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AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

THIRTIETH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

January 15, 2015

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 January 15, 2015, 9:00 a.m.

STEVEN RAY GREEN AND ASSOCIATES
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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)

BOVE, FRANK, ATSDR
BRUBAKER, MATT, FMG LEADING
BREYSSE, PATRICK, NCEH/ATSDR
CANTOR, KEN, CAP TECHNICAL ADVISOR
ENSMINGER, JERRY, COMMUNITY MEMBER
FRESHWATER, LORI, CAP MEMBER
FLETCHER, CHRIS, ATSDR
FLOHR, BRAD, VA
GILLIG, RICHARD, ATSDR
HODORE, BERNARD, NEW CAP MEMBER
IKEDA, ROBIN, ATSDR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RAGIN, ANGELA, ATSDR
RUCKART, PERRI, ATSDR
SMITH, GAVIN, CAP MEMBER
STEPHENS, JIMMY, ATSDR
STEVENS, SHEILA, ATSDR
TEMPLETON, TIM, CAP MEMBER
WILKINS, KEVIN, CAP MEMBER

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

MR. BRUBAKER: Good morning and welcome. Like to call to order this CAP meeting. And I'll turn it over to Dr. Breysse, the new director, to allow him to greet us.

DR. IKEDA: I'm going to kick us off in terms of introductions, so good morning; happy New Year. I'm Robin Ikeda, and I serve as the deputy director for non-communicable disease here at CDC, and it's my pleasure to introduce our new director, Dr. Patrick Breysse. Dr. Breysse just joined us last week. He certainly hit the ground running, and we're delighted that he's here.

As many of you already know, Dr. Breysse joins us from Johns Hopkins University's Bloomberg School of Health where he's had a very long and distinguished career. He's been a professor of environmental health sciences there. And he's also held dual appointments in two other departments at the university: first, within the School of Medicine, where he's been a professor of pulmonary critical care medicine; and then also within the School of Engineering, where he is a professor of --

I'm always -- I got to look 'cause I don't want to get this wrong, but chemical and biomolecular engineering within the School of Engineering. So very busy man wearing multiple hats.

He received his Ph.D. from Hopkins and has focused on a broad range of both occupational and environmental health issues in his research, particularly looking at the relationship between indoor and outdoor air quality and health.

I also want to take this opportunity to thank all of you for your patience and support during our search for a permanent director. It's taken a long time, and I know it hasn't been easy for everyone but we're excited by Dr. Breysse's arrival and really looking forward to the future. So please join me in extending a warm welcome to our new director, Dr. Pat Breysse. [applause].

DR. BREYSSE: Thank you very much, Robin. I'd like to say a few words to kick off the CAP meeting. This is my first formal CAP meeting so I'm excited and I look forward to being part of this important work. So I was going to say a few words about myself but I think Robin took care of that. But if any time you'd like to hear more about some of the stuff I've been involved with in my career, I'd be

happy to have an offline discussion. But I've focused throughout my research on how do we ^ about what we're exposed to and whether it's acceptable or not and what we do, if we decide that those exposures are unacceptable. So these are -- this paradigm, I think, applies strongly to what we're trying to do here today.

I'm happy to say that this is a priority for me as the new center director. And we heard yesterday from Dr. Frieden, who couldn't be here today but he spoke to us yesterday, that he reaffirmed his commitment to Camp Lejeune as important work. And in all my discussions with him, we talked about Camp Lejeune, and he made it clear to me that this is a priority to me in my job. I'm committing to you today to make sure that this is an important part of my commitment.

So it's also important to remember why we sit here today. I think there's no question that a tragedy occurred, and we're here to learn as much as we can as a commitment to those people affected, and a commitment to the public at large. We have an opportunity to learn something important that could help the people who are impacted, but as important, we can perhaps improve public health in the future.

So what we're trying to do here is make sure that we generate at ATSDR the best science possible. And the science will guide what we do and the impacts of our decisions. I want to make sure that I'm transparent in all our communications with the CAP members. I'm committed to transparency. And if any time you think that there's something going opaque, let me know and we'll do our best to alleviate that.

