THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

THIRTY-EIGHTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

August 22, 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 August 22, 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 MEMBER
BLOSSOM, DR. SARAH, CAP TECHNICAL ADVISOR
BOVE, DR. FRANK, ATSDR
BREYSSE, DR. PAT, NCEH/ATSDR
CORAZZA, DANIELLE, CAP MEMBER
DECKER, DR. JOHN, ATSDR
DINESMAN, DR. ALAN, VA
ENSMINGER, JERRY, CAP MEMBER
ERICKSON, DR. LOREN, VA
FLOHR, BRAD, VA
GILLIG, RICK, ATSDR
KERR, PATRICIA, NAVY
MCNEIL, JOHN, CAP MEMBER
MUTTER, CDR JAMIE, ATSDR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RUCKART, PERRI, ATSDR
TEMPLETON, TIM, 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. DECKER: Again, welcome to the Agency for Toxic Substances and Disease Registry Community Assistance Panel for Camp Lejeune. I am John Decker. I'm from the National Center for Environmental Health and ATSDR Office of Science. I'm the Associate Director for Science. I'm filling in for Dr. Breysse this morning, who's at a meeting with the CDC Director, and he will be joining us later in the morning as soon as he can.

I'd like to remind the audience and CAP members that the discussion is being recorded through a transcription service, so please speak into the microphones to ensure your comments are heard and transcribed.

At this time we should go around the table and do introductions. Again, I'm John Decker from NCEH and ATSDR.

CDR. MUTTER: Good morning. Commander Jamie Mutter, DTHHS, CAP coordinator.

MS. KERR: Good morning. Patsy Kerr, I'm standing in for Melissa Forrest, with the Department of the Navy.

MR. TEMPLETON: Tim Templeton, CAP member.

MR. FLOHR: Brad Flohr, VA.

DR. ERICKSON: Ralph Erickson, VA.

MR. WHITE: Brady White. I'm with the VA.

MR. WILKINS: Kevin Wilkins, CAP member.

MR. PARTAIN: Mike Partain, CAP.

DR. BLOSSOM: Sarah Blossom, University of Arkansas for Medical Sciences, scientific technical advisor for the CAP.

MR. ORRIS: Chris Orris. I'm a CAP member.

MS. CORAZZA: Danielle Corazza, CAP member.

MR. MCNEIL: John McNeil, CAP member.

MR. ENSMINGER: Jerry Ensminger, CAP member. I'd like to add that today, today, 22nd of August, is 20 years that I've been involved in Camp Lejeune, since I've known about it. [applause]

MR. GILLIG: Rick Gillig, ATSDR.

DR. BOVE: Frank Bove, ATSDR.

MS. RUCKART: Perri Ruckart, ATSDR.

MR. ASHEY: Mike Ashey, CAP member.

DR. DECKER: Again, welcome to all the CAP members in the audience who have come here today. I'd like to make a special welcome to the Canadian Broadcasting System, who is here filming today. Please be advised that CAP members and visitors may

be filmed. If you do not wish to be filmed, please, there's a sign-in sheet at the front that you can put your name on where they can later blur out your faces, or if you want to talk to Heather Bair-Brake who is somewhere here in the room, or she stepped out, Taka, here in the corner, you can talk to as well related to that.

Are there any other logistics? If there's a fire alarm, where do we -- Yeah, yeah. What are the directions for that?

CDR. MUTTER: I will find out and get back to you at the next break. I assume it is out this door at the end, down to the parking lot. That is my assumption, but I will confirm. Is that right Rick?

DR. DECKER: That is correct, ok. And then the restrooms of course are just outside this room and down the hallway in that direction.

I'd like to remind the members of the broader community that this is a CAP meeting, and while we're interested in your questions, there will be a period of time in the agenda for those. It's about -- at about 12:00 o'clock, according to the agenda. And so if you could hold your questions and concerns until that time period we would appreciate it. While I'll try to keep us on the agenda times,

the time on the agenda are, are estimates, and we don't want to cut off any important discussions, so there may be some flexibility in the times listed here.

I think that's it. Anything else, Jamie?

MR. ENSMINGER: Cell phones.

DR. DECKER: Cell phones. Cell phones, please mute them or turn them off. Thank you. And I think we can get into the agenda.

VA UPDATES

DR. DECKER: Our first agenda item is the VA updates. We have Mr. Brad Flohr, Mr. Brady White, Alan Dinesman and Dr. Loren (Ralph) Erickson here today for updates.

DR. ERICKSON: Good morning. So this is Ralph Loren Erickson, and thank you for again inviting us to participate. Very much appreciate being part of what I think is a great representation of a whole-of-government approach in that ATSDR, as part of the Department of Health and Human Services, sponsors this particular community assistance panel. However, we at Veterans Affairs, a sister agency, and also Department of Defense, a sister agency, are invited as guests to participate, and we very much

appreciate that.

To let you know, this particular community assistance panel is very important to the leaders of our agency. To sort of underscore that, on a regular basis we brief our senior leaders on things that we bring back from this particular meeting when we come. In fact in another few -- just two weeks, I guess, really, just two weeks out now, both Mr. Brad Flohr and I will be briefing the Secretary, in fact giving him an update on a whole host of Camp Lejeune issues, some of which we'll be discussing today. So again, we appreciate being guests and being able to participate with you on this important issue.

We have a few presentations to give in the time that we're allotted, but we know that there will be additional questions. We'll be starting out in just a moment with Mr. Brady White, who has some slides that are on the screen, thanks, Jamie. And Brady will be giving you an update concerning the execution of the 2012 law, the Janey Ensminger Act, as it relates to providing healthcare to veterans and last payer payment of hospital bills, healthcare bills, for family members.

Just mention that literally the numbers that

you'll see here are the numbers that we briefed to our senior leaders, to update, and I'll ask questions about what can we do better, how can we facilitate this.

Following Brady White we'll have Mr. Brad Flohr talk about claims, and he'll give you some updates on the claims issue. For those that are not aware, there will be a difference between what Brady is presenting and what Brad is presenting in that the 2012 law, the Janey Ensminger Act, has a list of 15 conditions that are listed, and that law is, is fully in effect. The claims that Brad talks about includes claims for eight presumptions, which is a separate list. There is some overlap in diseases between the two lists, but a separate list in this case, which applies only to veterans. So I'll sort of tell you ahead of time there's always potential for confusion between the 2012 law and how we're executing that, and the presumptions that are now in place since March of this year.

Also I hope we have on the line Dr. Alan Dinesman. Alan, are you on the line? Alan, are you on the line?

DR. DINESMAN: Good morning. Took me a second to get off mute. I am on the line.

DR. ERICKSON: Okay, very good. I get caught with that mute button as well. And so Dr. Dinesman will be able to answer additional questions as it relates to the medical review of veterans' claims, and I hope we get to that point. So I just want to sort of set the agenda that first Brady White will talk, then Brad Flohr, and then also following that will be Alan Dinesman.

I will tell you that we have a new handout, which Donna has ready to hand out. Donna, would you like to hand this out right now? This is what we think is a near-final copy of a new brochure that we're providing. This is information that will direct veterans and family members to both the 2012 healthcare law, the programs that are under that, but also oriented to veterans' claims and the eight presumptions. Should you have feedback on that particular prototype that we're handing out, please make sure that Donna gets that because we want it to be as accurate as possible, and I mean that in all sincerity. We want to be able to, on a regular basis, get out the most accurate and timely information in this regard, not only on our websites but in printed material such as this. So she'll be handing those out.

Thank you, Donna Stratford, very much. And at this point I'm going to be turning it over to Mr. Brady White.

MR. WHITE: Thank you, sir. So we -- well, first of all thanks for having us back. It's an honor to be here and to represent the family member side of the program, and I am the program manager for that effort and the VHA. And I'm also for the veteran the point of contact for you if you have questions about your healthcare benefits. So please see me afterward or during the break if you have any questions about either of those, okay?

So we're going to go ahead and get started. For the CAP members, you've seen this presentation before. Basically I'm going to go over some updated numbers, and we can talk about anything you'd like to chat about.

The first slide, if you can switch over there. Okay, keep going. And keep going. I guess I set this up to go on the space bar. So this is the list of conditions that we cover based on the 2012 Jerry [sic] Ensminger Act.

And next slide we start talking about veteran eligibility. And basically from August 1, '53 to the end of 1987 a veteran has to have been stationed

at Camp Lejeune during the covered time frame. Here's the very important bullet I always like to point out, is the veteran does not need to have one of the 15 conditions in order to receive healthcare benefits. Okay? So that's, that's very important to keep in mind. They do not need a service-connected disability to be eligible for VA healthcare. And there's no cost to treating for any of the 15 conditions. We can still treat you for other stuff other than those 15 conditions; there's just going to be a copay to that. And that comes in as -- the veteran comes in as a priority group 6 veteran and all the benefits that that entails.

The next slide deals with family member eligibility. And here we have to show a few things. We have to show a dependent relationship with the veteran during the covered time frame, the family member has to have resided on base during that time frame, and they have to have one or more of these 15 conditions in order to receive reimbursement for that healthcare. Okay.

And the next slide is where we get into some numbers. So keep going down, as of July 18th we have provided care to over 44,000 Camp Lejeune veterans in the VA system. Over 3,000 of those were treated

specifically for one of the 15 conditions, and over 600 of those were just for this fiscal year. And here we've got an 800 number that, if any veteran has questions about their healthcare benefits, that they can call that: (877)222-8387.

And the next slide breaks down the care that was received by the veterans based on those 15 conditions. Give you a second just to kind of absorb that.

And the next slide we get into family members. So our program launched in October 24th of 2014. We had to wait until the regulations were published in order for us to actually start reimbursing family members. So we basically reimbursed them for care that they received, any out-of-pocket expenses. And we can reimburse for care up to two years from the date we received your application, okay? So make sure you save any of those receipts.

And again, as of July 18th we currently have -- as of that date we had 306 family members that were actively getting reimbursed for care. And any family members that have a question, we've got a call center that's been set up in Austin, Texas. The number is (866)372-1144. And we also have a website you can go and get some additional

information.

Okay, the next slide is a lot of -- again, a lot of numbers on it for the 15 conditions, for the family members, and how all of the conditions break down for them. Most of it has been for breast cancer on the family member side.

Okay, the next slide deals with denials. I know that's always a topic of interest for the CAP. Of the 44,000-plus veterans who applied, 1,336 were denied eligibility because they didn't meet the statutory requirements for a veteran. For the family member side there were 52 waiting administrative determinations, and 681 were deemed ineligible. And I broke down the three main criteria for why that is. 327 because we just couldn't put them on base. We couldn't show that they had residency. 208 because there wasn't a dependent relationship. Maybe they were a cousin or a friend or something like that. And 123 because the veteran just was not eligible.

MR. ENSMINGER: Hey, Brady, how many of these slides you got?

MR. WHITE: Just, just a few more. You have a question?

MR. ENSMINGER: Well, yeah. Why didn't you

make hard copies of these so it can be distributed?

MR. WHITE: I, I sent it to our contact here at ATSDR.

MR. ENSMINGER: Yeah?

CDR. MUTTER: I was -- I will make copies at break.

MR. ENSMINGER: Yeah, I mean, there's people taking pictures of these slides.

CDR. MUTTER: I'll make sure we have enough copies for everyone.

MR. ENSMINGER: Okay. Thank you.

CDR. MUTTER: Yes, sir.

MR. WHITE: Sorry. I probably should've asked for that, and I just didn’t, so.

CDR. MUTTER: That's okay.

MR. WHITE: I'll take ownership of that.

CDR. MUTTER: We'll take care of it.

MR. WHITE: The next slide deals with the five reasons, top five reasons, why we might not have approved a claim for reimbursement. The first one is the other health insurance basically paid for everything so there wasn't any additional responsibility that the family member might have had. So that's actually the top one. The other one is a duplicate bill that was submitted. We can't

pay for duplicate claims. The next one is basically -- it was for a claim that was not covered. You know, it was not deemed to be for one of the 15 conditions that's under the Act. And the next one is, in order for us to reimburse for care, we have to show that the family member -- you know, if they had other health insurance, that that was put in place before we submitted.

And then the next one deals with pharmacy drugs, and a prescription was not covered by the approved formulary listing. You know, we've developed a pretty sensitive formulary. We actually hired a pharmacy benefit manager that we have a contract with. And the reason we did that at the end of the program was initially, as a few of you guys recall, when we didn't have that in place a family member would have to go to their pharmacist and pay out of pocket. And so we hired these folks, the pharmacy benefit manager, in order for that not to happen.

And this -- the next few slides just kind of show communications that we've had. You know, mostly it -- you know, the purpose of this is to show that we've kind of partnered with the U.S. Marine Corps and their -- and got their assistance

for mailing out letters. And they just put various ads in newspapers and documents, publications, around the country.

And that is it. That's it for me.

MR. ENSMINGER: Well, what was the biggest statutory hurdle that veterans -- for veterans being denied? Was it not having enough time at Camp Lejeune or what?

MR. WHITE: The biggest one was them just not being deemed a qualified veteran, probably dishonorably discharged, something like that.

MR. PARTAIN: Hey, Brady, this is Mike Partain.

MR. WHITE: Yes, sir.

MR. PARTAIN: I know we've kind of brushed on this before but I do get questions and things that come up through our Facebook page. Both for veterans and family members, as far as treatments and stuff, what about residual effects? Like for example, you go through cancer, you have to go through chemotherapy, and the chemotherapy does damage. You know, like -- so like the -- I forgot the abbreviation for the codes for diagnosis aren't going to apply if you become diabetic or if you have neuropathy, and you have prescriptions for that after cancer. So how are y'all handling those types

of issues or secondary health effects due to treatment from the primary condition?

MR. WHITE: That's a great question, Mike. Thanks for bringing that up. And as CAP members know, I actually went through that myself. You know, I know the secondary effects from chemo and radiation treatment, and what we've done in our program to make sure that those conditions are covered is if, if it's deemed that something was caused by either the initial condition itself or the treatment for that condition, either one of those, then we're going to cover that expense.

MR. PARTAIN: Now, is it up to the individual to provide that documentation? Like for example, I'll use my own personal... I had breast cancer ten years ago. I am not actively treating for breast cancer, but as a result, during treatment they had me on prednisone and other things for chemotherapy. I became diabetic. I also had endocrine failure. And then the other part, I had neuropathy, which I am currently -- all three issues I'm currently receiving both medical care and treatment for. Do I need to go back to my doctors and have them write out notes or how do you guys handle that?

MR. WHITE: Yeah, we would need some kind of

medical documentation. And if, if the documentation doesn't itself point back to whatever the condition was or the treatment for that condition, then we do have a team of physicians and the war -- it's called the War-Related Illness and Injury Study Center, WRIISC, W-R-I-I-S-C. There are a lot of I's in there. But we coordinate with them, and they may look at the medical docs and help us make a determination. So, so basically we try to make it as simple as we can. If we can show, we have medical docs that show that the original condition or the treatment for that was associated to one of those 15 conditions, then the family member will not have any out-of-pocket expenses.

DR. DECKER: Tim, you have a question?

MR. TEMPLETON: Yes, I -- actually I've got three. The first one, on the priority group 6, I noticed that there's quite a few people, including myself, that, when you initially sign up, are being placed into category 8, and in a lot of cases category 8-G. What do they need to do to change that, to get the priority group changed?

MR. WHITE: My understanding, on the veteran side, for the eligibility process, is there was some limitations to the system, and they're working

through that to help the -- make sure that that's more streamlined. But I do know that that was an issue, and it's -- they have to manually make that -- flip that switch to make them a priority group 6.

MR. TEMPLETON: Have they done that? Have they already done that or are they just doing that manually, case by case?

MR. WHITE: It's done on a case-by-case basis at our health eligibility center, here in Atlanta.

MR. TEMPLETON: Okay.

MR. WHITE: And if you guys want, I've tried to -- before to reach out to them to have a representative here. I can certainly do that again, maybe at our next CAP meeting, if you'd like somebody from their office to be here to handle some of those kind of questions.

MR. TEMPLETON: That would be fantastic.

MR. ENSMINGER: Absolutely.

MR. TEMPLETON: And especially since they're here local.

MR. ENSMINGER: Yeah.

MR. TEMPLETON: When we're having a group, it would be great for them to trot on over here and help us out.

MR. WHITE: Yeah.

MR. TEMPLETON: On the Other Health Insurance, OHI, does that consider copays that may have been paid by them?

MR. WHITE: Yes, sir. Yeah. Any -- basically the way you can think of it is, if there have been any out-of-pocket expenses for treatment of one of those 15 conditions we're going to make sure we cover it.

MR. TEMPLETON: Okay, great. And then the final one was on you mentioned WRIISC, and those folks, I contacted them personally, to see whether they're -- what type of assistance, what type of services that they may be able to provide to our community, you know, given the nature of the illnesses and exposure and so forth in our community, and was told that they could not help anyone at Camp Lejeune. So if there's something that that person happened to be missing on that, if you could fill that in, that would --

MR. WHITE: Sure, and I'm going to let Dr. Erickson handle that; he kind of oversees that.

MR. TEMPLETON: Okay, thank you. Appreciate it.

DR. ERICKSON: And Tim, thanks for bringing

that up. The WRIISC, War-Related Illness, Injury Study Center, which is located at three locations, in California, New Jersey and D.C., has in the past been primarily postured to deployment-related, for overseas, war time-related injuries and illnesses. They are making a transition this year, and it's a transition that is ongoing. They are starting to see more veterans who have been at a variety of military bases within the continental United States.

