MR. ENSMINGER:** Jerry Ensminger, CAP.

1           **MR. PARTAIN:** Mike Partain, CAP.

2           **MR. STALLARD:** All right. Thank you very much.  
3           Let's take note; we have some new members here, a  
4           representative from the VA we're pleased to have  
5           sitting with us here today. A special welcome.

6                         And we do not have a representative from the  
7           Department of the Navy or the Marine Corps here  
8           today. So let's just tag that they're not at the  
9           table. We do have a representative in uniform in  
10          the audience who is here to take notes but is not  
11          here to be an active participant in today's  
12          proceedings.

13          **MR. PARTAIN:** Chris, do we have a reason why from  
14          the Marine Corps, why they are not here today? This  
15          meeting, about a month ago we circulated dates and  
16          there was no objections on dates and what have you  
17          and I notice Mary Ann Simmons is not here either.

18          **MS. RUCKART:** Mike, I'll tell you that Mary Ann  
19          never responded to those dates, and we just went  
20          ahead and set the date because we needed to have a  
21          meeting, and we had consensus for this date.

22          **MR. PARTAIN:** And what's the official reason why the  
23          Marine Corps is not here today? I believe this is  
24          the first meeting that they haven't attended?

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

1           **MR. STALLARD:** It is, and I don't have, I'm not  
2           privy to that decision-making process so I don't  
3           know. But maybe we can talk about that as we go  
4           around about things we'd like to know.

5           **DR. SINKS:** I think you have to direct the question  
6           to them. They just said they weren't going to be  
7           able to make it. They were going to send someone to  
8           take notes. They didn't give us a reason. When I  
9           spoke to them they didn't give me a reason.

10           **RECAP OF JANUARY 2010 CAP MEETING**

11           **MR. STALLARD:** So, Mike, we're going to go around  
12           and do, we're going to have an update, a summary.

13                     And I think it's really important, Perri, one  
14           of the things when you talk about the CAP mission,  
15           we had a discussion last time about governance, and  
16           if you could hit that as part of our update from  
17           last time. Thank you.

18           **MS. RUCKART:** Good morning. I just like to start  
19           off our meetings by summarizing what happened at the  
20           last meeting so we can set the stage for what we'll  
21           be discussing later today. As Christopher said,  
22           during the January meeting there was discussion on  
23           the CAP mission and membership, and I'm going to  
24           read to you what was the agreed-upon mission  
25           statement.

1 (Reading) To represent the interests,  
2 consequences and quality of life of those impacted  
3 by exposure to toxic substances at Camp Lejeune.  
4 ATSDR will look at the potential for future studies  
5 at Camp Lejeune with the full inclusion of the  
6 community members affected.

7 And at that time it was also agreed that the  
8 membership would include seven community members and  
9 two independent experts who would be replaced as  
10 needed to maintain these numbers.

11 Now also discussed at the last meeting, Mike  
12 said he was putting together a timeline for the  
13 Hadnot Point fuel farm, and you hoped to have that  
14 complete by this CAP meeting. Is that completed?

15 **MR. PARTAIN:** It's still a work in progress.

16 **MS. RUCKART:** Also, Mike said he was going to e-mail  
17 ATSDR the timeline he had put together so far.

18 **MR. PARTAIN:** Frank, you had it in the past, or do  
19 you need it again?

20 **DR. BOVE:** I've gotten stuff from you. I've gotten  
21 some timelines.

22 **MR. PARTAIN:** I'll go ahead and send one right now.

23 **DR. BOVE:** The next few days.

24 **MS. RUCKART:** Also, we had Morris had reported that  
25 the expert panel report on water modeling that was

1 held in April 2009, was posted on the ATSDR Camp  
2 Lejeune website.

3 There was a request at the last meeting for  
4 ATSDR to release the Camp Lejeune UST document to  
5 the public. However, we need approval from the USMC  
6 as to which documents are releasable and the Marines  
7 are currently reviewing those documents to determine  
8 that.

9 Scott Williams provided to the CAP via ATSDR  
10 PDFs of the maps with the plumes on Hadnot Point and  
11 Tarawa Terrace. These were made publicly available  
12 at the NRC kick-off meeting in November 2007.

13 Bob Faye gave a summary of the UST documents  
14 regarding the number of documents and the specific  
15 data found in those documents that the Agency's in  
16 the process of evaluating.

17 We had a discussion of our future studies, the  
18 mortality study and the health survey, and we'll be  
19 giving further updates on that later this afternoon.

20 There was also extensive discussion at the last  
21 meeting regarding the fuel loss at Hadnot Point, and  
22 you can see here what was discussed. I handed out  
23 to the members of the CAP the summary.

24 We also had some discussion on budget and  
25 funding. And at that time we had reached agreement

1 with the Navy on the 2010 annual plan of work for  
2 the water modeling, the case-control study of the  
3 selected birth defects and cancers and the re-  
4 analysis of the reproductive health study.

5 At that time we had not reached agreement on  
6 funding for the health survey and mortality study,  
7 but I do want to update you that since then we have  
8 received funding for the mortality study and to  
9 begin the health survey. And again, I can give you  
10 some updates on that this afternoon.

11 And we had discussion last time about the VA  
12 representative, and as you see, we're happy to have  
13 someone here with us today, and he will be giving a  
14 presentation later this afternoon and be open to  
15 some questions and answers.

16 And we also had some discussion about male  
17 breast cancer, and we discussed some possibilities  
18 about what could be done and that's provided for you  
19 here in the handout.

20 **MR. STALLARD:** Thank you.

21 Before we move into the CAP member --

22 **DR. DAVIS (by Telephone):** This is Devra Davis, and  
23 at the last meeting I raised the issue of the fact  
24 that we need to at least get what information we can  
25 about exposures to electromagnetic fields.

1           **MR. STALLARD:** Yes, you did.

2           **DR. DAVIS (by Telephone):** And that was not  
3 reflected in the minutes just now.

4           **MS. RUCKART:** Well, Devra, I'm sorry. I didn't e-  
5 mail this out to you. I will e-mail it to you and  
6 Tom after the meeting, but I just basically gave the  
7 highlights and mentioned that we had a lengthy  
8 discussion, but there's sub-bullets listed here on  
9 my summary where that is reflected and captured.

10          **DR. DAVIS (by Telephone):** Thank you.

11          **MS. RUCKART:** You're welcome.

12          **MR. STALLARD:** All right. Before we move on to the  
13 individual CAP member updates, I'd like to get a  
14 sense of what is it we want to achieve today. What  
15 would be something that we'd like to achieve today  
16 and/or avoid?

17          **MR. ENSMINGER:** Well, I'd like to get the standard  
18 set for the CAP on exactly who controls this thing.  
19 What are the operating procedures of the CAP. I  
20 mean, we got an agenda sent out to us in March. We  
21 were asked for comments and input. We did that and  
22 approved the final result, and because some people  
23 didn't like the final result, they took our agenda  
24 and did away with it and rewrote it.

25          **MR. STALLARD:** Okay, so that is standards set for

1 the CAP. Who controls and what's the system of  
2 governance.

3 **MR. ENSMINGER:** Another issue is media. Why is the  
4 media not allowed into these meetings, these public  
5 meetings, without a camera? Why are they not  
6 allowed in here with a camera?

7 **MR. STALLARD:** We have had them in the past so --

8 **MR. ENSMINGER:** Yes, we have.

9 **MR. STALLARD:** -- something may have changed so we'd  
10 like clarity on that?

11 **MR. ENSMINGER:** Yeah, I mean, these are public  
12 meetings.

13 **MR. STALLARD:** Okay, what else?

14 Allen.

15 **MR. MENARD:** Well, what Jerry said there, you know,  
16 transparency. What are we trying to hide? Why  
17 can't the cameras be here? I mean, everybody speaks  
18 of transparency and openness.

19 **MR. STALLARD:** We do.

20 **MR. MENARD:** Well then cameras should be here.

21 **MR. ENSMINGER:** We have a President of the United  
22 States when he was inaugurated that said the federal  
23 government would operate in a more open and  
24 transparent manner where possible. I don't see  
25 anything wrong with the Camp Lejeune CAP being

1           filmed by the media.

2           **MR. STALLARD:** We're being filmed right now.

3           **MR. ENSMINGER:** Well, but that's not the same.

4           **MR. PARTAIN:** I'll make a comment on that.

5           **MR. STALLARD:** Is there an achievement or avoid?  
6           I'm trying to get on that, and then we're going to  
7           drill down on this. Let's stay focused on achieve  
8           or avoid. Yes?

9           **DR. SINKS:** In terms of achievement, to me the most  
10          critical thing for us to be discussing really right  
11          now is our data discovery process, where we are, the  
12          status, whether we have our priorities right. I  
13          very much want to discover, if you will, from the  
14          CAP, the techniques they've been using because  
15          they've been very successful in terms of doing,  
16          helping us in what is essentially not their job to  
17          do, and yet they're still providing information to  
18          us.

19                 So I want to hear from them, what they're  
20          doing, want them to know where we are and see if our  
21          priorities mesh in terms of where we're going. What  
22          are any follow-up we need to be doing on data  
23          discovery is to me really critical right now because  
24          of where we are.

25          **MR. STALLARD:** Okay, great, thank you.

1           **MR. ENSMINGER:** Another achievement would be to find  
2 out why we have not received the inventory of  
3 documents that's been required since the 1991 MOU.  
4 I mean now, the Department of the Navy and the  
5 Marine Corps continually beat the hell out of ATSDR  
6 and the CDC making them meet all their requirements  
7 that are in that Memorandum of Understanding.

8           Why hasn't ATSDR-CDC made the Department of the  
9 Navy and the Marine Corps live up to their  
10 requirements of the Memorandum of Understanding?  
11 Since 1991 that's been a requirement for the  
12 Department of the Navy was to provide ATSDR and  
13 their scientists and their technicians all the  
14 documents, an inventory of all the documentation  
15 related to the Camp Lejeune water contamination and  
16 the contamination sites aboard that base. Today is  
17 2010. They still don't have it.

18           **MR. STALLARD:** So for the purposes of achieve we'd  
19 like, you want to understand why we haven't received  
20 it or where it's at or what does it look like?

21           **MR. ENSMINGER:** Well, that and what measures have  
22 been taken to force them to get that.

23           **MR. STALLARD:** So an update from ATSDR on what  
24 efforts they've made to do this?

25           **MR. ENSMINGER:** Yes.

1           **MR. STALLARD:** Okay, great. Jeff, you got anything?

2           **MR. BYRON:** Yeah, first, I'd like to welcome the VA  
3 representative. It's taken a year to get you here.  
4 We started that process, I requested that over a  
5 year ago, and actually, I've been to the VA office  
6 in Washington eight years ago trying to elicit some  
7 help.

8           **MR. FLOHR:** Actually, a member of my staff was here  
9 at the last CAP meeting.

10          **MR. STALLARD:** Yes.

11          **MR. BYRON:** Not at the last one but the one before.

12          **MR. STALLARD:** Well, we're glad you're here.

13          **MR. BYRON:** What I want to see us achieve is I'd  
14 like to find out whether or not, through the VA,  
15 whether there is a log at each facility listing  
16 Marines who come in and are saying that they're ill  
17 due to the exposure at Camp Lejeune. So I'd like to  
18 know if that's happening, and I'll wait for your  
19 discussion.

20          **MR. STALLARD:** All right, Jeff, help me capture  
21 that. A VA log at each facility to document --

22          **MR. BYRON:** To document the veterans who are coming  
23 in making a claim concerning exposure at Camp  
24 Lejeune and what illnesses they are experiencing.

25          **MR. STALLARD:** Thank you all. What else?

1           **MR. BYRON:** What about avoids? What do we want to  
2           avoid here, besides getting tasered?

3           **MR. STALLARD:** Yes, we want to avoid personal  
4           attacks. We're doing very good so far, no tasers.  
5           It's all good.

6           **MR. PARTAIN:** Another avoid is bloviation.

7           **MR. STALLARD:** Bloviation.

8           **MR. PARTAIN:** An answer for a question in five or  
9           ten minutes. Just cut to the answer.

10          **MR. STALLARD:** You know what, that's like a spelling  
11          bee question, word. So you mean not going on and  
12          belaboring the point or something? Sticking to the  
13          topic?

14          **MR. PARTAIN:** Answer the question.

15          **MR. STALLARD:** Answer the question, okay. So we  
16          want to avoid bloviation.

17          **MR. MENARD:** And also, missives.

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

19          **MR. MENARD:** We also want to avoid missives.

20          **MR. STALLARD:** Missives, okay. So what's going to  
21          be our signal if somebody's bloviating so that we  
22          know when we're there? How about this  
23          (demonstrating) or time out, just answer the  
24          question? We're a self-regulating group here. So  
25          it's not for me. I only have as much power,

1 influence as you give me. So you have to help us  
2 self regulate. If somebody's bloviating, give a  
3 sign.

4 CAP UPDATES/COMMUNITY CONCERNS

5 So let's go around now and start, if you will,  
6 with our CAP member updates. Jerry. No? Who would  
7 like to go first?

8 Jeff, would you like to start us off?

9 **MR. BYRON:** Well, to be honest with you I've been  
10 pretty busy so I don't have too much to offer other  
11 than that work to getting the VA representative here  
12 as much as I could. still running the website, try  
13 and inform people.

14 **MR. STALLARD:** Good, thank you. For those, since we  
15 do have some new faces and ears here today, it might  
16 be helpful if you say sort of what you do in the  
17 CAP, some of the activities that you do and maybe  
18 since the last CAP meeting if there was anything  
19 substantive you'd like to share that you've done.  
20 So thank you for leading us off.

21 Frank, that means you next, right?

22 **DR. BOVE:** No, we'll give our update --

23 **MR. STALLARD:** Okay, so moving along then, Sandra.

24 **MS. BRIDGES:** Just making contacts, keeping up with  
25 everyone, introducing the CAP to the websites.

1           **MR. STALLARD:** Good. How's that going?

2           **MS. BRIDGES:** Fine. We're getting a lot more calls.  
3 I remember when we had, we were striving, at least  
4 here, to get 12,900 people in order to start a  
5 survey, and now how many do we have? How many do we  
6 have now?

7           **MR. BYRON:** I believe there's over 160,000 have been  
8 notified.

9           **MS. BRIDGES:** A hundred and sixty thousand?

10          **MR. PARTAIN:** I'm not sure, what is the website  
11 registering now?

12          **MR. STALLARD:** So these phone calls that you're  
13 making in this outreach effort, you're documenting  
14 it?

15          **MS. BRIDGES:** We were striving to get that 12,900 in  
16 order for the ATSDR to do the surveys and the  
17 studies and we didn't know if we were going to be  
18 able to make it or not, and now look how many people  
19 we have. So everyone is interested in what's  
20 happening here, everyone involved.

21          **MR. STALLARD:** Very good. Thank you.

22                   Yes, Terri.

23          **MS. HUNTLEY:** Well, this is my first meeting so  
24 basically what I've been working on is getting the  
25 awareness out in the Midwest. And it's been slow

1 going and getting our representatives on board out  
2 there.

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

4 **MS. HUNTLEY:** Phone calls, e-mails, walking in their  
5 offices.

6 **MR. STALLARD:** Well, we have seen a growing media  
7 interest as Congress gets interested, media gets  
8 interested, there seems to be an interest generating  
9 here. Welcome.

10 **MR. MENARD:** I've been basically doing the same  
11 thing. I made it my job on this CAP is to help as  
12 many veterans as I can to get the word out and help  
13 them go through the process at the VA. And I have  
14 got a couple people approved for disability because  
15 they don't have the resources or don't know how to  
16 do it, and I'm in the process of helping a couple  
17 more people that have diseases related to the toxic  
18 water at Camp Lejeune. So basically, that's what  
19 I've been doing, and like I said, I made that my  
20 job, to help as many people as I can, that don't  
21 have the resources and the know-how.

22 **MR. STALLARD:** Can you tell me, Allen, what does  
23 that mean, helping people to get the disability that  
24 they don't have the resources to do?

25 **MR. MENARD:** Well, first of all, as far as doing any

1 research on their disease and sending it to them and  
2 kind of guiding them through the process on what  
3 they need and, you know, what they have to go  
4 through and what to expect and sending them any  
5 information that I have that would be helpful for  
6 their claim at the VA.

7 **MR. STALLARD:** I see. So these are veterans who  
8 have to fill out paperwork, and you're helping them  
9 with the materials and resources they need in order  
10 to fill out the documentation to go to the VA.

11 **MR. MENARD:** Right, to prove their case.

12 **MR. STALLARD:** Great, thank you.

13 Good morning, Jerry.

14 **MR. ENSMINGER:** Good morning. Jerry Ensminger. I've  
15 spent a lot of time in the last several months at my  
16 home away from home, which is Washington, D.C., with  
17 a lot of good results. We've achieved funding for  
18 FY2010. Thanks to Congressman Miller we have a bill  
19 that's been introduced. It's HR-4555, and it's to  
20 provide healthcare benefits to veterans and their  
21 family members. So hopefully, we'll be able to get  
22 that bill through.

23 This is a never-ending battle. I hear the  
24 language from people that we should be forward  
25 looking, not backward looking. Now, I'm going to

1 tell you all something. This situation happened  
2 thirty-plus years ago. Much of the documents and  
3 the data were created then.

4 Unfortunately, the Department of the Navy and  
5 the United States Marine Corps, whenever this  
6 situation first surfaced, decided that they were  
7 going to take the deceitful path to deal with it.  
8 They didn't confront it and come out openly. They  
9 tried to hide it and deceive people. That continues  
10 to this day.

11 So for us to discover the documentation and  
12 everything that has been hidden, because let's face  
13 it, ATSDR's studies, Morris's water modeling aren't  
14 worth a damn if you don't have the right data. So  
15 to find the right data we've got to look in the past  
16 because that's where the truth lies.

17 So this forward looking crap and not looking  
18 backwards is a bunch of hogwash because these people  
19 are still dragging their feet on providing us the  
20 truth. And I would like for Mr. Maslia to go up  
21 there -- I want to show everybody something. The  
22 Department of the Navy and the United States Marine  
23 Corps have blasted ATSDR, said it was ATSDR's fault  
24 that benzene didn't show up in the public health  
25 assessment. Okay. ATSDR stepped up to the plate,

1 and they rescinded that public health assessment for  
2 that reason.

3 They blasted their contractors for letting  
4 benzene out of some of their reports or misquoting  
5 the levels of benzene in their reports. In 2004,  
6 the Commandant of the Marine Corps announced a six-  
7 month long blue ribbon panel, his own hand-picked  
8 people, to issue a report which was issued and  
9 signed on October 6<sup>th</sup> of 2004.

10 Guess what's missing off of it, benzene. Every  
11 reading of benzene, every sampling, every analytical  
12 result, there was no benzene. Guess what else they  
13 left off there, the 6<sup>th</sup> July, 1984 water samples for  
14 Well 602. The other thing they left off were the  
15 readings of vinyl chloride.

16 The two known human carcinogens that were in  
17 the water at Camp Lejeune were both conveniently  
18 left off of the report of the people who say they  
19 care so much about the health, safety and welfare of  
20 the people they poisoned. I'm tired of this  
21 doublespeak. They say one thing publicly, and then  
22 behind the scenes they do another. I'm sick of it.  
23 I'm tired of people pampering them. They don't  
24 deserve pampering. They've lied, and they've been  
25 lying since 1985.

1           **DR. DAVIS (by Telephone):** This is Devra Davis. I  
2 think the record is clear that we know benzene was  
3 there, and we know it wasn't in the 2004 report.  
4 Whether it's a lie or not, I think that's for  
5 someone else to determine, but there's no question  
6 that the facts are correct as Jerry states.

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

8           **MR. PARTAIN:** This is Mike Partain. And since the  
9 last CAP meeting I continue to work on the, an  
10 updated timeline for the Hadnot Point fuel farm. I  
11 have not finished that. Frankly, there's hundreds  
12 of pages, thousands of pages of documents I'm trying  
13 to assimilate and collate.

14                   Another big problem with that is there's a  
15 tremendous document hole that unfortunately members  
16 of the CAP, including myself, do not have access to,  
17 and that is the Navy's NAVFAC Portal. We asked for  
18 it at the last CAP meeting. We were told by Major  
19 Evans of the Marine Corps that --

20           **MR. ENSMINGER:** UST.

21           **MR. PARTAIN:** -- oh, UST Portal, I'm sorry, the  
22 NAVFAC UST Portal. I stand corrected. But we asked  
23 Major Evans if we could get these documents because  
24 according to the Marine Corps, they're public  
25 record. The difference is, their stance is that we

1           could FOIA them which will be a long time before we  
2           see them or we could go to North Carolina, which is  
3           not economically cost effective for individuals to  
4           do so.

5           According to the Major right now -- and this  
6           may have changed since the last meeting -- he's the  
7           only person going through all the documents to  
8           approve them for release. And we've also been told  
9           by Scott Williams that when they are released there  
10          will be no draft versions of the documents released,  
11          which we do not accept that either because of the  
12          draft, a lot of reports do not make it to final  
13          version.

14          For example, the 1.1 million gallon reference  
15          of fuel in the groundwater, my understanding that is  
16          in a draft report, not the final report. So  
17          technically, the Marine Corps, they're not going to  
18          release that document ever which will hamper ATSDR's  
19          work because they need that data for their water  
20          modeling studies. Hopefully, we'll get something  
21          together with the Hadnot Point fuel farm timeline.

22          Also, and we continue to engage the media.  
23          Today, we have here representatives from CANAL + in  
24          France who unfortunately were not allowed to bring  
25          their cameras into the meeting. For the first time

1           that I'm aware that this has happened at one of our  
2           CAP meetings. But they're here in the audience,  
3           following, and we continue, and we also have the St.  
4           Pete Times came up to the CAP meeting. And we  
5           continue to have meeting engagement and work to get  
6           them to get the word out to people.

7           Bill Levesque) shared with me last night that  
8           after the story on Sunday that he had numerous phone  
9           calls from people in the St. Pete area who had never  
10          heard about Camp Lejeune, knew nothing about it  
11          until they saw that article in Sunday's paper. And  
12          it almost boggles the mind because the St. Pete  
13          Times has been running stories about Camp Lejeune  
14          for over a year now, or close to a year. I'm sorry.  
15          And there are still people coming forward. So  
16          there's people out there.

17         **MR. BYRON:** This is Jeff Byron. I'd like to know  
18          who made the decision that the media could not bring  
19          a camera in here.

20         **MR. STALLARD:** Yeah, I would, too.

21         **MR. BYRON:** That individual's name.

22         **MR. ENSMINGER:** We got that on a --

23         **MR. STALLARD:** Yeah, we're going to find out what  
24          the protocol is and why this is different. Okay?

25                 Tom, have you got something for us to check in

1 here?

2 **MR. TOWNSEND (by Telephone):** Did you call me?

3 **MR. STALLARD:** I did. I know it's early there in  
4 Idaho.

5 **MR. TOWNSEND (by Telephone):** It's hard to hear you  
6 sometimes. This is Tom Townsend. I have been  
7 active with the Veterans Administration. I have a  
8 claim pending. I've had a claim pending with them  
9 for about three years now. I'm currently 50 percent  
10 disabled, 80 percent whatever their other level is,  
11 and it seems fruitless at the moment to, if I could  
12 have incredibly severe effects that have been  
13 defined as related to Camp Lejeune, I just have a  
14 claim sitting there of a claimant. And I get  
15 tested, it just goes on.

16 I'm not pushing for it, but I'm pushing to get  
17 the claim resolved, but I'm not optimistic it will  
18 be. It's going to take some time for the Veterans  
19 Administration, I believe, to accept the fact that  
20 Marines living at Camp Lejeune that have been  
21 harmed. So I keep pushing on that event, and that's  
22 about the extent of my efforts in the last three,  
23 four months. I appreciate the fact that a  
24 representative of the Marine Corps and perhaps not  
25 the Navy are there, but at least they'll get the

1 message with what we'd like to go forward with.

2 Thank you.

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

4 I have a few questions --

5 **THE CAPTIONER:** Captioner needs to break in.

6 **MR. STALLARD:** Yes, what's that? Captioner?

7 **THE CAPTIONER:** Yes, my client would like to know  
8 the website for which to contact the video. Can you  
9 help me with that?

10 **MR. ENSMINGER:** Yes, I just got a message -- this is  
11 Jerry Ensminger. I just got a message from one of  
12 the other victims that the streaming video is not  
13 working.

14 **MR. STALLARD:** We have someone checking on that  
15 right now. Thank you. Thank you all for that  
16 information.

17 Mike, at the last meeting that was shortly  
18 after your national media event with male breast  
19 cancer, have there been any more developments on  
20 that front, the numbers, for instance?

21 **MR. PARTAIN:** Well, there's been no media event as  
22 far as stories on male breast cancer since September  
23 of last year, and we're still at 55 men, but we  
24 haven't really been out there again. Now, I  
25 understand that the National Academy is looking

1           doing a study at breast cancer as a whole, and that  
2           kicked off several weeks ago. And I spoke on that  
3           and once again the same appears, the same format  
4           that was used in the National Research Council in  
5           Camp Lejeune's report is being used in this study.  
6           So unfortunately, I don't have high hopes for this  
7           study.

8           **MS. RUCKART:** Do you want me to say the website  
9           address?

10          **MR. STALLARD:** If you have, yes, they're trying to  
11          see if it's on. I'm just limited what we can do, to  
12          that response.

13                 Here's the web address. We're checking on the  
14          technicalities of the streaming video.

15          **MS. RUCKART:** ATSDR-dot-CDC-dot-gov-slash-sites, S-  
16          I-T-E-S-slash-lejeune. And that brings you to the  
17          home page. And when you're on the home page, you  
18          should see that the Camp Lejeune CAP meeting is  
19          highlighted on there, and that'll take you to a link  
20          to view the meeting. And the I-T specialist is  
21          looking into that to make sure it's functioning  
22          properly.

23          **MR. STALLARD:** Thank you, Perri.

24                 Tom, you had a response to Mike?

25          **DR. SINKS:** Yeah, just a question for Mike and maybe

1           also a question for Devra Davis. When I had heard  
2           about the National Academy, I don't know if it's the  
3           Institute of Medicine that's doing the review or the  
4           National Research Council, but when I heard about  
5           it, I didn't realize they were looking at male  
6           breast cancer. So it sounds like you actually spoke  
7           to them?

8           **MR. PARTAIN:** Yeah, they're not specifically looking  
9           at male breast cancer. What they're looking at is  
10          environmental links to breast cancer as a whole, and  
11          as a sub-group Jim Fontella, myself and a captain --  
12          I can't remember his last name -- who was at El  
13          Toro, which is a PCE-TCE site, and has male breast  
14          cancer. We spoke at the meeting. I spoke at the  
15          meeting because of concerns over the charge, the way  
16          the study's being directed as another literature  
17          review. And to me this is another pre-concluded  
18          study.

19          **DR. SINKS:** Right. Let me just ask a related  
20          question to Devra Davis. Devra is a real pioneer in  
21          this area of breast cancer and environmental causes,  
22          and it's great to have her on the committee. I  
23          wonder how familiar Devra is with that study and if  
24          she wants to make any comments about it. I've known  
25          Devra for, goodness, almost 20 years, and my first

1 involvement with her was on this particular issue.

