1 THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

TWENTY-FIRST MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

NOVEMBER 10, 2011

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 November 10, 2011.

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(alphabetically)

BLAKELY, MARY, CAP MEMBER
BOVE, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR (via telephone)
ENSMINGER, JERRY, COMMUNITY MEMBER
MASLIA, MORRIS, ATSDR
PARTAIN, MIKE, COMMUNITY MEMBER
PORTIER, DR. CHRISTOPHER, DIRECTOR NCEH/ATSDR
RODENBECK, SVEN, REAR ADMIRAL
RUCKART, PERRI, ATSDR
SINKS, DR. TOM, NCEH/ATSDR
STALLARD, CHRISTOPHER, MODERATOR
TOWNSEND, TOM, CAP MEMBER (via telephone)

1

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

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

2 **MR. STALLARD:** Good morning everyone. I think
3 that it's about time that we're going to get
4 started.
5 My name is Christopher Stallard, I'm your
6 facilitator for today. Welcome back. When was it
7 we were in Wilmington? That was?
8 **MR. PARTAIN:** July.
9 **MR. STALLARD:** July, I think, right?
10 **MS. RUCKART:** July 20th.
11 **MR. STALLARD:** July 20th, and we chose today
12 which is in honor of what?
13 **MR. ENSMINGER:** It's the Marine Corps'
14 birthday.
15 **MR. STALLARD:** It is. So happy birthday to the
16 Marine Corps. All right, we have -- they're
17 celebrating perhaps. All right, we're going to get
18 started. You can see that the agenda's a little
19 different than normal but -- and we have some new
20 faces at the table. So let's start with
21 introductions. What's your affil -- your name and
22 your affiliation, and then we'll get into the

1 agenda. So let's start right here.

2 **MR. PARTAIN:** I'm Mike Partain. I'm a member

3 of the CAP.

4 **MR. STALLARD:** All right. Welcome.

5 **MR. ENSMINGER:** Jerry Ensminger, Camp Lejeune

6 CAP.

7 **MR. STALLARD:** And Mike, where are you coming

8 from?

9 **MR. PARTAIN:** Tallahassee, Florida.

10 **MR. STALLARD:** Tallahassee. Jerry?

11 **MR. ENSMINGER:** What?

12 **MR. STALLARD:** Where are you coming from?

13 **MR. ENSMINGER:** All over.

14 **MR. STALLARD:** I know but...

15 **MR. ENSMINGER:** North Carolina.

16 **MR. STALLARD:** North Carolina. And we have a

17 new CAP member here?

18 **MR. AKERS:** Paul Akers, I'm coming from

19 Columbia, South Carolina. I'm a member of the CAP.

20 **MR. STALLARD:** Welcome.

21 **MR. AKERS:** Thank you.

22 **MS. BLAKELY:** Mary Blakely from North Carolina.

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

24 **DR. BOVE:** Frank Bove, ATSDR.

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

1 **MR. STALLARD:** Welcome, Perri.
2 **DR. SINKS:** Tom Sinks, NCH and ATSDR, and I'm
3 from Cleveland, Ohio.
4 **MR. STALLARD:** Welcome. Well, you didn't come
5 in from Cleveland today, did you?
6 **DR. SINKS:** No.
7 **MR. STALLARD:** Okay. Good morning.
8 **MS. DICK:** Hi, I'm Wendi Dick from Veteran’s
9 Health Administration.
10 **MR. STALLARD:** Welcome, Wendi.
11 **MR. SAMPSEL:** I'm Jim Sampsel from the VA
12 Compensation Service, Veterans Benefit
13 Administration. I wrote the training letter on Camp
14 Lejeune. I've been following it for several years
15 so I’m familiar with it.
16 **MR. STALLARD:** Okay. So Wendi is here and I
17 believe is replacing Dr. Terry Walters, and will be
18 a regular attendee.
19 **MS. DICK:** Yes.
20 **MR. STALLARD:** And --
21 **MR. SAMPSEL:** I'm substituting for Brad Flohr.
22 I'm not sure whether Brad's coming back or I'm
23 coming back.
24 **MR. STALLARD:** Okay. Great. Well, welcome.
25 Thanks for joining us today.

1 **MR. BYRON:** Good morning. This is Jeff Byron
2 and I'm from Cincinnati, Ohio. I'm a member of the
3 CAP.
4 **MR. STALLARD:** Thank you. Welcome, Jeff. And
5 whom do we have on the phone, please?
6 **DR. CLAPP:** Dick Clapp, calling from Boston,
7 Boston University, the School of Public Health, and
8 I'm a member of the CAP.
9 **MR. STALLARD:** Welcome. Sandra? Was on.
10 All right. For those of you who have been here
11 before and those who are new, we generally go over
12 guiding principles that inform our interactions with
13 each other. And so it's really important that there
14 are no personal attacks and we focus on the issue at
15 hand.
16 This is a public venue with live streaming.
17 There may be members of the public in attendance,
18 although I don't see any today, who may be invited
19 to speak. Please put your cell phones and/or
20 Blackberries either off or on silent. Please say
21 your name before speaking, providing that your
22 microphones are working and the red light comes on.
23 **MR. ENSMINGER:** They work.
24 **MR. STALLARD:** All right, great. And that we
25 operate here in an environment of openness and

1 transparency. The purpose of the CAP is to inform
2 the studies that are going on relative to Camp
3 Lejeune. Any questions?
4 **MS. BRIDGES:** Not from me.
5 **MR. STALLARD:** Well, welcome. Thank you,
6 Sandy.
7 **MS. BRIDGES:** I had my phone on mute. That's
8 why I didn't answer. Sorry you didn't hear me. I'm
9 sorry. I've been here all along.
10 **MR. STALLARD:** I thought so. All right.
11 Perri, would you like to give us, please, a recap?
12 **RECAP OF PREVIOUS CAP MEETING**
13 **MS. RUCKART:** Sure. I always like to start off
14 our current meeting by just summarizing what
15 happened during our last meeting, so as you know the
16 last meeting was in Wilmington. At that time the
17 CAP requested that ATSDR publish a timeline of the
18 major events related to the drinking water
19 contamination at the base, and Dr. Portier responded
20 that he would look into that. Do you have any
21 updates about that?
22 **DR. SINKS:** No, I don't.
23 **MS. RUCKART:** Last time I reported about the
24 mortality study and where we were at that point,
25 just the number of deaths that we had initially

1 identified was about 43,000. I don't want to go
2 into too much detail on what was reported last time
3 because in a few minutes or later this morning, I'll
4 be giving the update of where we are today with the
5 final status of some things with the contract. At
6 that time, I also reported on the health survey.
7 One of the things I mentioned was that we had to go
8 back to our original survey invitation letter. A
9 newer version had been proposed that wasn't approved
10 by IRB -- I'm sorry, by the OMB. The first surveys
11 were mailed out in June, and I provided an update of
12 where we were in July, and later today, I'll give
13 you the update of where we are today so I don't
14 think we need to really revisit that.
15 I also reported on the first survey expert
16 panel meeting, that was held on March 8th. The
17 panel was supportive of moving forward with the
18 medical records confirmation of the self-reported
19 diseases, regardless of the participation rate, and
20 they also recommended that we undertake a strategy
21 to promote the survey. Vivi Abrams from Office of
22 Communication will speak to us later today about
23 some of our efforts and what has happened there.
24 And the meeting notes from that expert panel meeting
25 were posted on our website, and they're still there

1 if anybody would like to take a look at those.
2 When Brad was here, he reported that, again, as
3 you know the Louisville office is consolidating all
4 the claims for Camp Lejeune, 2,300 pending issues
5 were with that office as of July 15th, including
6 those that were new, those that were sent from other
7 offices, and appeals. He wanted to note that each
8 claim could have more than one issue, though, and as
9 of that time, approximately 25 percent of the claims
10 resulted in favorable decisions. Will you be giving
11 an update on that?
12 **MR. SAMPSEL:** I don't have all the data but
13 it's approximately the same.
14 **MS. RUCKART:** Okay. Well, we'll have a chance
15 to speak with the VA later.
16 Brad also mentioned that he had recently
17 presented at a conference for medical examiners, and
18 he spoke in a break-out session with physicians who
19 are asked to provide medical opinions. And all the
20 physicians who were there were very able and willing
21 to provide medical opinions, doing the best that
22 they could. And he also reported that Camp Lejeune
23 is a major focus of the joint DOD/VA deployment
24 health work group. They are working -- or they were
25 working at that time on a data transfer agreement

1 where the DOD will share data with the VA on
2 exposures so the VA would have good information when
3 they get the claims. And Brad reported that the VA
4 was revising the training letter on Camp Lejeune,
5 and he said he would provide that to the CAP.
6 Perhaps, and you are on the agenda later, you can
7 speak about that.
8 Terry Walters, who was meeting with us last
9 time, reported that ATSDR is collaborating with the
10 VA to discuss the feasibility of conducting a male
11 breast cancer study. Frank will talk about that
12 here in a little bit.
13 And she also just wanted to point out at that
14 time, remind everybody that not all veterans use the
15 VA so they only have a subset, and she pointed out
16 possibly a sicker subset of the entire VA
17 population, which can make studies of environmental
18 exposures problematic. Terry explained that the VA
19 is undertaking a new effort to disseminate
20 specialized knowledge throughout their organization.
21 They created a three-tiered level of expertise in
22 environmental health. The first level involves
23 having a primary care doctor who understands the
24 military culture. The second level is having an
25 environmental health commissioner at each of their

1 medical centers to be a consultant for the primary
2 care doctors. And the third level is a war-related
3 studies center that employs a multidisciplinary
4 approach to look at veterans to see what's going on
5 and come at it from a more multi-symptom -- in a
6 multidisciplinary perspective.
7 Sven gave a data mining work group update. He
8 reported that in May the Department of Navy and
9 ATSDR wrote a letter, jointly, to 35 former DON
10 contractors asking for their response by the middle
11 of June, just if they had any other analyses or
12 documents in their possession. Eight of those
13 letters were undeliverable, even though they had
14 undertaken a thorough search to try to find current
15 addresses. Thirteen responded they had nothing new
16 to add and at that time we had not heard back from
17 14.
18 ATSDR also received a statement from a former
19 Marine Corps employee regarding some questions they
20 had about sampling results and how they were
21 conducted, and we at that time were in the process
22 of writing the data close-out report. And we also
23 mentioned that we have received a statement from
24 Elizabeth Betz. The CAP asked for the list of 35
25 contractors who were sent the letters and Sven did

1 provide that.

2 **MR. ENSMINGER:** The eight that they can't find
3 are probably in the federal witness protection
4 program.

5 **MS. RUCKART:** Then you should have no problem
6 finding them. You have all kinds of resources out
7 there.

8 And Morris gave an update of where we were at
9 that time with the water modeling. He discussed for
10 Hadnot Point-Holcomb Boulevard that we have -- they
11 have completed a regional model and that information
12 involves contaminant fate and transport, and that
13 model is complex because of the multiple sources.
14 It's different from Tarawa Terrace. They are also
15 evaluating the transfer of water from Hadnot Point
16 to Holcomb Boulevard, which requires a water
17 distribution system model analysis rather than a
18 ground water analysis, and Morris will be giving an
19 update of where we are currently later today.

20 The CAP requested that the water modeling
21 reports be presented in a way that makes it easier
22 to determine what information is in each report, and
23 Dr. Portier responded that he would look into that.
24 Frank and Tom --

25 **MR. ENSMINGER:** Where are the reports? For the

1 water modeling?
2 **MS. RUCKART:** Yeah, the Hadnot Point-Holcomb --
3 **MR. ENSMINGER:** The chapter reports.
4 **MR. MASLIA:** I'll address that during my
5 session.
6 **MS. RUCKART:** That's coming soon. Stay tuned.
7 **MR. MASLIA:** This is the last.
8 **MS. RUCKART:** Yeah, this is the last. So Frank
9 and Tom also briefly touched on what Terry
10 mentioned, the feasibility of conducting the male
11 breast cancer study. We'll hear more about that
12 later today. The issue of transparency was
13 discussed. Dr. Portier noted that information
14 shared between federal agencies is treated and
15 protected differently than information between a
16 federal agency and a non-federal agency; however, he
17 is of the opinion that being transparent is
18 important, but more important than sharing the
19 actual correspondence was being transparent about
20 what was discussed. And if the CAP has any
21 questions about what we're doing or why we're doing
22 it, he invited the CAP to speak with us, including
23 himself, and that we would do our best to respond.
24 So any questions about what was discussed last time?
25 **MR. STALLARD:** Okay, what's the change in the

1 agenda that you'd like for next?

2 **DR. SINKS:** Yeah, if it's okay with the CAP
3 members, I need to run out at 10:30 'til about
4 11:30 to talk to USAID about, of all things, the
5 Agent Orange in Vietnam. And I was hoping to be
6 here for the presentation on the feasibility of male
7 breast cancer, so if it's okay with you folks, if
8 Frank could give his presentation before the break
9 on that, and then I'll slip away and come right back
10 after my meeting.

11 **MS. RUCKART:** Actually I see we're running way
12 ahead of schedule, maybe we could just do that now?

13 **MR. PARTAIN:** Sure.

14 **FEASIBILITY OF MALE BREAST CANCER STUDY**

15 **DR. BOVE:** I wasn't really going to give a
16 presentation. I was going to give you some idea of
17 what we're thinking about and what obstacles we see.
18 We still have to write up a full-fledged protocol.
19 There are certain things we still need to get
20 straight about, what's available at the VA and other
21 records and so on, so let me give you an idea of
22 what we're thinking about, at least, and Tom, you
23 can chime in on whatever while I'm doing it.

24 The idea was to look at male breast cancer
25 using the VA's cancer registry, VACCR, V-A-C-C-R.

1 It's a cancer registry similar to state cancer
2 registries, it has similar data that the states
3 have, including a lot of information on the cancers
4 themselves, and a little bit of demographics, very
5 little. And they did have an indicator -- they do
6 have an indicator variable in the database. It
7 indicates branch of service; however, we thought
8 that they had -- that all the cancers had been
9 linked to this variable. We find out that there's
10 still about 38 percent or so that have not been
11 linked, so 60-some percent of the cancers have a
12 variable saying whether they're Marines, Navy or
13 whatever, Army, Air Force. But 37 percent of the
14 cancers do not. And so we're going to have to work
15 with the VA on that because one of the approaches
16 we'd like to take is to get all the Marine cancers
17 and look at -- the cases would be the breast cancers
18 of Marines and the controls, that would be the case
19 control study, would be a sample of other cancers
20 among Marines that are not related to solvents.
21 And we've come up with a short list of cancers
22 that there is no evidence so far in the literature
23 of an association with solvent exposure, either at
24 the work place or drinking water. So that would
25 be -- we would use that list to pick controls.

1 And so for male breast cancers, there are about
2 180 right now that have an indicator variable saying
3 they're Marines. So there are 180 male breast
4 cancers in the VA database that indicate Marines. I
5 expect that when they finish the job, there would be
6 somewhere around 200, okay? And using -- assuming
7 that there's 200 male breast cancers among Marines
8 in the VA database, we actually would have pretty
9 good statistical power to see something below a
10 doubling effect, let's say, an odds ratio of less
11 than two. So there is good power there. If in fact
12 there are 200 male breast cancers that are among
13 Marines in the VA database, and it looks like that's
14 the case.
15 What it would entail doing, and the person
16 who's actually taking the lead on this is not here
17 today. His father had an operation and he couldn't
18 be here. His name is Eddie Shanley, he's seven foot
19 tall, I think you saw him at the last meeting. You
20 can't miss him. He's working -- this is part of his
21 dissertation. We're working closely with him on it
22 but he'll be doing a lot of the leg work. He's got
23 big legs so he can do a lot of leg work, and part of
24 the leg work is to go to St. Louis, where the
25 records are for service people. And we can use --

1 we have the DMDC, the Defense Manpower Data Center
2 database for those who were in the military from --
3 the Marine Corps from 6/75 to 12/87, or 9/87, I'm
4 sorry, that were either at Pendleton or Camp
5 Lejeune. So we can use that database that we're
6 using in the mortality study we're undertaking,
7 we'll talk about later, and the survey. We can use
8 that to get a handle on exposures to those Marines
9 who started active duty service in April or May of
10 '75 onward. But for those who started before, we
11 don't have information on where they served, so we
12 would have to go to the St. Louis records and look
13 at their DD-214 or whatever other material they have
14 there.
15 **MR. ENSMINGER:** I have a question about the
16 VA's cancer registry. What does it take to -- for a
17 veteran to be placed on the VA's cancer registry?
18 **DR. BOVE:** Well, you have to be seen at a VA
19 hospital.
20 **MR. ENSMINGER:** Okay. But I mean --
21 **DR. SINKS:** You have to be a veteran and you
22 have to --
23 **MR. ENSMINGER:** Well, I mean, but you got to
24 prove that you're a veteran, okay? So when you go
25 into the VA and you prove that you're a veteran, you

1 got to show your DD-214, so why the hell aren't they
2 putting the -- why do they not have -- only have
3 60 percent of these people's branches of service?
4 **DR. BOVE:** Two different issues, Jerry. One is
5 they can put an indicator variable for branch of
6 service on everybody. They just haven't gotten
7 around to it. As for the DD-214, it's just not --
8 it's a cancer registry. And the cancer registry is
9 focused on histology, the characteristics of the
10 cancer. That's what they need to have, all cancer
11 registries want to have a set of variables in their
12 database. Branch of service isn't one that other
13 cancer registries do. The VA is doing it but it is
14 not a high priority, at least at this point,
15 according to what they told us. But that may
16 change. But they, you know, so that's one issue.
17 The DD-214, we thought they might have them on
18 hand for the people who were there but we were told
19 that they don't. So I think -- I don't think it's a
20 big issue for Eddie to go to St. Louis and look up
21 the DD-214s. That's what the VA's doing for the
22 Gulf War studies. They're -- and that they're
23 actually going there and abstracting records there
24 as we speak, or at least they were in the last few
25 weeks.

1 **MR. ENSMINGER:** I mean, that should be an
2 automatic thing when a person is placed on that
3 registry is what branch of service they're in or
4 where they served in.
5 **DR. SINKS:** So let me just add a few things.
6 Opportunities and limitations. There's, with
7 everything we do, there are advantages and
8 disadvantages to what we do so let's put them on the
9 table. The opportunities here are that the VA
10 registry is probably the only unbiased readily
11 available set of data for us to identify a large
12 number of male breast cancers across the military in
13 an unbiased fashion. It won't include everybody who
14 would have been there at Camp Lejeune, as you point
15 out, Jerry. It's 'cause not everybody who was in
16 Camp Lejeune, I presume, was seen in VA hospitals
17 but it will have enough cases for us to look at.
18 Mike, particularly for you, it does not
19 include -- it only includes veterans, so it doesn't
20 include spouses, it doesn't include children. So we
21 won't be able to look at that issue. But in terms
22 of timeliness, we believe we can get this done in a
23 fairly standard epidemiologic methods way that's
24 acceptable to a wide variety of people in terms of
25 good science, and do it fairly quickly.

1 The difficulty for us will be going beyond
2 matching service, Jerry, to knowing not only were
3 they Marines but where were they? And that probably
4 wouldn't have been connected in the registry anyway,
5 so that is something --
6 **MR. ENSMINGER:** Well, they give you a good
7 start.
8 **DR. SINKS:** Well, they have -- we do have a
9 good start --
10 **MR. ENSMINGER:** If a guy was in the Air Force,
11 you don't have to look at him, for Lejeune.
12 **DR. SINKS:** We have the DMDC data. So we will
13 have to do some leg work that'll slow us down a
14 little bit, but I think in terms of getting a handle
15 on this issue relatively quickly with enough study
16 power, it's probably the best thing we have going.
17 So we will put together a feasibility protocol. It
18 will go through peer review. I presume we share it
19 publicly. Do we share this publicly, the feas --?
20 **DR. BOVE:** Well, we'll -- details.
21 **DR. SINKS:** Whatever our standards are for, you
22 know, for you putting those protocols, we'll follow
23 those. And I'm hoping we'll be able to get some
24 results fairly quickly. Quickly not in terms of USA
25 Today newspaper but quickly in terms of, you know,

1 it's not going to take us five years. Probably take
2 us a year, maybe 18 months, it just depends on how
3 much -- how quickly we get going on this. And we
4 also have of course the other portfolio of epi work,
5 which Frank and Perri are working on, that's why we
6 wanted to pull somebody else in to, you know, handle
7 the leg work.
8 **MR. AKERS:** Let me ask a simple question since
9 I'm the newest member on the CAP. The male breast
10 cancer study now, on the VA, would that be all the
11 Marines, versus Air Force, Army or just Camp -- are
12 you going to separate Camp Lejeune and Pendleton?
13 **DR. BOVE:** Okay, there's a couple of approaches
14 here. Actually the VA, once the VA actually has
15 that indicator variable for all the cancers, they
16 could actually look at it very quickly to see if
17 male breast cancer is elevated among Marines versus
18 Air Force versus the Navy. That's a simple very
19 quick calculation, so that's not a big deal. If
20 they -- if we can do it, if they want, or they can
21 do it if they want. That's one thing. But what we
22 were more talking about is focusing on Marines,
23 okay. And getting all the male -- and we're talking
24 about female breast cancer but there's a discussion
25 internally about whether we want to include female

1 breast cancers it -- because again there's going to
2 be some leg work here to find out where they were
3 before '75. We don't have the -- DMDC does not have
4 information on people before '75 as to where the
5 units were and that's what we're basing here, where
6 they were stationed.
7 So we would get all the male breast cancers
8 among Marines, and this would be the case series,
9 and then for the controls we'd get other cancers
10 among Marines, okay. And some of the cancers, you
11 know, I came up with a list just to give you an idea
12 -- but mesothelioma's not related to solvents. Some
13 of the cancers that are related to smoking are not
14 related to solvents, like buccal cavity, larynx,
15 pharynx and so on. Stomach cancer isn't, melanoma
16 isn't, prostate cancer, I'm not sure, so I, you
17 know, but there are other cancers on this list that
18 aren't, bone cancer, and so on. So we would make
19 sure that that list is tight. It's a preliminary
20 list of cancers that we haven't found any evidence
21 for solvent exposures related to them, okay.
22 So that would be the control series and then we
23 would find out where they were stationed. If they
24 were stationed at Lejeune? Okay, then we have to do
25 further work. What was their unit, where was their

1 unit barracked, if they're single. If they're
2 married, we would go to the family housing records.
3 This is the same process we're doing for the other
4 studies, mortality study and the survey. Finding
5 out what unit they're in, if they're single, knowing
6 where the units were barracked. If they're married,
7 look into the family housing records to see where
8 they were housed, whether they were at Tarawa
9 Terrace, Holcomb Boulevard area or so on. So that's
10 how that would work.
11 **MS. RUCKART:** Frank, one thing I want to
12 mention, though, this is more like the mortality
13 study 'cause it would just be data linkage. There
14 wouldn't be an interview component so we would be
15 relying just strictly on records.
16 **DR. BOVE:** Right. But it would be -- what's
17 different about this and the mortality study is you
18 have to, there's more leg work here. You have to go
19 to St. Louis and get these records whereas the
20 mortality study we are assembling them. We're
21 simply using DMDC data to determine what their unit
22 is and then based on that -- and if they're married
23 to link them with our housing records data.
24 **MR. AKERS:** Well, would it be pertinent to
25 determine what -- when they were stationed at

1 Lejeune versus those that were at Lejeune and
2 Pendleton?
3 **DR. BOVE:** Yes. If they were at Pendleton, we
4 know that from the DMDC data.
5 **MR. AKERS:** What about if they were moving back
6 and forth?
7 **DR. BOVE:** Yes. There’s going to be a -- yes.
8 There's, I don't remember exactly, -- I’ve been
9 looking at this data all day long for all the last
10 two weeks. I think there's something like 50-some
11 thousand that did move back and forth, so it's a
12 sizable number. We know that. We have that
13 information and we take that into account with
14 anything we do. So when we -- jumping ahead to the
15 mortality study, but it was similar to the male
16 breast cancer study, too. If they were at Lejeune
17 at any time, regardless of where else they went,
18 they're considered part of the Lejeune cohort. They
19 could be at Pendleton, they could be at New River,
20 they could be at Camp Geiger, they could be
21 anywhere. But if they're at Camp Lejeune we're
22 considering them Camp Lejeune and potentially
23 exposed. For the Pendleton comparison group, they
24 only can be at Pendleton during the exposure period.
25 They can't be anywhere else.

