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convenes the

THIRTY-SEVENTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE PANEL (CAP) MEETING

April 12, 2017

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room B, Atlanta, Georgia, on April 12, 2017.

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C O N T E N T S

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

(alphabetically)

ASHEY, MIKE, CAP
BLOSSOM, DR. SARAH, TECHNICAL ADVISOR
BOVE, DR. FRANK, ATSDR
BREYSSE, DR. PAT, NCEH/ATSDR
CORAZZA, DANIELLE, CAP MEMBER
DINESMAN, ALAN, VA
ENSMINGER, JERRY, CAP MEMBER
ERICKSON, LOREN, VA
FLETCHER, CHRIS, ATSDR
FLOHR, BRAD, VA
FORREST, MELISSA, NAVY AND MARINE CORPS PUBLIC HEALTH CENTER
GILLIG, RICHARD, ATSDR
HODORE, BERNARD, CAP MEMBER
MCNEIL, JOHN, CAP MEMBER
MUTTER, JAMIE, ATSDR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RUCKART, PERRI, ATSDR
TEMPLETON, TIM, CAP MEMBER
UNTERBERG, CRAIG, CAP MEMBER
WHITE, BRADY, VA
WILKINS, KEVIN, CAP MEMBER

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

DR. BREYSSE: Let's get started. I'd like to welcome everybody. I don't know what number of CAP meeting this is. On behalf of ATSDR I'd like to welcome everybody to our 37th CAP meeting.

Welcome all to Atlanta. And I apologize on behalf of the city for the traffic problems, but hopefully -- I think everybody's here. Are we waiting on anybody who might be stuck?

Okay. And I want to remind people that this is being recorded so speak up using the microphones, and if you could say your name to assist in the transcription that would be appreciated.

So I'd also like to remind the members of the broader community that this is a CAP meeting, and while we're interested in questions you might have there'll be a period of time on the agenda when you can do that, so if you could hold your questions and concerns for that time we'd appreciate it.

I'd also like to make a special welcome to Jason Lowry, who is here from Congressman Jones's office. And Jason, we're happy to have you with us, sitting up in the back today for this CAP meeting.

So with those brief comments why don't we go around the room and introduce ourselves for the record. Oh, silence all cell phones, please, and try and keep your focus on the meeting, if possible. I'm going to have to 'cause I've just noticed my iPad only has three percent battery. So Bernard, if you wouldn't mind starting?

MR. HODORE: Bernard Hodore, CAP member.

MR. WILKINS: Kevin Wilkins, CAP member.

MR. TEMPLETON: Tim Templeton, CAP member.

MR. ENSMINGER: Jerry Ensminger, CAP.

MR. PARTAIN: Mike Partain, CAP.

MR. ASHEY: Mike Ashey, with CAP.

MS. CORAZZA: Danielle Corazza, CAP.

DR. BLOSSOM: Sarah Blossom, technical advisor, CAP.

DR. BREYSSE: Patrick Breysse, Director of the ATSDR.

MS. RUCKART: Perri Ruckart, ATSDR.

DR. BOVE: Frank Bove, ATSDR.

MR. GILLIG: Rick Gillig, ATSDR.

MS. MUTTER: Jamie Mutter, ATSDR.

DR. DINESMAN: Alan Dinesman, VA.

DR. ERICKSON: Loren Erickson, VA.

MR. WHITE: Brady White, with the VA.

MR. FLOHR: Brad Flohr, VA.

MS. FORREST: Melissa Forrest, Department of Navy.

MR. PARTAIN: And Dr. Breysse, I heard a comment from the viewers online saying the volume is too low.

DR. BREYSSE: Can somebody help us with the volume for the viewers online, please? Chris, we went by already. Want to introduce yourself real quick?

MR. ORRIS: Good morning. I'm Chris Orris, CAP member.

DR. BREYSSE: Fantastic. So Jamie, are there any other announcements?

MS. MUTTER: Just the bathrooms are down the hall on the left. Cafeteria is all the way down the hall on the left. As he said, please silence your cell phones. And if there's an emergency exit we can go out these doors to the left, and there's stairs down to the parking lot. With that I'll hand it back to you.

DR. BREYSSE: So we have some new CAP members, so I wondered if they wouldn't mind just saying a few words about their background and what they bring to the CAP.

MR. ASHEY: I'll go ahead and start. Mike Ashey. For ten years, actually 11, I was bureau chief down in Florida for Florida's contamination and cleanup program. We concentrated mostly on petroleum so I'm pretty well versed in remediation and contamination cleanup. And the lithology in Florida is very similar to that at Camp Lejeune, so I think I bring a lot to the table. Prior to that I worked for the Defense Department and -- boo -- as a senior engineer. My last assignment I was technical advisor for the Navy Seals for two years. And then prior to that I went to college, and before that I was in the Marines for four years. And I'm a Camp Lejeune Marine.

DR. BLOSSOM: Dr. Sarah Blossom. I am in Little Rock, Arkansas at the Children's Hospital Research Institute. I'm an associate professor in pediatrics. I'm an immunologist, slash, oncologist. I have been studying trichloroethylene effects on the immune system and the brain and the liver for about 17 years now. Thank you. And I'm very happy to be here today.

DR. BREYSSE: Great. So no other announcements, Jamie? Okay.

MS. MUTTER: So we'll start with the agenda.

And the first up is any VA updates or questions for the VA, so I'll hand it to the VA for any updates first.

VA UPDATES

DR. ERICKSON: I'll go ahead and start. This is Loren Erickson. As all of you know, we've had a change of administration, and with changes of administration there's new people to brief, and so we've been very active in providing information about toxic environmental exposures, in particular Camp Lejeune, to a variety of new leaders within our agency. Also we've had an opportunity to respond to the number of Congressional questions, mostly from staffers who are new, who are very interested or engaged in these types of issues, and so we've had an opportunity to speak to them as well.

I'm going to turn it over to Brad Flohr here in a second, but I'll just say that we're glad that the 90-day period of Congressional review ended for the Camp Lejeune presumptions regulation on, I believe, the 14th of March, which means that it then took effect without Congress really weighing in, and certainly not becoming an obstacle to those regulations. Brad?

MR. FLOHR: Thank you. Good morning, everyone. As you know, on March 14th of this year we started granting claims for one of the eight presumptives. We had stayed about 1,700 decisions that could not be granted by our Louisville office from the time the Secretary announced his decision to presumption -- presumptions in December of year before last. As of that date, then, we started to process those as well. We've also done training to all of our regional offices so that there's no reason Louisville should have to do all the work on those presumptives that we can grant. Our other offices can do that. So far about 20 of our offices have actually granted claims.

They went through a lot of training. They had to do in-person, classroom training type to figure out what they needed to do to grant a decision. Now, of course, just granting service connection is not the only issue. The other issue is how disabling is the condition. We have to determine, for example, if it's a cancer, if it's active it's a hundred percent, and it remains that way as long as it is active and the veteran is undergoing anti-neoplastic chemotherapy or something. Once it goes into remission then we have to evaluate it based on

the residuals and assign the evaluation accordingly.

We have done approximately 109 cases in Louisville, I think, since then. There are some issues there that we can't grant them all because we've stayed the claims, for example, where we could not grant scleroderma, because we thought scleroderma was going to be one of the presumptives; turned it out it wasn't. Also we did not have any idea there would be a 30-day requirement of service at Camp Lejeune so some claims have been denied because the veteran did not have 30 days cumulative service at Camp Lejeune. So there were issues that we didn't know about, and now that we know about them it kind of -- it's, it's just more difficult to process the claims than it normally would've been.

But it's too early at this time to give you any hard data. It's only been less than a month. I think by the time we have our next CAP meeting I'll have a lot more data that I can give to you about how we're processing these claims. So far it's -- at the moment it's going well.

MR. ENSMINGER: All right. You did a newspaper article with Tom Philpott, and you quoted in that article that you had identified 1,400 claims that had at least one of the eight presumptions. When

did you start adjudicating those claims? I mean, when did you really start looking at them?

MR. FLOHR: March 14th.

MR. ENSMINGER: So you did nothing between the Federal Register announcement in January --

MR. FLOHR: We, we couldn't --

MR. ENSMINGER: -- until March --

MR. FLOHR: -- we couldn't grant them before March 14th.

MR. ENSMINGER: No, I'm not talking about granting them, but the one the -- during all the, the lead-in to it, so that when the 14th of March got there you could expedite them.

MR. FLOHR: Well, those that were not presumptives, we were still working on other issues that have been claimed. We'd have to stop doing those if we were going to work whole-heartedly on the 1,400 we had stayed. We knew we could grant those on March 14th except for service requirements and scleroderma, but other than that we're continuing to grant -- or, or process other claims based on exposure (indiscernible) as well.

MR. ENSMINGER: Yeah. All right, you talked about the training. Did you conduct this training? Did you have a team?

MR. FLOHR: No.

MR. ENSMINGER: What did -- what kind of training and when did you do this training?

MR. FLOHR: I think this went out from our office of field operations to our regional offices, and the training was done in-person. We had to provide guidance to the field officers to those who were doing the training: Here's what you need to know; here's what you need to train on. But the training did not start 'til March 14th.

MR. ENSMINGER: Why? Why, why, why didn't you start training in January?

MR. FLOHR: That's a good question. I asked that question myself. Apparently it's --

MR. ENSMINGER: Well, who's in charge?

MR. FLOHR: Not me, the office of field operations and the undersecretary of benefits. Basically it's because, whenever a regulation's going to become effective, we don't do training on it until the effective date because, although it's very -- it would be a very minuscule chance, something could come along which would make us change. Something would be added or subtracted. So we just don't do the training until the actual rule becomes effective. That's what I was told about

that.

MR. ENSMINGER: For God sake, if the military operated under those guidelines, you know, we'd be speaking German or Russian by now.

MR. FLOHR: Yeah, I speak Russian and German. But no, I can't answer that question, Jerry. I just don't know. That's not my -- I'm not in charge of that.

MR. ENSMINGER: I mean, but you know, you're deeply involved in this Lejeune issue. I mean, couldn't you have at least gone to your undersecretary and said, hey, look, you know, we got this thing coming up, and we need to train our people?

MR. FLOHR: Jerry, I did ask about it, but again, it's not --

MR. ENSMINGER: Well, who was it?

MR. FLOHR: It's not my decision.

MR. ENSMINGER: Well, I mean, you know, who? Who did you ask?

MR. FLOHR: The undersecretary for benefits, office of field operations.

MR. ENSMINGER: Who's he?

MR. FLOHR: That's many people in the office of field operations.

MR. ENSMINGER: Oh, my.

MR. FLOHR: All right.

MR. ENSMINGER: All right, who -- I mean, have you guys got a Camp Lejeune expert that, you know, has been identified for these field offices to contact if they have a question regarding a Lejeune claim?

MR. FLOHR: It would come to the office of field operations from one of our field stations if they have a, a question. And if the office of field operations couldn't answer it, they would hopefully come and ask me about it. So far, no.

DR. BREYSSE: So can I maybe just remind people -- I was remiss in not bringing this up at the meeting, but to provide a little order and make sure everybody has a chance, if you want to ask a question put your tent up so we can keep track of who's...

MR. ENSMINGER: You know, you know, what about the claims that were under appeal prior to the 14th of March? What, what are those veterans -- what's the guidance for those veterans?

MR. FLOHR: That's a good question and it's one that I'm working with the Board of Veterans' Appeals, to see what we can do. It doesn't make

sense that someone has a presumptive condition that is on appeal at the Board. That was denied, it is on appeal, where it could take years for that appeal to be completed, doesn't make any sense at all. But we can't grab that issue back and grant it, and then get it back to the Board because there's a possibility, if they were to grant the claim, that the veteran (indiscernible). So that's what I'm working on with VBA. There's just so much involved with back and forth and then how we do this, but I'm working on that right now.

MR. ENSMINGER: Well, I mean, and then here's another issue. I mean, you knew that these claims had been denied and that they were going into appeal since January, when the Federal Register announcement was published. Why didn't somebody in VBA look at these claims that were denied, that have one of the presumptions, and identify them that are under appeal?

MR. FLOHR: Again, that's easier said than done. We don't have any actual tracking of issues at the Board. The Board doesn't have that. So we're going to have to work -- try and find a way to identify those issues that are on appeal. And I said, that's what I'm working on now with the VBA.

MR. ENSMINGER: Okay. Now, what about Camp Lejeune veterans who died prior to the 14th and their widows, or their surviving spouse? Better to put it that way because we have male and female --

MR. FLOHR: Of course.

MR. ENSMINGER: -- military members.

MR. FLOHR: Of course. They definitely should file a claim, if they have not done so already.

MS. CORAZZA: Even if they -- even if they died before the 14th?

MR. FLOHR: Yeah.

MR. ENSMINGER: Yes.

MS. CORAZZA: So if it goes back -- so it's back to --

MR. FLOHR: It's a presumptive as of the 14th, but for death benefit purposes, if they died from a presumptive disability, yes, they would be entitled.

MR. ENSMINGER: And why is it that, if somebody has a claim that has one of the eight presumptives in it, but they have other health effects listed in that, why is that -- why does that claim take longer? I mean, why can't you approve the presumptive part of that claim, and then move on and adjudicate the rest of that claim --

MR. FLOHR: Yeah.

MR. ENSMINGER: -- at a later date?

MR. FLOHR: I agree with you.

MR. ENSMINGER: Or however long it takes.

MR. FLOHR: I think that's what's happening. We gave our field stations authority to grant service connection with one of the eight presumptives. Most claims, if not all claims, come in with as many as eight or 13 issues. We can go ahead and grant that one while we work the others, yes, absolutely.

MR. ENSMINGER: And are people who have one of the presumptives being given C&P exams, to see if they've got any of the residual effects of their cancer that are still --

MR. FLOHR: If, if there is not any correct medical evidence, like if the veteran submits a statement from an oncologist who's been treating them as an active treatment, we don't need to do an exam for that. If it's been a while, if it's been years since the condition was diagnosed and we don't have any current medical evidence, we would probably request an exam.

MR. ENSMINGER: And lastly, you made the statement in this article to this reporter that -- that can be proven to be a cause by a person's

exposure at Camp Lejeune don't necessarily -- won't necessary be listed as the 14th of March. They'll be backdated.

MR. FLOHR: Well, what I said, and I think what I -- yeah, that's what it was, was I heard from Louisville that some of our offices who are now processing these claims for the presumptives, the effective date or of the claim, the date of the claim, was prior to March 14th, okay? They can grant benefits from March 14th, but if they filed a claim in December of 2013 or January of 2014, they could be found entitled on a direct basis. So if they grant the presumption, and Louisville said they weren't; they were just granting it from March 14th and then sending back the files, done with it. I said that's not right. I've put out an announcement to our field stations saying there's entitlement to an earlier effective date possible on a direct basis. So once you grant service connection from March 14th, send the file to Louisville, and they can process it as they normally would do.

DR. BREYSSE: All right, so we'll take Tim, Chris, and Mike, but before we do there's a couple people who have joined us who -- Craig, you want to introduce yourself real quick?

MR. FLOHR: By the way, Loren said we were meeting lots, again, with Congressional staff. Next week I'm going to be briefing the four corners on Camp Lejeune and what we're doing right now. We're very involved with Congressional staff.

MR. ENSMINGER: What are the four corners?

MR. FLOHR: The House and Senate minority and majority.

DR. BREYSSE: Craig?

MR. UNTERBERG: Yeah, Craig Unterberg. I'm with the CAP.

DR. BREYSSE: And John, if you could introduce yourself -- a little bit of background since you're a new member.

MR. MCNEIL: I got you. John McNeil. I'm a member of the CAP. I started out -- I lived at Camp Lejeune as a Marine. After the Marine Corps I went to college and law school, and now I'm a lawyer. I know a couple of these folks. I knew Lori Freshwater from back after college -- or in college. That's how I got involved with the CAP. I've got a lot of friends that are dealing with this or their family members. That's why I'm here, so.

DR. BREYSSE: Tim?

MR. TEMPLETON: Thank you for the great news,

Brad. One question that I had come up, and I wanted to ask you. If, if someone had -- submits a claim after, well, let's say today, they submit a claim for one of the presumptives, then it will backdate to the March date?

MR. FLOHR: That's a good question, Tim, thank you. Yes, there is -- when we have a liberalizing rule like this. Anyone who files a claim within one year from March 14th will be backdated to March 14th.

MR. TEMPLETON: And after that --

MR. FLOHR: After that date --

MR. TEMPLETON: -- (unintelligible).

MR. FLOHR: Yes.

MR. TEMPLETON: Okay, got it. Thank you.

DR. BREYSSE: Chris?

MR. ORRIS: Morning, Brad. Before I ask my question I'd like to extend a warm welcome to Jason Lowry, who is Congressman Walter Jones's aide. It's a pleasure for Congressman Jones's aide to be here today, and I believe he's working with y'all in regards to the Camp Lejeune issue.

Brad, I have a question regarding the field offices with presumptives. Who is in charge of that?

MR. FLOHR: We have an office of field

operations.

MR. ORRIS: Who's in charge of the office of field operations?

MR. FLOHR: Willie Clark.

MR. ORRIS: Willie Clark? Can we not get Willie Clark here at the next meeting?