2 **DR. DAVIS (by Telephone):** Right. Thank you for  
3 those comments. As a matter of fact I have not been  
4 involved with the committee. There's been some  
5 concerns raised by its membership, and frankly, I'm  
6 not familiar with what they're going to do, and I've  
7 not been asked to participate in any way at all even  
8 though as you may be aware, the concept of  
9 phytoestrogens is one that I developed with  
10 colleagues almost 20 years ago which gave rise to an  
11 understanding that there would be environmental  
12 factors that could affect breast cancer risk in  
13 women and, of course, in men. And I published on  
14 this in great detail. I'm afraid I can't give you  
15 any information about that committee.

16 I can also report that it's been very  
17 frustrating for us in the few cases that we put  
18 together in case reports of this which we submitted  
19 for publication to some of the top peer journals and  
20 did not get accepted for publication despite the  
21 fact that I published well over a hundred articles.  
22 I think there's a general disinterest in hearing  
23 about this issue unfortunately, and it makes it very  
24 difficult to get credible site-specific work out  
25 there at this time, which is why I think it's very

1           important that ATSDR's work go ahead, and I really  
2           want to encourage the development of the case series  
3           be done collaboratively with ATSDR. And as I said  
4           before, I'd be happy to work directly with you to  
5           make that happen if the Department of the Navy would  
6           allow it.

7           **MR. STALLARD:** Thank you for that update. So for me  
8           the question is, is there any way for the connection  
9           of male breast cancer and Camp Lejeune people who've  
10          matriculated through there to be considered in a  
11          National Academy of Science, right, review?

12          **MR. PARTAIN:** Say again?

13          **MR. STALLARD:** The question is how is it that they  
14          can be doing a study and not incorporate this  
15          important element as it relates to male breast  
16          cancer?

17          **MR. PARTAIN:** Yeah, that study with the Institute of  
18          Medicine is a literature review, so as far as I know  
19          there's no studies on male breast cancer. There's a  
20          peer --

21          **DR. DAVIS (by Telephone):** Yeah, let me clarify.  
22          The National Academy of Science and Institute of  
23          Medicine typically do not do research. They do  
24          literature reviews. They recommend priorities for  
25          research. They identify data gaps. So this is a

1 case where, unfortunately, what one would be facing  
2 then is that this is a major data gap, let's fill  
3 it, but, you know, we've been saying that now for a  
4 few years so I'm not sure it's worth a lot of  
5 effort.

6 I think it might be worthwhile for Tom and  
7 others to write to the committee and to let the  
8 committee know about this issue and the concerns  
9 that have been raised because I think they are  
10 legitimate and important. But because we don't have  
11 a report yet, it can't be in the peer reviewed  
12 literature.

13 On the other hand I would argue that this is,  
14 it certainly merits reporting to the National  
15 Academy of Sciences and the Institute of Medicine  
16 Committee as an area of great concern. And I think  
17 that probably a short letter, which I'd be happy to  
18 help Tom write on that, would be of value to that  
19 committee at this time.

20 So that was a suggestion to come out of the CAP  
21 meeting that we make sure the National Academy of  
22 Science's Institute of Medicine Committee is aware  
23 of the issue that has been raised here by this  
24 series of case reports that are being developed that  
25 at this point appear to be 55 individuals and

1 counting, that that would probably be worth doing.  
2 And I would leave it to you to decide if that would  
3 be I think a suggestion we could make.

4 **MR. STALLARD:** Well, let me just ask the CAP members  
5 if they feel that that would be something that they  
6 would like to pursue or support?

7 **MR. PARTAIN:** I would like to see a specific study  
8 on male breast cancer. And one thing I want to  
9 point out, too, and this is important to understand,  
10 there are a lot of cancers that are showing up at  
11 Camp Lejeune in the population, and the unusual  
12 cancers. Things that are strange and have no  
13 explanation, you know, clusters per se, such as male  
14 breast cancer, are in the past indicative that  
15 something happened.

16 If you've got 55 men whose only commonality  
17 that we have male breast cancer, and we all were  
18 exposed while at Camp Lejeune, that says something  
19 in itself. Now, the fact that it's a rare cancer,  
20 and it doesn't show up in the general population at  
21 a significant rate makes it more concerning. And  
22 there are other cancers out there like that, and I  
23 don't want to say we're drawing attention on just  
24 one particular type of cancer. But this is  
25 something that is unusual. It's strange. The

1 occurrence rate is extremely low.

2 The population of men with breast cancer are  
3 relatively young compared to when most people are  
4 diagnosed with the disease, and therefore, it stands  
5 out, and we have a known environmental exposure.  
6 Like brain tumors, for example, we have a lot of  
7 reports of brain tumors. Unfortunately, most people  
8 with brain tumors don't make it very long.

9 So we're not just focusing on one particular  
10 cancer. It's something that stands out that says  
11 it's a red flag, you know, the canary in the coal  
12 mine.

13 **MR. BYRON:** Yeah, Mike, this is Jeff Byron. Last  
14 night when we were speaking, there's three male  
15 breast cancer victims here today, and speaking to  
16 those individuals, as they went to find out whether  
17 or not their male breast cancer was genetically  
18 related, they went and had tests that showed that  
19 they were not.

20 But I'm going to bring this back up, genetic  
21 testing. I still personally believe that every one  
22 of the children in the in utero study should be  
23 genetically tested. If you're really interested in  
24 finding out what caused this, you'll look there. My  
25 personal opinion, thank you.

1           **MR. STALLARD:** Thank you, Jeff.

2                         I've been handed a note here that we're having  
3           technical transmission problems with CDC's system  
4           and that the technicians are aware of it and working  
5           on it. And they will notify us as soon as it's  
6           resolved. In the meantime though, this is being  
7           archived and will be available for those who are not  
8           able to see it as a live stream.

9                         Yes, wait a minute, Sandra. Tom raised his  
10          hand first.

11          **DR. SINKS:** Thanks. I had two things. I can only  
12          remember one of them. So the first one that I had  
13          was I know that Jerry had a presentation he wanted  
14          to give, and I'm concerned about timing and where we  
15          are. And I very much want to have Jerry have that  
16          opportunity, and I thought it was during this  
17          session. I know we're running a little behind. So  
18          I want to defer to Jerry and make sure that he has  
19          that opportunity.

20          **MR. STALLARD:** And, Sandra, you had a question?

21          **MS. BRIDGES:** Yes, up until the last couple of  
22          meetings we had streaming video that anyone could go  
23          back. If they didn't attend the meeting, they could  
24          go back, when they got off work tonight, for  
25          instance, or whenever, and go back over the whole.

1           What happened to that? Now, remember -- it is  
2           streaming now? I know that you had said there  
3           weren't enough people participating or going back  
4           and looking at it and that's the reason it was  
5           cancelled.

6           **MS. RUCKART:** No, no, no, let me clarify. We have  
7           the court reporter here, and he is transcribing word  
8           for word, and we do post that after the meeting.  
9           There is a delay, of course, because Ray has to  
10          process it, and we proof it and post that. So that  
11          is available, and that goes all the way back to our  
12          first meeting. There's a month or two delay there.

13                 We previously did post the video of the  
14          meeting, and recently we have not done that. It  
15          streams live. Right now, obviously, we're having a  
16          technical difficulty, but that recently is not  
17          posted, the recordings of that. And that's because  
18          of 508 compliance. It has to do with closed  
19          captioning. We are not able to close caption the  
20          recorded video. And you may have noticed that we  
21          have the closed captioner calling in for the last  
22          few meetings. She is typing it live, so anyone  
23          who's watching that has difficulties can see the  
24          closed captioning.

25                 Now, it is possible, there is technology

1 available to provide closed captioning on the  
2 recorded video, and the part that you were talking  
3 about where we don't have a great viewership, that  
4 it is why it was decided that we would not spend the  
5 great amount of funds necessary to close caption the  
6 recorded videos because we had our web team pull the  
7 number of hits that our past archived videos have  
8 gotten, and they've not gotten that many.

9 So again, it was decided that we would stream  
10 it live. We would have the closed captioner  
11 available for the live streaming. We also have a  
12 transcription available so anyone could read through  
13 it and see word for word what was said. And we are  
14 recording this session on DVDs, and I guess we can  
15 make those available. We can discuss that further.

16 They're working on some upgrades to our system  
17 that does stream this video, and in the future, the  
18 hope, the plan is that we would be able to post the  
19 videos after because the closed captioning would be  
20 integrated, and there would be a real-time type of  
21 thing.

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

23 Allen.

24 **MR. MENARD:** Just real quick. This is for the VA.  
25 I've got some concerns that the VA is not

1           recognizing that there was benzene in the water at  
2           Camp Lejeune when they assess each individual person  
3           because I put benzene in my claim to the VA and the  
4           only thing they recognized was PCE and TCE.

5           And also another claim that I helped a  
6           gentleman get, and he was approved, was no, it  
7           wasn't brought up of TCE and -- I mean, it was  
8           brought up of TCE and PCE but no benzene. You know,  
9           there was benzene there. We've got proof. It  
10          should be recognized, and I don't know if you guys  
11          do or not, but that was a concern of mine because  
12          you never, was not in the papers that we got.

13         **MR. FLOHR:** Yes, this is Brad Flohr. Yes, we do.  
14          We're aware benzene was in the water, the same as  
15          you after the ATSDR public health assessment was  
16          issued, and the issue of benzene and the fact that  
17          it was in the water was raised, and we're aware of  
18          that. And you may have heard recently there was a  
19          lot of publicity that claimed the VA granted out of  
20          our Boston office that was based on exposure to  
21          benzene at Camp Lejeune.

22          So they're aware of it. We may not be as aware  
23          of it throughout the VA's 57 regional offices spread  
24          throughout the country and Manila and San Juan  
25          because there's not been a lot of publicity to date.

1 We don't have a whole lot of claims yet, thank  
2 goodness, at least that I'm aware of.

3 But we have just issued an environmental  
4 hazards training letter which covers not only Camp  
5 Lejeune and Atsugi, Japan, but also the exposure to  
6 sodium dichromate in Iraq and exposure to sulfur  
7 mining fires in Iraq and other ^ environmental  
8 hazards both VA and DOD are tracking. We just now  
9 sent that to our field and one of the big article or  
10 part of that is on Camp Lejeune and the fact that  
11 benzene was present.

12 **MR. STALLARD:** Thank you.

13 **MR. BYRON:** This is Jeff Byron. Could we get a copy  
14 of that?

15 **MR. FLOHR:** Yes.

16 **MR. STALLARD:** We're at a point now where we either  
17 take a break or we take ten, 15 minutes. Did you  
18 have more you wanted to add, a formal presentation  
19 of some sort?

20 **MR. ENSMINGER:** Well, there were some points in a  
21 letter that was written in response to ATSDR's 22  
22 March letter, and the Marine Corps wrote a response  
23 back on the 26<sup>th</sup> of March. And there were some real  
24 points in there that were either half truths or  
25 total lies. I took great offense to a lot of the

1           stuff that was said in this letter because it plays  
2           right to the issue we discussed already this  
3           morning, and that's honesty and integrity and  
4           openness.

5                         And the Department of the Navy and the Marine  
6           Corps constantly claim that they do not have the  
7           technical or professional expertise on their staff  
8           to assist ATSDR in determining what documents or  
9           what data would be helpful for them in their water  
10          modeling and in their studies. What a crock of  
11          crap. That's the only way I can put it.

12                        I mean, they've got an Under Secretary of the  
13          Navy for environmental issues, a guy by the name of  
14          Schregardus, who his previous life he was with EPA  
15          Region Five, and he was their water modeling expert.  
16          My god. Take a look at the staffing up at the  
17          Department of the Navy environmental sections,  
18          installations and I and L, Installations and  
19          Logistics, NAVFAC, Navy Facilities Engineering  
20          Command, both in Washington and in Norfolk.

21                        They've got environmental engineers out the  
22          ying-yang. They've got the same thing at the  
23          Environmental Management Department in Camp Lejeune.  
24          What the hell are they paying these people for?  
25          I'll tell you what they're paying them for. They're

1           paying them to cover this up, not to help to expose  
2           it.

3           They've got epidemiologists at the Navy and  
4           Marine Corps Public Health Center or whatever the  
5           hell it's called now. It used to be NEHC, Navy  
6           Environmental Health Center. I mean, why do we take  
7           this crap? Why do we swallow this? I mean, I'm so  
8           sick of hearing this.

9           I mean, ATSDR and the CDC, you've got the chain  
10          of command. You've got superiors up your chain. I  
11          mean, this goes back to the issue of the inventory  
12          of documents that you've never received since 1991.  
13          This all goes back to this statement in this letter.

14          Have you used your chain of command? Have you  
15          gone to the Director of the CDC and said, hey, these  
16          people aren't helping us? I know you wrote letters  
17          to the Marine Corps trying to obtain this stuff, but  
18          have you gone up your chain of command all the way  
19          up to the Secretary of Health and Human Services and  
20          said, hey, you need to go over and slap the  
21          Secretary of Defense up side the head. But you go  
22          up, and then it comes back down. But I've never  
23          seen anybody go up the chain of command all the way  
24          to the Health and Human Services and try to get  
25          these people to fulfill their requirements.

1           **MR. STALLARD:** Wait, wait, wait, wait a minute. You  
2 had a presentation. So you question the claims of  
3 their not having competent staff to do what they  
4 need to do, right? And use of chain of command.  
5 What else is it that you want to address in this?

6           **MR. ENSMINGER:** Well, they're constantly stating,  
7 and again in this letter, that ATSDR has always had  
8 access to these different files. And they describe  
9 this library that they've got down at Camp Lejeune  
10 as something like this room and the next room, this  
11 huge area of the library of documents where you walk  
12 in and there's bookshelves and they've got signs  
13 suspended from the ceiling that says UST this way,  
14 IR Program this way. Bull.

15                   This stuff is so fragmented and stuck in every  
16 little cubbyhole. Morris and his people go down  
17 there, they've got to play detective.

18           **DR. DAVIS (by Telephone):** Point of information,  
19 this is Devra Davis. Has anyone who's currently  
20 there in the room been able to go to Camp Lejeune  
21 and sit down in this room? Has any member of the  
22 CAP gone there to look at these materials recently?

23           **MR. ENSMINGER:** No, we're not allowed.

24           **DR. DAVIS (by Telephone):** Why is that?

25           **MR. ENSMINGER:** We're not allowed access to these

1 files. They were, as far as the Memorandum of  
2 Understanding. It's just like the meetings that  
3 ATSDR holds with the Navy every month. They have  
4 secret meetings, not secret, but segregated meetings  
5 with ATSDR --

6 **DR. DAVIS (by Telephone):** Right, well I'd like to  
7 raise a que -- I'd like to make a suggestion for the  
8 CAP. I'd like to suggest that members of the CAP be  
9 designated to go to Camp Lejeune to examine these  
10 materials for the CAP. And I'd like to volunteer to  
11 be one of the people to do that.

12 **MR. STALLARD:** Okay, thank you. Morris is going to  
13 address his efforts. He's been down into the  
14 labyrinth, I do believe, during his investigative  
15 work.

16 Stay right there. I'll bring you the  
17 microphone. Would you like to briefly address --

18 **MR. PARTAIN:** Before you start, Morris, one thing  
19 I'd point out, a lot of these documents are neatly  
20 organized in the NAVFAC's UST portal, so just give  
21 us access to that. Do it from the luxury of our own  
22 home.

23 **MR. STALLARD:** Morris wants to address that because  
24 he has been there.

25 **MR. MASLIA:** Actually, I and several of the water

1 modeling staff on various occasions have been out to  
2 several locations at Camp Lejeune. One is the  
3 Environmental Management Division Building, Building  
4 12 actually now that it is. And on the second floor  
5 they have a library. It's a repository of  
6 notebooks. They have a central room, and then they  
7 have -- this is hardcopy now, okay.

8 And that's why on the record I'm opposed to  
9 going back there again or for anybody because it's  
10 not the hardcopy reports that we need. We made that  
11 point on several occasions.

12 And then they have in everyone's office, you  
13 know, it's a government-type building, and you know  
14 in John Smith's office if you ask him, you have the  
15 air monitoring reports. And in someone else's  
16 office they've got the UST reports, Underground  
17 Storage Tank. Someone else's office they've got  
18 CERCLA files. And someone else they've got some  
19 other notebooks before this program was created from  
20 that program. So they do everything sort of  
21 cubbyholed.

22 We were up there in May of 2009, spent three  
23 and a half, four days up there going through there  
24 and we even have official minutes from our visit  
25 that were also approved by the Marine Corps for us

1 to release. And we did ask them on several  
2 occasions are any of these notebooks and the data  
3 contained in the notebook, which is what we're  
4 concerned with from a water modeling standpoint, in  
5 electronic format? Are there any other web portals?  
6 And the answer was no, but if you tell us what  
7 notebook you want, we will make copies for you and  
8 get it to you.

9 **MR. ENSMINGER:** Red herrings.

10 **MR. MASLIA:** And that's very disingenuous because  
11 they know good and well we have limited staff. It  
12 takes much longer, and I'm talking about thousands  
13 of hours, to go through hardcopy notebooks. And  
14 then if we want the data from it, we still have to  
15 transcribe it by hand.

16 And so, and then there's another building  
17 called the Vault, which is a public works. And  
18 they've got either hundreds of thousands or millions  
19 of documents ranging from contracts to anything  
20 under the sun. And again, we have never been denied  
21 access to that room or to look around, but again,  
22 it's all in hardcopy format.

23 **MR. ENSMINGER:** And you never received an inventory  
24 of all the documents that's required by the MOU?

25 **MR. MASLIA:** We have never received any inventory of

1 documents unless we have specifically said do you  
2 have document X, Y, Z, and even on some of those we  
3 have never received copies of those other than  
4 finding out on our own or through the CAP or  
5 otherwise.

6 **MR. PARTAIN:** Morris?

7 **MR. STALLARD:** Morris is going to have a  
8 presentation here in just a bit. We need to wrap up  
9 here.

10 **MR. ENSMINGER:** Let me get back into this here for a  
11 minute.

12 **MR. STALLARD:** Okay.

13 **MR. ENSMINGER:** Okay. One of the problems with this  
14 letter that they wrote is that they continuously say  
15 that ATSDR had access to this. There's this public  
16 record that's been maintained at the Onslow County  
17 Library since 1992. It's the record of the,  
18 administrative record. They said that it's been  
19 accessible through, on the internet since 1999.

20 I saw a document today that, where they  
21 admitted that the NAVFAC Portal for the NAVFAC  
22 Installation Restoration Program website portal for  
23 Camp Lejeune has been accessible to the public since  
24 11 January of 2010. That's a lot more recent than  
25 1999. Okay?

1           Another question is, at Camp Lejeune, and this  
2 is a major issue which has become the major issue,  
3 is the benzene and fuel contamination, Site 22, the  
4 Hadnot Point fuel farm. It was one of the original  
5 sites of concern when the Navy's NACIP Program  
6 started back in the 1980s. In 1992, the Department  
7 of the Navy finagled this thing somehow. I don't  
8 know how in the world they did it, but they got it  
9 taken out from under CERCLA and put under RCRA.

10           These public files that they're talking about  
11 that everybody supposedly has access to only  
12 contains CERCLA documents for superfunding, the  
13 Installation Restoration Program. They don't  
14 contain any of the documents for sites such as Site  
15 22, RCRA. Where's the public record for those?

16           Furthermore, the Marine Corps and Department of  
17 the Navy are telling ATSDR that they cannot cite  
18 these documents in many of their reports because  
19 they have not cleared them. They are not public  
20 record. Well, I beg to differ. We need to find out  
21 -- when this went under the RCRA Program, Site 22  
22 went under the RCRA Program in 1992, it also fell,  
23 because it went under RCRA, it became under the  
24 control of the State of North Carolina's Underground  
25 Storage Tank Program.

1           By virtue of it falling under the State of  
2 North Carolina's Underground Storage Tank Program,  
3 all of these reports and documents and data that's  
4 been established for that site have to be provided  
5 to the State of North Carolina. Once they are  
6 provided to the State of North Carolina, they are in  
7 the public domain. So this thing that they're  
8 saying that they've got to review all these  
9 documents is a bunch of crap.

10 **MR. STALLARD:** Are they available to the State of  
11 North Carolina?

12 **MR. ENSMINGER:** They have to provide them to them.  
13 Once those reports go final, they have to provide  
14 the final reports to the State of North Carolina's  
15 Underground Storage Tank Program.

16 **MR. STALLARD:** And do we have access to them through  
17 the State of North Carolina?

18 **MR. ENSMINGER:** Well, but see, the problem with the  
19 State of North Carolina is that they're all hard  
20 documents. They don't have electronic files.

21 **MR. STALLARD:** I see.

22 **MR. BYRON:** Jerry, this is Jeff. I have a comment.  
23 You asked why is this still going on, and, you know,  
24 why can't we get the data? Well first thing I'd  
25 like to say is one reason is that I believe that the

1 Senate Armed Services Committee in their last vote  
2 to help victims of Camp Lejeune threw it right back  
3 into the hands of the DOD and the VA when they  
4 should have put it in the hands of Health and Human  
5 Services and the VA.

6 **MR. ENSMINGER:** That was the Veterans Admin.

7 **MR. BYRON:** Veterans Affairs, I'm sorry, Veterans  
8 Affairs Committee. Threw it into the hands of  
9 Senate Armed Services, and as you know, they're not  
10 going to take any action. This is the plan. And  
11 I'm very disappointed in my own representatives from  
12 my state of Ohio, Sherrod Brown. He actually went  
13 totally against what the victims wanted. But I  
14 wanted to make that as a comment.

15 But I believe it's emboldened the DOD and the  
16 Marine Corps not to be here today, and it's also  
17 allowing them to put off giving us the data because  
18 they're one of the participants. Instead of it  
19 being Health and Human Services and the VA, it ended  
20 up DOD. They threw it right back into the hands of  
21 the perpetrators.

22 **MR. STALLARD:** Well, I think what I can say is that  
23 based on the turnout we have of ATSDR and those in  
24 the audience and leadership at CDC, there's a  
25 different response being seen here from our

1 perspective.

2 **MR. ENSMINGER:** Yeah, well, go back to what Jeff  
3 said, you know, I have to disagree about why the  
4 Marine Corps's not here. I already understand why  
5 they're not here. I mean, this is the reaction of  
6 someone who's had their hand in the cookie jar and  
7 got caught, and they don't want to face up to it.  
8 But you know, so be it. I call it like I see it.

9 **MR. STALLARD:** That's a perfect segue for a break.

10 **MR. PARTAIN:** Well, actually, on the North Carolina  
11 document issue, I just want to make a real quick  
12 point. Like Jerry's saying, they should have been  
13 turned over to the State of North Carolina. There  
14 is a records repository. My understanding it's  
15 haphazard, what have you. One thing to understand  
16 in particular with the CAP, members of the CAP, with  
17 the community, we do not receive pay to do this.  
18 This is on our time.

19 And like, for example, today I took vacation  
20 time to come here to be at the CAP today. We have  
21 other lives. We have family members that are sick.  
22 It is infeasible for us to go travel like for me  
23 from Tallahassee, Florida to Raleigh, North Carolina  
24 to maybe get a couple hours in the library. Just  
25 the sheer volume of documents in that library

1 preclude me spending, making any worthwhile time  
2 there.

3 Now, when you take these library documents, and  
4 you put them in electronic format with such as has  
5 been done with the ATSDR disk, that allows us to do  
6 our work. And the Marine Corps is using a  
7 technicality in the fact that these documents are in  
8 electronic format that they put them on there to say  
9 that we can't have them where, in fact, they'd say,  
10 well, you can drive over to North Carolina or send a  
11 FOIA request. Okay?

12 If they were truly concerned about the health,  
13 safety and welfare of the Marines and their families  
14 and want to get this story out and get the truth  
15 out, turn over these documents and let us get into  
16 them. And that's just not happening. Senator Burr,  
17 I believe, asked for just that and was told no. I  
18 mean, my understanding they've given the access to  
19 Congress, but when Congress has asked for the public  
20 to have access to it, no, send a FOIA request.

21 So that's an important understanding when we're  
22 dealing with any of these document libraries. We  
23 have the internet today. We have technology. You  
24 can put these on DVD. You can put them on the  
25 internet and let us get into them.

1           **MR. STALLARD:** Hands in the cookie jar made me think  
2 of a break.

3           **MR. MENARD:** Just one quick one. Dr. Falk, and  
4 everybody else. Do you object to having a TV camera  
5 in here? I mean, can we vote on that and allow the  
6 TV camera in here for our second -- after the break  
7 here? I mean, I don't see why we can't.

8           **DR. SINKS:** Let me just kind of try to address that  
9 question. The issue is, first of all, there is a TV  
10 camera in here. We're all on camera right now, so  
11 we're online, although it's unfortunate, I guess  
12 there's a technical thing.

13                   There are communication guidelines that CDC as  
14 a whole has that affect this campus. There are  
15 security issues that relate to where filming can go  
16 on and where filming can't. And the decision was  
17 made by the Office of Communications that this would  
18 not be filmed. It was not made by ATSDR. There are  
19 other meetings that CDC has that are not, unlike  
20 this, don't deal with this at all. They use the  
21 same guidelines.

22                   So when media requests for filming, it's dealt  
23 with the Office of Communications, and they make  
24 those. That decision was made by them. We won't  
25 reopen that for this meeting. When we were actually

1 surprised by the cameras, the documentary film --

2 I don't know, Jerry, how long ago, that was a  
3 year ago that came. That actually did not get to  
4 the Office of Communications. They showed up and it  
5 wasn't processed in the way it should have been. So  
6 that's really where we are.

7 The other thing is that in terms of  
8 transparency, we're trying to be as transparent as  
9 possible. Our main audience here is the public, and  
10 that's why we stream this. That's why we have the  
11 audio feed and that's what it's for. So I don't  
12 want to go back and forth and debate. That's beyond  
13 my control.

14 I did want to respond though to Jerry's  
15 comments. First of all, I think Jerry's right on in  
16 terms of the issues of the technical expertise that  
17 is or is not at the DON and USMC and the inventory.  
18 And two of the key points in the letters which I had  
19 sent were exactly on those issues. One is we need  
20 the assurance from the Department of Navy and USMC  
21 that we have the relevant information.

22 We cannot guess at what information they have.  
23 They have the expertise to know what they have.  
24 Their response back was more framed as we're not the  
25 modelers. That isn't the issue. The issue is what

1           have you got. So we will persist on that. And, in  
2           fact, in Morris's presentation two of the priorities  
3           that are on there are actually this assurance issue  
4           and the inventory which Jerry and I are right on the  
5           same page with.

6           In terms of the chain of command, the only time  
7           we've really elevated way up the chain of command  
8           was this past year with the budget. And I think, I  
9           actually feel we can be more effective keeping this  
10          within areas we can control ourselves in our own  
11          leadership, Dr. Falk, Mr. Schregardus, those levels,  
12          than pushing this way up because those tend to delay  
13          things rather than expedite them.