1 **MR. ENSMINGER:** No, not at Lejeune.
2 **DR. BOVE:** Not at Lejeune. But if they were at
3 New River, I'm not so sure what to do with them
4 either.
5 **MR. ENSMINGER:** But that's Lejeune.
6 **DR. BOVE:** That's right. So that's what I'm
7 saying. So they could -- you know, they could be
8 anywhere else but they can't be at Geiger, New River
9 or Lejeune.
10 **MR. ENSMINGER:** Yeah.
11 **DR. BOVE:** And that's Pendleton.
12 **MR. ENSMINGER:** Nobody sequestered themselves
13 to Camp Geiger or New River Air Station.
14 **DR. BOVE:** Right. So we, right.
15 **MR. ENSMINGER:** They all went to Mainside.
16 **DR. BOVE:** Right. So okay.
17 **MR. AKERS:** Personal. My father was in the
18 Marine Corps for 30 years. He was stationed at
19 Mainside, he was stationed at Geiger, he even did
20 some time out in the field during summers for summer
21 weekend warrior-type stuff, so he was all over the
22 place.
23 **DR. BOVE:** See, that's what I'm saying. So,
24 again, what we can tell from the DMDC data is for
25 people who started their active duty service on or

1 after April of '75, 'cause we have this -- they do
2 it by quarter at DMDC so June of '75, so the first
3 quarter that they have unit information, and the
4 only way we know where they were stationed is based
5 on their unit, okay? So before -- if they started
6 before April of '75, we don't have their unit, we
7 don't know where they were stationed, so we can't --
8 we have to be careful about what we do with those
9 people. We have some of those people in the
10 database, we're going to have to be careful about
11 how we assign exposures to them. But for everyone
12 after April '75, we know where they were up until
13 '87, and by that time the -- Lejeune was clean. So
14 we have, between the period of contamination of
15 April '75 to '87, we know whether they were at
16 Pendleton, Lejeune or New River or Geiger. Okay?
17 **MR. PARTAIN:** Hey Frank.
18 **DR. BOVE:** Yeah.
19 **MR. PARTAIN:** This is Mike Partain here. Now
20 you said right now you got about 180 cases and...
21 **DR. BOVE:** Yeah. That's what the VA just has
22 told us.
23 **MR. PARTAIN:** That's in the VA system, that are
24 Marine but we don't know where they're at.
25 **DR. BOVE:** Right.

1 **MR. PARTAIN:** Now, the 38 percent that you
2 mentioned that are not linked to service, are we
3 going to pull that pool to see how many male breast
4 cancers are there?
5 **DR. BOVE:** We have, we have to go up to the VA
6 and have a discussion. They're very cooperative.
7 **MR. PARTAIN:** Okay.
8 **DR. BOVE:** They're very interested, the
9 registry people particularly are very interested in
10 what we're doing and very responsive. We need to go
11 up there and hash this out and see what we can do.
12 And we have already talked to those VA
13 epidemiologists who were doing the Gulf War and
14 other studies, and we were told that they -- they're
15 going to St. Louis and get the DD-214s and abstract
16 data so it looks like they don't have the material.
17 Either, what may happen is that, yes, they have to
18 have a DD-214 but maybe they don't keep it
19 centrally. I don't know.
20 **MR. PARTAIN:** Okay. But we're going to, we're
21 going to pull that group, the 38 percent, and see
22 how many male breast cancers are in there.
23 **DR. BOVE:** Right.
24 **MR. PARTAIN:** And then if there are, find out
25 what service they are, correct?

1 **DR. BOVE:** Our goal is, well, our goal is to be
2 able to get all the male breast cancers that are in
3 the Marine Corps, that are designated as Marine
4 Corps, in the VA data. That's the goal. We'll have
5 to figure out what to do with the fact that
6 38 percent right now don't have this indicator
7 variable. We'll see what the best strategy is. I
8 don't know what the best strategy is.
9 **MR. PARTAIN:** To me it seemed, I mean, it's a
10 low number so it seems to me that they should be
11 able to identify how many are there and then quickly
12 track it down.
13 **DR. BOVE:** Yeah.
14 **MR. PARTAIN:** The other thing --
15 **DR. BOVE:** That may be the solution but we'd
16 also like to sample the Marines who have cancers
17 that aren't related to solvents and we'd like to do
18 a full -- you know, it would be good, ideal, to
19 sample all of the Marines, not, you know, --
20 including some of the 38 percent that are not.
21 **MR. PARTAIN:** Now, what do you propose to do
22 with the -- I mean, there may be cases that we have
23 identified, I've got 73 now, that's including
24 dependents, and now base employee and Marines. What
25 about people who are identified through us that are

1 not showing up on the VA list? How are we going to
2 resolve that issue?
3 **DR. BOVE:** This would be simply focused on the
4 VA database.
5 **DR. SINKS:** Let me throw a couple more comments
6 in here. So I think we can always look at that list
7 and compare it and just look at it but we wouldn't
8 add them to the study because it wouldn't be an
9 objective way to do it. It's the same issue we had
10 with the mortality study and the morbidity study
11 where we're using a sampling frame to include people
12 in the study, you know, people who register who
13 weren't in, you know, for example USMC, who aren't
14 pulled in the registry. While we're giving them a
15 survey and we're collecting that information, in the
16 analysis for the epidemiologic study, we can't
17 include them because of the potential bias. It's
18 not an objective way but I think it would be worth
19 looking at your list, and the personal identifier
20 issue, we'll have to discuss 'cause there may be an
21 issue that -- I just want to give you a little more
22 idea of some of the discussions Frank and I and
23 others are having in terms of the methodology here,
24 one of them is whether or not we're going to look at
25 females and male breast cancers. There's about five

1 to one ratio, females to males, and if we include
2 females it's going to increase our burden of work a
3 lot.
4 **MR. ENSMINGER:** Well --
5 **DR. SINKS:** Let me just keep going, Jerry.
6 Another one is whether or not we just look at all of
7 the male breast cancers in the registry, there are a
8 little probably more than a thousand of them, total,
9 and whether we include all of them, and then do a
10 comparison by service and look at, you know, go down
11 to Marines and then go down to Lejeune, not Lejeune.
12 Or if we just limit ourselves to Marines.
13 The issues in there are not just the cases but
14 the controls. So if we were using cancer controls,
15 we have to select them from the same group of people
16 eligible so the cancer controls, if we limit them to
17 Marines, they'd only be Marines. So then this issue
18 of the 33 percent we don't know what service they're
19 in, for the breast cancers that's pretty easy
20 because it's probably, maybe, 300 male breast
21 cancers we don't know what service they're in, but
22 it's thousands of other cancers we don't know what
23 service they're in, so we would have to make a
24 decision. So we're having some discussions about,
25 you know, what's the best way to go here to make

1 sure the study's done well and done -- to answer the
2 important questions we need to answer. I'm -- go
3 ahead, Jerry.
4 **MR. ENSMINGER:** The number of women, active
5 duty service women, that you're going to have at
6 Camp Lejeune are going to be -- it's going to be an
7 extremely low number of women Marines. And then you
8 would also have the women that were in the medical
9 services at Camp Lejeune for the naval hospital and
10 the second medical battalion, but you're not talking
11 about a large number of women and I think the
12 women -- active duty women should be included in
13 that.
14 **DR. SINKS:** Just to remind you, so the ratio of
15 female to male breast cancers in the registry, I
16 think, is five to one or six to one.
17 **MR. ENSMINGER:** Yeah, sure.
18 **DR. SINKS:** So it, it's not, it is a question
19 of how much more time it's going to take in terms of
20 going to the records and reviewing those records,
21 and we don't know what it takes us to review one
22 record, let alone, you know, -- so that's part of
23 the issue. There is a reason to do female breast
24 cancer because we're concerned, and exactly what you
25 said, there's a small number of women who were

1 probably in that group, who are going to be in the
2 morbidity study, and we don't know if we'll have
3 enough power on female breast cancer in that, so
4 there is a reason to look at it. The question is
5 really relative importance in time and that. So
6 it's just something that we have to discuss. We
7 have to put some numbers and some reality to this
8 and see what it means.
9 The other issue you brought up is non-Marines
10 but Navy personnel, who were in the hospitals, and
11 how much more difficult that makes it for us to do
12 that search. Because there are probably -- I mean,
13 I presume Lejeune is a very small percentage of the
14 female Navy personnel serving in the country, and so
15 that would probably -- we just have to figure that
16 out. I don't know if we'd be able to cover that
17 group or not.
18 **DR. BOVE:** Yeah, we were thinking of focusing
19 just on Marines because Navy, most Navy personnel
20 would not be at Camp Lejeune.
21 **MR. ENSMINGER:** You have a second medical
22 battalion which was part of second FSFG which was
23 staffed, manned, by primarily Navy. They maintained
24 an entire naval field hospital, that battalion.
25 **DR. BOVE:** Right, but --

1 **MR. ENSMINGER:** Multiple ones.
2 **DR. BOVE:** As a percentage of all the people
3 serving in the Navy --
4 **MR. ENSMINGER:** Oh, yeah, yeah, sure.
5 **DR. BOVE:** That's my point.
6 **MR. ENSMINGER:** But you did have one large
7 population of the Navy, the naval personnel at
8 Lejeune.
9 **DR. SINKS:** That level of detailed information,
10 as far as we know is not in the registry
11 information. So the opportunity to grab who was in
12 the second battalion, that would be eligible to look
13 at, may be, you'd have to look through all of them
14 and go through all those records. So this is why
15 we're -- we're just going to be, we're going to be
16 open-minded about what's the best way to do it but
17 we're going to be cautious about how much effort and
18 time this is going to take, when the priority, I
19 think, is going to be male breast cancer.
20 **DR. BOVE:** And on that score, just so you know
21 the debate, there is evidence from the study at Cape
22 Cod of an association between perchloroethylene and
23 female breast cancer, and there's also evidence that
24 there -- although there are differences between the
25 cancers that occur in men and women, there are a lot

1 of similarities for breast cancer among men and
2 women. So those are on the other side of the
3 ledger.
4 And so we have to figure out how,
5 strategically, if we want to look at female breast
6 cancer, how to do that so that it can be done by
7 Eddie and with a little help from us.
8 **MR. PARTAIN:** Hey, Frank, we're talking about
9 male breast cancer 'cause it is a rare and unusual
10 cancer and as such, you know, an indicator that
11 something went wrong. When you mentioned the
12 controls and looking at the different other odd
13 cancers and having the problem with the 38 percent
14 and then just the numbers associated with it, why
15 not look at the, you know, current, you know,
16 comparative occurrence rates using SEER or across
17 the country and other places, like you mentioned
18 Cape Cod? You know, use another place for a control
19 'cause it is a rare cancer. Instead of trying, you
20 know, if you run into these numbers issues.
21 **DR. SINKS:** Let me try to answer that so, you
22 know, in epidemiology there's two approaches. One
23 approach is you start with a group of people and you
24 don't care what disease they have, in fact, when you
25 start with them they're all healthy and you follow

1 them over time and they get sick and you count every
2 day, every year that they're alive and they're
3 healthy until the time they either get a diagnosis
4 or they die. And you use that information to
5 calculate your observed and expected numbers, which
6 is what you're describing. And what's critical
7 there is the person time at risk. You have to know
8 how the length of time everybody's been from the
9 time they were exposed until the time they -- you no
10 longer follow them or they are diagnosed or they
11 die. We don't have that information for the
12 Marines.
13 In a case control method, you start with people
14 who have a certain diagnosis and you focus there.
15 And then you look at a group of people who basically
16 don't have that diagnosis and then you compare
17 exposed and unexposed to that, so there is an
18 efficiency to this case control methodology, which
19 is to identify and increase your power on the study
20 that you're interested in.
21 The other methodology works when you want to
22 look at a wide variety of studies -- of outcomes,
23 which is why the mortality study is doing what
24 you’re suggesting. But I don't think we could do,
25 easily, an observed to expected, based on standard

1 numbers when we don't really know -- we have the
2 numerator, a number of cases, but we don't have the
3 denominator, which is person time at risk for all
4 Marines, the Marines at Lejeune, that kind of
5 information.
6 **MR. STALLARD:** Jeff had a question, I think.
7 **MR. BYRON:** Yeah, this is Jeff Byron. First
8 off, I want to thank Mike Partain for doing all this
9 research and finding these guys.
10 My question would be is if Mike was not here,
11 would you have found these male breast cancers? And
12 then the other question is, is, you know, male
13 breast cancer's rare. I obviously know that. I've
14 never heard of it until now to be honest with you,
15 but what other cancers are you identifying now with
16 the results coming in that are what you suspect to
17 be way above normal. I mean, you know, taking to
18 Mike we expect male breast cancer to be above normal
19 at this point I would say, but, you know, if he
20 wasn't here, would you have identified the problem?
21 **MR. PARTAIN:** Probably not.
22 **MR. BYRON:** And doing this feasibility study?
23 **DR. BOVE:** We probably wouldn't have
24 necessarily identified the cases he's identified.
25 What we would have done was seen male breast cancers

1 among the deaths in the mortality study, and we
2 would see male breast cancers among those who
3 participate in the survey. Those are the two ways
4 we would have found out about male breast cancers or
5 any other cancer for that matter.
6 We've talked in the past about a cancer
7 incidence study using cancer registries across the
8 country. Again, that's never been done, using all
9 50 state cancer registries. It's something that
10 we've been thinking about over time but we’ve put it
11 on the shelf for now until we finish what we have in
12 front of us, because quite frankly I don't know how
13 many of these cancer registries would participate.
14 Gulf War study, about 20 cancer registries across
15 the country participated. It took them quite a long
16 time to get them all on board, and so there's, you
17 know, that's just 20 of them. So we're still
18 thinking about that. But to answer your question,
19 we would find them from the mortality study and the
20 health survey, we probably would not capture all of
21 the ones that that Mike has captured.
22 **MR. BYRON:** Okay, this is Jeff, again. So I
23 guess really the question is is if Mike wasn't here,
24 would we be doing feasibility study or would we even
25 be considering doing it? Would you just be

1 reporting the cancers? And then that would be the
2 end of it? Because obviously there's a lot more
3 cancers, probably, than male breast cancer, and
4 because Mike has male breast cancer, this is a great
5 concern of his. Well, my daughter has aplastic
6 anemia and that's a great concern of mine.
7 **DR. BOVE:** Well, you see, we came up with a
8 list of diseases we thought were important.
9 **MR. BYRON:** Right.
10 **DR. BOVE:** And those are the diseases we're
11 asking about in the survey and they will also be to
12 the extent possible the focus of the mortality --
13 now, when I say the extent possible, people often
14 don't die of some of these diseases and so you find
15 very few of them maybe in the mortality study.
16 The second problem with our mortality study is
17 it was brought out by our board of scientific
18 counselors the other day, is it’s a young cohort.
19 They're all younger than me for the most part,
20 except for the workers, in the database. And so,
21 you know, some of these people may get it in the
22 future, and that's something we may have to consider
23 in the future whether to revisit these studies
24 but -- mortality study.
25 So but we're interested in quite a large number

1 of diseases, not only just cancers either. And
2 aplastic anemia is one because of benzene at the
3 site, at Lejeune. But there's a whole list of them,
4 which, if you've seen, if you've seen the questions
5 we've asked, so you know what they are and -- but
6 they're quite a number of cancers including breast
7 cancer.
8 **MS. RUCKART:** One thing I want to add is I know
9 it’s taken a very long time to get to this point but
10 things are going to be moving a lot more rapidly
11 now. We're actually, we'll talk about this in a
12 minute where we are with our studies, but we're
13 conducting analyses so next year, we are going to
14 start having more results and, you know, thinking
15 about what future directions, if any, we need to
16 take, so it's taken so long to get here but from
17 here on in, things are going to progress rapidly and
18 we're going to have more results-oriented
19 discussions as we go so I just want to let you know
20 that.
21 **MR. BYRON:** Okay, one last thing. If you
22 identify that Camp Lejeune is the cause of these
23 cancers, will you be sending out to the medical
24 communities, not just the Marine Corps, not just the
25 VA, I want to know that Children's Hospital in

1 Cincinnati, the doctor knows this about cancer,
2 related to Camp Lejeune. If I go to Iowa and go
3 into the hospital, I want to know that that doctor
4 knows that these cases of cancer are possibly
5 related to Lejeune. Will those -- will that
6 information go out to the public or will it just sit
7 in Congress's hand to do nothing like they've done
8 for 25 years.
9 **DR. SINKS:** I think that's a great point that
10 you make, which is how do we make sure the
11 information is available and useful. And it's
12 always an issue that is something that we need to
13 take very seriously. First, let me just say, these,
14 these studies -- all these epi studies, they're
15 going to look for associations, you know, cause,
16 cause is another thing. You know, whether we'll be
17 able to say cause or association, we're probably
18 going to say there is a reason, there's no
19 association. We will make this information
20 available. We certainly are going to make it
21 available with the VA. You know, because of you
22 guys, we've really developed a strong partnership
23 with the VA, and I know they are very interested in
24 what we're doing and what our results are, so for
25 the VA hospitals, I would assume we have great

1 connection.

2 We do regularly report our information out and
3 make it available and try to connect with
4 physicians. To be honest, to me, the most important
5 information we could identify are if we have a very
6 strong association and it's a screenable cancer, and
7 that's something we believe people, by notification,
8 it would prevent mortality or improve morbidity
9 because of screening, those are the things that I
10 think we really want to pay attention to. I'm not
11 sure there are, any of these outcomes are really
12 screenable but if they are that's where I would want
13 to be leaning as far forward as I could.

14 **MR. BYRON:** One last thing. I'm sorry.
15 Before -- the reason I bring this up is because my
16 daughter went to the dentist. You know, my oldest
17 daughter has lost all of her teeth. My youngest
18 daughter is now losing hers, so we go to the dentist
19 and the dentist, without any compassion, just starts
20 drilling her and drilling her so she wouldn't even
21 go back -- she wouldn't have any work done by him.
22 So I got to walk in there and basically berate him
23 about how he doesn't have any compassion and so
24 forth, but they have no idea what's going on, okay,
25 at Camp Lejeune.

1 And even today, the biggest toxic water
2 contamination site in the country, nobody knows
3 about. Okay, why not? I mean, the government knows
4 about it. Why haven't you guys gotten the word out?
5 I mean, I don't understand. That there's a problem
6 at Camp Lejeune and they should be looking at these
7 individuals, but I guess because the studies aren't
8 done, we can't do that. But it's taking a long
9 time, like you said. I do hope things move quicker
10 because this is very taxing on our families.
11 Economically, because I'm dealing with the medical
12 issues; emotionally, you've seen that here, through
13 me. I'm trying to keep that a little more under
14 check today, but, you know, I go through depression
15 every time I come here and it's because of Camp
16 Lejeune. It's because I have to bring in, you know,
17 email after email of sick families. And Jerry, I
18 don't know how he does it. He gets phone calls day
19 and night about people who are sick and he, he has
20 remembrance of his daughter to deal with on top of
21 that. So let's get this moving.
22 **MS. BLAKELY:** I have a point also. In regards
23 to the male breast cancer study, and you mentioning
24 that you were going to leave out, like, the Navy and
25 women in that study.

1 **DR. BOVE:** It's a possibility.
2 **MS. BLAKELY:** Right. My father-in-law was in
3 the Navy, and that's why he was at Lejeune, and my
4 mother was a dependent, you know, so she wasn't a
5 Marine, and they both died of the same cancer and
6 died in the same way. They both got brain cancer
7 diagnosis first and then both of them died of lung
8 cancer, that's the cause of death. Now, if you're
9 not looking for certain cancers and you're leaving
10 people out of just the studies that you know you're
11 doing now, what about those people?
12 **DR. BOVE:** Well, we're looking at the mortality
13 study. Okay. We're looking at any cancer, okay?
14 And it's includes Navy, okay. So we have in the
15 cohort, if I remember right, something around
16 12,000, 13,000 Navy.
17 Yeah. There were 11,000 but then we got
18 additional data for '86 and '87, so I think there's
19 probably around 13,000 Navy at Lejeune, and there
20 are Navy, I think, at Pendleton, too. I don't know
21 what the number is there. It's probably roughly the
22 same small percent but there's Navy there so they're
23 all in the study, okay? So we'll look at all the
24 deaths.
25 Again, for breast cancer, male breast cancer in

1 particular, there'll probably be a few, very few, in
2 the database, okay, so that, that's the problem.
3 We're looking at some of these rare cancers;
4 especially young, again, a young cohort, they may
5 get it later in life but they're not getting them
6 yet, so, but we're looking at Navy, Marines, all
7 cancers in the mortality study. And then whoever
8 participates in this survey, we're looking at their
9 cancers.
10 **MR. STALLARD:** Okay. I would like to take us
11 out. What have you got, Tom?
12 **DR. SINKS:** I'm just going to reiterate, just
13 to be very clear, and this goes back to Jeff's
14 question, and, you know, Mike's contribution to
15 this. The reason we're looking at male breast
16 cancer isn't because we would never find it in the
17 mortality study. If there's a strong signal there,
18 we will likely find it in the mortality study, but
19 we already know it's an issue. We know it will --
20 there's a chance it could be unresolved in the
21 mortality study. We think it's worth the investment
22 to look at it. So we've found a way to do it
23 efficiently and we hope relatively quickly, and so
24 we're moving ahead to do that. It's not that we're
25 ignoring other cancer; it's because we were

1 concerned that the signal may not be so strong and
2 we may miss it in the mortality study.
3 **MR. BYRON:** One last thing. We're talking
4 about cancers but, like I brought up, what about
5 diseases that are not, you know, cancer-related like
6 the dental problems my family's experiencing. I
7 have three members, okay, that are losing all their
8 teeth. I have a six-year-old grandson, he's just
9 now getting his adult teeth. They yanked ten of his
10 teeth the day before his third birthday, the baby
11 teeth. Well, I fear he's going to have the same
12 issues. Is that being addressed? Are we looking at
13 that?
14 **DR. BOVE:** No. No. We're looking at diseases
15 that cause death.
16 **MR. BYRON:** Yeah.
17 **DR. BOVE:** And in the survey we're looking at
18 the list of diseases that have -- we have some
19 indication from somewhere, either occupational or
20 other drinking water studies or related solvents,
21 that they're related to these diseases. So those
22 are the diseases we're focusing on, although you
23 know, as you know, in the survey we have a catch-all
24 question, any diseases you want to list. But no,
25 dental, this dental issues were not -- we don't know

1 anything about them until solvent exposure and
2 dental issues and so we didn't include them.
3 And there are a lot diseases, there are a lot
4 of diseases like that where there's no information.
5 You could not focus on all of them.
6 **MR. PARTAIN:** Right. So you can only --
7 **MR. BYRON:** I don't expect you to focus on all
8 of them.
9 **DR. BOVE:** We decided to focus on those
10 diseases where there is some evidence. It doesn't
11 have to be strong evidence but some evidence, any
12 evidence, that they're related to solvent exposure,
13 either at the work place or drinking water.
14 When we say solvent exposure, it could be a
15 mixture of solvents, it could be solvents that
16 weren't even found in the drinking water. A lot of
17 the occupational studies can't delineate whether
18 it's TCE they were exposed to or benzene or some
19 other solvents that were in the drinking water.
20 They sometimes say solvent exposure. If we saw a
21 disease related to solvent exposure, that was good
22 enough for us to include in the diseases we focused
23 on in the survey.
24 **MR. STALLARD:** I'd like to thank you very much.
25 We're going to go with the break now. What I'd like

1 to say is that this is exactly what the CAP is
2 designed to do. You're providing input into the
3 studies that are being conducted and so this is an
4 example of the CAP being effective and at work. So
5 we're going to go to the break right now and come
6 back at 10:15. Thank you for your time. Let's come
7 back at 10:10. There's been a request. All in
8 favor, stand up.
9 (Whereupon a short recess was taken.)
10 **MR. STALLARD:** Welcome back. Sandy, are you on
11 the phone?
12 **MR. ENSMINGER:** Nope.
13 **MR. STALLARD:** She's talking to herself on mute
14 again. Dr. -- Dick, are you there? All right.
15 Well, we're going to continue on. So we have moved
16 the agenda around a little bit. Are going to go
17 into the studies recap next?
18 **MS. RUCKART:** I guess we'll do that. I think
19 what we're needing to do is have Morris start right
20 after lunch, or when are you leaving?
21 **MR. STALLARD:** So do we want to go with the
22 studies or have Morris to go? Let's have Morris go.
23 Yes, but wait a minute. Mike Partain had a comment
24 as we left to go to break so we'll give him a moment
25 for that. Go ahead.