MR. FLOHR: I don't know. I could ask.

MR. ORRIS: I think that would be beneficial. That's all I have, Brad.

DR. BREYSSE: Mike? Mike? Let him, Mike, go first.

MR. ASHEY: Hi, I've got a couple questions. I know I'm new, and you may have approached some of this ground already, but I've got some experience dealing with one of the VA offices as I went through the registration process for -- just to get VA healthcare, and that was based on getting letters every six months from the VA saying, hey, you're a Camp Lejeune Marine; you need to sign up. What -- what's the backlog for the number of citizens, either Marines, Army or Navy or civilian personnel, civil service, that worked at Camp Lejeune that have made applications, say, on your 1010-EZ, and have not been approved yet? What's the backlog?

DR. ERICKSON: Is this in relation to the Janey

Ensminger Act --

MR. ASHEY: Yes.

DR. ERICKSON: The 2012 law?

MR. ASHEY: Yes.

DR. ERICKSON: So we'll have Brady answer this one.

MR. WHITE: So I was going to go over a little bit about some of the data that we have. Most of the people here have heard it before so I didn't really have a presentation to give. But basically as of today we have received a total of 2,101 applications, and we've granted administrative eligibility for 415. And by administrative eligibility I mean we've shown that the veteran was stationed at Camp Lejeune, that there was a dependent relationship between the veteran and the dependent, and they were on base for 30 or more days. So that makes them eligible to receive benefits in the program.

You asked specially though about pending applications, and right now, for administrative eligibility we only have about 96 applications that are pending, and our goal is to complete those within 30 days. And that's -- just so you know, I know you're new to the group here, but I'm over the

family member health benefits side of the program, and then Brad, he's more over the benefits side. Did that answer your question?

MR. ASHEY: So if I understand you correctly, 2,100 service personnel have been approved --

MR. WHITE: No. That's family members.

MR. ASHEY: Okay. What about service personnel, Marines? Do you have a list of, say, Army, Navy, Marines, Air Force personnel who may have served at Camp Lejeune for 30 days and have been qualified for VA healthcare, that are in -- that didn't -- they didn't retire from the military; they served four years or six years, and then they found out about the Camp Lejeune issues and submitted an application for VA healthcare.

MR. WHITE: Yeah. I -- let me get that information, and I'll report out the -- while Alan is going to be giving his presentation.

MR. ASHEY: Okay.

MR. UNTERBERG: Brady, did you say 2,100 were approved or 14 --

MR. WHITE: 2,100 were -- 2,101 applications were received.

MR. UNTERBERG: And 415 were approved?

MR. WHITE: 415 were administratively approved.

MR. UNTERBERG: Right. So what was the main rejection reason?

MR. WHITE: We've got three main rejections. One is we couldn't show 30 or more days of residency at Camp Lejeune, 192 we couldn't show a dependent relationship, and 104 the veteran didn't meet the veteran criteria.

MR. ENSMINGER: What were the numbers on that again? How many on the first, second, third, how many?

MR. WHITE: 279 -- and what I'll do, Jerry, is I'll send this to Jamie, and she can forward it out to you guys.

MR. ENSMINGER: You know, because the numbers that you just gave don't add up (inaudible). They don't add up to 2,100.

MR. WHITE: Well, there's 591 that were denied, okay? Of those 591 that were denied 279 were denied because the 30-day criteria, 192 because of we couldn't show a dependent relationship, and 104 because of the veteran criteria.

MR. ENSMINGER: (inaudible).

MR. WHITE: 415 were administratively approved for eligibility.

MR. ORRIS: But for the administratively

eligible it doesn't mean that you're paying any benefits on some of those, correct? I believe I'm an administratively eligible --

MR. WHITE: Right.

MR. ORRIS: -- member, but I've never received any compensation, I don't think. So how many are you actually paying benefits to?

MR. WHITE: We are actively -- so that's a good point. So once somebody's administratively eligible then we have to review their medical evidence to make sure they have one of the 15, all right? And right now we're actively paying for 263 family members.

MR. ORRIS: Thank you.

MR. WHITE: For their...

MR. ENSMINGER: Well, the numbers got misquoted. They only add up to 990.

MS. MUTTER: While there's a break in conversation can I remind everybody to use their microphones so that people online meeting and the transcriptionist can get the conversations? Thank you.

MR. WHITE: So Jerry, let me go through all the -- maybe that'll give you a better picture. So of the 2,101 applications we received we, again,

approved 415. Of those, 228 were deemed clinically ineligible, 591 we approved or were administratively ineligible, and we have 96 that we're still -- that are going through the system.

MR. ENSMINGER: Okay, we're starting to get up there now.

MR. ORRIS: So Brady, how many --

MR. WHITE: Hold on a second. There's 771 that were administratively eligible but were -- the number's a little misleading but we're -- the way we have it here is we're waiting on a clinical determination. Basically what most of that is is, you know, somebody might have filed, made administratively eligible, but now we're waiting on either them to submit medical documentation, you know, to, to make sure that they have one of the 15; that's what most of it is.

MR. ORRIS: So Brady, going over the numbers, what is your office's projected -- when we set this up how many applications did you project initially?

MR. WHITE: We were initially thinking we were going to get 1,300 applications here.

MR. ORRIS: And you've received 12 -- 2,100 over three years?

MR. WHITE: Since we've been operating.

MR. ORRIS: Now, what's your office's budget every year?

MR. WHITE: I don't have those at my fingertips.

MR. ORRIS: Okay. The reason I'm asking is I would suspect that your operating costs are far higher than what you're actually paying out in benefits right now; is that correct?

MR. WHITE: That is probably accurate, absolutely.

MR. ORRIS: So would you consider the outreach, the amount of applications that you have received, a success, or is it something that needs further work right now?

MR. WHITE: Well, we worked very closely with the Marines to get the materials and get the word out as best we could, so at this point -- you know, we were receiving probably about ten applications a week. Since the presumptive issue has gone out that's increased the level of awareness.

MR. ENSMINGER: Who are you working with --

MR. WHITE: For family members. Pardon me?

MR. ENSMINGER: Who are you working with to get proof that these people were actually dependent? Where are you getting the documentation of whether

or not these people actually qualify or not?

MR. WHITE: We are working with the health eligibility center that -- you know, we have access to the veteran electronic record. So ideally we can do all this without the family member actually even submitting actual documentation, because, you know, if you were there 30, 40 years ago, what's the likelihood of that happening?

And if you recall, early on what we were able to do was to show residency requirements. We worked with our office of general counsel, and as long as we can show a veteran was assigned to base housing, because they kept all those records in little post cards, and since then they digitized them, and we have access to that database now. So if we can show that the veteran was assigned to base housing and we have that dependent relationship, then we can make that link.

MR. ORRIS: So my next question's going to be for Melissa Forrest. You know, what does the Department of the Navy think about the presumptive benefits for active duty military, and yet the family members of those active duty military are receiving something much less? Why the disparity and what is the Department of the Navy doing to make

sure that their family first is taking care of the families as well?

MR. WILKINS: Go ahead, put it on record.

MS. FORREST: That's fine. I hear what you're saying. I think I'm going to need it put more into a question to take back to them.

MR. ORRIS: Okay, so here. Why -- what is the Department of the Navy doing to provide the same benefits and care for everyone equally exposed to the toxic water at Camp Lejeune, whether they be active-duty military personnel, civilian employees, or the families of those active-duty military people, who were stationed and lived at that base, and drank and bathed in the water just as much? Why the disparity and what is the Navy doing to fix that?

MS. FORREST: I'll take that back. You know, I -- my understanding of it is a lot of that is done through the VA for benefits, but I'll, you know, take it back and get an official response.

MR. ORRIS: Well, no, the Navy could be talking to Congress and making sure that they're taking care of their families.

MS. FORREST: Okay.

MR. ENSMINGER: No, the Navy slipped out from

under the side of the tent. Somebody needs to grab them by the heel of their boot and pull them back in and beat the hell out of them.

MS. FORREST: I think I'll capture Chris's question.

DR. BREYSSE: That was a facetious comment, for the record. Mike Partain?

MR. PARTAIN: Okay. Brad, couple of things. First, you know, we were talking about the ratings and, you know, a hundred percent during treatments for cancer and stuff, and we, through Facebook and the internet and stuff, we did have a lot of people to talk to us. The first thing I want to ask is we need a single point of contact that we can send people to for questions. I've sent a couple people, one in particular, dying of bladder cancer in Texas, Mr. Daniel. He just got back out of the hospital and they have yet to hear anything, and he has bladder cancer. I thought there was going to be some action, like they were under the impression that something was going to happen but he emailed me two days ago to let me know that there's been absolutely nothing back to them from the VA on this case. So people are falling through.

Anyways, so that is the first thing, is what

are we doing about, you know, these people are falling through the crack? Can we get a single point of contact where we could get people to and -- so we can follow up on it as well? I know we've been using you, but I don't know if that's working or not.

The second -- you know, post-chemo effects, where a veteran has gone through cancer and chemotherapy and treatment. Another veteran contacted me. He had bladder cancer as well. He went through aggressive chemotherapy, and has extensive nerve damage, neuropathy, post-chemotherapy, but yet he's service-connected, and no one bothered to ask him about his, you know, after-effects, or what have you. He actually had nerve testing done, and it is well documented that he has extensive nerve damage in his legs and his feet. So I guess, I mean, what are you guys doing to capture that? And then I have one question for Brady, but take your time and comment on those.

MR. FLOHR: That last one, if the bladder cancer was just a zero, that's not right. That's erroneous. At the public meeting we had in Tampa, afterwards, I met a spouse that was there. He was in a wheelchair, and he really couldn't talk. He

was in bad shape. He had bladder removed. He had his kidney -- kidneys removed, and he had a zero percent evaluation. I said that's not right. And I went back to the office, and I contacted Louisville. I said, look at this. This is not right. And they agreed that they'd made an error, so they gave him 100 percent-plus the next day, and we got him a nice retro check. But, I mean, errors do get made. I'm sorry they do.

But I've gotten a number of emails from Camp Lejeune veterans the last couple of months. A couple of them said they were going to be here today. And I tried to take care of them. I contact Louisville, or whoever's working on it, and make sure that they get the service that they need. So you can always use me.

MR. PARTAIN: Well, if you could follow up with the Daniels, give them some peace of mind before --

MR. FLOHR: Well, you need to send me his information.

MR. PARTAIN: Well, you've already -- I'll send it again, but I sent you the email, and you were in contact with them and so forth.

MR. FLOHR: Yeah, I forwarded it to Louisville, they said they were looking at it, so I'll see

what's happening.

MR. PARTAIN: Basically they went through the wringer, and nothing's happened, so the -- and by the way, the veteran with the chemo bladder cancer was -- went in the Marine Corps with Danny, the gentleman you were referring to, who has since passed from his kidney cancer. They were buddies in the Marine Corps. Both of them ended up with bladder cancer, and Danny ended up with bladder and kidney cancer.

My last question for Brady on the Dependent Care Bill. Now, you're mentioning those 263, I guess, dependents have received benefits. I know of two of them that -- and this has been a problem -- both of them were treating for breast cancer, one's male, one's female, and they're having problems with getting payments made on time. Some of these doctors' bills are going past 90 days. They're getting collection calls from care providers and so forth. If need be I can -- I haven't heard from them lately, but that is something that was brought to my attention. And what can we do to get these -- I mean, 263's not a lot. What can we do to get them paid on time?

MR. WHITE: So my understanding from the, the

team that does our claims payment processing, again, their goal is 98 percent within 30 days. And, you know, they don't have a lot of claims that they're dealing with, so they're supposedly meeting that goal regularly. So if you can give me their specific information I'll definitely look into it.

And Mike, so I got some numbers. For veterans -- veteran healthcare. So this is for last year, for FY '16. The VA provided healthcare to 30,372 Camp Lejeune veterans. 2,557 of those were treated specifically for one of the 15 conditions.

MR. PARTAIN: How many?

MR. WHITE: 2,557. Meaning that they had one of the 15 conditions. And if you guys remember, to receive medical benefits, to qualify for VHA healthcare benefits, all they need to do is show that they had -- they were stationed at Camp Lejeune and they were brought in as a category 6, priority group 6 veteran. And that means that they can receive healthcare benefits in the VA. And then when they get treatment for one of the 15 conditions they don't have any copays for that treatment.

MR. ASHEY: Thank you. How about the backlog? I know that there's a processing backlog. Do you have a number for that?

MR. WHITE: Not for healthcare benefits.

MR. ASHEY: Okay.

MR. WHITE: I think it was less than ten, so it was really minuscule.

MR. ASHEY: A couple more questions. When a veteran fills out 1010-EZ online, and they check that box that says they're a Camp Lejeune Marine, and then they go on and, and there's another section in the instructions that says: If you checked the box for a Camp Lejeune Marine you don't have to fill out the financial part of that form. Why is it the practice of, at least the Lake City, Florida office, to then send a complete application to that veteran? 'Cause I went online, filled out the 1010-EZ, checked the box, and then ten days later I got a complete stack of papers with a demand to fill out everything, including the financial, even though I had checked that box.

And when I called that processor, aside from the not-so-friendly phone call, or the discussion with him, what he told me was that, if I didn't fill out the form completely he would throw it in the garbage can. So -- and, and that's my personal experience with that.

Now, what I told him was I was going to send

him my DD-214, which said I was discharged from Camp Lejeune. His response was: Well, you still need to verify you were there for 30 days. And I said, okay, I'll send you my sergeant's warrant. And he said: If you send me the sergeant's warrant I'll throw it in the garbage can. So I -- my first question is why do you -- why, why did that office -- I don't know if it's standard protocol -- but why did that office, after I filled out the 1010-EZ, send me the complete application, make that demand, and say that I needed to demonstrate I was here for 30 days, when I told him I had a sergeant's warrant that said Camp Lejeune and a DD-214 that said Camp Lejeune and they were about a year apart, that that wasn't good enough?

MR. WHITE: So thank you for bringing that up. I can do two things here. If you have the name of that individual that said he was going to throw your information in the trash I would like to get that.

MR. ASHEY: I have that. I'll give it to you.

MR. WHITE: Okay. And second is unfortunately we work in a really large bureaucracy, and as much training and everything that they do, our health eligibility center is the one that handles the veteran eligibility piece of this whole puzzle.

Sometimes, you know, we like to have a representative here, but because this wasn't a public meeting, we didn't do that. But it should be a really easy process as far as signing up for Camp Lejeune veterans. So the fact that you didn't have that experience troubles me, and I'll follow up and ask them about what's going on.

MR. ASHEY: Okay.

MR. WHITE: But that office is not the only one that we've had --

MR. ASHEY: Issues with.

MR. WHITE: -- concerns about.

MR. ASHEY: So but let me make sure that I understand. If a veteran goes online and fills out the 1010-EZ, they should not be -- and they check that box for being at Camp Lejeune or Camp Lejeune service personnel, they should not get in the mail that additional paper forms with all of that -- all those requirements? Any paper form at all.

MR. WHITE: Mike, I'm just not that familiar with that side of the house. So I can follow up and find out about it, but...

MR. ENSMINGER: Do your people have access to the DMDC, the defense manpower data center?

MR. WHITE: I believe so. There's multiple

sources online that they go in and they... You know, they -- normally they don't need DD-214. You know, that's all in the electronic file, right? So we should have access to all that.

MR. ASHEY: Well, I had to send them a copy of my DD-214, and I sent them my sergeant's warrant and a cover letter that said, hey, if I don't get a response in 30 days I'm not going away.

MR. WHITE: Yeah, and I'd be very interested in getting that individual's name.

MR. ENSMINGER: And by the way, Brady, to set the record straight, all these meetings are public. Even though we meet here in this facility these are public meetings.

MR. WHITE: Okay, good point. Thank you.

MR. ORRIS: Quick question for you, Brady.

DR. BREYSSE: Chris, there's other people who had their --

MR. ORRIS: Oh, sorry.

DR. BREYSSE: -- tents up first.

MS. CORAZZA: Just to clarify, 'cause I've done some work with the different priority groups, my understanding would be if we have 30 -- if we have 20, say, thousand people using it that don't have one of the 15 conditions. So you're saying, period,

Camp Lejeune care is free, even if it's not covered by the -- for the service member, even if it's not one of the 15 conditions? 'Cause I've had to submit -- I'm under several different priority groups, and I've had to submit financial paperwork, and I pay two or four dollars, based on my financial standing. So just to clarify, you do not --

MR. WHITE: Again, I think -- so for treatment of one of the 15 conditions, if you're priority group 6 veteran, you don't have any copays for that treatment.

MS. CORAZZA: Okay.

MR. WHITE: Anything else you do.

MS. CORAZZA: Which would then that's why you would have to do the financial information, because that is what determines your copays. So that's what I was asking. Thank you.

MR. WHITE: Well --

MS. CORAZZA: So they were not wrong; they were just rude.

MR. WHITE: Well, if, if -- well, I have the --

MS. CORAZZA: Yes.