We're developing new educational materials in conjunction with the WRIISC in this regard. So this is a work in progress. And I wanted to jump in on what Mike had asked earlier, and Brady answered correctly, but the physicians at the WRIISC who are helping us to work through some of these issues such as the second- and third-order effects following chemotherapy for cancer survivors, we talk about this on a monthly basis, in regular meetings, so we're very sensitive to that. It doesn't mean that we're always getting it right, so please help us in that regard. But, you know, my -- the issue you brought up is very appropriate in that one of the covered conditions may well have second- and third-order effects downstream that need to be covered as well. Thank you for bringing that up.

MR. TEMPLETON: So would they need -- would the individual, let's say, that he wanted to try to get an evaluation through WRIISC or some additional work, would they need to get a referral from their doctor to do that? Is there a process involved?

DR. ERICKSON: So as it relates to those who -- and we're talking in this case not family members, veterans, okay, 'cause the family members could not go to the VA facility -- but for the veterans who were in particular perhaps more complex cases, we could sort of look at the WRIISC as being sort of like the court of appeals. We work, to the greatest extent we can, with the local facility to equip those providers with the best information, and we provide electronic consultation, for instance, sometimes real-time discussions back and forth as the best way to evaluate and treat various Camp Lejeune veterans. But there are some cases that now we're interested in perhaps bringing them in person. We have what's called a national referral program. But it's not necessarily that everybody goes, because that would then sort of swamp the system, but for the most complex cases that's what we intend to do.

MR. TEMPLETON: Okay, thank you.

DR. ERICKSON: Yeah, no, I really appreciate you bringing that up because, again, this is an area of growth and expansion for us.

MR. TEMPLETON: Thank you.

DR. DECKER: Thanks. Mr. Orris, you have a question? Then we'll go to Mr. Wilkins.

MR. ORRIS: Yes. Actually I have three questions, and we'll kind of start them off. Brady, I usually ask this. How much did your family member benefit program cost and what was the cost and what were the benefits that you paid out? I'll let you answer that first.

MR. WHITE: You know, you're right, you have asked that, and I don't have a placeholder for that. I need to do that. I don't have that at my finger-tips but I can certainly provide that after this meeting.

MR. ORRIS: Thank you. Second question --

MR. WHITE: That was basically the cost for the family member. I can also provide it for the veterans, if you'd like that as well.

MR. ORRIS: I would like that as well. The second question: How much has your program paid out to anybody born with a congenital heart defect at the base?

MR. WHITE: That would be zero.

MR. ORRIS: And that's because it's not on the list, correct?

MR. WHITE: Correct.

MR. ORRIS: And what has your department done to add that to the list? What efforts have you done?

MR. WHITE: Dr. Erickson, you want to tackle that one?

DR. ERICKSON: Sure. And I'll try and answer this but I'll look for an assist from Jerry Ensminger. Because the inclusion of family members is based on legislation that is very closely confined, the VA's not able to work outside that list without Congress basically amending the law, which I understand is underway. Jerry, I don't know if you want to comment.

MR. ENSMINGER: Well, the appeal is there. Not the appeal but the, the bill, the amendment to amend the Act, and it's waiting for a mark-up hearing and then a vote. So I don't know when that's going to happen. I can find out when they're going to have a next mark-up hearing in the VA committee that'll be -- it'll be in that mark-up hearing.

MR. ORRIS: And will the VA support that at

the -- in the hearing?

DR. ERICKSON: So what typically -- I'm going to answer broadly first, Chris. I know you already know the answer to this, at least part of the answer. So as a federal agency, of course we don't independently advocate for or against legislation; however, we will be requested to provide cost and views.

MR. ENSMINGER: Come on.

DR. ERICKSON: And in particular we will tell you that we have, I would say regular contact with members on the Hill about these issues. We have a very active office of Congressional liaison; remember us talking about that. And so these things involve lots of discussions. That's probably as much as I can say at this point. I hope that's not totally unsatisfying.

MR. ORRIS: Well, when you add the benefit it'll be satisfying. And a third thing, I forwarded an email back in June to all of you in regards to a visit I had at the Durham VA. I'd been there for my father, and he was receiving some treatments, and I happened to speak with a VDO there in Durham, sat down in her office. I'll keep her name out of this for now. However, she had informed me that she had

limited Lejeune informational supplies, and actually asked me to reach out to the VA to get more informational supplies to give at the Durham VA. And she had also told me that she had no posters. There was nothing in her office about the exposure at Camp Lejeune.

And I had sent this over to you, and your response was a May 4th email that said you were planning on working on that. Well, you know, that effort has failed as a result of what I saw there at the Durham VA. You would certainly expect your VDOs at this point in time to know everything there is to know about Camp Lejeune and to give those veterans the benefits that they deserve. What are you doing to fix that?

MR. WHITE: Thank you for bringing that up. On the effort to put more information out to the medical centers, our communication manager has been working through the system. You know, we have a bureaucracy here, and the wheels turn slowly sometimes, but he has, I know personally 'cause I ping him on this every couple of weeks, about where we are and what's going on, and my understanding is that poster has been rolled out to the, I guess, every medical center and clinic, you know, regional

office. They've got personnel that are kind of in charge of that. So we've rolled that out to them. And then, you know, it's kind of up to them to then print it out, put it up on the walls, put it up on the TV monitors that they have. You know, we can't really force their hand on that but we've made it available to them, for them to make sure that they communicate that.

MR. TEMPLETON: Just real quick, and we call out the bad but we'll also call out the good here as well. I'll just mention that at Topeka VA, at the eligibility, they had a nice little sign that was talking about Camp Lejeune, right in front for everybody to see. So they're doing it right.

MR. ENSMINGER: Well, Kevin Wilkins had a good idea. You guys got these TV monitors in the waiting areas at all these VA hospitals. Why not make slides or a tape of these posters and the information on Camp Lejeune, and insert it into the loop on those ITVs?

MS. CORAZZA: It's at the Washington, D.C. VA. I'm there three times a week. It's on the roll screens and they have posters up.

MR. WHITE: Yeah, so it's kind of -- unfortunately, you know, there's hundreds of

hospitals and clinics around the country, and some of them seem to be doing it correctly and some of them we can probably work on better. If you have specific ones that aren't we can certainly inquire. Because the TV is part of it, Jerry. It's, you know, getting that information on those monitors. I don't know if they're at every VA hospital, but you know, they're --

MR. ENSMINGER: Well, I mean, you know, the Secretary of the VA, I would imagine if he ordered something like this to happen then it would. I mean, it better. I mean, hell, if I was the Secretary of the VA and I told somebody to do somebody and they didn't do it, they wouldn't be there the next day.

DR. ERICKSON: Everything you guys are saying is greatly appreciated. There are -- there is the top-down strategy that we're working, that it sounds like in some cases is being put into effect appropriately: electronic things that we're sending out, posters, et cetera, training for these individuals, whether it's on the benefit side or the healthcare side, the WRIISC ramping up, regular meetings with the environmental health coordinators, clinicians. But using that military model, and you

guys know that I'm a veteran myself, when you guys help us identify anything -- and I hope that we didn't -- I hope we didn't drop the ball 'cause I thought I contacted Durham directly, but I wrote it down again, Chris, we can make on-the-spot corrections. We can use that military method to say, okay, guys, you know, we just got contacted, and why are you guys not with the program? We don't want to burn any bridges but we'll work with those folks that perhaps aren't doing what they need to. Understanding big bureaucracy, 370,000 employees, you know, people don't always do exactly what's the perfect response to veterans, and I apologize for that, but we want to make it better.

Here's something really cool that I want to share with you. VA's going through a modernization effort right now, to be redesigned, and you've seen this in some of the Secretary's speeches. We're all engaged in that to deliver healthcare in a more efficient and appropriate way to veterans. You've probably heard about the Choice program, et cetera.

Post-deployment health services, which is my domain, which includes the Camp Lejeune issue, and the WRIISC, we have actually been designated as a VA-delivered foundational service, and this will

take effect in this next fiscal year. And so I will tell you that we are -- it's not that we've been the Rodney Dangerfield, don't get me wrong. I think we've been getting attention, but we'll get more attention, Chris. We'll get more oomph, if you will, to be able to effect our programs. And I just want -- there's, there's good news in that.

MR. PARTAIN: Two things real quick. If -- you know, on our Facebook pages we get veterans that every so often come in and say that they've been to a VA facility, talked to somebody and was turned away or had no idea. When we see that who do we tell them to go to? That's one. And the second part, are we going to be discussing the presumptive and the SME issues? 'Cause I got some things I want to bring up on that when we get to it. I don't want to jump the gun.

DR. ERICKSON: Sure. So the quick answer is at the local level they would ask to see the environmental health clinician or environmental health coordinator, and these are two positions that are designated for all medical centers. And that, that is -- that would be my -- and you could send me an email. I may not be as responsive just because of the crush that would come but on the local level,

environmental health coordinator, environmental health clinician would be your starting point.

DR. DECKER: I think Mr. Wilkins has a question.

MR. WILKINS: You know, Brady, when did you -- you said in 2017 you sent it out to the hospitals and the CBOCs. When did you do that?

MR. WHITE: So right after this last CAP meeting I started coordinating that effort with our communications officer.

MR. WILKINS: We've got it -- we still have a problem with Louisville. Debbie Belcher, the environmental coordinator there, I made visits last week, and she's got a little sign made on a copier that says: Agent Orange, contact Debbie Belcher. It's right beside the video monitors. There's no mention of Camp Lejeune on the video monitors, and that was last week.

MR. WHITE: Okay, so it sounded like one of those hospitals that may not have quite gotten the word yet, we can reach out to.

DR. DECKER: Be sure to use your microphone. Just I don't think it's coming through.

MR. WILKINS: Debbie Belcher says the VA's not doing anything on Camp Lejeune.

MR. WHITE: Well, they're -- she's not right. She's not correct.

MR. ENSMINGER: I mean, if Louisville doesn't know what the hell's going on, who does?

MR. WHITE: Well, Jerry, you've heard it in here from several other people that they are doing it right, so we can reach out to those that aren't, and, you know, make sure that they get the message.

MR. ENSMINGER: Yeah, but Louisville was the focal point for Camp Lejeune. I mean.

DR. ERICKSON: Okay, so two pieces at Louisville. One is the medical center, which, I think, is what Kevin's referring to. The other is the regional office for benefits, which is the focal point for benefits, and why the two are not talking at that location, I don't know, but I've written this down, and we'll try and work it there.

DR. DECKER: Thanks. Mr. Ashey?

MR. ASHEY: Brady, quick question. What's the turn-around time for reimbursement?

MR. WHITE: So I believe your question goes with once a claim has been submitted?

MR. ASHEY: Right, once a claim has been submitted and approved, what's the turn-around time?

MR. WHITE: Our goal is, I think, 90-something

percent within 30 days.

MR. ASHEY: And do you have any numbers on how long it takes to get an application approved? Thirty days? Sixty days? I'm sure it's dependent on the applicant providing all the necessary information.

MR. WHITE: Right.

MR. ASHEY: Crossing the T's, dotting the I's. What's the average time frame; do you know?

MR. WHITE: I don't. So when we started this effort the first thing we did -- one of the first things we did was we developed some metrics to see if, you know, how well we were doing or where we needed help in. You know, we've got all kind of timeliness metrics, quality control metrics, things like that. You know, the 90 percent, I think it's 98 percent within 30 days for paying a claim is one of those. The timeline for processing an application, that's kind of tied into our system that we built, and unfortunately I have not ever gotten money to finish building that system so we're only about 50 percent complete. So I can't put my hands on that data point at this point in time.

MR. ASHEY: A guess?

MR. WHITE: Well, we receive about -- it used

to be about ten applications a week. Now it's roughly around 20. And, you know, we are -- we're not getting complaints from people about not having their applications done timely, so just anecdotally, you know. We seem to be on top of it.

MR. ASHEY: Okay.

DR. DECKER: Good. Ms. Corazza, and I think you have another presentation after this, so two more. So we'll probably wrap up Q & A and then move on to those presentations.

MS. CORAZZA: I just have a sidebar question. Last year we discussed the clinical diagnostic guidelines that were developed. I'd actually seen the hard copy; had administration change since then. Has that been completed, and if it has been completed, is it available to the public? And I ask that from a family member perspective. It helps us to take it to educate our doctors and also to be able to refer our VA doctors back to something to say.

I noticed scleroderma picked up a lot of the family members, and that's something a lot of doctors don't know about, so it would be very helpful to have a core document to point them to.

DR. ERICKSON: You know, thank you for the

question. I was hoping someone would ask. Deep sigh. This -- even this week I -- and, and last week, I spent time with general counsel. And as is so oftentimes the case, when policy documents are written within our agency that involve complying with legislation, there are people who understand legal words much better than I do, and they're known as lawyers, and we, we don't have clearance yet for that document, but I do want to speak to that.

I believe the document you're talking about is a guideline. Now, it's not a clinical practice guideline. This is probably important for everybody to know. A clinical practice guideline would be a document that would assist any provider, in VA or outside of VA, in actually diagnosing and treating a Camp Lejeune veteran or family member. This is not a clinical practice guideline so it's not guiding practice -- the clinical practice. What it is, this document is a guideline that helps us interpret in medical terms the 2012 law so that we are fair and thorough in how the medical examiners at the WRIISC, that Brady was talking about, review the claims, and then hopefully move in a fairly expeditious fashion to then provide healthcare for veterans or to provide reimbursement to the family members. I'm

frustrated that this is not out yet.

MR. WHITE: And then I know we're going to go on to the next presentation.

DR. DECKER: Yeah.

MR. WHITE: If anybody has any more questions for the family member program or VA healthcare benefits, you know, please see me during the break, or at the end of this.

DR. DECKER: Right. And for further questions, probably during the break you can field some of those as well.

MR. WILKINS: Can I ask one more now?

DR. DECKER: Real quick one, sure.

MR. WILKINS: Brady, now that we've identified Debbie Belcher making her homemade signs for Agent Orange, do you think we can have the Camp Lejeune stuff on by Wednesday?

MR. WHITE: I'm sorry, Kevin, I couldn't quite hear your question.

MR. WILKINS: I said now that we've --

MR. ENSMINGER: Microphone.

MR. WILKINS: Now that we've identified Debbie Belcher --

MR. ENSMINGER: Turn it on.

MR. WILKINS: It's on. Now that Debbie

Belcher's been identified in Louisville for making her homemade signs for Agent Orange, do you think we could get the Camp Lejeune stuff from the media services by maybe Wednesday?

MR. WHITE: Wednesday is tomorrow?

MR. WILKINS: Yes.

MR. WHITE: We'll reach out to her, Kevin, and make sure she knows that these materials are available and, you know, and that it'd be a good service to our veterans and their family members to put those up.

MR. WILKINS: Now, she's making homemade signs about Agent Orange, so I mean, Camp Lejeune stuff -- and she's known about it for five years 'cause I've brought her up to date a few times, but it goes nowhere with her.

MR. WHITE: We will follow up with her. And Debbie Felcher?

MR. WILKINS: Belcher.

MR. WHITE: Belcher.

DR. DECKER: I think we'd better move on with the next presentation, given the time.

MR. FLOHR: Good morning. Brad Flohr from VBA's compensation service. I'm glad to be here today. I appreciate coming to these meetings, and

I've been coming to them since January of 2011. I think I've only missed one or maybe at the most two during that time. As you know, on March 14th of this year we published a final regulation creating a presumption of service connection for eight diseases that have been associated with the contaminated water. I want to take this opportunity to thank ATSDR, Frank and Perri and Dr. Breysse, in assisting us in coming to that determination.

The areas -- of course the requirements in regulation is some -- is a veteran had to have served 30 days or more at Camp Lejeune. Camp Lejeune includes MCAS New River, Camp Geiger, Camp Johnson, Naval hospital, Tarawa Terrace, Camp Knox, Montford Point, Stone Bay and the rifle range, Holcomb Boulevard and Hadnot Point. So anyone that served there for a cumulative period of 30 days or more, it doesn't have to be consecutive, but just 30 cumulative days, are entitled to the presumption of service connection for one of the eight conditions.

We started working claims at that time, on March 14th, as of just last week we have completed 3,378 claims since March 14th. We have granted 2,498 of those, denied 917. The reasons for denial generally is the veteran didn't have 30 days at

Lejeune or they didn’t serve at one of the... A lot of them they didn't have actually a presumptive condition. They filed a claim saying they were presumptive condition, and when we looked at the medical evidence it really wasn't. So those are the reasons for the denials, but obviously we're granting about 75 percent of those claims so far. We still have 2,700 pending claims for presumptive, and we're working through those as quickly as we can in Louisville.

When this regulation became final I became interested and concerned about appeals that were pending for one of the eight presumptions. I identified 12 that were pending at the Board of Veterans Appeals, working with a colleague of mine there, and they granted each of those claims from March 14th. Those appeals will still be pending because when they're decided some of them may be approved, and the veteran will get an earlier effective date, or survivor, whichever it may be. We also identified 317 appeals at Louisville, which have not yet made it to the board or in our appeals management office, and we're working now with the office of field operations to get those rated and granted effective March 14th, and hopefully we'll

have those worked very shortly. Again, those appeals will continue. The appeal won't end. But we wanted to -- it doesn't make sense to me to have an appeal pending for two or three years before the board decides it, when we can grant it from March 14th. So we're working on that.