1 **MR. PARTAIN:** I just want to make one point,
2 you know, we spent a little bit of time talking
3 about male breast cancer, and, you know, my whole
4 basis in bringing this up and stepping forward is
5 not just to bring attention to male breast cancer.
6 To me, like I said, it's an unusual cancer. And one
7 of the purposes of ATSDR and doing health studies at
8 superfund sites is to identify causation and
9 associations. And doing so, looking at male breast
10 cancer as an unusual cancer to me is an indication
11 that the water did affect us. And we keep hearing
12 over and over again from the Marine Corps and the
13 Department of Defense that there's no links, you'll
14 never prove anything and to me, and this is why this
15 is so important that we look at it, if we make the
16 association that the water at Camp Lejeune did give
17 Marines, dependents and employees male breast
18 cancer, then what did it do to the other people?
19 'Cause once you open that door that there is an
20 association, then you can answer the other
21 questions: Did it cause my thyroid cancer, my
22 bladder cancer, my kidney cancer and all the other
23 cancers out there. So that's why this is so
24 important.
25 **MR. ENSMINGER:** Or other illnesses.

1 **MR. PARTAIN:** Or other illnesses, and it's not
2 just about cancers, because as Jeff mentioned the
3 teeth issue. My mother in her late 20s, early 30s,
4 lost all her teeth. They, you know, the enamel.
5 She's the only one in her family of four brothers
6 and sisters and her parents that that happened. So
7 there are other issues, too. But once we open that
8 door that there's a causation, then we can start
9 looking at these other things. And that's in -- the
10 male breast cancer is our opportunity to do so
11 because it's there.

12 **WATER MODELING UPDATE**

13 **MR. STALLARD:** All right, thanks. Morris is
14 about ready to pull it up.
15 **MR. MASLIA:** This is a new version of Power
16 Point, which I have not used. So apparently
17 whatever it is.
18 **MR. ENSMINGER:** Where are we?
19 **MR. STALLARD:** We moved to --
20 **MR. ENSMINGER:** What happened to the updates on
21 the health study?
22 **MS. RUCKART:** We will give that. We'll just
23 have to shift around because Morris wanted Tom to be
24 here for his presentation.
25 **DR. SINKS:** He wanted my moral support, Jerry,

1 and I apologize, but I do have to leave at 10:30,
2 and I hope to be back, probably be at lunch with you
3 here, and then I have a 1:30 to 2:30. Other than
4 that, I'll be here as much as I can.
5 **MR. ENSMINGER:** Okay.
6 **MR. STALLARD:** All right, well, thanks. You
7 can get right to it.
8 **MR. MASLIA:** Good morning. Pleasure again to
9 be here and give you a status update on the water
10 modeling aspect of the health study. Again, these
11 are our members of the staff, both ATSDR,
12 cooperative agreement, interagency agreement staff
13 and contractors that are working on the water
14 modeling aspects of the study.
15 Again, just to review, our primary goal has
16 always been, since we began, is to determine the
17 arrival dates of the contaminants at the wells, the
18 distribution by housing areas, monthly mean
19 concentrations and, of course, confidence in the
20 results.
21 And just to jump ahead, I'll get back to this,
22 but at the current time what we're concentrating on
23 is we do have preliminary results of mean
24 concentrations. This is for obviously the Hadnot
25 Point/Holcomb Boulevard study area, and we're

1 concentrating on doing sensitivity analysis and
2 defining ranges, confidence intervals.
3 Okay, just bring you up to date, of course, we
4 finished Tarawa Terrace back in 2007. Our primary
5 contaminant was tetrachloroethylene, or PCE. At the
6 Hadnot Point area, we've got exposure to -- or wells
7 contaminated by tetrachloroethylene, TCE, which is
8 the primary constituent, as well as benzene in the
9 fuel farm.
10 **MR. ENSMINGER:** What about vinyl chloride?
11 **MR. MASLIA:** Well, that's a degradation
12 product.
13 **MR. ENSMINGER:** I know.
14 **MR. MASLIA:** Okay, I'm talking about source
15 contaminants.
16 **MR. ENSMINGER:** Oh, okay.
17 **MR. MASLIA:** Okay? Because at TT also we
18 degraded tetrachloroethylene. And these are where
19 we can identify what -- where the source is and the
20 primary source contaminant is either
21 tetrachloroethylene, trichloroethylene or benzene.
22 And then -- let's see, where was I? Okay, and the -
23 - primarily the Holcomb Boulevard -- yeah,
24 primarily, at the Holcomb Boulevard was primarily
25 unexposed except for intermittent opening of the

1 booster pump 742 appeared during the spring, early
2 summer months from '72 through about '85, as well as
3 the Wallace Street valve, and we're analyzing for
4 that as well.
5 **MR. ENSMINGER:** Could you repeat that, Morris?
6 I didn't catch all that. Just the last.
7 **MR. MASLIA:** Okay. Holcomb Boulevard is
8 primarily unexposed and -- however, there were
9 intermittent periods when the booster pump right
10 here transferred contaminated Hadnot Point water to
11 Holcomb Boulevard because of water shortages.
12 **MR. PARTAIN:** What time frame?
13 **MR. MASLIA:** 1972. Holcomb Boulevard came on
14 approximately June '72. So it'd be June '72 through
15 1985, and we're looking at late spring, early summer
16 months.
17 **MR. BYRON:** But you said it was the unex --
18 I'm sorry, it's Jeff. You said it was
19 unexposed at that time.
20 **MR. MASLIA:** It was considered unexposed.
21 **MR. BYRON:** Except for intermittent --
22 **MR. MASLIA:** That's correct.
23 **MR. BYRON:** When was the intermittent, that's
24 what I was trying to get at.
25 **MR. MASLIA:** Spring to summer months.

1 **MR. ENSMINGER:** Of every year?
2 **MR. MASLIA:** Well, not necessarily every year.
3 We don't have data for every year but the data that
4 we do have, and I'll get to that in a minute,
5 indicate that it's spring and summer months.
6 **MR. ENSMINGER:** Every time they irrigated the -
7 -
8 **MR. MASLIA:** But not every year. We don't have
9 data for every year.
10 **MR. BYRON:** Not every year but potentially
11 there was exposures in spring and summer months.
12 **MR. MASLIA:** That's correct.
13 **MR. BYRON:** Thank you.
14 **MR. MASLIA:** Can everybody hear me now? Okay.
15 **MR. ENSMINGER:** That way you can stroll around.
16 **MR. MASLIA:** I'll be a moving target, so to
17 speak. And just to recall, what we're defining as
18 our study area currently is what we’re referring to
19 as the Hadnot Point/Holcomb Boulevard study area.
20 That's for water modeling purposes.
21 **MR. BYRON:** Okay, one, real quick, I do got a
22 gripe with that. You got Holcomb Boulevard
23 unexposed, June '72 to '87. Well, that's not true.
24 **MR. ENSMINGER:** They got an asterisk.
25 **MR. BYRON:** They got an asterisk.

1 **MR. ENSMINGER:** Oh, yeah. Intermittent.
2 **MR. BYRON:** But you don't say how much or
3 anything, till the modeling's done, right?
4 **MR. MASLIA:** We're going to quantify that,
5 okay, but again, you have to give us some leeway.
6 If not, you'll have thousand-page reports with
7 footnotes coming out the wazoo, okay, so we have to
8 use some consolidation on that. And compared to
9 Hadnot Point or Tarawa Terrace, Holcomb Boulevard
10 was predominantly unexposed.
11 Okay, so the models that we're using to
12 reconstruct monthly mean concentrations and to look
13 at the variation in the mean monthly concentrations,
14 a ground water model for the whole area here, and
15 then for the contaminant transport, we've got two
16 local areas here: the Hadnot Point industrial area
17 and the Hadnot Point landfill area. And that's
18 where we will compute the monthly mean
19 concentrations within these models, the lengths
20 here. The outer model gives us the flow, ground
21 water flow underneath. So those are just numerical
22 lengths.
23 Okay, and that shows us the local area for the
24 transport, the fate and transport. So we're looking
25 at a volatile organic compounds, primarily

1 trichloroethylene and its degradation products in
2 here, and in the industrial area we've got
3 trichloroethylene and benzene.
4 For the intermittent transfer of finished
5 water, we have intermittent data that shows
6 primarily this booster pump was turned on at times
7 when they needed additional water in the Holcomb
8 Boulevard area and so they used finished water, that
9 means water coming out of the treatment plant, which
10 we acknowledge is contaminated. But then it
11 distributed through the distribution system at
12 Holcomb Boulevard so it gets diluted, and we need to
13 compute what those concentrations are. And I'll get
14 you a status on that in just a minute.
15 And because we don't have data at every time
16 that they turned on the pump during those spring and
17 summer months, we've gone to an accepted
18 probabilistic method called Markov Chain, which uses
19 available information and then gives us the
20 probability of it occurring when we don't have
21 information. And I'll just tell you it's
22 probabilistic. It's like flipping a coin. You got
23 50 percent chance of getting heads and tails but if
24 you flip a coin 50 times, you may get 40 heads and
25 ten tails, but the probability is still 50/50. Same

1 thing here. You may observe five openings actually
2 in the log books but the probabilistic method may
3 give you seven or it may give you four. That's
4 what, and due to lack of information, that's what
5 it -- this is a probabilistic method but it is a
6 well accepted method in the literature. So that's
7 what we're doing, and we've actually completed that.
8 So with that, here's the status of where we
9 are. We've got preliminary results for the fate and
10 transport in the industrial area and we're currently
11 assessing -- it should be sensitivity and
12 uncertainty; in other words, to come up with
13 confidence intervals about the monthly means. Same
14 thing with the, at the treatment plant. We've done
15 that and we've also got preliminary results from the
16 interconnection and currently assessing uncertainty,
17 sensitivity and look at intervals of that the
18 monthly means.
19 With respect to the type of analyses, we've
20 categorized it into four types of analyses that
21 we've done, that we reported on. What we call raw
22 data, for example, the IR sites, insulation
23 restoration sites, the underground storage tank
24 sites, they also should be water quality data in
25 here. In other words, no real interpretation on

1 there; we're just documenting the data that we have
2 as well as the distribution system data that we
3 collected. Interpretive, for example, like
4 geohydrology. It uses data from this but then we do
5 some interpretation of the data. Fate properties
6 that are needed for simulation but that we may do
7 some hand computations on. Groundwater flow so we
8 can see if the model's doing correctly. We use
9 water levels but then do some interpretation on it.
10 Then we actually have simulation, results
11 coming out of simulation models. Well operations
12 reconstructing the historical well operations. Well
13 concentrations, we've used a couple of methods.
14 One's a linear control theory developed by Georgia
15 Tech, a black box method that doesn't trace the
16 particle itself but it does come out with the
17 monthly concentrations, ground water flow, fate and
18 transport at the various locations, where we
19 actually trace the particles through the landfill
20 and through the industrial area, the benzene, both
21 in flow to form L-NAPL as well as dispersive form.
22 And then the water distribution system analysis.
23 These are all models that we've used to reconstruct.
24 And finally we will summarize that in both a
25 summary of findings and executive summary. So with

1 respect to reports to date, we've published a
2 Chapter C report, Chapter B has been scientifically
3 cleared through the CDC Office of the Director.
4 That was as of October. And Chapter A, our plan
5 there is to have a draft for internal review; that
6 is, all the findings, the confidence intervals,
7 conclusions and stuff like that, by February. And
8 that's it. That's my presentation.
9 **MR. ENSMINGER:** Back up.
10 **MR. MASLIA:** Back up?
11 **MR. ENSMINGER:** Your microphone quit working.
12 **MR. MASLIA:** Okay.
13 **MR. ENSMINGER:** Somebody must have kicked the
14 plug over there.
15 **MR. MASLIA:** This slide, Jerry?
16 **MR. ENSMINGER:** The report. The chapters.
17 **MR. MASLIA:** Yeah.
18 **MR. ENSMINGER:** When we did the Tarawa Terrace
19 model --
20 **MR. MASLIA:** Yes.
21 **MR. ENSMINGER:** When you guys did the Tarawa
22 Terrace model.
23 **MR. MASLIA:** Yes.
24 **MR. ENSMINGER:** I would get copies of these
25 reports. Where are they? I have not -- I've seen

1 one.

2 **MR. MASLIA:** Yeah, and that's, correct, that's
3 the one that's been published, okay, Chapter C.
4 Chapter B, as I said, has cleared scientific review.
5 It is not released.

6 **MR. ENSMINGER:** It wasn't released by who?

7 **MR. MASLIA:** On that, I will turn that over
8 to Dr. Sinks.

9 **DR. SINKS:** So Chapter B, we've got to come up
10 with a media plan and a response. And we have to
11 send it up through the office of director of the
12 department. But I expect we'll get it out in
13 December. Could be January. But it's pretty much
14 done.

15 **MR. ENSMINGER:** It was done, scientifically
16 cleared in October. Well, what kind of media plan
17 you talking about?

18 **DR. SINKS:** Everything released on Camp Lejeune
19 we've got to come up with a plan that we demonstrate
20 how we're going to put the information out, who's it
21 going to go to, how we're going to notify the CAP,
22 congressional staffers, provide it to the Navy and
23 that goes up, so that's what we're doing. We also
24 do that withVieques, with a large number of things
25 that we do. It’s standard procedure for us. And

1 that's what it's going to -- where it is. So it's
2 going to be, it's going to be a couple months,
3 probably. Could be sooner.
4 It's Chap -- you know, it's like it says, it's
5 geohydrologic framework data. It's not going to be
6 providing -- the release of this chapter is not
7 going to impact at all what we're doing with using
8 Morris's data to start the analysis to move the epi
9 data forward because what we really need are those
10 monthly estimates, which we already have estimates
11 of the monthly data, and it's gone to the
12 epidemiologists who are starting to use it. So the
13 real time frame, I think, in terms of real relevance
14 for getting information that I know Jeff has been
15 asking for for three years is, you know, going to be
16 coming forward this 2012 in terms of using Morris's
17 data so that we can interpret the epi.
18 **MR. ENSMINGER:** Well, I remember seeing all the
19 data on the chlorinated solvents contamination sites
20 and areas. Where is the data on the petroleum, the
21 fuel?
22 **MR. MASLIA:** That, that was originally supposed
23 to be in the Chapter B report. I have had to
24 reassess within the last couple of weeks exactly how
25 we're going to put out the remaining chapter

1 reports, if, in fact, we'll do chapter reports, or
2 we'll do the way we did it in our Toms River, where
3 we had a summary report and some supplemental
4 information, a series of maps and stuff like that.
5 We have a rather lengthy scientific -- I'm just
6 saying it's a lengthy, rigorous scientific review
7 process, both internal and external, as well as a
8 release policy for all reports that Dr. Sinks
9 reported on.
10 Now, if I put the effort into tracking each one
11 of these reports as they go through the chain, I
12 will never get the Chapter A. I mean, not in the
13 next couple of years. And so I, as with my
14 supervisors, are looking at to see what we can do to
15 still get all of the information, still provide the
16 information. But we may not be able to do Chapters
17 A through M. We may just be able to do Chapter A
18 and take the approach, and I can bring you a copy if
19 you've never seen it, what we did with Toms River.
20 **DR. SINKS:** And Jerry, just, Morris and I had
21 lunch and talked about this yesterday. He didn't
22 buy me lunch, but... And he was discussing this.
23 You know, from my perspective, we want to get this
24 information out as soon as we possibly can. So if
25 Morris thinks it's better to bundle chapters, I

1 don't know what you got, A through whatever --

2 **MR. MASLIA:** Right.

3 **DR. SINKS:** -- into one report, because then it
4 only goes through peer review once, it only goes
5 through science clearance once rather than five
6 different times, I'm fully supportive of that. In
7 fact I would encourage it 'cause I think we really
8 probably need to get the monthly information out at
9 least, you know, at the same time as the epi data.

10 **MR. MASLIA:** Absolutely.

11 **DR. SINKS:** So yeah, so I'm leaving things up
12 to Morris but I'm encouraging him --

13 **MR. MASLIA:** And we'll make that decision, I
14 think, within the next couple of weeks. There's
15 some other issues that we need to consider as well.
16 But it has -- I would rather concentrate on making
17 sure I'm satisfied and comfortable, as well as
18 everybody internally, with the technical aspects of
19 it, the modeling, all those issues and not
20 concentrate on chasing reports through review.

21 At this point, just to give you an example, the
22 Chapter C and Chapter B have taken over a year from
23 submitting the draft to getting it cleared. Okay?
24 And as you said, these are not the controversial
25 reports, okay.

1 **MR. STALLARD:** Mary has a question.
2 **MS. BLAKELY:** I don't know how to put this
3 without being rude but I feel an influence in why
4 this is being done this way, that is interfering
5 with our cooperation between the CAP and the ATSDR.
6 I feel an influence here that's making me not trust
7 you at this moment, and I want that rectified
8 because you are working for us. And I don't care
9 who's paying you.
10 **DR. SINKS:** So let me just respond. Mary, I'm
11 sorry, I have to go but I'll be back. You can be
12 un-polite to me when I get back, or not.
13 But I think we're very conscious of looking at
14 ways to streamline our getting the information out.
15 The majority of what Morris is talking about, in
16 terms of clearance for these chapters, have been
17 really the way in which they have put together a
18 tremendous amount of work. And trying to be
19 deliberative in terms of the scientific review has
20 nothing to do with, you know, the department wanting
21 to know how we're informing the media. It has
22 nothing to do with it. It's the fact that, you
23 know, Morris wants to put a lot of information
24 together, these are -- you've seen the chapters.
25 They go through peer review, we get comment for

1 accuracy from, I guess, from the Navy, and we then
2 have to respond to those and, what I think Morris is
3 come to conclude himself, is that that process,
4 because he's doing it chapter by chapter, like he
5 did with Tarawa Terrace, is kind of slowing us down.
6 So we're very enthusiastic about Morris wanting to
7 bundle those things up. We can try to streamline as
8 much as we can within our Office of the Director and
9 within ATSDR, but we do have obligations to inform
10 the department, to let our superiors know when
11 things are coming out, nobody likes surprises, and
12 that's something we have to do. We have to do that.
13 It's not Tarawa Terr -- I'm sorry, Camp Lejeune.
14 It's a wide variety of what we do and they just,
15 they want to know.
16 And, you know, so it's not personal to Camp
17 Lejeune. It's just these are people that want to
18 know what's going on and when you have a high
19 profile project like Camp Lejeune and everything we
20 do ends up in the media, it's not like we can go
21 under the rug because everything does end up in the
22 media. Every time we send something out, we get
23 media interest, which I'm enthusiastic about but,
24 you know, we have an obligation to let our people
25 upstream know these things are coming and they want

1 to know about it.

2 **MR. MASLIA:** Well, I also have -- Jerry, just a

3 minute. I also have to be, I'll take

4 responsibility, cognizant of the fact that, as I

5 showed you, the people, it's not just ATSDR people.

6 We've got cooperative agreement people, we've got

7 interagency agreement and contractors. If I let the

8 report, even in the review stage, go beyond the

9 contract or beyond -- I can't go back to them and

10 say, well, we need to fix it up. There's a comment

11 here. Can you change a figure, can you change this?

12 So I'm looking at that as well.

13 **MR. ENSMINGER:** Well, but then, you know, all

14 this stuff didn't happen with the Tarawa Terrace

15 report.

16 **MR. MASLIA:** You're absolutely correct.

17 **MR. ENSMINGER:** So what the hell's going on?

18 Why is this happening with this one?

19 **MR. MASLIA:** First of all, there is

20 substantially more data --

21 **DR. SINKS:** Morris, Morris, let me just, I've

22 got to, I just...

23 **MR. MASLIA:** Go ahead.

24 **DR. SINKS:** So in the past three years there

25 have been congressional hearings held on ATSDR, on a

1 wide variety of things including Camp Lejeune.
2 There have been increased interest in the department
3 on what we do, and because of that scrutiny
4 between -- because of GAO audits and various things,
5 there's more scrutiny on us. That wasn't occurring
6 when Tarawa Terrace happened. So those are things
7 we have to live with, those are a part of our doing
8 business. And that's just the reality of it.
9 **MR. ENSMINGER:** So the scrutiny, the scrutiny
10 should not slow you down.
11 **DR. SINKS:** I totally agree.
12 **MR. ENSMINGER:** I mean, --
13 **DR. SINKS:** We are not -- believe me, you and I
14 are not arguing about this. We very much want to
15 move forward.
16 **MR. ENSMINGER:** So somebody internally?
17 **DR. SINKS:** Let me -- I apologize. I have to
18 go but if you want to ask those types of questions
19 that aren't really for Morris to answer, hold
20 them -- I'll be happy to talk to you when I get
21 back.
22 **MR. ENSMINGER:** All right.
23 **MR. MASLIA:** Any technical or...
24 **MR. ENSMINGER:** Yeah, I got a quick technical
25 question, too.

1 **MR. MASLIA:** Yeah. Yes.

2 **MR. ENSMINGER:** On the fuel farm.

3 **MR. MASLIA:** Yes.

4 **MR. ENSMINGER:** You included Building 1100 or
5 1115 in there.

6 **MR. MASLIA:** Yes. Wherever, wherever we
7 have --

8 **MR. ENSMINGER:** The fleet service and refueling
9 point?

10 **MR. MASLIA:** -- on sources, yes, yes. At the
11 fuel farm -- let me just go back for a second.

12 **MR. ENSMINGER:** I mean, I know they tried to
13 rathole the fleet service and refueling point at
14 Building 1100 in and under the fuel farm, which was
15 illegal.