MR. ASHEY: -- I've got the forms right here online, and it said: If you check this box you do not need to submit financial information for VA

healthcare, period, end of story. That's what the form online said. When I had that discussion with the representative from the Lake City VA office, I'm not going to go into the details of all of the explicatories [sic] we had back and forth, but what I got out of him was -- I mean, there was a level of frustration on his part. He told me he had a lot of veterans who were in his backlog who had not yet been approved, and the expectation upon my part was it would probably take a year. Now, in my case it was 30 days or less. Now, why that happened I don't know. I'm thankful that it did, just to get the VA health coverage.

But I finally submitted that 1010-EZ because of the outreach from the VA, which I thought was very good, that they had been sending me these notifications for like four years. And I finally decided that I would go ahead and go through that process.

My hesitation was, back in 1979, when I went to the VA for a disability from being involved in a helicopter crash, I was not treated well. I mean, it was, you know, no Vietnam veteran was treated well back in 1970. So but my experience with the VA clinic in Tallahassee has been exemplary. It was

that process that I went through that was just -- you know, it was like a -- it was 1979 all over again. So once I got through that it was okay. But I'll share with you some of this stuff offline, after the meeting.

MS. CORAZZA: Yeah. Can we get the clarification, then, 'cause they need to change the form if financial...

MR. WHITE: Yeah, absolutely. I'll let you look.

DR. BREYSSE: So some people who have had their tent up a while haven't had a chance to talk yet. So Craig?

MR. UNTERBERG: So Brady, at the end of the last meeting it sounded like I had pretty good hopes for the acceptance process. You guys got the housing records. But I was just kind of just doing rough percentages. It sounds like 90 percent of the applicants are not receiving benefits, and at least 50 percent have been rejected. So it seems like, considering a low application rate as well on top of that, now the rejection rate has really gone up, and there's very few people actually getting benefits. So I'm trying to figure out if there's still some information you're missing or you're getting just

bad applications, but it seems like a very high number of rejections or (indiscernible).

MR. ASHEY: Can I make one more suggestion, and then I'll shut up?

MR. WHITE: So again, most of the admin eligibility denials, and it's -- I don't know the exact percentage but 591 were denied because of the administrative eligibility; is that what you're primarily asking? I mean, why was that?

MR. UNTERBERG: Right. So when you say someone has to live on the base for 30 days, so let's say the housing record shows that they were on the base. How do you figure out -- well, how do you decide whether it was 30 days or not? I mean, people that are just not showing up in the housing records?

MR. WHITE: We actually don't -- we give them the benefit of the doubt of the 30 days.

MR. UNTERBERG: So you have people that are not showing up in the housing records?

MR. WHITE: Yeah. I mean, at the last meeting I had somebody that was asking me about the trailer -- there was some trailer park on base. And we just -- that's just not something that the Marine had any record of, apparently.

MR. ENSMINGER: Oh, yeah, they do.

MR. WHITE: They did?

MR. ENSMINGER: Yeah. ATSDR's got them.

DR. BOVE: We have the same data they have. And the Knox trailer park was uneven in terms of coverage in the post cards, or index cards, you were talking about, but there were other trailer parks nearby as well, apparently.

MR. ENSMINGER: Yeah, one was Geiger, and that wasn't -- that wasn't on the main side.

DR. BOVE: Part of Knox was not covered at all by those post cards; we know that. Now, whether that was off base somehow or considered off base.

MR. ENSMINGER: No. Those were the people that owned their own mobile home.

DR. BOVE: Right, okay.

MR. ENSMINGER: They've got a lot there. But the ones that lived in the little tinman --

DR. BOVE: Right. Those may have been covered. But again, the --

MR. ENSMINGER: -- camping trailers.

DR. BOVE: We worked with these post cards, or index cards there, and they were spotty with Knox. I mean, they admitted that it was spotty.

MR. WHITE: Well, as long as they were in the post card, then we'd have it in the database. So

everything in that database would be -- now, we don't just deny that though, if they're not in the housing database. I mean, we reach out to -- there's a record center in St. Louis, the national archives, and we'll ask them to kind of search the records, if there's any kind of record that shows residency, and if that fails we will also reach out to the Marine Corps, and ask them to do another search.

But you're right, I mean, it's -- 591, I would like to obviously be able to help everybody out that we can, but, you know, there's certain stipulations in the law that we have to follow, and that's one of them.

MR. UNTERBERG: So if you guys had a sworn affidavit from the applicant that that is the law --

MR. WHITE: No. Early on I asked our office of general counsel if we could use that, and that's -- that doesn't -- I forget what their term was, but that doesn't rise to the level of evidence that we would need.

MR. UNTERBERG: Is that in -- that's in the bill, and they can get evidence or that’s the interpretation by the general counsel?

MR. WHITE: It's probably not in the bill. I

don't think there's language in the bill, but there is language about, you know, 30 or more days at Camp Lejeune, so.

MR. UNTERBERG: Because it's not a -- it's not like -- you know, you don't have a huge applicant of potential fraudulent, you know, applicants. It's a pretty small number relative to the population. It would seem like an affidavit or something. 'Cause I -- I went through that process, and if you're not in that housing base record, I mean, trying to find a moving record or an electric bill, I mean, you really have it extremely difficult, and you're basically saying no. And there should be some way to prove it up that helps to (indiscernible) out 'cause there's 600 people. We're not talking about, you know, 60,000. So it seems not a very high hurdle for those people that they're not going to be able to overcome.

MR. WHITE: Well, keep in mind only 279 were because of Camp Lejeune residency.

MR. UNTERBERG: But even smaller. So to me --

MR. WHITE: But that -- that's what was denied.

MR. UNTERBERG: I know, but to me, the solution --

MR. WHITE: That's actually, I would think, a

fairly small number, given the fact that, you know, of all the ones that we've approved, you know, we --

MR. UNTERBERG: That's still ten percent. So ten percent, still a significant number.

MR. WHITE: Absolutely, and especially to those that we've denied, sure.

MR. UNTERBERG: Yeah, I know I've requested it before but, you know, I am an attorney, and I would like to speak sometime to the general counsel who's making these decisions, to try to discuss why they cannot accept something other than, you know, base records, why they couldn't accept a sworn affidavit. I think in the past, you know, you know, you can't give out those names, but in the past I have not received any response from general counsel. So again, I would request on the record that someone from the general counsel's office reach out to me to discuss the process.

MR. WHITE: If –- why don’t we do this, Craig. Why don't you send me an email?

MR. UNTERBERG: Okay.

MR. WHITE: Okay, with that request, and I'll make sure it gets forwarded to the right people.

MR. UNTERBERG: Okay. Thank you, Brady.

DR. BREYSSE: Bernard?

MR. HODORE: Yes. I was wondering why neural behavioral effects is not on the presumptive list, yet (unintelligible) is. I just can't get a clear answer to that.

DR. ERICKSON: Okay, so the question is why is neural behavioral effect not a presumption?

MR. HODORE: That's correct.

DR. ERICKSON: So certainly neural behavioral effect is part of the 2012 law, and it was largely undefined by Congress when they wrote the law, which was left then to the agency to interpret what neural behavioral effect meant, and that was in our clinical guidelines. We then asked the national academies to review our clinical guidelines and give us feedback as to what -- you know, how we could do a better job of interpreting the law for the sake of words like neural behavioral effect, so you're right on track. And we've completed the rewrite of those clinical guidelines to be more specific about what those neural behavioral effects are, and I've talked about them in previous CAP sessions. But the challenge with the presumptions is that we -- we're looking primarily for diagnoses that have an ICD-9 code with it. In other words an established disease. You know, bladder cancer, Parkinson's

disease, something that has a diagnostic definition that's pretty solid and that's founded in the practice of medicine, so that, you know, everyone agrees, yeah, that's bladder cancer; yeah, that's Parkinson's disease.

Neural behavioral effect is, you know, to be blunt, is too squishy to be a presumption. You know, and I see Frank's nodding his head. It's just -- it's not an exact enough term for us to put into a presumption. So we look for what would be diseases that we think fall in that category of what organic solvents would cause, what diseases and conditions would be caused, that have an ICD-9 code or an ICD-10 code.

MR. HODORE: Yet still you have it as one of the 15 health defects.

DR. ERICKSON: Well, again, this was Congress. Congress gave that to us. So it wasn't the VA created that list of 15. And we've done our best to deal with that list of 15 and the execution of the 2012 law to the fairest degree possible. But the burden of proof, what was necessary, and I'll talk about presumptions, is sort of a different set of rules, okay, and that's why we need something that's a little more solid to work with.

Now, to sort of remind everybody, we're -- of course, we're proud, we're glad that we have these eight disease categories, now it's presumptions. The book is not shut. You know, we continue to be open to new studies. We continue to look forward to some of the studies that ATSDR has ongoing, as they'll further inform. Perhaps additional things could be added to the presumptions list. But this was the starting point, were those eight. Those eight were the ones that we thought that the evidence was the strongest for, and they were clearly defined as things that we could recognize and act on.

MR. ENSMINGER: I need to clarify some stuff about the 2012 law, and the list of health effects that was included in that law came off of the 2009 NRC report, which was a joke, for lack of a better term. Non-Hodgkin's lymphoma was not on that list. I got that added at the end. And there were a lot of other illnesses, cancers, what have you, that should've been added.

With that being said, S-758 was just introduced last week, which is the 2017 Janey Ensminger Act, which will require a review of all scientific data that will update and correct that original law, or

original bill. Some of those health effects on the 2012 law will go away, legitimately, and others will be added, like congenital heart defects, Chris.

With that being said, this bill was introduced in the last Congress, and it died with the last Congress because the VA didn't like it. The VA didn't like it because it requires that three-year review be done by ATSDR, instead of going to the IOM or the National Academy of Sciences. And I don't get it. I mean, I really don't get why the VA and DoD have got to go to an external governmental agency to get their evaluations, which is charging the taxpayers twice. We're already paying to upkeep ATSDR, or keep them staffed, and housed. And then they're paying for you guys to go to the National Academy for evaluations that ATSDR or the NIEHS or NIOSH or some other government agency could do for you. And I know why. Because when you go to the National Academies you get the chance to write a charge, and you can get a predetermined -- you get a report back from them based on your charge that you write.

Now, going to the eight presumptions and what was approved, there are two health effects that have -- that meet the criteria that was set forth by

the Secretary of the VA, that was moderate or sufficient scientific evidence for causation. One was end-stage kidney disease and the other one was scleroderma. Both of those health effects were dropped, and they need to be added back on. And I'm not done yet. Your Secretary kind of put you guys on the skyline for today, where he said: Public scrutiny? Bring it on. I'm bringing it on. I'm coming.

And, you know, I -- to be honest with you, you know, the VHA was put under a microscope with the -- you know, the waiting lists and all that stuff at the VA medical centers, but to be honest with you, I've heard a lot of good things about VHA and the treatment that people get at the VA hospitals. You know, don't get too happy, Ralph, because the creation of programs such as the subject matter expert program for Camp Lejeune, I want to know where the legitimacy is where you can create a separate stepping stone, or hurdle, for a veteran to make a claim through the VA that is only for one specific issue. I think that's discriminatory, to be honest with you. And if you're going to create a subject matter expert program, I have no problem with that, as long as it's across the board and you

actually have subject matter experts, not somebody citing Wikipedia citations.

DR. BREYSSE: All right, does the VA want to respond?

DR. ERICKSON: Yeah, certainly. So Jerry, you gave me a lot to respond to, and I'll respond to the first part, and then Alan Dinesman will respond to the second part, the last part. You know, for those who will be reading the transcript of this session I just want to sort of put out a few key elements of the historical timeline. Not since the 2009 report has the VA directly asked for a review of the evidence for the sake of making presumptions. Now, they would never say you should make this presumption, but the 2009 report with the NRC was the last time that that was done. Now, since that time, it is true that they reviewed our clinical guidelines but that was a separate issue.

So what I will tell you is that the eight presumptions that just took effect on the 14th of March did not rely on the 2009 study, so it's been, you know, eight years since that study was done, but I'm really proud and I'm very grateful to say that we actually relied on the ATSDR, the fact that -- and you brought this up, you know, that, you know,

we have lights that are on, rent that's being paid, salaries that are being paid, great studies that are being done by folks like Frank and Perri and others. And it was through our many interactions with them, with them sharing with us a document that eventually was leaked and became public in January on the website, et cetera, that we actually based our deliberations that led to the eight presumptions. So the eight presumptions that have just taken effect did not come from a National Academy study, did not come from a charge that we gave to a National Academy committee trying to stack the deck. No, it actually came from exactly what you wanted, Jerry, from our interacting with another government agency inhouse, and that is a great way to go.

Now, that is a relationship, I think, that has flourished. We've been challenged at times back and forth about science and such, but I think we're headed in the right direction. And so that's why I mentioned earlier that we're looking forward to additional input that they have for us.

Now, I haven't seen the latest updated Janey Ensminger Act for 2017. It will get -- it will come to us. It'll come to us in a formal way. I can tell you that one of the concerns with last year's

legislation was that, if I remember correctly, and I'd have to look this up, if I remember correctly, it wasn't that we didn't like working with the ATSDR; it's that the authority for making presumptions was taken from the Secretary of the VA and given to ATSDR, the way the language is written. And I think that was the concern. I think we have a track record now of working collegially, collaboratively with ATSDR, as evidenced by the eight presumptions that have just taken effect.

As long as I'm with VA -- but you're right; we're all under scrutiny now -- but as long as I'm with VA my intent is that we're going to have that relationship flourish so we can update those lists as new evidence becomes available. Right now we don't have another National Academy of Science study planned for Camp Lejeune. We've got this relationship. We've got this link. But if the new law were to try and, again, take the authority for presumptions away from the Secretary, then maybe again we're going to have some concerns about that, but I haven't seen the new bill.

MR. ENSMINGER: Well, you know, your clinical guidance report that came from the IOM cited end-stage renal disease as, you know, a causation, and

so did ATSDR's report. And the excuse I got back from my contact from Capitol Hill, VA's excuse for not including kidney disease was because ATSDR's report, at the time that they made these decisions, hadn't been peer-reviewed. Well, it's been peer-reviewed now, and your own IOM clinical guidance says that end-stage renal disease, there is evidence enough for causation.

DR. ERICKSON: Yeah, so we have more work to do. You're right, in that there is a public facing document at this point. There wasn't at the point where we were making the presumptions. Jerry, you had a second question or concern that you voiced about SMEs, and I know that VA is almost out of time here --

DR. BREYSSE: Yeah, I got a couple comments I want to make sure we get in.

DR. ERICKSON: So just quickly, Alan, now, if you wanted to address the SME program.

DR. DINESMAN: Yeah, let me quickly address the SME program. First off, to answer Jerry's question, this is not the only instance where we have SMEs. And I can think of two right offhand that we have. First one I can think of is for prisoner of war claims. We have a specific group. And in fact I

believe there are specific training in SMEs that must be present at each facility, both in the compensation and pension side, as well as on the treatment side. We also have -- for claims of traumatic brain injury, we have specific guidance of certain clinicians that must make the initial diagnosis, and that is essentially the subject matter experts, or the clinical experts, in that field. So that's just an example of two other cases where we do have SMEs available, so it is not unusual.

As a quick update of what we're doing on the SME side, though, we have met as a group and discussed the presumptive diagnoses. We actually discussed them well before the March 14th date. We've made sure that everybody was aware of them, understood the literature, also pointed out that it was important to all groups to make sure that they take into account and cite, if possible, the most recent literature, and that is the information that was published in the Federal Register with the proposed rule as well as the most recent ATSDR report. And so we did make sure that everybody is up-to-date on that.

And we've also had the opportunity to talk to

the C&P field in general. I personally did the talking, to make the folks out in the field -- this is not the subject matter experts but everybody else in the compensation and pension side, make them aware of the presumptive diagnoses that were announced. I also discussed with them the fact that they need to not only establish the diagnosis, you know, meaning that they go back and look at the record and make sure that the diagnosis is correct, but also, speaking to what Mike Partain mentioned, and that is ask them to make sure that they also look at residuals. And so that was a -- residual is making, you know, things that are left over, for example he was talking about peripheral neuropathy, and so that is something that we have made the field aware of.

MR. ENSMINGER: Well, I mean, if your subject matter expert program is above the board, why is all the resistance in providing the information about how this thing was created and implemented? Because nobody wants to give that up. We're having to -- we had to file a lawsuit through Yale University law school in federal court in Connecticut to get that information. If it's above the board what the hell you worried about?

MR. FLOHR: I was around when that was created, and I can tell you it was after we started processing claims in Louisville. And we sent a group of people from VHA and VBA down to Louisville to review the decisions that had been made. We found some inconsistencies in decisions, which you generally will do as one person versus another. And we found enough that we thought, in order to be fair to the Camp Lejeune veterans to make the best decisions, that we have a group of occupational environmental health specialists that could make these decisions, and that's how it was born. There was nothing secret about it.

MR. ENSMINGER: Yeah, but the problem is you've got these so-called subject matter experts who are doing nothing but reviewing papers about the patient, and they are actually questioning the, the attending specialist physicians of these veterans. I'm sorry, that don't work. When you got an oncologist that writes a letter and says, hey, it is my professional evaluation that this person's cancer was caused by exposure to toxins, or it's as likely as not, how can somebody that's never even seen that patient say, no, no, uh-uh, this is just your belief. That's not right.