I also want to make sure that we recognize that there's a lot of good science that we've been doing. And that science has been directed by a lot of hardworking, competent, well-meaning people. And I'd like to acknowledge some of them here. We're going to hear from them today, but in particular Morris Maslia and Susan Moore, who have spent a lot of time working on the historical modeling of water contamination. Those are important studies and we appreciate their hard work. In addition Perri Ruckart, Frank Bove and Angela Ragin. They've taken the lead on the four health studies, looking at the health effects and the deaths associated with drinking water contamination. Again, I'd like to thank and acknowledge the hard work of the ATSDR staff. I've been nothing but impressed with the

work that they're doing as I've come on board. And I also want to thank and recognize the CAP members. I think it's safe to say that we probably wouldn't be doing a lot of what we're doing here today without you and your commitment, and making sure that we keep our eyes focused on the ball. And I appreciate that, and I thank you for that. And we'll try and honor that commitment by doing the best we can to apply the best science to address these important issues. So I'd like to thank you again for your work. And I'm happy, excited; I'm energized to be here and I want to encourage you to make sure that you keep me focused on what we're trying to do, and we're trying to get the best answer with the best science we can. So with that short introduction, I'd like to turn the meeting back over.

MR. BRUBAKER: We'll now turn to Dr. Ragin for a recap of the action items from the previous meeting.

ACTION ITEMS FROM PREVIOUS CAP MEETING

DR. RAGIN: Good morning, everyone. We have a list of action items that resulted from the September 11, 2014 CAP meeting. The first action

item, the CAP members requested that ATSDR ask for access to the preventive medicine unit database for information on vapor intrusion. And that action item was assigned to Chris Fletcher and Rick Gillig. Chris or Rick, would you like to respond?

MR. GILLIG: Sure. We contacted the folks at Camp Lejeune who work with the media on preventive medicine unit there, and they've indicated that they don't have any databases related to soil vapor intrusion. They track STDs, food establishment inspections, inspections of ice machines, and they just started taking beach water samples and analyzing those. So they don't have any vapor intrusion-related information.

MR. ENSMINGER: Did you go to the fire department?

MR. GILLIG: Well, there are a number of different programs at Camp Lejeune where we're getting information from.

MR. PARTAIN: Hey, Rick, you know, in the documentation for Lejeune we have a Lieutenant Commander Chappell who has noted at one point during their quality samples at the day care. Did they say they have ever done any type of air quality sampling or taken measurements at all, period, or they just

don't have anything on record?

MR. GILLIG: Well, they indicated to us that they don’t have anything currently. Now, we do have information from the base industrial hygiene program, and I'm not sure where that operation is based out of. Chris, do you have any information on that?

MR. FLETCHER: Yeah.

MR. GILLIG: Do you want to speak into the microphone so everybody can hear you?

MR. FLETCHER: Morning. So for the day care indoor air samples, we're aware that the events occurred and we're looking for that data, and I think it's going to be in the industrial hygiene database with some of the reports that we're going to review so it’ll be on file. But it's not something -- from my understanding, what the Marine Corps told me it's not something that would be included in the file to be investigated.

MR. ENSMINGER: This Lieutenant Commander Chappell was the head of the preventive medicine at the Naval hospital. And we've gotten -- these documents are in a part of the record of the documents Morris's team gathered for the water modeling. And they brought a GCMS down from

Norfolk, and he collected the samples for the indoor air samples for that day care center.

MR. FLETCHER: If you've got those specific documents, most likely -- okay, so if they get -- if they're in Morris's files those are going to be included in what we're going to review. If it did occur, most likely we'll find it in addition to those. But if you've got those specifically or if you can send those document titles to me, I will make sure that we put those on the docket stack.

MR. BRUBAKER: And I realize I actually missed an opportunity to go around the table and have everyone introduce themselves. It'd probably be a good time to do that now before we finish the recaps from the last meeting. So forgive me for that, and Brad, if you wouldn't mind, we'll just introduce you and go around the table.

MR. FLOHR: Yeah, I'm Brad Flohr from VA.

MR. CANTOR: Ken Cantor, technical advisor for the CAP.

MR. WILKINS: Kevin Wilkins, CAP member.

MR. SMITH: Gavin Smith, CAP member.

MS. FRESHWATER: Lori Freshwater, CAP member.

MR. TEMPLETON: Tim Templeton, CAP member.

DR. STEPHENS: Jimmy Stephens, Acting Deputy

Director of NCEH/ATSDR.

DR. BREYSSE: Pat Breysse, Director of NCEH/ATSDR.

DR. RAGIN: Angela Ragin, Branch Chief, Environmental Epidemiology Branch, ATSDR.

MR. GILLIG: Rick Gillig, Branch Chief of the Central Branch, ATSDR.

MR. FLETCHER: Chris Fletcher, health assessor.