14          But I wouldn't close that up, but let's see how  
15          productive we can actually be in getting closure in  
16          this. It's unfortunate we don't have representation  
17          here because those were issues that I had hoped we'd  
18          be able to discuss across the table.

19          **MR. ENSMINGER:** I mean, let's think about having the  
20          Department of the Navy and Marine Corps here. They  
21          sit out in the audience like a bump on a damn log.  
22          I mean, they never respond. You can try to pin them  
23          down. They just sit there with their arms folded.  
24          They never have any input. All they are is  
25          messengers. They came in here and sat and looked.

1 That's all they did. Now, (brief power outage).

2 **MR. STALLARD:** Dr. Falk has something to say. One  
3 of the things that we're not going to discuss in  
4 this group is the strategy for three dimensional  
5 bureaucratic chess and have it solve that. I think  
6 the message is we need to see action and active  
7 participation of all agencies.

8 **MR. ENSMINGER:** Well, I just wanted to respond to  
9 one thing that Dr. Sinks just said. And he said  
10 that you know going up the chain of command is not  
11 the way to do it. It would cause more delays. How  
12 much more of a delay do you need for this inventory?  
13 It's been 19 years, I mean, seriously.

14 **MR. STALLARD:** Okay, Dr. Falk will take us into the  
15 break. Thank you.

16 **DR. FALK:** Yes, this is a very real issue in terms  
17 of the adequacy of the data, the access to data. So  
18 we need to follow up on that. I mean we, and so I'm  
19 listening carefully. We will do that.

20 **MR. ENSMINGER:** Well, another thing you need to look  
21 at while you're doing that is I want to avoid this  
22 from happening again. And that's how this site,  
23 this CERCLA site, fell out of CERCLA and got slipped  
24 into RCRA, and the public record, those documents,  
25 there's a black hole there.

1           There was a black hole there until Mr. Bob Faye  
2           by accident found out about this electronic portal  
3           where all these documents were located because they  
4           weren't in any other files that Morris Maslia and  
5           his team had. I mean, when Bob Faye found that  
6           thing, he fell into a gold mine. He goes, oh my  
7           god, what have we got here?

8           **MR. STALLARD:** I found it. Well, one of the things  
9           -- just think about this because I've got to figure  
10          out where to fit it in on the agenda and how we're  
11          going to do this, but I want to address what Tom had  
12          brought up about in achieve, and that's the data  
13          discovery process and priorities which seems to have  
14          taken quite a bit of our discussion this morning.  
15          And so let's think about how we might address what  
16          those are when we come back, okay?

17          Fifteen minutes, thank you very much. Those of  
18          you on the phone, 15 minutes we'll come back.

19          (Whereupon, a break was taken from 10:28 a.m. until  
20          10:45 a.m. during which Dr. Clapp joined the  
21          meeting.)

22          **MR. STALLARD:** All right. Just before we broke we  
23          talked about this issue of data discovery, process  
24          and priorities. I am assured that that is going to  
25          be covered in our next presentation of Dr. Morris

1 Maslia. Before we move on though I'd like for us to  
2 welcome and acknowledge Dr. Richard Clapp, a CAP  
3 member who is here and has joined us. Welcome.

4 Do we still have people on the phone?

5 (no response)

6 **MR. STALLARD:** Okay, we'll hear them beep in when  
7 they do.

8 **THE CAPTIONER:** This is the captioner.

9 **MR. STALLARD:** Yes.

10 **THE CAPTIONER:** I'm having a really hard time  
11 hearing the speakers.

12 **MR. STALLARD:** You're having a hard time hearing the  
13 speakers.

14 **THE CAPTIONER:** Yes, it's very muffled audio.

15 **MR. STALLARD:** Is it? Okay, well, let us try then,  
16 speakers make sure that we speak directly into the  
17 microphone, meaning face it. Don't necessarily face  
18 me or put the microphone so that you're projecting  
19 into it. And make sure that you turn it off so that  
20 we're not getting ambient noise that might be  
21 distracting.

22 **MS. RUCKART:** I want to make a suggestion. If  
23 somebody's trying to watch this and the link isn't  
24 working, they can click on the link for closed  
25 captioning and listen to it, just get the audio if

1           that's available.

2           **MR. STALLARD:** Thank you, and that was Perri Ruckart  
3           speaking.

4                     All right, Morris, would you like to take us  
5           into this presentation?

**DATA DISCOVERY ACTIVITIES AND WATER-MODELING**

6           **ANALYSES**

7           **MR. MASLIA:** Good morning everybody, and as we  
8           discussed prior to the break, data discovery is an  
9           important issue, and it's part of the water modeling  
10          analyses. And so I will be speaking on both topics  
11          this morning and give you some updates. And we do  
12          have handouts of the slides with the notes. I won't  
13          promise to stick by every word on the notes, but  
14          there are notes there should you have any questions.

15                    My responsibility on this project is to direct  
16          the water modeling analyses for the current health  
17          study at Camp Lejeune. I'll present four major  
18          issues this morning and one, just review what  
19          questions and goals the water modeling team was  
20          asked to answer and what goals we were asked to  
21          achieve. I will be going over the data discovery  
22          and water modeling process.

23                    I'll give you a status of data discovery in  
24          terms of some selected databases and information  
25          sources. And these are three of them just so we're

1 all on the same page: installation restoration or  
2 IR sites typically refer to CERCLA-type  
3 administrative records. Underground storage tank or  
4 UST sites, which we heard some about earlier, and  
5 then the Access database which we have recently been  
6 provided by the Navy and Marine Corps, go into that.  
7 And then some priorities for completing data  
8 discovery.

9 To bring everybody up to date, we were tasked  
10 with providing technical input to the  
11 epidemiological study to determine exposure to the  
12 drinking water areas of the base that served base  
13 housing. The northwest corner here we've got Tarawa  
14 Terrace, and on the middle area we've got the area  
15 known as Holcomb Boulevard. And on the southern  
16 area here including the two shades of green we've  
17 got Hadnot Point. Hadnot Point area is the original  
18 of the base water system that was established during  
19 the early '40s.

20 In terms of epidemiological study areas, Tarawa  
21 Terrace is assumed to be exposed, and the primary  
22 contaminant from an off-base dry cleaner here at ABC  
23 One-Hour Cleaners is PCE or dry cleaning fluid. And  
24 we have concluded that analysis. That analysis, the  
25 water modeling analysis, has been published, is

1 available on the ATSDR website, and the results have  
2 been provided to the epidemiologists.

3 The Hadnot Point area is also assumed to have  
4 been people there exposed to contaminated drinking  
5 water. These are three contaminants: TCE,  
6 trichloroethylene; PCE, perchloroethylene; and  
7 benzene in general BTEX compound. And the PCE --

8 **MR. ENSMINGER:** Morris? On that slide, what about  
9 vinyl chloride?

10 **MR. MASLIA:** Vinyl chloride is a degradation product  
11 from PCE, and we did, in fact, do the degradation  
12 analysis. I should say our cooperators at Georgia  
13 Tech assisted us and will be assisting us again in  
14 degrading PCE to its degradation byproducts.

15 **DR. DAVIS (by Telephone):** Can you speak into the  
16 microphone more, please?

17 **MR. MASLIA:** I may need to wear a remote if that's  
18 possible. Everybody hear me now? Is that better?

19 **DR. DAVIS (by Telephone):** It's better.

20 **MR. MASLIA:** Okay, thank you. In the Hadnot Point  
21 area one of the principles to understand is that TCE  
22 is both a degradation product of PCE, but it is also  
23 a source contaminant as well, so we'll be looking at  
24 both instances, both situations on that.

25 Originally when we began the water modeling

1 analyses, these two areas were the exposed and  
2 obviously for a case control study you need an  
3 unexposed area. And so Holcomb Boulevard area was  
4 assumed to be unexposed, right here. We have since  
5 through information gathering and talking to the CAP  
6 and other members determined that, in fact, Holcomb  
7 Boulevard had some intermittent periods of exposure  
8 between June 1972 and 1985 when either the booster  
9 pump at 742 or the Marston Pavilion valve at Wallace  
10 Creek were opened up during the dry spring, early  
11 summer months to supply additional water to Holcomb  
12 Boulevard when there was a water shortage.

13 And finally, also we have noted in reviewing  
14 some of the underground storage tank files that, in  
15 fact, there's another area of contamination known as  
16 HP-645.

17 So the questions we were asked to answer on  
18 behalf of the epidemiological phase of the study  
19 were what were the sources of contamination; which  
20 chemical compounds contaminated the water supply;  
21 when did the contaminated groundwater reach the  
22 water supplies and the duration of the  
23 contamination; how was that contaminated drinking  
24 water distributed throughout the Camp Lejeune water  
25 distribution systems; and the frequency, duration

1 and spatial distribution of exposure to contaminated  
2 drinking water.

3 What's important to understand about these  
4 questions and in the follow-up slide that I'll show  
5 you in a minute is that these were all presented  
6 during October 2003 at a meeting, you can call it a  
7 kick-off meeting, where ATSDR was proposing our  
8 approach to historically reconstruct the drinking  
9 water at Camp Lejeune.

10 And at those meetings were representatives of  
11 the U.S. Marine Corps from Headquarters, U.S. Marine  
12 Corps Camp Lejeune, Department of Navy NAVFAC and  
13 the Department of Defense. So everyone, all  
14 stakeholders, have known our approach and the  
15 questions we were tasked to answer and how we were  
16 going to try to answer those questions since 2003.

17 So the goals that we wanted to achieve were as  
18 follows: There were four goals. The arrival dates  
19 at the contaminated wells.

20 And these goals were put to us by the  
21 epidemiologists in order of if we could only achieve  
22 one goal, what would it be. If we could only  
23 achieve two goals, what would they be. And so  
24 they're listed in the order of must have. It'd be  
25 nice to have. It'd be great to have, and this is

1 better than sliced bread.

2 So the second goal was the distribution of  
3 contaminants by housing location. After we were  
4 able to do that then could we provide monthly mean  
5 concentrations for every month of the exposure  
6 period. And finally, if we could provide mean  
7 concentrations, then what were the reliability of  
8 those results, the range of the concentrations. Did  
9 the synthesized concentrations vary by a factor of  
10 two, four or ten, whatever. We needed to give the  
11 epidemiologists some sense of confidence in our  
12 results.

13 What I'd like to do at this point is just very  
14 briefly go over the areas of the Hadnot Point area  
15 that we're currently modeling. We have successfully  
16 answered the questions and achieved the goals for  
17 the Tarawa Terrace part of the epidemiological  
18 study. And again, as I said before, those are  
19 available to the public online and in hard copy.

20 The three areas in HP -- and I'll show you a  
21 map on the next slide -- HP industrial area where we  
22 were looking at PCE, TCE and benzene; the Hadnot  
23 Point landfill area, PCE and TCE; and the HP-645  
24 area, benzene. HP-645 refers to a water supply well  
25 in Holcomb Boulevard.

1           And I'll show you the computational grids. So  
2 the HP industrial area is down here in the southern  
3 area. We've got the HP landfill area in the central  
4 area and the HP-645. On this map you'll see the  
5 squares that are in dark maroon or purple. Those  
6 represent our current knowledge of underground  
7 storage tank sites. I'll get more into that. As of  
8 right now we've identified approximately 60 of them.  
9 And the shaded larger areas represent the IR,  
10 Installation Restoration sites or CERCLA-based  
11 document sites.

12           The computational grid's just some technical  
13 information. Because of numerical requirements of  
14 the water models in terms of aquifer properties and  
15 transport properties, are cells of 50-by-50 feet.  
16 So we have to use very small cells in order to abide  
17 by some technical criteria for transport modeling.

18           At this point what I would like to do is move  
19 into the information sources and document review  
20 options. And there are a number of options that one  
21 can use depending on what you're tasked with and  
22 what the goals of your investigation are.

23           You may be tasked with just finding a universe  
24 of documents. You're told about all these  
25 documents. You have a review option that may be

1 administrative, legal, historical, technical,  
2 whatever it may be. And so the approach then would  
3 be perhaps to review the universe of documents,  
4 whatever that might be from A to Z, any type of  
5 document. And that is one approach.

6 On the other hand if you've got a more project-  
7 or goal-specific task, you may have a subset of  
8 documents from here that you need to review. And  
9 that's going to be determined by the tasks  
10 associated with the project. And one approach might  
11 be is to create an inventory or a catalog of  
12 documents.

13 This, in fact, was done, or this approach was  
14 used by Booz-Allen-Hamilton who was contracted to  
15 the Marine Corps and Navy. They went on base and  
16 inventoried a set of documents. It's interesting  
17 that they did not inventory every single document on  
18 base. They had a certain algorithm or filter that  
19 they used. If certain documents fell into that,  
20 they would inventory them. And if the documents  
21 didn't meet their criteria, they would not inventory  
22 those documents. So that's a selective review  
23 determined by whomever made that determination.

24 Another option we would refer to as technical  
25 data extraction. And this is the option that we

1           determined that we would use for the water modeling  
2           analysis because we wanted specifically to be able  
3           to extract certain types of information and data so  
4           that we could build model input data sets needed for  
5           the different water models. And so it's the third  
6           one here that I will be focusing on and that we have  
7           successfully used for Tarawa Terrace and the  
8           Installation Restoration site document review.

9           Now, one of the things we can view this world  
10          of document review is in a Venn diagram. And so  
11          this outer box may represent all the documents that  
12          you have either associated with the project,  
13          somebody tells you about it. It says nothing about  
14          whether they're pertinent or not. They're just  
15          documents.

16          And within that project document continuum here  
17          we may have certain documents that relay certain  
18          types of information; for example, geohydrologic  
19          information, chemical and contaminant information,  
20          hydraulic aquifer characteristic information. And  
21          what you notice right away is that these types of  
22          documents are a relatively small percentage of this  
23          entire universe of documents out there, and so you  
24          want to focus in on this smaller area because that's  
25          going to be the most probable location of the

1 information that we need.

2 More importantly, you will see that the data  
3 that can be extracted from this subset is an even  
4 smaller subset of these documents here. And, in  
5 fact, I'll show you some information later on  
6 that'll just show you how small that subset of  
7 documents is relative to the universe of project  
8 documents that are available. That's from a  
9 generalized standpoint.

10 So let me go over the data extraction process  
11 that we have used at Tarawa Terrace and at for the  
12 Hadnot Point Installation Restoration sites. Most  
13 documents in the subset of documents are not site  
14 related, and they do not contain pertinent data and  
15 information for modeling analyses. The selected  
16 documents are reviewed and they do yield a variety  
17 of data. That's those three circles that I showed  
18 you on the previous slide of chemical,  
19 geohydrologic, hydraulic-type data. And those are  
20 the documents and the data that are needed to build  
21 model datasets.

22 And finally, the extracted data are used to  
23 build sufficiently robust and calibrated models for  
24 epidemiological study needs. What this means is,  
25 the very important take-home message from this is

1           that model calibration does not rely on a process  
2           that identifies every document in the subset of  
3           documents for the project nor do we need every  
4           single data point that is collected.

5           And that has been the approach, as I said, that  
6           we took at Tarawa Terrace and we successfully used  
7           it and obviously calibrated those models, published  
8           those models. They went through external review and  
9           Agency clearance, and, in fact, we successfully  
10          applied that to the Installation Restoration site  
11          files for Hadnot Point.

12          So how does the document review process fit  
13          into the overall water modeling process? It's a  
14          four-stage process. You have your information  
15          sources. We use our technical data extraction  
16          approach and extract pertinent information, build  
17          the electronic databases and then build the model-  
18          specific databases, calibrate -- build the model and  
19          then calibrate the models. And then, of course,  
20          extract model results for the epidemiological study  
21          analyses and publication, peer review and all that.

22          This is the approach again that was used at  
23          Tarawa Terrace. I'll get to where we are for  
24          different sites and different databases. The two  
25          important points to point out here. This activity,

1           number two here, up to now we have been doing this  
2           by hand. That is, when we are told that we have  
3           been given access to documents and they're in  
4           electronic form, what that means is they have been  
5           scanned in, and they are in PDF format.

6           The data still have to be extracted by hand.  
7           They are not in a logic or Boolean-oriented database  
8           like MS Access. And so someone, subject matter  
9           experts, temporary staff, somebody has to go and  
10          then extract every piece of information to first  
11          build generalized databases and then build the model  
12          databases from that. And that's what has been done  
13          at Tarawa Terrace and at Hadnot Point Installation  
14          Restoration sites.

15          A second important aspect of this approach is  
16          you'll see this feedback loop here. What this  
17          feedback loop does is if there are questions that  
18          arise during model calibration and simulation as to  
19          whether input data are either correct or values  
20          should be changed, the subject matter expert  
21          conducting this analysis can go back to the input  
22          data files, change the data if needed, and then  
23          determine is there a rationale for doing that.

24          This is what we did at Tarawa Terrace, and if  
25          you'll allow me a minute or two to explain, during

1 model calibration at Tarawa Terrace as part of the  
2 input data, we had different wells in there. We had  
3 a TT-23, Tarawa Terrace water supply well TT-23, or  
4 otherwise known as the TT new well. And we were  
5 always told from the day we came on base by the  
6 water utility people, environmental management  
7 people, the well was built, it was contaminated so  
8 we never used it, and so we did not operate it in  
9 the model.

10 The model kept coming back to us and said it  
11 needed another source of water. In other words, the  
12 model would not balance out. The only other source  
13 was that well. So that's easy. Anyone, again, even  
14 a non-subject matter -- can go in here and change  
15 the data point. That's not the key. The key is we  
16 operated TT-23 and the model worked.

17 But now we have to find a reason why the model  
18 said it was working when we were told it wasn't  
19 operating. At that point that is when we went back  
20 to some of these files that initially we just did a  
21 cursory review on. These happen to be the water  
22 plant logbooks which were all handwritten notes.  
23 And if you read any of them, you'll see they're more  
24 personnel records than actual water utility records.

25 And we started reading, and sure enough, in

1 March of 1985 we found an instance when a colonel  
2 told the water plant manager if you're short on  
3 water, turn on TT-23 from midnight to 6:00 a.m.  
4 That right then gave us the rationale that said if  
5 we were short on water, and we were short during the  
6 summer of 1984, they would have operated TT-23. And  
7 so that feedback loop is almost a QA/QC on that.

8 And what it does is it allows us to use our  
9 data extraction of not reviewing every document  
10 first, get the model going and then if there are  
11 questions raised, we can go back and we'll get an  
12 affirmative subset to see if we can refine our  
13 information.

14 Now with that said, let me go into the status  
15 of -- hopefully you can see the table -- of where we  
16 are. So for Tarawa Terrace, we have completed  
17 through stage four. It's done. Hadnot Point  
18 Installation Restoration sites we have looked at the  
19 information sources. We have gone through our data  
20 extraction method, built our electronic databases,  
21 built the model input databases. And we are in the  
22 process of running the model. Again, this was all  
23 done by hand.

24 At the HPHB, Hadnot Point-Holcomb Boulevard  
25 underground storage tank sites, we are currently

1 reviewing the information source and we have  
2 extracted some information. And I'll talk more  
3 about those in a few minutes. And the what is known  
4 as the CATLIN-NAVFAC MS Access database. This is a  
5 database consisting of anywhere from 700,000 to 1.3  
6 million analytical records of information that we  
7 were provided just recently by the contractor for  
8 the Marine Corps by a captain who just received it,  
9 and so that's why we're just on step one there,  
10 having just received it.

11 At this point I'm going to go through several  
12 slides with partial lists of some of these databases  
13 or information sources and provide you with  
14 additional details about them. This is a partial  
15 list. It's a list that was sent up to the Marine  
16 Corps and the Navy and Dr. Falk's -- not Dr. Falk's  
17 -- Tom Sinks's letter of March 22<sup>nd</sup>, and it is a much  
18 more complete table, but I'll focus on these four  
19 databases.

20 Up here on the top we have the CERCLA documents  
21 composed primarily of what are referred to as Camp  
22 Lejeune water documents and the Baker web portal  
23 documents for the CERCLA administrative records.  
24 Then we've got the CATLIN-NAVFAC Underground Storage  
25 Tank information. Those are the PDF files, and I'll

1 talk to you more about that. The CATLIN UST MS  
2 Access database also known, the Marines refer to  
3 that as Terrabase.

4 And finally, most recently we have been  
5 notified about a NAVFAC public web portal which  
6 apparently contains very similar documents to the  
7 Baker web portal up here, but due to some internal  
8 standards at NAVFAC they have renumbered the files  
9 and so we asked them to reconcile the NAVFAC web  
10 portal files with the Baker web portal files.

11 They have done that, and there are about 50  
12 files that are on the public web portal that we do  
13 not have on the Baker web portal or on our DVDs that  
14 were published with Tarawa Terrace Chapter A. And I  
15 have requested those additional 50 files. I don't  
16 know if they're early files, later files. I just  
17 know they're about 50 files.

18 And again, as what Jerry said at the beginning,  
19 this public website based on the transmittal  
20 information that was sent to me earlier this month  
21 by the NAVFAC web portal person went live to the  
22 public on 11 January 2010.

23 **MR. ENSMINGER:** Hold on there, Morris.

24 **MR. MASLIA:** Yes.

25 **MR. ENSMINGER:** This right here is why this is so

1 important for this inventory that was required under  
2 the Memorandum of Understanding. I mean, if ATSDR  
3 does not have this complete inventory, electronic  
4 inventory, of all these documents, I mean, every  
5 time Morris and his team think they're getting to a  
6 point where they're reaching completion, another  
7 Jack-in-the-box pops up, another file. I mean, this  
8 has got to stop. We've got to have the inventory.

9 **MR. MASLIA:** Thank you, Jerry.

10 So at this point what I want to do, as I said  
11 I'll go through these top three in more detail. And  
12 since this is basically a somewhat duplicate of this  
13 one with the exception of the outstanding 50 files,  
14 I will not go into the last row.

15 So with the Camp Lejeune water documents and  
16 Baker web portal, again, those are the documents  
17 that ATSDR provided in our Tarawa Terrace Chapter C  
18 on the DVDs. So this is the location of the  
19 Installation Restoration site and the numbers refer  
20 to the official numbering from -- if you've read any  
21 of the investigation reports, any of the other  
22 reports you will see those sites listed by that  
23 number.

24 All the information from these reports again  
25 have been hand tabulated. They have been put in

1           what we're referring to now as ATSDR's Hadnot Point  
2           Chapter C report. That report has gone out to  
3           external parties for data review, external parties  
4           being USEPA Region Four, U.S. Marine Corps Base Camp  
5           Lejeune, two people reviewed it there as well as  
6           other parties, other stakeholders we sent copies of  
7           the report to review.

8           The reviews came back. Those have been  
9           reconciled. It has gone through ATSDR clearance  
10          process, and it is in the process of being laid out  
11          for electronic publishing and hard copy publishing.

12          To give you a little information what's  
13          contained in the Installation Restoration site files  
14          and documents. There are about 4,818 files. Those  
15          are the PDF files that I'm referring to. Of that  
16          3,708 are the CERCLA administrative records and  
17          1,110 are the Camp Lejeune water documents.

18          The key point here, bullet number two, of all  
19          those documents only 206 yielded data for the water  
20          modeling, again, four percent. That goes back to  
21          that Venn diagram that I showed you that using our  
22          data extraction approach we keyed in on these. We  
23          did not have to read 210, 220 or a thousand other  
24          reports. That's not to say we don't look at the  
25          reports, but we don't have to read them page by page

1 by page. We can key in on that and extract the  
2 data.

3 And the third bullet that I just said, this  
4 information had to be hand tabulated. Chapter C for  
5 those who haven't seen it has 80 data tables, all  
6 that composed by hand. And we're awaiting, besides  
7 the cartographic labs work that has to be done,  
8 there is another issue that is with this report.  
9 I'll bring that up later. We need to do another  
10 round of QA/QC.

11 So just to give you a sense of the different  
12 types of data, the data points, you see them on the  
13 right-hand side, and the left-hand side is the type  
14 of data, again going back to that Venn diagram with  
15 the chemical, the geohydrologic, the hydraulic-type  
16 data and the number of data points.

17 By comparison for those who have looked at any  
18 of the Tarawa Terrace reports you will note that  
19 this is at least an order of magnitude greater in  
20 number than the data points available for Tarawa  
21 Terrace.

22 So now I'll go on. The next slide we'll go  
23 back and look at what is referred to as the CATLIN-  
24 NAVFAC UST site information. And that review is in  
25 process, and there are about, there at 1,535

1 documents. This is contained on the web portal that  
2 was referred to earlier.

3 And in fact, we have asked the Navy and Marine  
4 Corps to allow us to release those publicly. They  
5 have been provided to us with a FOUO letter; that  
6 is, for official use only. And what that does is  
7 preclude us from citing them as references in  
8 scientific documents because if somebody asks for  
9 the reference we cannot provide it to them. So that  
10 is where we are with those.

11 And again, as I showed you before, the squares  
12 here are the UST sites that we have located to date,  
13 documented. There are about 60 of them, and the  
14 numbers are the ones with leader lines and labeled  
15 on them are those associated to date with major  
16 benzene spill and benzene contamination. You've got  
17 the fuel farm in that area down here, and you've got  
18 the HP-645 area up on top.

19 **MR. PARTAIN:** Morris, on the UST, the CATLIN-NAVFAC  
20 UST site, the documents that you've seen so far, is  
21 there any sensitive information, you know, military  
22 secrets or things contained in these documents that  
23 would preclude them from being released to the  
24 public?

25 **MR. MASLIA:** Not that I have seen, but again, when

1 we reviewed the CLW documents and the IR documents,  
2 I never saw any sensitive information. I don't know  
3 what protocol or procedures, you'd have to ask the  
4 Navy what their protocol or procedure that they are  
5 using to do the review.

6 **MR. BYRON:** Booz-Allen and Hamilton.

7 **MR. PARTAIN:** Also on the UST portal I just want to,  
8 the data that's in there, you mentioned four percent  
9 of the data from the other documents. Is there a  
10 percentage of data to delve into what you're doing?

11 **MR. MASLIA:** Not at this point because we're still  
12 in review. Let me just go on because I need to  
13 describe the review process first. So I'll do that  
14 and then it may or may not answer your question.

15 Now, I showed you before our review process for  
16 Tarawa Terrace and the Installation Restoration  
17 sites. As you see, this is the review process that  
18 we have currently undertaken for the UST sites.

19 It's quite a bit more complex and it involves quite  
20 a number more of subject matter experts here in the  
21 orange boxes to the right. And that is because we  
22 are being required to review every page of every  
23 document and then have a subject matter expert go  
24 back over that to review every page of every  
25 document whether the document pertains to the sites,

1 Hadnot Point-Holcomb Boulevard or not. So it's very  
2 costly and very time consuming.

3 **MR. STALLARD:** Who requires that?

4 **MR. MASLIA:** I'll answer that, okay? Let me go on.

5 There's two disadvantages and then I'll answer  
6 who's requiring that.

7 The first disadvantage is, as I point out, it  
8 requires a detailed review of every single document  
9 and as I demonstrated with the IR site documents,  
10 only four percent of those documents contain  
11 relevant information. So you can multiply out those  
12 documents.