DR. BREYSSE: Thank you, Jerry, for reminding us --

MR. ENSMINGER: What?

DR. BREYSSE: -- about your concerns.

MR. PARTAIN: Yeah, but it's also a document in writing too. We get the record. They've got SMEs writing back to these Board-certified oncologists and professionals, asking them -- you know, saying that it's just an opinion, and asking to justify their letter, we're getting them back, and we're hearing this back from the veterans. So you have --

MR. ENSMINGER: It's intimidation.

MR. TEMPLETON: And the last piece, real quick, on the SME program you happened to say something, Brad, and I do have to, to stop us here for a second for the record on this is, you did happen to say, in fairness to the veteran, and I think it's kind of curious that you happened to say that because if we look at the results of the SME program, we see an approval rate going from 26 percent to below 5 percent. So I think the proof's in the pudding there. There's something going on. And I hope Dr. Dinesman can address that when he speaks with the SMEs because I believe there -- in my opinion, there's no E in the SME. That needs to happen. If

it's going to be there, it needs to happen. There needs to be an expert in the subject matter expert. What we're seeing in the credentials for these people does not say that at all.

DR. BREYSSE: So if the VA wants to add something -- if not, we can -- we can move on to some of the other comments.

DR. DINESMAN: Well, the only thing I would add is that I have not looked at those previous reports that were by non-SMEs so it's hard to say whether or not what were listed as approvals or denials back then had substance to them, and so we're really kind of comparing apples and oranges. You know, it is a complex set of information. If it wasn't we wouldn't be here. And so I think that, logically speaking the idea that you have a group of people who are aware or understand as much of the literature that's available as they can, that it would be beneficial for them to provide that opinion.

Otherwise what we see -- what we've seen in the past with the other programs is a lot of initial providing an opinion of cannot say without mere speculation, which I don’t think is to anybody’s advantage. So again, I think having somebody who

has a handle on the literature is very helpful.

As far as the opinions, what you hear about the opinions is that -- coming from the private sector, prior to this -- I hate to put it in these terms, but you can get an opinion from anybody, and they will opine the way you ask them to in many cases.

MR. PARTAIN: But most of these doctors are extremely reluctant to even write it down.

DR. DINESMAN: Sure.

MR. PARTAIN: And for them to go and write this, and then the challenges that we're seeing: Oh, this is just an opinion, go through and -- that's just ludicrous for you to say that.

DR. DINESMAN: But -- and, and I -- well, as a specialist myself and having -- had to give, you know, opinions for things, on the outside, not -- I'm not talking in VA necessarily -- whenever you provide an opinion you have to provide a rationale. And so depending on what that rationale that is provided, I think, is just as important as the opinion itself, and so if somebody were to provide an opinion, just says, I am X specialist, and I think this is the case just because I am a specialist, I don't think that holds much water. On the other hand, if the specialist does give a good

rationale, then I think it would be a lot better supported.

DR. BREYSSE: Okay, so we're running out of time, that’s okay, it's a good discussion but I want to make sure John gets to ask a question.

MR. MCNEIL: Thank you. I'm sorry, I -- I've got sort of a small one. In the number of dependents that were denied, Brady, you mentioned 104 where the vet didn't meet the definition of veteran, which means that the dependent or, you know, spouse, child, was denied, but the vet didn't meet -- the veteran. Is that based on, you know, during the -- the 70s was a tumultuous time for the Marine Corps, so there could've been a larger portion of people who had served there for 30 days, their children, their wives. Are those the kind of people we're talking about or like stolen valor issues? You know, a big chicken dinner'll get you no veteran status. If, you know, your family did live there for ten years but if you got dishonorably discharged or --

MR. WHITE: Yeah, that's primarily my understanding is --

MR. ENSMINGER: Translation is conduct discharge.

MR. WHITE: Yeah. Just because -- you know, there's certain criteria that they need to meet to be a honorably discharged veteran, and as long as they've met all that criteria then the family member, if we can meet the other things, would be eligible. But, you know, it may not be fair, but if the veteran was dishonorably discharged, per se, even though the family member might have lived on base they would not qualify for them to...

MR. MCNEIL: Okay. But is that what you're talking about or is there something that might have just --

MR. WHITE: No, that's primarily --

MR. MCNEIL: -- some random.

MR. WHITE: Some of it might also be, you know, they might have been a Reservist or something like that.

DR. BREYSSE: So Kevin, you haven't spoken yet, and then Chris, and then we'll take a break.

MR. WILKINS: Kevin Wilkins. Brady, a few weeks ago I made a suggestion that -- [electronic meeting announcement interruption] Brady, a few weeks ago I emailed a suggestion about using video displays in VAMCs to spread the Camp Lejeune information to both the employees and the veterans,

and I got kind of a curt answer from you that it was being reviewed. What's the status?

MR. WHITE: Well, I don't agree with that response, sir, in all due respect. We -- I shared with you that we are looking into that, and I have my communications sheet working with -- there's a group that's kind of over the VAMC, that -- what they can advertise on those TVs. So we have approved the poster basically that you guys saw last time, and that is going through the approval process. I just asked him before I came here about what the status is, and I've not heard back yet, but that's, that's going forward.

MR. WILKINS: All right, thank you. Brad, could you provide us with a copy of those training materials that you sent out to regional offices?

MR. FLOHR: Yeah, I'll get back with that. I'll see, 'cause I have not actually seen them myself, but I'll see if we have any available.

MR. WILKINS: Thank you.

DR. BREYSSE: All right, Chris. Try and keep it a little short so we can get back on time.

MR. ORRIS: So I have a couple of questions. The first one is in regards to the priority rating. Once a veteran is given presumptive disability does

their priority rating change or does it stay a category 6?

MR. WHITE: I don't know the answer to that, Chris.

MR. ORRIS: All right. If you can find that out and get back to me I'd appreciate it. My second question --

DR. ERICKSON: Chris, Chris, I think I might have an answer. This is Loren. I think the degree of disability, percent disability, actually can change the category from 6 to a higher category.

MR. ORRIS: Thank you for that. My second question is, gentlemen, I would like any single one of you to cite anywhere in United States history where the sins of the father affect the child in whether or not they're eligible for benefits or not. I'm in very -- I, I cannot believe what I just heard. You're telling me that a parent who was dishonorably discharged, a child who was exposed to toxic water and is sick at Camp Lejeune is not eligible for benefits. Please tell me anywhere else in U.S. lexicon [sic] that that is a precedent.

DR. ERICKSON: Chris, I hear just exactly what you're saying, and I'll give you a quick precedent but give you more. For those of us that served in

the military on active duty, when something bad would happen at times there was what was called a line of duty investigation, and a line of duty determination. And during my time of active duty I'm certainly aware of families who did not get benefits because the service member was outside of line of duty when he or she got hurt or when he or she was killed. I'm not saying that's fair; I'm just saying that, that exists.

But more to the point I will tell you that our Secretary has been in the news quite a bit lately, as he is having us review what are called other than honorable discharges, for the sake of seeing if there's a way that we can open up healthcare more broadly, because that has been a barrier. What you bring up is -- has been an issue as a barrier for -- to healthcare for veterans who were other than honorably discharged, and that's one thing that he's looking at already, and I will just say that, as you've brought up this issue here, and there are a number of imbalances, not just this one, there's a number of imbalances between veterans and family members that need to be addressed. I very much validate what you're bringing up.

MR. ORRIS: Yeah, I mean at no point did any of

those family members volunteer to drink toxic water. And the relationship between what the veteran did and the exposure of those family members doesn't matter, and it shouldn't matter, and maybe that's something the Congress needs to address because that is very un-American.

DR. BREYSSE: All right, Mike, you get the end, the last question.

MR. ASHEY: Yes, one quick question. This gets back to qualifications for VA health benefits for Camp Lejeune veterans. Back in the 70s the Marine Corps did not do unit rotations. They did individual rotations. And so if a Marine veteran served at Camp Lejeune, say, from 1974 to 1975, was there 12 months, was then transferred to Okinawa for a year and was then transferred back and went to Camp Pendleton and was discharged from Camp Pendleton, and their DD-214 says they were discharged from Camp Pendleton. How do they prove they were at Camp Lejeune? How do you do that?

Do you -- I mean, 'cause the process that I went through, all they looked at was what the DD-214 said, and if the DD-214 said Camp Lejeune, apparently that was okay, pending, you know, the disparity between what I wanted to do and what he

said to me, but what about other veterans who were not discharged there, and I know I may be new to the process but, you know, I've seen DD-214s from guys that were discharged from Camp Pendleton who I know were at Camp Lejeune.

MR. WHITE: Yeah, I don't think it's from the DD-214, but my understanding is there's other records that would show --

MR. FLOHR: Personnel records.

MR. ASHEY: Okay. So they don't have to show they were in a barracks or anything that -- or a letter that the VA looks at their, their records.

MR. WHITE: No, in their records, their personnel records.

MR. FLOHR: In the DD-1141, the personnel records, everywhere they were ever --

MR. ASHEY: Okay, thank you.

DR. BREYSSE: All right, so it's time for a break. Why don't we break 'til 10:30 -- 10:40, sorry. So 10:40, and then come back and pick up again from where we left off.

[Break, 10:28 till 10:40 a.m.]

ACTION ITEMS FROM PREVIOUS CAP MEETING

DR. BREYSSE: All right, Jamie.

MS. MUTTER: Okay, everyone, take a seat. We're going to continue on with our agenda and the action items. Okay, so the first action item is for the VA, and it says: The CAP asked the VA to make a commitment that they will provide veteran the name of the SME who worked on claims that have been denied.

DR. DINESMAN: This is Alan. I can answer that. While we cannot give out the names of, you know, individual employees in the VA, what the veteran has the ability to do is, when they get their notice that the claim has been adjudicated, they can get copies of their records, and that copy of the record should include the examination for it, and I think being able to review the report itself, as people have said, is actually more beneficial than just having the name.

MS. MUTTER: Okay. Any questions?

MR. WILKINS: That report's not readily available unless you go look at the file, is it?

DR. DINESMAN: My understanding is once you -- once the claim has been adjudicated you -- yes, you can get the information from your file.

MR. WILKINS: Well, that's -- I went to the local regional office to look at mine, and they

wouldn't show it to me.

DR. DINESMAN: I, I can't speak to --

MR. WILKINS: That's your man, Bob Clay.

DR. DINESMAN: Well, the VHA side, it's never used to make. I can't speak for what VBA really --

MR. WILKINS: But that's where the folder is.

MR. FLOHR: Hey, Kevin, I'll check with (unintelligible).

MR. TEMPLETON: What I've seen is the SME's opinion or -- whether SME or not -- is available through The Healthy Vet, the online portal, if you actually download the blue button record, but outside of that -- and if you didn't know that -- if people didn't know that then they don't know that --

MS. CORAZZA: And that's only for premium.

MR. TEMPLETON: And right. And basically when you -- when they send you the denial the opinion is not (unintelligible).

MS. MUTTER: Okay. We will move on to the next action item. It's for the DoD. The CAP requested that duplicate documents in the soil vapor intrusion document library also be released by placing them in a separate electronic folder.

MS. FORREST: This is Melissa Forrest for Department of Navy. Duplicate documents were

removed from the document library compiled by ATSDR in the soil vapor intrusion assessment in the interest of efficiency and version control and in accordance with the rules under FOIA. These duplicate documents will not be reanalyzed by the Department of Navy or U.S. Marine Corps for a duplicate release.

ATSDR has provided the CAP with a FOIA analyzed copy of each document that has a duplicate. It is our understanding that ATSDR will be providing the CAP with a presentation on the document library they compiled for the soil vapor intrusion assessment as well as data extraction efforts. Following the presentation, if there are any additional questions related to the documents reviewed and released we can address them at that time.

MR. TEMPLETON: So we're not going to get any of the previous versions -- revisions of those documents?

MS. FORREST: You're not going to get -- what was removed as a duplicate copy is not going to be re-reviewed and released. You have a --

MR. TEMPLETON: Can they cite the particular part of the FOIA Act -- and especially make sure to be looking at the current FOIA Act because it has

been revised within the last legislative session? If they can provide the specific ground, legal ground, that they stand on on not providing those documents.

MS. FORREST: I'll take that back.

MS. MUTTER: Okay, thank you. The next action item is for the CAP. The VA requested that the CAP provide a justification showing a specific need that an ombudsman would address.

MS. CORAZZA: Brad Flohr is the point of contact. He's the ombudsman filling that role.

MS. MUTTER: Thank you. Okay, the next action item is for the CAP as well. Ken Cantor will provide the CAP with language they can use to request a national cancer registry from our Congressional representatives. Okay, we'll follow up with Ken.

The next one is for ATSDR. Follow up with the U.S. Marine Corps regarding the PHA recommendation to run tap water for one to two minutes prior to drinking because of lead. Check if that information is communicated to current base residents and employees.

MR. GILLIG: Rick Gillig, ATSDR. That information has been posted on the website. There

are three different fact sheets, very easy to find.

MS. MUTTER: Thank you. The next action item is also for ATSDR. The CAP asked ATSDR to request that U.S. Marine Corps send the updated PHA out to everyone in a notification database. We've been notified that PHA fact sheet and a cover letter has started going out as of this past Monday. Will go out in batches over the next two months until completed. Any questions on any of the action items before we move on with the agenda? Okay, with that, I'll ask the next item is the public health assessment updates and soil vapor intrusion.

PUBLIC HEALTH ASSESSMENT UPDATES - SOIL VAPOR INTRUSION

MR. GILLIG: So I'm going to ask Lieutenant Commander Fletcher and Lieutenant Gooch to step forward. We've got a presentation.

We've been working on the soil vapor intrusion project for several years. We presented in a working meeting back in 2014. We kind of outlined the process we would use in collecting the information and how we would analyze that data.

So what we have today, we completed the collection of the information that we'll analyze for soil vapor intrusion. What we have today is a

presentation that kind of summarizes the process we went through to collect the documents, how we looked through those documents and pulled out information and compiled it into the database. We also have some information about the quality assurance control in the information we pulled out of the documents. So we've completed that phase of the project. What we'll do next is we'll analyze the data. So Chris and James, if you could go through the presentation.

LCDR. FLETCHER: All right, good morning. Most of you probably recognize me. I've been here a few times before to talk about some of this. So today, though I left the project and moved to a different office here at ATSDR/NCEH back in August, I've come back just to provide some of the initial detail, some of the nitty-gritty stuff, about the beginning of our document discovery process, because it was pretty detailed.

So here is just a quick overview slide that shows the six basic steps of our process, how we went through discovering the documents, processing those, searching them, pulling the data out, ensuring we knew the location of sample points by geo-referencing them, and then getting them to the database development.

So you've seen this slide before. This is one I developed a couple years ago, just to kind of illustrate the complexity of the data and where it originated. You can see by the -- so first, the size of the circles doesn't really indicate the size of the database or the number of documents. It was really just kind of created so I could fit the title in and show the relationship to each other more so than the size of the data. So this slide hasn't changed since the original presentation, so you guys are familiar with it, and I think you've got printed copies of it.

But as you can see, the colors indicate the sources. So the light green mostly is Marine Corps, DON, and certainly the OD document, which is gray. I'm not sure why I made that gray. We also looked through the state databases, EPA's database, all of ATSDR files. We received files from you guys, the petitioner, the CAP. Y'all gave us a significant amount as well. We looked at the fire department on base for 911 call center information. We looked at the naval hospital industrial hygiene database as well, so we really left no stone unturned when we looked for any data or any document that may have relevant sampling data that we could use in our

investigation.

So the way we processed it -- so because things came from so -- documents came from so many different libraries and sources they were in multiple formats. So the first thing we did was converted everything to a PDF file, which is just a generic type of document file, just to standardize everything. And then we bought software from a company called CVision. The software is actually called PDF compressor, and that does a couple of things. One, it compresses the file so it makes the digital footprint smaller, to help us save space on our end; and two, at the same time it can do an optical character recognition conversion to the document. What that allowed us to do is to then use keyword searches to search the entire set of documents, so we could look for specific things directing our attention from tens of thousands of documents hopefully to a smaller amount of documents, which we'll get to in just a moment.

So once we converted everything to PDF, once we went through and OCR-scanned all of those, then we went through a process of removing the duplicates. We used metadata to do that. You can see the list here of kind of what we did, some of the details,

which was extremely helpful and removed almost 17,000 documents.

And then, once that was done, we tasked one poor soul with looking at them side-by-side, visually comparing every document and every page, where we found another 9,200 documents that were identical duplicates, just electronically titled different. So each database of the 16 data sources each had their own nomenclature system for document titles, which made it extremely difficult and resource-intensive to sort all of that out, which is why we made the file index, which one of us will discuss here in a minute.

So here's a little bit about the numbers on that. So initially we started with about 70,000 document titles. We got those from reviewing the indices from these different sources, where it was available. So not every source had an index that we could look at. Some sources, like the 911 call center, and I think it was the industrial hygiene database as well, at Camp Lejeune, I was provided, granted access, to do a search on those, but the database itself did not have an index we could export, so we used our stated keywords, that you'll see later, in those databases to search for

documents. So that's where we have about 70,000. The reason it's an approximation, and that's where 70,000 comes from. At no point did we ever have 70,000 files.