16 **MR. MASLIA:** The benzene's a complex issue in
17 terms of modeling. And the reason it is is you've
18 got two forms of benzene, and we're modeling both of
19 them. One is L-NAPL, which is light non-aqueous --
20 that's floating, okay? So that does include
21 wherever that happens so yes, that does include and
22 so we're having to use, actually Georgia Tech is
23 doing that for us, they are using a model that takes
24 into account where all this floating product is, and
25 then through fate and transport migrates it through

1 the, down to the ground water and into whatever
2 wells are pumping at the time. So that takes that
3 into account. The other one is over by, and you
4 can't see it, it's too small here, but Well 60 --
5 where Well 608 is, which is down in this area.
6 Right over there.
7 **MR. ENSMINGER:** By building 1601.
8 **MR. MASLIA:** Yeah. Yeah, right. There is no
9 floating product there that's been documented but
10 there's benzene so that means it's dispersive. So
11 we have a different model, the same one that we're
12 using for TCE, to look at that moving in a
13 dispersive manner. So we're using, wherever we have
14 documentation for sources, that's in the model. And
15 so yeah.
16 **MR. PARTAIN:** Morris.
17 **MR. MASLIA:** Yes.
18 **MR. PARTAIN:** What is the -- any updates on the
19 total amount of fuel lost, any discoveries or
20 updates from the Marine Corps of how much fuel that
21 they admit to lose or have you been able to model or
22 idea?
23 **MR. MASLIA:** Again, the different values that
24 either appear in some of the UST files or that the
25 Marine Corps provided us during a meeting in 2010,

1 again, we use those just as comparison values. We
2 will also come out with some values. Due to the
3 work of Georgia Tech, they have come out with some
4 values. I'd really not rather go into them at this
5 point only because they've not gone through peer
6 review, and we're live here to the public. But
7 they're in the ballpark, and also they're modeling.
8 Modeling, you get mass moving through the ground
9 water system. So that'll all be accounted for in
10 whatever form we publish information in at the end.
11 It will be discussed in the final report.
12 **MR. ENSMINGER:** Well, we only have one actual
13 tap water reading that shows benzene. Because
14 before, they weren't testing for it.
15 **MR. MASLIA:** Right.
16 **MR. ENSMINGER:** They were pretty slick. But
17 anyhow, the one reading that -- well, two readings
18 that we got, one is 2500 parts per billion and the
19 other one is 38. And that's November and December
20 of 1985.
21 **MR. MASLIA:** Right.
22 **MR. ENSMINGER:** Of course, the laboratory
23 analytical result sheets are mysteriously missing
24 for those two samples but we have them on a chart
25 that was supposedly submitted to the State. That

1 was a year after all of those benzene contaminated
2 wells or wells close to any of the large fuel spills
3 had been taken off-line. Where in the hell did that
4 2500 part per billion reading come from?
5 **MR. MASLIA:** I don't know. It's at this point
6 still unexplained to us. All I will tell you is,
7 again, our process is we don't model the data point
8 itself, and this goes for any data point, whether
9 it's TCE or PCE or whatever, we use it partially to
10 look at how the model's calibrated, but we also
11 assess the reliability of that data point as well.
12 And what you have to remember also is that Hadnot
13 Point, unlike Tarawa Terrace where we only had a
14 dozen wells, at Hadnot Point at any one time you had
15 probably a minimum of 30 wells mixing. So you can
16 back out of 2500 to get a mixed value of 2500. If
17 you back out in what a single well had to be to give
18 you that, it would be well, well, well above the
19 capacity of that well or any number of wells to pump
20 that much water. So that's -- the data point itself
21 is in our Chapter C report because we found nothing
22 to discredit that sample. And we did get the JTC
23 reports from EPA.
24 **MR. ENSMINGER:** Oh, you did?
25 **MR. MASLIA:** Yes, yes.

1 **MR. ENSMINGER:** Oh, you've got those actual lab
2 results now?
3 **MR. MASLIA:** Yes. Yes.
4 **MR. BYRON:** I told you that, Jerry.
5 **MR. ENSMINGER:** No. I never heard that.
6 **MR. MASLIA:** Yes, yes. They sent them, they
7 sent --
8 **MR. PARTAIN:** May we a get a copy of them,
9 please?
10 **MR. MASLIA:** They sent them to, I think, I
11 guess to Dr. Portier 'cause he wrote the letter.
12 **MR. ENSMINGER:** I would like a copy of it.
13 **MR. MASLIA:** And they found all, or they sent
14 us all the reports. It does not shed any new light
15 on that reading other than that it is a valid sample
16 but it's questionable. That's all it says.
17 **MR. ENSMINGER:** Well, I want a copy of those.
18 **MR. MASLIA:** Okay.
19 **MR. ENSMINGER:** Today.
20 **MR. PARTAIN:** Please.
21 **MR. AKERS:** How far back do you have hard data?
22 Hard data being, in my mind, the kind of sample
23 testing with these results? 'Cause up 'til now,
24 being the newest member, I'm assuming that most of
25 this is being done statistically.

1 **MR. MASLIA:** No. Actually, and just to inform
2 you since you are new, there are at times only one
3 sample point. There may be two or three sample
4 points while the wells were operating, and that's
5 it. And what makes it even more challenging and
6 difficult, there is no information whatsoever on the
7 QA/QC or the methodology that was used to obtain
8 them.
9 **MR. AKERS:** So the first hard data using my
10 definition would be in '82 then?
11 **MR. MASLIA:** We've got some '82 data but for
12 the Hadnot Point and Holcomb -- Hadnot Point wells,
13 really, it's November, December of '84 -- yeah, of
14 '84.
15 **MR. AKERS:** Samples were pulled, tested?
16 **MR. ENSMINGER:** That's well data.
17 **MR. MASLIA:** That's supply, supply well.
18 Supply well data.
19 **MR. ENSMINGER:** You got a July '84.
20 **MR. MASLIA:** Yes, July '84 we did that.
21 **MR. ENSMINGER:** Well 602.
22 **MR. MASLIA:** Yes, yes.
23 **MR. ENSMINGER:** But you had tap water results,
24 matter of fact there was one in October that was a
25 composite sample that they took all eight water

1 systems that showed TCE at different well -- and
2 PCE. But actual quantification of the tap water was
3 the Grainger in '82.
4 **MR. MASLIA:** That's correct.
5 **MR. ENSMINGER:** August of '82.
6 **MR. MASLIA:** That's correct.
7 **MR. ENSMINGER:** You had the Army environmental
8 hygiene team, who was doing the TTHM testing, where
9 they identified other chlorinated hydrocarbons that
10 were interfering with their testing on those, but
11 nobody went back and found out what it was and why
12 or how much of it until Grainger did it in August of
13 '82.
14 **MR. BYRON:** It was in '80 in August. The Army
15 came in in '80.
16 **MR. MASLIA:** That's correct.
17 **MR. ENSMINGER:** Oh.
18 **MR. STALLARD:** All right, is there anything
19 else for Morris?
20 **MR. PARTAIN:** One thing, when you mentioned the
21 methodology, you're not sure what the methods they
22 used. Are you talking about the sampling methods
23 or...
24 **MR. MASLIA:** Well, for example when you go out
25 now to sample, you will either cite some EPA method,

1 you'll also know what QA, you know, you'll have it,
2 the chain of custody sheet that goes along with it,
3 as you know by looking at the CLW documents and
4 other documents, those are not always along after
5 Grainger -- I mean, not Grainger, the JTC lab
6 reports, those are a little more formalized and we
7 do have information on that. We've relied on that.
8 But that early, what I call early information or
9 early data, they're very sporadic.
10 **MR. PARTAIN:** You're talking about the Army lab
11 and Grainger lab?
12 **MR. MASLIA:** Any of the sampling data that
13 we're taking. They just don't --
14 **MR. PARTAIN:** 'Cause some of them, I have to go
15 back and look, but some mention, like, EPA Method
16 601 or something like that.
17 **MR. MASLIA:** Yeah, they'll mention the method
18 and things like that. But for example like that
19 2500 parts per billion reading at the treatment
20 plant, there's no other information with it. Okay,
21 and so it is what it is. It's recorded as a data
22 point in the data report and whether, you know, we
23 can say something using the model or not, it's still
24 up in the air. We're still working on that.
25 **MR. PARTAIN:** I'm just curious 'cause, I mean,

1 there are some sealed documents from Grainger, from
2 Hargett(ph) talking to Betz, saying this is the way
3 you're going to do your samples.

4 **MR. MASLIA:** Right.

5 **MR. PARTAIN:** And is that what you're lacking
6 or...

7 **MR. MASLIA:** No, no, that we were aware of.
8 But when you have, like, say, one or two data points
9 that either may or may not appear different,
10 depending your point of view, we don't have a whole
11 history on, you know, the --

12 **MR. PARTAIN:** I'm not worried about the data
13 points, I'm just, I thought I heard you questioning
14 whether the data points were accurate because you
15 couldn't tell how they came to that point.

16 **MR. MASLIA:** Well, we have what is documented
17 there and that's all. It's not documented like it's
18 documented today.

19 **MR. ENSMINGER:** What about, what about
20 forensics on petroleum-related products, on fuels?
21 Have you come up with any kind of method or, to age
22 this stuff on how old it is, how long it's been
23 there?

24 **MR. MASLIA:** We started, I know there's some
25 lead, lead data out there. We started to look at

1 that 'cause that could give you some age on it,
2 obviously, when they took the lead out. But again,
3 we've just -- I've just had to make some decisions
4 as to whether we're going to try to complete the
5 project or keep analyzing forever. And I've made
6 the decision it's better to move the -- we've
7 already been able to simulate benzene. Benzene
8 we -- and I'm satisfied in the people, Georgia Tech
9 and all that, we have confidence in the results.
10 What we really are doing now is looking at the
11 uncertainty bounds. You know, at Tarawa Terrace, we
12 had a factor of about two to three, basically,
13 around the mean, in other words, and that's
14 documented in our reports. Obviously, I've said
15 this from the beginning, it's going to be wider than
16 that at Hadnot Point, there's no question about
17 that. It's a much more complex system, many more
18 wells pumping, but we need to be able to document
19 that and that's what we're putting our effort into
20 now. As Tom said, we do have preliminary results,
21 monthly means. But to be able to put them into a
22 report and release them, we need to be able to
23 quantify the confidence that we have in them, both
24 for our sake and for the epi people. And that's
25 what we're concentrating on at the present time.

1 **MR. STALLARD:** All right, thanks, Morris.
2 Mary, you have a question?
3 **MS. BLAKELY:** Yeah, Morris, I want to make sure
4 that I'm clear on what you're saying. Are you going
5 to minimalize the benzene, then? Or I don't
6 understand.
7 **MR. MASLIA:** No. We're just not going to -- we
8 have sufficient information in terms of source, in
9 terms of different building operations and things
10 like that, and we can use that. Obviously, if you
11 do even more detailed analyses, like I say, look at
12 lead contamination around the area and stuff like
13 that, you may assume lead came from, one assumption
14 is, from the gasoline at the time it doesn't contain
15 lead in it. That may be another indicator of that.
16 And all I'm telling you is that would be another
17 nice bell or whistle to have on there.
18 **MS. BLAKELY:** Okay.
19 **MR. MASLIA:** But in judging the amount of time
20 I have to -- and when we want to provide the results
21 of the epidemiologists and stuff, there are certain
22 things that I feel are more or less critical and
23 that would be less critical to have and so we're not
24 going to go down that route. We're comfortable with
25 the benzene results that we have from the simulation

1 models that we've done to date.
2 **MS. BLAKELY:** I'm just concerned because the
3 Marine Corps, about the lead, they said that the
4 lead was from old piping, plumbing.
5 **MR. MASLIA:** Right.
6 **MS. BLAKELY:** And so that's not going to be --
7 **MR. ENSMINGER:** It's a different kind of lead,
8 too.
9 **MS. BLAKELY:** Right. I mean they're not,
10 you're not going to marginalize the benzene by, you
11 know, stating that the lead --
12 **MR. MASLIA:** We're not discussing lead in our
13 reports.
14 **MS. BLAKELY:** Okay.
15 **MR. MASLIA:** Okay? My point was there is lead
16 data in the sampling data.
17 **MR. BYRON:** Morris, this is Jeff, when did
18 unleaded fuel come out?
19 **MR. ENSMINGER:** '74, '75?
20 **MR. MASLIA:** I think in the early '80s.
21 **MR. STALLARD:** All right. That's it for water
22 modeling. Thank you, Morris.
23 **Q&A SESSION WITH THE VA**
24 **MR. STALLARD:** All right. Now we're going to
25 try to make sense of our agenda that's been moved

1 around.

2 **MS. RUCKART:** Let's go with the VA.

3 **MR. STALLARD:** Let's go with the VA. Are you

4 all here all day, by the way? If you have flights.

5 **MS. DICK:** No.

6 **MR. SAMPSEL:** We can go after lunch.

7 **MR. STALLARD:** You do? Well then now would be

8 an appropriate time for --

9 **MS. DICK:** That's fine.

10 **MR. STALLARD:** -- question and answer period.

11 Do you have anything to share or is this going to be

12 an open forum? I guess we're going to find that

13 out.

14 **MR. SAMPSEL:** I can make a little statement.

15 **MR. STALLARD:** Yeah, please do.

16 **MR. SAMPSEL:** I work for the compensation

17 service, and I'm not a scientist, I don't know all

18 the scientific details of this. I basically, I'm

19 aware of the claims process and I can explain any

20 questions you have about that. As far as the

21 numbers go, Brad Flohr's numbers are pretty much

22 still the same. I think we're getting about one to

23 200 additional claims each month. And the claims

24 are all consolidated at the Louisville regional

25 office. I can briefly explain the claims process if

1 anyone would like to hear about it.
2 Basically the claims are forwarded to
3 Louisville. We have a very liberal approach to
4 evaluating the evidence and the key is that once
5 somebody establishes that they were at Camp Lejeune,
6 then we'll -- and that they have a disease that's
7 associated with one of these chemicals that were in
8 the water, then we will provide them with a VA
9 examination. And a VA exam is done in the regional
10 office where the claim files are claimed.
11 And so I wrote a training letter a while back.
12 It's been modified over and over based on input from
13 your group and the DoD and so on. And that training
14 letter was provided to the raters in the Louisville
15 office, and there's a section in there that goes out
16 to any examiner that does an exam and explains to
17 them about Camp Lejeune, gives them a history.
18 There's several appendixes in the training
19 letter that go to them. One of them is an
20 explanation of what diseases have been associated
21 scientifically with each one of these chemicals.
22 And also I included websites for the American
23 Chemical Association, the ATSDR and the EPA, their
24 websites explaining the chemicals and what potential
25 harmful health effects are associated with them. So

1 every examiner has that when they go to make their
2 examination. And I might add that just last week we
3 changed the letter again because the EPA determined
4 that TCE --
5 **MR. ENSMINGER:** Okay, good.
6 **MR. SAMPSEL:** -- is a likely carcinogen from
7 all routes of exposure. So that was added. Prior
8 to that in the original training letter there was
9 only a draft related to that.
10 **MR. PARTAIN:** Can we get a copy of the updated
11 letter, Mr. -- James?
12 **MR. SAMPSEL:** Yeah, I don't have it with me. I
13 can certainly send it to you. Basically there have
14 been modifications to the letter also that we have
15 input from DoD, the Department of Justice, a number
16 of them.
17 **MR. PARTAIN:** Is that negative input or what
18 kind of?
19 **MR. SAMPSEL:** Well, everybody has a different
20 approach here. And I tried to, you know, we tried
21 to balance it out. I will definitely get to you --
22 if Brad doesn't -- Jeff, has Brad ever said that he
23 shouldn't have a copy of the training letter?
24 **MR. BYRON:** Not that I know. I don't
25 think we've asked for it.

1 **MS. RUCKART:** No, no, Brad said last time that
2 he would provide it but --
3 **MR. SAMPSEL:** Well, I'll send it.
4 **MS. RUCKART:** -- he has not.
5 **MR. SAMPSEL:** There's no problem. I don't
6 think that's any problem. It's become essentially a
7 public document. We trained the raters long ago on
8 this and the modifications really are...
9 **MS. RUCKART:** Well, you can send it to me and I
10 can just forward out to the group.
11 **MR. SAMPSEL:** Okay. Sure enough. You know, I
12 know you're concerned about why the grant rate is
13 approximately 25 percent favorable decisions. I
14 know you're concerned about why is that? Why isn't
15 it more? I can tell you some of the reasons that
16 claims are denied. Number one, a number of claims
17 come in and there's no evidence that the claimant,
18 that the veteran, was at Camp Lejeune. That's one
19 reason. Another one is that they don't really have
20 a diagnosis of anything. Some veterans will file a
21 claim thinking they have a disease but there's
22 really no evidence for it.
23 (Loud electrical interference noise.)
24 **MR. PARTAIN:** Telephone.
25 **MR. SAMPSEL:** I don't know what that was.

1 The other reason -- another reason would be
2 that the disease they have is not one of them that's
3 been associated by one of these scientific
4 organizations with the chemical, the chemicals that
5 were in the water at Camp Lejeune.
6 And then probably the main reason for the
7 majority that are not granted has to do with the
8 evaluation by the medical examiner that is located
9 in the medical center at the regional office where
10 the claim is filed, Cleveland or New York or
11 wherever. They determine, based on the evidence,
12 that there's not an association between the
13 claimant's current disease and service at Camp
14 Lejeune.
15 But they have a very liberal standard, I want
16 to emphasize that. The standard is at least as
17 likely as not. If they think, you know, based on
18 their scientific knowledge and the information that
19 we're giving them in the training letter, if they
20 determine that it's at least as likely as not that
21 that disease is related to exposure at Camp Lejeune,
22 then they state that and then when it comes back to
23 the regional office, they will grant a service
24 connection. So but unless they do that, the raters
25 and the compensation service can't really go forward

1 as a grant. So any questions?

2 **MR. ENSMINGER:** Yeah, I do. We had a specific
3 case this past summer, a gentleman in Oklahoma. His
4 name was Gerald Cottham (ph); he's now deceased.
5 But we were trying to get him his veteran's benefits
6 because he was definitely a Lejeune veteran. It was
7 proven, it was, you know, he spent several years
8 there at Hadnot Point.

9 He went to the VA, he had his physical locally
10 out there in Oklahoma, and his stuff was transferred
11 to Louisville and they denied him his VA benefits
12 because the physical, the physician that did his
13 physical back in Oklahoma determined that his
14 exposure to the chemicals at Camp Lejeune could not
15 be associated with kidney cancer. I just about fell
16 out of my chair when I read it. That was crazy. I
17 mean, that's why PCE was just declared a known human
18 carcinogen: renal cell carcinoma.

19 **MR. SAMPSEL:** Right. Right.

20 **MR. ENSMINGER:** And, but, you know, that's just
21 one case.

22 **MR. SAMPSEL:** Well, I can tell you this --

23 **MR. ENSMINGER:** Are you guys taking action
24 against people like this that do this, these stupid,
25 make these stupid evaluations?

1 **MR. SAMPSEL:** Well, that's in the realm of the
2 Veterans Health Administration. I mean, they --
3 **MR. ENSMINGER:** She said (indiscernible) --
4 **MR. SAMPSEL:** I don't want to jump on her but I
5 will tell you this: there is an appeal process.
6 **MR. ENSMINGER:** Well, we, well I took this to
7 the Senate Veterans' Affairs Committee, and he got
8 straightened out very quickly because this guy, like
9 I said, he was dying, okay. And he wanted to
10 know --
11 **MR. SAMPSEL:** You said he was already deceased;
12 is that right?
13 **MR. ENSMINGER:** Yes.
14 **MR. PARTAIN:** His widow emailed me the other
15 night. They still have not received payment. But
16 they've been told --
17 **MR. SAMPSEL:** His spouse? There are spousal
18 benefits if he can be service connected.
19 **MR. PARTAIN:** Well, they said it was. We got
20 an email saying that they had granted it, but as of
21 two months later, she has yet to receive any money.
22 **MR. SAMPSEL:** Well, if you give me the claim
23 number, I can expedite it. I can try to expedite
24 it.
25 **MR. ENSMINGER:** You have a card?

1 **MR. SAMPSEL:** I don't have a card but I can
2 give you my email address.
3 **MR. PARTAIN:** Okay, we’ll get that at the
4 break.
5 **MR. ENSMINGER:** Yeah, we'll get it from you at
6 the break. Go ahead.
7 **MR. SAMPSEL:** Okay. Well, anyway that's the
8 basics. So there’s an appeal process, and Brad had
9 a meeting with BVA. BVA's aware of the training
10 letter that they've read it -- that's the Board of
11 Veteran's Appeals. You know, each regional office
12 has an appeal process within their own office for,
13 we call it the decision review officers. And if
14 they can't resolve it, it'll go to BVA. And
15 everybody has the information so hopefully there's
16 consistency but, you know, we can't monitor
17 everybody, every examiner. At any rate --
18 **MR. ENSMINGER:** In your training letter, have
19 you dropped all the references from the NRC report
20 out of your training letter?
21 **MR. SAMPSEL:** The National Research Council,
22 you mean?
23 **MR. ENSMINGER:** Yeah.
24 **MR. SAMPSEL:** Well, we haven't dropped all the
25 references. They identified 13 diseases.

1 **MR. ENSMINGER:** Yeah, I know they did but then
2 they said -- they pooh-poohed all of them, you know.
3 **MR. SAMPSEL:** Well, now, that, that's been
4 minimized. The original training letter, trying to
5 balance what they said in the National Research
6 Council was with ATSDR and that's been modified
7 based on input from everyone, so that's pretty
8 minimal right now.
9 **MR. ENSMINGER:** Okay.
10 **MR. SAMPSEL:** In other words, whatever they
11 said is not going to influence -- is not a major
12 influence on these examiners.
13 **MR. ENSMINGER:** I don't even see why you
14 reference them.
15 **MR. SAMPSEL:** Well, that's because somebody
16 determined that they should do a study and since
17 they did the study --
18 **MR. ENSMINGER:** That wasn't a study. That was
19 a literature review and it was funded by, and the
20 charge for the committee was written by, the
21 perpetrator of the contamination.
22 **MR. SAMPSEL:** I know the Navy funded it.
23 **MR. ENSMINGER:** Yeah, and they wrote the charge
24 for the committee. And my view of the NRC is that
25 they're nothing more than scientific hired guns that

1 will write a report for the highest bidder. And
2 that's the damn truth, okay.
3 **MR. SAMPSEL:** Well, I've had contact with them
4 in the national research, the national academies
5 through the institute of medicine. I deal with
6 Agent Orange issues a lot, and they do, you know,
7 they do updated studies every two years on Agent
8 Orange exposure, and their approach is the same as
9 we just described. They'll review other studies.
10 So, you know, VA pays them for that and they come up
11 with things that are difficult for the VA so I think
12 they're somewhat independent, at least in my mind.
13 I don’t think they're necessarily hired guns for the
14 Navy. But, you know.
15 **MR. ENSMINGER:** No, they're hired guns for
16 anybody that's got the money in hand.
17 **MR. STALLARD:** All right. We're not going to
18 talk about --
19 **MR. PARTAIN:** James, I do have a question that
20 came in from an email from a member that, I'm going
21 to go ahead and ask. They write: (reading) Since
22 many former Marines and family members are affected
23 with multiple ailments related to the water exposure
24 suffer from immune suppression, neurological
25 autoimmune defects, which have been linked to the

1 contaminants, how does the VA respond to these
2 types? You know, the non-cancer-type claims.
3 **MR. ENSMINGER:** Autoimmune disease.
4 **MR. SAMPSEL:** Well, they're dealt with on a
5 case-by-case basis and the examiners, examiners have
6 the websites that they -- each of the scientific
7 organizations put out on the effects, the health
8 effects, of each of these chemicals. So if the
9 examiner determines that, you know, that that can be
10 associated, then they'll put that in their report
11 and they'll get service connected. But I think
12 mostly it's cancers that are the concerns.
13 **MR. PARTAIN:** Like, for example TCE is linked
14 to a Parkinson's-like syndrome.
15 **MR. SAMPSEL:** I think Parkinson's is listed on
16 several of the --
17 **MR. PARTAIN:** It is?
18 **MR. SAMPSEL:** Yeah, several of the websites.
19 If you get the training letter, you can go to those
20 websites and you can check them. There's websites
21 for American Chemical Association or American
22 Chemical Society, ATSDR's website, which you've
23 probably already seen, and the EPA sites.
24 **MR. ENSMINGER:** Well, I don't --
25 **MR. PARTAIN:** All right, another question.