DR. DECKER: Thanks.

MR. ENSMINGER: Under the Rule, the Rule authorized local VA officials to approve these presumptive conditions.

MR. FLOHR: Correct.

MR. ENSMINGER: Why is everything going to Louisville?

MR. FLOHR: Well, I'm sorry, they're not, but the appeals are in Louisville.

MR. ENSMINGER: Okay.

MR. FLOHR: But our regional offices are working the claims for the presumptions.

DR. DECKER: Mr. Orris?

MR. ORRIS: How many veterans or their family members have been denied because of an other-than-honorable discharge?

MR. FLOHR: Oh, gosh, I have no idea, Chris.

MR. ORRIS: I would like an answer to that. I think we established last time that water

contamination is not an issue that's dependent upon a veteran's behavior, and certainly a family member or a spouse should not be punished after being poisoned.

MR. FLOHR: Well, you just basically, by law and regulation, a veteran has to have been discharged under conditions other than dishonorable before they're entitled to any benefits.

MR. ORRIS: So that sounds good; when you say that that's just an excuse.

MR. FLOHR: That's not on excuse; that's the law.

MR. ORRIS: When, when, when we poison people --

MR. FLOHR: It's the law, Chris.

MR. ORRIS: -- that's fine. I want an answer.

MR. FLOHR: I'll see if I can get an answer. I don't know if we have that information but I'll see what we have.

DR. DECKER: Mr. Templeton?

MR. TEMPLETON: Yes. Thank you. Brad, are we going to get a handout or something with those statistics in it?

MR. FLOHR: I can send them to Jamie.

MR. TEMPLETON: Super. Super. That'd be

great. Another question. Do you -- are there any Camp Lejeune cases, that you're aware of, having to do with the contamination, at CABC?

MR. FLOHR: I am not aware of any.

MR. TEMPLETON: Okay.

MR. FLOHR: But I can check with the general counsel that is CABC staff.

MR. TEMPLETON: Super. I would love that. That would be great. And then one last question here, and this is something that's been brought up by several members in the community. Apparently there is some back-dating in the last CAP meeting that we have. I know you'd expressed some concern, some interest, in following up on some -- on back-dating prior first -- than March of 14 for certain claims -- for some claims, and I know you -- it sounds like you kind of broached upon that in your presentation here too, so some people apparently are a little confused as to where that's going or whether it's already been put into effect or, or whether there's something coming down the pike that might occur.

MR. FLOHR: I'm sorry, I missed your question, I think.

MR. TEMPLETON: It was in the last CAP meeting

I know you'd mentioned something. I've reviewed the transcript here to see that you had mentioned that there were some issues that you wanted to follow up on regarding back-dating of some of those presumptive claims prior to March the 14th, and it was mentioned that there may be some activities that you might have been at least interested in pursuing at that point.

MR. FLOHR: No. We cannot pay benefits prior to March 14th, unless -- unless there's an appeal pending. The appeal grants on a direct basis for the presumptive basis and then it would go back to data claim.

MR. TEMPLETON: Okay. And that's what we had heard prior to that, and so that's why it stuck out, really, like a sore thumb in the last -- the minutes of the last CAP meeting. So I just wanted to see if we could make sure that we got clarification of that 'cause some people, on social media were particularly confused by that.

MR. FLOHR: Okay.

MR. TEMPLETON: Thank you.

MR. FLOHR: And Jerry, you made a good point about Dr. Shulkin, and as Dr. Erickson said, we'll be meeting with him in a couple weeks to talk about

Camp Lejeune. He's going to want to know what is going well and what is not going so well. And we can mention that, bring that up to him and -- so those are the kinds of things he wants to know.

DR. DECKER: Mr. Orris, did you have another question? No, okay.

MR. WHITE: And Chris, if I could just follow up on the comment about the other-than-honorable -- and I believe I misspoke earlier. When I had the slide out showing the number of family members that had been denied, 123, I actually believe most of those were because of they were just there for training or maybe, you know, as a reserve, something like that. But what we can do is I can try to break those numbers out.

MR. ORRIS: Thank you for the clarification on that. And Brad, I just want to point out it was also the law not to poison people at Camp Lejeune.

MR. FLOHR: Oh, of course, of course. And I also should let you know, Chris, that we are working on making some changes to the other-than-honorable discharges. That's being looked at.

MR. ORRIS: I saw that for the mental side.

MR. FLOHR: Right.

MR. ORRIS: Yes.

MR. PARTAIN: Hey, Brad, I mentioned earlier some questions about presumptive and everything. On the social media we see things, like there is a gentleman, William Barch [ph] who was granted presumptive service connection for non-Hodgkin's lymphoma. Thankfully, from gathering from the post, he's in remission, but he was given zero rating, which would be somewhat correct, but what about residual effects, again, from treatment? Because he's -- in this case here he's claiming he's had issues that are post-cancer that are related to the chemotherapy and treatments and stuff, and still confused -- you know, even Brady mentioned when you go through chemotherapy you're not the same. And I have a hard time understanding how the VA can grant somebody who's gone through cancer, gone through treatments, a zero rating. Yes, the cancer may be gone but sometimes the cure can be worse than the disease. And then I got another one to follow up on that.

MR. FLOHR: I got to tell you, Mike, to my memory -- I haven't rated a claim in a long time but I know the rating schedule generally. If cancer goes into remission, still they should be evaluated at 10 percent, if it's completely in remission.

Now, if they have other disabilities that arise because of the treatment, or whatever, we should also service-connect those on a secondary basis and evaluate them based on their severity.

MR. PARTAIN: And who do they go -- I mean, he's got -- he's wanted to go for an appeal, and other people said, you know, contact the VFW and the American Legion and what have you, but I mean, my question, you know, we've brought this up before. Why is this still happening? I mean, to me that's a training issue, and it shouldn't be happening. We've brought this before in CAP meetings. And I see this over and over again.

The other issue is another Marine; his name is Frank Hernandez. He has end-stage kidney disease, and he's on dialysis six times -- I think he said six times a week. Here, let me find him on here. But he's on kidney dialysis, he said six times -- three times a week, what have you. But the point here is, you know, this is not a condition that was presumptive category, but kidney cancer was, and going back to the 2015 IOM report that you guys requested, one of the recommendations in that report, which seems to disappear and never get talked about, was that veterans should be given the

benefit of the doubt for kidney disease, and yet here we are, still fighting this battle. What's the status on that? Are we going to be adding kidney disease back into this, or... I mean, why -- we still having -- still don't understand why it was left off in the first place. And the other one was, what, Jerry, scleroderma?

MR. ENSMINGER: Scleroderma. And then end-stage kidney disease. And we know that OMB dropped off scleroderma, but it was the VA that dropped off end-stage kidney disease, and there is sufficient evidence. I mean, that was in ATSDR's review and it's also in the IOM report that you guys asked for. So the scleroderma part, I know you can't do anything about that but you can do something about the end-stage kidney disease, and you should do something.

MR. PARTAIN: And just a point in here. Let me read Mr. Hernandez' post. He has: Fellow Marines, I am also battling with the VA. I have renal toxicity. I received my first notification letter five years ago, that said, in bold letters, from the commandant of the Marine Corps, saying that we take care of our own. What a joke. The VA found every excuse to deny my claim. Been on dialysis for six

years three times a week with complete kidney failure. Through my veteran rep, no help, with the VA being no help, the same situation as most of us. What's our next step? If anyone can come help us with the solution -- or come up with a solution, let me know. Little did I know that the Marine Corps would leave me as a walking dead.

MR. FLOHR: Well, unfortunately, Mike, whether or not kidney disease or other-than-kidney cancer gets added to the presumptive list is something that would not happen for a while, 'cause it takes time. But the best thing this veteran can do, of course, is send a medical statement saying it's at least as likely as not that his kidney disease resulted from his service at Camp Lejeune, and send that to the benefits office for them to review it again.

MR. PARTAIN: I mean, this has been -- like I said, 2015 IOM report. I mean, that's two years ago, I mean. It's just mind-boggling, I mean. And by the way, what is the new name for the SME program? I heard it's been renamed. For Camp Lejeune? 'Cause that's -- you ask a veteran to send a nexus letter in to the VA to have their claim looked at, and then it goes to the subject matter expert, or whatever name that program is now, and --

MR. FLOHR: I don't know that the name has been changed. Dr. Dinesman might be able to --

MR. PARTAIN: Okay. Well, then the SME shoots back to his doctor: Approve what you're saying. Provide the medical literature support. And it just -- it just -- it's -- we have -- I mean, you guys commissioned a report with the IOM, and the IOM says: Give these people the benefit of the doubt. Why are we having this?

MR. FLOHR: I agree. I don't -- I don't know. Maybe Dr. Dinesman can shed some light on that.

MR. ENSMINGER: Well, speaking of SMEs, one of my favorite punching bags, you -- as you all know, we have a lawsuit against the VA in federal court in Connecticut. Yale Law School is representing the veterans' groups, and we have been continuously denied access to the names of the subject matter experts for Camp Lejeune.

Just recently I saw where the *Arizona Daily Star* had submitted a request to the Tucson VA medical center for the names of, not only their dermatologist, so they could check these people out and see what their qualifications were, but all the clinical specialists, and they were initially denied, just like we've been denied, the names of

these people.

And on June 15th -- yeah, June 15th, the paper down there submitted an appeal, and the VA's legal system came back and approved it. It says exemption 6 would allow the VA to withhold such if there was -- were an articulable threat to the privacy or safety of the individuals. Upon receipt of your appeal we contacted the VA medical center to ascertain the basis for withholding. While we find that dermatologists have a personal privacy interest in their identities, there is a countervailing public interest in knowing that VA employs qualified individuals. As such, we find that public interest outweighs the privacy interest of the providers in this case.

Why are we different? Especially with people that we know have made some outlandish opinions on cases -- these people had no business even being subject matter experts. And you've got people now, I've got a list of the qualifications that was redacted who have no toxilogical [sic] or epidemiological background at all, who are subject matter experts. I mean, like I told you before, I don't have a problem with you having a subject matter expert program, but damn, hire -- you know,

hire subject matter experts.

MR. TEMPLETON: In addition to that, to piggyback on what Jerry just said, and the reason, more than likely, why the Arizona paper was able to succeed, prevail, in that case is that it is in the regulations that anyone who is being judged in this case, evaluated, for a claim, that they have the right to be able to know who gave that evaluation and what their credentials were, to look up those -- it specifically states that.

DR. ERICKSON: This is Ralph Erickson, and let me just mention to Alan Dinesman, Alan, you're going to be up in just a second here but I want to take the first part of this. We -- and you, you'll see this in the news all the time. We really can't comment on ongoing litigation. I mean, it's just -- you know. We need to go back to our jobs without losing our jobs, but we're certainly aware of that lawsuit. Let me just say that I know that there are a number of steps right now that are underway within the office of disability and medical assessment to tighten up things within the subject matter expert program.

And Alan, I wonder if you can talk about if there's been a name change to that program, and

maybe talk about some of the changes and the education that's going on.

DR. DINESMAN: Yeah, good morning. There has been no name change that I'm aware of. It is still the SME program. We are continuing to update the information that we, you know, relay to the SMEs. We meet with the SMEs on a regular basis, at least monthly, to make sure that all new information is updated and everybody is aware of new studies, et cetera.

As far as the names of the SMEs, as Dr. Erickson has mentioned, this is a legal process, and honestly I believe it extends beyond the Camp Lejeune SME program. There are -- as you were talking about, there's a dermatology case that's being looked at, so I think this is a broader legal issue that I think is outside of the realm of what we're able to speak with, at least in the non-legal side.

DR. DECKER: Thanks. You know --

MR. ENSMINGER: The case has been resolved.

MR. TEMPLETON: And some people at OGC ought to be informed of that specifically because they're still participating in that conduct.

DR. DECKER: All right. I think the point's

been taken at this point, and we have one more presentation and, given the time, I'd suggest that we move forward for that, if that's okay.

DR. ERICKSON: Yeah, thank you.

DR. DECKER: Give a final wrap-up on this.

DR. ERICKSON: So Alan, can you speak to some of the things that are ongoing within the office of disability medical assessment that relate to education, et cetera? You're the last presenter.

DR. DINESMAN: Oh, thank you. Yeah, with regards to education, we continue to educate our own SMEs internally. The reason that I am not there in person today, and I wish I was, but actually at a training session where we are providing training for some of the VBA vendors who (indiscernible) SMEs for Camp Lejeune cases. And so we are actively in the education process, updating as we go along.

MR. PARTAIN: Are we going to be able to get a revised bibliography of the studies and literature materials that are provided the SMEs for their background knowledge? I know this has been an issue in the past.

DR. DINESMAN: Yeah, we don't really provide the SMEs with a specific bibliography. We will give people what -- you know, a list of what we consider

are landmark studies, for example, the most recent ATSDR publication. How are we -- with any SME, in any situation we're dealing with, independent medical examination or independent medical opinion, it is up to the examiner themselves to make sure -- review all available medical literature and to make sure that they're looking at the most up-to-date information.

MR. ENSMINGER: This is Jerry Ensminger, Dr. Dinesman. I would like to see the list of the studies that you're providing to these people. That is very important.

DR. DINESMAN: Jerry?

MR. ENSMINGER: Yeah.

DR. DINESMAN: We don't -- we don't provide -- we don't provide a list of the studies. We --

MR. ENSMINGER: Why not?

DR. DINESMAN: We just -- well, because it is --

MR. ENSMINGER: It is what? I mean, they're public documents. But I want to see what -- I want to see what you're providing these people as legitimate studies, and that's not asking too much.

DR. DINESMAN: Well, we have the bibliography that has been distributed, and it is constantly

updated. So for example, the most recent ATSDR study will have been added to that list. It's a constant -- constantly changing list as these studies come out.

MR. ENSMINGER: Well, I mean, but I mean, you should be constantly updating us, the veterans, the people that are being affected -- have been affected by this with a list of the studies that your so-called subject matter experts are using to make these opinions from.

DR. DINESMAN: Those lists of studies are, as you said, are publicly available.

MR. ENSMINGER: No, no, not, not what you're providing. We want to know what you're providing to these subject matter experts, for them to use in their opinion-making.

MR. PARTAIN: I mean, look at --

DR. DINESMAN: We don't -- we don't -- we don't limit the, the bibliography of what the subject matter -- subject matter experts are able to use, so they have everything available that is publicly available.

MR. PARTAIN: No, that is not correct, 'cause in the past I know Brad and Dr. Erickson had talked about a bibliography, and I believe you even

mentioned it in the 2015 hearing, if not mistaken. Now, there is no reason why this bibliography or reference of studies, or whatever manifestation that you want to change that to, can be publicly listed on a website so the veterans know what these SMEs are looking at. Now, there's, there's just no reason for it. And if it -- put it publicly on the website, have it updated as it's, you know, changing, with monthly updates or, you know, bimonthly, or whatever, but we need to see this list of what's being out there.

MR. ENSMINGER: Well, and, and all reasonable -- in a reasonable world any SME that writes an opinion should cite the studies that made them come to the conclusion that they've come to in their opinion. That's just science.

MR. TEMPLETON: And let me go ahead and cut through the smoke screen real quick here. We received some documents on the Yale lawsuit that showed that there are templates that had been created for the SME program. In those templates it does cite studies and so forth for an SME to do an evaluation on, so you are providing information to the SMEs in a canned format.

DR. ERICKSON: Let me -- can I just jump in

real quick? Let me ask that, Jamie, if you'd make sure this becomes a due-out for the next meeting, okay, that office of disability medical assessment provide a formal presentation that will update where the SME program is at, as it relates to training, credentials, bibliography, so that we have an updated answer for you here at the CAP.

DR. DECKER: Mr. Ashey, one quick last question, and then we'll move on to the last presentation.

MR. ASHEY: Okay. Actually it's not a question, just some observations and comments. Brady, you had mentioned that the wheels of bureaucracy turn slowly with respect to ensuring that all of the VA facilities around the country are aware of Camp Lejeune veterans and the things that the VA's supposed to provide for them, and the new laws that have been passed. There have been a lot of successes and probably some documented not successes. Are any of you three guys Vietnam veterans? Vietnam era veterans?

MR. FLOHR: Yes, I am.

MR. ASHEY: So you know what it was like back then, both the way the country treated us and the way the VA treated us back then. When I went for my

orientation the head nurse stood up and she asked how many Vietnam veterans were in the room, and we all looked at each other, and we all had the same thought: Here we go again. And she -- her, her father was a Vietnam veteran, and she apologized for the way Vietnam veterans were treated. And you know what? It changed the bitterness in my heart, and everybody else who was a Vietnam veteran in that room. Whenever a veteran -- a Vietnam veteran is turned away because the bureaucracy is turning -- the wheels are turning slowly, that bitterness just gets compounded in his heart, and all of his friends who are also Vietnam veterans.

So, you know, there needs to be a focus on making sure that all the VA clinics around the country, whether they're hospitals or even two-person clinics, that these people are aware of what went on in Camp Lejeune. And when a Camp Lejeune veteran walks through the door, especially one from the 60s or 70s, which is the bulk of those veterans, that they're treated fairly, to turn around that bitterness, 'cause a lot of guys and men and women, still have that bitterness in their hearts.

So with all that said, I really disdain the bureaucracy and the wheels of the bureaucracy

turning slowly. If that -- you know, with respect to veterans, something needs to be done more quickly to get the word out. These guys -- these men and women need to be treated fairly. So whatever you guys need to do or however you can advocate that, that needs to be done more quickly. Thank you.