DR. BOVE: I'm Frank Bove, ATSDR.

MS. RUCKART: Perri Ruckart, ATSDR.

MR. ENSMINGER: Jerry Ensminger, Camp Lejeune CAP.

MR. PARTAIN: Mike Partain, Camp Lejeune CAP.

MR. ORRIS: Chris Orris, Camp Lejeune CAP.

MR. BRUBAKER: And Matt Brubaker, facilitator. Thanks, and now we can resume the recaps.

DR. RAGIN: Are there any other questions for Chris or Rick? Okay, we'll move on to the next action item.

The next action item is also assigned to Rick Gillig. The CAP requested that the public have access to the searchable database of vapor intrusion documents that ATSDR is creating. If needed the CAP would like the director of ATSDR or CDC to ask the Department of Defense in writing to be able to

release these documents. Rick?

MR. GILLIG: I guess the simplest answer is yes, we will get you all the documents. There are some steps we need to go through. We'll see in Chris's presentation later this morning we're nearing completion of the index. Maybe those documents are available on the North Carolina Department of Environmental and Natural Resource website. They have approved us to release their documents so we'll be putting those on a CD later today and hope to ship those out tomorrow. So we'll be talking with members of the CAP to see how many copies you all want, and I know Sheila has your email address so we can get everything shipped out to you. That will be the entire set of documents. And again, we're working to get that to you as quickly as we can.

MR. BRUBAKER: Thank you.

DR. BREYSSE: And Rick, if I can add, if there's anything I can do to help that process, would you let me know?

MR. PARTAIN: Now Rick, is the Navy still using FOUO as their reasoning for holding up all document release? For official use only. Is that still the reply?

MR. GILLIG: Boy, that's best answered by the Department of Navy. We know that they want to review documents for private -- or personal names and security information. I'm not sure exactly what that means. They are handling that.

MS. FRESHWATER: Can we get in writing why they're -- what the reasoning is?

MR. GILLIG: We will try to get that, Lori.

MR. BRUBAKER: So let's capture that as a recap item. We're going to use the flip chart today to do that, so there's a follow-up around requesting written documentation of the Department of the Navy about documents.

DR. RAGIN: The next three action items were assigned to Melissa Forrest. Melissa is representative for the Department of Navy. I received word earlier this week that Melissa would not be here in person, and I just learned that she would not be available to attend via phone. She did send me more action items along with responses, and I will be happy to read the action items and provide the responses.

The first action item, the CAP would like to know when the Navy/Marine Corps Public Health Center purchased the first GCMS that was used for the

preventative medicine unit at Camp Lejeune in 1982 to test the air quality of the former day care center. The Department of Navy response to that question: As part of this request, the CAP wants to submit a reference document which included a model and serial number of the GCMS in question. The Department of the Navy representative on the CAP requested a copy of the reference document but has yet to receive one. Would you like to respond, Jerry?

MR. ENSMINGER: Yes, that was my fault. I, I dropped the ball on that but, really? I mean, they're relying on me to tell them what model and serial number their piece of equipment had? Come on.

DR. BREYSSE: So Jerry, can you help me? Why -- how -- what are you trying to find out by asking when they purchased it? I think I know but I just want to be clear.

MR. ENSMINGER: We had all kinds of excuses that have been made over the years by the Department of the Navy, why. They kept saying we didn't know what was in the water. We didn't know -- we didn't have the technology or the ability to test this stuff for this stuff. And then we find out that, in

1981, they had the GCMS. They owned one. It was at the Navy Environmental Health Center in Norfolk. They used it to test the air quality in the day care center that they made out of the exterminator's building. Why did they need it to test the water? I want to know -- I mean, we know that had it in '81. I want to know how early -- how many years before that did they own this piece of equipment.

DR. BREYSSE: Are you ^ in that we suspect there might be some data that --

MR. PARTAIN: Exactly.

MR. ENSMINGER: Yeah, yeah.

MR. PARTAIN: I mean, Dr. Breysse, I mean, that's -- the issue of the -- what they knew when they knew it has been ongoing for the seven years that I've been involved and longer. The official stance from the Marine Corps is up until 1982, they really did not know what was in the water or had a rational understanding of what the contaminants were. And it wasn't until '84 you find out that they took action to turn the wells offline.

We know in '82 that one of the labs that actually performed a GCMS test of water at Camp Lejeune modified the actual readings. For example the emergency room sink is a 1001 parts per billion

TCE.