1 **MR. BYRON:** I'm sorry but the EPA has been
2 aware of this since '82. I don't got too much faith
3 in them.
4 **MR. SAMPSEL:** Well, they just declared TCE to
5 be a --
6 **MR. BYRON:** Well, they did that after many,
7 many years.
8 **MR. ENSMINGER:** Two decades.
9 **MR. BYRON:** -- of knowing about Camp Lejeune.
10 And as far as the government's concerned, it only
11 took them 15 years to tell me that it happened. So.
12 **MR. PARTAIN:** Going back to the VA question
13 here, we have identified, in a prior CAP meeting
14 there was a male breast cancer study at ^. It was a
15 male breast cancer report, it was called the Britton
16 Study, where they identified 648 men who were in the
17 service, we don't know what service, with male
18 breast cancer.
19 With working with -- through ATSDR, what
20 they're going to do for the male breast cancer
21 study, are you going to go back and try and research
22 another report, maybe find those people and cross-
23 reference them with your database and make sure
24 everything's counted? I mean, that's quite a few
25 men.

1 **MR. SAMPSEL:** That might be more for VHA, the
2 Veterans Health Administration, than us. I don't
3 know whether, you know, based on the outcome of
4 these various studies, maybe there'll be a re-
5 evaluation of some of these claims, I don't know. I
6 can't say right, right now.
7 **MR. PARTAIN:** I'm more worried about
8 identifying these men to see whether they were
9 Marines at Lejeune for purposes of what ATSDR's
10 getting ready to do.
11 **MR. SAMPSEL:** Yeah, that's not something
12 compensation service can deal with.
13 **MR. PARTAIN:** Okay.
14 **MR. SAMPSEL:** Maybe Wendi can address that; I
15 don't know for sure.
16 **MR. STALLARD:** Or be prepared to come back and
17 address it for the next meeting.
18 **MR. SAMPSEL:** I can remember a while back
19 seeing -- I learned about this male breast cancer
20 thing, there was a CNN report several years ago, I
21 believe.
22 **MR. PARTAIN:** Yeah, September of 2005.
23 **MR. SAMPSEL:** That's when I first heard about
24 it. I thought it was pretty unusual. So, but...
25 **MR. STALLARD:** He was on it.

1 **MR. PARTAIN:** Yeah, I was on it.

2 **MR. SAMPSEL:** Oh, is that right?

3 **MR. PARTAIN:** And we're getting of the group
4 that we have, of the group that we have, I believe
5 three have been awarded VA benefits and there’s
6 several that have been turned down. And there's no
7 rhyme or reason ‘cause we got a guy who was exposed
8 in the 1950s, 1960s, and 1980s awarded, and yet
9 we're having men, same exposures, same time periods,
10 being denied. And I don't understand that because I
11 mean, it's pretty clear.

12 **MR. SAMPSEL:** Yeah, well, I can't explain that.
13 That's up to the medical examiner. Compensation
14 certainly has to go with the medical examiners, but
15 like I said, the appeals process can level some of
16 that out.

17 **MR. PARTAIN:** Yeah, they're in appeal right
18 now. And we're following them, so.

19 **MR. SAMPSEL:** Yeah, I think that's important.

20 **MR. PARTAIN:** Yeah. And the ones that I,
21 there’s one in Texas that was denied and there’s one
22 in Florida that I'm aware was denied, and they're
23 both in appeal right now. And we're following them
24 to see what happens. The latest one was out of
25 Michigan. He had been denied several times and then

1 finally he was awarded.

2 **MR. STALLARD:** Progress. Do we have any other
3 questions for our colleagues from the VA? And we
4 thank them for making the trip down here and being
5 new and seen and joining the team.

6 **MR. ENSMINGER:** Does Wendi --

7 **MR. SAMPSEL:** Would you like to say anything,
8 Wendi?

9 **MS. DICK:** I'm brand new to the VA. I work in
10 the office of public health. I work with Dr. Terry
11 Walters so I will be on the panel from now on in the
12 place of Dr. Walters.

13 **MR. ENSMINGER:** We continue to work on the
14 legislation for the two bills for the veterans and
15 their family members, and I'll tell you right up
16 front, my goal is that this will eventually become a
17 presumptive.

18 **MR. SAMPSEL:** I understand that's the goal.
19 But I don't know. I think VA's position is there's
20 not enough -- there's so many studies going on,
21 there's not enough information right now to make
22 that presumption. But we do have a very liberal
23 approach to examinations and the service connection.

24 **MR. ENSMINGER:** Well, they did it for Agent
25 Orange, I mean.

1 **MR. SAMPSEL:** That's right. That's from 1991.
2 That's right.
3 **MR. ENSMINGER:** Eventually they did it for
4 Agent Orange and I guess eventually they'll do it
5 for Lejeune because there's no doubt they poisoned
6 us. I mean.
7 **MR. SAMPSEL:** That has to come through the
8 legislature. We can't draw that.
9 **MR. ENSMINGER:** I know. I know. I understand.
10 Believe me, I understand.
11 **MR. SAMPSEL:** It's not easy. You probably
12 understand that, too.
13 **MR. PARTAIN:** One last question, James. Say a
14 veteran's going to, you know, do their examinations
15 and the VA stuff and they're working on their case.
16 Can a veteran request a copy of the most current
17 training letter so they can take that to their
18 personal physician that's medically seeing them and
19 treating them, that may be writing them a nexus
20 letter. 'Cause that's a problem that we hear quite
21 often where a veteran goes to a private doctor and
22 says, hey, I was exposed at Lejeune, you know,
23 carcinogens and the doctor's like, I'm not going to
24 talk about this. But a letter, like your training
25 letter, you know, he can show the doctor and belay

1 some of their fears; maybe they'll step out and help
2 the veterans.
3 **MR. SAMPSEL:** You know, I can't say whether we
4 can do that or not. This training letter is written
5 for the VA. But I will tell you that if there's a
6 legitimate well-reasoned statement from a private
7 physician that associates a disease with Camp
8 Lejeune service, they can service connect that right
9 away without even bothering with the VA thing.
10 **MR. PARTAIN:** Yeah, well, like in the case that
11 we mentioned with Mr. Cottham, he had four NEXUS
12 letters. Two of them were very strong and two of
13 them were mediocre but the statements from the VA
14 doctor overread all four -- overrode all four VA
15 letters -- I mean, NEXUS letters. The problem that
16 we're hearing from the veterans is that when they go
17 to their private physicians, and I can attest to
18 this, I'm not a veteran, but when I started
19 discovering, you know, Camp Lejeune and I was in
20 treatment 'cause I was literally diagnosed and then
21 two months later found out that I was exposed at
22 birth at Camp Lejeune. I went to my college, I
23 says, hey, you know, I got male breast cancer, you
24 know, could this be -- and he said there's no way.
25 And even -- and then as we started finding more and

1 more men, the guy remained adamant that there's, you
2 know, there's no way.
3 Now, you know, four years later, he's finally
4 changed his mind a little bit, but most of your
5 doctors are very afraid to professionally -- they
6 feel that by putting it in writing, even if it's as
7 likely as not, or at least as likely as not, that
8 they're staking their professional reputation for
9 ridicule, and they're very reluctant to do that.
10 But the training letter, having that training letter
11 and giving it to a doctor is showing that, hey,
12 something visual that there is something merit to
13 what this guy is saying. And a copy of it.
14 **MR. SAMPSEL:** At least the appendixes, the
15 appendixes with the EPA and the various scientific
16 sites. Well, I'll check with Brad on that. I mean
17 if you -- I can get back to you on that.
18 **MR. PARTAIN:** Okay.
19 **MR. SAMPSEL:** I don't know if we can do that.
20 I can't say whether we can do that but it seems okay
21 to me but like I say --
22 **MR. PARTAIN:** I mean, it helped a veteran and
23 it’s stuff that's out there, it’s nothing --
24 **MR. SAMPSEL:** Yeah, it's not a secret.
25 **MR. PARTAIN:** Yeah, it's not like that, you

1 know, the old self-destruct after they read it or
2 something like that.
3 **MR. SAMPSEL:** Yeah, I'll check on that for
4 sure.
5 **MR. PARTAIN:** Thank you.
6 **MR. STALLARD:** Jeff, do you have a question?
7 **MR. BYRON:** I had a comment but personally I
8 don't know if this -- I think it's more they're
9 worried about being involved in a lawsuit, okay? As
10 far as the doctors and the dentists, I can't get
11 them to make a statement as far as, you know,
12 (indiscernible).
13 **MR. SAMPSEL:** They are worried about that.
14 **MR. BYRON:** Seems to be the biggest concern
15 versus their oath. But that's all I have to say.
16 **MR. STALLARD:** All right, thanks.
17 What I'd like to do is first of all acknowledge
18 again for the CAP that, as a result of this
19 committee, this panel, we've really developed an
20 engaged relationship with VA and we greatly
21 appreciate your active participation and
22 representation here on the CAP.
23 **MORTALITY STUDY**
24 So if we can, I'd like to move now to the
25 update of the survey outreach if we can do that.

1 Is -- are you going to do it?
2 **MS. RUCKART:** Okay.
3 **MR. STALLARD:** Oh, okay.
4 **MS. RUCKART:** No, no. I'm going to talk about
5 the studies and then Vivi's going to give the
6 outreach so we can see where the participation rate
7 is before she talks about...
8 **MR. STALLARD:** Oh, okay.
9 **MS. RUCKART:** Yeah, I think we think it'll flow
10 better.
11 **MR. STALLARD:** Okay, so we can get that all in
12 before lunch?
13 **MS. RUCKART:** Well, it depends on the audience
14 questions. I mean, the panel members' questions.
15 **MR. STALLARD:** Okay.
16 **MS. RUCKART:** If we need to go to lunch later,
17 so sure.
18 Okay so just some updates on our studies. As I
19 mentioned to Jeff, things are starting to pick up
20 and they're progressing, you know, much more rapidly
21 than previously. So with the mortality study, our
22 contract ended in September, that means that all of
23 the vital status of all the cohort members has been
24 identified, whether they're deceased or living at --
25 as of this point. A small amount was still in that

1 gray area where we don't know if the bulk of them,
2 you know, we know if they're deceased or not. And
3 then the deaths are identified using the NDI, the
4 National Death Index, and they've been provided to
5 us. And there's approximately 41,000 deaths from
6 1979 to 2008, recall '79 is when the NDI started and
7 2008 for the last year of complete data. And that's
8 among about 536,000 former Marines and sailors who
9 were on base from 1975 -- what's that Jerry?
10 **MR. ENSMINGER:** What year was it?
11 **MS. RUCKART:** What year what, the deaths?
12 **MR. ENSMINGER:** No, which years were you
13 checking?
14 **MS. RUCKART:** Okay, so the deaths, about 41,000
15 deaths, is from 1979 to 2008. That's because the
16 NDI didn't start ‘til '79 and 2008's the last
17 complete year. And that's among people, 536,000
18 former Marines and sailors, who were on the base,
19 either at Camp Lejeune or Pendleton, from 1975 to
20 September '87, and civilians who worked at either
21 base from 1972 to 1985. So we're in the process of
22 cleaning and editing this data to be able to analyze
23 it, to be able to incorporate that with the water
24 modeling data from Morris to see if the rates are
25 elevated. And we have projected a completion date

1 of middle of 2012 and we're planning to meet that
2 deadline.
3 **MR. ENSMINGER:** Well, just for curiosity
4 purposes, what's the breakdown of those 40-some
5 thousand deaths? How many were Camp Pendleton, how
6 many were Lejeune?
7 **MS. RUCKART:** We're not there yet. We have the
8 deaths and that is why, you know, we have it now and
9 we're projecting a completion date of next year
10 because we have to work through it. I mean, we have
11 to --
12 **DR. BOVE:** I'm going to need to jump in here.
13 Couple of things, one, because I've been cleaning
14 the data and I've had to unfortunately clean it much
15 more than I thought I'd have to because the
16 contractor did not give us the data in the shape
17 that we asked for. And they're going to hear about
18 it.
19 **MR. ENSMINGER:** Don't pay it.
20 **MR. PARTAIN:** Yeah, don't pay it.
21 **DR. BOVE:** They already did. I'm fixing it.
22 Well, in fixing it, first they had told me they had
23 not gotten civilian data for '86 and '87, which I
24 had, and I thought I'd given it to them but they
25 insisted they didn't. So what Perri said was true

1 except that when I went to clean the data I found
2 out that, in fact, they did get the '86 and '87 data
3 and that's for them, too. So we actually have
4 civilians from '72, December '72 to December '87.
5 We have the active duty was correct, from
6 June '75 to September '87. This is the data we got
7 from DMDC. This is the data we gave to Westat and
8 they gave it back.
9 The mortality data I've been working on. They
10 were supposed to give me the codes that related to
11 the time when the person died. There's two codes:
12 ICD-9 and ICD-10. And I don't -- international
13 classification of diseases is what ICD stands for.
14 Before '99 you should be getting the ICD-9 code for
15 your cancer or your other disease. After '99 --
16 '99 and on you're supposed to be using the ICD-10
17 code. I assumed that that's what they were doing
18 'cause they didn't tell me which code in the data
19 they sent me. I found out yesterday that in fact
20 they've got them mixed up, so I fixed that. So the
21 problem -- we can't answer your question right this
22 minute because I'm still fixing the damn data set
23 that I thought was supposed to be and ready for
24 analysis so, you know, what I'm doing right now is
25 going to look at each group separately. Camp

1 Lejeune active duty, try to get the data in shape,
2 pretty close to in shape, and then send it to a
3 software to tell me what they're, what we call the
4 standard mortality ratio or SMR is. And that's a
5 comparison between Camp Lejeune active duty and the
6 general population. And then we have -- and I'll do
7 that for each group, Pendleton active duty, civilian
8 active -- Camp Lejeune, civilian, Pendleton. So
9 that's the first thing. I want to get that done,
10 I'm hoping to get that done within -- before the end
11 of this month, if I don't have any more problems.
12 So and then we'll have a better sense to answer your
13 question. But because they --
14 **MS. RUCKART:** Frank, I have --
15 **DR. BOVE:** -- because -- let me finish,
16 because Camp Lejeune is, they're roughly half, half
17 Camp Lejeune, half Pendleton. There's a little bit
18 more Pendleton than Camp Lejeune so I would expect
19 the deaths to be somewhat like that.
20 **MS. RUCKART:** But until our results are peer
21 reviewed, we're not going to be able to talk in
22 specifics so... I mean, even if Frank says he's
23 progressing with analyzing it, I don't want to give
24 the false impression that at the next meeting there
25 might be some results because we have to go through

1 a lot of internal clearances, so I just want
2 everyone to be aware of that.
3 **HEALTH SURVEY**
4 Okay, so about the health survey, as everyone
5 knows, the mailings began in June 2011, continuing
6 in waves through December of this year. So as of
7 November eighth, health surveys went out to 283,973
8 people who were not previously identified as
9 deceased. So if we know that they were deceased
10 from the mortality study, we're sending it to their
11 next of kin.
12 There were 48,742 completed in hard copy,
13 14,589 were completed online, so about three
14 quarters are hard copy. So of those 283,973,
15 199,050 have received two mailings and an IVR phone
16 reminder, so that means their cycle is complete.
17 Remember, this was about a two-month process:
18 they get the pre-notice letter, letting them know
19 the survey's coming; then about two weeks later,
20 they get the actual survey packet; a few weeks after
21 that, they get a reminder slash thank-you postcard,
22 thanking them if they sent it back or reminding, you
23 know, to send it in if they hadn't yet. For those
24 people who have not responded, a few weeks after
25 that, they get a second survey mailing, and a few

1 weeks after that, for people who still have not
2 responded, they get a phone call, a recorded
3 message, encouraging them once again, to please
4 complete their survey.
5 So for the bulk of this 283,973, they have
6 completed their process. That is waves one through
7 three. And 84,923 have just received the one
8 mailing. They're still going to continue on through
9 that process.
10 So the overall response rate for everybody,
11 whether they've received two mailings or one
12 mailing, is 22 percent. But for the waves that are
13 completed, gone through that whole process I just
14 described to you, waves one through three, the
15 response rate is 27 percent.
16 I want to just share with you how it might be
17 slightly different depending on what group of people
18 they are. So the former civilian employees for both
19 bases have a higher response rate than the former
20 active duty. So former civilians are responding at
21 a rate of about 43 percent compared to 26 percent
22 for the active duty, that's for both bases combined.
23 Former civilian employees from Lejeune, though, had
24 a higher response rate than the former civilian
25 employees for Pendleton, 44 percent versus

1 38 percent. The former active -- this part I find
2 very interesting and encouraging, the former active
3 duty from Camp Lejeune and Camp Pendleton are
4 responding at a similar rate, 27 versus 24 percent,
5 so that, I feel, will be very good when we do the
6 analysis in terms of bias. We don't have, like,
7 30 percent from Lejeune and 15 percent from
8 Pendleton, we're kind of tracking the same there, so
9 I think that's really good.
10 And then the participants from our previous
11 1999 to 2002 survey had a higher participation rate
12 than the former active duties. They're between the
13 active duty and the former civilian employees. So
14 that's where we are with that. As you know we have
15 a health survey expert panel that is meeting to
16 discuss this and we have our second meeting, which
17 is a conference call, scheduled for November 16th.
18 Jerry?
19 **MR. ENSMINGER:** How many -- I've gotten queries
20 from people on our website and not on our website,
21 that they've got dependents that were at Camp
22 Lejeune and other people that were at Lejeune that
23 are not on the list to receive surveys, and they
24 have requested surveys. They said that they've
25 contacted ATSDR 'cause that's what I'd recommend to

1 these people. That's where I'm guiding them to
2 come. Then, what's being done? I mean, some of
3 these people are actually on the Marine Corps's
4 registry.
5 **MS. RUCKART:** Well, Jerry, as you know, we've
6 talked about this before. We had to have a very
7 unbiased approach to identify the people to include
8 in the health survey study group. So that includes
9 people from the DMDC data and the people from our
10 previous ATSDR survey. We're also sending the
11 surveys, as you know, to everyone who registered
12 with the Marine Corps by the end of June. We had to
13 have a cut-off because, for the contractor to manage
14 the mailings.
15 Now, as for people who register after June, I
16 feel that's a question for the Marine Corps. Keep
17 in mind the congressional mandate, that's with them
18 to distribute the survey. We were supposed to
19 develop it in working in a partnership with them, we
20 were also distributing it but, as I mentioned, we
21 have to have this cut-off. So you're suggesting
22 that people register with us, I turn that around and
23 tell them to register with the Marine Corps. We
24 don't actually have a registry. The registry or the
25 list is actually housed with the Marine Corps. So I

1 don't feel that that's really a question that we can
2 get in here today without the Marine Corps at the
3 table with us.
4 **MR. ENSMINGER:** Oh, no. They absolutely refuse
5 to include them or have any interaction with us.
6 So, but so everybody, everybody that was on the
7 Marine Corps's registry prior to June is getting a
8 survey?
9 **MS. RUCKART:** That is our goal.
10 **MR. BYRON:** Okay, this is Jeff, and I received
11 my survey and my wife received hers, and Rachel, who
12 lives with us because of her handicaps, got hers.
13 But Andrea didn't get hers, and I was told that that
14 was because she doesn't live at home and then that
15 would be, like, the last group; is that true?
16 **MS. RUCKART:** Well, I think we talked about
17 this before. The contractor had a wave process.
18 There were seven waves.
19 **MR. ENSMINGER:** I just got notified.
20 **MS. RUCKART:** Waves one through six, they
21 divided it geographically, because I think it was
22 most efficient with the resources to send out
23 geographically between the east coast and moving
24 west. So for each of those, though, they wanted to
25 have a certain percentage in each wave comes from

1 active duty at Camp Lejeune and Pendleton, and also
2 from the previous survey so that we could have these
3 comparisons. I mean, if we just sent it to only the
4 active duty Lejeunes at first and put the Pendleton
5 at the end, we wouldn't have these comparison rates
6 that I just gave you. So it's a process.
7 So as you mentioned you all live in the same
8 house, you all got it. So that's why, the data
9 collection is not complete. It's just -- that was
10 what they thought was the most efficient process for
11 managing a large volume of surveys that they're
12 sending out and they're getting back in.
13 **MR. BYRON:** So basically there's still surveys
14 going out ‘til December? December's it so if you're
15 in the audience and you don't get a survey by what,
16 January?
17 **MS. RUCKART:** I don't want to say for sure
18 because, as you know, things can happen, so that is
19 our goal. I'm saying that is our goal to have
20 surveys out by the end of this year. Check with me
21 at the end of this year, if we have to have some
22 slippage.
23 **MR. STALLARD:** I'd like to -- wait a minute.
24 Turn the mic on.
25 **MS. RUCKART:** Did you want me to continue on

1 with the update?

2 **MR. STALLARD:** I do want you to continue but I
3 also want to make sure that the people on the line,
4 please mute your phone. All right, go ahead.

5 **MS. RUCKART:** And Vivi just here in a little
6 bit is going to discuss in more detail our outreach
7 to try to, you know, get the best response rate
8 possible. Would you like me to talk about our other
9 two studies or were there more questions on the
10 health survey? Mary?

11 **MS. BLAKELY:** Yeah. You said that ATSDR
12 couldn't answer the question that Jerry had but the
13 Marine Corps could. Have they officially given you
14 a reason why they're not here?

15 **MS. RUCKART:** Mary Ann, who’s our
16 representative, emailed me. She initially had
17 confirmed that the date would work when we set up
18 the meeting, but a few weeks ago, she called me and
19 said she was going to be visiting her mother in
20 Indiana.

21 **MS. BLAKELY:** Okay, so they have consistently
22 not shown up for one reason or another even
23 though -- what's her name again? Mary?

24 **MS. RUCKART:** Mary Ann Simmons.

25 **MS. BLAKELY:** Even though she is here, she's

1 unable to answer questions because they aren't here;
2 the Marine Corps isn't here. So this has been going
3 on since I've became a member and before. At what
4 point will the ATSDR request from Congress that they
5 be ordered to be here?

6 **MS. RUCKART:** This is a question that I think
7 is best handled by Tom or Dr. Portier, so when Tom
8 comes back, you know, please just bring that up with
9 him.

10 **MR. ENSMINGER:** I can answer that for you.
11 They walked out the time -- at the meeting when we
12 found the benzene. And ever since then they have
13 not participated. So they got mad and they took
14 their ball and bat and went home.

15 **MS. BLAKELY:** Well that's all well and good but
16 officially don't they need to write a written letter
17 stating why they are not here? I mean, isn't that
18 the way legal things are done? Aren't we a nation
19 of laws?

20 **MR. ENSMINGER:** There's different laws. I
21 mean, they bend the laws to accommodate whatever
22 they want so.

23 **MS. BLAKELY:** I'd like to see their official
24 response to that.

25 **MR. PARTAIN:** Well, they're just showing us --

1 the Marine Corps and, you know, the Commandant and
2 the Department of the Navy and the Secretary of the
3 Navy are just showing us and the rest of the country
4 their concern for the Marine family.
5 **MS. BLAKELY:** Well, that's what we think,
6 right. But officially I would like a written
7 letter.
8 **MR. STALLARD:** Mary, the CAP is a voluntary
9 entity and so there's no mechanism to make people
10 come. They choose to be here or not.
11 **MS. BLAKELY:** Yeah, but even for you, a
12 government agency? I mean, wouldn't you like to
13 have them answer questions or answer questions to
14 us?
15 **MR. PARTAIN:** Oh, they do that behind closed
16 doors without us being there. Like I said, their
17 lack of presence here is a clear indication of their
18 concern for the Marine family. They don't have to
19 be here but they should be.
20 **MR. STALLARD:** All right, can we continue with
21 the updates?
22 **MS. RUCKART:** Sure. They're rather brief. So
23 the case control study, selected birth defects and
24 childhood cancers, for quite a while we've had
25 nothing to say about that but I am relieved to tell

1 you that we've begun to analyze that data. Morris
2 has provided his preliminary water modeling results,
3 pending his uncertainty analysis, but we have
4 started analyzing it so that's well under way. And
5 I am projecting that we'll have that completed as we
6 discussed and I'm seeing it by mid-2012. Same thing
7 with the re-analysis. So basically that's good
8 news. We've been in this holding pattern but now
9 we're actually moving forward.
10 **MR. STALLARD:** Is that it? Frank, did you have
11 anything?
12 **DR. BOVE:** I don't have anything.
13 **MR. STALLARD:** All right. Well, now we're
14 ahead of schedule.
15 **MR. PARTAIN:** I'm sorry. I got sidetracked.
16 As far as what are we doing -- and it probably is
17 too late 'cause we said that you guys had said that
18 the registration was cut off as of June but, you
19 know, I'm Marine and I go -- I have a family at
20 Lejeune and when this all started for, you know, ten
21 years ago when I had to register myself thinking I
22 didn't have to register my wife or kids. And then
23 they get the survey and realize that they messed up
24 or what have you, there's no recourse for them to
25 get their family back in?