So from those indices we used keyword searches on the index itself. Then we had Dr. Tonia Burk, ATSDR's vapor intrusion subject matter expert, go through and review any file name that was not identified by a keyword. Then I did the same. And then we had Captain Alan Parham also do the same, just so we had a third set of eyes to help us look at any document title that may contain data. Whether or not the title had anything to do with vapor intrusion was almost irrelevant. It was -- though we were looking for that, we were also looking for any sampling document, any document that could contain data that we could find useful, and we requested all of those. And that's where the 40,146 number comes from. So from all of our sources, that's everything we gathered.

So as you can see on this slide here, we pulled 16,000, almost 17,000, documents were removed in the duplicate process. And as you can see, approximately 15,000 of those were from you guys, from the CAP. So the difference between what we

actually found and what is on the FTP site now and what we had originally, so this is what you guys were just asking for a moment ago as a follow-up item, most of those were your documents. And what you provided to us we found a few unique documents, but most everything you gave us was a duplicate of what we already had, but your version had been redacted in most cases. So we just pulled those back out. But we did make sure anything unique you provided to us was incorporated.

As you can see there was a few duplicates from EPA. Most of those were duplicates with files that were obtained from the North Carolina DENR database. And all North Carolina DENR database, because all of those are out in public domain, when we discussed this a long time ago with the Navy, we all agreed just to put those right on our FTP as is. And so those are available. Then 128 from other sources which were mostly ATSDR versions between the data mining and technical work group documents and other ATSDR in-house documents, so we just pulled those as well.

So -- and then we stepped in again to the manual process, the side-by-side comparison. This guy had two monitors on his desk, and went for about

three months or so just looking at files every day. So we really appreciate his efforts 'cause obviously it did pull a lot of documents out. And got us down ultimately to just under 14,000 unique documents identified, which is still a mountain of documents. But what we were facing initially, it was quite a reduction.

So our keyword search -- so here's the keyword searches that we used. You can see that it identified about 4,200 files. And then we list below it the number of unique files, and the reason we did that was, when we initially did the keyword searches we weren't done with the document duplicate from identification and removal yet. We were kind of really putting the cart before the horse, or at least next to it in most cases. So after duplicates were removed we had about half a million pages of data that we needed to review manually, and that is to have a human look at it, so we brought in some contractors to help us look at those pages and extract the data where it was appropriate.

So, oh, and this is a discrepancy. We just noticed this this morning. So you guys, on the printed copy you have you'll see that we have 2,088 documents returned in our keyword search. On

the previous slide we have a typo which shows 2,026. We want to be clear and transparent on this, and make sure that the printed version that you have, when you see this, we aren't trying to hide anything; it's just a typo. This should be 2,088.

So of those 2,088 documents we found 946 of them have actual data for us to extract. So I -- you know, I think what this shows is a pretty impressive, well-thought-out process, to go through and analyze many, many documents, and I think our initial assessment with the 40,000 documents was a little over two million pages. So we go from two million pages in 40,000 documents down to 946. That's our best focus using computers and modern technology to really help us get through that instead of decades with a human to read it all. I think we did pretty good getting it down to a managing work load.

So we extracted the data from those and ended up with just over a million sample data points from those 900 documents. That's in addition to several other million data points that we obtained electronically, in Excel files and Access databases, directly from the Marines, so it's a pretty sizable database.

And you can see how many staff members. It took us over a year's worth of labor to do that. And the process was a very linear process. We assigned the documents; somebody went through and reviewed them, kind of made themselves familiar with it, pulled the data out that were pertinent, and then just passed on for a QA/QC check after that, to make sure that any mistakes were caught before it was loaded into the database.

And then at that point we realized we had quite a bit of data that were without -- it was a data sample without location data, so we realized at that point we needed to create the geo-reference process, and Lieutenant Gooch is going to take over here.

This started about last August, when we got the geo-referencing, which is the time where I departed from that point. So Lieutenant Gooch took over at that point.

LT. GOOCH: Thank you, sir. Good morning. This is Lieutenant Gooch, and thank Lieutenant Commander Fletcher for that. I'll finish out. There's two processes I'm just going to identify. The one, as was mentioned, is the geo-referencing. That's what we're calling it. Essentially we need to have a location for our viable data; otherwise we

cannot establish an exposure pathway. So the order of preference is listed here. We deferred to the sample coordinates provided in the document, first and foremost, if at all and when it was provided, and that would be latitude/longitude, easting/northing. When it wasn't available we then would cross reference to the Navy, to what they had available in their database. When that was not available we did a manual geo-reference, which I'm going to go into in greater detail in the next slide. And then fourth, what we then did if we couldn't find at any of those locations or even make a manual reference, we then would match on sample IDs, and there's two examples there. This is to say we matched on an exact match on a sample ID from one report to another sample ID from another report, or we did an exact match, or what we called an inexact match, where some portion of the sample ID was different.

And for those of us that have not done environmental data sampling, typically, when you take a sample you assign it some categorical value to help you associate with it. So in this case this example, IR06 is a site or an operational unit. GW02 would be a well, groundwater well, and the 00A

would be the year, the last two digits of the year, plus A for the first quarter. So A, B, C, D, the four quarters. And that's kind of how we made that assumption. So in the inexact match that would be two different years basically for the same well.

And if no other match was available for location data we then would just use the structure ID that was provided in a document, and if that wasn't available we would go to a site ID. So much, much lower resolution, much more difficult from a spatial standpoint.

So in terms of that manual process -- this is a big slide so I'm going to walk you through it, and I had an intern put this together for us too. It was part of the process. And essentially we start with the database on the far left of the screen. That is the environmental extracted database for the documents. Our technician, or our geo-referencer, we were calling them, would then open the document associated with that reference point, along with the row of data that was extracted. Using the visual reference in the document along with a written description and the original document, whatever other contents we had, we would then manually make a placement of that data point. And sometimes it was

literally a hand-drawn map that we were then referencing to a satellite image. And our team here at ATSDR graphs helped us put together a browser interface that allowed us to transpose from the PDF to the database to reassign that, and that's what that last image here is showing is the PDF on the bottom transposed with the browser, like in Internet Explorer or Firefox, where you then would place it and then record it as the new database. And we did that about 30,000 times. It took about one to two minutes per data point, so it was again manually intensive.

Following the georeferenced location data, that we did the correction there, we then uploaded our information into what we call a SQL Server. Essentially this is a very large database for matching a data set of this size. We batched the files into the SQL Server as they were finished, and quality assured and quality controlled. And then we did two things. We scrubbed this data and we standardized this data. And when I say scrub, I mean to say that we fixed data entry issues. You can imagine a million data points being manually entered, there were some entry issues along the way. So we would review those fields and look for entry

issues. We would also look for extraction protocols, which is to say to make sure that, say, a result value was in the result value column and not in a different column, which did happen from time to time.

We also confirmed errors with source documents. The charge that was given by Lieutenant Commander Fletcher, originally, for our contractors was to not make any assumptions, was to extract verbatim from the documents that were provided. And sometimes that verbatim was incorrect. Sometimes there was spelling issues. So in cases when we saw that there was errors, we actually opened the document and re-reviewed it one more time, just to make sure that the data entry was done incorrectly correctly, if that makes sense.

And then we did the standardize for the data, and this was for consistency purposes. To do the analysis we needed to make sure we had consistency across -- there's literally 64 different fields or columns of data, and we standardized for numeric values as well as for categorical values. So a numeric value, just to make sure that the result values that were in fact numbers. There wasn't a greater than symbol or a plus symbol or a minus

symbol, that kind of thing.

We also looked at categorical values, and this was specific interests to the ones identified here. Contaminant, we, for example, had like six different versions of the spelling of benzene, that we had to then correct to just one version of the spelling of benzene. So a lot of it was just making sure that this database was standardized throughout.

And I'm happy to report that, as of the end of January, we have now this database, and we've begun now scoping and looking at descriptive statistics and starting to get the process of analysis going. So we'd be happy to take questions on this presentation and the processes identified therein.

UNIDENTIFIED SPEAKER: Am I allowed to ask a question?

MR. FLETCHER: Dr. Breysse, can we have a question from the audience? It's fine with me.

DR. BREYSSE: I think we should open it up to the CAP first.

MR. FLETCHER: Okay.

MR. ASHEY: Morning, Mike Ashey, a couple questions. Could you go back to your bubble slide, please? The one that -- where you looked at all of your data. I notice you've got underground storage

tank (UST) portal. Was there an AST portal?

MR. FLETCHER: No, sir.

MR. ASHEY: Or is AST included in UST?

MR. FLETCHER: No, they -- that's been four years ago. If I remember right, any AST stuff they had mixed in with the UST portal.

MR. ASHEY: Right, so it was all kind of thrown in together?

MR. FLETCHER: Yeah, just a general storage tank, if I remember correctly. But to quote me on that I'd need to go reference my email.

MR. ASHEY: Okay, for your -- for the Camp Lejeune base safety database reports and the fire department reports, in reference to your keyword searches, the proverbial canary in the cage is usually for vapor intrusion when a human smells fuel vapors or gas vapors.

MR. FLETCHER: Yes, sir.

MR. ASHEY: Did you include as part of your keyword search those phrases and either the data -- or the base safety database or the fire department database? 'Cause that would usually indicate where you've got a vapor intrusion issue.

MR. FLETCHER: Yes, sir. We looked for any calls in the base safety database where they

received a call. So the base safety unit, my understanding is, and I -- is that anybody that has a concern on base, if they smell something in their office that they think may be an issue, they call base safety, and base safety kind of handles it from there, whether they call in a different unit for sampling or they go over and sample it themselves. So I searched their database for any calls that had anything to do with fumes or gases. In fact I used a lot more keywords than are included in this presentation. But yes, --

MR. ASHEY: Okay, so, so for your -- your keyword searches included fumes, smelled gas, those kind of --

MR. FLETCHER: I did.

MR. ASHEY: -- common person statements that would be to a fire marshal, you put that in your report.

MR. FLETCHER: For the base safety database. So on the fire department database, that is a 911 call system. And we got into this, I think, a couple years ago, and I can't -- we were discussing this. The fire department database is a 911 -- what they have is a 911 call center that they base three years of records. Anything prior to three years ago

is destroyed per their document retention policy. Anything prior to that they -- there was a -- you know, prior to that there was some sort of antiquated system, that was explained to me was antiquated, and nobody could access the data in that any longer, and they weren't even sure it still existed. We covered this two years ago, I think, or more.

MR. GILLIG: In 2014, yes.

MR. FLETCHER: 2014? Yeah, we discussed it then.

MR. ASHEY: Okay. Well, I'm sorry, this is my first so I'm sorry.

MR. FLETCHER: Yeah, no worries.

MR. ASHEY: So you're saying fire department fire marshal records at Camp Lejeune had a three-year retention.

MR. FLETCHER: That's, that's their current policy with the system they have in place now.

MR. ASHEY: Okay. But that's --

MR. FLETCHER: As I understand it, but if you want more detail than that we'll have to send it back to the Navy.

MR. ASHEY: Well, I guess my question is back if the 70s they probably had the same retention, so

it was three years, so there would be no way to know if somebody had reported smelling fumes in a building that the fire marshal --

MR. FLETCHER: That's the way it was explained to me when I was on base talking with them in-person, asking for these records, yes, sir.

MR. ASHEY: Okay.

MR. FLETCHER: So prior to three years ago the -- or maybe six or seven years ago now, but whenever they started using this current system, apparently there was some historic system that -- I'm guessing was DOS-based, the way they spoke about it, but I -- for specifics, again, you'd need to address the Department of Navy for that.

MR. ASHEY: So you don't have any canary in the cage data from the 60s or the 70s because of that reason -- or even the 80s or the 90s because of that --

MR. FLETCHER: I have no data from the fire department from those decades, sir.

MR. ASHEY: Okay, thank you.

MR. FLETCHER: You're welcome. So and to further elaborate on that, when I talked with them about -- the fire department about issues, they said most of the time, when they get a phone call, it's

generally from somebody who's just pulled into the garage in winter, shut the garage door behind them and left the garage door to the house open while they take the groceries in, and they smell fumes. And so they get concerned and call. So that's what it sounds like they deal with now, when it comes to residences. But again, for more detailed information you'd have to reach out to the Navy.

DR. BREYSSE: Tim?

MR. TEMPLETON: Thank you. Tim Templeton, and thanks for the presentation; it was really good. I happened to have looked through some of the documents that were in the ^ database, so far not -- of course not all of them, because we just got them recently. But in doing that I happened to see a document that was from industrial hygiene, and it was dealing with the buildings around 1101 and 1102, and it was about '99-2000-ish. In fact the documents stand as longer than that, but in this particular period, from industrial hygiene, I happened to see something, and then I happened to -- to see here that you were talking about conversions, or some of the units, matching up some of the units, and I saw one that had appeared that the units were missed, because what they had described was

nanograms per liter. And then off to the side of that they said parts per million, and I didn't think that that was right. Did you happen to see that when you were looking for your -- looking at the units?

LT. GOOCH: Yeah, I can't speak to the -- right, I can't speak to the direct document you were looking at, but we did see lots of different units. There were some that were like per tube. It was like -- I mean, there was just some very strange units. And we did the best we could in terms of converting some of those units. What we did with our database though is we did retain all the data that's on it. We dealt with that data, and it's still there. It just might be that the units are kind of not that certain, and I think our process is really going to be to look spatially and look at the buildings. And at some point I might come back to some of those places and see if there's -- if we can dig or if we can figure out. And in many cases that data may even be duplicate to the industrial hygiene database that we have as well. So it's on a kind of a case-by-case basis with the data.

MR. TEMPLETON: Great, thank you.

MR. FLETCHER: And another comment about that

is, you know, if we were referring back to what we had our contractors do, if there was printed, typed information and handwritten we defaulted to what was printed in the document, assuming that anyone could've come along and written anything inaccurately on the report. So if you saw two we went with what was printed.

MR. TEMPLETON: Thank you.

MR. ASHEY: Mike Ashey. With respect to the fire department and fire marshals who may have worked at Camp Lejeune, fire marshals are pretty conscientious guys, and it could be that they may have kept copies of the records. Back then they used carbon paper to make those reports. I just kind of throw this out there. If we knew the names of the retired personnel that worked at the fire department, specifically the fire marshals, at Camp Lejeune, we may be able to reach out to them and find out if individually if they have records from back then.

MR. ENSMINGER: Chief Padgett.

MR. ASHEY: Is he still alive?

MR. ENSMINGER: Yeah, I talk to him.

MR. ASHEY: He may have those records.

DR. BREYSSE: Good suggestion. Chris?

MR. ORRIS: Thank you. Good to see you again, Chris. Thank you for this good presentation. Quick question on regards to the final data documents. What is the end date of the documents that you're processing here?

MR. FLETCHER: So the line we drew in the sand was for June-July in 2013. That's when -- and we chose that because that was kind of the date, I think, when we officially -- ATSDR officially wrote the letter officially asking for records and access to records from the Navy and Camp Lejeune. So we said, you know, that's enough.

Now, since then, even though that is our hard line, I think Dr. Mark Evans, who has since retired, when he was starting to do some preliminary investigation he may have gotten a few updates since then, so there are a couple beyond that date, but that was the official hey-we're-stopping-here date.

MR. ORRIS: So correct me if I'm wrong, but I mean, there's active vapor intrusion mediation going on in certain buildings at Camp Lejeune right now?

MR. FLETCHER: That's correct.

MR. ORRIS: Okay. And of those active mediations, did the Department of Navy give you any difficulty in obtaining any of that --

MR. FLETCHER: No, absolutely not.

MR. ORRIS: -- material? Okay, thank you.

MR. FLETCHER: No, they were happy to share all that data with us.

MR. ENSMINGER: I'll bet.

MR. ORRIS: And just to throw it out there, I know this was just document discovery, did you happen to see any figures above two micrograms per cubic meters of air of TCE exposure in any of their active mediations?

MR. FLETCHER: I wasn't focused so much on the quantities while we were looking at it because we just had such a large amount of data. We were focused on getting all the numbers into one usable, reviewable, accurate database.

MR. ORRIS: Okay.

MR. FLETCHER: So I didn't notice any.

MR. ORRIS: All right, thank you.

DR. BREYSSE: Jerry?

MR. ENSMINGER: Just for the record, is ATSDR's folks that are working on this part of the public health assessment, are you working independent of the Department of the Navy?

MR. GILLIG: The Department of the Navy has a contractor who did a lot of investigations in the --

on the soil vapor intrusion, Chris Lutes, and we do talk to him periodically.

MR. ENSMINGER: I'm talking about your findings and --

MR. GILLIG: Our analysis is independent of the Navy.

MR. ENSMINGER: Okay. And the reason I'm asking that is because when Dr. Clapp, who's now working with another CAP, has put back some of those CAP members in touch with me, and ATSDR is providing information to a DoD entity at this other CAP at this other contamination site, and, you know, we went through this battle before with ATSDR about providing draft documents to the Department of the Navy or whoever, and, you know, I thought we had this cleared up, but evidently somebody's back-sliding. So I just want to make sure that this public health assessment will not be viewed by anybody unless all of us can see it. Can you assure me of that, Dr. Breysse?