Jerry came across this document last year where they had a Hewlett-Packard GCMS machine at the Navy Environmental Health Center back in the 80s. So the natural question is, were they doing their own testing and do they have any results for that testing? And that's one of the things we want to do right now by finding out about this machine.

MR. ENSMINGER: And, and also land div, which is the landing division, the Navy facility's engineering command, out of Norfolk, was sending personnel down to Camp Lejeune on a regular basis to pull water samples, especially out at the rifle range. They discovered a drinking water well out at the Rifle Range on the Rifle Range water system that had -- was it four parts per billion of TCE in the raw water. They immediately took that well offline. Four parts per billion. They had 1,400 parts per billion in the tap water over on the main drinking water system at Hadnot Point, and they didn't do anything for four years.

MR. PARTAIN: And this testing started as early as 1980-'81, and at the Rifle Range, what is tricky about the Rifle Range is that testing was going on currently while there were warnings written by other

labs to the Navy/Marine Corps stating that the water at Hadnot Point was highly contaminated with solvents, but yet no testing was done there. Evidently they had to quantify that testing somehow. So we want to know when the capability was there and also are there other test results that have not been released to ATSDR.

DR. BREYSSE: So I'll just echo that. We're equally as interested in whatever data might be available in whatever form, and try to come across it in discovery as early as possible. So I think we're on the same page.

MS. FRESHWATER: I'll just say, as someone who lived on base from '80 to '83, it's particularly important to know exactly what happened. There may never be justice for it but I want to know exactly what they knew, when they knew it, while they were allowing me to drink that poisoned water.

MR. ENSMINGER: Well, we knew that they were pulling samples in there way back in the early 80s, and they were taking these samples back to Norfolk with them, you know, 'cause we got memorandums of the record written by the base quality lab person, Elizabeth Betz, where she made note that they were coming down and taking these water samples and they

were putting them in boxes and jars, and they weren't even putting them on ice. So, you know. We know they were taking samples back to Norfolk. And if they had a GCMS, I'm sure that they were probably running tests on the side.

DR. RAGIN: Jerry, Mike and Lori, Jonna is capturing those action items, and she will get those to the Department of the Navy, but I asked you on the break that we all meet so we can make sure that we've captured everything correctly.

MR. ENSMINGER: But their excuse that I didn't provide them with the model and serial number of their own piece of equipment, I mean, really? You know, these people, they try to blow smoke up your butt, and then they try to tell you your seat's on fire, you know.

DR. BREYSSE: That would be one of those four-letter words we talked about?

MR. ENSMINGER: I know, butt.

DR. RAGIN: The next action item assigned to the Department of the Navy. The CAP wants to know, in light of the July 9, 2014, EPA Region 9 memorandum, is the Navy/Marine Corps planning to personally notify women at Camp Lejeune who may have been in the past or might now currently be exposed

to TCE via vapor intrusion. The CAP recommends this notification include all buildings over the TCE plume, and especially the 12 buildings currently being investigated for vapor intrusion. Immediate communication should occur with current workers and residents who are potentially exposed now to explain the recent EPA memorandum recommendations.

I will read the response from the Department of the Navy. Their response: Following the EPA guidelines, comprehensive vapor intrusion studies are going on at several locations on Camp Lejeune for multiple groundwater contaminants including TCE. The EPA Region 9 memorandum provides additional information on TCE, and relevant portions have been incorporated to a complex decision-making process for vapor intrusion studies on Camp Lejeune. If a comprehensive assessment suggests potential vapor intrusion concerns for TCE or other compounds on Camp Lejeune, the Marine Corps will provide fact sheets and plan for appropriate follow-up on managers to the building occupants in a timely manner.

MR. ORRIS: So, it's my understanding that exposure to TCE -- for a woman who is of child-bearing age exposure can cause a cardiac

defect in as little as one day with exposure. And we are looking at possible buildings for vapor intrusion. I think now this response is very lacking ^.

MS. FRESHWATER: I would like them to define timely manner.

MR. SMITH: And I'd also like to ask that they provide the exact details of how they contact them, what they use to contact them and what the content was that they put in that contact, which we asked for last time, by the way.

MR. BRUBAKER: There's a group of follow-up items connected to this. We'll make sure we get the language right during the break.

MS. FRESHWATER: And before I forget it, I would like to say that if they cannot send her or have her on the phone, I would like a substitute next time.