1 **MS. RUCKART:** Yeah, I mean, at this time there
2 isn't. Like I said, we had to have some kind of
3 deadline so the contactor could manage all of the
4 surveys and responses. That's a question for the
5 Marine Corps, what they want to do if people are
6 continuing to register. But I did forget to mention
7 that, you know, we're getting -- even though we're
8 at 20-some percent, you know, because it's a large
9 number that we're sending out, we still have, you
10 know, like, 63,000 surveys and counting. That's a
11 large volume. That's a lot of data, so what we're
12 telling people is, yes, that's true, we're not able
13 to include you if you don't get a survey; you're not
14 one of these groups that we mentioned. But whatever
15 we find from this large group of surveys that we do
16 have will apply to people who received the
17 contaminated drinking water. So I try to give
18 people, you know, this positive message, like, don't
19 lose hope. Just 'cause you personally are not
20 getting a survey, this is the purpose of science.
21 You cannot get everybody. It's a sample, and we
22 have right now, you know, a large number so I hope
23 that people can feel somewhat comforted with that
24 information.
25 **MR. STALLARD:** Okay. Thank you. Any other

1 questions about the studies?

2 **UPDATE ON SURVEY OUTREACH**

3 All right. Vivi, if you can please provide
4 your update.

5 **MS. ABRAMS:** Sure. Yes, this is Vivi Abrams
6 from the ATSDR Office of Communication. Perri said
7 I could give a little bit of an update on some of
8 the public outreach that we've been doing for the
9 survey -- for the health survey.

10 For those of you on the phone, I'm sorry you're
11 not able to see the handout but I'll make that
12 available via email. And I'm going to walk everyone
13 through the handout that kind of describes some of
14 our efforts.

15 I first want to say that the most important
16 outreach that's being done for this survey is the
17 actual receipt of the survey. We're sending the
18 survey twice, we're sending a reminder and there's
19 reminder phone calls. And those are the things that
20 are going to have the most bang. The additional
21 kind of supplemental outreach that we're doing
22 through the media, through social media, through
23 blogs and multimedia, that kind of thing, is not
24 going to see the same kind of strong effects because
25 it's not going directly, exactly to the right

1 people. So saying that, it doesn't mean that we're
2 not trying. So I'm just going to kind of walk
3 through what we've done so far, what we still have
4 on the plate after our final push over the last few
5 months and then I'm going to take questions and also
6 request any input or comments that you have 'cause
7 we definitely want CAP participation and help with
8 survey outreach.
9 The initial press release that we sent out to
10 announce the survey went out on June 22nd. That was
11 picked up by a very large number of national
12 outlets, newspapers, television, AP, Washington
13 Post. We counted that that, between that and the
14 public meeting in July, we reached about seven
15 million people.
16 I have right here this roster that I'm going to
17 pass around, I'm sorry I just have one copy, and it
18 lists all of the traditional media. Most of it, we
19 have a few resources we're using to kind of pick up
20 and look at -- there's no one perfect source to find
21 everything that's been written in any form of media,
22 but one of the services that we use is called Vocus.
23 And this is through Vocus, what's been picked up
24 about Lejeune since June in traditional media. This
25 would include mostly newspapers and TV stations.

1 And these -- this was a search that I did for health
2 survey. Some of these stories have been, it just
3 has the headlines and the headline might be about
4 something else but it called for the health survey.
5 So pass that around.
6 But so in that search we found that it had been
7 picked up 259 times. Some very large outlets, some
8 very small outlets. Since that initial approach,
9 what we've been doing for the last few weeks is
10 doing a real targeted approach. Rather than sending
11 news releases to the entire country, we're really
12 looking for 300,000 specific people, we're sending
13 it to the geographic areas that are being
14 specifically targeted in each wave.
15 So I have just a couple of examples from Daily
16 News in Ohio and St. Petersburg Times in Florida,
17 where we've made geographic pitches. You know, in
18 the next few weeks 12,000 people in Florida are
19 getting this survey, including 7,000 in the Tampa
20 Bay area. This might be a story that you're
21 interested in now. And it's been somewhat
22 successful.
23 We're getting a lot of feedback. Some
24 newspapers are continuing to pick it up, some feel
25 like they've done this story already and so some of

1 the feedback that we're getting is that, oh, you
2 know, we already wrote about the survey. Call us
3 again when you have results. So that's why
4 (indiscernible).
5 Right now we're working really hard on pitching
6 to the west coast where wave five surveys are going.
7 They’ve just gotten their first survey so they're
8 still getting their second one. They're still kind
9 of, it's still news there.
10 We’re -- this week, making a specific push, you
11 know, referencing Veterans Day. This is something
12 that makes it a little more newsworthy right now.
13 This is something that, to support veterans, is
14 happening. So that's media, traditional media.
15 Perhaps an area we get more efficacy is through
16 the partner organizations so we've been reaching out
17 to, kind of, as many as we can. The ones that we've
18 had success with, the Marine Corps Association,
19 they've been posting blog entries, they've been
20 posting posts on Facebook. Leatherneck is part of
21 the Marine Corps Association and they've posted
22 Facebook. We have also paid for an ad to run on the
23 Marine Corps Association. I'd show it to you except
24 unfortunately CDC has a really good ad blocker. So
25 you can't see it from my computer here. But I saw

1 it at home. It's up there. Marine Corps Times has
2 been covering this. Retired officers -- I'm sorry,
3 the Reserve Officers Association, that's a mistake
4 there, my bad. The Reserve Officers Association, we
5 also paid for an ad to post a button on their web
6 page. That should be going up today. And then
7 these are some of the other organizations that we've
8 reached out to: The Second Marine Division, the
9 Fleet Reserve Association, Women Marine Association,
10 the American Legion, Military Officers Association
11 of America, Marine Corps League, and we're looking
12 for a lot of other organizations, and reaching out
13 to them from the high schools and schools around the
14 two bases. This is not a comprehensive list. There
15 are a few more and I will gladly add more to this
16 list if you guys can think of any more organizations
17 that we definitely should be reaching out to.
18 Please tell me and I'll make sure they're on the
19 list and they're getting multiple emails, and when I
20 say we're reaching out to them, we have a contractor
21 working on this and they are calling newspapers, and
22 probably 50 newspapers a week with follow-up phone
23 calls, not just one call saying, hey, did you see
24 this. But targeting emails and phone calls over and
25 over and over.

1 What we've also been seeing is that this is
2 getting picked up in a lot of blogs, not just in the
3 ones that we've reached out to but in other ones,
4 which is a really good sign that it's spreading
5 some. The four main categories that I've seen blogs
6 that have been picking this up: veteran's blogs,
7 political blogs, health blogs and legal blogs. So I
8 just listed a few ones that we're seeing now.
9 Also, you know, thank you for all of everyone
10 that’s gone on The Few, The Proud, The Forgotten.
11 You know, that's definitely helpful. Any attention
12 that we're bringing to this. We've identified an
13 additional list of blogs that we're going to be
14 pushing over the next week. And I have it here and
15 we will also be happy to add to this list any other
16 blogs that you know of, that you think that we
17 should be reaching out to. One of the interesting
18 things I saw was there's a lot of women's blogs that
19 were picking this up, and I thought that was
20 interesting especially because we were seeing in
21 some of the results that Perri was mentioning. She
22 didn't mention, but we're also seeing women have a
23 higher response rate than men for the survey.
24 So some of the multimedia tools that we've
25 created. We created three videos, developed scripts

1 and filmed them. We were able to pull in a
2 spokesman for the videos who we hope has some clout
3 with the population we're trying to reach. Dale
4 Dye, the actor, volunteered his time to help make
5 this video. This is a cause that he feels is
6 important and he wanted to participate.
7 So we filmed one video with Dale Dye
8 encouraging people to participate in the survey, one
9 with Dr. Portier and one of them interviewing --
10 Dale Dye is interviewing Dr. Portier. And those
11 videos, so far they've gotten on YouTube, they've
12 listed the number of hits they've gotten so far on
13 YouTube, so the Dale Die one has been the most
14 successful at 1,235 views.
15 We also encouraged the Marine Corps to keep up
16 with us, I would say. And to keep up their end of
17 doing outreach. And they have been and they
18 developed a video of the Commandant. It wasn't as
19 fast as we would have liked it, it came out at the
20 end of October. But that one so far has gotten
21 2,000 hits on their website and 283 on another
22 YouTube channels. We think that's even -- the fact
23 that he's saying this is important probably, it
24 means something to people. And we've seen that
25 they've had a couple of high quality downloads of

1 their videos on the website. One of the things that
2 we're trying to do is we have very high quality
3 versions of these videos. We're pitching them when
4 we pitch to TV stations, to say we have this
5 available if you'd like to run it. This is one
6 option.
7 **MR. PARTAIN:** Do they still do, like, public
8 service announcements and stuff? I mean, this would
9 -- I mean, this is something that needs to get out
10 there. I mean, people, unless you know about it,
11 aren't going to go look for it on YouTube.
12 **MS. ABRAMS**: Yeah.
13 **MR. PARTAIN:** We need to reach people who don't
14 know about it or are not sure. But why not just do
15 any generic public service announcement, the Dale
16 Dye video or the Commandant video?
17 **MS. ABRAMS:** We've been marketing -- we should
18 be marketing the TV spots, the broadcast spots as
19 PSAs as well. That's a good idea. But we have
20 been -- we created an audio feed from all the videos
21 and shortened it to PSA length, 30 seconds and 60
22 seconds, so we've been sending those to radio
23 stations.
24 So we do have that and some radio stations will
25 play that, you know, they have dead air and that's

1 definitely an angle that we're working on. We also
2 have the podcast that was supposed to go on the CDC
3 website and that's gotten some pickup just around
4 the web. Not as much as we would like to have. We
5 also created an e-button, and that's the picture
6 that I have there. It's a -- we have web text that
7 people can copy and paste on their website, so that
8 when they click on this, it goes straight to ATSDR
9 survey page. This is something that I feel like we
10 need to get a lot more than we have been seeing. We
11 paid for a Marine Corps Association to put this up
12 here and we're paying for ^ Association to put on
13 there, but people can put this on their Facebook
14 pages, and I don't know why, I think we're really
15 going to be focusing on social media for the last
16 couple of months to try to get this out there more.
17 It's so easy for people to put up.
18 **MS. BLAKELY:** Can you use the Public
19 Broadcasting System to do this? Doesn't each state
20 have that? I know North Carolina has theirs. Can't
21 you ask them to post it?
22 **MR. ENSMINGER:** They do public service
23 announcements and this is a public --
24 **MS. ABRAMS:** On the public channels.
25 **MS. BLAKELY:** Yes.

1 **MR. STALLARD:** Do they do this?
2 **MS. ABRAMS:** We haven't done that so far.
3 **MR. STALLARD:** This is all independent of what
4 the Marine Corps is doing in their outreach; is that
5 the --
6 **MS. ABRAMS:** Correct. Except for their
7 Commandant video. Some of the things the Marine
8 Corps has been doing, they developed the video, they
9 sent out the mar admin emails to all marines. They
10 posted the videos, they posted our videos and their
11 video on their DVIDS distribution site, which sends
12 TV feeds to bases around the country. They
13 recently, and I think we're going to start to see a
14 lot more hits with this, they created an app start,
15 which is a, like a little article that you, it's
16 kind of treated like an ad and it's sent to a lot of
17 small newspapers around the country. And we've
18 started to see some pickup on that and matches the
19 distribution services that small papers subscribe
20 to, if they can run the article.
21 **MR. STALLARD:** Yeah, although they're not
22 represented here at the CAP, it would be really
23 helpful if maybe we could get, sort of, an idea of
24 the extent of their outreach to get the full picture
25 because they are doing things from what I

1 understand.

2 **MS. ABRAMS:** Correct. I would say that ^^ has
3 been pushing -- we've been talking regularly and
4 I've just been emphasizing how important this is
5 that she has been able to get in and view these
6 things, the video and the NAPS article. So I think
7 she does deserve some credit for that.

8 **MR. ENSMINGER:** Well, you know, why don't we
9 have a joint interview, a press interview, with
10 ATSDR and the Commandant about the health survey.
11 And invite all of the major press to the event. You
12 know, hold it up there at the Pentagon. You know,
13 put up or shut up. I mean, you can make these damn
14 videos and if you don't put them out anywhere where
15 people will see them, you don't advertise them,
16 nobody's going to see it. That's their ploy, okay?
17 They don't want people to know about this.

18 **MS. ABRAMS:** We do.

19 **MR. ENSMINGER:** I know you do. But they don't.

20 **MS. ABRAMS:** And we definitely will take any
21 ideas that you have.

22 **MR. ENSMINGER:** Yeah. Don't have any
23 illusions. Let's ask them to do a joint interview
24 with the head of ATSDR and the representative from
25 headquarters Marine Corps, and let's invite all the

1 major media there to cover it. And let's see what
2 they say about that.
3 **MS. BLAKELY:** And put it in writing.
4 **MR. PARTAIN:** Yeah. Make the request in
5 writing.
6 **MS. BLAKELY:** Yes. And we want a copy.
7 **MR. STALLARD:** Okay, so that brings us right --
8 **MR. PARTAIN:** We won't even ask to be there.
9 **MR. BYRON:** This is Jeff, could I ask how you
10 got Captain Dye to... Is this something that he
11 initiated?
12 **MR. ENSMINGER:** He volunteered.
13 **MR. BYRON:** He volunteered? He found out about
14 this?
15 **MS. ABRAMS:** He volunteered. Actually one of
16 the people in our office is a friend of his and they
17 asked him.
18 **MR. BYRON:** Well, that's fantastic. I
19 appreciate that, if he's listening.
20 **MR. PARTAIN:** And we thank him for that, too.
21 **MS. ABRAMS:** I'll pass that on.
22 **MR. ENSMINGER:** Now, we've got some venues
23 coming up, screenings of the documentary. I wrote
24 the documentary website down there. There's a blog
25 on there that you can go on and put some information

1 on.

2 **MS. ABRAMS:** Yeah, I think the documentary
3 screenings would be a great opportunity to --

4 **MR. ENSMINGER:** Yeah, I mean, but I’ve
5 requested that you guys be there. And we're having
6 two this coming weekend. One in Wilmington for the
7 Cucalorus Film Festival and the other one is a free
8 screening that's going to be held on Sunday in
9 Jacksonville, the home of Camp Lejeune, where you're
10 going to have a huge audience of people that were
11 affected. I mean, what better outreach could you
12 have than to have representation there with a table
13 set up out in the lobby so that when people come out
14 of the film, they can ask you questions and you can
15 encourage participation in this survey. But
16 nobody's coming, so you walk in here this morning
17 and hand me a bundle of pamphlets. I don't work for
18 ATSDR, okay? It's not my job to do your job.

19 **MS. ABRAMS:** That's true.

20 **MR. ENSMINGER:** I’ve been doing it for a long
21 time but, and pushing it and making it happen but
22 damn it, why aren't you going to be there?

23 **MS. ABRAMS:** That's a good question.

24 **MR. ENSMINGER:** Well, I mean, answer me. Why?
25 Who made the decision you're not going to be there?

1 **MS. ABRAMS:** We would like to be there and I
2 would ask Dr. Sinks about that. I think he knows a
3 little bit more about why --
4 **MR. ENSMINGER:** You say Dr. Stinks?
5 **MS. ABRAMS:** Dr. Sinks.
6 **MR. ENSMINGER:** Oh.
7 **MS. BLAKELY:** So you're officially
8 inviting ATSDR to send a representative
9 then, right, Jerry?
10 **MR. ENSMINGER:** Yes, I'm officially inviting
11 them to --
12 **MS. BLAKELY:** The CAP is inviting the ATSDR to
13 the movies in Jacksonville, Sunday.
14 **MR. ENSMINGER:** Your representative doesn't
15 have to go in and sit in there and watch the film.
16 Just set a damn table up outside so you can do your
17 job.
18 **MR. STALLARD:** All right, is this the first
19 that this is known? Was an invitation sent
20 previously?
21 **MS. ABRAMS:** There was an invitation sent.
22 **MR. STALLARD:** Oh, okay.
23 **MS. ABRAMS:** This has been discussed and the
24 decision was made at a higher level.
25 **MR. STALLARD:** Oh, okay. All right so we're

1 making a list of things to talk to Tom about this
2 afternoon.
3 **MR. PARTAIN:** You're making a list?
4 **MR. ENSMINGER:** You checking it twice?
5 **MS. ABRAMS:** I just have a couple of more
6 things. Do we have --
7 **MR. STALLARD:** Yes, you have time. Thank you.
8 **MS. ABRAMS:** Two more minutes? Thank you. So
9 some of the challenges we're seeing, like I was
10 saying, it's hard to measure the impact of what
11 we're doing. We don't have anything in the survey
12 where people say I saw this and, you know, on TV or
13 on this blog or site. We don't know where people
14 are seeing it. Since we started doing the outreach
15 around the same time we started sending the survey,
16 we've seen about level results coming in from each
17 wave.
18 The other problem is just that our broad
19 approach, I guess that we're trying to do a
20 targeted, as much as possible, but really the most
21 targeted approach was the survey itself because it
22 just went to those people. And we're trying to find
23 new angles for the story so we have the comeback
24 when people say that they've already done the story.
25 You know, in the last few months there was an

1 opportunity for us to say this is your last chance
2 to be involved, to participate in the survey. And
3 we're extending the deadline to the end of December.
4 **MR. PARTAIN:** In response to your comeback, we
5 already covered the story, go with what Jerry
6 suggested about doing a joint interview. The moment
7 the Pentagon picks up the phone and starts calling
8 ABC, NBC, CNN, Fox and all those channels, they're
9 going to be there. And one thing I'd like to tack
10 on to Jerry's request, you know, hopefully you'll
11 make that in writing. And we've got three, four
12 months to the next CAP meeting, which'll be too late
13 to hear a response back, we would like to request,
14 and I speak for everybody here, but some type of
15 feedback to us within the next month or so 'cause,
16 you know, the survey period is ending and we need to
17 know what their response is and whether their
18 intention is to help or to be a roadblock.
19 **MS. ABRAMS:** Agreed. And I can't make any
20 promises on to whether we're going to accept an
21 invitation but I can promise you that we'll discuss
22 it and give you feedback.
23 **MR. AKERS:** Could their response be in writing?
24 **MR. PARTAIN:** And if y'all decide for some
25 reason not to, not to pursue this, we'd like to know

1 about that, too, as quick as that decision is made.

2 **MS. ABRAMS:** So what're we going to do with the
3 last few months? We're going to continue the
4 targeted approach, we're emphasizing Veterans Day
5 right now, we're continuing to reach out to the
6 blogs and hoping that social media, they'll continue
7 to send it to each other.

8 I really think that the most important thing,
9 more than us pushing it, is kind of peer pressure on
10 this survey. Anything that you guys do, any
11 channels that you know, newsletters, blogs, anything
12 you can do to push this to push the button to --

13 **MS. BLAKELY:** Well, that goes back to the
14 request for the ATSDR to come to the movie on Sunday
15 because that would do exactly what you want us to
16 do. We would do it together, the CAP and the ATSDR,
17 so that would be what this committee was formed for;
18 don't you agree?

19 **MS. ABRAMS:** I agree that we definitely have to
20 work on this together. The point is well taken
21 that, yeah, this is a joint effort. So I think
22 that's it. That's all I have but I'm writing
23 down --

24 **MR. ENSMINGER:** Were you given an excuse or a
25 reason why you weren't allowed to come to these

1 screenings?

2 **MS. ABRAMS:** For the movie?

3 **MR. ENSMINGER:** Yeah.

4 **MS. ABRAMS:** I don't know.

5 **MR. STALLARD:** Let's not grill Vivi for that.
6 We can grill Tom for that, I think.

7 **MR. ENSMINGER:** Yeah, definitely grill Tom for
8 that.

9 **MR. STALLARD:** Yeah, we're going to have to
10 grill Tom 'cause clearly the decision... I mean
11 that respectfully, respectfully inquire the
12 information that you seek, okay?

13 **MS. ABRAMS:** Are there any other questions or
14 suggestions right now on outreach or do you want to
15 maybe write some ideas down and give them to me by
16 the end of the day?

17 **MR. BYRON:** Well, this is Jeff and I'd like to
18 get Jerry to, get a hold of some of those Hollywood
19 contacts, 'cause there's several other Marines, not
20 just Captain Dye, that are actors and I'm sure they
21 still love the Corps and love the people they served
22 with and, you know, Harvey Keitel, ^, there's a
23 couple guys. If you know some people, I'd like to
24 see a little bit of attention there if it's
25 possible. I know they're putting a lot on Jerry and

1 anywhere I can help, I'd be glad to.
2 **MR. STALLARD:** Well, if the documentary wins at
3 the Academy Awards, that --
4 **MR. ENSMINGER:** Yeah, but that's going to be
5 after the --
6 **MR. BYRON:** After the survey period.
7 **MR. ENSMINGER:** After the survey.
8 **MR. STALLARD:** Well, that's true. All right,
9 Vivi, thank you.
10 **MR. AKERS:** Let me ask one last question if I
11 might. As far as targeting and getting the word out
12 to the medical community, has any attempt been made
13 to contact state medical societies and either having
14 a brochure at their annual meetings or actually
15 having a representative at the annual meetings? I
16 mean, my state of South Carolina has the South
17 Carolina Medical Association has the monthly -- has
18 a yearly meeting. And I know North Carolina does.
19 In fact in North Carolina Academy of Family Practice
20 has a winter meeting every year in Asheville at the
21 Grove Park Inn. Not a bad place to spend a couple
22 days.
23 **MR. ENSMINGER:** Holy shit.
24 **MR. AKERS:** Well, hey, but it's got the big
25 fireplace to deal with, too. But going out to state

1 medical societies and making a pitch there so the
2 word gets out. I mean, personally my own oncologist
3 had no idea. In fact he sort of blew it off the
4 first time. And then when my daughter and I were
5 sitting in his office for a follow-up visit and she
6 opened up a Time magazine and there was a half-page
7 article, or advertisement, oh, he’s, maybe this is
8 real. Maybe you aren't just blowing smoke.
9 I've gone to medical meetings and actually
10 asked, after the fact, time to provide, present one
11 on one, tell me about this. Oh, tell me about it.
12 I don't know anything. And these are breast cancer
13 experts, oncologists and other specialists. In fact
14 I had a woman just a couple of weeks ago, who is a
15 breast cancer expert from Wake Forest University
16 School of Medicine. She thought I was talking about
17 Anniston, Alabama. So I said no, Camp Lejeune,
18 North Carolina. Oh, what? I had to give her The
19 Few, The Proud, The Forgotten webpage. She didn't
20 even know about it.
21 **MS. ABRAMS:** Yeah, we have not gone to medical
22 associations with this. We have kind of made a push
23 for doctors to be involved in helping people fill
24 out these surveys. We, you know, have to consider
25 that, kind of, how many people we would reach who

1 are actually are getting the survey. That's one of
2 those things where we're looking for 300,000 people
3 and see if 300 million people -- however that
4 doesn't mean that we can't include medical
5 associations on our outreach lists for getting any
6 of this information.
7 **MR. AKERS:** That would also help getting the
8 knowledge out into the medical community so I think
9 it was Jeff said, when you go to see your doctor and
10 he's taking your history and doing your physical
11 exam, oh, you were at Camp Lejeune, wait a minute; I
12 got something in the mail yesterday about that, or
13 last week I went to a meeting. And so put it on the
14 top of the burner and not the back burner.
15 **MS. RUCKART:** One thing that Vivi may not be
16 aware of, 'cause it started before we really did
17 this push for the outreach is in May of this year,
18 we did have a small description of the health survey
19 in the MMWR, that's the Morbidity and Mortality
20 Weekly Report, so that was in there in May.
21 **MR. ENSMINGER:** Well, that's great reading.
22 **MS. RUCKART:** Well, that goes out to the group
23 that, you know, Paul is specifically interested in.
24 **DR. BOVE:** That's actually -- it's picked up by
25 all the major newspapers whenever that comes out.