MR. PARTAIN: Now, I, I heard something -- while Dr. Dinesman was talking, I heard the word IME, or independent medical experts. Is it the VA's position that the SMEs are independent -- independent medical experts? 'Cause I do have an issue with that, if that is the case.

DR. DINESMAN: Yeah, IME is independent medical examination, not independent medical experts.

MR. PARTAIN: But are -- just to ask you guys, I mean, are you -- 'cause I've seen this before with the documents that are coming out, that we're seeing, you know, are the IMEs -- I mean the SMEs, in your opinion, an independent medical expert or -- 'cause they do in fact work for the VA.

DR. ERICKSON: It might be that Alan has a quick answer, but I ask that that be rolled into the due-out for the next meeting so that we can come prepared to describe the parameters under which these individuals operate. But that's a great

question.

DR. DECKER: Okay. Let's move on to the last presentation.

DR. ERICKSON: This is it.

DR. DECKER: This is it, okay.

DR. ERICKSON: We're on time.

DR. DECKER: Okay. Any other discussion? Break time. Okay, we can break now. We'll break until 10:35, so that's 15 minutes. Return at 10:35.

(Break, 10:15 till 10:35 a.m.)

ACTION ITEMS FROM PREVIOUS CAP MEETING

DR. DECKER: I think we're about ready to receive some updates from Commander Jamie Mutter. These are action items from the previous CAP meeting. Take it away, Jamie.

CDR. MUTTER: All right, so we'll start with the VA action items. The first one is the CAP requested that Willie Clark, the deputy undersecretary for field operations at VBA, be present at the next CAP meeting.

MR. FLOHR: Mr. Clark sends his apologies. He -- as deputy undersecretary for field operations, he's in charge of all 56 of our regional offices, and he's traveling pretty much nonstop every week.

I had not seen him for a couple of months until I saw him Friday afternoon in the deli. I mentioned it, and he said he was sorry he was going to be away, but he's very much looking forward to meeting with you at a future CAP meeting. I told him I'd be sure and let him know when the next one was going to be held. He will be here. He said he's looking forward to meeting with you.

CDR. MUTTER: Thank you. The next action item is the VA will send ATSDR the data they reported on the family members' program, so it could be shared with the CAP. I believe Brady shared that with me, and I am not sure I sent it to the CAP so I'm going to go back and check, and if not, I'll send that to you. It's his presentation from last CAP meeting. I'll make sure to send that if I hadn't already.

The next VA action item is the CAP wants the VA to find out why Camp Lejeune veterans are being asked to provide financial information if they check the box on form 1010-EZ, stating that they were at Camp Lejeune.

MR. WHITE: So we looked into that, and in this instance in particular, and my understanding was that got resolved, but there's probably a bigger picture that needs to be looked at as far as

training of staff at various medical centers, to make sure that that is being handled correctly.

CDR. MUTTER: Okay.

MR. ASHEY: Jamie, just a quick comment. The Lake City office, where I made my application to, I resubmitted, just to see if I would get the same package in the mail, and I did not. So whatever it is you guys did, worked.

CDR. MUTTER: Okay.

MR. PARTAIN: This came in during the break, but a quick question back to the VA here. You'd mentioned that if a veteran is filing for a presumptive condition that is being handled at the local regional offices, correct? If like we had a veteran on the social media saying that they filed for a presumptive condition, and they were told it was going to the Camp Lejeune -- Camp Lejeune group, which I'm assuming is Louisville, is there someone that -- or someone this person can go to if their claim is in the right place, or what have you, which she says she has a presumptive, and she had replied to what condition yet.

MR. FLOHR: If you want to send me her information I can check.

MR. PARTAIN: It will be after the meeting.

MR. FLOHR: Okay.

CDR. MUTTER: Thank you. The next VA action item is the CAP would like a copy of the training materials that the VA provides to their regional offices for processing Camp Lejeune claims.

MR. FLOHR: There it is, about 70 pages or so. I just printed out this copy. If you want the link I think I can send you a link to it, to those training materials.

CDR. MUTTER: Thank you. If you send me the link I can forward it on to the CAP. Okay, thank you so much.

The next action item is for the DoD. The CAP wants to know what the DoD is doing to provide equal access to benefits for active-duty military personnel, civilian employees and family members who were at Camp Lejeune.

MS. KERR: The Department of the Navy response is following: Camp Lejeune-related health and presumptive service-connection benefits currently provided by the Department of Veterans' Affairs were created by Congress through direct legislation and are under existing Veterans' Affairs authorities. Any modification or expansion of these benefit programs to civilian employees or family members

would require Congressional action. As with the current Camp Lejeune-related VA benefits, the Marine Corps supports all laws passed by Congress that help our Marine Corps family.

CDR. MUTTER: Okay, thank you. The next item is for DoD. The CAP would like to know the highest level of TCE vapor intrusion currently on the base and what EPA guidelines are being used for sensitive populations to make sure they are not being exposed, specifically female Marines of child-bearing age.

MS. KERR: And the Department of the Navy response is that we have interpreted this action item to be an inquiry related to the July 2014 United States Environmental Protection Agency Region 9 interim TCE indoor air response action levels, this is the Region 9 guidance, and how Camp Lejeune incorporates it into its vapor intrusion decision-making processes. Marine Corps base Camp Lejeune considers the Region 9 guidance to evaluate when actions to reduce indoor air concentrations of TCE due to vapor intrusion or to reduce potential exposures may be warranted.

The EPA promulgated the Region 9 guidance in July 2014 as recommendations to help protect sensitive and vulnerable populations, particularly

women in the first trimester of pregnancy. In addition to the Region 9 guidance and, although not required, Marine Corps base Camp Lejeune considers the North Carolina department of environmental quality vapor intrusion screening levels of October 2013, and these were updated in October of 2016. The highest recorded on-base indoor air TCE detection due to vapor intrusion since the Region 9 guidance release was 4.2 micrograms per cubic meter in October 2014 in Building HP-57, a barracks. This was the only on-base detection above .42 micrograms per cubic meter, the North Carolina residential vapor intrusion screening level, and two micrograms per cubic meter, the EPA Region 9 guidance residential accelerated response level; however, it was below 6.45 micrograms per cubic meter, the EPA Region 9 guidance residential urgent rapid response level. The most likely source was identified as an uncapped sewer vent pipe located in a mechanical room within Building HP-57. The pipe was capped in November 2014, and follow-up sampling in January and August 2015 indicated the capping resolved the issue.

Building HP-57 management and building occupants received the results of the vapor

intrusion investigation, a description of preventative measures taken and a vapor intrusion fact sheet, which we've attached and we have today available. In July of 2016 a permanent sewer ventilation system was installed to exhaust TCE from the sewer pipe leading to HP-57 and the surrounding buildings.

MR. ORRIS: Well, thank you for going over that because I've been sitting here all morning wondering why this information is in front of me. I have a few comments, concerns and questions in regards to this. First off, Building HP-57 is in fact a barracks, is it not?

MS. KERR: Yes.

MR. ORRIS: And isn't that barracks defined as a building that's approximately 250 feet with 90 individual dorm rooms?

MS. KERR: I cannot answer that specifically. I can take that back.

MR. ORRIS: How many female Marines are stationed at this -- or are quartered at this barracks?

MS. KERR: I cannot answer that, sir. I can take that back as an action item for us to provide.

MR. ORRIS: So wouldn't we think that this is a

matter of grave concern, that women of child-bearing age are being currently exposed to TCE vapors that could cause cardiac malformations in their unborn children today? Not in 1984, but in 2017. I brought this issue up in 2014 as a concern. How many babies have to die at Camp Lejeune before the United States Navy takes this issue seriously? Yeah, I want an answer to that. How many babies have to die at Camp Lejeune?

MS. KERR: We'll take that back, sir.

DR. DECKER: Tim?

MR. TEMPLETON: In the response that you mentioned there, you happened to mention NC DENR, and I wasn't completely clear exactly what, what their role is or what the Navy sees as their role in this particular situation, so could you go back and get a clarification on that?

MS. KERR: I can take that back.

MR. TEMPLETON: Thank you. Appreciate it.

MR. ORRIS: And I have one more follow-up question. In regards to the industrial and residential exposure levels, does Camp Lejeune identify this barracks in their testing as an industrial or residential exposure level? Do you need to take that back to the Department of the Navy

too?

MS. KERR: I'll do that.

MR. ORRIS: It would be very helpful if the Department of the Navy would send people to these meetings that could actually answer these questions for the general public. I know we've requested it multiple times. It's very hard to get the Department of the Navy to do anything when they continue to hide behind a representative who will just take back items.

And Frank and Rick, I think you guys talked about this. Could you guys just briefly clarify what we're actually talking about here, for anybody that might be listening?

MR. GILLIG: So Chris, if I understand you correctly, your concern is what values are being reviewed. Are we looking at residential levels or are we considering this an industrial building?

MR. ORRIS: Yeah, what you're considering and also what the Department of the Navy historically has considered it.

MR. GILLIG: Well, in our evaluation of vapor intrusion we will look at residential -- we're looking at building use. So for barracks, homes, we can look at residential standards. For the

warehouses, that's one that would be industrial or commercial. So there are differences in those values.

MR. ORRIS: And would ATSDR classify any barracks that had active TCE vapor intrusion as a risk and hazard to a unborn fetus?

MR. GILLIG: If we identify any residential buildings that have vapor intrusion, yes, that would be considered. Depending on what those levels of TCE are, but yes, we would flag it as being of concern.

MR. ORRIS: Okay. Thank you.

MR. ENSMINGER: You know, we don't want to get too -- get down too hard on, you know, the Department of the Navy 'cause, you know, they're -- they're having a hard time finding people to drive their boats, so...

CDR. MUTTER: Okay. All right, let's move on with action items from the CAP.

MR. ASHEY: Jamie, hold on. Just a quick question. Have the female Marines who were billeted in that barracks, have they been notified of this problem; do you know?

MS. KERR: I don't have the answer to that question. I can take that back.

MR. PARTAIN: Mike, the answer is no.

MR. ASHEY: So this is another case of American citizens being put at risk without their knowledge or consent.

MR. ORRIS: And even a quick follow-up on that, I would like the Department of the Navy to ensure members of this CAP and the members of the general public that not a single female Marine was stationed -- or quartered at that barracks and did not have a miscarriage while stationed at that barracks. You can provide that, and I want the answer to that.

CDR. MUTTER: John, do you have a comment?

MR. MCNEIL: Yes, it says the next steps: Marines occupying the building should inspect the P-traps on a routine basis to ensure they have not dried out, especially in unoccupied rooms. Is there, either the Marine Corps or the Department of the Navy, an assigned Marine to do this, or is it a private on field day given the task of checking the P-traps in their rooms, regardless of their MOS, to inspect and make sure their room is not killing them? Is there an assigned officer or inspector that checks these P-traps or is each individual Marine responsible, regardless of their education or

training, with checking their rooms? It's on your next steps.

MS. KERR: Right. I can take that back and clarify who that person is that is accomplishing that --

MR. MCNEIL: Well, it -- I mean, it specifically says Marines occupying the building. And surely we know if there's an assigned person who's in charge of doing this --

MS. KERR: Right.

MR. MCNEIL: -- or if each person inspects their own room.

MS. KERR: We'll clarify that, if it’s an inspector or each marine.

MR. ASHEY: One more clarification, or question. Why not just move the Marines out of the building?

MR. ORRIS: And then to follow up --

MR. ASHEY: I, I would like an answer to that: Why not just move them rather than expose them to this?

MR. ORRIS: And to follow up on that, the Department of the Navy and United States Marine Corps has spent a lot of money and a lot of time trying to assure the general public, and the Marine

Corps in particular, and their families that there is no ongoing contamination occurring at the base. I would like to know how the Department of the Navy can justify that response based on this evidence. I believe that the Department of the Navy needs to state that there is ongoing contamination at the base and that children, spouses and Marines are at danger on that base, particularly in Building HP-57.

CDR. MUTTER: Okay. You've got those action items that you'll take back. And we'll move on to the CAP. The next one is the CAP wants to speak to someone in the VA's office, a general counsel, to discuss proof of residency for the family member program. The VA asked for the request to be emailed so it can be routed appropriately.

MR. WHITE: I'm not sure if I ever got anything on that.

CDR. MUTTER: Okay.

DR. ERICKSON: Is this an action for the CAP?

CDR. MUTTER: It is an action item for the CAP.

DR. ERICKSON: Okay, all right. So Brady has the catcher's mitt.

CDR. MUTTER: Okay, great. So I will leave that on there for an action item, just to remain so y'all can be reminded if you want to pursue that.

MS. CORAZZA: I think it was Craig Unterberg's, lawyer wanting to talk to a lawyer, I believe.

DR. ERICKSON: I think you're right.

MS. CORAZZA: Yeah. We just didn't have a contact.

CDR. MUTTER: Got it. Okay, wonderful. The next CAP action item is Ken Cantor will provide the CAP with language they can use to request a national cancer registry from their Congressional representatives, and Dr. Cantor's not here. I don't know if he's provided that to you guys as of yet.

MR. ENSMINGER: No.

CDR. MUTTER: Okay. And then we'll move on. We have a joint action item with ATSDR and the CAP. The CAP will assist ATSDR in pursuing the availability of vapor intrusion information, slash, records from retired Camp Lejeune fire marshals.

MR. ASHEY: I think Jerry and I -- you had this -- you and I had this open discussion. I think we talked about that. They just don't exist.

CDR. MUTTER: Okay. The next one is for ATSDR. The CAP wanted more information on the keywords used to search for VI documents. And an email with requested information was sent to the CAP on Friday, last Friday, August 18th.

And next one, the CAP requested that ATSDR find solutions for helping community members with mobility issues get to the room. This morning a van was reserved and available for anyone needing assistance to the building. We also had a wheelchair available, so hopefully we've covered our bases there. If there's anything else y'all can think of I'd be happy to look into that, but that's what we have for this morning.

And the last one, the CAP and community members are concerned about the 30-day minimum requirement at Camp Lejeune for getting benefits healthcare. ATSDR said we could consider -- commenting, excuse me, on the 30-day requirement. Whether that applies equally to all outcomes or whether it might be appropriate to assume the different duration for certain outcomes when we are asked to formally comment on the 2017 Janey Ensminger Act. Currently at this time HHS has not received a request to comment on this bill.

MR. ENSMINGER: Say again?

CDR. MUTTER: We haven't received a request to comment on the bill.

MR. ENSMINGER: Do you have -- You will when the mark-up hearing is coming up.

CDR. MUTTER: Yeah. All righty, and that is the conclusion of the action items. I'll hand it back to --

MR. ASHEY: Just one more, excuse me. Can we get the Department of the Navy responses that you read as part of the PDF package, Jamie, that you send out to everybody? You're going to make copies of those documents?

CDR. MUTTER: He's going to send the link.

MR. ASHEY: Okay. Well, can we get copies of those state -- those Navy statements that you read?

CDR. MUTTER: Okay, and if so --

DR. DECKER: She said that she would find out.

CDR. MUTTER: And if she can, you can send them to me and I'll forward to the CAP.

MR. ASHEY: Oh, she has to ask permission first?

MS. KERR: This is usually not my position here, so I'm standing in for Melissa Forrest.

MR. ASHEY: I'm sorry you're on the receiving end of this.

MS. KERR: And I'm sorry I can't answer most of your questions today but I'll take it back, and I'll get it back to Jamie.

DR. DECKER: The statement is transcribed as

well, so it'll be in the minutes.

MR. ASHEY: And well, did, did you get that complete statement? The person who's transcribing.

THE COURT REPORTER: We've got everything in the room so far.

MR. ASHEY: I think that's a good question to ask members of Congress: Why haven't these Marines been moved? It's a simple question.

MR. ORRIS: And to follow up on that, one other item that I want the Department of the Navy to clarify. They're looking at these health effects. They have bolded that they do not feel there is an unacceptable health risk to building occupants. Are they categorizing children who are not yet born that might be there in that as well? I want to know exactly what is an acceptable health risk to TCE exposure?

MR. ASHEY: Chris, I have a solution to that. The people who made those statements and determinations should be forced to live in those barracks, and maybe that'll change their minds.

DR. DECKER: Well, that's a wrap-up for that section.

PUBLIC HEALTH ASSESSMENT UPDATES

DR. DECKER: We have Mr. Rick Gillig next to give an update on the soil vapor intrusion project. Are you ready, Rick?

MR. GILLIG: I'm ready. So there's a couple handouts on the table for members of the audience. One of the handouts has a good description of vapor intrusion. If you're not sure what it is I would suggest you grab a handout, either now or on your way out. This discussion coming up, it'll make more sense if you have an idea of what vapor intrusion is all about. That's the project that I'll be discussing and updating the CAP on, over the next couple minutes.

So since our April meeting, last Friday we completed uploading all of the documents that we collected as part of the library for the soil vapor intrusion project. Those are all on the FTP site. The email that Jamie sent out on Friday included a spreadsheet with a list of those documents as well as directions for getting on the FTP site.

Tim, I know you had a couple questions. You want to state those questions now or?

MR. TEMPLETON: Sure, if that’s fine with you.

MR. GILLIG: I think it would be fine.