13 But secondly, ultimately a subject matter  
14 expert has to be diverted to these review tasks, and  
15 so what we do is then pull them off other model-  
16 pertinent tasks like computations of mass,  
17 characterizations of sources of contamination. And  
18 so that's what's happening now. It was mandated by  
19 ATSDR above the technical people, myself, expressed  
20 an opinion. It was then told to us, no, you will  
21 review every document.

22 **MR. ENSMINGER:** Well, these requirements that are  
23 above and beyond what you did for Tarawa Terrace,  
24 are these new requirements creating any kind of  
25 delay as far as the water model being completed, the

1 completion date?

2 **MR. MASLIA:** Yes, it is creating a delay. We are  
3 documenting in the last quarterly report, the one  
4 that's going ^ annual plan of work that we send up  
5 to the Navy every quarter. This quarter two we have  
6 indicated that delays are imminent, and I'll have a  
7 slide near the end that, in fact, will tell you by  
8 how much we're being delayed.

9 Let me go on to that and just tell you the  
10 status of the UST review. The 1,535 electronic  
11 files, and the reason we now know there are 1,535  
12 files is that in March we requested an index from  
13 our points of contact at the Marine Corps and their  
14 consultant CATLIN. And they provided us with an  
15 index of files, okay. Because before, as Bob Faye  
16 stated we were basically just batting around in a  
17 black box.

18 They gave us access to the web portal with time  
19 and either a title or a type of contamination and  
20 some files to pull up, but we didn't know if we had  
21 all the files, half the files, whatever. We didn't  
22 have a count. So they did provide us with an index,  
23 a file name and we know there are 1,535 files in  
24 this UST --

25 **MR. PARTAIN:** Morris, if I understand you right, you

1 got access to this portal.

2 **MR. MASLIA:** Right.

3 **MR. PARTAIN:** From the Navy.

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

5 **MR. PARTAIN:** And did they tell you how to use it or  
6 give you any --

7 **MR. MASLIA:** No, I'm getting to that. No, one of  
8 these files of the 1,535 happens to be a user's  
9 manual.

10 **MR. PARTAIN:** How did you find that? Did they tell  
11 you about that?

12 **MR. MASLIA:** No, we just stumbled across it.

13 **MR. ENSMINGER:** When?

14 **MR. MASLIA:** When? A month or so ago. After we got  
15 the index then we knew how many files we needed to  
16 download. We downloaded all the files and listed at  
17 the very bottom was a file titled Web Portal Users  
18 Manual.

19 **MR. ENSMINGER:** So you had this thing for a year  
20 flailing around --

21 **MR. PARTAIN:** And no one bothered to tell you that  
22 there was a --

23 **MR. ENSMINGER:** Nobody bothered to tell you that  
24 there was a user's guide involved in there?

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

1           **MR. STALLARD:** Did you ask?

2           **MR. MASLIA:** Well, no, I did not ask, and I will  
3 plead guilty because when I go in to buy a piece of  
4 software or a new employee comes to ATSDR to learn  
5 how to use the LAN, we usually provide them with a  
6 user's manual. I did not think that that was a  
7 needed question specifically to ask for a specific  
8 document title.

9           **MR. PARTAIN:** Do you think you should have asked  
10 that or is that something that should have been  
11 given to you being that you had access to this  
12 portal?

13           **MR. MASLIA:** I suppose if from now on one of the  
14 issues is if we had an index of document types, then  
15 we would know what to ask for. Not having an  
16 inventory or index of the different types of  
17 documents then it becomes very difficult.

18                   And the question is, is ATSDR water modeling  
19 group tasked with creating an inventory or are we  
20 tasked with conducting water modeling? And my  
21 approach has been always we were tasked with water  
22 modeling.

23           **MR. PARTAIN:** Like Jerry mentioned before, the 1991  
24 MOU requested a complete index from the Marine Corps  
25 and the Navy.

1           **MR. MASLIA:** Yes.

2           **MR. PARTAIN:** And you have not received that.

3           **MR. MASLIA:** No.

4           **MR. PARTAIN:** And, of course, this would have  
5 hopefully revealed this UST portal volume four.

6           **MR. MASLIA:** Right.

7           **MR. ENSMINGER:** Not necessarily. They left the RCRA  
8 documents.

9           **MR. MASLIA:** Just to complete the slide, we've  
10 reviewed currently 1,070 files to determine if  
11 they're even in our study area at Lejeune. And of  
12 those, 662 files are within the study area. That  
13 says nothing about whether they contain pertinent  
14 information or not. That's just phase one.

15                   Now, we did previously, and Bob Faye had gone  
16 through 120 of these UST documents before we had the  
17 index, and of those we had extracted these number of  
18 data points in the middle column. Now what we have  
19 to do is go through, if we're going to use this new  
20 approach to document review, go through and  
21 determine the number of additional data points to be  
22 added to this database.

23                   And, of course, this does have an impact on our  
24 water modeling. While we can start, and we have  
25 started water modeling with the Installation

1 Restoration site information, the UST does contain  
2 additional information for us to add to our water  
3 modeling database.

4 **MR. PARTAIN:** Just curiosity, Morris, on the water  
5 level measurements on there, I know that's important  
6 for the water levels with the product, especially  
7 with the BTEX just free phasing, are those water  
8 level measurements taken in all four seasons of the  
9 year? Are they quarterly? Are they monthly? Or is  
10 it just one time a year?

11 **MR. MASLIA:** Are they variable? I'll let Bob Faye  
12 who is actually --

13 **MR. PARTAIN:** And the reason why I'm asking this  
14 question is because we have BTEX which my  
15 understanding, I'm not a scientist, but that's a  
16 free phasing product. And typically in your winter,  
17 early spring months in that area is in drought so  
18 water tables can drop. And then in the summertime ^  
19 with rains and I wonder, like if they're taking  
20 measurements in points of drought and not taking  
21 when the water level measurements during the points  
22 of rain, is that going to affect y'all's models?

23 **MR. FAYE:** Well, first of all you need to realize  
24 that the water level fluctuations regardless of the  
25 time of year are relatively small. I mean, at any

1 one site unless it's being affected by nearby  
2 pumping you're only looking at maybe four or five  
3 feet of water level fluctuations that occur  
4 seasonally.

5 And to answer your first question, yes, there  
6 are water level measurements at most of these sites  
7 taken through different seasons. There are monthly  
8 measurements. There are quarterly measurements. So  
9 the seasonal effects are accounted for.

10 **MR. MASLIA:** The seasonal effects are kind of like  
11 at Tarawa Terrace, for example, we have an  
12 infiltration or recharge parameter, and we know how  
13 that varies over the month. We take an annual  
14 average or whatever. That's discussed actually in  
15 the Tarawa Terrace Chapter C report. So that's how  
16 that's accounted for in the groundwater flow models.

17 **MR. PARTAIN:** And the reason why I bring that point  
18 up is we recently spoke with a bunch of former  
19 firefighters at the base, and they had indicated in  
20 times of heavy rains they could actually smell fuel  
21 coming up through some part of the ground at Hadnot  
22 Point.

23 **MR. MASLIA:** With that what I want to turn my  
24 attention to is this CATLIN-UST-IR which is known by  
25 the Marine Corps as Terrabase. And as I said

1           previously, it is a query-able database of 700,000-  
2           plus. As I said, we just got an update so there's  
3           about 1.3 million records in there, and it contains  
4           analytical data, well construction data, sampling  
5           data, all types of information in there. And we are  
6           just in the process of learning how to query it,  
7           what the parameters of the database mean.

8           **MR. ENSMINGER:** Now have you asked them for a user's  
9           manual for this one?

10          **MR. MASLIA:** Well, actually I did, and the response  
11          was they wanted to have a meeting to explain it to  
12          us. And again, I think a better approach would be  
13          to get a user's manual or just write down what the  
14          parameters are or what that is. I mean, to take our  
15          folks and go back up to Camp Lejeune or go up there  
16          is a real cost in terms of resources --

17          **MR. ENSMINGER:** And time.

18          **MR. MASLIA:** -- and time. And with the electronic  
19          nature of communications and everything else, I  
20          think we're capable of doing this via internet, via  
21          telephone and that type of information. We even  
22          have people in-house on the water modeling staff  
23          that have taken MS Access courses. And what we need  
24          is some definition of variables and things of that  
25          nature.

1           **MR. ENSMINGER:** How long ago did you ask for this  
2           user's manual?

3           **MR. MASLIA:** Well, we were provided the CATLIN  
4           database sometime in March, and when we were  
5           communicating with the request, and when I was  
6           trying to understand exactly what this Terrabase  
7           was. At that time I asked can you also send a  
8           user's manual. I believe I've got an e-mail  
9           somewhere to that effect. And the response came  
10          back, well, let us prepare the database for you,  
11          send it to you and once you get it, then we'll have  
12          a working meeting of telling you about it.

13          **MR. STALLARD:** Before we move on, just to be sure.  
14          Do you feel that you have the technical expertise to  
15          use a user's manual?

16          **MR. MASLIA:** Yes, I believe we have the technical  
17          expertise to use a user's manual, assuming it  
18          explains what the variables and parameters and  
19          querying options are within the database. And  
20          that's typically what you go to any commercial  
21          software that is MS Access based, and you want  
22          somebody to use an application, such a user's manual  
23          would come along and define all the Boolean  
24          operators, what the parameters are and things like  
25          that.

1           Just as an example there are wells, monitor  
2 wells, and other that different consultants have  
3 called by different well names. We don't know if  
4 that's located under different parameters -- for the  
5 same well -- different parameters, different well  
6 names or what. We have to reconcile all that and  
7 then that's part of a data dictionary or a user's  
8 manual that should come along with it. So right now  
9 we are back again in a black box.

10       **MR. STALLARD:** Thank you.

11       **MR. MASLIA:** So let me continue because there may be  
12 a way of leveraging this Terrabase to our advantage  
13 at this point. And that is if we go back to our UST  
14 review approach or review process wherein before in  
15 the first phase of this we're going to review every  
16 single document.

17           That has now almost been done. We've read two-  
18 thirds of them, and we've determined certain ones  
19 are relevant to our study area, not necessarily  
20 containing data that we need, pertinent data, but we  
21 have separated out going to 1,070 of them so we've  
22 got about another 500 to go.

23           Go ahead in completing that step what may be an  
24 option is to, in fact, pull up this CATLIN database,  
25 MS Access database, and perhaps if documents are

1           referenced by document names, type of data in there  
2           and so on, we may be able to query this database and  
3           then extract out pertinent information. Again the  
4           issues remain of multiple names for the same well,  
5           multiple locations and some kinds and things of that  
6           nature, other data quality.

7           For example, is a non-detect not entered? As  
8           you know in the Tarawa Terrace we listed what the  
9           non-detect value was, whereas other people may  
10          eliminate non-detects, things of that nature.  
11          That's what we need to query and look into this so  
12          that's another effort by our subject matter experts.  
13          But, in fact, if we took this approach it may, in  
14          fact, cut some time off in dedicating subject matter  
15          experts to re-reviewing every document again. So  
16          I'm just throwing that out for consideration.

17          And the status of where we are on different  
18          tasks, the tasks are just referring to tasks that we  
19          send up to a much more complete field, and we report  
20          our quarterly progress and annual progress to the  
21          Department of Navy. But the things to understand  
22          here is, as I indicated, some tasks are on hold,  
23          mass computations.

24          Mass computations are important because this  
25          would have told us, if they would have been

1 completed by now, they would have told us that, hey,  
2 there's so many hundreds of thousands of gallons of  
3 fuel that had been spilled, not 20,000. That's  
4 through a mass computation, not modeling, not  
5 anything else. But that has been put on hold.  
6 That's affecting modeling. We need that for when we  
7 do our models.

8 We also need the source characterization,  
9 that's been put on hold, because we're reviewing  
10 these UST files. And we've concluded some other  
11 tasks. As you see one of the issues is the pumping  
12 schedule. This was an issue brought up at the  
13 expert panel meeting that, in fact, all this is  
14 good, but if we don't know how the wells operated  
15 historically, we would still have an issue. And our  
16 cooperators at Georgia Tech have in fact developed  
17 an algorithm so that we now can synthesize the  
18 historical operation of all the water supply wells  
19 back historically based on a technique that they  
20 have developed.

21 **MR. PARTAIN:** I know we've said this before, Morris,  
22 but for the record the actual pumping logbooks for  
23 the wells, the individual wells, and the production  
24 logbooks for the plants, would you please comment on  
25 where those documents are located or what happened

1 to them?

2 **MR. MASLIA:** We were provided with the most recent  
3 ten years of daily operations. My understanding is,  
4 what we have been told by the Marine Corps is that  
5 anything older than ten years they destroyed. I  
6 don't know the legal reasons why or why not. I'm  
7 not a lawyer, and so we have ten years of what I  
8 call present day information daily records. Part of  
9 that in fact is used to quote train these wells as  
10 to how they operated historically.

11 **DR. DAVIS (by Telephone):** This is Devra Davis. I  
12 want to understand what you just said. You're  
13 saying that you only have, so for example, from  
14 current information?

15 **MR. MASLIA:** That is correct. We do have very  
16 sparse historical information, and we have completed  
17 files on every single well. There are about 100 of  
18 them, and noted which wells shut down, which wells  
19 were taken out of service, which wells replaced  
20 other wells. And today's probably not the time to  
21 go into the technical approach that our cooperator  
22 has used to develop this training approach that  
23 trains historic wells on how to operate based on  
24 current information.

25 But, yes, we've got ten years of daily

1 information that tells us whether a well is on or  
2 off, where they turned it on to take a sample, where  
3 they turned it off for whatever reason, whether they  
4 took it out of service. So we have that for the  
5 present day wells, but we can use that to determine  
6 what the historical wells or how they were operated  
7 given some assumptions.

8 **DR. DAVIS (by Telephone):** Do you all have an  
9 algorithm that ^ degradations?

10 **MR. MASLIA:** That has nothing to do with the  
11 degradation.

12 **DR. DAVIS (by Telephone):** Let me finish my  
13 question. Do you also have an algorithm that allows  
14 you to calculate the amount of vinyl chloride and  
15 degradation products from the TCE in the path?

16 **MR. MASLIA:** That is correct.

17 **DR. DAVIS (by Telephone):** Do you have an algorithm?

18 **MR. MASLIA:** Well, that's contained in the fate and  
19 transport models. That is what we used at Tarawa  
20 Terrace to determine given a source of  
21 perchloroethylene at ABC One-Hour Cleaners how much  
22 TCE, how much DCE and its various constituents and  
23 how much vinyl chloride would degrade. So that is  
24 contained in the fate and transport model that is  
25 provided to us by Georgia Tech.

1           **MR. STALLARD:** So the answer to her question is yes.

2           **MR. MASLIA:** Well, I think categorizing it as an  
3 algorithm is a little simplistic, and that's why I  
4 wanted to go into that explanation because it's not  
5 like an Excel sheet where you just plug it in and  
6 get it out. It's far more complex than that.

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

8           **MR. ENSMINGER:** Morris, their explanation to you was  
9 a ten year retention?

10          **MR. MASLIA:** Yes.

11          **MR. ENSMINGER:** Ten years?

12          **MR. MASLIA:** That is correct, ten years.

13          **MR. ENSMINGER:** Okay, let me point something out.  
14 Camp Lejeune was declared a Superfund Site in 1989.  
15 Ten years prior to that would have been 1979. So  
16 all of the data from 1979 through 1988 should be  
17 required by Title 42, the Superfund legislation,  
18 should still be retained because it's got a 50 year  
19 retention.

20          **MR. MASLIA:** I'm going by what we have been told by  
21 Camp Lejeune.

22          **MR. BYRON:** First off, I don't think that you could  
23 go by what you're told. These guys are liars. One  
24 thing I'd like to express -- this is Jeff Byron --  
25 is we have been at this, you sent me a letter ten

1 years ago concerning the in utero study. We've got  
2 the cart before the horse here. We're just now  
3 getting all the data? What's been going on for ten  
4 years? I mean, seriously. These guys are allowed  
5 to just not provide the data and that's okay?

6 The other disappointing thing is, is Tarawa  
7 Terrace is done. Why can't you finalize a report  
8 for TT?

9 **MR. MASLIA:** We did.

10 **MR. BYRON:** I'm talking about the summary.

11 **MR. MASLIA:** That has to be, that's in Frank, you're  
12 talking about the epidemiological study?

13 **MR. BYRON:** Yep.

14 **MR. MASLIA:** That needs to be addressed by Frank --

15 **MR. BYRON:** How come the report can't be finished?

16 **MR. MASLIA:** That needs to be addressed by Frank --

17 **MR. BYRON:** Why does it have to wait for Hadnot  
18 Point? Why do these individuals who are suffering  
19 out there, the VA's here to hear the evidence and to  
20 hear what we need as far as information for finding  
21 Marines who are sick. You guys have got the  
22 information concerning TT, and you're not releasing  
23 it.

24 **MR. MASLIA:** We have released the modeling results -

25 -

1           **MR. BYRON:** You have the modeling, but you've not  
2 given your conclusions and so whether they're being  
3 affected or not, and I'd like to know why this is  
4 being held up.

5           **DR. DAVIS (by Telephone):** I'm sorry. This is Devra  
6 Davis. I think the answer to the question is the  
7 following: As far as I know 2003 the Bush  
8 administration exempted U.S. military bases to land  
9 a number of environmental reporting requirements.  
10 And I believe we determined that one of those was an  
11 exemption for certain reporting requirements for  
12 Superfunds on military bases.

13           I don't know its current legal status, but I  
14 know the Defense is still trying to modify the  
15 agreement through the Pentagon about a number of  
16 things. And I believe, and I think ^ might have  
17 been included in that, and I know ^ exemptions with  
18 the Air Act, RCRA and the Superfund in 2003. Does  
19 anyone here have more information on that?

20           **MR. BYRON:** No, this is Jeff Byron again. That  
21 means nothing to me as far as 2004. This started in  
22 2000. They should have been gathering data before  
23 2000. They asked for the in utero study to start in  
24 2000. Jerry's been involved since 1997.

25           **DR. SINKS:** Devra, this is Tom Sinks. I think, let

1 me just I think be clear about the environmental  
2 exposure data. I think we are interested in getting  
3 all the relevant environmental exposure data we  
4 need, and I've not heard anything about that rule  
5 affecting our access to that. The issue is knowing  
6 what's there and making sure we have assurance that  
7 we're getting access to it and then our staff doing  
8 that.

9 The question Jeff brought up is actually a  
10 little different question which is so we've done the  
11 environmental monitoring for the water system at  
12 Tarawa Terrace. As many people in the room know,  
13 the epidemiology for the children's selected cancer  
14 and birth defects data have been collected. We've  
15 been waiting for Morris to finish all of the  
16 computer modeling before we do any of the epi  
17 analysis.

18 And the question Jeff brought up was why don't  
19 we go ahead and do the epi analysis for children's  
20 health outcomes for Tarawa Terrace now. I know this  
21 has come up before in discussion and Frank is, I  
22 think, prepared to answer it.

23 **DR. BOVE:** There's a couple of issues. The first  
24 issue is that we do know that during the dry spring,  
25 summer months that Hadnot Point water went over to

1 Holcomb Boulevard, but we don't know exactly what  
2 portion of Holcomb Boulevard received that water,  
3 and we don't know what the contamination levels were  
4 during those dry summer months.

5 We are concerned about that because when we  
6 analyze this data, it's very important to know what  
7 months a woman was living in the housing and what  
8 months the contamination occurred because for the  
9 birth defects in particular, the first trimester --  
10 in fact you could actually, if we were able to do  
11 it, is there are certain months in the first  
12 trimester that are key for cleft palate, cleft lip  
13 and neural tube defects it's the first month.

14 So because we are not sure what the levels are  
15 at Holcomb Boulevard -- remember Holcomb Boulevard  
16 was always in our minds the unexposed area. And  
17 because we don't know exactly when the contamination  
18 occurred over at Holcomb Boulevard, exactly where  
19 and exactly what levels, I do not want to do this  
20 analysis and then have to go back and make the same  
21 mistake or a similar mistake we made back in 1998  
22 when we thought we had unexposed people at Holcomb  
23 Boulevard, and they were exposed to Hadnot Point  
24 water. So in order to avoid making that mistake  
25 again I want to get all the information. Perri and

1 I want to have all the information.

2 The second issue, and I'm not sure how  
3 important this issue is yet, but as Morris was  
4 talking about HP-645, which served Holcomb  
5 Boulevard, we do know that in 1985-'86 there were  
6 hits of benzene, low hits but hits of benzene at  
7 Tarawa Terrace. Now, in order to get a hit of  
8 benzene at Tarawa Terrace where none of the supply  
9 wells at Tarawa Terrace have benzene in them, the  
10 water had -- step back.

11 In February of '85, the contaminated wells at  
12 Tarawa Terrace were shut down. So the water was now  
13 coming from Holcomb Boulevard.

14 **MR. ENSMINGER:** No, not until July.

15 **DR. BOVE:** Well, all right, well, sometime in '85 it  
16 comes over to, Holcomb Boulevard water comes over to  
17 Tarawa Terrace. So here's 645 sending water to  
18 Holcomb Boulevard treatment plant. It is being  
19 mixed with a whole bunch of other wells in the  
20 Holcomb Boulevard system, right? It gets diluted.  
21 Then it gets sent over to Tarawa Terrace where it's  
22 again diluted by several wells over there. And yet,  
23 and yet we still detect benzene at Tarawa Terrace  
24 with all that dilution.

25 So I would like to know what the levels were in

1 '85 as well at Holcomb Boulevard. Again, because  
2 Holcomb Boulevard we considered to be our unexposed  
3 populace. I want to have a clean, unexposed  
4 population in order to compare Tarawa Terrace to  
5 that unexposed group and Hadnot Point to that  
6 unexposed --

7 **MR. ENSMINGER:** You want an unexposed population at  
8 Camp Lejeune?

9 **DR. BOVE:** I'll take that back.

10 **MR. ENSMINGER:** Good luck.

11 **DR. BOVE:** I'll take that back. You are exposed,  
12 first of all, in any epi study, people are exposed,  
13 right? They spray pesticides in their home,  
14 whatever. What we're talking about here is the  
15 additional increment of exposure due to residential  
16 exposure to drinking water. That's what we're  
17 talking about.

18 I'm well aware that people migrate all around  
19 the site. They may go to main side for dinner or  
20 lunch. They're going to get exposed to contaminated  
21 drinking water. So everyone probably I would say, I  
22 would be surprised if there was someone who wasn't  
23 exposed at some point in time to contaminated  
24 drinking water during their daily activities on  
25 base.

1           I'm just saying that what we're focusing on is  
2 residential exposure to drinking water. That's the  
3 exposure of interest here. And that so, does that  
4 explain our position or do you want any further  
5 question?

6 **DR. DAVIS (by Telephone):** This is Devra. Some have  
7 -- Why wouldn't the skews expected or based being  
8 the national or the state rate? Why would that be  
9 in the Marines only? I mean, you know, you can't  
10 have two different controls. You could use  
11 national. You could use state, but even try to get  
12 a level in other Defense Department, for example, in  
13 the Coast Guard if you had it. It would seem to me  
14 that trying to get controls at Camp Lejeune I think  
15 is very problematic.

16 **DR. BOVE:** At the time the studies were designed we  
17 thought that Holcomb Boulevard was an unexposed  
18 area. The design would be fine if that was the  
19 case. As we learned later, much later after all the  
20 data's been collected, we're finding out these  
21 issues about the intermittent transfer of water from  
22 Hadnot Point to Holcomb Boulevard, so on. We still  
23 think we can do the internal analysis.

24           However, in the future studies that is the  
25 reason why we have Pendleton as an unexposed.

1           Again, Pendleton has toxic waste sites just like  
2           Camp Lejeune, but the difference is they do not have  
3           contaminated drinking water. And again, that's the  
4           key issue here. So for the future studies we have  
5           an unexposed population outside of Lejeune just for  
6           this reason.

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

8                     Morris has four more slides to go.

9                     Mike, you had one question to pose?

10          **MR. PARTAIN:** Yeah, just going back real quick,  
11          Morris, on this well logs and what have you. The  
12          logs you have are logs that were compiled after a  
13          substantial change in the behavior and operating  
14          methods at Camp Lejeune. Why I'm saying behavior is  
15          because prior to 1985 the well treatment pipe  
16          operators were unaware that there was a contaminant  
17          and unaware of the issues there so there has to be  
18          some type of behavior change there. And also I  
19          believe there is, they started using more automated  
20          wells later on.

21                    The fact that these documents are missing, the  
22          well logs, the water treatment-type production logs,  
23          how has that hampered your ability to model what's  
24          going on there with Hadnot Point and what kind of  
25          delays has that cost?

1           **MR. MASLIA:** Well, again, the fact that we don't  
2           have routine, monthly, whatever operational records  
3           from the water utility side going back historically,  
4           we have to be inventive about being able to  
5           reconstruct an operational history, and that's where  
6           we have people like our cooperator at Georgia Tech  
7           coming up. And we have a staff member, water  
8           modeling staff member, that provides them with  
9           information, and they develop these algorithms. So  
10          certainly having the operational history would have  
11          been preferred.

12                 I mean, that's always preferred, but we have  
13          spent time and resources in developing a method.  
14          But I think the thing to focus on is that, in fact,  
15          we have developed a successful approach to  
16          reconstructing the operational history. And again,  
17          there are certain assumptions, limitations on that,  
18          and if somebody else has some better approach, other  
19          than not doing anything, bring it to our attention.  
20          But we believe our approach is at this point  
21          successful in reconstructing the operational history  
22          of these supply wells.

23          **MR. STALLARD:** That's the difference between  
24          scientifically effective and imaginative.

25          **MR. BYRON:** Yes, I'd like to ask Morris one

1 question, too, real quick. Concerning Booz-Allen  
2 and Hamilton, which none of us as a CAP member have  
3 any faith in because they were contracted by the  
4 Marine Corps, number one.

5 What do you know of the expertise of the  
6 individual reviewing those documents? In other  
7 words is he just some mucky-muck in the office that  
8 has no credentials to be looking at water modeling  
9 data, not water modeling data but the data taken  
10 through testing at these well sites?

11 **MR. MASLIA:** Let me answer that real briefly, and  
12 then I'll answer more after I finish the slides.  
13 But that was not the purpose of the BAH. Because I  
14 was there. I was there at their kickoff, initial  
15 induction, telling the base personnel what they were  
16 going to do. And it was never their intent -- and  
17 I'm not saying I agree or disagree with it. I'm  
18 just telling you -- what their intent was was not to  
19 specifically target water-related documents.

20 Their task was to inventory every building on  
21 the base and based on some filtering algorithm to  
22 obtain a sampling of certain documents. And if they  
23 found a box and it had more than X percent of  
24 certain documents, then they might explore that box  
25 in more detail.

1           What they have provided to us is an index, and  
2           the index is about 500 pages long. We've gone  
3           through that index and said, okay, this document  
4           looks interesting. This document looks interesting.  
5           We've gone back to, they have a special building on  
6           base for BAH that apparently only BAH can get into,  
7           and we tell them what the file number is that we  
8           need, and they will pull those documents. And  
9           that's where we did obtain some of the historical  
10          well information, from those documents.