1 This, I don't know if this got picked up but --
2 **MR. ENSMINGER:** I don't recall seeing it, Frank.
3 **DR. BOVE:** It had the potential. It had the
4 potential. But I think what you're saying also, not
5 just the survey but in general, getting the
6 information out to medical practitioners, especially
7 when we get the results of the water modeling and
8 the studies. That has to be done.
9 **MR. BYRON:** If you don't do that, there's no
10 reason to be here. Okay? I might as well go home
11 if you're not going to let the medical community
12 know what's going on.
13 **DR. BOVE:** Right. Absolutely.
14 **MR. STALLARD:** And you're being here over the
15 past several years, all of you, that's led us to
16 this point of progress that we're at right now. All
17 right?
18 So I'd like to thank you for your
19 presentations. We're going to adjourn for lunch and
20 I think at this point we're going to bid farewell to
21 our colleagues from the VA; is that correct? You'll
22 be leaving us? Safe journeys, thank you for being
23 here. And we look forward to you or Brad and
24 certainly Wendi, if you return. Those on the phone,
25 we're going to resume in an hour and 15 minutes from

1 now, according to the clock in the room, that would
2 be at 1:15. So more like an hour and 20 minutes
3 according to my watch. All right. Thank you.
4 We're adjourned.
5 (Whereupon, a lunch break was taken from 11:55
6 a.m. until 1:15 p.m.)
7 **MR. TOWNSEND:** Chris, can you hear me?
8 **MR. STALLARD:** What's that? Tom, you're on?
9 **MR. TOWNSEND:** Yes.
10 **MR. STALLARD:** All right. Welcome.
11 **MS. RUCKART:** Is Devra Davis on? She said
12 she was calling in.
13 **MR. STALLARD:** Yeah. Is Devra -- Dr. Davis
14 on?
15 **MR. TOWNSEND:** What's that?
16 **MR. STALLARD:** We're asking if Dr. Davis is
17 on the line as well. We were expecting her to
18 call in.
19 **DISCUSSION WITH DR. PORTIER**
20 Okay. Well, we're going to resume now.
21 We’re a smaller group. Our VA colleagues have
22 since departed. We're joined by Dr. Portier.
23 And so we'd like to use this time right after the
24 lunch break for any questions that we'd like to
25 pose for Dr. Portier, or discussion.

1 **MR. ENSMINGER:** What?
2 **MS. BLAKELY:** Are you saying that we can ask
3 about --
4 **MR. STALLARD:** You can ask him probably
5 anything and he'll choose to respond.
6 **MR. ENSMINGER:** All right. During the --
7 your public affairs people's presentation on the
8 update on survey outreach, I made the
9 recommendation that ATSDR partner up, go to the
10 Marine Corps, and hold a joint press conference
11 with General Panter or the Commandant of the
12 Marine Corps, and invite all major media to it to
13 encourage the participation in the Camp Lejeune
14 health survey. I don't know why that could not
15 be done. It should be done. If they truly are
16 concerned about the health, safety and welfare of
17 their people, they won't have a problem with
18 doing it. And I think that request needs to be
19 made in writing and a written response back from
20 them.
21 **DR. PORTIER:** Interesting question. I will
22 -- excuse my eating. This is my 15 minute time
23 today to eat lunch. The -- I will discuss it
24 with my communications person to see if it's a
25 useful exercise. My guess is that she's going to

1 tell me it's not, that it's already too late by
2 the time we cleared the text for such a press
3 conference with HHS 'cause it would have to go
4 all the way up to the Secretary for approval, and
5 got everything done, we'd be well into December.
6 And as such, we would -- we wouldn't have a
7 chance to get to the people who have to get to us
8 before December 14th. Perri?
9 **DR. BOVE:** Well, we extend to the end of the
10 year.
11 **DR. PORTIER:** Extend it to the end of the
12 year? I still don't think we would get the
13 message out well enough to have any impact
14 whatsoever, but I'll float it by my
15 communications person.
16 **MR. PARTAIN:** Well as far as the use --
17 usefulness, one of the objections that the public
18 affairs people were hearing was, well, we've
19 already reported on this. And, you know, I can
20 guarantee it –- the comment I made, if ATSDR and
21 DoD came together to the media and said we have
22 an announcement about Camp Lejeune, we want to
23 hold a press conference, your networks would
24 carry that and --
25 **DR. PORTIER:** They may not -- they, they

1 would send someone there. They may not actually
2 use the material once they hear it if the only
3 thing they hear is, we have a survey going out;
4 we want people to return it.
5 **MR. ENSMINGER:** Well, it would end up in the
6 papers then. I mean, you know, there's multi-
7 media venues -- I mean, it's going to end up on a
8 lot of things, even if it doesn't end up on all
9 of the national networks, it'd end up on a few of
10 them. It would end up in all the newspapers. It
11 would end up on the radio. And it would be a
12 very effective tool.
13 **DR. PORTIER:** Like I said, I'll take it to
14 my communications department and see. I'll send
15 you back a note. I'll send the CAP a note about
16 what the outcome of that discussion is.
17 **MR. ENSMINGER:** And then I also raised a
18 bunch of sand with them about the lack of
19 participation in ATSDR in the screenings that are
20 taking place this weekend in the actual home area
21 where this all happened. One screening’s in
22 Wilmington, and then on Saturday, as part of the
23 Cucalorus Film Festival, and the other screening
24 of the film is going to be in Jacksonville, free,
25 for the community. There's no reason in this

1 world why ATSDR could not have a table set up
2 outside of the theater or the venue in the lobby
3 with a table to answer people’s questions and
4 drum up support for this, you know, for the
5 participation in this health survey. I was told
6 to ask, by the communications people, to ask the
7 leadership why this could not happen, so I'm
8 asking.
9 **DR. PORTIER:** So, there, there are two
10 reasons that we won't be there. One is the fact
11 that Jerry, you’re a very effective spokesperson,
12 and so it's not clear that us being there would
13 add any value in terms of convincing Marines to
14 return the surveys. That's one of the arguments.
15 The second argument is that CDC was concerned
16 that our presence would come across as an
17 endorsement of the film itself, a commercial
18 product. And they were concerned that they, they
19 hadn't seen it, they didn't know what was in it,
20 even though I had seen it and explained it, that
21 it was -- it was something they were
22 uncomfortable with.
23 **MR. PARTAIN:** But, you know, that's where
24 the people are gathering. You’re trying to reach
25 out to the people who need to fill this survey

1 out, need to do these things, and to not go there
2 is un-excusable. It's like going out deer
3 hunting and, you know, not using, you know, not
4 using all your resources. Now, if the deer are
5 gathering in a place to eat, then that's where
6 you want to hunt, and we're, we're missing the
7 boat here.
8 **DR. PORTIER:** My, my favorite time in deer
9 hunting was actually -- I never sh-- took a gun.
10 I'd sit in the blind and read books. You're
11 talking to the wrong person. I just loved being
12 out there with the deer.
13 **MR. ENSMINGER:** That ain't hunting.
14 **DR. PORTIER:** I know. I was with other
15 people who were. I was with other people who
16 were. But --
17 **MR. PARTAIN:** But the analogy remains the
18 same, though.
19 **DR. PORTIER:** I do. I understand your point
20 and I really do understand your point. It's why
21 we considered it and gave it very serious
22 consideration, and why -- it's why we've provided
23 materials to the movie producers to distribute at
24 the openings so that they can share information
25 about the survey and other things. But this --

1 it’s -- this is not going to be revisited. This
2 decision has been made and it's going to stand.
3 **MS. BLAKELY**: Well, can we have that in
4 writing, then?
5 **DR. PORTIER:** Sure. I'll send you a note.
6 **MR. ENSMINGER:** So, basically they're
7 knuckling under to the pressure of the Department
8 of the Navy and Department of Defense.
9 **DR. PORTIER:** That's clearly not what I
10 said.
11 **MR. ENSMINGER:** That's what I said, I mean
12 that --
13 **DR. PORTIER:** I understand.
14 **MS. BLAKELY**: How about after the studies
15 come out, which will be what, in 2012?
16 **MS. RUCKART:** Some of them.
17 **MS. BLAKELY**: Okay. When the first results
18 come out, wouldn't that be a good time to have a
19 press conference, like Jerry was speaking about,
20 with the Commandant?
21 **DR. PORTIER:** We, we are working on a
22 communication plan now for the release of the
23 reports.
24 **MS. BLAKELY**: Well can we officially invite
25 the Marine Corps right now with the ATSDR to do

1 that?

2 **DR. PORTIER:** Let me in-- work with my
3 communication director and how about -- when's
4 the next CAP meeting?

5 **MR. ENSMINGER:** February.

6 **MR. PARTAIN:** February.

7 **MS. RUCKART:** We haven't scheduled it.
8 We're looking at a February --

9 **DR. PORTIER:** But it'd be February? And we
10 should have a report out before then, right?

11 **MS. RUCKART:** Not an epi.

12 **DR. PORTIER:** No? So we'll come back to you
13 with a communications plan and talk about what we
14 intend to do with the reports at the February CAP
15 meeting.

16 **MS. BLAKELY**: Okay. And can it all be done
17 in writing?

18 **DR. PORTIER:** Sure. We'll have a written
19 communication plan.

20 **MS. BLAKELY**: All right.

21 **MR. ENSMINGER:** Morris gave an update on the
22 water model efforts. I --

23 **DR. PORTIER:** I'm sorry, just following up
24 to make sure somebody caught that -- is going to
25 follow up for me. Good, thank you.

1 **MR. ENSMINGER:** I was concerned about the
2 chapter reports because this water modeling is
3 not following the same suit as the Tarawa Terrace
4 model did. I mean, Tarawa Terrace, it was click,
5 click, click and we got copies of the chapter
6 reports right up to the conclusion of it, when
7 the models were running, the final report.
8 This model's not following that pattern, and
9 I raised some concern about these chapter
10 reports. Why aren't we seeing them? Where are
11 they? Where are they hung up at? Why is the
12 approval, the approval process taking so long?
13 There was another thing somebody submitted
14 in the National Defense Authorization Act for
15 this year, this thing on infrastructure, critical
16 infrastructure, and not having to provide Freedom
17 of Information Act requests for on the -- they
18 had -- they wanted an exemption on critical
19 infrastructure. Were there any of these security
20 concerns being raised by any of the Department of
21 the Navy on these reports? Is that a problem?
22 **DR. PORTIER:** So, let's address the first
23 question about clearance here at CDC and
24 NCEH/ATSDR.
25 CDC has been experiencing delays in

1 clearance for everything, not just this report,
2 across the board. It's, it's not atypical in
3 this type of pre-election cycle to see more
4 concern by the Department about what is coming
5 out of the agencies and what it might mean to
6 them. And so they're wanting to see more and
7 more information and looking at it more and more
8 carefully. And because of that, we here at CDC
9 are looking at the information more carefully to
10 make sure that the Department's guidelines for
11 what they want to see and don't want to see are
12 being carefully looked at.
13 The Department is interested in anything to
14 do with Camp Lejeune, hence we're get-- it's
15 getting extra scrutiny and that is slowing down
16 the review process. And that is the way it will
17 be for now.
18 **DR. SINKS:** But just to be clear, with these
19 chapter reports, there's nothing in the clearance
20 thing at this point that's gone beyond us.
21 Chapter B is still with us. We haven't sent it
22 forward because it's not ready to go forward. So
23 the length of time for Chapter B is right now an
24 internal issue for us to get it finished.
25 And then what I said to you earlier was,

1 it's probably going to be December because I
2 don't know how long it's going to take once we
3 push it to the Office of the Director and perhaps
4 HHS. Right now, it's nothing to do with changes
5 there.
6 We have had a request from the Department of
7 the Navy to look at the maps in terms of
8 something new with security. We don't know if
9 that's going to be an issue or not. We're going
10 to hear back from them hopefully early next week,
11 but that's something we, we have to honor in
12 terms of -- I feel we have to honor it if the
13 Department of the Navy is concerned about the
14 security bases, I can't challenge them on what
15 they think is a security issue or not. I mean
16 there would be -- who am I as an epidemiologist
17 to tell the security people at Camp Lejeune
18 they're wrong about security when we know that
19 there are big issues for security. So we're
20 going to see what they send back to us and
21 hopefully it'll be no problem. They know that
22 the information is public information. They know
23 that the information is there and they saw it a
24 year ago, so -- but they did make that request
25 and we feel we have to honor that. But at this

1 point it hasn't slowed up anything.

2 **MR. ENSMINGER:** Well, if they're worried
3 about security, yes, you can challenge their
4 security concerns by going onto Google maps and
5 getting in the damn satellite and going right in
6 and finding every damn water storage tank and
7 every water treatment plant on Camp Lejeune, for
8 God's sake. This is nothing more than a damn red
9 herring and an excuse for them to drag their feet
10 and try to kill these reports. That's all this
11 is.

12 **DR. PORTIER:** Morris and I have talked about
13 how we will move forward depending upon what the
14 Navy decides to do about security and the maps.
15 It should not delay the reports at all. If they
16 insist the maps create a security problem for
17 them, we have a way to move forward without them.
18 So we will do what we have to do to get those
19 reports out regardless of -- and match the
20 security concerns about the Department of the
21 Navy.

22 **MR. PARTAIN:** Now if these concerns are
23 indeed raised by the Department of the Navy, can
24 we be, as CAP, be apprised that they have been
25 made or objected to?

1 **DR. PORTIER:** You wouldn't know because of
2 the way we dealt with it in the report when we
3 released the report.
4 **MR. PARTAIN:** Okay.
5 **MR. STALLARD:** Do we have any other
6 questions for Dr. Portier or Dr. Sinks?
7 **MR. PARTAIN**: Going back to Dr. Portier, now
8 you know, I know we are getting towards the end
9 of the survey period. I'm still waiting on -- I
10 got my notification last week that I shall be
11 receiving the survey.
12 **MR. ENSMINGER:** So did I.
13 **MR. PARTAIN:** You know, there's still,
14 there's the public service announcement or video
15 that's on YouTube. I made the point earlier when
16 you weren't here this morning, you know, people,
17 you know, have to know about these things to go
18 find them. And one of the suggestions I made was
19 making a public service announcement, you know,
20 the whole point of what Jerry was making with the
21 request for a press release, joint press release
22 with DoD and ATSDR, is the word still needs to
23 get out and people, if they know about Camp
24 Lejeune, then they're going to go to YouTube,
25 they're going to come to ATSDR, they're going to

1 come to our website and find information, but the
2 people who are still unsure or who are unaware or
3 just getting into the issue, need information and
4 I'd like -- you know, we are running out of time
5 for the survey. I heard earlier we had, what,
6 participation rates with the active -- I mean the
7 service personnel at 25 percent, the civilian
8 employees, what, 40 percent? You know, we still
9 have a lot of room for improvement and I think,
10 you know, I know you said you'd bring it up with
11 your communications director but something more
12 aggressive needs to be done. And something more
13 aggressive is the national media that there is an
14 emphasis. I mean, if you look at the
15 Commandant's YouTube video and he's saying this
16 needs to be done. You know, you fill it out. We
17 need to communicate that because if, you know, if
18 you're in the middle of the forest screaming and
19 there's no one to hear you, it's kind of
20 pointless. And that's what I'm afraid is
21 happening right now.
22 **MR. ENSMINGER:** Mary Blakely had a good
23 idea, and did anybody think about NPR? I mean,
24 NPR -- they do -- they will air public service
25 announcements. They won't -- and it doesn't cost

1 you a dime.

2 **DR. PORTIER:** Again, we've -- this one, my
3 communication director and I have gone over quite
4 a bit of, quite a number of times. We are
5 targeting media. Vivi's not here.

6 **MS. BLAKELY:** She made a presentation
7 earlier.

8 **DR. PORTIER:** Oh, okay.

9 **MR. PARTAIN:** And that's why we're asking
10 the questions.

11 **DR. PORTIER:** Well, we're targeting the
12 media that we're pretty sure are for the right
13 people. Targeting the national media and just
14 throwing out a public service announcement for
15 something like this, I've been told, is going to
16 be ineffective. We can, we can focus our money
17 much more directly by looking at where we're
18 sending the surveys and focusing our media
19 outreach on those people --on those areas where
20 we have the densest populations of people, and
21 that's what they're trying to do.

22 **MS. BLAKELY:** Well, can the ATSDR formally
23 invite the Marine Corps to make a public -- use
24 the public broadcasting system or the NPR to --

25 **DR. PORTIER:** We hadn't thought of NPR. I

1 will ask the question about NPR to --

2 **MS. BLAKELY:** And it wouldn't cost the

3 ATSDR.

4 **MR. ENSMINGER:** NPR and PBS.

5 **MS. BLAKELY:** Yeah, PBS.

6 **DR. PORTIER:** I'll ask about that and see

7 what the possibilities are there. That might be

8 a good idea and something that could work.

9 **MS. BLAKELY:** Can you formally invite them

10 to do that, though?

11 **DR. PORTIER:** We'll do it. We don't have

12 to. All we have to do with that is point them to

13 the website with the Commandant's message or

14 point them to our website which should hopefully

15 point them to the Commandant's message. So we

16 can get that out by simply pointing them to it.

17 We don't have to negotiate with the Navy for

18 that.

19 **MS. BLAKELY:** Oh, good.

20 **MR. PARTAIN:** As you well know, Dr. Portier,

21 and the most influential media in the country

22 today is not the print magazines. It's not the,

23 you know, the magazines, retirement magazines, or

24 what have you, it's television. And I haven't

25 seen anything on television about this. And

1 it's, I mean, if people see it, hear it, and you
2 may not reach Jerry, who's in the middle of
3 nowhere, but you might reach a friend of his that
4 tells him about Camp Lejeune.
5 **DR. PORTIER:** If we could just get Fox News
6 to carry it, we'd probably be all right.
7 **MR. PARTAIN:** Well, they haven't progressed
8 beyond the alleged contamination yet, so I don't
9 know if that's going to happen.
10 **DR. PORTIER:** I'm going to have to go. I
11 have somebody waiting for me in my office now. I
12 can be back down at about 2:45 for another five
13 or ten minutes before I have to run out the door,
14 if that's okay.
15 **MR. STALLARD:** Okay.
16 **MR. ENSMINGER:** And you've made a mistake by
17 saying Fox News.
18 **MR. STALLARD:** All right, thank you, Dr.
19 Portier.
20 **DATA MINING WORKGROUP UPDATE**
21 Admiral Rodenbeck, would you care to provide
22 us with an update?
23 **ADMIRAL RODENBECK:** Certainly. And of
24 course welcome, everybody, to cool and blustery
25 Atlanta. I guess that's sort of a change for us

1 since we are known as Hotlanta.
2 Really don't have much to say. The --
3 there's not been any meetings of the data mining
4 workgroup. The Department of Navy and Marine
5 Corps are forwarding draft reports as they come
6 out from their contractors at the ATSDR.
7 And we're in the midst of -- as far as the
8 effort for the groundwater model -- groundwater
9 modeling effort, you know, closing that out
10 pretty much because as you heard from Morris,
11 he's pretty much along the ways and is doing
12 things to finalize his effort. So that's pretty
13 much it on the data mining effort.
14 **MR. STALLARD:** Any questions? Well, thank
15 you for coming down.
16 **ADMIRAL RODENBECK:** Okay. I guess as a
17 suggestion, unless there's something new that
18 pops up that this be pulled off the agenda item?
19 I'm asking.
20 **MR. STALLARD:** Seems reasonable.
21 **ADMIRAL RODENBECK:** Okay.
22 **MR. STALLARD:** Thank you.
23 **ADMIRAL RODENBECK:** No, no, thank you.
24 **MR. STALLARD:** All right.
25 **CAP PRESENTATION/CAP UPDATES/COMMUNITY CONCERNS**

1 This is our opportunity now for updates from
2 the CAP members on activities they've been
3 involved in since our last meeting.
4 **DR. CLAPP (by telephone):** Yeah, I'd like to
5 chime in, if I could, here. This is Dick Clapp
6 calling from Boston.
7 **MR. STALLARD:** Mm-hmm.
8 **DR. CLAPP (by telephone):** There's two thi--
9 I was wishing I could have said this this morning
10 actually. I think that the plan about male
11 breast cancer diagnosed in Marines who have been
12 in the VA system is a great step forward. I
13 really urge Frank and Perri and the others who
14 are working on that, I guess it's a tall order as
15 Frank said, for whoever this person is that's
16 seven feet tall but it's a very important, I
17 think, step forward on trying to figure out
18 what's the story on breast cancer, male breast
19 cancer, in Camp Lejeune Marines. So that's one
20 thing.
21 And I would be happy to participate in any
22 kind of discussion this -- the method that Frank
23 outlined is actually the same method that I used
24 in my investigation of cancer incidence in
25 Massachusetts Vietnam vets. You know the cancer

1 that we were most interested in was a rarer one
2 called soft tissue sarcoma, and sure enough, we
3 found it. So that's one thing.
4 And then, Perri's report about the status of
5 the birth outcomes, the reanalysis of the birth
6 outcomes in the childhood cancer study being
7 completed by midyear of 2012, I think that's
8 fantastic. We're getting to the, near the end of
9 the road on those two important pieces as well.
10 So I would like to, you know, just urge
11 completion and widely sharing the results of that
12 when it comes out.
13 And then one last thing is that Jerry and
14 Mike both were talking about public broadcasting.
15 I think some of you may have seen the show that
16 they did on trichloroethylene about that -- I
17 think it was September 30. I got to be on that
18 show and I got to put in my two cents worth about
19 trichloroethylene and why it should be considered
20 a human carcinogen.
21 I don't know how widely watched that show
22 is. Jerry had been on it earlier -- Jerry and
23 Rachel Liebert had been on it earlier in the
24 summer, and another nice piece that was about
25 Camp Lejeune. So that's my report and I urge

1 people to -- that those shows -- both of those
2 shows are still on the Need to Know Show website,
3 that PBS Need to Know Show website, so I urge
4 people to take a look.
5 **MR. ENSMINGER:** Just one thing about that.
6 They had that Matthew Kibbe, the --
7 **DR. CLAPP (by telephone):** Yeah.
8 **MR. ENSMINGER:** They had him on there and I
9 asked PBS to go in and fact check that one
10 comment that that man made while he was on the
11 program. He tried to basically justify or, or
12 quantify or qualify his statements about doing
13 away with the EPA during that piece by saying
14 that he was a stage four cancer survivor. How
15 many stage four cancer survivors do you know of?
16 **DR. CLAPP (by telephone):** Yeah, right.
17 **MR. ENSMINGER:** You know, but I never got
18 any feedback from PBS whether or not they had
19 ever gone and had asked this guy to validate his
20 statement. Somebody needs to do that.
21 **MR. PARTAIN:** One thing to tack onto what
22 Dr. Clapp was saying, about the male breast
23 cancer cluster and also kind of segue into what
24 was saying with Dr. Portier on the notification.
25 You know, it's funny how things happen when these

1 stories get out. We're up at 73 men now for
2 breast cancer, with breast cancer from Camp
3 Lejeune. The last two cases were identified
4 ironically out of the Jacksonville Daily News
5 which is right there, has talked about Camp
6 Lejeune for eons and male breast cancer over the
7 past four years. And when they ran an article
8 about a month, a month and a half ago, two people
9 saw it and contacted me through the reporter, who
10 were male breast cancer -- actually they're both
11 deceased, but one's husband was an employee on
12 the base and the other, her father died of male
13 breast cancer after serving on the base for a
14 period of time.
15 **MR. ENSMINGER:** One's a husband.
16 **MR. PARTAIN:** Yeah.
17 **MR. ENSMINGER:** Now, you're talking about
18 male.
19 **MR. PARTAIN:** I know. Her husband died of
20 male breast cancer. He's dead. His wife
21 contacted us. Now the -- and ironically the
22 person who contacted me -- one of the persons who
23 contacted me was from Jacksonville, Florida, and
24 I don't know how, I forgot to ask her how she saw
25 it, but she saw the paper and the article, and

1 that was the first she heard about the male
2 breast cancer at Camp Lejeune. So, I mean that's
3 why we need to get out there and saturate the
4 media, get on the TV. I mean that's been said
5 now for four years. Get this on television,
6 television nightly news. It will spread.
7 **MR. BYRON:** This is Jeff. What's to keep us
8 from putting a YouTube video out ourselves as the
9 CAP?
10 **MR. ENSMINGER:** Yeah, I know but --
11 **MR. BYRON:** And this, you know everybody
12 doesn't want to participate like the Marine
13 Corps. I'm not that interested in their
14 participation anyway because they don't really
15 participate when they are here. They lie and
16 now, now the Department of Justice is even trying
17 to get exemption from FOIAs, which they've been
18 doing for the last 11 years to my knowledge,
19 anyway. They don't need any approval from
20 Congress. They've been doing that as it is.
21 **MR. PARTAIN:** Well, for us to get on
22 YouTube, we need a video and we need someone that
23 has some editing capabilities. And then once you
24 put that together you can upload it simply, but I
25 don't have the equipment and programs to do that.