DR. BREYSSE: That's been our policy? I'm looking at Rick.

MR. GILLIG: That has been our policy, yes.

DR. BREYSSE: So if that's been our policy that would be our policy going forward.

MR. MCNEIL: Real quick, let me ask you about -- John McNeil -- the Camp Lejeune fire department documents, you said they were on a DOS system.

MR. FLETCHER: I'm making an assumption.

MR. MCNEIL: Or I mean or some system.

MR. FLETCHER: The only thing they said was it was so antiquated that they didn't have a computer that could access it anymore. That was what I was told.

MR. MCNEIL: The fire department.

MR. FLETCHER: Yes, sir.

MR. MCNEIL: Okay. Is that data system secured so that, in the event someone wanted to analyze it, it could be analyzed? Because we're not talking about hieroglyphics.

MR. FLETCHER: I asked for access to it. I said, you know, okay, I realize it's antiquated but can I even get access to it, and the answer was that they weren't sure where it was, if I remember correctly, but again, this is two or three years ago at least.

MR. MCNEIL: Okay.

MR. FLETCHER: For a specific answer on that I think it needs to be directed back to the Department

of the Navy for an accurate answer of the current state of their antiquated fire department data.

MR. MCNEIL: Okay. And a follow-up to that, were there any other databases that you were unable to access?

MR. FLETCHER: No, sir. Just that was the only one that I couldn't get to. And technically I had access to the current database. It was just their previous, their historic, data --

MR. MCNEIL: Right, right, right.

MR. FLETCHER: -- that I could not access.

MR. MCNEIL: Got that. Okay, thank you.

MR. ORRIS: So Rick, this question's for you. We've kind of circled around this a couple of times. I'm just going to throw this back out there now. At any time in any of the literature that you're looking at from 1987 to the present, have you identified any buildings where there might have been two micrograms per cubic meter of TCE exposure since 1987? I know you're still in your preliminary. We've circled around this, and before, we've had this argument about industrial exposure as opposed to residential exposure. We can move beyond that now because we've got a definitive two micrograms per cubic meter of air for TCE exposure. Have you

seen that in any of the documents so far?

MR. GILLIG: Chris, to my knowledge we haven't seen that, but honestly, we haven't done a full analysis of the database. My fear is that, if we start looking at specific issues like that, we'll never get our analysis done. So as we go through it obviously we'll be looking for that.

MR. ORRIS: Thank you, Rick.

DR. BREYSSE: Any other questions on vapor intrusion?

MR. ASHEY: Just to clarify what Jerry was asking, all draft documents will be peer-reviewed jointly by the committee and not peer-reviewed by anybody else and before the committee sees the draft documents? That's what Jerry's asking, right?

MR. GILLIG: Just as with the drinking water public health assessment, which we released before you were a member of the CAP, we sent it out to the CAP. We also sent it to the Navy at that same time.

MR. ASHEY: Simultaneously.

MR. GILLIG: Simultaneously.

MR. ASHEY: Okay, thank you.

MS. MUTTER: Okay, any other questions for...

MR. FLETCHER: Your audience member in the back, I believe.

MR. KIMLEY: I'm Jim Kimley. I was in Lejeune '81-'82. Your database conversion, and scrubbing and tweaking, and not -- and don't take offense to my terminology, but I understand the gist of everything you've done. When you get to your SQL database, and you have your final data points, do you have a reference back to the original document?

MR. GILLIG: Yes.

MR. KIMLEY: Okay. So you're able to say, yes, this came from here.

MR. GILLIG: Correct.

MR. KIMLEY: Okay. My last question about that, or the database: Did the documents that were excluded by the electronic searching software, was there any manual checking to validate you weren't missing anything?

MR. FLETCHER: So yes. So the first question, not only did we record a document, the internal URL, so we could find that we've actually got a link where we can open the document, and we've got a page number and all that.

MR. KIMLEY: Okay.

MR. FLETCHER: So when it comes to other -- yeah, what was removed electronically, we did start looking at that. Early on we had a small issue with

that. We corrected it and changed the way we were doing our searches and removed the issue.

MR. KIMLEY: Thank you.

MR. ENSMINGER: I have one more question. When Morris Maslia and company were working on the water modeling, and we got the original library of documents for Camp Lejeune, it included a lot of draft reports that were written by their contractors, and then the final documents that were written. Have they provided ATSDR with all of the draft documents coming from the contractors on the vapor intrusion?

MR. FLETCHER: So I don't know of any documents that I'm not aware of. As far as I know I had full access to everything, and I had a copy of everything brought over.

MR. ENSMINGER: I would recommend -- I mean, I hate to throw this on you, but, you know, all of the final reports that you got from Camp Lejeune contractors, that -- on vapor intrusion, check your database and see how many versions of that report you've got as far as drafts go, and do you have the comments, the handwritten comments or the review comments from the Department of the Navy and Marine Corps on that included? Because we found -- with

the water we found a lot of reports that changed an awful lot from the draft to the final.

MR. GILLIG: Jerry, based on my experience that's not all that uncommon. Documents are --

MR. ENSMINGER: Yeah, whenever you've got damning stuff in a draft and it disappears out of the final, then you've got something to base some -- a complaint on.

MR. GILLIG: Well, our approach at all sites, we have a draft document and we have a final document, we rely on that final document. We could spend time looking at all the draft documents we've collected on Camp Lejeune. And I don't think you want us to take another three or four years and put off the analysis of the data. I'm sure they might --

MR. ENSMINGER: They were manipulating reports, because you've got this FOIA exemption of -- because that is a pre-decisional document. It's a draft. They don't have to provide that to the public. And, you know, that's just one more way of them manipulating their contractors to issue the report that they're looking for. I mean, they can call them in in a meeting, and say, okay, we've reviewed your draft report. You know, we really don't like

the way you're saying this here. We'd rather have you say it this way or we wouldn't -- we'd really like to see that figure in there disappear. Oh, and by the way we've discovered four more slights aboard the base here that we're going to be letting contract out on here shortly, and we'd really like to see you get them.

DR. BREYSSE: So can I suggest maybe an intermediate path that, if we identify some central documents that we think have a lot of valuable information in it, we go back and see if we have any drafts of those documents, and see if there's any fruitful mining to be done based on that, and however that works out we can proceed further or not. So that way we're not looking at every possible draft, only ones that we deem might have some key information that might have changed from a draft to a final.

Okay, any other questions? Thank you. If not --

MR. ASHEY: Hang on. Sorry. Lieutenant, since you're standing at the podium, can you give me -- can you send me, and I'll give you my email address offline, a complete list of the word search? You said that what you put up there was only a partial

list. Can you send me a complete list of the word search you're using, keyword search?

MR. FLETCHER: You're referring to this one, sir?

MR. ASHEY: Well, I think the commander said that that was only a partial list, that you had a more complete list.

MR. FLETCHER: So I -- we used other words when we did the index --

MR. ASHEY: Right.

MR. FLETCHER: -- search. We can go back and find them somewhere.

MR. ASHEY: So you used other words but you don't have a list of --

MR. FLETCHER: Not on this presentation, no, sir. These were the keywords that were used for the actual search -- the search of the actual documents after duplicates were removed, to really zero us in on documents that were most likely to contain data that we could find useful for a soil vapor intrusion investigation. So other keywords that were used early on in the process were just to kind of help us narrow down the document titles in the indices, which even once that was done we still went through and read each one, tens of thousands of titles, and

made decisions one at a time. The only place that is different is for the industrial hygiene -- I'm saying the wrong term -- the base safety database.

MR. ASHEY: Right.

MR. FLETCHER: That's the only place where it's different. And there I did not keep a record of everything. I've got a record of most things, but after a while I started just brainstorming on the fly and trying things out based on my professional judgment and scientific training, so I just was trying things to see what I could find.

MR. ASHEY: Well, the problem I have with the keyword search is canary in the cage, the individual who might smell fumes or gas is not listed, and that's usually the first indication that there is a problem. Now, I'm -- your technical keyword search --

MR. FLETCHER: So you're saying that the person -- a reporter's name wasn't --

MR. ASHEY: No, not the name involved. Well, let me back up and explain it this way. Down in Florida we've got 17,000 sites that are contaminated with petroleum products, and it's not unusual -- it was not unusual in the decade that I ran the program for me or the 400 staff that worked with me to get a

phone call from a homeowner or somebody who worked in a building that was maybe even a half mile away from one of our sites that says, I smell gas in my building or I smell petroleum vapors.

Typical words that a normal layman would use are typically your canary in a cage that indicates there might be vapor intrusion in the building. People who are normal persons are not going to use those technical words that you and I would use in describing this problem in a technical document. So and that kind of goes back to the fire department reports or the base safety reports. Those are the words that people normally use in order to identify the hundreds of buildings that were at Camp Lejeune where there may have been soil vapor intrusion on.

MR. FLETCHER: So the fire department would've gathered the base residence calls pertaining to issues such as that. Base safety was more for the employee --

MR. ASHEY: Right.

MR. FLETCHER: -- OSHA compliance side of the house.

MR. ASHEY: But you don't have any records from the 70s or the 80s so there's no way to tell.

MR. FLETCHER: That's correct, sir.

MR. GILLIG: So Mike, why don't we get the team together that did some of the initial screening, pull them together and talk to them about the keywords they used.

MR. ASHEY: Yeah, I would -- I'd like to get that back with you. I would like to do that. Department of the Navy, who holds the contract now for vapor intrusion?

MR. GILLIG: CH2M Hill.

MR. ASHEY: CH2M Hill?

MR. GILLIG: I believe it was. Most of them were, but I don't know if that's a -- sometimes --

MR. ASHEY: Somebody had told me it was AMEC or before that Avtec, initially.

MS. FORREST: Yeah, I don't want to say with a hundred percent certainty. I know CH2M does a lot of work with the vapor intrusion, but, you know, I can't say every single project --

MR. ASHEY: For their work that they're doing are they using the recently published EPA guidance documents for that work or do you know?

MS. FORREST: I am 99 percent certain but I can check on that to make sure.

MR. ASHEY: Please. Thank you.

MR. GILLIG: And Mike, it is AMEC and CH2M

Hill. Jointly they did some of the more recent studies.

MR. ASHEY: AMEC had a numeric for it; do you know?

MR. GILLIG: I assume, but I'm not certain.

MR. ASHEY: Okay, thank you.

DR. BREYSSE: So I think we should move on.

MS. MUTTER: Okay, with that let's move on with our agenda, and we'll get an update on our health studies from Dr. Frank Bove and Ms. Perri Ruckart.

UPDATES ON HEALTH STUDIES

MS. RUCKART: Good morning. Just want to update you on our health survey and cancer incidence studies. So the health survey the report is going through agency clearance. And as far as the cancer incidence study, so as you recall we are trying to get up to 55 of the state, federal or territorial registries to agree to participate and share data with us for the cancer incidence study, and we have to apply individually to each of those registries because we don't have a national cancer registry. So we have submitted, this is as of Monday, 48 applications, and so far we have 19 of those approved, and two partially approved, and what I

mean by that is that that registry requires multiple levels of approval so we've passed through some of those hurdles. And then there are seven registries where we still need to submit applications.

Now, we've allowed about two years for that process, so we're about a year in so we feel that we're making good progress here, you know, moving along pretty rapidly. I said that we were working with the federal registries. That would be the VA and ACTUR, which is the DoD's cancer registry, as well. So are there any questions about that?

MR. ORRIS: Have you received any denials?

MS. RUCKART: So, you know, some of the registries, I wouldn't say they're denials. There are issues with whether we're going to be able to obtain the data because, if you recall, the cancer incidence study is going to be a data linkage study where we don't have contact with the participants; we just have the names from the DMDC database, and then we're going to provide the names, all names to all registries that participate, to see if there's a match, because the registries, the data go back to the 90s, and people could've lived anywhere. It doesn't matter where they live today. So some of the registries have issues where they can't release

data unless there is an informed consent, where each person gives the consent for their data to be released. Now, we're not going to have that 'cause we're not contacting people, but... So while there's those issues we haven't gotten what you'd say like a firm denial, but we're trying to see if we can work around that, and, you know, like I said, we've allotted two years so we still have plenty of time, so I can't say at this point which way that will go.

MS. MUTTER: Any other questions?

OFFSITE LOCATION CAP MEETING DISCUSSION

MS. MUTTER: Okay. Moving right along, now we have on the agenda the discussion for our next offsite location. I know we had brought -- started bringing this up in the last conference call we had with the CAP, and several cities were thrown out so I'll open the floor to the discussion right now.

MR. TEMPLETON: The update on the health survey?

MS. RUCKART: Right. That's what I said first, that the report is --

MR. TEMPLETON: Sorry.

MS. MUTTER: So I'll open the floor for

discussion on the locations, and hopefully we can get something nailed down today before we leave. And with that, I'll open it up.

MR. ENSMINGER: The last thing I saw was somebody made a recommendation about Harrisburg, Pennsylvania.

MR. ORRIS: I think Harrisburg will allow more of the upper northeast segment, specifically New York State. We have a lot of Marine veterans from New York State. We want to have them come down. It's more of a central focus point than the entire Midwest and on base.

MR. ENSMINGER: I don't know about the Midwest.

MS. RUCKART: I just want to add this is not for the next meeting; this is for the next offsite meeting, but that's not the next meeting.

DR. BREYSSE: So I think the sites that were considered were Louisville, Cincinnati, Pittsburgh, Philly and Harrisburg, were the cities that were identified as possible sites.

MR. ENSMINGER: And how accessible is Louisville? I mean, how many interstates do they have?

MS. CORAZZA: Twenty.

MR. ENSMINGER: Twenty?

MS. CORAZZA: That go through there? Yeah.

MR. ENSMINGER: Twenty?

MS. CORAZZA: It's like St. Louis. I think 12 at least.

MS. MUTTER: If I can remind everyone to use your microphones, we can get everything on the record.

MR. WHITE: What date are we looking at for that next meeting?

MS. MUTTER: You talked about, it hasn't been confirmed, that we were looking in, I think it was March or April. I thought we were going to delay it a little bit and do the second quarter one in Atlanta and third quarter offsite, fourth quarter back in Atlanta. That's what we had talked about, not confirmed yet.

MR. ENSMINGER: Well, I'm kind of prejudicial of a recommendation for Harrisburg 'cause I grew up there, so... I'm from Hershey.

DR. BREYSSE: What's the preference for how we make this decision? 'Cause we've talked about this before. Can we just listen to everybody and make our call or do people want us to call everybody and get a consensus, a majority rule kind of situation or -- there's strengths, weaknesses to every site,

and we're committed, going to try and do one offsite a year so if we don't go to some places, doesn’t mean we can't consider it in the future. So how would -- let's just talk process for a minute. How would you like us to manage that decision?

MR. ENSMINGER: Well, I think that every CAP meeting we've had thus far has been relatively east coast, southeast. There has not been much access for people in other regions of the country, and, you know, I know that, you know, we're not going to fly out to Seattle and have a CAP meeting.

DR. BREYSSE: Although I did grow up there.

MR. ENSMINGER: Yeah, I know. So, you know, I think that, out of fairness, I think the next offsite meeting should be something that's accessible to people that were exposed to Camp Lejeune that are more centrally located in the country, and I think Louisville would probably be the best bet.

DR. BREYSSE: So that's a great comment but go back to my question about the process. Any thoughts as to -- you know, how do we reach a consensus, or do you want us to just decide or?

MR. ENSMINGER: Well, it's out of fairness. I mean, so, I mean, you can take a look at --

DR. BREYSSE: I understand that it could be -- to fit your criteria, Cincinnati could fit.

MS. CORAZZA: Yes.

DR. BREYSSE: You know, Pittsburgh could fit. So there might be a host of cities that could -- if everybody agrees do you want to move kind of more out of the south. That still doesn't help us pick a city.

MR. TEMPLETON: Would we maybe want to -- I mean, I'm going to -- I'm going to borrow something from Jamie here -- is could we say, okay, for each of the four sites each CAP member grade them on, 4 being the one that they do want one at, 1 being the one that they would least like it to be at, for all four sites, and then...

MR. WHITE: So this is just a question. Do you guys have any data for showing where the major concentrations of Marines are that we can --

MS. CORAZZA: I have it on my phone right now. Yeah, so Pennsylvania is one of the biggest states and it's accessible to the next three biggest states: Virginia, New York and New Jersey. So I mean, honestly, for me it's regional. We need to cover all four regions.

MR. ENSMINGER: What about Ohio?

MS. CORAZZA: You know, then you're -- they're all -- yeah, Ohio's large too but that's with the driving distance.

MR. FLOHR: Well, you know Pittsburgh would be better than -- people would be better served in Pittsburgh than Harrisburg.

MS. CORAZZA: Yeah, that's what I was going to say. Pittsburgh or Philadelphia over Harrisburg.

MS. RUCKART: So I was wondering, something to consider when you think about maybe, you know, which city would be more beneficial, what is more important, that there are people potential attendees in the city and close by the city itself or that it's within two driving hours? Because with Harrisburg there's probably not a lot of, you know, potential attendees right there, but you're saying that maybe it's in close proximity to these other cities, two hours' drive, but like Philly or Pittsburgh there's probably a large concentration actually right within that city.