11          But you'll have to talk to BAH, the Marine  
12          Corps or the Navy to find out what exactly their  
13          task, their rationale was in all that. But I can  
14          tell you it was not, I was told this in no uncertain  
15          terms, it was not targeted at water-related  
16          documents specifically.

17          **MR. STALLARD:** Take us through the last five minutes  
18          of your presentation.

19          **MR. MASLIA:** Update on the reports, Chapter C, as I  
20          said, is done. However, we've got this issue now  
21          hanging over our head is that we've got this  
22          700,000-plus analytical records or Installation  
23          Restoration records received on 22 March, and so we  
24          have to decide how we now are going to go back in  
25          QA/QC Chapter C which was ready to go out the door.

1 Again, that decision hasn't been made.

2 I'll be happy to listen to suggestions. Do we  
3 QC every single table of the 80 tables? Do we do a  
4 ten percent cut? Do we target the critical tables  
5 and do that? That decision remains to be made. But  
6 the report cannot in good scientific protocol go out  
7 the door when we know there's a database sitting out  
8 there that has data that we've put in a report that  
9 has not been prepared.

10 Chapter B, which is the geohydrologic  
11 framework, and that preparation is in draft. Again,  
12 that report will concentrate on the three areas that  
13 are groundwater models: HP-645, Hadnot Point  
14 landfill and Hadnot Point industrial area.

15 And Chapter D will be the UST data, pending the  
16 UST file review and data extraction.

17 So water modeling time line. Original target  
18 date as we've been talking for the last couple of  
19 years, and we've provided a time line in our  
20 quarterly updates to the Navy and I think at the  
21 expert panel perhaps, is May 30<sup>th</sup>, 2011. That was to  
22 be complete with all water modeling tasks including  
23 reports and all that. We have revised tasks.

24 I'll discuss some of those here, UST file  
25 review, the source characterization, multiphase

1 modeling and uncertainty analysis will be  
2 complicated by the benzene modeling. Again, we're  
3 having to go to using a free phase float and  
4 product-type model as opposed to dissolve phase.  
5 And the completion date at this time looks like it's  
6 possibly extended by about six months to March 31<sup>st</sup>  
7 of 2012.

8           Priorities for completing the data discovery  
9 process, we obviously have to complete the UST  
10 document review and decide how, if we can, speed  
11 that up, do something. MS Access database is the  
12 700,000 pound gorilla in the room, especially since  
13 we have the report ready to go out the door, to look  
14 at. We still need an inventory of information  
15 somehow. I agree with you, Dr. Falk.

16           Somehow we have to get an inventory that  
17 everyone says is an inventory and some assurance  
18 from the Department of Navy, USMC, their contractors  
19 and guidance from the CAP that we have all the  
20 relevant environmental information. Again, couch it  
21 in terms of our data extraction process. In other  
22 words do we have all the relevant information that  
23 will allow us to extract the data that we need for  
24 our models.

25           And that concludes the official presentation,

1 and I will be happy to answer questions at this time  
2 or at some other point in time.

3 **MR. PARTAIN:** Morris, we've got a new date now,  
4 March 2012.

5 **MR. MASLIA:** Yes.

6 **MR. PARTAIN:** Now assuming, and let me first ask  
7 you, the discovery of these document sources, the  
8 portal, the Terrabase and everything, you mentioned  
9 the change in the type of model. How has this  
10 altered your work finding this new data?

11 **MR. MASLIA:** Let me start I guess with what I  
12 consider the easiest is the finding of documents  
13 that specifically told us a consultant to the Navy  
14 and Marine Corps had developed a simple benzene  
15 volume-type model called spillcad that in fact based  
16 the results of that model, estimated anywhere from  
17 400,000 to 1.1 million gallons of fuel-loss over  
18 time, and additionally, the acknowledgement through  
19 data of floating product is probably fifteen feet  
20 now probably a little bit less, tells us that it is  
21 inappropriate to apply the same model that we  
22 applied to Tarawa Terrace which assumed all the  
23 contaminants were dissolved in groundwater.

24 That benzene is now or has been floating so you  
25 have to apply the appropriate model. And the

1 appropriate model is the multiphase model. In terms  
2 of uncertainty if we apply an inappropriate model,  
3 forget the data uncertainty, I mean, your  
4 uncertainty is going to go through the roof because  
5 you applied models in inappropriate physical  
6 concepts.

7 So we have to now go back and develop a  
8 multiphase model and then apply that. That's  
9 another six, 12 months, whatever, worth of effort,  
10 and then benchmark it against known solutions, then  
11 apply it. It obviously will take some different ^  
12 to run. And that was never put in the plan.

13 In fact, at the expert panel we presented  
14 benzene data, dissolve data. Up there you remember  
15 some of the charts we presented. We had experts  
16 commenting on using simpler approaches, and I think  
17 they based those recommendations upon lack of  
18 knowledge that there was in fact a multiphase  
19 situation occurring at the fuel farm.

20 **MR. PARTAIN:** So it would be fair to characterize  
21 that you're based on the revelation of these new  
22 data sources that y'all's understanding of what was  
23 going on at the fuel farm has been substantially  
24 changed.

25 **MR. MASLIA:** Our understanding of what type of model

1 to use, to apply here, has been changed, yes.

2 **MR. PARTAIN:** Prior to last year what was ATSDR's --  
3 and maybe Dr. Sinks, Dr. Bove can answer this -- but  
4 prior to last year what was ATSDR's understanding of  
5 how much product was in the ground at Hadnot Point  
6 as far as fuel?

7 **MR. MASLIA:** As far as fuel the amount documented by  
8 the Marine Corps and their consultants and that we  
9 were going with was 20-to-30,000 gallons of fuel  
10 over time spilled. With that small amount, again,  
11 at that time we had not looked at any or seen any of  
12 the underground storage tank files or anything like  
13 that, but with that small amount that was another  
14 reason for using a dissolve phase because that's a  
15 real small amount over 40 years and the area.

16 **MR. PARTAIN:** So prior to last year the Marine Corps  
17 did not indicate to anybody at ATSDR that they had  
18 lost up to possibly 1.1 million gallons of fuel or  
19 more at the Hadnot Point fuel farm?

20 **MR. MASLIA:** That is correct.

21 **MR. STALLARD:** Folks, we're going to continue this  
22 question and answer. We lose our link and we owe it  
23 to the general public to be live with this  
24 discussion.

25 **MR. ENSMINGER:** If you can go live.

1           **MR. STALLARD:** Well, that's our goal.

2           So what we will do is come back in one hour at  
3           one o'clock. Please come back and we will resume.  
4           Morris will avail himself to the questions. Thank  
5           you very much; thank you audience for your  
6           participation. Please be back in one hour.

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

9           **MR. STALLARD:** I would like to remind you if you  
10          would please if you've turned on your communication  
11          devices while you were at lunch to please turn them  
12          off now or on silent stun. I have done that, too.

13          Come up and get going here.

14          **DISCUSSION WITH VA**

15          **MR. FLOHR:** Okay?

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

17          **MR. FLOHR:** Hi, I am from the government, and I'm  
18          here to help you. We've all heard that before,  
19          right? Just briefly I can tell you that actually  
20          that's a very true statement. Right now the VA is  
21          compensating more people than they ever have in  
22          history, upward of three million veterans are on the  
23          compensation rolls being compensated monthly.

24          Unfortunately, more of them are added each  
25          month as our deployed soldiers are coming back from

1           Oria and Noria^. That's been a major core source of  
2           the increase, as well as the aging of our veteran  
3           population. As we all get older, not all of us but  
4           some of us are getting older, we develop more  
5           diseases and we file claims thinking it is somehow  
6           related to service and often it is. Sometimes  
7           unfortunately it's not, but a lot of times it is.

8           But I want to talk a little bit today about our  
9           involvement in Camp Lejeune that is ours and the  
10          Compensation and Pension Service in Washington,  
11          which is responsible for policy, for writing  
12          regulations, for reviewing court decisions which are  
13          precedents and for generally writing training  
14          letters on issues such as Camp Lejeune and other  
15          environmental hazards and exposures. So we do a lot  
16          and have been involved with a lot.

17          Last week I met with Senator Burr's staff up on  
18          the Hill, and with a couple of the people from the  
19          Senate Veterans Affairs Committee, ^ Chief Counsel  
20          and Chief ^. We talked about what we're doing with  
21          Camp Lejeune, and basically they want to know about  
22          the registry that the Navy started because they  
23          wanted us to have access to it. And my boss, my  
24          director, wrote a letter, ended up writing a letter  
25          to the Secretary of the Navy asking for access to

1           that database.

2           We did get it on a CD finally after going  
3           through all levels of approval and security concerns  
4           because believe it or not right now PII and personal  
5           identity, identity theft, is huge, a huge issue for  
6           everybody in government. And I can actually get  
7           more data from DOD directly than I can on veterans'  
8           healthcare^. The administration works right with us  
9           as far as VA.

10           And in fact, as I said, we got the health  
11           register, the Camp Lejeune registry, which has about  
12           150-to-160,000 names on it. The Defense Manpower  
13           and Data Center, DMDC, has verified about 45,000 of  
14           those actually are veterans who were at Camp Lejeune  
15           during the time frame. Trying to get that data,  
16           although my office asked for it, it went to our  
17           Office of Public Health and Environmental Hazards in  
18           the VA chain.

19           And getting the data from them, you have to  
20           sign all kinds of releases of what we're going to do  
21           with the data, where is it going to be stored, who's  
22           going to have access to it. The data we asked for,  
23           we're all VA, what is the deal? It's all about  
24           protecting personal information.

25           And actually looking at the data on the

1 registry I don't really know what good that is going  
2 to do us on the benefits side because it doesn't ask  
3 really the appropriate questions. I don't know how  
4 it got through how many layers it took of approval  
5 and concurrence to get through the questions that  
6 were asked in the registry, but none of them asked  
7 are you ill? If you are, what is your disability?  
8 Things that would be useful to them.

9 That's not part of the question, so really for  
10 veterans' purposes we don't need it. We might  
11 insert isolated cases to verify that someone was at  
12 Camp Lejeune during the years when the water was  
13 contaminated, but generally we get that from the U-  
14 214 or from the veteran's personnel records. It's  
15 not really a big issue for us to get that  
16 information.

17 **MR. BYRON:** They were also going to have the health  
18 survey form go out. Sorry, this is Jeff Byron.  
19 They were going to do a health survey and that might  
20 be why the question wasn't asked at registration.

21 **MR. FLOHR:** Possibly, yeah.

22 But anyway, that's where we are. We're working  
23 with the Hill. The Hill, of course, Senator Burr  
24 from North Carolina is very interested in this  
25 subject. A lot of publicity now is being put out to

1 the public. As I said earlier we had a case that we  
2 granted a claim in Boston. That's really the first  
3 one that I'm aware of.

4 I know from hearing folks here today there have  
5 been others, but that was the only one that I  
6 personally had heard of at this time which was  
7 somewhat unusual to me because my staff among other  
8 things we look at difficult or unusual types of  
9 claims that are submitted in our 57 regional offices  
10 where people don't know what to do. They don't have  
11 any guidance, don't have any information, so they  
12 ask my office. When they ask me, they ask my staff,  
13 we've got this case, what do we do with it? I  
14 haven't heard any of those, not gotten any calls,  
15 any questions either from a medical or a legal  
16 standpoint. So it's very interesting.

17 And as we continued down here what I've heard  
18 this morning from the various studies, I know the  
19 Navy has agreed to fund some additional studies for  
20 ATSDR for the coming year, four or five year  
21 studies, my question was going to be for Dr. Maslia  
22 was, well, at the end of the day, at the end of the  
23 current study they're doing on the water and the  
24 future studies coming, is there going to be a point  
25 in time where ATSDR will be able to say someone was

1 at this place on Camp Lejeune; therefore, they could  
2 not have been exposed or they were at this point,  
3 and they were exposed or probably were exposed.

4 That's a big issue for us because we need to  
5 know, of course, who the affected population is and  
6 the individuals who file claims, whether they were a  
7 part of that affected population. As you may know  
8 Viet Nam, all the veterans who served in Viet Nam,  
9 the land mass or its inland waterways are presumed  
10 to have been exposed to Agent Orange. Part of that  
11 was because the DOD would not give us the  
12 information we needed to determine where the  
13 spraying was done or they just didn't know.

14 They didn't keep records. They didn't know, no  
15 good reports, so then the VA first made the decision  
16 to presume someone there was exposed, and then  
17 Congress legislated and put it in a statute. That  
18 happens quite frequently.

19 But that's what we have, and if we want to get  
20 a presumption of exposure to the contaminated  
21 drinking water during the affected years, that's  
22 fine. It makes it simple for us. We don't have to  
23 do anything else, anything else in terms of  
24 verifying someone was there and was exposed.

25 And in fact right now I would venture to say

1           that any Camp Lejeune veteran who files a claim now  
2           is presumed to have been exposed to the contaminated  
3           drinking water. We don't ask them where you were on  
4           the base. We don't have information to say an  
5           individual was in an area where the well was  
6           contaminated. We don't know that. I'm quite sure  
7           that we just take it as fact if someone files a  
8           claim who was at Camp Lejeune was exposed to the  
9           contaminated drinking water.

10          **MR. BYRON:** Just so that you know a little of the  
11          history, the Tarawa Terrace water modeling is done,  
12          and therefore, any veteran who comes to you who  
13          lived at Tarawa Terrace, he can go directly online  
14          and get what levels of toxicity were going to his  
15          home at this time. My family was getting 200 parts  
16          per billion every day for two years at TT; who knows  
17          what it may weigh. So that is available to veterans  
18          that were at Tarawa Terrace at this time.

19          **MR. FLOHR:** All right, I have not seen that, seen  
20          that report.

21          **MR. BYRON:** We'll make sure you see it.

22          **MR. FLOHR:** I do have an epidemiologist that I work  
23          closely with in VHA's Office of Public Health and  
24          Environmental Hazards. She actually was stationed  
25          at Camp Lejeune in the '80s, discharged, retired

1 from the Navy, so she's interested in this. And I  
2 would actually recommend that sometimes she come  
3 down here and be part of your CAP group. She  
4 probably would have some interesting things that  
5 could provide for you.

6 I want to talk a little bit about the claims  
7 process itself and how that ties in with Camp  
8 Lejeune claims. By the way, I don't have my e-mail  
9 address there but I should. If anybody wants to  
10 send me an e-mail, ask me a question, I've got some  
11 business cards, but my e-mail is pretty simple.  
12 It's brad-dot-flohr-at-VA-dot-gov.

13 The compensation claims process, VA determines  
14 the existence of chronic disabilities. You're  
15 compensated for chronic disabilities, not acute or  
16 transitory injuries or diseases that come and go and  
17 are never heard from anymore, but disabilities that  
18 result in loss of earning capacity. That's what our  
19 basis for compensation is, to replace average lost  
20 earnings.

21 And there's three requirements for a grant of  
22 service connection. An in-service event; that is,  
23 if you were injured you may have injured your knee  
24 playing basketball. You were on active duty though  
25 at the time; therefore, that is a disability that is

1           capable of being compensated if it results in  
2           disability.

3           Or an event, if you were exposed to an event,  
4           for example, a Viet Nam veteran who served in Viet  
5           Nam who was exposed to Agent Orange. That's an  
6           event. Someone who was at Camp Lejeune during the  
7           years the '50s to the mid-'80s exposed to the  
8           contaminated drinking water, that is an event.  
9           Therefore, such as the case that we granted out of  
10          our Boston office a couple of weeks ago, it ended up  
11          being a direct service connection.

12          There was a medical link between drinking the  
13          contaminated water and the development of the  
14          disease. Competent medical evidence which was  
15          provided by the veteran's treating physician,  
16          Harvard medical physician, medical school. It was  
17          significant enough to establish a service connection  
18          on a direct basis, not a presumptive basis, a direct  
19          basis. There was an event. There's a disability.  
20          There's a link between the two.

21          You have to have the correct condition, of  
22          course. If you file a claim and you don't have a  
23          disability, you're probably not going to be granted  
24          a service connection. And a medical nexus to  
25          establish a link which is competent medical evidence

1 in terms of what we're looking at. I've got to tell  
2 you, the three million veterans we have on the rolls  
3 right now, we're getting over 1.2 million claims  
4 this fiscal year, FY10.

5 And that's going to be added onto by the  
6 Secretary's decision last October to add three new  
7 diseases due to Agent Orange exposure assuming  
8 another 200,000 claims this year. Which is going to  
9 require us to trying to get the budget to hire about  
10 2,400 more people, and we're already pretty large.  
11 But the way the claims are coming in, it's just,  
12 it's truly more than we've ever gotten.

13 And, of course, hiring people doesn't really  
14 help, at least it doesn't initially, because you  
15 have to train them. It takes a good couple years to  
16 train someone to be a good adjudicator, and longer  
17 if you put them on probating board, actually making  
18 decisions on claims involving medical evidence,  
19 which is something I did for ten years as part of my  
20 background. I've been with the VA for 35 years, ten  
21 years of that I was with on ^.

22 **MR. ENSMINGER:** What's your current backlog?

23 **MR. FLOHR:** Current backlog? It's a lot. We have,  
24 our standard answer, we have around 400,000 now, and  
25 that's an issue. You hear a million. Well, if you

1           threw in things like appeals, which we don't count  
2           in our pending workloads. Those are cases that have  
3           already been worked, but they've been appealed.

4           That's another couple hundred thousand and that  
5           doesn't include, for example, it doesn't include the  
6           non-, what we call, the rating issues. That is  
7           where someone actually has to make a decision using  
8           medical evidence which is like 400,000. That  
9           doesn't count the claims for adding a dependent, for  
10          example. Someone gets married and has a child,  
11          doesn't count. Changes of address that come in.  
12          There are millions of things we get. The phone  
13          calls that we get all the time.

14          **MR. PARTAIN:** Is the VA tracking the number of  
15          people calling in with Camp Lejeune-related claims?

16          **MR. FLOHR:** Not to my knowledge. I heard just I  
17          think a week ago there might have been some guidance  
18          put out to our field stations to start charting  
19          claims based on Camp Lejeune, but I don't know that  
20          for a fact, but I will verify that.

21          **MR. ENSMINGER:** What's the status of the Marine  
22          Corps providing you their registry?

23          **MR. FLOHR:** They have provided the registry, as I  
24          said, to our Office of Public Health and  
25          Environmental Hazards. That's what I was talking

1 about. I don't know that it helps us much because  
2 there's nothing really on it other than a person's  
3 name. And it doesn't help us that much in  
4 determining if a person was there 'cause we can do  
5 that easily through other means.

6 **MR. PARTAIN:** Is there any plan to create like a  
7 website or a place for these veterans to go to  
8 within the VA to get answers or get questions on  
9 what's going on or get some help for them?

10 **MR. FLOHR:** I don't think yet that that's under  
11 discussion. We have a lot of different registries.  
12 We have a Gulf War Registry. These are maintained  
13 by VHA, Veterans Health Administration. A Gulf War  
14 Registry, an Agent Orange Registry, POW Registry, we  
15 have a number of registries. Perhaps creating a  
16 Gulf War Registry might be, a Camp Lejeune Registry  
17 might be something that could happen.

18 **MR. PARTAIN:** We've got possibly a million  
19 population exposed, veterans and dependants.  
20 There's still on weeder^ the website, "The Few, the  
21 Proud, the Forgotten," we have a lot of questions  
22 come in about veterans and what to do, where do I  
23 go, and getting turned down. And, for instance,  
24 Allen Menard was awarded -- I'm sorry -- 100 percent  
25 for his Non-Hodgkin's Lymphoma up in Wisconsin.

1           **MR. FLOHR:** That's not what he told me.

2           **MR. MENARD:** No, no, a vet that I got in contact  
3 with was, a vet that I helped ended up getting 100  
4 percent compensation in Wisconsin. I got zero  
5 percent, but that's because --

6           **MR. ENSMINGER:** But you're still rated at a hundred  
7 percent.

8           **MR. PARTAIN:** The point in question was in like in  
9 different regions of the country we're hearing in  
10 Wisconsin we had two vets with Non-Hodgkin's  
11 Lymphoma who'd been awarded, and then I know of a  
12 vet in Jacksonville, Florida, who also has Non-  
13 Hodgkin's Lymphoma, and he was there in the '80s,  
14 and he has been denied on appeal. And so where's  
15 the consistency?

16           **MR. FLOHR:** Well, there's no presumption, for  
17 example. There's no presumption that having  
18 consumed the contaminated water resulted in any  
19 disability. So each case is considered on the facts  
20 in that particular case. The outcome of the case is  
21 going to depend on the quality of the evidence.

22                   And it's up to the rating specialist making the  
23 decision to judge the credibility of the evidence,  
24 number one, and the, how credible it is and how  
25 probative it is. That is, what does it do in terms

1 of proving the claim. So each individual case can  
2 be different. I'm not saying that some are not  
3 wrong or could be wrong but just the quality of the  
4 evidence might not be the same in one case as in  
5 another.

6 **MR. ENSMINGER:** Once again I take it for these  
7 diseases that are directly linked to like benzene  
8 exposure, TCE, PCE, vinyl chloride, in the future  
9 when the water models are all completed, are you  
10 guys going to put together a list of these known  
11 diseases and come up with a presumptive?

12 **MR. FLOHR:** That's a good question and one I can't  
13 answer at this point. We know benzene is a Class I  
14 carcinogen.

15 **MR. ENSMINGER:** So is vinyl chloride.

16 **MR. FLOHR:** Vinyl chloride. We know that it may  
17 result, could result in, fortunately it doesn't  
18 result in disease in everyone who's exposed to it,  
19 but we know it can. Whether or not a presumption is  
20 created is something that there's two ways that that  
21 could happen. One, Congress can enact legislation  
22 and create a presumption. Or the VA Secretary can  
23 do it. Only the VA Secretary himself can create a  
24 presumption other than Congress doing it.

25 So in order for the Secretary to do that, he's

1 going to need to look at studies, reports. And  
2 that's why we were looking forward to continued  
3 studies from ATSDR and any other groups that are  
4 looking at this subject. We'll evaluate them all,  
5 and at some point if it appears that a presumption  
6 needs or should be made, then that's the  
7 recommendation that will go forward to the  
8 Secretary. And then the Secretary will decide  
9 whether he wants to do it or not.

10 And we make those recommendations, for example,  
11 I know I heard this morning the NRC report is not  
12 very well thought of. We have reviewed that report.  
13 We have written our review of that report to go to  
14 the Secretary. It has not gone yet, but it should  
15 in the very near term, and we'll see what he decides  
16 to do on that. We talk about benzene in the report  
17 as well as the other TCE and PCE, organic volatile  
18 compounds.

19 **UNIDENTIFIED SPEAKER:** Can I ask a question? Is it  
20 okay if it --

21 **MR. STALLARD:** We're going to wait till the end if  
22 you don't mind. Thank you.

23 **MR. FLOHR:** So that's what we're looking for. We're  
24 looking for to review studies, look at studies, any  
25 information that we can get scientific, credible,

1 medical evidence. And if at some point it appears  
2 that we should create a presumption, then that's the  
3 action we will recommend to the Secretary.

4 **MR. BYRON:** Well, real quick, one reason that the  
5 Senate Veteran Affairs Committee basically passed  
6 this back over to DOD is because they're very  
7 concerned about how many veterans who were exposed  
8 are going to come make a claim. They're treating it  
9 as though they have 500,000 Marines that were at  
10 Camp Lejeune during this period, and that all  
11 500,000 are going to show up and make a claim.

12 And I think it's totally ridiculous, but we  
13 will never know unless we know how many are coming  
14 to the VA facilities. And I'll be honest with you,  
15 I'm going to make this request right now that when  
16 you come back here that you have some numbers or  
17 somebody has some numbers that say, yeah, 20 Marines  
18 showed up in Cincinnati, Ohio VA or just to say -- I  
19 don't care if it's a total -- 400 people showed up.  
20 But as it stands now there's 1,600 claims filed,  
21 maybe a little more now because there's been more  
22 notification, but that's a sure far cry from  
23 500,000. And that was their reasoning for putting  
24 it back into the hands of DOD versus in the hands of  
25 Health and Human Services.

1           **MR. FLOHR:** Sixteen hundred claims filed by who,  
2           where?

3           **MR. ENSMINGER:** Filed by not only veterans --

4           **MR. BYRON:** Really not veterans, it's the dependants  
5           because veterans don't --

6           **MR. PARTAIN:** That's a different animal, Jeff.

7           **MR. BYRON:** I know it's a different animal, but what  
8           you're talking about is exposures that happened at  
9           Camp Lejeune. So if you just base it on that, you  
10          already know there was at least 500,000. You had  
11          this many dependents. You can pretty much estimate  
12          you might have that many veterans, but who's going  
13          to know if it's never said. We need to know how  
14          many people we're dealing with. So my request is  
15          when you come back or whoever comes back that they  
16          have that collated and that we know how many people  
17          are saying they were exposed.

18          **MR. FLOHR:** I cannot guarantee you that we would  
19          have that data. We just don't --

20          **MR. BYRON:** Well, I know you can't guarantee it now,  
21          but you could put procedures in place that say --

22          **MR. FLOHR:** Well, I can't make procedures, I can't  
23          place procedures on people, for example, people who  
24          show up at veterans' medical centers. That's not  
25          part of my line of authority.

1           **MR. BYRON:** Yeah, but it is the Secretary's, right?

2           **MR. FLOHR:** Yeah.

3           **MR. BYRON:** And I'm requesting that you suggest it  
4 to him if that's more appropriate. Thank you.

5           **MR. STALLARD:** Let me just intervene here that what  
6 we will do is after the presentation talk about what  
7 are some of the things that to the VA we would like  
8 to have conveyed and issues like that.

9                   But, Tom, you're on the line. Did you have  
10 something?

11           **MR. TOWNSEND (by Telephone):** Yes, I'm sorry, but we  
12 did not have telephone contact for about the last  
13 half hour.

14           **MR. STALLARD:** Okay, well we started late so we're  
15 just into the presentation from Mr. Flohr.

16           **MR. TOWNSEND (by Telephone):** I do have some  
17 comments and questions for the veterans'  
18 administration, if I may.

19           **MR. STALLARD:** What is it? Is it a constructive  
20 comment, Tom?

21           **MR. TOWNSEND (by Telephone):** I hope they're  
22 constructive.

23           **MR. STALLARD:** I do, too.

24           **MR. TOWNSEND (by Telephone):** I am a VA patient. I  
25 have been registered since 1985. I won't go into my

1 background, but I have filed a claim for  
2 disabilities resulting from exposure to contaminated  
3 chemicals at Camp Lejeune that has impaired my  
4 health. I've been examined at the Spokane VA  
5 Medical Facility, and I have a claim going forward ^  
6 of the Veterans Administration.

7 And my comment basically is there seems to be  
8 conflicting information from various Veterans  
9 Administration centers across -- because they're not  
10 consistent in their handling. I do not have a life-  
11 threatening condition, but it is impairing my  
12 health. It's service connected, and I would hope  
13 that there's some system in place in the Veterans  
14 Administration that will start discussing this issue  
15 and not holding back. We need to know what  
16 conditions they're willing to start talking about.