1 Otherwise, I could.

2 **MR. STALLARD:** All right. Thank you, Dr.

3 Clapp, for your input there.

4 **DR. BOVE:** I just want to say, Dick, that

5 we'll keep you informed about our progress and

6 look for your advice.

7 **DR. CLAPP (by telephone):** Good. Great.

8 And our mutual friend, Frank, is still hanging

9 on. I'm sorry I couldn't be there in person, but

10 we have a friend who's in hospice so I -- I'll

11 keep you informed about that, too.

12 **DR. BOVE:** Thanks.

13 **MR. STALLARD:** Thank you, Dick. Morris, you

14 got something for us?

15 **MR. MASLIA:** Yeah. Yes, thank you. I just

16 want to add to again -- if there's -- first I --

17 you know, with respect to the reports -- just,

18 it's clear these are more voluminous and much

19 more data than the Tarawa Terrace reports and

20 that's part of the issue, just quality assuring

21 them and all of that. The models are far more

22 complex, and again, of being naïve, we thought we

23 could do just like we -- well, as Jerry

24 mentioned, with Tarawa Terrace and Chapter A, B,

25 C. From a scientific standpoint, that makes

1 perfect sense ‘cause if I want to know about this
2 type of site or that, you just pull it.
3 Realistically, we need to deal with what the
4 situation is on the ground right now. And key is
5 to get the results in the near future and finish
6 our part. So I wanted to just show you what we
7 had done when we did with a previous study at
8 Toms River, New Jersey. And we only put one
9 report through review, and what it was was a box
10 that had a report, supplemental data, CDs, DVDs,
11 and 157 plates run by 17 maps in there.
12 And again, we'll need to make my management
13 team will both need to make a decision how to do
14 that, but again, this would go through review all
15 as one report, okay? And so in terms of that,
16 then, yes, you would have final results in, you
17 know, in one shot.
18 So that's just a suggestion, again in that
19 format, not that that’s what I'm leaning towards
20 something like that to minimize putting more
21 reports through so we can get the final results.
22 We'll have the final results as part of that
23 process, not the last -- you know, not a report
24 that there's four more in front of it, stack, you
25 know, stacked up.

1 'Cause the other issue is there a -- there's
2 a minimum amount of people we have to go through
3 independent review with. The agency -- I've
4 already run out of people to review reports. You
5 know, they have other jobs and stuff like that.
6 And plus, externally, who are you going to get to
7 review reports as you keep sending them out? So
8 that, that's also to be considered. So just to
9 assure you that it is weighing on my mind and
10 we're seriously considering it, I'd say within
11 the next week or two we'll probably make a
12 determination as to the format of the remaining
13 information what's going down there.
14 **MR. STALLARD:** So you're considering rather
15 than incremental reports is to --
16 **MR. MASLIA:** Yeah. A boxed set, which would
17 be considered one report going to review, okay?
18 And I -- again, unlike we did this, although we
19 did do it, the web people may have a problem. I
20 mean those are a lot of PDFs but again
21 electronically nowadays it's still a PDF, but
22 with each chapter report, again as I said, some
23 of the review is completely out of our control,
24 okay. I mean it's not a technical issue. But
25 still, there are multiple levels of review.

1 There's independent review, which is inside
2 the agency from a technical standpoint, comes
3 back to the author to respond to. Then Office of
4 Science sends it out for peer review; it comes
5 back to the author to respond to. Then it goes
6 through what we call our EE clearance system, our
7 electronic clearance system, and at each step,
8 the supervisory step, it comes back to the author
9 to respond to.
10 And so, you know, we need to take that,
11 given the current climate, and now there's the
12 extra level as Tom and I've reported is HHS.
13 Again, that's nothing I can do. So if we have
14 just, you know, one report, a, you know,
15 findings, if you want to call it, and all that.
16 That's got supplemental data with it, maps, CDs,
17 and DVDs with everything else on it. It would
18 just go through as an entire package, so to
19 speak.
20 **MR. ENSMINGER:** And what is HHS reviewing?
21 **MR. MASLIA:** I mean, I'm not in on that and
22 I think what they're calling it is just release
23 protocol. In other words, how to release reports
24 or whatever. I don't know. That's out of my
25 jurisdiction, domain and anything to do with it.

1 I just -- once a report gets cleared, scientific
2 and peer review and E-clearance, we give it to
3 our communications people and --
4 **MR. ENSMINGER:** Then it gets lost in a flow
5 chart --
6 **MR. MASLIA:** Well, no I'm saying, I don't
7 know Jerry. I just -- I do not know what that
8 involves.
9 **MR. ENSMINGER:** I mean, who the hell do they
10 have up there that even knows what the hell
11 they're looking at?
12 **MR. MASLIA:** I -- from what I understand
13 that's not the issue.
14 **MR. ENSMINGER:** What is the issue?
15 **MR. MASLIA:** I don't know.
16 **MR. STALLARD:** But it's not that.
17 **MR. MASLIA:** It's nothing technical.
18 **DR. BOVE:** It's nothing technical. It's
19 probably a policy of communications.
20 **MR. MASLIA:** Right, okay.
21 **MR. ENSMINGER:** Well, they're in there
22 changing the words glad to be happy or what?
23 **MR. MASLIA:** I couldn't tell you because
24 Chapter B is the first one to go through that,
25 and I gave a draft copy to our communications

1 people yesterday and, you know --

2 **MR. STALLARD:** So, would you pull that back

3 then if you decide in the next week to go --

4 **MR. MASLIA:** Chapter B will probably -- no,

5 'cause Chapter B's already out the door, so to

6 speak, okay? But all the others are just in the

7 initial stages. Chapter D, Chapter G, and

8 Chapter F and all that are all just in the

9 initial stages, of either being drafted or going

10 through independent review, which is the internal

11 technical review. And so that -- those would be

12 the ones. And as I said, that way we could write

13 the final report and then just put supplemental

14 information as either appendices or CDs and

15 however, like the, you know, USD files. The

16 publically released USD files as part of Chapter

17 D. Okay, again, we said as Chapter D. Again, I

18 think you're talking about a year, easy.

19 **MR. STALLARD:** Thank you for the update and

20 giving us a perspective on approach there. I

21 know Mike wants to get out of here so that he can

22 use cruise control and not his foot as much as

23 possible while driving. So would you please give

24 us your updates if you have any that you’d like

25 to share with the group in terms of things you've

1 been involved in, active with, since the last
2 meeting in Wilmington?
3 **MR. PARTAIN:** I did the male breast cancer.
4 I already did the male breast cancer, so.
5 **MR. STALLARD:** Okay, Jerry?
6 **MR. ENSMINGER:** I've been all over the
7 United States with this film, the screenings at
8 film festivals. It's gotten a huge reception,
9 very positive reception. The film is under
10 consideration for an Academy Award. Most people
11 don't know that but they do now.
12 **MS. RUCKART:** What category?
13 **MR. ENSMINGER:** Feature documentary.
14 **MS. RUCKART:** (Indiscernible)
15 **MR. ENSMINGER:** Huh?
16 **MS. RUCKART:** Yeah, I was just curious if
17 it's for the film itself or the director or what.
18 **MR. ENSMINGER:** No, when you rate
19 documentaries, it's, you know, it's the film. I
20 mean it's, that's it. There’s supposed to be a
21 short list which will be coming out, supposedly
22 over the Thanksgiving holiday. The short list is
23 14 films. They select those 14 films from all
24 the feature documentaries that have premiered
25 since January. And then after the short list,

1 they take those 14 films and they are judged and
2 they select five. That list of five will be the
3 official nominees. So if the film makes it to
4 the list of five, then we will be in Hollywood
5 for the Academy Awards ceremony. And I can --
6 you can see me in bib overalls and a bow tie.
7 **MR. STALLARD:** That'd be great.
8 Any activity on the Hill, legislatively?
9 **MR. ENSMINGER:** No, nothing to report on
10 right yet, right now. The bills are still, you
11 know, still looking for pay fors. We're trying
12 to get the House Veterans Affairs Committee to
13 actually consider the bill. They refuse to
14 consider the House version, the one named after
15 my daughter. So we're trying to get them to even
16 consider it.
17 **MR. PARTAIN:** Right. So where is it stuck
18 at?
19 **MR. ENSMINGER:** Say what?
20 **MR. PARTAIN:** Isn't it stuck in the House
21 Veterans Affairs Committee?
22 **MR. ENSMINGER:** Yeah, that's what I said.
23 **MR. PARTAIN:** Oh.
24 **MR. STALLARD:** All right. Thank you, Jerry.
25 **MR. ENSMINGER:** Oh, and one more thing I

1 forgot.

2 **MS. BLAKELY:** Go ahead.

3 **MR. ENSMINGER:** The film has been sold to a
4 major network. That deal is closed. I can't
5 announce yet who it is but it is big. It's going
6 to get national exposure next spring.

7 **MR. STALLARD:** So it will be distributed to
8 theaters or television?

9 **MR. ENSMINGER:** No, it will be on TV.

10 **MR. STALLARD:** Okay.

11 **MR. ENSMINGER:** Nationwide, next spring
12 after the Academy Awards. It's already in
13 theaters, certain ones.

14 **MS. RUCKART:** Paul?

15 **MR. AKERS:** I don't have any -- as the
16 newest member, I don't have --

17 **MS. RUCKART:** No, no. I thought maybe you
18 could just tell us a little bit more about
19 yourself. We don't know that much about how you
20 are involved with Camp Lejeune.

21 **MR. AKERS:** Well, I may be the newest
22 member; I'm also the one member of the CAP that
23 probably had the earliest exposure. My family
24 moved to Lejeune in the early 50s. We
25 transferred from Lejeune in approximately 1960,

1 out of a compassionate transfer because my mother
2 had metastatic breast cancer and we were trying
3 to get her close to her family in DC. I went to
4 school at Lejeune. We all went to school in the
5 same place, whether you were a senior in high
6 school or a first grader, it was all in one
7 location before they split the school.
8 **MR. ENSMINGER:** Little House on the Prairie.
9 **MR. AKERS:** You got it. My dad, at one
10 time, was head of the sales commissary and meat
11 department. So he had exposure at Mainside. My
12 mother worked as a gray lady or volunteer at the
13 Naval Hospital. We would go out to Naval
14 Hospital Point, the Hospital Point, for oyster
15 roast and things like that.
16 I mean, we had no indication that this was
17 going on. We schooled there, we bathed there, I
18 mean everything was totally exposed. That's how
19 I got involved with Camp Lejeune.
20 **MR. STALLARD:** Thanks, Paul.
21 **MR. AKERS:** I do, knock on wood, I am
22 currently two years out from being clear as far
23 as non-Hodgkin's lymphoma, and I only found that
24 out because I had recurring GI bleeds and
25 luckily, the gastroenterologist decided to look

1 one more time, turn the scope around and found
2 the lymphoma.
3 I had no idea the Camp Lejeune concerns even
4 existed until after that when my sister, who is
5 now deceased, sent a newspaper article,
6 previewing this entire situation. So right away
7 it does bring me to something I would like to
8 ask. What can we do to get the word out? The
9 best thing for us to have happen would be for
10 Jerry's film to win the Academy Award. Because
11 then everybody who watches the Academy Awards
12 would at least be aware of the fact that we
13 exist.
14 **MR. ENSMINGER:** It ain't my film.
15 **MR. AKERS:** I know, well, the film. Okay,
16 the film. Either way, we've got, you know, we go
17 to these groups, these showings, and we’re sort
18 of preaching to the choir, so to speak. We need
19 to get the idea and the information out to John
20 Doe who happens to live on a wheat farm in the
21 Midwest. I mean we need to get the word out to
22 the people, because I don't know of any state
23 that didn't or doesn't have some people who were
24 at Camp Lejeune at one time who may have been
25 exposed.

1 **MR. STALLARD:** Thank you, Paul, and welcome.
2 **MR. AKERS:** Thank you.
3 **MR. STALLARD:** Mary.
4 **MS. BLAKELY:** I've been working on the --
5 this is Mary Blakely. I've been working on the
6 death certificates of all the babies of, you
7 know, I've been going down to Jacksonville with
8 the register of deeds and scanning the -- all the
9 death records of all the children of two and
10 under who have any connection to the Marine Corps
11 or the base on their death records.
12 And I was going through the process of
13 organizing them into years and I was doing it on
14 computer, and I got a computer virus and it
15 erased all of my work, but luckily, I have all of
16 my scans and I have started printing them out.
17 But my father, he has lung cancer right now
18 and about -- I don't know, two weeks ago, he
19 ended up in the hospital. He has pneumonia and
20 he's basically coming to the end. And so I've
21 been dealing with his illness. And my oldest son
22 is getting married on Saturday, and I've been
23 dealing with a big wedding. They're only
24 excuses, but I haven't given up working on them.
25 And as soon as I've got them in some order, that

1 I would feel comfortable presenting them here, I
2 was wondering if anybody at ATSDR would like to
3 look at them or just, I don't know, acknowledge
4 that all these babies died, and why? And tell
5 their parents they died and it wasn't their
6 fault.

7 **MR. STALLARD:** Thank you, Mary. Jeff?

8 **MR. BYRON:** Yeah. Hi, it's Jeff. I really
9 don't have much to report other than, you know,
10 seeing the screening of the movie and just the
11 website will be up for another year. That's
12 about it. Thank you. Oh yes, actually. I am
13 retiring from my present company and starting a
14 business, so.

15 **MR. STALLARD:** New chapter.

16 **MR. BYRON:** New chapter.

17 **MR. STALLARD:** Sandy?

18 **MS. BRIDGES (by telephone):** Yes, sir. I
19 really don't have too much to report other than
20 I'm having family problems with cancer. My
21 grandson, about six, seven months ago. Myself,
22 which I thought was gone, is now back and I'm
23 having to deal with that.

24 As far as doing with the website, I do what
25 I can with that and get the word out as much as I

1 can. American Legions and VFW, talk to as many
2 dependents as -- spouses as I can.
3 I'm really, I'm glad that Jeff and so many
4 statements have been made wanting to -- bringing
5 up the fact that we also have diseases and birth
6 defects, not only mortalities to deal with, but,
7 you know, all these things that these people
8 living, people are living with these. They're
9 not dead. They haven't died, but they're still
10 living and passing this on to their own children.
11 And it isn't fair. You know, that’s what I've
12 been trying to work with, and talk to people
13 about, reassure that we're doing everything that
14 we can. And it's slow but it's working. And
15 it's working faster now than it has, you know,
16 the past five years, this past year.
17 **MR. STALLARD:** All right. Thank you, Sandy.
18 Tom, you're on the phone?
19 **MR. TOWNSEND (by telephone):** Yes, I am.
20 I'm saddened. I'm saddened by these stories of
21 these families that have been affected. I've
22 lost my wife and a child and I'm not -- I have
23 pretty severe neuropathy and I'm coming down on
24 the medication. The medication is worse than the
25 -- the cure was worse than the bite, I guess.

1 I feel badly that I can't do any more to aid
2 in the process of getting to the bottom of what
3 the hell happened to us. I'm delighted that the
4 movie feature is out in the world and my thanks
5 to Jerry and you guys that have been meeting. I
6 just can't make it on the flight anymore, and
7 thanks, and I'll continue to follow it and ask
8 God to help us out. Thanks.
9 **MR. STALLARD:** Thank you, Tom. Tom, can you
10 share your challenges that you've had with the
11 VA? Have they been improved, resolved at all?
12 **MR. TOWNSEND (by telephone):** I do have a
13 claim with the Veterans Administration. It is,
14 at the present time it's gone to Washington, DC.
15 It's been to the Board of Veterans appeal. It
16 bounced back to me. I responded and it's back in
17 the mail. It's probably -- I've had it in for
18 about two or three years, so I don't know what's
19 going to happen with it. I do get assistance
20 from the VA on conventional other issues. I just
21 think the VA is not desirous -- the VA is sort of
22 hanging back just like the Marine Corps is.
23 **MR. STALLARD:** All right. Thank you.
24 **MR. TOWNSEND:** Thank you, guys.
25 **MR. STALLARD:** Mm-hmm.

1 **WRAP-UP**

2 **MR. STALLARD:** All right, so we're at a
3 point in the agenda where we need to talk about
4 our next meeting in February.

5 **DR. BOVE:** There were some issues raised in
6 the past, even today, about what we call
7 community concerns, CAP concerns. Are there any
8 CAP concerns that haven't been raised? Or do you
9 want to wait until Portier comes back down?

10 **MR. ENSMINGER:** No, we raised them already.

11 **DR. BOVE:** You raised them already? Okay.

12 **MR. ENSMINGER:** Oh, you know, I've got one
13 more. I have one more concern that's been raised
14 before. Might as well raise it again. I'd like
15 to know -- it's something you could write on your
16 chart -- how many memorandums of understanding
17 are there between ATSDR and the private industry?
18 How many MOUs do they have with private industry
19 contamination sites? I mean and, you know, why,
20 why do they have MOUs with federal polluters? I
21 mean it's -- that's, that's special treatment. I
22 don't think a polluter or any polluter should get
23 special treatment.

24 Title 42 is Title 42. ATSDR was created and
25 mandated by Congress in Title 42 to do health

1 assessments and human health exposures and their
2 effects at national priority-listed contamination
3 sites. It didn't say that if you are the
4 Department of Defense or the Department of Energy
5 or any other government entity, that you get
6 special treatment. And it is my opinion that
7 these memorandums of understanding are
8 unconstitutional. They are not provided for or
9 authorized by Title 42, and therefore ATSDR
10 should not be entering into them.
11 Because of these MOUs is exactly why the
12 Camp Lejeune community and the victims are not
13 part of the discussion. All the meetings that
14 take place about Camp Lejeune take place between
15 ATSDR representatives and representatives from
16 the Department of the Navy and the United States
17 Marine Corps. The people who were poisoned don't
18 have a word to say -- or we don't have a voice.
19 We don't have a place at the table. Why?
20 **MR. STALLARD:** Thank you. Noted.
21 Well, this is, I guess, if I had to respond,
22 a venue for our voices to be heard. I hear your
23 concern, thank you.
24 All right, February. Are we open for
25 February? You got something?

1 **MS. RUCKART:** Well a couple of things. I
2 had sent around some dates and I got feedback
3 from our management what dates would be best for
4 their schedule, but whatever date you pick would
5 have to be somewhat tentative because the
6 conference room scheduler, the website that
7 allows me to select one of these rooms will not
8 be available until later in December so --
9 **TECHNICIAN:** Perri, I'll take care of it for
10 you tomorrow.
11 **MS. RUCKART:** Okay, good. Okay, so whatever
12 date we pick will be our date. Thanks.
13 **TECHNICIAN:** Thank you.
14 **MS. RUCKART:** So the dates we are looking at
15 are February 13th, 21st, those dates accommodate
16 Dr. Portier's schedule as of --
17 **MR. ENSMINGER:** What days of the week are
18 they?
19 **MS. RUCKART:** I don't know. I don't have my
20 calendar with me. I think it's like a Monday or
21 a Tuesday, but I'm not exactly sure. So, and
22 then Chris Stallard has some travel at the end of
23 February. So the dates that work with both
24 Chris, the Chrises, Chris Portier and Chris
25 Stallard, were February 13th through 21st. One

1 of those days might be Presidents Day, but you
2 said you don't like Mondays. That would be a
3 Monday holiday anyway.
4 **MR. ENSMINGER:** No, I don't like Mondays.
5 **MR. STALLARD:** All right. Well, we'll look
6 at it and try to narrow it down between the 13th
7 and the 21st.
8 **MS. RUCKART:** Oh, are we going to do that
9 now?
10 **MR. STALLARD:** I don't know.
11 **MS. BLAKELY:** The 13th is a Monday?
12 **MS. RUCKART:** I think the 21st is a Tuesday.
13 **MR. ENSMINGER:** The 21st. That's my date.
14 **MR. STALLARD:** The 21st is a Tuesday.
15 **MS. RUCKART:** Well, no, you said that you
16 were unavailable as of the 22nd, so the 21st goes
17 for you?
18 **MR. STALLARD:** Yeah, I just have to pack a
19 suitcase. That’s all.
20 **MS. RUCKART:** Okay, so we want to go --
21 **DR. BOVE:** The 20th is a holiday, so the
22 21st is...
23 **MR. STALLARD:** So that Tuesday then, is what
24 we're saying.
25 **MR. PARTAIN:** That's fine with me.

1 **MR. BYRON:** You guys got it easy. I work on
2 those days.
3 **MR. PARTAIN:** Yeah, that's not a recognized
4 holiday in my calendar.
5 **MR. BYRON:** Not in my calendar either.
6 **MS. RUCKART:** So Tuesday, 2/21?
7 **MR. BYRON:** That's a problem, Mike.
8 **MR. STALLARD:** All right. Are there any
9 other comments to be made? All right, then I
10 wish you all a safe journey. I think, submit
11 your vouchers. Safe travels home.
12 **MR. PARTAIN:** Thank you.
13 **MR. STALLARD:** See you. Thanks for being
14 here. We're out, on the phone. Thank you all
15 for your participation.
16 **MS. BRIDGES:** Thank you, Chris.
17 **MR. STALLARD:** Mm-hmm.
18 (Whereupon, the meeting was adjourned, 2:10 p.m.)
19
20

1 **CERTIFICATE OF COURT REPORTER**

STATE OF GEORGIA
COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that Shane Cox, Certified Court Reporter, reported the above and foregoing on the day of November 10, 2011; and it is a true and accurate transcript of the proceedings captioned herein.

I further certify that I am neither relation 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 15th day of December, 2011.

____

STEVEN RAY GREEN, CCR, CVR-CM, PNSC
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