MR. TEMPLETON: Okay, the first question. On

several -- and I replied to everybody who was replying to Commander Mutter over here regarding -- on some of them it didn't identify exactly which documents were the new documents, and there are several documents. In fact in, let's just say, in a couple of the cases of the folders that those new documents were in there were actually over 1,200 existing documents that were there too. So it was difficult to determine which one was the new document versus the ones that we already have. And, and since they were so few, maximum number was 18, I believe, on all of those that were not identified. And I would appreciate it if you could identify specifically which of those documents. That would make it easier because, to be honest, the whole number of documents comes to, to -- if you were to just download them, just to find out which one was different, it comes to like 30 gigabytes' worth of documents, and that's not total. That's just in that folder. So that was one question that I had, if you could do that.

MR. GILLIG: Yeah, the person that put that list together has been out of the office the last couple days. I've sent him an email. We'll talk tomorrow when he's back in the office. We should be

able to do a comparison with the list we've released before with what we released on Friday, and identify -- clearly identify those new documents.

MR. TEMPLETON: Okay. And then the second piece had to do with the FOIA exemptions, and I know you may not be able to answer this, but some of the folks that you deal with on the Department of the Navy side may be able to kind of answer these questions. But they primarily dealt with B, and they were B-2, B-5, B-6, B-7 and B-9 for the exemptions. And I thought B-9 was a little strange because the only reason to be declaring something an exemption under B-9 is to not identify the presence of an oil well. And I wasn't aware that there was an oil well at Camp Lejeune. Maybe there is there, but why would you use a B-9 exemption on -- it's used in, in several places in there, in fact for several documents. Why would B-9 have been used when it -- it appears to me that it would not apply?

MR. ENSMINGER: Maybe it had to do with all that fuel that leaked out at the fuel farm, and they're declaring that their strategic fuel reserve.

MR. TEMPLETON: It's reached strategic form? For the life of me I could not understand how B-9 would fit in that particular circumstance as an

exemption, and if that's the case then they should probably remove that exemption and maybe make it public, make that piece public.

MR. GILLIG: I believe that should be a follow-up item for the Navy.

MR. TEMPLETON: For Navy, okay. And I'm glad she was listening. Looks like she was writing some stuff down, and we can get together later if you want me to expound on that.

Are you ready for the third? The third and at least final question, and then I'll leave you go, the document dumps that we have been receiving, the last three that we've gotten, they all occurred the Friday before our meeting, our CAP meeting, and that doesn't really give a whole lot of time for us to review, especially when we're talking about -- literally, when I downloaded it, it ended up coming to probably about ten gigabytes' worth of documents on the new load, too. So I'd like to see if there's any way that those could get moved up sooner, unless there's some other excuse that, you know, that doesn't make sense as to why we would wait to release a large number of documents like that just prior to a CAP meeting. It seems to me, I'll be honest, I may be wrong, but it seems to me like a

way of being able to buy time until the next meeting, 'cause there's clearly no way that any of us could -- even if we crowd-sourced it over the weekend there's no way that we would be able to go through and at least do a cursory review of those documents during that time.

MR. GILLIG: Tim, I can promise you and other members of the CAP we will no longer upload those updates prior to a CAP meeting because that's the -- it's the last one.

MR. TEMPLETON: 'Cause it's done.

MR. GILLIG: We have a lot of competing schedules, and it's just the way it worked out to. We're not trying to release them so you don't have time to look at them prior to a CAP meeting. I apologize for the late release. We thought we could release this last update several months ago, and it just didn't happen.

MR. TEMPLETON: Well, I mean, I apologize for suggesting something nefarious may be going on, but it struck me as a little odd, so I mean I needed to ask that question. Thank you.

MR. GILLIG: So all in all we've uploaded 23,284 reports to the FTP site. We also added 21 Excel tables to the FTP site. Those are industrial

hygiene reports. So we are finished with that aspect of this project. Since April we've received some additional information from Camp Lejeune. We got a data dictionary for the GIS information. That's going to be very helpful to us. That data dictionary's 11 pages. It gives you an idea of the amount of information in that GIS data that they shared with us. We also received electronic copies of what they call existing condition maps. Those are maps that they would do on an annual basis, so it has good historical information. The GIS database also has information on historical buildings. So a lot of information to wade through. We're doing that now.

So I think for the most part we have completed the collection of the environmental data. We have over four million data points. We will be analyzing -- we've been analyzing that in conjunction with looking at the GIS information. What we want to do is nail down a process that we can employ to identify the buildings that are overlying areas of contamination. That process we'll detail in the work plan that we discussed at the last -- I guess at the last CAP call. That work plan will be going out for peer review, and ideally

we'd like to get the same peer reviewers reviewing the health assessment once it is drafted. So I know this is taking a long time. Collecting the data was challenging. We collected a lot of information, so I appreciate y'all bearing with us. I believe that's all I have.

MR. ENSMINGER: Where you at on your expert panel?

MR. GILLIG: We have not set up the expert panel. We're doing the external peer review instead of the expert panel, and that peer review will be on the work plan. So Tim, you have -- or Chris, you have a question?

MR. ORRIS: Yeah. First of all, thank you for all the hard work that all of you are doing in regards to this. Based on, you know, the information that the Department of the Navy gave us today, in regards to some active, ongoing vapor intrusion contamination at the base, wouldn't it be prudent for ATSDR to issue maybe a notice or warning to the residents of Camp Lejeune that there is a concern, since we know that the Department of the Navy will not do that? At some point in time somebody needs to notify the residents at the base from the United States government that something's

occurring there.

MR. GILLIG: Well, Chris, if we identify what we believe is ongoing exposure via soil vapor intrusion, we'll certainly work with the Navy to make them aware of it so that they can take actions to address those buildings. At this point we're too early in our evaluation. We haven't identified what we'd consider ongoing exposure. So as we get further into the project we'll know more.

MR. ORRIS: What is the time frame we're looking at for that now? I know we got to go through clearances. You've got all of this. How many years out are we from this vapor intrusion study being published?

MR. GILLIG: We are looking toward the end of 2018 to put it out. And we'll use the same process we used for the drinking water evaluation. We'll put it out for peer review. It'll go out to the CAP as well as the Department of the Navy at the same time.

MR. ORRIS: So the polluter is still polluting. The agency is still investigating. And the poor Marines, their families, children, civilian workers at that base are put in jeopardy for no reason. I don't know how this sits with what we know today. I

would certainly hope that maybe you could talk with Dr. Breysse and look into this matter a little bit more, and make sure that we do not have an ongoing health concern at Camp Lejeune today.

MR. GILLIG: Again, our approach, if we identify anything of concern, immediate action will be taken on our part to coordinate with the Navy and other agencies to address the situation.

MR. ORRIS: So would you consider an immediate action if there were any female Marines that were quartered at building HP-57? Would that be something that would fall under immediate action?

MR. GILLIG: Well, at HP-57, according to the facts sheet, and I -- the Navy can best speak to HP-57, my understanding is actions were taken back in 2014 to address the soil vapor intrusion, and that's what's laid out in the fact sheet. Again, I don't have the depth of knowledge to answer that question.

MR. ORRIS: Can you look into that for me? Thank you.

MR. GILLIG: And Tim?

MR. TEMPLETON: Thank you. I do have another question here. This one may be a little bit more lengthy, at least for the answer. I'd like to hear

a little bit more about Christopher Lutes of CH2M Hill and Navy, and their involvement in this, especially as it pertains to the aspects of the soil vapor intrusion investigation, like attenuation factor. I know that there was a little bit of back-and-forth there, just in determining what the attenuation factor of the foundations of the buildings were. And so I was wondering if you might be able to give us kind of -- at least a little bit of an update or some insight on that.

MR. GILLIG: It's probably inappropriate for me to address that question. I know of Chris's work. I know that CH2M Hill is a contractor for the Department of Navy. They're doing a number of investigations related to soil vapor intrusion. Those are ongoing. They've done those in the past several years. That may be an appropriate follow-up item for the Department of Navy. I would ask that you restate specifically what you're looking for as far as --

MR. TEMPLETON: What I'm looking for is involvement from Department of Navy and contractors, in this case, including CH2M Hill, regarding their input on the soil vapor intrusion evaluation process.

MR. ASHEY: Tim, maybe a better way to state the question is: Are you going to use their attenuation factors that they came up with in your evaluation? That's what I think you're trying to ask.

MR. GILLIG: Okay, so you are basically asking are we following what CH2M Hill has done?

MR. TEMPLETON: Yes, in this particular aspect of attenuation factor, the foundation attenuation factors. But I kind of stated it maybe a little bit broader there, so it might include some discussion beyond just attenuation factor, because -- that feed into the soil vapor intrusion evaluation.

MR. GILLIG: The contractors for the Navy have done a great deal of research on soil vapor intrusion, so they have identified attenuation factors for a number of buildings and building types at Camp Lejeune. We will look at a range of attenuation factors. We're not going to go with one value and hang our hat on that.

MR. ASHEY: Yeah, you understand the concern on these attenuation factors. It depends on who calculated them and who they represent as to whether those attenuation factors and those numbers are going to be high or low. That's our concern, which

I know you understand, so as you get into the development of your plan with peer review I hope that that will be addressed in some fashion with respect to what are we going to use for -- if we're going to use attenuation factors. Or you do it two ways: One without and one with attenuation factors, and then see what the differences are. And in addition, if you don't mind me just piggybacking on what Mike was saying here, not only the attenuation factors, but I happened to review some of Mr. Lute's material that happened to be available from other investigations that were done outside of Department of Navy, and I am not an expert on soil vapor intrusion, obviously, but putting it in perspective I felt like the attenuation factors that were being put forth in some of the circumstances, they seemed to be extremely high, which of course would result in lower concentrations within the buildings, and I had a feeling, again, not as an expert, but I had a feeling there that it might be in the wrong neighborhood. It might be actually guiding the answers to that into a place where it doesn't represent what's actually going on there.

MR. GILLIG: Any other questions on soil vapor intrusion?

MR. ASHEY: Rick, how are we doing on getting the depths of the older wells that you and I had discussed? Have you gotten more data on those depths?

MR. GILLIG: We have finished that aspect of the data collection. So yes, we did get more information.

MR. ASHEY: 'Cause Jerry -- when I was briefing Jerry and Mike last night, they had referenced the water modeling that was done by Morris, and apparently all of the depths on all of the wells that they used for the water modeling wasn't included in that. And I know that. I went back in my notes, you had noted that too. You hadn’t included that, Jerry.

MR. ENSMINGER: (inaudible).

MR. ASHEY: And I think Jerry, it may have been that I had -- I might have asked Rick if they knew what the screening depths were, not of the depth of the well but the screening depth, and maybe that's where there was some disparity, because back in the day, you know, they probably weren't recording that information. They do now, but back then, where that well was screened at is probably just as important as the depth.

MR. PARTAIN: Rick, can we get Mike a copy of the -- a hard copy of the water model book, Chapter D, before he leaves today? He drove up so it's not like getting into an airplane.

MR. GILLIG: I believe they're all posted on the Web.

MR. PARTAIN: No, we can get a hard copy of the books to him?

MR. ASHEY: Is that something you got to print off or do you have it?

MR. GILLIG: We should have it but I don't -- Morris is in the process of packing up his office to move, and hopefully he hasn't packed all those. Just to another building.

I wanted to address, Jerry, the issue you raised about Morris has -- Morris having depth information for all the monitoring wells. We're looking at information that was collected after Morris completed his project, so there are additional wells that were installed.

MR. ENSMINGER: Oh. Yeah, there are hydro pumps too.

MR. GILLIG: Thank you.

UPDATES ON HEALTH STUDIES

DR. DECKER: So that's it. We have next up our updates on health studies. Perri Ruckart and Frank Bove will give us some updates both on the health survey report and the cancer incidence study. You want to start first, Perri?

MS. RUCKART: Yeah. Good morning. I'm going to start with the cancer incidence study. So just to remind everybody, we are seeking approvals from the 55 federal, state, territorial cancer registries to receive their data that matches with our Camp Lejeune and Camp Pendleton population. We've received full approval from 30 registries, and we received partial approval from an additional five registries. That's because multiple levels of approval are needed, so we've received some of those approvals that are needed. We continue to follow up with the other 15 registries, to answer any questions they have, to check on the progress and just timelines for receiving the approvals.

So we had allotted two years for this process. We're about a year in, and so we think we're doing really well here. We're on track. This is what we expected. Any questions about that?

MR. ORRIS: Has anybody told you no?

MS. RUCKART: So there are some issues with

some of the registries because we are not going to have the informed consent as a data linkage study; we're not going to be contacting people. But given that we've allowed two years, we're still trying to work with them and see if there's anything that can be done, so I don't want to -- I think it's premature to say at this point because we've not finished that process.

MR. ORRIS: Okay.

MS. RUCKART: Any other questions about the cancer incidence study? Okay.

So the health survey, I just want to let you know that we have a meeting scheduled on September 6th with CDC's office of the associate director for science, and we will address their comments quickly, to keep the document moving through the process.

MR. TEMPLETON: Same question: Is there any estimate of when it may emerge? See the light of day?

DR. DECKER: Well, it's a little bit out of our control but it's top priority for us, and we're moving ahead. It's an important and fairly complicated report, but, you know, we're hopeful that we can keep it moving along.

MS. RUCKART: I'll just add one thing, and then that's really it. With our previous studies we've been -- once it's received agency approval we've submitted to a journal so that there will be an additional time frame to actually releasing it, but with this we're going to publish it as an agency report, so once we have the final clearance we can push it out. We don't have to have the additional time.

CAP UPDATES/COMMUNITY CONCERNS

DR. DECKER: And that brings us up to the end of all our agenda items except for the final item on CAP updates and community concerns, so this is the point in the process where, if there are individuals from the audience or even CAP members that want to bring up other topics that we have not had on the agenda today, this is your opportunity to do so, and I see one person already. Ms. Corazza has a comment so we'll start with her, and I see we have one person in the -- a couple people in the audience, and we'll take you as soon as we finish, and we've got a whole bunch here. Okay, so.

MS. CORAZZA: I have a question for the VA. You guys had referenced a national -- or excuse me,

environmental health clinician or coordinator in every hospital. A) is it an either/or, so a coordinator or a clinician or is it both; and then B) does there exist some type of national directory so if we get questions about who somebody should contact, a particular -- in a particular region -- and Dr. Blossom mentioned she has a lot of people that reach out to her based on her TCE research and she'd like to be able to point them to, you know, a standard location. Be helpful for us too. I've actually never heard either of those, and so I was...

DR. ERICKSON: Oh, good.

MS. CORAZZA: It's really great that they exist so I'd like to know more.

DR. ERICKSON: Yeah, yeah. No, I'm thrilled. So the answer, Danielle, is both. They should both be named at each medical center. We do maintain a list. Let me see if I can get that for you. I -- when I say let me see, I hesitate to immediately publish it because I know it's undergoing a revision at the moment, 'cause we've got -- as you guys know, every summer there's turn-over, there -- but it's a requirement that all facilities have those individuals named. So let me work on that. But the

short answer is yes, both should be at any and each facility.

DR. DECKER: I think we're going to move to audience members.

MR. PARTAIN: Actually, real quick. Dr. Erickson, you mentioned that you're going to be, I guess, briefing the Secretary sometime in the next few weeks. We've previously discussed the kidney disease issue. Is that going to be part of the briefing too, so that maybe we can get this accelerated, get some -- you know.

DR. ERICKSON: So part of the briefings that we give to the Secretary -- let me provide background first. I'll answer your question. Part of the way our Secretary likes to be briefed is he wants to hear, you know, what's working well, what's not, where do we have work to do. Very receptive. I think he's been very transparent, quite frankly, as he speaks to members of Congress and speaks to the public about where we need to make corrections.

And so we will bring these issues. In fact you see my computer is open right here. I sent a message back to a number of leaders that I'm immediately responsive to, that are underneath the Secretary, letting them know that we've been already

gathering some additional issues that will be part of the briefing. And one of those issues is that, the list. The list of presumptions is never final. We will continue to look at the science, but we feel this issue, and I said this at a previous meeting, we feel really good that we were able to go from zero to eight, okay, and that took effect in March, though I realize with bureaucracy it took quite a while to get to that point, but the book is never closed.

We're going to be looking at new science. We are extraordinarily aware of the concern about end-stage renal disease and about scleroderma. We'll be relooking at that. But I hesitate to make you a promise that somehow in this briefing that he's going to receive, he's going to be making a decision, because that won't be the purpose, but we will serve this up as an issue, that in fact there is concern from the community. There's concern from the CAP that we didn't get all the diseases that are necessary, and he's going to turn to us and say what are you doing? Well, we'll try and provide a roadmap, as we mentioned to you.

MR. PARTAIN: Yeah, 'cause it's not only like kidney disease, but you've got other rare cancers

like male breast cancer, that are not -- this is -- what's the word I'm looking for -- statistically significant. You're never going to have enough men with breast cancer to do studies, and, you know, like the study the ATSDR did, did show connections but there's no -- you know, there's no movement on the issue. How is the VA going to address, you know, the bigger picture?

DR. ERICKSON: So we work with what information is available. We certainly very much look forward to the two studies that Frank and Perri have just mentioned that they're, you know, trying to get off the ground right now, especially this big one that requires all the permissions from the states, et cetera. That's a huge, huge study but very important. You know, we -- we'll work with what we have.

The challenge here is for us to -- that we meet the needs of veterans within the 2012 law, so we meet the needs of family members, but these need to be science-based, and at least at this point, like I said, we feel good that we got the eight strongest categories into the presumption list but that is not the end of the story.