17 **MR. STALLARD:** Okay, Tom, great, thanks. We have  
18 that noted that you'd like to have conflicting or  
19 inconsistent info diminished, so more clear-cut  
20 guidance coming from VA to address some of these  
21 exposure and coverage issues. So thank you.

22 We're going to continue with the presentation  
23 and then we'll open up the floor to questions after  
24 that.

25 **MR. FLOHR:** Okay, thank you.

1           For now though we're trying to get the word  
2 out. One reason, another reason we've got so many  
3 claims is an increase in outreach. And the  
4 publicity going out about Camp Lejeune no doubt will  
5 result in an increase in claims.

6           And if you know people that are ill and were at  
7 Camp Lejeune, but that's the kind of information you  
8 can tell them right now. They need to submit to VA.  
9 If they were at Camp Lejeune, they have a current  
10 medical condition, and there's some evidence of  
11 that, and if they can get a medical opinion linking  
12 what they have now to drinking the contaminated  
13 water, then that's really the best evidence they can  
14 provide the VA right now.

15           Parts of the claims process claims, then we  
16 have a duty to assist. Once a claim is filed we  
17 have a duty to assist, a statutory duty to assist  
18 the veteran or other claimant, a spouse, et cetera,  
19 in developing the evidence that we know of, they  
20 make us aware of, that is, getting evidence from  
21 our, what is in our custody like VA medical centers,  
22 any other VA offices, and private medical evidence  
23 if the claimant makes us aware that it's there and  
24 exists, we have a duty to try and help them get that  
25 evidence as well. And we do that.

1           Decisions and notices. Once we make a decision  
2 we have a requirement to provide them with a notice  
3 of the decision, the reasons for the decision and  
4 how they may appeal the decision if they don't agree  
5 with it. And reconsideration, anyone, when we've  
6 made a decision for example, and it's a negative  
7 decision, has one year to submit additional  
8 evidence, new evidence, related to that claim. And  
9 if the claim then is granted, it's as if the denial  
10 goes away because the grant would go back to the  
11 date the claim was originally submitted.

12           The need to assist overdue VCAA of 2000 said  
13 that we have a statutory duty to notify someone of  
14 the evidence needed to prove their claim and a duty  
15 to assist in developing the evidence. Service  
16 connection, there are a number of ways to get  
17 service connection. Direct, as I said, on the Agent  
18 Orange- and Camp Lejeune-type cases, an event in-  
19 service, current condition, evidence that there's a  
20 relationship between the two that's a direct service  
21 connection. Aggravation, someone has something  
22 before they go on active duty, and it gets  
23 aggravated while they're on active duty. Then we  
24 pull war service connection for that aggravation.

25           Secondary, someone has a heart condition and

1           it's service connected, developed peripheral  
2           vascular disease or some other disease that is due  
3           to that heart condition. We grant service  
4           connection on a secondary basis. Compensation is  
5           the same; just the means of awarding the benefit is  
6           different. All of them though require competent  
7           medical evidence.

8           And then there's, of course, the presumption.  
9           Presumptions go way back. The first presumptions  
10          were created in 1917 following World War I. It was  
11          for tuberculosis and mental disease because a lot of  
12          soldiers came back from World War I, they were  
13          exposed to the virus. It did not manifest until  
14          after they were already off active duty, and they  
15          came back with what we might now call PTSD, but it  
16          was from their service in World War I.

17          So Congress gave a presumption for those two.  
18          It's been expanded over the years. In 1945, the  
19          1945 rating schedule added a number of what are  
20          called in the statute chronic diseases if they are,  
21          such as heart disease, psychoses, diabetes, things  
22          of that nature. There's quite a few, 20-, 30-some  
23          conditions.

24          If they're diagnosed at any time within one  
25          year following their discharge from service, they're

1           presumed to have been caused by the service. The  
2           presumptions are rebuttable if there's evidence to  
3           show there was another cause. Generally, that's  
4           within a year of diagnosis, you get service  
5           connection for it.

6           There are presumptions for veterans who were  
7           exposed to colon injury. There are presumptions for  
8           POWs, former POWs, presumptions for Agent Orange for  
9           Viet Nam. There are presumptions for, there's one  
10          presumption, Non-Hodgkin's Lymphoma, for sailors who  
11          served onboard a ship in the waters offshore Viet  
12          Nam. It has nothing to do with exposure to Agent  
13          Orange. Regulations call it service in Viet Nam,  
14          and it includes service in the waters offshore.

15          And that is basically, came about because of  
16          Admiral Zumwalt. He had a son who was diagnosed  
17          with Non-Hodgkin's Lymphoma. He served onboard a  
18          ship that was in the offshore waters. He never set  
19          foot in Viet Nam. And based on a study by the  
20          Centers for Disease Control found a higher than  
21          normal increase or rate of Non-Hodgkin's Lymphoma in  
22          sailors who served onboard ships in offshore waters.  
23          So the presumption is created, and we have that  
24          presumption.

25          **MR. ENSMINGER:** It took an admiral.

1           **MR. FLOHR:** It took an admiral to get that done.

2           **MR. ENSMINGER:** Figures.

3           **MR. PARTAIN:** And his son.

4           **MR. FLOHR:** ^ compensation disability not be caused  
5 by military duties. The statute says for a  
6 disability incurred in or aggravated by service. It  
7 doesn't say caused by service.

8                         Independent of any military disability rating.  
9           Some of you may have heard we joined the DOD, and we  
10 have a pilot project for their Disability Evaluation  
11 System. It has been expanded now to about 27  
12 military separation sites around the country where  
13 only one examination is done. Prior to this it was,  
14 you know, DOD would do an examination of someone who  
15 was going through the Disability Evaluation System  
16 to see if they were fit or unfit to continue on  
17 active duty.

18                         When they got out if they were found unfit,  
19 they came to VA and generally we would set them up  
20 for examinations. They had two examinations. It  
21 took time. So one of the things that -- actually, I  
22 have to give George Bush credit for that. His  
23 decree that we look at ways that we could improve  
24 the process and streamline the process for soldiers  
25 coming back from ^ who were seriously injured.

1           And one of those things we could do was have a  
2 joint VA-DOD Disability Evaluation System. Where  
3 now someone is referred to an MAB, the MAB finds  
4 that they should be referred to a PED for fitness,  
5 and the PED then finds them unfit. Well, the VA  
6 comes in and the VA does the examination and takes a  
7 claim for anything else they want to claim, any  
8 other condition, and finds those that might be unfit  
9 and provides a disability rating. And DOD is bound  
10 by that rating as is VA.

11           In the past one of the things that DOD is doing  
12 now, there were untold thousands of soldiers who  
13 were being discharged, who were discharged since  
14 9/11, with a zero percent or a ten percent rating  
15 for personality disorders or in some cases PTSD,  
16 were given a zero or ten percent. Part of the  
17 National Defense Authorization Act of 2008 required  
18 DOD to review each and every one of those cases.

19           And there's a board set up in Crystal City,  
20 Virginia, outside of Washington. On the Physical  
21 Disability Review Board one of my staff members is  
22 there two or three days a week assisting the review  
23 members and properly applying the VA's rating  
24 schedule which the DOD is required to implement and  
25 to apply in every case.

1           And a very large number of those are being  
2 overturned and upgraded to 30 percent or more, which  
3 has caused, you know, I don't know if you know it,  
4 but someone who is discharged with a 30 percent  
5 disability, that provides healthcare through ^ for  
6 life for their dependents, even at 30 percent. Very  
7 expensive but it's the right thing to do, and we're  
8 doing it.

9           So tax-free compensation, it's not taxable.  
10 And there's a presumption of soundness. That is  
11 someone who enters on active duty or anything not  
12 noted on their entrance exam, they're presumed to be  
13 in sound health.

14           And benefit of the doubt. The standard for  
15 granting service connection is there are three  
16 possible outcomes when you review all the evidence  
17 and make the decision on the evidence. One, the  
18 evidence in favor of the claim, either, well, it  
19 outweighs the evidence that's against the claim. If  
20 that is the case, the claim is granted.

21           If the evidence is in what's called equipoise,  
22 that is, there's as much evidence to support the  
23 claim as there is against the claim, there's an  
24 equal balance, the claim is granted. We have a  
25 statutory requirement to provide the benefit of the

1           doubt. I like to say it's like the tag goes to the  
2           runner in baseball. If the foot hits the plate at  
3           the same time the ball hits in the mitt, you're  
4           safe.

5           So the only possible outcome that is negative  
6           to a claimant on a particular issue is where the  
7           evidence against the claim outweighs the evidence in  
8           favor of the claim.

9           Presumptive service connection, as I said,  
10          veterans must generally prove disability resulting  
11          from injury or disease in service. Presumption  
12          takes away one of those requirements of them to  
13          prove their claim. In the case of Agent Orange,  
14          it's a double presumption. I keep going back to  
15          Agent Orange because it's just, it's huge.

16          There's a presumption that someone was in Viet  
17          Nam or its inland waterways that they were exposed  
18          to Agent Orange. If they then develop one of the  
19          13-to-15, 18 diseases now that are associated with  
20          Agent Orange exposure, then it's presumed that that  
21          was due to their exposure to Agent Orange. So it's  
22          a double presumption.

23          There are other types of presumption. As far  
24          as if you were a POW, and you develop heart disease  
25          or psychoses, it's presumed that that's due to their

1 POW experiences. And then they don't have to prove  
2 that. They don't have to prove that their disease,  
3 they don't have to submit medical evidence showing  
4 that their particular disease is due to that  
5 exposure.

6 Presumptions relieve, as I said, the veterans  
7 of the burden of proving service connection. First,  
8 we're creating the statute in 1921 for, as I said,  
9 tuberculosis and neuropsychiatric disease.

10 Chronic disease of 3.309a^. There's 40 of  
11 them. I mentioned that it came about in 1945.  
12 Tropical diseases, there's 17 diseases that are  
13 presumed to have resulted in disease in the tropics.  
14 We normally talk about the Pacific here during World  
15 War II. Those came about also in World War II.

16 Agent Orange was one of the disease categories  
17 with more diseases than 11, 18 for POWs. Twenty-one  
18 for radiation, exposed atomic veterans, those who  
19 were witnessed atomic tests either in the Pacific or  
20 at the Nevada Test Site. Gulf War undiagnosed  
21 illnesses plus other chronic, medically unexplained  
22 multisystem illness such as fibromyalgia, irritable  
23 bowel syndrome or chronic fatigue syndrome.

24 And there's another. We just added nine new  
25 diseases based on the IOM report on Gulf War, nine

1           presumptions that are infectious diseases, very,  
2           very rare, will not result in a big increase in  
3           claims or things like that. But the IOM report did  
4           find a relationship talking about things like Q  
5           fever, let's say rare-type diseases. Mustard gas  
6           and lewisite, there's 14 conditions presumed to be  
7           exposed to mustard gas and lewisite. And as I said  
8           earlier, all these presumptions are rebuttable.

9           But we don't look to rebut the claims. For  
10          example, I can tell you that lung cancer is  
11          presumptive for Agent Orange exposure. We see  
12          claims all the time from veterans who are now within  
13          age population is 60-plus, 70 years old now.  
14          They've smoked for their whole lives. They get lung  
15          cancer. We don't look to rebut that if they were in  
16          Viet Nam. We grant most of the claims.

17          Questions.

18          **MR. BYRON:** I have a question I think you need to  
19          clear up and then it probably will clear up for  
20          others. Say we go through all these studies and  
21          it's found that the veterans and their dependent  
22          family members are presumed to have been exposed and  
23          their illnesses are caused by the chemical release  
24          at Camp Lejeune. I see that you have an avenue for  
25          dealing with veterans. Is there any avenue for

1           dealing with dependent family members? I know of  
2           one instance where you helped --

3           **MR. FLOHR:** There is. As far as I know the only way  
4           for family members to get healthcare through VA is  
5           if the veteran is rated 100 percent. ^ then they're  
6           entitled to ^ VA which is a medical care program for  
7           --

8           **MR. BYRON:** But the veteran himself has to be  
9           disabled?

10          **MR. FLOHR:** Yes.

11          **MR. BYRON:** So say you're talking about presumptive  
12          illnesses and I have a daughter who six months after  
13          I left the Marine Corps comes down with bone marrow  
14          disease. Medical records show she's there 50 times  
15          in two and a half years. If that'd been me, I would  
16          have gotten an award right then because I was within  
17          a year.

18          **MR. FLOHR:** There are certain other conditions  
19          actually that come to mind. That's spina bifida for  
20          children of Viet Nam veterans, and there are certain  
21          diseases, quite a few actually, that are presumed to  
22          be exposed, due to exposure to Agent Orange in  
23          female veterans. So if the female veteran was  
24          exposed, then they can get healthcare.

25          **MR. TOWNSEND (by Telephone):** I have a question,

1 please.

2 **MR. STALLARD:** Tom, hold on. We have someone else  
3 first who's about to speak, and then we'll take your  
4 question.

5 **DR. DAVIS (by Telephone):** I would like to say first  
6 of all, I hope that everyone there understands that  
7 the idea that you would only compensate a child of a  
8 woman who was exposed in the military and not that  
9 man is biologically non-civil because the paternal  
10 genome contributed at least half of the health or  
11 illness to any child. That's basic biology. We  
12 don't make babies with women alone. And with  
13 fathers exposed in the four months prior to  
14 conception can have an effect on their children. So  
15 I thought I just heard you say that only if mother  
16 was exposed.

17 **MR. FLOHR:** That is correct.

18 **DR. DAVIS (by Telephone):** Well, that's wrong  
19 biologically, and I would be happy to write,  
20 correcting that misunderstanding to whomever it  
21 needs to be written to. And I would urge the CAP to  
22 do that officially because I'm sure other health  
23 experts on this committee understand that fathers'  
24 exposures have an effect. Even a term for it called  
25 male mediated teratogenesis.

1           **MR. FLOHR:** I don't doubt at all Devra, and I'm sure  
2           there's a lot of people in the VHA that are of the  
3           same opinion. Unfortunately, as a government agency  
4           we're required to implement the laws passed by  
5           Congress, and that's one of those laws.

6           **DR. DAVIS (by Telephone):** Well, I think we need to  
7           have changes in that and let's see what we can do to  
8           correct it. I've written about it in the technical  
9           literature, and frankly, I have written about it in  
10          the popular literature ^ the males because it's  
11          clear that men cause effect on the health of their  
12          children. So I've very concerned. I understand  
13          your constraints of the laws, but so we have to make  
14          the laws smarter, fairer.

15          **MR. STALLARD:** Great. Thank you for bringing that  
16          up on genomic prudence, and we will take that under  
17          advisement.

18                 Tom, please.

19          **DR. SINKS:** Yeah, thanks. Tom Townsend, it's Tom  
20          Sinks. I'm going to step in. I want maybe to both  
21          clarify what Jeff has asked you as well as Devra.  
22          It's my impression that under the Agent Orange  
23          presumptive service connection that any child of a  
24          Viet Nam veteran who has spina bifida is a  
25          presumption, and that would be a male or a female.

1           **MR. FLOHR:** Correct.

2           **DR. SINKS:** So that's just to clarify some of what  
3 was said. Devra, there very clearly is a  
4 presumption for at least that birth defect under the  
5 Agent Orange rule, and it doesn't matter if the  
6 veteran was a father or a mother. And that was from  
7 studies done at CDC many years ago.

8           In terms of clarifying maybe what Jeff had  
9 asked you, it seems to me there's a difference  
10 between the presumptive service connection and  
11 whether that applies to dependents versus -- and I  
12 forget the term -- the non-presumptive service  
13 connection. And I wonder if you could clarify how  
14 those differences may work. I presume the  
15 presumption is already a presumption that such a  
16 trends, you know, a dependent could get this  
17 inherited or whatever, that there's a different  
18 degree of evidence that's required for a dependent  
19 in the non-presumptive connection. Does that make  
20 sense?

21           **MR. FLOHR:** Well, I'm not sure, Tom. I mean, we  
22 don't compensate dependents for disability except in  
23 those cases of spina bifida or the other birth  
24 defects that are recognized as due to Agent Orange  
25 exposure. Although we do compensate children who

1 are over 18 and attending an approved course of  
2 public schoolage, and any child who is determined to  
3 be helpless prior to age 18.

4 **DR. SINKS:** So let me --

5 **MR. FLOHR:** Not directly to the child. It's  
6 generally to the veteran.

7 **DR. SINKS:** Let me put that in the perspective of  
8 the CAP and the Camp Lejeune issue in the studies  
9 that Frank is doing, Frank Bove, which is we're  
10 looking at studies. And many of the CAP members  
11 here have offspring who they feel were affected, or  
12 dependents. We'll go ahead and we'll do those  
13 studies. We either will or we will not find an  
14 association between their exposure and certain birth  
15 defects and certain childhood cancers.

16 Let's say we find an association. Does that  
17 suggest that without a presumptive service  
18 connection that information isn't used by the VA  
19 because they are dependents, and therefore, you  
20 wouldn't count them? Or would it require a  
21 presumptive presumption for that to be considered by  
22 the VA?

23 **MR. FLOHR:** It's not that we wouldn't. We would  
24 look at it as we do with all scientific studies.  
25 And that's being one involves veterans and their

1 dependents because actually our credo as voiced by  
2 Abraham Lincoln is to care for him who shall have  
3 borne the battle and his widow and his orphans. And  
4 so of course we would look at that. And if it was a  
5 situation where medical evidence, scientific  
6 evidence showed a causation or relationship between  
7 the veteran who drank the contaminated water and  
8 birth defects in a child, then we would look at that  
9 and again we would have to determine if we wanted to  
10 recommend to the Secretary to create a presumption  
11 like we have for the Agent Orange birth defects.  
12 And the Secretary would have to determine if he  
13 wanted to do it. And he would have to convince  
14 Congress and OMB that it was a good idea and we  
15 could pay for it. But if ^ then that's what we'll  
16 do.

17 **MR. BYRON:** So just to clarify this question, as a  
18 Marine within a year before my second daughter was  
19 born with multiple birth defects, learning  
20 disabilities, developmental disabilities, and  
21 epididymitis, so if I could connect that and then  
22 they connect these studies, because I've already  
23 seen the genetics workup and how it does attack the  
24 male genitalia and then my daughter was born after,  
25 is there a presumptive case there due to my medical

1 history with her or not?

2 **MR. FLOHR:** No.

3 **MR. BYRON:** Okay, thank you.

4 **MR. PARTAIN:** I think it would have to be directed  
5 by Congress is what I'm hearing. Congress, they're  
6 dealing with the service connection. They have to  
7 get through Congress.

8 **MR. STALLARD:** Before we have anyone jump in on the  
9 phone, I have about three people waiting to speak  
10 here, and then I will call you on the phone, please.  
11 Thank you.

12 Go ahead, Allen.

13 **MR. MENARD:** Allen Menard. Like I talked to you  
14 earlier my concern as of that, and there's a lot of  
15 concern out there for other vets is, like I'll give  
16 you my case like I talked to you earlier. I did not  
17 know about this until 2008. In 2001 I was going  
18 through chemo like I said for almost a year. I had  
19 to endure all the medical bills and all that, and I  
20 thank God I had good insurance, but I still had a  
21 substantial cost. And I believe it's unfair that  
22 it's only from the date of filing. At the very  
23 least I should be compensated for my medical bills  
24 due to my service connection for what I paid out.  
25 And there's a lot of families that are financially

1           ruined out there because of this. And I just wanted  
2           to bring that on the record here that I think  
3           something needs to be done in that case. I should  
4           be at least granted --

5           **MR. ENSMINGER:** When were you talking about?

6           **MR. MENARD:** Two Thousand One.

7           **MR. ENSMINGER:** When were you notified by the  
8           Department of the Navy?

9           **MR. MENARD:** October of 2008.

10          **MR. FLOHR:** Doesn't make a lot of sense to me.

11          **MR. MENARD:** And I guess my point is, is I should be  
12          at least compensated --

13          **MR. FLOHR:** I thought we talked about this and we  
14          put this to bed already.

15          **MR. MENARD:** Well, you put it to bed, but I'm still  
16          upset about it. And my point is that I should be  
17          compensated for the year that I was in my treatment  
18          and the six months after like any vet would be that  
19          has the active cancer. And plus, I didn't know  
20          about it. So, and I understand the law. I  
21          understand where you're coming from, but it's  
22          unfair.

23          **MR. STALLARD:** So the big picture on this is the  
24          discrepancy between when you're notified and any  
25          personal bills that you had to incur up until that

1 point.

2 **MR. MENARD:** Because you're darned hooting I'd have  
3 been down at the VA in two seconds if I'd have known  
4 this back in 2001.

5 **MR. STALLARD:** So it's at least for our purposes is  
6 there something that captures that that's relevant  
7 to the VA?

8 **MR. FLOHR:** No, no. Everything in terms of  
9 compensation that's based on the day you file the  
10 claim. If you file the claim within one year of  
11 separation from service, and you're granted a  
12 service connection for whatever you're claiming, you  
13 get it back to the day after you got out of the  
14 service. More than a year after you get out of the  
15 service it's -- can't be effective until the day we  
16 receive your claim. And you probably shouldn't have  
17 raised this too often about being service connected  
18 for this eight years before you found out there was  
19 contaminated water because I don't know how you were  
20 granted a service connection.

21 **MR. MENARD:** You don't know? Well, I'll show you  
22 all my documents I got to prove where I was at, what  
23 I was contaminated with --

24 **MR. FLOHR:** I know, but there was no notice anywhere  
25 of it. What was the basis of the grant?

1           **MR. PARTAIN:** Congress required the Marine Corps to  
2 start notifying the vets after 2008.

3           **MR. FLOHR:** I know. That's why I wonder how you got  
4 service connection in 2001.

5           **MR. PARTAIN:** He didn't.

6           **MR. MENARD:** I didn't. I did not know about this.

7           **MR. STALLARD:** Can you please put your microphone  
8 on?

9           **MR. MENARD:** I found out due to a congressional  
10 mandate that they tried to get a hold of all the  
11 Marines and whoever was stationed there. Okay? And  
12 like I said, I got a letter from the IRS, and I'm  
13 going, oh, what did I do? And I opened it up, and  
14 here's the Department of the Navy letterhead saying  
15 that I was exposed to these chemicals. Well, right  
16 away I think, my dermatologist and my oncologist  
17 told me, I said to him, how do you get this? And he  
18 goes, it's chemical related. I mean, as soon as I  
19 read the letter it jumped out, boom.

20           **MR. FLOHR:** Okay, I'm sorry, I thought you told me  
21 you were service connected in 2001.

22           **MR. MENARD:** No, I was diagnosed in 2001.

23           **MR. FLOHR:** My mistake.

24           **MR. STALLARD:** So any other questions for Mr. Flohr?  
25 Before I turn that over from the CAP members because

1           you've asked me to allow some of our community  
2           members who have traveled to hear their voice as  
3           well. So anything else from here? And we'll get  
4           Tom and then we'll come over here.

5           **MR. BYRON:** I just want a copy of the presentation  
6           if that's okay so we can put that on the website.

7           **MR. STALLARD:** All right, Tom. Go ahead, Tom.  
8           You're on.

9           **MR. TOWNSEND (by Telephone):** Thank you. I don't  
10          have the name of the gentleman from the VA, but  
11          here's my comment. Background, two Viet Nam tours,  
12          exposed to Agent Orange, three-plus years exposure  
13          at Camp Lejeune between 1965 and 1967. From my  
14          family I lost a son at age three months in 1967,  
15          died at the Bethesda Naval Hospital. I have the  
16          autopsy report for him.

17                 I lost my wife in 2005 to liver damage that the  
18          coroner in my county pointed to exposure to  
19          chemicals. There was considerable evidence that  
20          long-term exposure to VOC is dangerous to health.  
21          What evidence does the Department of Veterans  
22          Affairs have to discount claims from the evidence?  
23          What do you have to discount our claims for damages?

24          **MR. FLOHR:** Are you talking about a tort claim?

25          **MR. TOWNSEND (by Telephone):** Yes, I was talking

1 about a claim for a veteran.

2 **MR. FLOHR:** You mean it's a claim for service  
3 connection compensation benefits?

4 **MR. TOWNSEND (by Telephone):** Of course.

5 **MR. STALLARD:** And your question, Tom, rephrase it  
6 for us. Your question is what basis do they have to  
7 turn it down?

8 **MR. TOWNSEND (by Telephone):** The gentleman said  
9 that there's theories on both sides of the issue and  
10 I'm saying that I do have evidence. What evidence  
11 do you have to counter that discounts claims from  
12 Viet Nam from VOC exposed personnel from Camp  
13 Lejeune?

14 **MR. FLOHR:** Well, I don't know because I haven't  
15 seen your claim so I don't know what evidence is in  
16 there. I mean, each case as I said is done on an  
17 individual basis. Each case is reviewed.

18 **MR. TOWNSEND (by Telephone):** I'm not asking, I'm  
19 asking you what does the Veterans Administration  
20 have evidence to support their denials?

21 **MR. FLOHR:** Again, I haven't seen your claim. I  
22 don't know what evidence is in there. Did they ask  
23 for, did the VA office ask for an examination and a  
24 medical opinion from the Veterans Health  
25 Administration?

1           **MR. TOWNSEND (by Telephone):** Yes. I've had many of  
2 those B and B^ exams, and I'm still waiting to find  
3 out what you guys don't like about me. You talked  
4 about arguments on both sides of the issue. I'm  
5 saying what evidence do you have to support your  
6 contention that exposure to chemicals at Camp  
7 Lejeune invalidates that assertion?

8           **MR. STALLARD:** Okay Tom, this is Christopher. What  
9 I want to do here is to work with Mr. Flohr and have  
10 an ombudsperson to help address your situation  
11 because what you heard in the presentation was that  
12 there were three ways they look at a claim. And  
13 that if the preponderance of the evidence supports  
14 it or there's doubt, then they're going to lean  
15 toward you.

16                         And the only way to turn it down is if there's  
17 a preponderance of evidence that's greater than the  
18 proof that you submit. So your question is what is  
19 it that they're using to refute or that opposes what  
20 you're claiming.

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

22           **MR. STALLARD:** So I think the only way we're going  
23 to solve that with this group is if we work with Mr.  
24 Flohr and get an ombudsperson and see what we can do  
25 in that regard. Is that all right?

1           **MR. TOWNSEND (by Telephone):** Are they going to  
2           establish an ombudsman?

3           **MR. STALLARD:** I don't know, but in this case in a  
4           room full of 50 people without the documents in  
5           front of us, I'm not so sure that we can adequately  
6           address the concerns that you expressed. But you  
7           got the message that he delivered that, you asked an  
8           appropriate question. What is it in your  
9           information or your justification or rationale or  
10          proof is insufficient that they refute your claim?  
11          That's essentially it, and we --

12          **MR. FLOHR:** Yeah, I only thought of that. So it  
13          would be that there must be some medical opinion  
14          that was provided that was negative, that was  
15          contrary to your claim, and the person who made the  
16          decision on your claim gave more weight and  
17          credibility to that evidence than to the evidence  
18          you had in favor of your claim. That's the only way  
19          that it could have been determined.

20          **MR. TOWNSEND (by Telephone):** The examiner in my  
21          case could not make a decision. Let it go. I'll  
22          continue to fight.