DR. RAGIN: Sure, we'll capture that. The next action item assigned to the Department of the Navy, the CAP also wants the Marine Corps to consider how to inform women who worked in areas of potential vapor intrusion between 1985 and now, and a list of methods the Marine Corps will follow to identify, locate and communicate with the women. Note that

solely putting the information on the website is not sufficient because the website focuses on exposures before March 1985, and this is a large group of potentially exposed women.

I'll read the response from the Department of the Navy. The Marine Corps is committed to providing accurate information to any individuals that may be affected by these issues. Based on the results of a comprehensive vapor intrusion assessment, the Marine Corps will utilize effective notification measures to relay accurate and reliable information. Are there any questions or comments?

MS. FRESHWATER: Laugh out loud?

MR. TEMPLETON: They're waiting until after. And who knows when that's going to be.

MS. FRESHWATER: What do you say to that?

MR. ENSMINGER: Semper Fi.

MS. FRESHWATER: Yeah.

DR. RAGIN: The next action item, the CAP requested an electronic copy of Chris Fletcher's PowerPoint presentation. Sheila?

MS. STEVENS: Hi, I believe at the last CAP meeting we provided hard copies of that. Is that --

MR. ENSMINGER: Gotcha. I got it.

MR. GILLIG: We also sent it out electronically

on the 16th of December, so if anyone doesn't have it, please let us know.

DR. RAGIN: The next action item is for Rob Robinson. The CAP requested more information on the rates used to calculate recreational swimming pool exposure.

MR. GILLIG: In development of the public health assessment looking at drinking water exposures, we're using information from EPA exposures factor handbook. Our health assessment will be very clear on what assumptions we made, what parameters we used for calculating the exposures. Want to make it as transparent as possible. That's the reason we put it out for peer review; that's the reason we put it out for public comment.

MR. ENSMINGER: Then you got -- you got to remember that the training pools were also indoors. So that stuff just didn't go away with the breeze. I mean, when that -- you know, the splashing in the water and that stuff volatizes, it stayed there in that building for a while.

MR. GILLIG: And our model is a box model, which generally does account for closure of a building.

MR. ENSMINGER: Oh.

MR. GILLIG: So, we know it's indoor and we accounted for that in our modeling and our exposure populations.

DR. RAGIN: Any other questions for Rick? The next action item, the CAP requested that ATSDR's legal counsel provide a statement that says that ATSDR does not have authority over the administrative record or any ability to dictate what's included in the administrative record. ^ did meet with office of general counsel, and I have a copy of the letter here and there are copies in the back for everyone. I can read the letter for the record or we can --

MR. ENSMINGER: No need. Get the letter to read. Kevin, if you can't read it, I'll read it for you.

DR. RAGIN: The next action item was assigned to the CAP. The CAP will develop language for requesting the development of a relational database for the Camp Lejeune data sources. So I'll open the floor for the CAP to respond.

MR. ENSMINGER: Go ahead.

DR. RAGIN: The CAP will develop language for requesting development of a relational database for the Camp Lejeune data sources.

MS. FRESHWATER: I think we were supposed to come up with some sort of language on exactly what we wanted so that she could narrow it down and present it. So, we gave her exactly what we wanted, and she could just take it to them.

MR. ENSMINGER: Wanted from -- for what?

MS. FRESHWATER: For the database, like how we wanted it organized and --

MR. ENSMINGER: What database?

DR. RAGIN: You're referring to Melissa Forrest.

MS. FRESHWATER: Yes.

DR. RAGIN: Yes.

MS. FRESHWATER: I think. That's all I can think that it would be.

MR. GILLIG: Jerry, this was the database we had talked about, if the Department of Navy put together a database of all their environmental data, having it as a relational database would allow more robust data searching and analysis.

MS. FRESHWATER: And we were supposed to form the language for her to take that to them and ask for it. So I think having the action items moved the way we discussed yesterday would be helpful because some of this stuff is so -- it just slips

between the cracks and --

DR. RAGIN: Right.

DR. BREYSSE: What kind? This is not clear to me exactly what you're asking. A database of, of -- 'cause a database can be lots of things. There's a database of all the reports and all the files that are going to be gathered as part of our work?

MS. FRESHWATER: Right. So we can -- so we can have a searchable database. And, you know, we felt like that the Department of the Navy should do that work instead of putting that work on this agency, that they should do that so that this agency can then utilize what, what they've done. We feel like it's their responsibility.

DR. BREYSSE: You mean by this agency, you mean ATSDR.

MS. FRESHWATER: Yes. So we're trying to say, Department of Navy, give us these documents in this form so that the scientists can do their work of science.