So we'll brief this as an issue that continues

to be worked, because, in the same way that you bring this to our attention in this meeting, there are individual veterans, there are members of Congress that regularly contact the Secretary. Sometimes it's people that are seated right here with me who help with the responses to those letters about the very same issues.

DR. DECKER: Before we go to the audience, Tim Templeton has one additional question now.

MR. TEMPLETON: Thank you. Actually about three issues.

DR. DECKER: Three.

MR. TEMPLETON: It is pretty quick.

DR. DECKER: Pretty quick so we can get to the audience.

MR. TEMPLETON: Sure, sure. My first comment is that we were extremely fortunate to happen to have Dr. Blossom on this panel, and so I heard people that, if they do happen to have questions and anybody here on this CAP and beyond, concerning TCE in particular and how it affects the body, that you might want to use her as a resource, 'cause that's one of the reasons why she's here.

But anyway, I wanted to follow up on the presumptives, and I'd like to see -- in fact I would

mention here they said there is a drinking water public health assessment that is out. It is public now, and so there is sufficient evidence, it appears, at least upon my read in that public health assessment, that that really could be used as a launching pad for other conditions. It does list several other different types of conditions in there, of varying degrees of, of, of association. But I would like to see, if that's at all possible, and I would urge you guys that, when you do have those meetings, that you take that into consideration, and make sure that you try to use the, the work, the hard work, that the folks here at CDC have put together for us, in trying to identify those things. I think that's very important.

DR. ERICKSON: Yeah, in fact I'm going to warm the hearts of my ATSDR colleagues here. I directed some VA colleagues directly to the public health assessment even just last week. In fact Frank, there was somebody who contacted you and then they contacted me, and was providing information. It was a provider here in the Atlanta area. By all means, and, and again, you know, bear with us, okay. Bear with us because we have certain constraints that we are under right now, but we're seeking to do the

right thing and to making things happen as appropriate.

MR. TEMPLETON: I believe that too, and I'm just trying to give a little bit of a nudge, just a little push along the way too. One other thing that I would like to --

DR. BOVE: Just it wasn't a public health assessment. We did issue a public health assessment on the drinking water exposures, but this was an assessment of the evidence.

DR. ERICKSON: Well, there's two.

DR. BOVE: Okay, so it's a different -- it's not a public health assessment; it's an assessment of the evidence for causation for the contaminants at the drinking water and health.

MR. TEMPLETON: Correct, and that's the one with the big gold star on it. But underneath that there's also a larger document that also describes it, which is the PHA, the drinking water PHA. So it also describes some of the others -- other health effects that are in there too. I'll take for example my immune system issues. It happens to be mentioned. It's hardly ever mentioned anywhere else, but it does happen to fall within there, and that shows that there is at least some sufficient

evidence of some association. As weak or as strong as it may be, it is in there. And there are several others -- health conditions that are in there too, and that's why I'd like to make sure that that is accounted for in those discussions. That's one.

The second piece that I would like to ask, if that's possible -- of course, you know, you guys control your own destiny here, is when you do talk to the Secretary or some of the other folks in there, is, that is, is there some periodicity to your reviews? Let's say every year or every X number of months, that there's a -- that there's a review of the scientific literature on a periodic basis, and that that is set up to where that's -- that that is a routine?

DR. ERICKSON: There's not anything in statute, just, you know, that says every two years you got to publish this, this thing, et cetera.

MR. TEMPLETON: Yeah.

DR. ERICKSON: We learn things all the time, you know. I mean, we have individuals on our staff. We do have a Ph.D. toxicologist, for instance, who is looking at the literature on a regular basis and responds back. I have one-on-one meetings with her, and she updates me. We bring in staff from this

meeting. There's a variety of meetings that we use but they're not a statutory periodicity.

MR. TEMPLETON: Right, right. I'd like to see if you could adopt some, even though some sort of period there where you would -- where it makes sense, at least from a medical standpoint, scientific standpoint, to go back and review that. That's my -- I'm, I'm suggesting that. I would like to see that happen.

DR. ERICKSON: Right, and, and within that is -- you know, for instance, like you had talked about Vietnam veterans. You know, we are simultaneously working a whole variety of other issues, for instance, with Vietnam veterans, so the Agent Orange, and Gulf War veterans, and the newest generation of veterans, and so we have a lot on our plate, and as you might imagine every single different cohort group appropriately is focused on what their issue is, and we're going to do our best. You know, we're going to do our best, Tim. That's what I can tell you.

MR. TEMPLETON: I appreciate that. Thank you very much.

This one is near and dear to my heart and probably everybody else in this room, and it has to

do with community outreach, and I'm specifically referring to Ms. Kerr over here and the folks at the VA, if it's at all possible. We still see -- every time that there is a news article that comes out, whether it's local, but it's particularly national, on social media. I happen to manage some of the sites, and we see a wave of people come in that never knew anything about it. So that tells me that we're still not -- we're still not hitting the mark where we need to be on community outreach so I'm going to pound that drum again, and let's see what we can do, and if you guys need some ideas on that. If there's someone within the Navy that happens to handle the outreach efforts, to try to contact the community. I'd be happy to talk to them and put them in touch with someone who's a little bit more in that realm of, of work, than myself, but of course I think I might have a good idea here or there, but and then also with VA if there is a way. I know there were some other methods of getting the message out to folks, veterans, that come in, but please, if there's any way that we can increase those efforts... These people are going away on a regular basis, and I'm not saying in a good way. So we need to do everything we can to try to improve

our outreach.

MS. STRATFORD: Hi. I'm Donna Stratford from Veterans' Affairs. I just want to let you know we have now formed a Camp Lejeune public affairs work group that includes folks from the Marine Corps, ATSDR, Veterans' Affairs, from both the health and benefits sides. And this is one of the things that we're focusing on, is to develop some more of those outreach materials, make sure that they're getting out to the VA medical centers, the regional offices.

We recently did a mailing to the 255,000 people on the Camp Lejeune registry, and the brochure that you were given a copy of today is part of that effort, and that will also go out in the next mailing to the Camp Lejeune registry as well as any additional information. And certainly if you have any ideas on better ways for us to reach this community we'd appreciate it.

One of the things we are going to be focusing on in the next few weeks is trying to find a way to get to the veteran service organizations and ask them to run Camp Lejeune stories where -- you know, we'll provide them with the information on benefits as well as healthcare, and see if they can help us get the word out.

MR. TEMPLETON: Thank you very much. I appreciate your efforts. We'd love to see, again, us to try and move as far and as fast as we can in trying to improve that every way we can.

MR. FLOHR: In addition, the week before last Donna and I participated in the Office of Public and Intergovernmental Affairs conference in Nashville where we did a -- gave information on Camp Lejeune to all those people that work in public affairs, so we're doing a lot.

DR. DECKER: Mike Ashey has a quick comment.

MR. ASHEY: Dr. Erickson --

DR. DECKER: Then we're going to go to the audience.

MR. ASHEY: -- I have an idea that might help the Marines billeted in that barracks. When you talk to the Secretary of the Veterans' Administration, bring this up to him and say, look, we got a situation here at Camp Lejeune that's going to put more on our plates. Can you please talk to the Secretary of Defense and have him read the riot act to the commandant of the Marine Corps, and move those Marines out of that barracks ASAP? Because if they're not doing their job that puts the monkey on the Veterans' Administration and stresses your

system more because the Defense Department isn't doing their job.

DR. DECKER: With that we're going to switch now to audience comments. So if the audience could first identify themselves and then state their question or comment.

MS. KING: My name is Marjorie King, and I want to thank you for this moment. I have a comment and then I have a couple of questions. I am from Louisville, Kentucky, and the communication as far as the water contamination, there really isn't any. Where I work during the weekdays I'm on base. We may get called in from service member that transferred from the Navy or the Marine Corps over into the Army. They may mention something about Camp Lejeune but they still never know about the water contamination. I try to sneak it in on our phone conversation and let them know about the water conversation as much as possible, and I will tell them in return to call VA for that, without getting in trouble.

So then my next -- my question is: How are you all managing to separate the different types of cancer? I had biphasic synovial sarcoma. I am a two-time survivor, hoping to be a third-time

survivor. Now, according to my doctors and specialists that was a cancer that was back in the day that people did not know about because they died instantly because it travels that fast or whatever part of your body had to be amputated.

Now, my cancer's also considered a soft tissue. It used to be on the list when it first came out. It was removed from that list. I don't understand how are you separating these cancers? Breast cancer's also considered a soft tissue cancer. You did not remove that from the list.

I have contacted CDC. They had told me that they will eventually get around to researching it. So how can you all separate these cancers if you don't even know about it, but when the specialists of the doctors have researched it, and they're giving you answers. I have looked on the CAP's website to try to locate information pertaining to this. Still no information. So where do you go?

This have literally changed my life, and I don't mean in a good way, because first I had to go through having my leg amputated. Then you have the chemo and radiation treatment. Then it pops up at any time. I just had another knot to pop up last week. So this have changed our life.

And as far as VA go, I don't know what you all are doing, paperwork is ridiculous. Then on top of that you say that you all are working on getting everything taken care of. I sent in a application to the family member program myself, sent it in one day. My letter was denied on the second day for that. Who looked at it? Because see, the doctor sent the letters. It was no way you all could've looked through my medical file and read anything that that doctor wrote up before it was denied by the next day.

Biphasic synovial sarcoma. It affects two parts. It affect the bone, the muscles, the tissue. I live with phantom pain every day of the week.

DR. DECKER: Frank, do you have any information or any comment on that at this time or would it be something we'd need to look into or research further?

DR. BOVE: Yeah, I mean, there's not much on soft tissue sarcoma, which this would be part of, and trichlorethylene or any of the other contaminants, and the drinking water, so it's hard to assess what the evidence is. There's not much there to look at.

As for the 15 conditions that are mentioned in

the healthcare law, that was determined by an NRC report back in 2009 that said that there was limited evidence for these diseases and those diseases ended up in the law. So it's based on a flawed report, unfortunately, but that's what was used as a basis. So breast cancer was part of those -- on that list with soft tissue sarcoma and, if I remember right, it's not. It's considered.

And again, there isn't much work that has been done to look at trichloroethylene and perchloroethylene and the other contaminants in the drinking water, and the soft tissue sarcoma so we're stuck with not having enough information to make an assessment.

MS. RUCKART: But I want to add that that outcome is something that we're going to be evaluating in the cancer incidence study, and it's something that we evaluated in the health survey.

DR. DECKER: Thank you. I know that there were several other --

MR. WHITE: There was also a part of that question dealing with your application for family member benefits.

MS. KING: Yes.

MR. WHITE: And we have a process that we've

set up that when we receive an application we can quickly evaluate it and, you know, again, there's several things we need to verify. There was a dependent relationship with the family member to the veteran, that the family member was stationed on the base, and if they were there during the covered time frame. That's what we call being administratively eligible, if you meet all three of those criteria.

MS. KING: Yes.

MR. WHITE: And then what happens is, okay, once somebody's actually eligible for the program to receive benefits as far as payments of any out-of-pocket expenses, as long as you have one of those 15 conditions then we can absolutely cover any kind of healthcare related to that. Unfortunately, if it -- when you applied if you stated that you did not have one of those 15 conditions, you know, our hands are tied.

MR. PARTAIN: Well, her point goes -- I mean, this lady's example goes back to the point that I made earlier about these rare, oddball cancers. We were exposed to three known human carcinogens. We don't have the resources to go track down and do independent scientific studies and research on each individual cancer. What are we going to do about

these people who are suffering from these, you know, oddball cancers that are not attributed to genetics or hereditary or what have you? I mean, we're getting into a conundrum here of what do you do with these people? 'Cause science isn't going to provide the answers. You mentioned you want scientific answers, and I agree with that, but science isn't going to be able to answer things like this lady's case here. And, you know, we know that -- we now know that the cocktail we were exposed to does cause cancer. There has been a linkage to that. I mean, there's a bridge that needs to be crossed here. It needs to be identified and then crossed.

MR. ENSMINGER: And, you know, the upcoming cancer incidence study is going to start building that bridge, Mike, but I mean, you know, I'm at a loss to answer a lot of people's questions, just like you and everybody else is. And, you know, you just can't -- you just can't willy-nilly say that this or that causes this. I mean, you know, there's got to be some support and some evidence, and hopefully this cancer incidence study's going to identify a lot of these orphan cancers, if that's the proper term, rare cancers. And, you know, that'll shine a beacon on it, and then we got

something we can fight with, you know.

DR. ERICKSON: Let me also just add that even if the leadership right now, if we were convinced that soft tissue sarcoma, there was a causal relationship with these chemicals of interest, VA does not have the authority to change the 2012 law, okay. So in other words VA cannot do anything independently for family members. That's going to have to come from Congress.

And just as a word too to one of our family here, I'm so sorry that happened to you, 'cause I've had friends with this particular type of cancer. It is a tough one. I'm so sorry that happened to you.

DR. DECKER: Next question here.

MR. JACKSON: My name is Robert Jackson. I have tremors extremely bad. I'd like to know the difference between tremors and Parkinson, and how are they related?

DR. ERICKSON: Okay, sir, your question is the difference between tremors --

MR. JACKSON: Yes, I have --

DR. ERICKSON: -- and Parkinson's disease?

MR. JACKSON: I have tremors so bad that I can't even write my name and you read it.

DR. ERICKSON: Right. So tremors is a symptom

which can show up in a variety of neurologic diseases, and so it's nonspecific. In other words, having a tremor is not immediately synonymous with Parkinson's disease; however, certainly a number of folks with Parkinson's disease would have tremors. But and I don't know your situation here, but just to let you know, if you've had these symptoms, have -- I don't want to discuss your case in public here.

MR. JACKSON: I don't care.

DR. ERICKSON: I'm trying to be very sensitive to your privacy, but just as a word of encouragement to you is, if you have symptoms like this or other symptoms, especially if they're progressive in nature, I'd encourage you to be seen so that you can be evaluated so that they could look for --

MR. JACKSON: I do be seen by a nurse, prior.

DR. ERICKSON: Okay. Is that with Veterans' --

MR. JACKSON: I see her every three months.

DR. ERICKSON: Is that within Veterans' Affairs?

MR. JACKSON: Yes, it is.

DR. ERICKSON: Okay. All right, super, thank you.

MS. CAMPBELL: Hi, my name is Lorita Campbell.

So I have two questions. One, for those of us that were stationed at Lejeune in the 70s and a better part of the 80s, you state in here that to receive our -- to apply for benefits we have to show proof that we were stationed there. One, some of us don't have copies of those old orders that assigned us to Camp Lejeune. Two, if we gave birth there it would be in our medical records stating that we gave birth at the Naval hospital at Camp Lejeune area, yet the VA here is like, oh, you have to show us proof. What can we do to tell them that -- to show them that we were indeed stationed there, other than the fact -- you have our medical records but you want us to go and request another copy of our records, when you have them there?

And the second question is, what do you define as neural behavioral effects? What falls under that?

MR. WHITE: So I'll take the first part of your question, and then Dr. Erickson will probably take the second one, the neural behavioral effects. There are a couple of things. For this program there's two streams here. There's the benefits side, the veterans' side, and then there's the family member side.

So on the veterans' side, you know, we need to have some kind of proof, whether it's a DD-214, which, you know, a lot of those are digitized these days, my understanding is, and, you know, we have access to those records, that we work with at the health eligibility center to make sure that we have them. So, you know, if we have those records in the system, you don't really need to actually submit any documents, okay?

And the same on the family member side. I did mention the one thing we knew early on, and I've said this at other meetings, we realize that it's very difficult for family members to actually prove that they were on base. You know, how is somebody going to do that 30, 40 years ago? So but what we have done in working closely with the U.S. Marine Corps is they actually have pretty good records of who was assigned to base housing. And, you know, a lot of those were on these note cards. And they have digitized those. They put those in a database. And we have access to them. So we have -- we worked with our office of general counsel, and we got them to agree that, as long as we can show a veteran was assigned to base housing and that the family member had a dependent relationship with the veteran during

that time frame, we're going to make the assumption that the family member was indeed, you know, on base with the veteran at that time. So you don't have to again produce the documents that would show that.

MS. CAMPBELL: Okay, say for instance, you did live on base but moved off base after you gave birth but that child was still going to the base for daycare, how would that (inaudible)?

MR. WHITE: Well, that gets into kind of the letter of the law. You know, the law states that the family member has to have residency on the base. So a lot of times, if the child was, you know, born at the hospital, and maybe they were there for 30 or more days, we can generally count that as residency. But if somebody lived off base, even though they may have gone on base for school or work or whatever, that's not going to be covered, at this point in time.

DR. ERICKSON: So let me take the second half of your question on neural behavioral effect. As Dr. Frank Bove pointed out, the law that was written, fortunately, unfortunately, picked up in total words that were used in the 2009 NRC report, and one of those words was sort of an ill-defined or not well defined term, neural behavioral, and within

our guidelines we have searched additional medical literature to try and decide what was intended within that law. And just to give you an idea of neural behavioral effects, we are looking at the types of effects that would occur with exposures to these types of chemicals, solvents as a class, which would be acute, meaning they would occur fairly quickly after exposure rather than occurring many years later.

The types of symptoms that we are mostly looking toward would be acute effects, meaning effects that occur fairly quickly after exposure, that would affect eyesight, things like color vision, but also I just -- I looked this up here, you know it's other symptoms which could include, again, memory and, and motor function such as hand tremor, such as -- well, he's gone now but the gentleman that was sitting behind you. But again, we would be looking at a neural behavioral effect that would occur on or around the time of residence at Camp Lejeune as being the affected finding. I hope that helps.