MR. ORRIS: As long as we're getting that population.

MR. ENSMINGER: Well, you're right on the border --

MS. MUTTER: Can we use microphones? I see Ray

giving me the eye so I'm just going to be the bad guy and ask we use microphones.

MR. ENSMINGER: With Pittsburgh you're right on the border of two of the most highly populated states for Marines, former Marines, and Camp Lejeune veterans. So yeah, Pittsburgh would be better from their perspective. 'Cause you got Ohio.

MS. RUCKART: Right, but people in Philadelphia, probably not as likely to drive out there 'cause it's about a six- seven-hour, so it depends which segment you're trying to get. Do you want more like Philly, New Jersey and New York or do you want more like Pittsburgh, Ohio, you know --

MR. ENSMINGER: Well, I mean, let's have six meetings a year and we'll go to Philadelphia and that'll cover, you know, eastern Pennsylvania and New Jersey and --

DR. BREYSSE: So is there -- let me -- is there consensus that we'd like to go in the Pennsylvania area, and if so we'll propose a number of cities, and we'll ask you to score them, per Tim's suggestion, and we'll let that decide where we end up. Is that a fair process that we can all agree to?

MS. CORAZZA: Can we -- I mean, we can't do it

right this (unintelligible)?

DR. BREYSSE: We can do it pretty quickly, so we can get an email out.

MR. ENSMINGER: When is the next meeting down here?

MS. MUTTER: It's going to be in August sometime. I'm not following my own rule. It's going to be in August sometime. I have three dates reserved for the rooms, and I'll send those out for consensus on those dates soon as well.

MR. ENSMINGER: August? That's the real Hotlanta.

MS. MUTTER: Welcome to Hotlanta. Okay, so what I heard is I'll send out an email for ranking the three Pennsylvania cities that are on here. Can we also agree on the time frame? This is important for planning. Do we want to do an April meeting in Pennsylvania? That's what we talked about last time. I just want to make sure we're in the same time frame.

MR. ENSMINGER: Yeah, you get out there around the Allegheny mountains.

MS. MUTTER: Okay, so what I'm hearing, January time frame is okay in Atlanta, and then April, offsite in Pennsylvania somewhere, and then we'll

meet back in Atlanta August time frame next year as well. All right, thank you.

MR. ORRIS: One question. When we're talking about coming back to Atlanta. We have mentioned several times that we would like to start having these meetings offsite here in Atlanta as well. Have you looked into that at all, and is that something we can do to make it a little bit more accessible for people to come to the meetings without having to go through all the security?

DR. BREYSSE: So we have considered that, but I think we need to plan a little bit more into the future, if that's going to be the case, so we have to budget differently for that. But I can't remember if there's any -- other than budgetary issues are there any structural reasons why we can't do an offsite?

MR. ENSMINGER: Yeah, just the --

MS. MUTTER: Structural and what?

DR. BREYSSE: Well, any other reason why we can't do it offsite other than just make sure that we budget to pay for meeting space?

MS. MUTTER: Yeah, we would have to do a technology-lite meeting.

DR. BREYSSE: Yeah, so we'd have to have the

streaming stuff, and so -- as I recall we thought it was kind of getting cost prohibitive.

MR. MCNEIL: If it's going to stay here, can we find a way to get the people who run the facility to help some of these folks who are coming in here? There are a lot of that I watched getting carried into this room, and that's a long haul to be, you know, a walker or getting carried, and that. I mean, when you're talking about people who are dying from these diseases, to make them walk 300 yards when they have a handicap sticker and can't get out of their car, is -- I think it's insulting. And I would hope that --

MR. ENSMINGER: You need some golf carts.

MS. MUTTER: I was just about to say I will look in to see if we can get golf carts from facilities or something. I'll look into that. Thank you for the suggestion.

DR. BREYSSE: So I'd like to explore preference. So we have about 45 minutes left and we want to make sure we save time for the community concerns. We've spent a little bit of time talking about the charter, but I suspect that might take a longer time than maybe the ten or 15 minutes we could squeeze in and still save time for the people

who made the effort to come here to comment. So one option would be to just open it up now for CAP updates and community concerns, and we'll move the charter discussion to one of our monthly phone calls. I think that might be better, 'cause I want to make sure that we do provide an opportunity for the comments. So can we manage that?

MS. MUTTER: Yeah.

DR. BREYSSE: So why don't we just move to the CAP updates and community concerns.

CAP UPDATES AND COMMUNITY CONCERNS

MR. ORRIS: So I would like to make an action item for Melissa Forrest with the DoN. I'd like the -- to get an answer from the Department of the Navy as to what the highest level of TCE vapor intrusion exposure is currently on the base. And I'd also like another assurance from the Department of the Navy that they are using EPA guidelines as it pertains to sensitive populations, i.e., women of child-bearing age, to make sure that they are not being exposed to any TCE vapor intrusion on the base. I think at this point in time we're long past the point where a baby should be injured because of the water at Camp Lejeune.

MS. FORREST: I just want to make sure I capture this completely. So what's the highest level of TCE vapor intrusion exposure on Camp Lejeune currently.

MR. ORRIS: Correct.

MS. FORREST: And you want to -- you want us to -- you want an assurance that we are looking at the most recent EPA guidance on sensitive populations --

MR. ORRIS: Correct.

MS. FORREST: -- for TCE exposure?

MR. ORRIS: Specifically female Marines of child-bearing age.

MS. FORREST: You mean like the rapid action --

MR. ORRIS: Yes.

MS. FORREST: -- recommendations.

MR. ORRIS: Yes.

MS. FORREST: Okay.

DR. BREYSSE: So if there's no other CAP concerns we want to raise, we can open it up to the members of the public that are present. You can make a comment or you can ask a question. So if you indicate your interest in doing so we'll make sure we bring a microphone to you.

MR. TERRY: Yeah, my name's Alvin Terry; I'm

from Little Rock, Arkansas. I was in Camp Lejeune 1970, and I want -- first thing I want to talk about is the contaminants of concern that haven't been studied. You know, we have two -- well, there's 70 -- there are 50 found in the groundwater. Now, it's important I understand how you get exposed, what the pathway is.

I have some expertise in underground subsurface structures. There's a phenomenon called cone of depression, and these occur when a bore hole is pulling hard on the reservoir, or the aquifer. Now, the heavy metals and pesticides reside at the bottom of the aquifer. Now, when you get the cone of depression, during a drought or heavy usage, you're sucking up the bottom of that aquifer, and that is where your heavy metals, lead, mercury, pesticides, on and on, reside. So to understand that there's other toxins that you're being exposed to, the Camp Lejeune cocktail is not just the five or six that they've talked about. There's plenty more.

Now, the problem is it can't be quantified because there are no bore hole records of the rotation. So nevertheless the drought records show, or the low rainfall records show, that these cones of depression occur several times during this

contamination period. The USGS studies and maybe one of the ATSDR studies documents it, these cones of depression.

The other thing I want to talk about is the 30-day requirement. Now, Congress assigned the EPA the responsibility of determining safe water levels, clean water levels. These regulations stipulate for vulnerable populations the exposure of carcinogens is zero. The vulnerable populations are those in utero, infants, children, medically compromised and genetically predisposed.

Now, the Department of Defense says you have to drink the poison 30 days. The VA says you have to drink the poison 30 days. Now, why is that? Why does this child have to drink 30 days of poison to find some relief? What's up with that?

The EPA has already spoken about safe water drinking levels. The maximum contaminated level goal is zero. Anything above that the risk of adverse health developments could be experienced.

So here we have in the Federal Register the VA going on record, that's the official record, saying 30 days is required. Why is that? Why does this child or this fetus have to have a 30-day exposure?

MR. ENSMINGER: Hold on a second. The 30 days

that the VA announced is for veterans only. It's not for kids, okay? That has nothing to do with children. That is for veterans.

MR. TERRY: That's not the family program?

MR. ENSMINGER: No, not that I know of.

MR. TERRY: Okay.

MR. FLOHR: No, but the 2012 healthcare law was 30 days.

MR. ENSMINGER: Oh, okay.

MR. FLOHR: Congress put that in the legislation.

MR. TERRY: Well, it doesn't matter who put it in legislation. You're saying that these vulnerable populations, there's others than just the family members, they have to drink the poison 30 days, when the EPA has already spoken on the matter. You've developed another safe water drinking standard? Department of Defense says you have to have 30 days. The VA says you have to have 30 days of drinking the poison.

DR. BREYSSE: Thank you, sir. I think you've highlighted one of the areas of uncertainty that we have to struggle with in terms of addressing the health concerns and producing practical policies that places like the VA and the DoD can develop from

what we know about the science.

MR. TERRY: Well, there are two standards. Two standards, and in view of that, it looks like institutional abuse. It may be institutional child abuse. So --

DR. BREYSSE: Is there anybody else who would like to address that part or are there any comments that were made?

MR. ENSMINGER: Well, the way I understood it when they put the law together and the legislation and the announcement of a 30-day cut-off period was that they had to draw a distinction somewhere, and that was the explanation that I got.

MR. TERRY: They had to draw a distinction?

MR. ENSMINGER: Yeah, they had to draw a line as to -- as far as how long -- because if you don't draw a line you could have people coming in and claiming, well, I was at Camp Lejeune for one day or I was there for a week, and I got -- now I have this illness, and you need to take care of me.

MR. TERRY: But is that based on science? One day is enough. One day is enough.

MR. TEMPLETON: Yeah, I'd like to -- if Jerry doesn't mind, if I add something to this. What they were basing that on was basically the 2009 NRC study

and the concentrations that they knew of at that time. There's been water modeling that was done since then that has revealed some different levels, but apparently at that time the science was, let's say, a little thinner in that regard, and that's the time that the law was passed in 2012, was -- for the most part the science, if you will, I'm going to put quotes on that, was coming from the 2009 NRC report.

DR. BREYSSE: And Frank, I don't know if you want to add to this. In terms of the adults, we looked at the scientific evidence that suggests there's a time threshold for exposure for disease production. And Frank, you want to comment on what we found?

DR. BOVE: It was very difficult to find literature on this. If you look at the studies that were done it's hard to determine a threshold, and really for cancers, there really is really no justification for the threshold unless you have really strong evidence, so we couldn't identify a period of time from the research that has been done, a minimum amount of time. So the 30-day thing is arbitrary, as you're saying.

And if you're talking about birth defects, it could be a day or two is right, for a neural tube

defect, for example, because the neural tube is forming in a short period of time anyway, and any exposure during that period could cause it, so these are arbitrary.

But the MCLGs you're talking about, the goals that EPA stands, they're not standards. They don't use those other than these are goals we'd like to achieve. The standards are the MCLs, the maximum contaminant levels. And those are not -- those are mostly technology based more than health based. There may be some health aspect to the development of the MCL, but most of the MCLs, including the ones that we're talking about here, the trichloro-ethylene, perchloroethylene and so on, are more of a technology-based standard. This is what can be detected in the drinking water with any of the well-established methods. So you have to keep all this in mind, okay.

MR. TERRY: Well, but it's also the genetically predisposed, and those are adults.

DR. BREYSSE: You’re absolutely right.

MR. TERRY: And you're talking about upwards of 25 percent of the population. So --

DR. BREYSSE: So we were asked as part of our review of the literature to be able to say is there

evidence that we could suggest a time that would be appropriate, and we told the VA that we -- there's no evidence to say there was a time. And then from a policy perspective the VA has to make something that's operational, and maybe you can comment on that going forward.

DR. ERICKSON: Sir, thank you for your question. Thank you for researching this as deeply as you have. You're exactly right, making policy can be very frustrating. As Jerry mentioned it involves drawing lines. Very rarely it's also written in such a way that it's satisfactory to all parties involved. VA can certainly re-address and look, and continually look, at things like the 30-day requirement that's in the presumptions.

My question to our scientists at ATSDR, the experts in environmental health, as the Janey Ensminger Act of 2017 is coming forward, realizing that the 30-day requirement in the 2012 law was based on the NRC report, has there been enough new information from ATSDR studies that in fact you would recommend to our legislators that they change the 30-day requirement? Because that would be the law that would affect children.

MR. TERRY: What about the VA, why don't they

do it?

DR. ERICKSON: Well, VA, sir, doesn't have the authority to change that law.

MR. TERRY: I didn't say change the law. You change the regulation. You're the one that went on the record and said that there's no science to support the 30-day.

DR. ERICKSON: Well, it -- and it was --

MR. TERRY: There is science in opposition to it.

DR. ERICKSON: So what I'm asking my colleagues here at ATSDR, since they're at the starting point for knowledge and wisdom as it relates to a time period, for the Janey Ensminger Act -- because ATSDR helps us in this regard. We very much respect that they've got the lead in terms of the science on this. Should the Janey Ensminger Act of 2017 be amended or is 30 days still a reasonable standard?

DR. BOVE: Just to make it clear, the 30 days didn't come from the NRC report.

DR. ERICKSON: I know --

DR. BOVE: It didn't come from the NRC report.

DR. ERICKSON: Where'd it come from?

DR. BOVE: Good question. You know, there are other minimum amounts of times. The World Trade

Center registry, for example, has different amounts of time for the amount of time you spent as a responder, for example. And so you could look -- and that's based on very weak science but it's based on whatever they could find.

And that's true what we looked -- and we had the same problem with trying to find some strong scientific basis for saying 30 days, 60 days, 90 days, whatever, for adults, for -- as I said, for birth defects it's a different story altogether. There you can talk about days of exposure, but for veterans it was -- it’s got strong scientific evidence that --

DR. ERICKSON: So for the 2017 legislation, what is your recommendation? Leave it at 30 days?

DR. BREYSSE: I think we'd have to step back and think about that. Up until now we have not been asked to comment on that.

MR. UNTERBERG: But going back to an earlier comment, I think, Brady you said that someone who lives on the base, and you guys are giving the benefit of the doubt that they were there for 30 days. You're not actually counting days. Is that correct?

MR. ENSMINGER: Yeah, they are.

MR. WHITE: Yeah, we -- to the extent possible we're giving as much leeway as we can, but we have to show it. It says in the law 30 or more days, so that's what we need to show.

MR. TERRY: Well, again, I say that's 30 days that's not supported by science and amounts to child abuse.

DR. BREYSSE: So let me just also clarify kind of a process here. So when the Congress passes an act like -- or proposes something like the revisions, we will get asked to provide a comment on that, and just like the VA will. And that's a point in which we can take an opportunity to revisit perhaps the 30-day and whether that applies equally to all outcomes or whether it might be appropriate to assume a different duration for one outcome versus another outcome. So that would be a formal way that we can -- rather than responding directly to the VA. I can assure you that when we get asked to comment on the bill we will reconsider -- we will consider whether we want to comment on that part of the bill.

DR. BLOSSOM: Can I just make a quick comment, too? To your comments, very much appreciated. I think, since 2009 there have been more and more

studies, at least in toxicology, and in particular with trichloroethylene, which is the compound I work with, in animal studies, that the shift, the focus, has been towards more developmental. So we're talking in utero, early childhood in terms of amounts. And then it's also becoming more and more of a focus, even pre-conceptional, so that it's actually altering the germ cells, so what you're exposed to before you have a child.

So we're learning all this right now, and I think that the science is coming along. It just moves very slowly. It's frustrating for scientists. We rely on funding. The funding situation is who knows. So but I do think in terms of policy I know that's very complicated, but I do want to speak to your concerns that I think it's coming. But and the focus has shifted that way.

MR. ENSMINGER: And in regards to the first part of your question, about the 70-some contaminants that were found in the groundwater, I guarantee you that more than likely there were more contaminants in Camp Lejeune's finished drinking water than what were actually tested for at the time; however, we had to fight a battle to get benzene included, because we couldn't find any

evidence where any of the wells that had been contaminated by BTEX had been in operation until we found one document, and they had to rescind the public health assessment from 1997, and benzene had to be put into play.

If we -- and I'm just telling you what we were told. And it really makes sense. I mean, you just can't pie-in-the-sky say, okay, there were 70 contaminants in the drinking water. Now you've got to look at all those 70 contaminants 'cause we were exposed to them. Well, if you don't have them in writing you're -- well, you know the term -- SOL. I'm just telling you the way it is. I mean, I've been fighting this for 20 years, and you just can't hold somebody responsible if you don't have something to back it up.

DR. BLOSSOM: And it has to be documented.

MR. ENSMINGER: Yeah.

DR. BLOSSOM: And you can't just say, well, it's possible that there were pesticides floating around, and, you know, we are all exposed every day to just a toxic soup in what we eat and are exposed to in the air, and so you do have to have the documentation to back it up.

MR. TERRY: Well, the EPA has a list of what

they found in the groundwater. Now, a lot of it didn't make it to the finish water. At that time, 1984, '85, when they did the studies, when they were studying it. But the dumping occurred earlier. The plumes have passed through those bore holes. They've settled into the bottom of the aquifer. So a lot of it has already been consumed or degraded or settled in the bottom of the aquifer.

MR. ENSMINGER: But if you don't have any proof and you don't have it documented you cannot hold them accountable for it.

MR. TERRY: The proof is in a cone of depression.