MR. ENSMINGER: Oh, I remember now.

MS. FRESHWATER: Right, instead of them having to make, you know, clerical work that's pretty time consuming, but clearly the Department of the Navy has the resources to do this, so they should do it.

MR. ENSMINGER: Yeah.

MS. FRESHWATER: They should just do it, and we shouldn't have to form language to explain to them why this is needed.

MR. ENSMINGER: You see, that's part of their strategy. I mean, historically all through this issue, they -- I mean, you ought to see the crap that they dumped on Morris and his team. I mean, stuff that, I mean, had -- was completely irrelevant. I mean, it was -- but that's part of their strategy. They're going to make it as hard as they can for you to find what you need to find.

DR. BREYSSE: Yes, so give them language. I don't think it's going to make them give us a functional database of all the records and files.

MR. ENSMINGER: No, the Navy has an environmental document file but I mean, the thing's a monster.

DR. BREYSSE: So is the request really that the Navy provide ATSDR with a database, functional database, with all their records and all their files related to Camp Lejeune?

MR. ENSMINGER: And constructed in a way where they can -- can speed up Rick and Chris's work.

MR. PARTAIN: And Dr. Breysse, to kind of put

things in context of what Jerry was talking about, back in 2009 and 2010, there was a portal discovered, an electronic portal, that the Navy created to place all the fuel farm documents and the fuel venting contamination information --

MR. ENSMINGER: All fuel. Not just fuel farm.

MR. PARTAIN: Yeah -- I'm sorry, all fuel, UST. It's called the UST portal. And anyway, long story short, they turned over to Morris's team the portal and didn't bother to tell Morris that embedded in all the stuff was the instructions on how to use it. They were kind of like, well, it's all there. You can figure it out. It's all common sense. But, you know, that's the kind of mentality we're dealing with, is you have a huge document dump of thousands -- you know, I think it's 1,500 documents, and then you're talking over close to 100,000 pages of documents. And oh, by the way, in this little obscure spot, there's a little piece here that tells you how to run the whole thing.

DR. BREYSSE: So I understand entirely but what I'd like to do, if you guys will allow me, just down with our staff and talk about how we get data from the Navy, how we get reports from the Navy and how we can make that more functional for us, so I, you

know, I get some feedback from the people who are going to be using it about a better way to do that. And then we can go back to the Navy with the request on something they can do better.

MR. ENSMINGER: Well, they got so many documents that were created by so many different programs over the years, and they just dump that stuff on you.

MR. PARTAIN: I agree, yeah.

MR. ENSMINGER: And, and you can't do a word search in it. You've got to go back and re-create it and load it all into one single -- one -- one program, so that you can then go through and do a word search on it. The CERCLA files, there's so many different programs those documents were created under, and then they hand-numbered them.

DR. BREYSSE: I understand. It's a huge task. I just want to make sure that the ATSDR scientists are using these data as an input into exactly what we're trying to get the Navy to give us. Is that fair?

MR. PARTAIN: And one, one last thing I want to make sure, too, is we do not want to leave the Navy and Marine Corps in a position to decide what documents are important or not. The main thing is

the ability to search these documents in a format that's useful for Morris and you-all's support, Rick, and everyone at ATSDR to use. Because what Jerry's talking about, you'll have one document that's scanned as a PDF, and you can search every word in it, and then one is a picture, and then one is hand-written and you can't do anything with it. And there's just so many different ways that these documents have been collated and put together that they're not useful. But as far as paring down what is being delivered, I'd rather have everything and let us try to sort through it, than have the Navy say, well, here's what we think you need, and give them what they think, because we've gone through that Sphinx several times and found out that if you don't ask the question in the correct manner at the correct time of day of the correct celestial alignment, you're not going to get the right answer.

MR. ENSMINGER: If you don't hold your mouth right.

MS. FRESHWATER: And I would say, as a way of looking at it, do you think if this was a homeland security issue, that -- and they thought that we were -- there was a threat of foreign terrorism, that they could get a database ready very quickly.

And so I would say this is a homeland security issue, because we have our forces and their families under threat. And so, you know, it's homeland security; get on it.

DR. BREYSSE: Thank you. I, I think I understand.

DR. RAGIN: The next three action items were assigned to the Veterans' Administration representative, Jim Sampsel and Bob Clay. We have Brad Flohr here. I will read the three action items. The CAP wants a representative from the Veterans' Health Administration to attend the CAP meetings in-person. The CAP requested that the VA update their Camp Lejeune website to remove outdated and inaccurate information and replace with current information. And the CAP also requested a copy of the training materials that are given to examiners to evaluate claims. Brad?