MR. HIGHTOWER: My name's Tony Hightower, and one, for Mr. White, follow up on your question, an affidavit works very well in the court of law, from

a relative or known relative that -- which can verify that you was there, an affidavit. That's an eyewitness.

And Mr. White, on this form here, why, again, are my colleagues having to prove they were at Camp Lejeune when you have access to all that? This is just another area of deterrent. I'm sorry, sir, at eligibility, until you can prove that you was at Camp Lejeune we're not going to register you. Why are you putting the burden back on the veteran? When you have all the information. When someone registers their eligibility, doesn't that -- being sent somewheres else to be verified by your agency that they were at Camp Lejeune for 30 days or more? Why put the burden back on the veteran?

MR. WHITE: So I'm sorry but I'm not quite following what, what you're saying, 'cause we --

MR. HIGHTOWER: What I'm saying is --

MR. WHITE: -- we have to show that a veteran was stationed at Camp Lejeune in order to qualify --

MR. HIGHTOWER: Not all the DD-214s are going to show that as they have multiple duty stations. DD-214s don't show their last duty station that they was discharged from.

MR. WHITE: Well, the health eligibility

center, they're the ones that handle our veteran eligibility, and there are certain criteria that they have to go through, and it's like any other program, to show that a veteran was either stationed at a certain place or, you know, active duty during the covered time frame. So they -- you know, that's pretty well established process.

MR. HIGHTOWER: But eligibility for healthcare is on a DD-214. Why go beyond that to prove that you was at one duty station or another when you're going to do that anyway? You're still not going to take somebody's paperwork --

MR. ENSMINGER: In other words, the DD-214 is not showing the actual commands that they were at. I mean, it doesn't show from what date to what date you were stationed with second battalion six Marines over, you know, whatever. You know, and these veterans, all they got is their DD-214. When they come in to you guys they present themselves as a Camp Lejeune veteran with their DD-214. I mean, there's -- I mean, you got access to the DMDC or the information in these people's records, right?

MR. WHITE: Yeah. Again, our health eligibility center, they're based here in Atlanta, they've got certain processes in place that, not

just for Camp Lejeune but for every other program.

MR. ENSMINGER: Sure.

DR. ERICKSON: Let me ask, can we make this a due-out? I don't know where Jamie went. Okay, so Jamie, if you can capture this as a due-out for VA, because that's a good point. And what I think we should ask VA to do at the next meeting, maybe we can get someone from the HEC, from the health eligibility center, come in and just sort of talk us through, because my understanding is it's not just the DD-214; it's the muster rolls for Navy and Marine Corps personnel that were on base. I know with respect to claims on the VBA side, I know that a buddy's statement is oftentimes --

MR. FLOHR: It can be, but as Jerry's -- it should be in their personnel file, their 201 file. Yeah, which documents every military base where that was.

DR. ERICKSON: But I think we owe it to you, we owe it to the veterans who have served there -- let's, let's ask -- let's ask the HEC to provide us with a sense of how they pursue that, because they may be able to show us some numbers, because, you know, the truth is we deal with this kind of thing within the bigger Veterans' Affairs community every

day, when people come into hospitals and file all -- different kinds of claims, not just related to Camp Lejeune. And there are people that are not represented at the table right now who know this stuff cold, and I want them to be able to share with you.

I will tell you that, for instance, in the area of airborne hazards and burn pits, which is an issue for more recent veterans, we work a lot with the HEC and to develop protocols that are very favorable to veterans that relate to their deployment, to the dates and these kind of things. So we'll -- let's -- you know, Jamie, if you capture that, we'll make that a due-out for the VA.

MR. HIGHTOWER: That's even -- Mr. Erickson, one of the reasons is because if someone don't have their DoD records or their medical records, that can take 11, 12, 14 weeks, and they may, you know, need to be treated right away for certain illnesses and so forth, and I don't want that to hold them up. That's where I'm getting at with my force to bat, to go over and beyond again.

DR. ERICKSON: So I'm with you a hundred percent. I -- you know, as a fellow veteran, you know, I -- years ago, I thought that the government

had like perfect knowledge of lots of different things, and then sometimes I learned that the left hand doesn't know what the right hand is doing and not everything is easily accessible or available to the people that need it. We'll talk at the next meeting about this 'cause this is an important issue.

MR. HIGHTOWER: Well, first of all, I want to thank the committee, the CAP committee, for everything they've ever done on this issue, and especially Jerry for heading it up for 22 years.

My next question is to Mr. White. We discussed four meetings ago, roughly almost a year, about notification, poster boards, billboards, whatever, at the Atlanta VA. Even to this day, as I speak, there is nothing in the Atlanta VA. We could put it up on the monitors about employees' health and employees' benefits but we can't put nothing on the monitors about the Camp Lejeune. Now, the monitor's one thing. I'd like to see, if we can make a decision in three days to put it on the kiosks that we have a townhall meeting being held this Saturday at Buford Highway, at Northeast Plaza, and that's where every veteran uses to check in at their clinic. Why can't we put it on the kiosk that, if

you're a Camp Lejeune survivor, you need to report to eligibility? Veterans don't sit; they look at monitors. But they look at that kiosk when they go in. That kiosk is used to check in to a clinic; that kiosk is used for travel benefits.

DR. ERICKSON: I'm really glad you made the statement and then asked the question because, as post-deployment health services, which includes environmental exposures, is growing in importance and has been named a foundational service. We are making inroads within the agency, for instance, as it relates to the development of the new electronic health record. You may have heard about how we're going to have the same record as the Department of Defense. And we are working right now to develop flags for individual veterans. In other words, information that would track directly across from DoD to VA for things such as this, so they can be identifiable. So it may not be the kiosk but the electronic health record would be better.

Likewise there's a system which is designed with DoD to be stand-alone. We think it's going to be brought into the electronic health records. It's called the individual longitudinal exposure record. The individual longitudinal exposure record, or

ILER, I-L-E-R for short, is an effort to prospectively, in other words, today, tomorrow, the next day into the future, capture exposure information on individual service members, so that we're not always having to have the discussion about getting in a time machine to try and prove that something happened or didn't, because we owe it to the next generation. They realize it doesn't help necessarily people who are here right now, but to help the next generation, to capture that information in real time today as it relates to things that happened in garrison or overseas when deployed in war.

MR. HIGHTOWER: Well, that's understandable, but that still doesn't answer my question that four meetings ago you was going to look into making sure that the poster boards and notification of Camp Lejeune was going to be at the Atlanta VA, and it's not. There's nothing. When you walk in the door there is nothing. The only thing that the Marines have is me telling them, oh, you was at Camp Lejeune; you need to go to eligibility. Come with me, sir. And I get them registered.

DR. ERICKSON: Right, and, and as with our fellow veteran Kevin Wilkins here who reminded us

about his medical center, we've identified a few different locations where we need to make on-the-spot corrections.

MR. HIGHTOWER: No, but Atlanta VA's one of the largest VAs in the state. As a matter of fact it's the Chairman of the Senate Committee's home VA, and it served no notification. You know, maybe we should let the Congressmen and senators do this notification through their own VAs, 'cause apparently your word's not getting to the local VA. Maybe their word can get out to put these posters out and put it on media.

DR. ERICKSON: There's no question that they are much more powerful than I am now or would ever be. But we've -- we're taking good notes here. I appreciate you --

MR. HIGHTOWER: I got one more question. What about notification of these meetings? Here in Atlanta there is no notifications. I want somebody to prove to me that it was on the media, it's been wrote up in the *Atlanta Journal-Constitution* about this meeting.

DR. DECKER: They're currently posted on the website.

MR. HIGHTOWER: Well, apparently nobody can

find the website.

DR. BAIR-BRAKE: Hi, this is Dr. Heather Bair-Brake, the associate director for communication here. And so we actually have, and we've been communicating with Kevin; look forward to meeting you afterwards. So we do have a whole list of media outlets, that we've provided to Kevin as well, that we push these meetings to. Now, we can't guarantee that those media outlets are going to pick up the meetings, but we do have several documented times and emails that we sent out to our media list, which I've sent to Kevin.

MR. HIGHTOWER: Well, one of the main resources, wouldn't it be sensible to have it at the VA and the CBOCses [sic] that there's -- if you're a Marine and you were stationed at Camp Lejeune, there is a meeting for you to attend? I mean, how hard is that? That's not going to cost you a penny.

DR. BAIR-BRAKE: So that -- those types of communications would be going through the VA. Our communications are pushed out to the media --

MR. HIGHTOWER: Well, you need to reevaluate your communications because I'm sure half the people sitting here today is by my word of mouth, not yours.

DR. BAIR-BRAKE: No, and I actually am so glad that you brought that up 'cause I know that Tim had mentioned something earlier today about some different ways of communicating with the audience, and so that's something we definitely need to learn more about, and it was a concern that Kevin had brought up earlier this week or last week as well. What are the better ways for us to reach the target audience? Is it directly through the VA in hardcopy paper form? Is it social media? Is it news articles? So that is something that I would love to explore with you.

MR. PARTAIN: Well, that's another thing that we can stick on the VA's --

MR. HIGHTOWER: I brought that up and threw it at them. Would you please respond how come this meeting is not posted at the VA?

MR. PARTAIN: That'd be another nice thing to put on the ticker at the VA is when the CAP meetings occur.

DR. ERICKSON: Yeah, so Donna Stratford, who sits behind me, who very eloquently described this work group, this outreach work group -- Donna, can we put this into your queue, that we can likewise assist our sister agency, Health and Human Services,

and for that matter, Department of Defense, in letting people know when the CAP meeting is?

MS. STRATFORD: Yes. I'll do that. And I'll also bring this up with our -- the working group, that we need to advertise these meetings better. There may be some other opportunities we've had such as the DACA delivery option that we might be able to target, especially regionally, for wherever -- whatever region the meeting's going to be in, as well as add it to our social media sites, Facebook pages and things.

MR. HIGHTOWER: Thank you very much.

DR. BREYSSE: Thank you. I'd just like to get over into the discussion. We're committed to making these meetings be as widely advertised as possible. It's in our interest to have as many people as interested in coming to this meeting, and so we'll work to make sure that that happens.

MR. PARTAIN: And speaking of that, how -- the site selection for the Pittsburgh meeting next year? Do we have any progress -- or update on that?

DR. BREYSSE: That wasn't talked about previously?

MR. PARTAIN: No. Yeah, 'cause we're getting --

CDR. MUTTER: Dr. Breysse, I think I can answer that. So we put in our package to PGO for contract, and that's -- oh. Let me think about it for a second. Program management office? Is that right? PGO? All right, so we put it in and we're waiting for fiscal year '18 funds, so once we get those it's already in the system and ready to move.

MR. PARTAIN: Okay, but now, in October we're going to be six months out, 'cause we're talking April. Pittsburgh?

CDR. MUTTER: Right.

MR. PARTAIN: And, you know, then, with the veterans' service organizations like VFW, American Legion, what have you, we need to be extremely proactive so we can get that information out in their literature. And six months -- you know, once we hit that six-month mark that's when that time starts ticking to get that information out.

CDR. MUTTER: Sure. As soon as we get funds it's locked and loaded and ready to go at this point.

MR. FLOHR: So Pittsburgh in April?

CDR. MUTTER: I can send you -- we have a location and a date. We don't have a specific meeting location yet but we have a city.

DR. DECKER: We have another audience question.

UNIDENTIFIED SPEAKER: Good day. I need to keep my focus here. Before going on I want to express immeasurable gratitude to many who have worked behind the scenes to forge through to right an unpleasant state of affairs.

My husband and I are here to speak out on our ongoing struggles to have exposure acknowledged. I've been in the VA system for greater than three years. I will refrain from sharing the numerous stories that have created a greater stress than benefiting my health. I followed the CAP meetings over the past two years to realize my struggles were shared. While progress was being made, there are areas evident in need of development.

I followed the live stream of January 2017 CAP. Accordingly there are over 2,700 veterans that have filed a claim for neural behavioral effects. I find 2,700 to be a considerable number. I was alarmed as neural behavioral effects were minimized to headaches and, quote, things like that, end quote.

While my claim case was excluded from being referenced, my findings are objective. As how neural behavioral effects pertain to me, I served from 1984 to 1988, 1985 through 1987 at Camp

Lejeune, with repeated chondromalacia, recorded in the record book. Served at Willow Grove Naval Air Station, March 1994 through June 1995, ten years later, when vector-bitten while on two weeks' active reserve training.

I was discharged with neurological findings, peripheral neuropathy. My body was handling one insult well, although being vector-bitten with the preexisting exposure was neurological insult overload. Clinically, this has been time-tested. Medical Club Med literature supports silent and delayed neurotoxicity.

I want to be perfectly clear, I witnessed the insect bite me and a spot remains on my lower left leg where bitten, and is the site of initial onset of symptoms. Diagnosis was slow to evolve over one and a half years. No physician would've ever questioned me, regarding exposure. At the time I was a single mother of a two-year-old, working full-time in a very busy practice. Honorably my focus was on getting better to care for my child, not burdening self to prove case.

In 2015 I filed a claim. The claim was denied. Not possible. I had not complained of anything while in the service. I filed a Q: clear,

unmistakable errors. Q's response: Claim was thoroughly reviewed, no errors were made.

Financials were forwarded. Sometime following, Louisville stated medical records were unreadable. Did I have a copy? No, this is chronological that I've written this. A copy of my medical records were sent to Louisville.

Over three months ago the (unintelligible) indicated that I would need an appointment with a subject matter expert. As days, months passed, it becomes clear there is no hurry to see it through. Medical care by the VA is being forwarded to other physicians. Seen by a neurotoxicologist, former chief of neurology, Durham University medical center.

If anyone has seen a number of cases to add to experience, I believe he had. After seeing my MRI I was referred for lumbar puncture to rule out any cofactors, results, negative for OGC and multiple sclerosis, his letter stated, quote: More likely than not one or both of these exposures during her time in service is the proximate etiology of her current neurological condition. Seen by local neurologist. He did not have the expertise to treat presumed benzene toxicity of 30 years. The VA,

after thorough review of history, said they would treat the Lyme disease but I would have to find a neurotoxicologist.

Johns Hopkins recognized my Lyme disease and referred me to the Lyme disease center and possibly on to NIH. When he stated he did not have the expertise to remark on toxicity. Bear with me just a little bit more.

For 22 years we've called this Lyme disease with absolute clinical reasoning and was prescribed antibiotic only when benefit outweighed risk. And recently aware that Camp Lejeune gave favor to better understanding, knowledge, wisdom. We are not going to start saying that we don't know what caused this illness and caused MS. Toxicology has been done that showed the same toxins found at Camp Lejeune and nothing additional. Of the three toxins found I have two too close to threshold to add a neurotoxin from a vector bite.

Finally, I will keep short on family dynamics and hope there is an understanding that what I might endure, what -- understanding of what one might endure beyond just ourselves. With four amazing children, three of them school age, my husband works more than imaginable to supplement doctors' visits,

medications and supplements over a very long period of time. Additionally it would be hard to fathom what I give to this, including exercise for over 20 years and an intense organic diet.

Again, we are here this week because I believe there are many suffering. I'm dismayed that the VA has used bureaucratic bullying strategies to tell me I do not have Lyme disease and I am not affected by the exposure.

There persists a brick wall of denial that borders hostility. What is doubly upsetting is that the amazing people that work at the VA have to struggle with covering the truth. I will not stop doing what is right because others refuse to. My plea is that human life receives more favor.

And this is for your insight. Neurotoxicity may be very hard to recognize so many numerous years later. Many of us were amazing in our earlier years. As for me, numerous times Marine of the month, Marine of the quarter, and three times meritoriously promoted at Camp Lejeune. Not because I didn't have myself well together, which is a far forgetful crime from today. That's all I have.

[applause]

MR. FLOHR: Ma'am, I'm neither a doctor nor a

scientist but I'd be glad to take a look at your records. I'll give you my business card, and you can send me an email.

UNIDENTIFIED SPEAKER: We can talk with her here after the meeting, if that's all right. 'Cause our time is precious, as is all folks' time here.

I didn't have the honor to serve in the U.S. military but a number of my coworkers and my wife was a honorably discharged U.S. Marine. I served my country in other ways as a degreed -- bachelor and master degree licensed professional junior defense contractor. I worked at the ship yard. I work for a high consequence defense contractor providing quality components, and that's my way serving my family and serving my country.

I thank the VA, the CDC for hosting this meeting. This is an opportunity for us to do -- to make improvements to do what is right. And that transfers -- transforms into actions. There's -- yes, there's actions on us to do what we can to care for our families and do the best thing we can.

There's other laws in addition to Janey Ensminger Act. There's the Clean Air Act and the Clean Water Act, that all of us are subject to, all companies, and to my understanding, the military as

well. So when we -- I recall an earlier comment about that's the law. That's not just the law, the Ensminger Act. There's the Clean Water Act and the Clean Air Act too, back in the 70s.

I believe we're all in spirit here to do -- to try and do the right thing. We just get caught up with the papers and stuff. We need to take time out -- as an engineer I -- it takes us all at the factory floor doing what we do. It takes us all to do what we do. And it's -- we have to go out in the field. We have to look at some of these claims. We have to look at -- go to the VA hospitals and get a first-hand, hands-on feel on what's going on. Set the papers aside for a day or so.