23          **MR. STALLARD:** No, no, no. Thank you, Tom. We will  
24          move on but not beyond, okay. We're going to turn  
25          it over now --

1           **MR. ENSMINGER:** I have one thing.

2           **MR. STALLARD:** What's that, Jerry?

3           **MR. ENSMINGER:** Your VA's review of the NRC report  
4 you said was completed and ready to be submitted to  
5 the Secretary?

6           **MR. FLOHR:** Yes.

7           **MR. ENSMINGER:** When's that going to be out  
8 publicly?

9           **MR. FLOHR:** I don't know. It has to go through  
10 first there's a task force that is composed of the  
11 Under Secretaries for Health and Benefits, General  
12 Counsel and the Department's Assistant Secretary for  
13 Policy and Planning who will be briefed on the  
14 report and review the report. If they concur with  
15 the report, then they will brief the Secretary. So  
16 that could be another month.

17           **MR. ENSMINGER:** And is the Veterans Affairs  
18 Committee going to get copies of this thing?

19           **MR. FLOHR:** Not at the current stage, not until  
20 after the Secretary has seen it.

21           **MR. STALLARD:** Sandra.

22           **MS. BRIDGES:** We as a CAP and everyone here has  
23 heard from other people that have questions that  
24 they wanted us to bring to them, to y'all, to  
25 answer. And each one of us can think of a dozen

1 things that we've been asked. One of which, while  
2 you're here, standing here, what about this special  
3 health registry, special examinations?

4 **MR. FLOHR:** For?

5 **MS. BRIDGES:** Well, you've got Agent Orange, Gulf  
6 Operation, the Gulf War, eukiddie duran^ , ionizing  
7 radiation. All right. Are Camp Lejeune victims a  
8 part of this?

9 **MR. FLOHR:** No, I mentioned that earlier in my  
10 presentation.

11 **MS. BRIDGES:** What can we do to get them a part of  
12 it?

13 **MR. FLOHR:** That is something that the people in  
14 Veterans Health Administration that have those  
15 registries, we're looking at that. We're talking  
16 about that whether that can be done or should be  
17 done, but I don't think a decision's been made yet.

18 **MS. BRIDGES:** Another question, one of the men on  
19 the site, wanted to know about bone marrow biopsies.  
20 Is there anything available, can you tell anything  
21 from the bone biopsy, bone marrow biopsy and the  
22 chemicals, Dr. Clapp?

23 **DR. CLAPP:** Not that I'm aware of.

24 **MR. STALLARD:** So you're bringing voice to those  
25 that have communicated to your site or whatever.

1           **MS. BRIDGES:** Exactly. They haven't communicated to  
2           the site, but they've all asked questions.

3           **MR. ENSMINGER:** You're talking about medical  
4           evidence from a bone marrow sample?

5           **MS. BRIDGES:** Right.

6           **MR. ENSMINGER:** That to where they can tell that  
7           your bone marrow's been through, your cells have  
8           been damaged?

9           **MS. BRIDGES:** Right or your receptacle to it.

10          **MR. ENSMINGER:** Susceptible.

11          **MS. BRIDGES:** Susceptible, right.

12          **MR. BYRON:** That's genetics.

13          **MR. ENSMINGER:** Yeah, that ain't -- I don't know  
14          about benzene. There might be for benzene, but I  
15          know they haven't identified for chlorinate results.

16          **DR. DAVIS (by Telephone):** This is Devra Davis.  
17          Actually, benzene metabolites are short-lived. You  
18          don't get benzene in bone marrow. You get  
19          metabolites that end up ^ . One of the difficulties  
20          in doing human studies on them. So the idea for  
21          what is in bone marrow unfortunately it would be  
22          accumulated in bone marrow would be metals more  
23          likely. That's not something we've been talking  
24          about here.

25          **MR. STALLARD:** For the purposes of this I think we

1           might want to consider like questions and answers  
2           that we have for the VA. Now that we have a  
3           representative here and a relationship and an offer  
4           of sending someone to be here, I think we can begin  
5           that dialogue.

6           Could we hear please from this gentleman?

7           **MR. FONTELLA:** Jim Fontella. We just had a vet  
8           that's on our site who was denied his claim. And in  
9           the analysis it said that at this time there was no  
10          proof that the contaminated water causes any  
11          diseases at the -- and I heard you mention to  
12          before, but this almost mirrors the exact wording of  
13          the NRC study that they can't find. So my question  
14          was, is the VA using the NR study to deny claims at  
15          this point? And when you said before that you have  
16          to do some kind of --

17          **MR. FLOHR:** Not as a matter of policy, no. But the  
18          report is available. It's on the internet. It's  
19          online and there could be decision makers who are  
20          looking at a claim and they're doing research to see  
21          what they can find out about contaminated drinking  
22          water at Lejeune and disease and come across the NRC  
23          report and say, well, there's no connection there.

24          **MR. FONTELLA:** Right, well, just the fact that there  
25          was benzene in the water then, and the amounts of

1 the massive losses of the fuel, and it's science and  
2 medical, you know, has known for maybe a hundred  
3 years that benzene causes cancer. I mean, and the  
4 latency period is right around that time. I mean, I  
5 would think they'd maybe take a closer look at it,  
6 and not say that there's no proof. Because  
7 obviously, benzene and vinyl chloride are Class A  
8 carcinogens is what I'm trying to --

9 **MR. FLOHR:** Correct.

10 **MR. FONTELLA:** And this was also a fellow that asked  
11 me to --

12 **MR. FLOHR:** Was that a recent decision or --

13 **MR. FONTELLA:** I think it was last week, two weeks  
14 ago?

15 **MR. ENSMINGER:** It was the week before last.

16 **MR. PARTAIN:** Yeah, the last couple weeks.

17 **MR. FLOHR:** Well, he can either, I gave you my card  
18 or my e-mail address. You could send me the  
19 information. I could check on it. Or the thing you  
20 can do now is, the best thing to do, the quickest  
21 thing is, he's been denied his claim. If he appeals  
22 it, that's going to take awhile. But the best thing  
23 to do is go to his physician and get a medical  
24 opinion where they -- I assume he's had a cancer of  
25 some type -- to get a link between that and the

1 benzene that's in the contaminated water. The NRC  
2 report didn't really address that.

3 **MR. FONTELLA:** No, no, it did not.

4 **MR. FLOHR:** So they probably don't even know about  
5 it. Well, they will now because as I said earlier  
6 today, we just released an environmental hazards  
7 training letter which includes information on Camp  
8 Lejeune, benzene, TCEs, PCEs.

9 **MR. STALLARD:** And you were drafting a response back  
10 to the NRC? Did I hear that?

11 **MR. FLOHR:** Not the NRC, no, we were reviewing the  
12 NRC report.

13 **MR. PARTAIN:** Chris, there's a gentleman behind here  
14 who wanted to say something.

15 **MR. STALLARD:** Yes. Please state your name before  
16 your question.

17 **MR. MCKENZIE:** My name is Richard McKenzie. I'm  
18 from the Pensacola, Florida area. I am a medically  
19 retired Marine, and I've been taken very good care  
20 of by your organization. By the way, I'd like to  
21 say thank you very much.

22 **MR. FLOHR:** Glad to hear that, thank you.

23 **MR. MCKENZIE:** And the Marine Corps has taken very  
24 good care of me as well. However, my concern is for  
25 my family, my wife and my child that was born at

1           Camp Lejeune. I have found many studies on the  
2           internet about the chemicals that are in question  
3           here and a lot of documentation by this very  
4           organization that has been done for the EPA.  
5           They've already listed autoimmune diseases as part  
6           of a result of being exposed to those chemicals.

7           I don't even know where to start because this  
8           is so new to me. And I've been living for 35 years  
9           asking questions, and I have received a lot of  
10          answers today. What I would like to know, what will  
11          be done for our dependents, because I have been told  
12          by my medical doctors that the chemicals that I was  
13          exposed to is the trigger that has caused my  
14          autoimmune diseases. I've just been diagnosed with  
15          secondary lupus. So but I'm more concerned about my  
16          dependents.

17         **MR. FLOHR:** Well, Richard, first of all thank you  
18         for your service, appreciate that. And right now  
19         the VA's only statutory authority is to compensate  
20         veterans. And if they're 100 percent disabled,  
21         provide healthcare for their eligible children.  
22         There is legislation that was introduced that would  
23         have VA provide healthcare for all veterans at Camp  
24         Lejeune who come down with disease and that would  
25         provide healthcare for their dependents through DOD

1 strike unit. So that has been introduced. It is in  
2 Congress. I don't know if it'll pass.

3 **MR. MCKENZIE:** Do you know if there's an age limit  
4 for the dependents? My daughter is 35.

5 **MR. FLOHR:** I don't know. I don't have a copy of  
6 the legislation with me, so I'm not sure if there  
7 is. I don't recall there being an age limit.

8 **MR. MENARD:** Have you got the bill number?

9 **MR. PARTAIN:** I believe that's HR-4555, and there's  
10 no age limit.

11 **MR. FLOHR:** So if that's passed, then that would  
12 certainly take care of all those concerns.

13 **MR. MCKENZIE:** Right, right, I'm just thinking about  
14 her future. I mean, I'm not even supposed to be  
15 alive according to Bethesda, but I'm a hard head.

16 **MR. FLOHR:** That's good.

17 **MR. STALLARD:** Thank you for being here.

18 Any other questions of our community members  
19 who have driven so far to be here?

20 **MS. BRIDGES:** Did you tell them you came from  
21 Florida all the way up here?

22 **MR. MCKENZIE:** Yes.

23 **THE CAPTIONER:** Excuse me, this is the captioner.

24 **MR. STALLARD:** Yes.

25 **THE CAPTIONER:** I have a comment from Michael

1 Mastain (ph)^.

2 **MR. STALLARD:** Okay, please convey it.

3 **THE CAPTIONER:** When will the testing be available  
4 for the civilian victims of Camp Lejeune?

5 **MR. STALLARD:** Please restate that, when will the --

6 **THE CAPTIONER:** Testing be available for civilian  
7 victims of Camp Lejeune?

8 **MR. PARTAIN:** There are no tests.

9 **DR. SINKS:** This is Tom Sinks. Let me see if I can  
10 interpret that question. When you say testing, are  
11 you referring to the epidemiologic studies we're  
12 going to be doing of the veterans? Because I'm not  
13 aware of any clinical testing that ATSDR is planning  
14 to do of either civilians or veterans. We're going  
15 to be sending out a health survey, and we're going  
16 to be looking at the mortality experience of  
17 individuals who were veterans. And there may be  
18 some --

19 Frank, Perri, are there some civilians who are  
20 included in the epi studies?

21 **MS. RUCKART:** Yes.

22 **DR. SINKS:** There are some civilians who are  
23 included?

24 **DR. BOVE:** We're going to talk about that.

25 **DR. SINKS:** Okay, we'll talk about that following up

1 this segment.

2 **MR. STALLARD:** Thank you.

3 Is this related to the VA? Please state your  
4 name.

5 **MS. ATKINS:** My name is Gloria Atkins. My father  
6 wasn't (sic) in Viet Nam, so you're saying that he's  
7 getting 30 percent VA disability. So if he was to  
8 get 100 percent, then that would cause for me and my  
9 sisters to be eligible for anything? Is that what  
10 you're saying?

11 **MR. FLOHR:** I believe for Chap VA^, which is VA  
12 healthcare for dependents, it is a spouse and  
13 eligible children, which are children under the age  
14 of 18 --

15 **MS. ATKINS:** Well, I was when he was in Viet Nam,  
16 and I was when he was based at Camp Lejeune.

17 **MR. FLOHR:** -- 18 and 23 in college or helpless by  
18 the age of 18.

19 **MR. ENSMINGER:** Nice try.

20 **MS. ATKINS:** What about my ex-husband who committed  
21 suicide? He was based at Camp Lejeune. But, you  
22 know, he's dead now, so can I file on behalf of my  
23 child on his behalf with the VA or is it because  
24 he's dead there's nothing I can do?

25 **MR. FLOHR:** Unless his suicide was determined to be

1 service connected.

2 **MS. ATKINS:** How could I prove that? It was  
3 supposedly a self-inflicted gunshot wound, and he  
4 was exposed highly to the toxic waste at the base.  
5 And do I have to go back and prove something like  
6 this?

7 **MR. FLOHR:** Yeah, you'd have to show some  
8 relationship between drinking contaminated water and  
9 the suicide.

10 **MR. STALLARD:** Some kind of psychological assessment  
11 more or less in addition to that.

12 **MR. PARTAIN:** The other problem I think or  
13 disconnect here, too, is the VA does not look at  
14 dependents for care unless they're told by Congress  
15 to do so, and other than the exceptions you  
16 mentioned earlier. So my understanding -- correct  
17 me if I'm wrong -- as it stands right now, as a  
18 dependent, which I am, of Camp Lejeune, and I was  
19 diagnosed with a disease, I have no recourse to go  
20 to the VA.

21 Even my dad, my dad was exposed to Agent Orange  
22 in Viet Nam, and there's nothing for me to do with  
23 the VA right now. Now if in the future Congress  
24 comes back and says that dependents who were  
25 diagnosed with X-Y-Z diseases are entitled to care

1 through the VA system, then at that time I could  
2 present a claim.

3 But as it stands right now dependents are out  
4 of the picture, and the civilian employees as well  
5 in the current VA system because the VA's system is  
6 not designed to do that until Congress tells them to  
7 do that. Is it correct to say that?

8 **MR. FLOHR:** Correct.

9 **MR. STALLARD:** Which is the bill pending, right?

10 **MR. PARTAIN:** And that's the purpose of HR-4555.

11 **MR. STALLARD:** All right, we're going to --

12 **MR. PARTAIN:** Also, Chris, I wanted to, there was  
13 some stuff that I got right before break that people  
14 will come back to me --

15 **MR. STALLARD:** We are. We're going to. I'm getting  
16 the, we're moving on now from the VA.

17 **MR. FLOHR:** I would like to thank you all for being  
18 here.

19 **MR. PARTAIN:** Thank you for coming.

20 **MR. ENSMINGER:** Thank you for coming.

21 **MS. BRIDGES:** Yes, we appreciate it.

22 **MR. FLOHR:** And we'll come back again. All you need  
23 if you want us to be here, and we'll be here.

24 **MR. PARTAIN:** Just be prepared, there's going to be  
25 a lot of questions.

1           **MR. FLOHR:** This is a big issue, and it's not going  
2 away any time soon. The more we can do working  
3 together the best that we can and tell you the  
4 Congress makes a decision or VA make some kind of  
5 decision and provides like presumptions or  
6 something, we can't guarantee that's going to  
7 happen, but we'll work with all we've got, and  
8 that's what we'll do. Thank you.

9           **MR. STALLARD:** You being here is really a positive  
10 step. Thank you very much. And you have to leave  
11 for a four o'clock, right?

12           **MR. FLOHR:** Yes, unfortunately.

13           **MR. STALLARD:** I think you probably need to go then.  
14           So now we're picking up with where we left off  
15 with Morris.

16           Four o'clock flight. It's 2:30.

17           **MS. RUCKART:** I think we're just going to move on.

18           **MR. STALLARD:** We're just going to move on?

19           **MR. PARTAIN:** No, there's some things that we need  
20 to discuss and Morris was talking about it.

21           **MS. RUCKART:** Well, did you want, updates on the  
22 studies I think will be brief, and then go back to  
23 the water modeling after that?

24           **MR. PARTAIN:** Okay, I just want to make sure we have  
25 -- it's already 2:24. I want to make sure we have

1           enough time for some questions that need to get  
2           asked.

3           **UPDATE ON FUTURE STUDIES**

4           **MR. STALLARD:** All right, well, let's get through  
5           the updates real quick.

6                     So go, you're up, Perri.

7           **MS. RUCKART:** I'll just be very brief. We received  
8           money for the mortality study and health survey  
9           since the last meeting. We have actually started  
10          the mortality study. We have a contractor onboard.  
11          That's Westat. We've received approvals through our  
12          IRBs to begin working with them. We have to get  
13          final approval just to have Westat added as our  
14          contractor. We met with them in person earlier this  
15          month, and we are going to be transferring the DMDC  
16          database to them, and they're going to actively  
17          start working on that study. So that's progress and  
18          good news on that front.

19          **DR. BOVE:** Let me just say one other thing.  
20          Originally in the protocol we had thought we could  
21          only ascertain whether people were alive or dead up  
22          until the end of 2008. So now it looks like we'll  
23          be able to ascertain alive or dead up to the end of  
24          2009.

25                     It will require a little more extra work from

1 the contractor to get death certificates because the  
2 National Death Index, which is the way we're going  
3 to determine the cause of death, is about a year and  
4 a half to two years behind. They have a lag so that  
5 we won't be able to ascertain cause of death in 2008  
6 and 2009, maybe part of, but most of 2008 and 2009  
7 by using the NDI, National Death Index. Instead  
8 we'll have to go to states and get the death  
9 certificates for those, but that's been planned for.

10 So that'll give us another year of follow up.  
11 Still it's a young population, at least for the  
12 active, former active duty. So it's important for  
13 us to get as close to the present as possible and  
14 ascertain that and it looks like we'll be able to do  
15 that.

16 **MS. RUCKART:** Now there was a question before about  
17 the civilians. The civilian workers will be  
18 included in the mortality study, and they're also  
19 going to be included in the health survey. Now, the  
20 health survey has a larger focus. So the health  
21 survey package is currently being reviewed by our  
22 CDC's OMB office. It's in the final stages of  
23 review.

24 It was revised due to the fact that we're no  
25 longer planning to conduct a pilot. I believe that

1 information was conveyed last time. Also, we have  
2 renamed the health survey. It's more of a semantics  
3 thing, Morbidity Study of Former Marines, Dependents  
4 and Employees Potentially Exposed to Contaminated  
5 Drinking Water at USMC Base Camp Lejeune, just to  
6 more accurately reflect what we're doing, how we  
7 have the subset of our survey included in our study.

8 The health survey is now planned to use a  
9 phased approach, phase one consisting of mailing out  
10 the health surveys. However, the surveys can't be  
11 sent out until fall at the earliest because we need  
12 to wait until the census is completed.

13 Another change is that we're going to assemble  
14 an expert panel to evaluate the ongoing progress of  
15 the first phase, that is, the mailing out of the  
16 health surveys and the resulting participation rate.  
17 The panel will include four-to-six scientists with  
18 backgrounds in epi studies or health survey research  
19 analysis. ATSDR, USMC, DON and the CAP will have a  
20 chance to nominate candidates for this expert panel.

21 The panel will consider the power calculations  
22 and evaluate the results of the sensitivity analyses  
23 and the participation rate and make recommendations  
24 on considering how to proceed with the rest of the  
25 study. ATSDR will consider the panel's

1 recommendations in determining how to proceed.

2 The first phase, mailing out of the health  
3 surveys, will continue until all efforts to increase  
4 participation rates are exhausted. We discussed  
5 this at length, you know, the repeat mailings, the  
6 telephone follow-up, et cetera, so I don't want to  
7 go into that now since we're short on time.

8 The second phase of the survey will consist of  
9 confirming the self-reported diseases and analyzing  
10 the data.

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

12 Frank?

13 **DR. BOVE:** One other thing, back to the mortality  
14 study because we're going to be asking in the survey  
15 where they were barracked or whether they lived in  
16 family housing, but for the mortality study we have  
17 a situation where we don't know where people were  
18 barracked among the bachelors, which is about 70  
19 percent of the active duty. We don't know where  
20 their units were barracked on the base.

21 The key question is whether they're barracked  
22 at Mainside Hadnot Point or not Mainside. Now I've  
23 put together a spreadsheet with over 500 units on  
24 it. This is the basis for how we identify people  
25 for both studies. I sent one copy to Scott Williams

1 asking if he could show it to a retired Marine.

2 Apparently, the Marine Corps does not know or  
3 have any records they claim on where units were  
4 barracked. And so the only way they claim that we  
5 could get this information is based on people's  
6 recollections who were there on base, and so I'm  
7 going with that.

8 I do have command chronologies that I've looked  
9 through, and they've been somewhat helpful but  
10 really not that helpful. So I'm going to have to  
11 rely on the memories of retired Marines. So I did  
12 ask Scott Williams to show this to retirees. He did  
13 show it to one person so far. I'm hoping he shows  
14 it to more. I'll keep pushing him on that.

15 But I'd also like the CAP members, any of you  
16 who know or any of you yourselves remember where  
17 units were barracked, I'd like you look at this  
18 spreadsheet. It's very simple.

19 I have zero for meaning they weren't at  
20 Mainside and one that I thought they were on  
21 Mainside based on previous discussions with former  
22 Marines. And for 8<sup>th</sup> Battalion or 8<sup>th</sup> Marines, they  
23 were both at Mainside and then at Geiger. And I'm  
24 trying to find out when they moved.

25 I'm going to do a little of my own research at

1 the library up at Quantico in May, but if any of you  
2 know when the 8<sup>th</sup> Marines were shifted from Mainside  
3 to Geiger, that would be important information for  
4 me, for us.

5 **MS. RUCKART:** So if anyone who is listening to this  
6 now or will be reviewing this later wants to share  
7 information with us, they can send it to our Camp  
8 Lejeune e-mail address, ATSDR Camp L-E-J-at-C-D-C-  
9 dot-gov.

10 **DR. BOVE:** And I have one copy with me right here so  
11 if anyone wants to take it with them and work on it.  
12 Jerry has a copy as well.

13 **MS. RUCKART:** I just want to make one quick  
14 announcement because we know that there are some  
15 technical difficulties preventing people from  
16 viewing or hearing the meeting in real-time, we're  
17 going to post a video of the meeting on our website,  
18 and we'll keep that up until the written transcript  
19 is posted. We realize the posting of non-captioned  
20 video may pose a barrier for some of our visitors.  
21 Even so, we want to make this available, and we want  
22 to give people the opportunity to view the meeting.

23 **MR. STALLARD:** All right, great. All right, so that  
24 was on updates.

25 **DR. BOVE:** Are there any questions about either

1 study before we leave this topic?

2 **DR. CLAPP:** I'd like to suggest somebody from the  
3 panel to review the response rate, Professor Tom  
4 Mangioni.

5 **DR. BOVE:** I don't have a pen right now.

6 **DR. CLAPP:** Should I just send you an e-mail?

7 **DR. BOVE:** Yeah, sure. It would be good if any  
8 experts in survey research in particular would like  
9 to assist --

10 **WRAP-UP**

11 **MR. STALLARD:** So we have approximately 20 minutes  
12 to go back over now and capture CAP insights and  
13 suggestions.

14 And Mike and Jerry, you had some follow-on  
15 questions for Morris?

16 **MR. PARTAIN:** Yeah, I'd like to bring Morris back  
17 up.

18 **MR. STALLARD:** Morris, you have been requested to  
19 come back. And since you don't need your slides, we  
20 can --

21 **MR. PARTAIN:** And, Morris, when we left off right  
22 before lunch I was asking about the product mass of  
23 benzene or fuel at the Hadnot Point fuel farm. Now,  
24 we had talked about prior to this discovery that Jim  
25 made actually of the quantity of fuel at the Hadnot

1 Point fuel farm. The Marine Corps pretty much had  
2 indicated to you all 30-to-50,000 gallons.

3 **MR. MASLIA:** Actually, it's 20,135 to 30,135 gallons  
4 of fuel loss.

5 **MR. PARTAIN:** But above that amount they had not  
6 indicated that there was a substantial amount of  
7 fuel.

8 **MR. MASLIA:** No.

9 **MR. PARTAIN:** And 30,000 is bad, but what we're  
10 hearing with like CLW-1866 states that there's, that  
11 there was a meeting where the contractor states that  
12 they had lost 800,000 gallons of fuel and recovered  
13 500,000 gallons. That's a big jump between thirty-,  
14 50,000 to 800,000. Are you going to be able to use  
15 that data to load the model? Or what kind of data  
16 are you getting from the Marine Corps so you can  
17 load it with what was down there?

18 **MR. MASLIA:** Let me explain that and see if I can be  
19 perfectly clear on this. Again, that goes back to  
20 our approach to data extraction. We review  
21 documents that provide data that we can cite those  
22 documents as scientific references in the back of  
23 our reports. If you go to any of the Tarawa Terrace  
24 reports, any journal articles, whatever, these  
25 documents have to be citable or else you may see in

1 a report, you know, written communication or verbal  
2 communication or whatever.

3 The document that you're referring to are  
4 meeting minutes, and we would consider that as  
5 hearsay. The reason is it gives no scientific or  
6 technical rationale as to how they arrived at that  
7 number of 800,000. It's a number somebody  
8 suggested. We've had expert panel meetings here at  
9 ATSDR for the water modeling, and people will say  
10 whatever people will say. And you have no  
11 scientific basis at that meeting or through the  
12 meeting transcripts to say whether those numbers are  
13 fair.

14 What we have to do is find citable documents.  
15 As it turns out the UST files have citable  
16 documents. That is, they have work by consultants.  
17 They have their remediation schemes. They have  
18 quantity of product that they have removed from the  
19 ground. We have since added that up and, of course  
20 getting back to doing mass balances, but at this  
21 point we have citable documents that we've added up  
22 that we believe at this point there's approximately  
23 250-to-300,000 gallons that have been removed.

24 **MR. PARTAIN:** You mean recovered.

25 **MR. MASLIA:** Recovered, recovered from the ground.

1           There's also a document in one of the site files.  
2           It's a 600-and-some-odd page document and at a  
3           certain location, page 524 to be exact, there is a  
4           draft report by Baker Engineers that applied an  
5           analytical, that's a simplified model, for product  
6           recovery. And that model estimated between 400,000  
7           and 1.1 million. They ran several scenarios, and  
8           one of the scenarios they ran happened to come up  
9           with a number near 800,000. That document we can  
10          cite assuming it's released by the Marine Corps.

11         **MR. PARTAIN:** What was the date of that?

12         **MR. MASLIA:** That's a 1990, we peg it right at 1996,  
13         somewhere like between December of '95, beginning of  
14         1996. The report itself does not have a date on it,  
15         but the illustrations, the consulting illustrations  
16         that are contained in the report have a December  
17         1995 stamp on it. So that's why I'm assuming that  
18         that report is 1996.

19                 A document of that type we can cite, and in  
20         fact, during our review process that is something,  
21         or during our mass calculations, that is a number  
22         that we would have come up with. We did the same  
23         thing with Tarawa Terrace. If you go to the Tarawa  
24         Terrace report, we in fact cite a volume of PCE,  
25         estimated volume of PCE, that was released based on

1 an approach that we took, biometric shell approach,  
2 of the PCE contours. And then we also compared that  
3 with other published information and showed where it  
4 was ranked at a certain level compared to other PCE  
5 sites and stuff like that in the literature.

6 And that's what we have to do. We cannot use  
7 hearsay, we can't use newspaper articles. We can't  
8 use magazine articles. We have to try to use  
9 engineering reports, scientific reports that have  
10 been peer reviewed because that reflects on the  
11 scientific veracity of our analysis.

12 **MR. PARTAIN:** So my understanding, this report's  
13 dated 1996.