MR. FLOHR: Angela, could you check and see if there's anybody on the line from VHA?

DR. RAGIN: Is anybody on the line from VHA?

MR. PARTAIN: Just nod if you can hear us.

DR. BREYSSE: We were expecting somebody to be online?

MR. FLOHR: Yes, I was.

DR. BREYSSE: Well, can we check to see if they're --

MS. STEVENS: It's showing on right now.

MR. FLOHR: Well, I can't say what happened to them but I did ask that they -- initially I had gotten a couple of the subject matter experts to appear today. Because of the time that -- the late time, they were not able to make it. They were going to dial in, and then it was decided that the team consultant for disability medical assistance and his deputy were going to dial in but they got called away.

But I did get some information on those three items. As far as getting a VHA representative to appear in person, I asked them -- sent that to them, and that was going to happen but it didn't work out for this meeting, but I expect the next one we'll be able to work that out.

The other -- the OPH website with respect to Camp Lejeune, I am advised by ^ that it is up-to-date; it is accurate what is on it.

And the training materials are internal VA documents. They have been sent to Senator Burr and his staff. They're available there should you want them.

MR. ENSMINGER: Now, you're telling me that your website pertaining to Camp Lejeune is up-to-date.

MR. FLOHR: It's the VHA website Office of Public Health, they are telling me that it is up-to-date, yes.

MR. ENSMINGER: Well, I'm telling you they're full of crap, okay?

MR. FLOHR: Jerry, if you'll let me know -- you don't have to go into it now; you know my email, tell me what you think is wrong and I'll take care of it and look at it.

MS. FRESHWATER: We did it last meeting.

MR. ENSMINGER: You, you have a -- they have a PDF file copy of the July 2003 tox FAQs for TCE on their website. 2003, Brad.

MR. FLOHR: 2003?

MR. ENSMINGER: Yeah.

DR. BREYSSE: I think for ATSDR's perspective, it's important that we all have the same -- reach the same dates so I think we can look also at their website, and if we think there's something to be updated, I think it's important that --

MR. ENSMINGER: But see, there's a lot of things that aren't included on that website, and

it's not, it's not because it's a mistake; it's refusal. There's the phrase on that website says, the duration and intensity of the exposure at Camp Lejeune are unknown. The geographic extent of contamination by specific chemicals also is unknown. The water model report was made public in March of 2013.

This language is ending up in VBA decisions as well. It says, health effects from toxic water exposure studies currently being conducted by the Agency for Toxic Substances and Disease Registry, or ATSDR, may in the future provide scientific information to help evaluate possible service connection for health effects or to make policy changes. The only way you're going to make policy changes is if you accept the science that was conducted by ATSDR, and ATSDR's work was peer reviewed. Now, do you or do you not accept the work that's been done by ATSDR? Does the VA accept that as legitimate? I want a yes or no, Brad, not a shrug, okay?

MR. FLOHR: Jerry, I think I've told you before. I'm neither a scientist nor a medical professional. I appreciate --

MR. ENSMINGER: No, but you're making

decisions --

MR. FLOHR: -- I appreciate the work that's been done. Our subject matter experts who supply medical opinions are aware of ATSDR studies. They've reviewed them. They've incorporated them. I've seen some of the language.

MR. ENSMINGER: Where's the training letter? The last training letter the VA put out on Camp Lejeune was 29 November 2011. How are you disseminating this information out to your so-called subject matter experts?

MR. FLOHR: It doesn't go through our training letter. That's a VBA training letter; it has nothing to do with the subject matter experts and their medical opinions.

MR. ENSMINGER: What?

MR. FLOHR: It has nothing to do with medical opinions provided. The training letter is for VBA for processing claims.

MR. ENSMINGER: Well, I beg to differ, but I've got denials here that specifically state that they've done meta analyses of all the studies done for the past two decades, and that they can find no evidence that TCE causes cancer.

MR. FLOHR: Well, that's not from VBA first,

'cause we don't have --

MR. ENSMINGER: It's in the VBA decision.

MR. FLOHR: It would come from a medical opinion provided by a VHA subject matter expert.

MR. ENSMINGER: Who are these subject matter experts, Brad?

MR. FLOHR: Occupational health specialists.