A few other comments about -- I have a bunch of points I'd like to make. The science, as an engineer, I understand there's science; however, it sounds like we're on a learning curve with this. This is a Superfund site, though what happened in Michigan, it sounds like it's a learning curve, and the spirit of the law is about inclusion and helping those who served. They deserve the best medical care anywhere in the country. Instead, from our personal experience -- like Elizabeth said, she served -- just a minute, please -- USMC full-time

active duty, Camp Lejeune, North Carolina, March 1985 through fall of 1987, toxic water exposure.

There's this panel, summary of analyses for benzene, toluene, methylbenzene, total xylene, without getting into all of that, and anyone who would like to come up and see me with this -- but all the folks here, I'm sure, have this data on sample dates, concentrations and micrograms per liter, et cetera.

She served from March '85 to February of '87. It looks like it peaked in November of 1985 at 2,500 micrograms per liter, in November of 1985. I happened to see this piece of information here, and it said veteran family health and disability benefits. It is estimated that contaminants were in the water supply from the mid-1950s until February of 1985. February 1985, but November 1985 shows the peak. So those folks who do wind up getting the word as USMC at Camp Lejeune or a family member: Oh, I didn't serve that time frame. Little do they know, in November '85 is where the peak micrograms per liter occurred. So we have to be careful with the data that we disseminate and how our customers, our military veterans are our customers, are going

to use this.

Action for the CDC and the VA. Elizabeth had to go out on her own through Genova Labs, VA and CDC. She had to go out on her own to get a toxicology blood test. When a service member enters a VA, in our case, as soon as they come in: Where were you stationed? Burden with the records. It is a burden with the records. If you all have -- you all mentioned there are good barracks assignment. All that should be digitized. We need to be proactive, not reactive. The burden shouldn't be on our service members, like private and health insurance companies. They put the burden on people. Here we are paying them a service. We had to go through a local House representative office to go to Bethesda to get a bunch of other papers that one can hardly even read. I wonder why.

But in any event, so she had her blood test done. That should be the first thing that's done. She's a veteran, comes in. Where did you serve? Did you serve at Camp Lejeune, North Carolina? You need to go get a toxicology blood test. This, Elizabeth had done. Date collected, April 14, 2015. Date report April 23, 2015. Genova diagnosed this, Duluth, Georgia. Benzene in the 75th percentile and

styrene in the 90th percentile and toluene in the 50 percentile. There is a note here: These levels provide a reference range to determine whether an individual has been exposed to higher levels of toxicants than found in the general population. We're asking ourselves why are her levels so high? We didn't know anything about Camp Lejeune until 2010, when there was a survey sent out.

The -- it says here some people have high volatile solvent blood levels because of a poor ability to clear the solvents. So somewhere these solvents go in the body. The neurotoxic action of solvents dampens nerve transmission, disrupts axon function and affects myelin.

DR. DECKER: Excuse me?

UNIDENTIFIED SPEAKER: Go ahead.

DR. DECKER: Do you have a specific question you wanted answered at this point or --

UNIDENTIFIED SPEAKER: Yes. I would like the VA to take action with -- to investigate the, the consideration for having service members, when they report to the VA, that they go and get a toxicology test. And we're trying to get answers on why does she have these high levels in her still to this day. From our research, yes, these particular chemicals

can stay in the body --

DR. DECKER: So perhaps maybe you could talk to the VA after the meeting here, and there may be a few other folks here in the room that would like to make brief comments before we run out of time.

UNIDENTIFIED SPEAKER: Well, there's a few other things. The subject matter experts. There also needs to be done for Camp Lejeune service members, neurotoxicologists. There aren't any in there within the system. How is -- how are these service members to get helped? The focus on --

DR. DECKER: Sir, so that --

MR. HIGHTOWER: We're, we're listening. We're listening.

DR. DECKER: -- we can allow a few other folks --

MR. HIGHTOWER: It's good. We're listening.

DR. DECKER: -- who want to be heard today.

MR. HIGHTOWER: I think this is important. Go ahead. I want to hear what he says.

DR. DECKER: Okay. If the audience -- I just want to make sure that we have time for everyone who wants to be --

MR. HIGHTOWER: No, we got all the time in the world for something like this.

DR. DECKER: Okay.

UNIDENTIFIED SPEAKER: We made the trip down from Virginia last night. And so what I'm saying is, the other thing is there's no subject matter experts. She was supposed to be assigned a subject matter expert to support, not only possible treatment but also her claim, which was a convoluted response. Sounds like they just wanted to try to meet the quota, to meet the time frame they had to make a response back to us. But the focus of the HR-1627 is the neural behavioral effects, number 14. And again, that number, 2,700 that Elizabeth made mention of, I saw a slide here that about 145 out of 3,041 cases, that's 5 percent.

So after several years with the -- well, before we met in 1995 she was bitten by a bug that was a horse fly or a tick-type bug while she was an active reservist. There's a chondromalacia record in the VA. Here's our 15 March '95, peripheral neuropathy discharge due to medical findings. There's a bunch of information in here about how toxic -- toxic encephalopathy can affect the immune system. I'm not a physician but apparently as laymen we're thinking that, since '85 when she was exposed her immune system's been in overdrive, and when she got

bit by the bug in '95 it was the trigger that put her over, and the doctors at that time, Lyme disease wasn't so widespread in the public still. They didn't effectively diagnose and treat her with antibiotics in that 90-day window, so to speak. It laid her up.

When we met I met with her -- met her and met her Lyme disease doctor, who she had to go out on her own and get. Dr. Ahere (ph), he became a director up in New Jersey for Lyme disease. There's two service-connected issues here for her: Toxic exposure while she was at Camp Lejeune, which there's a law, and while an active reservist, a bug bite. Two compounding things that we think affected her immune system and then her neurologically. Her left leg and her right -- or left arm too. Both those conditions can cause lesions on the spine and the brain, and we have the MRIs from the VA that they did. They did the blood test. They did spinal tap tests. They looked through a number of those tests. They signed physician letter from the VA. Because I have never seen a disorder like yours due to those toxins doesn't mean -- does mean -- does not mean it can't exist. Therefore I recommend you see someone who has more experience in neuro-

toxicology than myself to assist you. I also believe it would be helpful if I have another infectious disease specialist consult with you regarding the antibiotic treatment you are currently receiving on her own for chronic Lyme disease and babesiosis.

DR. DECKER: Does the VA have any response at this time or would you like to perhaps move on --

DR. ERICKSON: Well, so in the interest of time, because I have -- I have a commitment that immediately follows the adjournment of this meeting that I need to get to, but Mr. Brad Flohr, who's sitting next to me, would be glad to get details from you at this meeting that would allow him to look at the claim that has been posted. And I'll give you my contact information, if there's a way that perhaps we can interact with who's working with you at the VA medical centers. Your situation is clearly very, very complex, and that's from somebody who's worked both now in environmental health and infectious disease.

UNIDENTIFIED SPEAKER: No less than what needs to be treated.

DR. ERICKSON: Yeah. No, I understand. So if you would seek -- start -- like I said, I have a

commitment at adjournment here, but if you would --

MR. HIGHTOWER: She had a commitment when she signed the dotted line and took the oath --

DR. ERICKSON: No, no, no. I understand. I understand.

MR. HIGHTOWER: -- and joined the Marines. And now the government's poisoned her, and we have a commitment to listen to her, regardless.

DR. ERICKSON: Right. Which we have. Which we have, and we will listen in detail, in fact.

UNIDENTIFIED SPEAKER: It's my understanding this was scheduled to 3:00 p.m., sir, and there was no time limit that we were --

DR. ERICKSON: Yeah, I don't think -- it's 12:30. I think you're --

UNIDENTIFIED SPEAKER: On the agenda, but that -- what was on the -- anyway, without getting into that, she's had to go through a nutritionist for her own nutrition. You all really aren't -- service members, Camp Lejeune service members, aren't really being helped as well as they should be, okay, out in the community, out in the VA, where it's supposed to get done. It's not getting done. It's broke, both from the treatment standpoint and the claims standpoint. And the kicker there is this

letter from the chief neurol -- the former chief of neurology, Durham VAMC: Her (unintelligible) state will be consistent with (unintelligible) -- I hope I'm pronouncing that right -- with acute disseminated encephalitis. This can push spinal cord syndromes, likewise toxic encelopathy, et cetera, et cetera. This is a case in point but I'm sure we're not the only case in point.

And then how does this affect our children's health? Where is the information with that?

MR. TEMPLETON: Quick point on what she had to say. Said that there was no complaints during service about a particular illness. In the Marine Corps there is a regulation that's called malingering and I can tell you from my own experience that (unintelligible).

(Recorded announcement interrupts.)

DR. DECKER: I don't know quite where we were.

MR. TEMPLETON: I just want to make sure that you understand real quick. I just want to make sure that you understand and anybody else who does the evaluations understand that, okay, you may not report such an illness or symptoms while you're in the Marine Corps, and the Marine Corps has something called malingering, and if you do you can find

yourself in some trouble so that limits the amount of information that they share.

DR. ERICKSON: As a co-veteran, that's the case for all the services. Out of absolute respect for the individual speaking right now we really don't want to discuss your personal case as it's recorded, as people dial in, as everyone else gets to hear your business. We've offered to meet with you, and like I said, I'd encourage you to talk initially with my colleague here, Mr. Brad Flohr. And we'll work with you. We'll work with you.

DR. DECKER: We have an audience comment.

MS. CORAZZA: Thank you. We have another comment.

MS. CAMPBELL: Okay. Why aren't there toxicologists at the VA, at the local VAs, and why is it so hard for us to be seen by one or outsourced by one out of town? Let me piggy-back on what Tony Hightower says. Why can't there be something indicating about whether or not you were a Camp Lejeune Marine Corps sailor and registered on that side?

DR. ERICKSON: So the second question we've already answered, and that was your question and your point, Tommy. We'll come back to that a little

bit at the next meeting with the HEC, talk about eligibility and talk about the new electronic health record and getting that into there so that people are identified appropriately, so the burden is not on the veteran.

You know, it's going to vary medical -- vary, medical center to medical center as to exactly what the complement of staff is. Various medical centers may have situations where they would have a toxicologist on staff or maybe there's one in the community that they use on an ad hoc basis for their clinics.

Choice program, you know, that's opened it up much wider to a whole host of specialists that are in the community. You know, it's going to vary. I will tell you I have a Ph.D. toxicologist immediately on my staff working with me. And I will look into this. That's a really good thing you bring up. I'm going to see if I can find out what the breadth of toxicology coverage is.

MS. CAMPBELL: There's one toxicologist here at Grady Hospital, and it takes forever to get in, and then your doctor at the VA don't want to refer you.

DR. ERICKSON: Well, and again, I'm pleading ignorance here. I offer though that I will get some

answers, okay, 'cause I really don't know how many Ph.D. level toxicologists there are in the United States, how many of them are working in research, how many of them are tied to clinical work, how many are affiliated with VA, how many are in contract with the VA. I just -- I don't know. I don't know. So I'll look into this. Not that I'm going to get answers to all of those aspects, but let me see what I can find out.

DR. DECKER: It looks like we have one final audience comment/question.

UNIDENTIFIED SPEAKER: I would like to know how we appropriate some money to do like the mesothelioma for the Camp Lejeune thing. You know, were you stationed at Camp Lejeune? Please contact the VA 'cause you're entitled to healthcare benefits and disability compensation. Why can't we get something like that running on TV?

MR. ENSMINGER: Those ads were put on there by lawyers. Deep pockets.

DR. DECKER: All right. So I think we'll wrap it up for today. You have one final thing?

MR. WILKINS: Yes. I know Tony Hightower, and I've talked to Tony in the past. With the VA, what the problem is, is you'll have eligibility clerks in

the different medical centers, and maybe, you know, you get to one on the left and they'll have you sign on the VA form, and the VA verifies it. And then you get the one on the right, and they want you to bring in all this documentation. But the bottom line is it still has to be verified by the VA. That's their part of it. And where I see from listening to Tony, even Mike Ashey mentioned it, it's your eligibility permits that are causing the problem. You're not following your own rules.

MR. ASHEY: Well, I think that -- let me -- we were just talking about this, this clarification. And I think what the gentleman is saying is that there's -- of course there's the online form, which seems to work better. And the online digital form says check this box if you're applying for veterans' benefits because you were a Marine station -- or a veteran stationed at Camp Lejeune for 30 days. Doesn't ask for a DD-214 'cause you guys do that in the background.

DR. ERICKSON: Right.

MR. ASHEY: So you do all the checking. And then you have cases where veterans are not using the online. They're physically going into a facility with a DD-214. And of course that DD-214 could say

discharged at Camp Lejeune or discharged at Camp Pendleton, but they did serve at Camp Lejeune for 30 days or more before they went to Camp Pendleton or somewhere else, and that's where the problem starts. So I think that, you know, we do need an eligibility expert here, but there's a lot of guys falling -- men and women falling through the cracks because they're going directly to a facility, and it's the eligibility people at the facility where the problem starts. And there's got to be an easier way to solve that problem.

So, you know, maybe they should be directing them to use the online forms at a kiosk or something. But to have them sit there, either knowingly or not knowingly, asking the veteran, well, you got to prove you were at Camp Lejeune, and your DD-214 is not enough, when the online form just says check the box, and the VA will do the rest. So there's a disconnect there. I think, I think that's what you're trying to say, right, sir?

MR. HIGHTOWER: Right. The eligibility, Mike, is turning around and telling them that they don't qualify to register as Camp Lejeune, and that's where they'll come to get me, and I go back with them. And I don't want to see our vets having again

prove they were somewhere because their DD-214 doesn't say that because not every veteran has their DoD or their medical records, especially Vietnam veterans that -- which moved, divorced, five, six times, like me, whatever, don't have them. But, you know, it's 'cause it's a waiting period to get to us, 11, 12, 14 weeks or we can't find you.

MR. ASHEY: Well, I -- for those guys that -- those men and women that come to you, have them use the online, digital form, that's on the VA's website. That works better. If they physically go in there, they're going to run into issues with people who are -- who don't know.

DR. DECKER: I just want to thank everybody. You may want to continue your conversations after we conclude here today. I think we have had very productive discussions today.

MR. WILKINS: We're supposed to have -- we're supposed to have it 'til three o'clock.

DR. DECKER: Three o'clock? I wasn't aware of that.

CDR. MUTTER: We have the room reserved 'til three, however, the agenda was laid out based on assumptions of time, and so we were able to go over in certain areas. We finished up early in other

areas.

MR. WILKINS: We weren't finished the VA. That shortened it.

DR. DECKER: I don't know what to suggest at this point. If there were expectations that the meeting was going 'til three o'clock I wasn't aware of that. But we can -- I don't know if the VA staff are even available that long.

DR. ERICKSON: Right. So in the same way that Dr. Breysse had other commitments that led to him coming --

DR. BREYSSE: Don't blame it on me.

DR. ERICKSON: No, I'm not. I'm not blaming. I'm just saying that in the same way that you -- you have lots of other customers that you're serving, leaders in your meeting, we have additional duties today, additional miles to go before we sleep. And so it's not that we don't have a commitment; we do. The reason we're here, the reason four of us came to the meeting and the fifth person dialed in is in fact a demonstration of our commitment.

And I think, you know, from the many pages of notes that I have taken, the way I've self-identified to Jamie, due-outs, that I want to make sure that lists are being -- we're committed.

We're part of this. You'll notice Mr. Brad Flohr is already speaking to the couple here in back. We're engaged but it cannot be entirely open-ended just because we do some other things that we're going to be doing, and we're not going to be here 'til three o'clock.

MR. HIGHTOWER: Where is the next meeting, Mr. Erickson, and when?

DR. ERICKSON: The next CAP meeting?

WRAP-UP/ADJOURN

DR. BREYSSE: Before we answer that question. So we did send out an agenda to everybody that had the time frame on it, and at that time, you know, there was no -- ask to extend it. But we have to -- we do have to end the formal part of the meeting now. The room will be available; we'll keep it for you. And this is -- as you just heard, this is one of an ongoing effort, so this is not the end of the story. This is not the end of the dialogue. And if we could get what our next CAP meeting is?

CDR. MUTTER: Yes. We will be -- it's going to be in January of 2018. The next monthly CAP meeting will be talking with the CAP on possible dates, but the end of January is what we had discussed

previously.

MR. HIGHTOWER: That's here? There's not one in between?

CDR. MUTTER: There's not. January 2018 is the next.

DR. BREYSSE: Here. And then in the spring it'll be in Pittsburgh.

CDR. MUTTER: Yes, sir.

MR. ASHEY: Dr. Erickson, do you just have a few minutes to meet with that gentleman over there 'cause I think he has some stuff he wants to show you? That's all.

DR. ERICKSON: With Tommy?

MR. ASHEY: Tony.

DR. ERICKSON: I'm sorry, yeah.

MR. ASHEY: You have part of an application in your hand.

MR. HIGHTOWER: No, that wasn't an application, Mike; that was my notes.

MR. ASHEY: Okay. I thought I saw --

MR. HIGHTOWER: What he gave us when we first came in stating that the Marines got to qualify that they were at Camp Lejeune, I don't have that application with me. I'd be more than happy to get with them later though.

DR. BREYSSE: I want to be on the public record before we adjourn and apologize for not being here before now, but I think we're going to adjourn the meeting. Thank you.

(Whereupon the meeting was adjourned at 12:40 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 August 22, 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 20th day of September, 2017.

Steven R Green, CCR

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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