MR. ENSMINGER: There is no proof. If you don't have -- If you don't have an analytical result --

MR. TERRY: It can't be quantified. That's --

MR. ENSMINGER: You -- yeah, and if you -- but if you don't have an analytical result of the finished tap water. That is what you've got to go by.

MR. ORRIS: So one of the things that -- I mean, just in our overall discussion we have found that there are a lot of inadequacies in what we are doing and responding to the different segments of

the exposed population.

I know we have a Congressional aid here. Several more are listening and watching through the live stream. I mean, frankly this is a mess. The perfect solution is we don't serve poison tap water to our citizens. That's a perfect solution. It happened. What do we do to respond to it?

Yes, in utero exposures can cause damage almost instantly; we know that. But what are we going to do about it? Well, that's -- we have to have Congressional support to get this done.

MR. TEMPLETON: And just real quickly, and with your background and knowledge, you know, this may play right into your question, actually your point that you're making, is within the water modeling study it also happens to identify, especially within the area where the fuel farm was at, that there's actually an upper aquifer and there's a lower aquifer. And so where they settled and where the lenses are in between the two aquifers, the upper and the lower, makes a difference because there were wells that actually were in the upper aquifer, and some have extended into the -- they couldn't extend to the lower because of the salt entry. But I wanted to point that out. It's in the study.

DR. BREYSSE: And so we have a comment from another participant.

MR. LOWRY: This is Jason Lowry with Congressman Jones' office, and I appreciate the question, particularly with the 30-day requirement. We actually wrote a letter, another member of Congress, to convince the VA to eliminate that 30-day requirement, that obviously they were having to go by with what was in the legislation. We -- and it shouldn't be there.

MR. TERRY: They shouldn't have to go by that.

MR. LOWRY: We agree, it shouldn't be there. We met with Senator Burr's office last week, and we're working on our side, on the House side, to get a bill, a companion bill, introduced, and that bill that was introduced on the Senate side does have that 30-day requirement. But on our side that is a very big concern to the Congressman, and I know he would be interested to hear from the folks here about the scientific evidence and why that 30-day requirement is there.

We tried to get rid of that, but the VA was certainly going by what the law stated. So hopefully in this new legislation, on the House side, as we move forward, that's something that

we'll look at trying to eliminate to get it out of there.

MR. TERRY: But it --

MR. LOWRY: I agree with you. I understand.

MR. TERRY: -- it's not rocket science. There's no science to support it.

MR. LOWRY: Right.

MR. TERRY: There's no science to support it. There is science in opposition to it.

DR. BREYSSE: Thank you, sir. That's -- your point is well taken.

MR. MCNEIL: Sir, I have a quick question sort of related to the science. You talk about funding. You talk about science moves slow. Would a 25 to 30 percent reduction in your budget make it easier to find the answers to this?

It has been suggested that, you know, the House is talking about cutting 25 or 30 percent from your guys' budget just across the board, and my question, as somebody who's trying to help these folks, is does a 25 percent cut in your budget make it easier or harder --

DR. BREYSSE: Sarah works at a university.

MR. MCNEIL: Oh, I'm sorry. So I'm asking sort of the time --

DR. BREYSSE: But I'm sure Sarah would take a 25 percent increase in her budget.

MR. MCNEIL: No, decrease. I'm saying, you know, from your current levels, you know, the House is talking about a 25 percent cut. You know, Mr. Jones is here, Burr and Tillis's folks are listening, as we heard. They're talking about doing these massive cuts, and will those cuts hurt your guys' ability to do your job, which then helps us to help these folks.

DR. BREYSSE: So I think you have to be careful about commenting on budgets since we in fact don't have anything publicly released, and we all work for the executive branch. I'd be happy to talk with you in other -- about it, maybe in the future when we know something more about what our budgets are, but I think for now we're just going to have to be -- wait 'til we hear what the actual budgets are going to be for us. We recognize that there's not been anything officially provided by the executive branch in terms of our budgets.

MR. ASHEY: I would think that a 25 percent cut would hurt any agency dramatically in its ability to perform.

MR. MCNEIL: Well, I mean that's the reality

that we're talking. I mean, we're talking about science moving slowly, not being able to get the answers about, you know, all this stuff. And, you know, you were talking about not being able to get funding, having to fight for this stuff and moving slowly, and, you know, without talking about the politics of it, does a 25 or 30 percent cut in funding make it easier or harder. I think a nonpolitical... That's an easy question.

DR. BREYSSE: So I think what this -- you think that's an easy question. But I will comment that Sarah's funding probably mostly comes from NIH, and NIH is a part of Health and Human Services, CDC is part of Health and Human Services, so that would be kind of a funding opportunity that Sarah would apply for, not for funding from us.

DR. BLOSSOM: And I apologize for bringing up the F word, as we call it, so.

MR. KIMLEY: I met you all at the Tampa meeting, and one of the subjects that was raised was the fact that the study was basically based on people that are no longer with us, and you were doing (unintelligible). And one -- I guess it's a two-part question. Is there another group that's been as large as us that's been exposed to the same

amount of chemicals that you've studied? That would be part one.

And is there any thought to actually engaging what -- the living, and gathering the data that you can from us to truly understand what's happening to us?

DR. BREYSSE: Frank, you want to take a stab at that?

DR. BOVE: The answer to your second question is that we're looking at cancer incidence in this study that we're working on now, which we have full funding for, and so that is one attempt to look at cancer among those who are living. We did the mortality studies because that is the easiest thing to do at first. And so we learned quite a bit from those, but --

MR. KIMLEY: Yeah, I under -- I'm sorry, I understood --

DR. BOVE: And we've also -- and we've also were asked by Congress to do a health survey, and we sent out questionnaires to hundreds of thousands, and we've gotten back questionnaires, and that's what we've been talking about in terms of the health survey being through clearance. That'll be -- see the light of day, we hope, soon.

So we've done that too, and we're also exploring with the VA researchers, who are also affiliated with the University of California, to look at Parkinson's disease if we can. So we're trying to do as much as we can to find out disease among the living as well.

MS. RUCKART: And we've had other studies besides the mortality study that we've published. We have a male breast cancer study that we've already completed, and we have two studies on children, one on birth defects and childhood cancers, and one on adverse birth outcomes like low birth weight and things like that. So we have focused also on non-deceased populations.

MR. ENSMINGER: You don't realize how many questions we get a week from people, from victims, potential victims. And one of the most frequent questions that I get is what about generational effects?

MR. KIMLEY: That was going to be my question.

MR. ENSMINGER: Further down the line. And my response back to these people is, hell, we can't get them to admit that the people that were directly exposed were harmed, let alone trying to figure out whether the next generations were harmed. I mean

science isn't there yet, I mean. And you've got special interests that are blocking science and causing it to take longer and longer and longer to prove this stuff. I mean, you know, there's another side to this thing.

MR. KIMLEY: I mean, we're all victims of criminal behavior.

MR. ENSMINGER: No kidding.

MR. KIMLEY: Nobody ever talks about that aspect of it.

MR. ENSMINGER: That's because you can't hold them accountable.

MR. KIMLEY: Well, but we're victims of criminal behavior. It's unprosecuted and it's been covered up. And, you know, when I first met you guys in Tampa I had just been diagnosed with kidney cancer. Last spring I donated a kidney to this cause.

You know, and the human wreckage in this subject is just incredible. And sometimes I sit here and I look at the apathy that is dealt with at that table up there, and it's very frustrating. I think you've heard it so much you've become detached from the human agony that's involved in this. There's families that were destroyed. The lives

that were destroyed, the lives that never were. It's incredible. And it's disheartening. It wasn't what I was taught in the Marine Corps. It wasn't what I was taught about the United States.

[applause]

DR. BREYSSE: Thank you.

DR. ERICKSON: Okay. I want to comment on intergenerational effects. And sir, thank you for your comments, and Jerry, for echoing that issue. These are absolutely heartbreaking, deplorable stories on a personal level, family level, et cetera, and I'll tell you that I wish we had more answers right now.

One area that VA is taking the lead is that we have approached the National Academy of Science, to ask them to give us a roadmap for, not just Camp Lejeune, but it's under the rubric of, you know, Gulf War veterans, Agent Orange veterans, all the veterans. Were we to want to study inter-generational effects, National Academy, give us a roadmap. Who would be the federal agency that you would have lead that effort? Probably NIH, just so you know, because they've got the laboratories, they've got neonatologists, geneticists there, so who would lead that effort to help VA? How many

years would it take? How many, you know, dollars would it take to appropriate against that? What would the study design look like? And we've been aggressive in commissioning that work on the part of the National Academy to advise us, and then we'll be in contact with legislators, et cetera, as it relates to them being able to take action on it, because, across every veteran group -- and I say this as a veteran, I say this as somebody who was an Army brat for 20 years -- veterans, veterans' families are all concerned about that exact issue. Okay, this bad thing happened, these bad exposures, but what about the second and third generation? We want to have answers. And so we've asked again for a roadmap from the national academies that will put this into context, with some specifics. Not just broad statements about epigenetic studies, but okay, epigenetic studies, which epitopes? What technologies are we applying? Exactly how would you design that study? We're trying to get them to commit to something very tangible that we can then actually take action on to get some answers.

MR. ENSMINGER: Yeah, Ralph, but the problem I have with the national academies is when they form these committees to look at these issues they're

pulling people from all aspects of the realm of -- you've got people that are working for industry, that are opponents to finding anything; you've got people from academia that have other duties. These people that work for industry, that's their profession, to sit on these panels that are formed by the National Academy of Sciences. And gee, guess who is going to do most of the research for that committee? It's not the people that have other academia duties. They're not the ones that are going to do the heavy lifting for that committee. It's the people that are being paid by special interests that are doing the damn heavy lifting, and they're the ones that are writing the reports.

DR. ERICKSON: So Jerry, I would encourage you, and anyone else hearing my voice, anyone who's reading the transcript for this session, to actually look at the front leave covers of the National Academy studies. You can see the titles, the names and the titles of the individuals who serve on the ad hoc committees. There's no question, they seek some of the world experts, and they seek a breadth of disciplines to be represented from toxicology, epidemiology, et cetera, on these kinds of issues. I am really hard pressed to think of someone who's

been from industry. These are folks like Dr. Blossom, primarily from academia. They are very broadly published. Dr. Breysse just served. He's in fact chaired ad hoc committees. Isn't that correct, sir?

DR. BREYSSE: I've never chaired.

DR. ERICKSON: Oh, I thought you chaired. I thought you chaired Blue Water.

DR. BREYSSE: No.

DR. ERICKSON: Okay, but he's --

DR. BREYSSE: I chaired one meeting when nobody else showed up.

DR. ERICKSON: Okay. So we -- you know, the folks who serve on the ad hoc committees have fantastic credentials as scientists, and let me finish. They serve pro bono, which means they are not paid. They have their per diem paid, sort of like the CAP membership. You guys can get your plane ticket and you get your meals and your hotel; am I right? So it's a similar kind of situation. So you guys are serving, you know, pro bono. You're serving out of love for the cause for the people that you're representing. So these committees are serving that way. They have tremendous credentials. I will tell you whichever agency commissions the

work at the National Academy, we do not dictate who's going to be on the committee. Dr. Breysse can back me up on that. We don't say you've got to have this person or that person; we're totally hands-off. And so I think you might want to think twice before you impugn the character or nature of some of those committees.

MR. ENSMINGER: Well, and my experience is based upon the Camp Lejeune report and the NRC report that they did for Camp Lejeune. And whenever you have somebody like a Janice Yeager, who did the heavy lifting for that committee and cherry-picked the data that met the preconceived conclusions written in the charge by the damn Department of the Navy. And then the peer review coordinator that the National Academy selected for the peer review of that report was a Dr. George Rush, who had at that time worked for more than 30 years for nobody less than Honeywell, Limited, who is second only to the United States Department of Defense in the number of Superfund contamination sites for TCE.

DR. BREYSSE: So this is a discussion that we're not going to solve here. But I appreciate the breadth of feelings about the matter. And I want to make sure there's other community members who want

to comment, either here in-person or on the phone.

MR. CONLEY: How you all doing? I'm Thomas Gordon Conley, Jr., retired master sergeant Marine. And I've been from Vietnam, Camp Geiger, all the way to Camp Lejeune, and just about every base that you can think of between here and Asia. I want to know -- something that I did not realize, did not even think about, is this water contamination. Now, I got -- had five children. Two came through Camp Lejeune. I've been to Camp Lejeune five times, and I stayed because I was stationed there.

It never occurred to me that water was a big problem, because I've gotten so many letters and mail telling me to come and fill out forms for this situation that we're talking about right now. I appreciate everything that you all are doing, but when -- no one has asked when will it come to an end. I'm listening to people saying we're going to meet in Louisville, Pennsylvania, Ohio, but no one has said anything about when is it going to end.

DR. BREYSSE: Well, maybe I can --

MR. CONLEY: Wait a minute, sir, I got a few more. It's hard for me to look at my wife and my child, and I know that I am responsible for getting them contaminated.

MR. ENSMINGER: No, you're not.

MR. PARTAIN: No, you're not.

MR. CONLEY: That's the way I feel.

MR. ENSMINGER: Yeah, but you shouldn't feel that way.

MR. CONLEY: That's the reason why the VA and no one else have heard from me in almost 50 years. I'm 76 years old. I ^ feel good. I hate what -- excuse me -- I hate what has happened to me. (Unintelligible) to help me...

[applause]

MR. ENSMINGER: You know, if it's any consolation to you, I understand what you're feeling, especially about your family. I mean, if I would've held off from the conception of my daughter Janey, who died, for a couple months, she would never have been exposed in utero. We'd have been down to Parris Island, and she would've been unexposed, according to the standards they have right now.

But don't ever put that on yourself. You, me and everybody else that was exposed at Camp Lejeune, we were betrayed by our own leaders. And we are still being betrayed by the upper level of leadership of the United States Marine Corps to this

day, because they are not condemning the people that did this back at the -- in the past. They're making excuses for why they did it. So don't ever blame yourself, and I feel your pain.

MR. ASHEY: I wasn't going to comment on any of this but the more I hear, the more I have to say. You members of Congress who are listening, you just had an example of the human wreckage that has been caused by what happened at Camp Lejeune. And Camp Lejeune is probably the worst example of exposure to contaminated substances in United States history.

And government never seems to learn from this. Flint River incident is a good example of how things just happen over and over again. So when Congress -- when you cut Superfund or you only provide 60 million dollars a year to deal with the 50 states for petroleum contamination that amounts to about a million dollars a year for each state, that forces states to use risk-based closure procedures that put the citizens that you purport to represent at risk of drinking contaminated water without their knowledge and without their consent, that is wrong. It violates every premise of the Preamble to the Constitution, if not the Constitution, and your sworn duty to your

constituents. So I hope if any of you are hearing, you're hearing this well. Thank you.

DR. BREYSSE: Thank you, sir. So we -- [applause] -- we have time for one more question or comment.

MR. HIGHTOWER: Mr. White, my name's Tony Hightower. At the last meeting here we discussed about notification to Marines. And on behalf of the sergeant major and others, we need notification. We have no notification at the VA. We have monitors that are talking about food, and so notifying Marines to come to this meeting or to register on the registry with the contaminated water that they were exposed to. Now, you ensured us at the last meeting you were going to get at the desk and get back with me. You never got back with me. And there's been no billboards, no signs, no nothing, especially in Atlanta VA.

MR. WHITE: Sir, I don't remember exactly our conversation, but I told you I was going to make sure we had something implemented, and you were not at the last meeting where I showed the posters that we had developed -- hold on -- and that is being disseminated again to all the VAMCs and the CBOTs (ph), and Mr. Wilkins suggested a few weeks ago

about being able to post on the TVs in the VA medical centers. And my communications chief just asked them the status of that, and it's still not fully implemented yet but he's working with his -- kind of an overarching, I don't know what you'd call it, committee.

MR. HIGHTOWER: It's over the media department.

MR. WHITE: Okay. So he's working that issue. Okay, unfortunately it probably didn't happen as quickly as we would like but it is being implemented.

MR. HIGHTOWER: I apologize for not being at the last meeting; I was in the hospital. But do you have any idea when this is going to take place? How much longer it's going to take?

MR. WHITE: Unfortunately, I do not.

MR. HIGHTOWER: You don't know how long it's going to take to put posters up to notify Marines to register and be informed about the contaminated water?

MR. WHITE: Sir, I said it. I don't know how many times I can say it, but it's out of my hands, okay. I've tried to move that issue forward. We've got people involved in it, and it’s just not happening as quickly as we would like. But it is

happening.

MR. HIGHTOWER: Well, we're not seeing it, and I guess we're going to have to go to the media to inform the Marines, and if I have to take up a fund to do that, that's what I'm going to have to do.

DR. BREYSSE: So we're at the end of our time, and especially with the traffic closures in Atlanta I want to make sure we finish on time for the people that have to get to the airport. If you leave soon, you might get there around five. Just joking a little. I want to thank everybody again, and welcome to our new members. And thank you very much for your participation, and we'll see you all next time.

(Whereupon the meeting was adjourned at 12:30 p.m.)

CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Master Court Reporter, do hereby certify that I reported the above and foregoing on the day of April 12, 2017; 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 12th day of May, 2017.

Steven R Green, CCR

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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