14 **MR. MASLIA:** There's a modeling report within this  
15 file, 600-and-some-odd-page file, that contains  
16 other information. The modeling report our best  
17 guesstimate is 1996. I did talk to an engineer  
18 who's no longer on the Baker Camp Lejeune site, and  
19 he did confirm that, yes, that's the report that  
20 they did. I don't know if it's ever been finalized  
21 or not, but it is to the best of my ability to  
22 determine based on the drawings in the report, 1996.

23 **MR. ENSMINGER:** Well, that was a draft report in  
24 '96?

25 **MR. MASLIA:** Yes.

1           **MR. ENSMINGER:** And you can't find a final report  
2           for it?

3           **MR. MASLIA:** No. I have asked the person who was  
4           overseeing that project through e-mail. And to his  
5           knowledge there was never a finalized report made of  
6           that --

7           **MR. PARTAIN:** That probably explains why the Marine  
8           Corps doesn't want to release draft reports.

9           **MR. MASLIA:** Well, that question has already been  
10          raised to us.

11          **MR. ENSMINGER:** These reports, we need to find out  
12          what they have turned over to the State of North  
13          Carolina as well. If they turned it over to the  
14          State of North Carolina, it's in the public domain.

15          **MR. MASLIA:** Let me just clarify. There's no  
16          problem since the Marine Corps has provided us with  
17          us using it for our models, for our mass balance,  
18          all that. Where the issue comes in is when we go  
19          through peer review, and as you know, all our Tarawa  
20          Terrace reports went through peer, external peer  
21          reviews, we cannot release that to peer review  
22          because we have to make the reference materials  
23          available should someone want the reference  
24          materials.

25          **MR. PARTAIN:** So on this mass of fuel, I mean, 1996

1 the Marine Corps has an operational knowledge by  
2 that date that they've got anywhere from 400,000 to  
3 1.1 million gallons of fuel in the ground.

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

5 **MR. PARTAIN:** At any point during from 1996 to 2009,  
6 did the Marine Corps notify ATSDR, you, Frank, Tom  
7 that this stuff was there?

8 **MR. MASLIA:** I have no knowledge, no communication  
9 between myself or our consultants or contractors to  
10 the Marine Corps or the Navy. We were always going,  
11 and that is why last year and when we had our expert  
12 panel we were presenting models for benzene using  
13 dissolve phase because twenty-to-30,000 gallons it  
14 would be reasonable to assume that over that time  
15 period that that was dissolved.

16 But at this point the volume of mass from that  
17 report, 400,000-to-1.1 million, and we will  
18 calculate by hand so to speak mass balances, and  
19 changes the entire modeling paradigm. It changes  
20 the entire focus of the project.

21 **MR. PARTAIN:** What do you mean by changes the entire  
22 meaning?

23 **MR. MASLIA:** Well, for example, say 1996. We didn't  
24 start working on Tarawa Terrace until 2004 and '05.  
25 At that time we made a decision to go with Tarawa

1 Terrace because we thought that was an important  
2 first step. But we may have also, if we had seen  
3 that there was a multiphase in benzene specifically  
4 because benzene's a known carcinogen, we may have  
5 gotten together with the epi people and made a  
6 decision, no, let's focus on benzene first. Benzene  
7 was never primarily focused on because we thought it  
8 was a small amount and dissolved.

9 **MR. PARTAIN:** As far as delays in getting the water  
10 model done, I mean, we've discovered multiple  
11 sources now in the UST portal.

12 **MR. MASLIA:** You're talking about information  
13 sources.

14 **MR. PARTAIN:** Yeah, information sources. And I sat  
15 here and heard the Marine Corps say, well, all the  
16 documents that are out there are available, and then  
17 we find the UST portal. Then we find the Terra  
18 database. What kind of delays is this causing to  
19 you guys? Because I know you said earlier that  
20 you're having to go through all the reports, all the  
21 pages. And I've done a lot of that myself, and it  
22 takes an inordinate amount of time.

23 **MR. MASLIA:** For example, some of the documents in  
24 the UST portal, what they refer to are site files,  
25 site file one, two, whatever, may be 400, 500, 600

1 pages. And it's not just one report. In other  
2 words one in particular like the one where the model  
3 is, the first eight or ten pages is a hydrogeologic  
4 characterization. There may be some well logs in  
5 there. Then the model is located on page 524.

6 So if I don't read throughout, or somebody  
7 doesn't read throughout that report in its entirety,  
8 we are obviously going to miss some documents. That  
9 causes a delay, those types of things. The other  
10 thing as I pointed out to you, we've got a Chapter  
11 C, which is the Installation Restoration report that  
12 has been prepared, has gone through external review,  
13 has gone through Agency review. It's being  
14 currently laid out.

15 Again, we now know that there's an electronic  
16 database, a query-able database that has similar,  
17 not the same data, that we report in the Chapter C.  
18 I think it would not be professionally or  
19 scientifically prudent to go ahead and release that  
20 report without comparing the two. I'm not saying  
21 that we're not accepting that there'll be  
22 discrepancies. There probably will be some  
23 discrepancies, but we need to document what those  
24 discrepancies are and do that.

25 So that puts a delay because whether it's a

1 temporary worker or a subject matter expert that is  
2 going to do that, somebody has to do that comparison  
3 and document here or it's the same. And again,  
4 that's a decision we have to make as in conjunction  
5 with management and the water modeling team as to  
6 how are we now going to re-QA/QC. Because I don't  
7 want to give you the impression the report wasn't  
8 checked prior. It was checked, all 80 tables.

9 **MR. PARTAIN:** Well, the information checks. Let me  
10 ask you, prior to the discovery of these portals  
11 there's no, the reference is to 1.1 million gallons  
12 or 800,000 or all this fuel that's at Hadnot Point  
13 as far as the models go. They're not in the CERCLA  
14 files.

15 **MR. MASLIA:** No, no, no, no. That's not, in other  
16 words, the Chapter C report is strictly Installation  
17 Restoration. That's again, my point is that has to  
18 be now.

19 **MR. PARTAIN:** Well, I mean the problem I'm talking  
20 about is the mass of fuel. The only document that  
21 we found that references a large mass of fuel loss  
22 at Hadnot Point is CERCLA-1866.

23 **MR. MASLIA:** Well, no. We've got the UST file now.

24 **MR. PARTAIN:** Yeah, now, but we didn't have that a  
25 year ago.

1           **MR. MASLIA:** And what we also have now is we can add  
2           up how much has been extracted during the  
3           remediation of this site, in other words the  
4           consultants' report. I'm not sure how they're  
5           compensated, but basically they have a plan, and  
6           they have to demonstrate that they're going  
7           according to some remediation plan. And they have  
8           removed X amount of gallons. And we have tabulated  
9           some of that, and that's where I'm saying right now  
10          we know that's at least 250,000 gallons. So that's  
11          an order of magnitude more than any previous  
12          documentation of fuel loss.

13          **MR. ENSMINGER:** The spokesperson for the Marine  
14          Corps up at Headquarters Marine Corps, Captain Brian  
15          Block, has made the statement to me in writing that  
16          they don't have any estimates for the amount of  
17          product recovery since 2000.

18          **MR. BYRON:** That's not true because --

19          **MR. ENSMINGER:** Whoa, whoa, whoa, what I'm saying is  
20          this is what they're saying. But I know for a fact  
21          that, number one, how are they justifying running  
22          this recovery system, spending millions of  
23          taxpayers' dollars, how are they justifying to the  
24          regulating agencies whether or not their system of  
25          cleanup is working if they don't have these records?

1 I mean this is ludicrous.

2 **MR. MASLIA:** I'll answer that by saying that we have  
3 gone into the documents now, and we have tabulated  
4 what the consulting reports have published as far as  
5 volume of mass removed. As of right now our first  
6 run through that is somewhere in the neighborhood of  
7 250,000 gallons has been removed to date. And there  
8 are numbers past 2000, okay, that's the consultants  
9 give either annual reports or ^. So there is  
10 documentation to that, and that's what we're using.

11 **MR. ENSMINGER:** Three two?

12 **MR. MASLIA:** No, that's through 2009; that's through  
13 2009, okay. And we have tabulated that. We've got  
14 a spreadsheet, and that's what we have tabulated  
15 through, obviously, there are some periods in there  
16 where there may not be. And we've got references to  
17 cite where we get the information from and these are  
18 the consulting reports.

19 **MR. ENSMINGER:** So what we're looking at is the  
20 possibility of still having 200,000-to-900,000  
21 gallons of fuel still in the ground.

22 **MR. MASLIA:** Well, let me say if you go to some of  
23 the professional publications by the American  
24 Petroleum Institute, what they say really is that  
25 recovery at best is probably, the most efficient

1 system's on the order of 70-to-75 percent efficiency  
2 if it's run at its most efficient manner. So even  
3 if you assume that, you're over 300,000 to 400,000.

4 But again, when we did this on Tarawa Terrace  
5 because we don't have specific data identifying the  
6 date, time, how much was spilled, how much  
7 recovered, we use mass calculations. That's one  
8 method. Then we'll use our model results. See if  
9 they're in agreement. Then we'll do the just  
10 arithmetic calculations from the consulting reports  
11 to see that. And we use all these lines of evidence  
12 to see if they're consistent with each other.

13 And one thing we can say is it's consistently  
14 above the twenty-to-30,000 gallons. It's in the  
15 hundreds of thousand gallons. Where in that range  
16 is what we're trying to do with the water modeling,  
17 getting people back to work on mass balance, doing  
18 the mass balance calculations. And we need that for  
19 the model because obviously we don't have documented  
20 a known quantity that was actually lost.

21 In other words that number is not there so we  
22 have to find other methods. One method and if need  
23 be perhaps the consultants can tell us how efficient  
24 they believe their system is in extracting so we can  
25 back out some numbers there and our numerical

1 models. And that's why it's critical that we use  
2 the appropriate model because a simple model like --  
3 when I say simple, a dissolved phase model like we  
4 used at Tarawa Terrace, will not come up with the  
5 correct mass balance numbers.

6 **MR. BYRON:** Morris, this is Jeff. Concerning the  
7 amount of chemicals coming out of the ground, is  
8 this an evaporatory process where they're  
9 evaporating this at the surface or are they  
10 gathering this in tanker trucks and sending it  
11 somewhere? Because bills of lading would tell you  
12 how many gallons are in that.

13 **MR. MASLIA:** I've been told, at least by the folks  
14 at Lejeune that I've talked to, that they're not  
15 putting it in tanker trucks.

16 **MR. ENSMINGER:** What are they doing with it?  
17 (multiple speakers)

18 **MR. MASLIA:** Again, that is something to revisit  
19 just to document that. In other words there  
20 probably will be a series of questions that we need  
21 some more definitive answers on, but they as far as  
22 process it's --

23 **MR. PARTAIN:** Well, Morris, have you put a request  
24 in writing to the Marine Corps asking the amount of  
25 fuel that was lost, to document what they've lost

1 and also what they recovered? The reason why I ask  
2 that is I'm disturbed by the fact that the Marine  
3 Corps had some type of, at least by 1996 had an  
4 operational knowledge that they had a lot more fuel  
5 down there than you guys were thinking.

6 And it took, what, 12, 13 years for them to,  
7 they didn't even volunteer it was found. It was  
8 kind of like the catch me if you can thing. So  
9 unless something is in writing, Marine Corps, how  
10 much fuel do you estimate being in and around Hadnot  
11 Point, I'm afraid all the verbal answers really  
12 don't carry much water.

13 **MR. MASLIA:** I think the approach would be is for us  
14 to do or refine some of our calculations first.  
15 Also, make sure we go through their UST files, and  
16 then present a series of questions if we have them  
17 back to the Marine Corps. At this point I think  
18 it's a little premature to start shooting questions  
19 at them because we can't be definitive as we need to  
20 be.

21 In other words a better approach would be,  
22 okay, this is the method we used. We have  
23 documented X number of hundreds of thousands of  
24 gallons lost. Do you agree with this or do you  
25 disagree with this?

1           **MR. BYRON:** Well, Morris, they must have something  
2 because they're projecting 2018 is how long it'll  
3 take to clean it up. So they obviously know  
4 something and one billion dollars by the way.

5           **MR. STALLARD:** What Morris said was really important  
6 about not just throwing something out there  
7 piecemeal. I think what that speaks to for the CAP  
8 is --

9           **MR. ENSMINGER:** Get your ducks together.

10          **MR. STALLARD:** Yeah, a more strategic approach to  
11 this whether it's chain of command or whatever  
12 coming forward united, this is what we need  
13 approach.

14                         We're about ready to wind down here so I need  
15 to do a post-check. We can continue on beyond three  
16 o'clock, but I think we're going to lose our live  
17 feed. I don't know what your transportation  
18 arrangements are.

19          **MR. ENSMINGER:** Yeah, we've got to move.

20          **MR. STALLARD:** We've got to move, right?

21          **MR. MASLIA:** Did I answer everyone's questions?

22          **MR. STALLARD:** I have one question that I'm going to  
23 ask on behalf of community members. The question  
24 was for Morris. You've done this before with other  
25 agencies. Have you had as much difficulty getting

1 information, what's your experience in getting  
2 information?

3 **MR. MASLIA:** I'll speak about this agency because I  
4 worked in different capacities in other agencies.  
5 There was no direct public involvement and the tasks  
6 were much more streamlined than this groundwater  
7 model. But we did similar work at Toms River, Dover  
8 Township, New Jersey, for the childhood cancer  
9 cluster investigation. We did not do groundwater  
10 modeling. We did water distribution system  
11 modeling, but we did field testing, and there was a  
12 bevy of documents. However, and I actually pointed  
13 out this process in a paper we did a few years ago  
14 about there are six rules of engagement. And if  
15 they're applied correctly to these very public  
16 contamination sites, it helps bring closure to it  
17 and complete the analysis.

18 But under that we had a state partner  
19 cooperative of New Jersey, and we had Weldon^ Public  
20 Health, and we also had a state regulatory agency.  
21 So when we needed information, whatever, number one,  
22 we could go to the local health department to do our  
23 foot work. In other words we didn't have to have  
24 people at my level or equivalent going out and say  
25 locating valves. They did that. They knew the

1 public. They knew their local area.

2 Number two, when we needed to verify some  
3 information, and that was correct at one point I  
4 said we'll publish what we have unless you can  
5 verify it. And within 24 hours we sent that to the  
6 state regulatory agency. The head of the water  
7 utility sent me an e-mail back saying this is the  
8 approach we used. Here, these are the documents  
9 that we used. You can find it in X number of  
10 documents.

11 That obviously is missing from Camp Lejeune.  
12 At the time we started, I don't know about today,  
13 but the time we started, 2003, 2004, North Carolina  
14 was not a cooperative partner, state partner with  
15 us. There was no local public health, and there is  
16 no regulatory body. So it's basically us going to  
17 the points of contact and do that.

18 And so I will agree that's why it's critical  
19 that we get an answer back as to do we have, and  
20 again, I'm going to say, do we have all the data  
21 sources, not necessarily pieces of data. We're  
22 capable of determining that, but do we have, are  
23 there any other sources of information out there  
24 that we're not aware of. And that's what really  
25 needs to be finalized.

1           So, yes, we have done work like that. It's  
2           been not necessarily easier, but there have been  
3           other parties involved that have helped with the  
4           public health aspect of things. And at this point  
5           there's nothing we can do about that, but we need to  
6           do whatever we can to see that the process moves  
7           forward.

8           **MR. STALLARD:** I just wanted to be sure that you had  
9           the concept, give me a chance to ask that question.

10          **UNIDENTIFIED SPEAKER:** So you kind of give them an  
11          ultimatum? You have a protocol that you can kind of  
12          put pressure on the parties that are responsible for  
13          the contamination? You have a way to put pressure  
14          on them.

15          **MR. MASLIA:** Are you talking about in New Jersey?

16          **UNIDENTIFIED SPEAKER:** I'm talking anybody, anybody  
17          besides --

18          **MR. MASLIA:** We're not a regulatory -- let me, we  
19          are not a, ATSDR is not a regulatory agency so if  
20          there is a state regulatory or local, then we can  
21          work with them to assist us. All we can do is ask  
22          for the information, which I believe we have done on  
23          numerous occasions, and depend on, as I said one of  
24          my points of equitable partnerships, and that each  
25          partner wants to see this issue resolved. And

1           that's what we have to depend on, especially in this  
2           case. And that's all we can do.

3                    Again, at my level all I can do is pass my  
4           requests on up to management to say help us out,  
5           let's find a way to do that. We have done it from  
6           the technical standpoint. We've gotten the letters  
7           or documents where we've identified certain sites.  
8           We even identified in 2005, we specifically stated  
9           do you have these data in an electronic database  
10          like MS Excel or MS Access. That question has been  
11          asked directly to a Lieutenant General at the Marine  
12          Corps. So it's not that we haven't asked, but I  
13          guess we have to find another way of asking it.

14          **MR. STALLARD:** Thank you.

15          **ADJOURN**

16                    We're going to move into now and Dr. Falk is  
17          going to take us out, just two things --

18                    Thank you. We're done, Morris. You're done.

19                    Two questions that came up from Morris's  
20          presentation were about the user's manual, and he  
21          has it now as a hundred percent documentation SME in  
22          review issue, that were two high points.

23                    So we need to talk about a time that we're  
24          going to meet next and I guess we'll do that online,  
25          right? And that's approximately three, four months

1 from now.

2 **MR. PARTAIN:** Three.

3 **MR. STALLARD:** Three, okay.

4 Dr. Falk.

5 **DR. FALK:** Yes, I just want to thank everybody for  
6 their input today, and I think I mentioned at the  
7 beginning that I'm Acting, but in the last several  
8 months I've focused on certain areas like  
9 particularly trying to work on getting the funding  
10 here for the mortality and health surveys. So I'd  
11 like to say having listened to this conversation,  
12 the three areas that I would like to -- that I would  
13 like to particularly focus on in the coming months,  
14 and that's in addition to just supporting Morris and  
15 Frank and the people who do the work.

16 So the first area is the question about the  
17 inventory and the adequacy of data. That has to be  
18 resolved. You can't really go too very far down  
19 this road with that uncertainty hanging over the  
20 quality of what we're working with. So we will have  
21 to figure out the right way to resolve that  
22 question, put the question to, you know, the  
23 exchange of letters is, please tell us if we have  
24 everything and give us the inventory, and the reply  
25 is please come up and visit our library and look

1           around.

2                       So we have to get beyond that and figure out  
3           what's the best, what is the effective way to  
4           actually make sure that all the relevant data's  
5           available. So that's one area we will work on.

6                       The second is I asked Frank whether the  
7           question of male breast cancer is covered in the  
8           mortality and health surveys, and it may be an  
9           uncommon enough illness that it just doesn't show  
10          up. You won't get adequate or sufficient data to  
11          address a question like that because it's an  
12          uncommon, relatively uncommon illness. So we have  
13          to figure out what are the ways to address illnesses  
14          that are of concern that are not, that may or may  
15          not have full data or be able to address it fully.  
16          And so that's an area that we will explore and see  
17          what solutions we can come up with.

18                      And third is, going back to the original  
19          conversation, there ought to be a set of governance  
20          rules for this CAP. The question right off, who  
21          sets the agenda, things like that. So I think Tom,  
22          Perri and the group, we will work on getting  
23          something in draft that we can share with you all.  
24          Everybody can comment and we can discuss it, but I  
25          think there ought to be, we ought not to be still

1 addressing how do we set the agenda.

2 I mean, there ought to be some governance  
3 structure of how we do things like that that  
4 everybody agrees to and we all understand. So we  
5 will follow up with an approach to dealing with  
6 that. We'll discuss it, it's not a unilateral  
7 decision. We want to discuss it, but we want to  
8 really all have some input and try to resolve those  
9 questions.

10 So those three areas are things that, for me at  
11 least coming out of today's discussion, important  
12 things to work on.

13 **MR. PARTAIN:** Dr. Falk, on these two issues, one  
14 with an observation on the CAP, this issue of  
15 functionality, protocol, what have you, the CAP.  
16 Apparently, it's not been an issue until very  
17 recently, and that issue coincides with what I  
18 believe is the effectiveness of the CAP and the fact  
19 that we're asking hard questions, demanding answers  
20 and all of a sudden we find ourselves having to  
21 redefine what we're supposed to be doing, hearing  
22 language look forward not back, don't be so mean to  
23 the Marine Corps and things like that.

24 Number two on documents and data, ATSDR does  
25 not have an investigative arm. That has been

1 y'all's hovel. The CAP has in essence fulfilled  
2 that role through our efforts, through our, going  
3 through there, going through the documents that we  
4 have available to us assimilating the information  
5 and pulling it out.

6 The whole issue of the public health assessment  
7 in 1997, we talked about benzene before, pointed out  
8 that there's something wrong. You can't just say  
9 there was no exposures. And we were told in the  
10 past, oh, there's no evidence that it was in our  
11 drinking water.

12 And then we find documentation showing that  
13 benzene was actually pumped with an active well  
14 right in the distribution system. So logically you  
15 conclude that it's in the drinking water. And lo  
16 and behold the public health assessment comes  
17 crashing down.

18 Now, the CAP through our efforts and what we've  
19 done have pushed a lot of issues. The  
20 interconnection between the Hadnot Point and Holcomb  
21 Boulevard and the interconnected exposures there,  
22 the whole issue about these document portals,  
23 granted Bob Faye found one of them, but the fact  
24 that we're asking questions about benzene indirectly  
25 led to that.

1           This whole issue about the amount of fuel that  
2 was lost at Hadnot Point, up until recently ATSDR  
3 was operating under the assumption that 30,000  
4 gallons of fuel was lost at Hadnot Point, and then  
5 we pull a document, 800,000 gallons. And then  
6 everything changes. You all have to change the  
7 work, what you've done, the type of models and what  
8 have you.

9           Now, the Marine Corps, this new document source  
10 granted is not, we can't get to it. We can't see  
11 it. You can see it. The Marine Corps can see it.  
12 In order to be involved and do our function as a  
13 CAP, we have to have access to this portal and these  
14 documents to see what is in there.

15           The more eyes on this, the more people going  
16 through it, the more accurate your work's going to  
17 be. We can help. We're volunteering. We're doing  
18 it. We have a stakeholder in that, and the Marine  
19 Corps unfortunately is the holder of the  
20 information. They control this. As you know the  
21 old adage, knowledge is power. And we cannot  
22 operate with ignorance in a vacuum.

23           And right now until we have these documents,  
24 until we can get in there and see what's there and  
25 help you guys, there's going to be a question and a

1 big question hanging over everything y'all do.

2 **DR. FALK:** I'm with you. I don't want to go further  
3 down this road and be questions hanging over us.  
4 And I can't tell you right this minute what's the  
5 best way to resolve that. I understand you've got a  
6 really good role in coming up and helping on  
7 obtaining that information. So we will, this is an  
8 issue we must address, and we must address it in an  
9 effective way. And we will come back to you on  
10 that. I mean, that's really a very critical issue.  
11 I mean, that's got to be resolved. I mean, I hear  
12 you in terms of wanting to have a role in that, and  
13 we've got to work that through.

14 **MR. PARTAIN:** I guess I mean ATSDR does not have an  
15 investigative arm. My background is in  
16 investigation. My degree's in history, and the past  
17 ten years I've worked as an investigator with my  
18 employer so I have that mentality. And one of the  
19 problems that ATSDR has faced is that there is no  
20 baseline of what happened. We're still putting the  
21 picture together, and until you have a baseline and  
22 understanding of what actually happened and  
23 transpired at Camp Lejeune, we're stabbing in the  
24 dark.

25 **DR. FALK:** Yeah, I'm not disagreeing with you. I

1 hear you.

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

3 **DR. DAVIS (by Telephone):** This is Devra Davis. I  
4 think we are all in agreement at the next meeting we  
5 really have to have the Marine Corps at the table.

6 **MR. ENSMINGER:** I don't care if they're here or not.

7 **MR. PARTAIN:** Functional Marine Corps, not just  
8 answer people.

9 **MR. STALLARD:** I think that's a key takeaway is that  
10 this is one of the first meetings where we did not  
11 have, this is the first meeting where we did not  
12 have someone sitting at the table here, and we would  
13 like to, moving forward, have active participation.  
14 I think that's been expressed by the CAP.

15 **MR. PARTAIN:** Well, one thing I'll voice my own  
16 personal opinion on this with the Marine Corps not  
17 being here, I mean, that is their choice, and I do  
18 not, as a community member, want to see the Marine  
19 Corps use this position as a leverage point to get  
20 concessions from ATSDR. If they choose not to be  
21 here, so be it. Let them go. That's their own  
22 problem, and they can answer to Congress for that.

23 **DR. DAVIS (by Telephone):** Well, perhaps ^ the CAP.

24 **MR. ENSMINGER:** We didn't hear you.

25 **MR. BYRON:** Move to Camp Lejeune. We've made that

1 recommendation.

2 **MR. PARTAIN:** I would love to see these CAP meetings  
3 be held in Jacksonville.

4 **MR. ENSMINGER:** Either Jacksonville or Wilmington.  
5 I mean, North Carolina has the largest registry,  
6 amount of people registered. They don't always have  
7 to be at Camp Lejeune either. I mean, we could hold  
8 one there. We could hold one up in Washington. We  
9 can hold one down in Florida.

10 **MR. PARTAIN:** And we have 13,000 in Florida; I'd  
11 like to see one in Florida. There's a lot of people  
12 down there that want answers, too.

13 **DR. DAVIS (by Telephone):** (Unintelligible).

14 **MR. STALLARD:** Tom, did you have something?

15 **DR. SINKS:** No, just I brought up this issue of  
16 moving, having the CAP at different locations  
17 before. I think we'll be happy to entertain that.  
18 That's something that we can consider and maybe put  
19 that out, leave it to the CAP members in terms of  
20 moving it. And maybe we ought to have it in Idaho  
21 so Tom can attend.

22 **MR. PARTAIN:** Yeah, and not in January. We're doing  
23 Florida in January.

24 **MR. STALLARD:** Well then, Tom and Devra, thank you  
25 on the phone for your participation.

1           **MR. TOWNSEND (by Telephone):** Can I say something?

2           **MR. STALLARD:** Sure, Tom.

3           **MR. TOWNSEND (by Telephone):** What is the name of  
4           the Veterans Administration gent that came and  
5           talked to us?

6           **MR. PARTAIN:** Brad Flohr, F-L-O-H-R.

7           **MR. STALLARD:** And he handed out his contact  
8           information to some of us, so we'll be sure that you  
9           get it.

10          **MR. PARTAIN:** I'll e-mail you. I'll try to get you  
11          an e-mail within tonight.

12          **MR. TOWNSEND (by Telephone):** Thank you.

13          **MR. STALLARD:** Thank you, and CAP members, thank  
14          you. Be sure to submit your vouchers and stuff on  
15          time and those in the audience thank you for the  
16          time you've spent here today.

17          **MR. PARTAIN:** I'd like to say thank you for those in  
18          the community that took the time to come out here  
19          and sit with us. I appreciate that.

20          **MR. STALLARD:** We're adjourned.

21          (Whereupon, the meeting was adjourned at 3:10 p.m.)

22

23

24

1

**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of April 29, 2010; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of May, 2010.

---

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

2

3