MR. ENSMINGER: Well, I mean, they can't even spell council right. They even got the date of the NRC report wrong. These are -- yeah, these are guys that died from kidney cancer --

MR. FLOHR: Jerry, I --

MR. ENSMINGER: -- in November.

MR. FLOHR: -- I cannot discuss any individual cases. I don't know anything about the case. I've not seen it.

MR. ENSMINGER: I mean, your website's full of erroneous information. I mean, this isn't a mistake. This is deliberate. You're deliberately thumbing your nose --

MR. FLOHR: I do not know your --

MR. ENSMINGER: -- at the science --

MR. FLOHR: -- I don't --

MR. ENSMINGER: -- that this agency's done.

MR. FLOHR: I do not agree with that at all.

But --

MS. FRESHWATER: Well, that's the way the Marines feel, and that's what the Marines report back to us.

MR. FLOHR: I will be glad to take back anything you have and take a look at it, and I'll, I'll --

MR. ENSMINGER: Well, I'll gladly give it to you because --

MR. FLOHR: -- I'll check with the people at public health --

MR. ENSMINGER: -- because --

MR. ORRIS: To quote the website, though, it states that the report concludes available scientific evidence does not provide sufficient basis to determine if the population of Camp Lejeune suffered adverse health effects as a result of exposure to contaminants in the water supply. You can't get any further black and white than that, Brad.

MR. PARTAIN: And you know, Brad --

MR. ENSMINGER: And it always goes back to the National Research Council's 2009 report. That's always what everything closes with. But the National Research Council's published a report, and

then down here you said the report concludes that available, available, scientific evidence does not provide sufficient basis to determine if the population of Camp Lejeune suffered adverse health effects as a result of exposure to contaminants in the water supply. How much science has come out since 2009, Brad?

MR. FLOHR: I definitely agree that the NRC report should not be cited or anything in our decisions. I've had discussions with VHA about that. I will have further discussions with them. We may need to do a little more training for the SMEs.

MR. ENSMINGER: Who's in charge over there now?

MR. FLOHR: Dr. Gerald Cross.

MR. ENSMINGER: Who?

MR. FLOHR: Dr. Gerald Cross.

MR. PARTAIN: Brad, these, these -- this language about the 2009 NRC report is appearing, you know, in recent decisions. It's on the website right here. You know, the scientific studies show some evidence of an increased risk of kidney cancer in workers exposed to high levels of TCE over many years. High level benzene exposure is associated with an increased risk of leukemia.

Next paragraph, in 2009, the National Research Council published a report. I'll stop there. Two things, it was a review of literature, not a scientific study, but yet the VA holds it with the same degree and awe as a scientific study. That NRC report was addressed by letter by the then Director of ATSDR, Dr. Portier, discussing the flaws, the shortcomings and the fact that there was a hazard at Camp Lejeune, okay? Other scientists and epidemiologist, Dr. Clapp, and several others wrote a letter rebutting parts of the NRC report.

MR. FLOHR: Yeah, --

MR. PARTAIN: Dr. Clapp was also a peer reviewer of the NRC report whose comments were disregarded because the peer review coordinator for the NRC report happened to be -- who was it? The peer review coordinator with the NRC?

MR. ENSMINGER: Oh, that was Dr. George Rush of Honeywell, Ltd., who is running a close second with DOD for the most NPL sites in North America for TCE.

MR. PARTAIN: For trichloroethylene. Now, all last year, we sat, and we discussed this yesterday with Dr. Breysse. The CAP asked for the leadership at ATSDR to put together the interpretations of the four -- now four scientific studies that have come

out. As you know, science is not a eureka moment, where everything's discovered in one sudden blinding flash of insight; it's a process. The things I'm seeing in these denial letters to the veterans is a consistent referral to the NRC report, a complete disregard to the EPA's work declaring TCE a human carcinogen, a complete disregard to IARC's finding that TCE is a human carcinogen, a complete disregard of ATSDR's scientific findings, that have been peer reviewed, as Jerry pointed out. You guys aren't talking about it. You aren't acknowledging it and you're ignoring it. And these veterans are being told, oh, you got cancer because you're obese or you smoked, okay?

And at a sidebar, I want to say it may have been May of last year, I was talking to you about the health slide presentation that Dr. Walters put together, and we discussed ATSDR's work. And at that time I was frustrated with the leadership at the ATSDR 'cause they weren't coming out and telling the VA, this is what our science meant. And you made the comment to me that, well, our people don't agree with ATSDR.

MR. FLOHR: I never said that, Mike.

MR. PARTAIN: Oh, you, you said it.

MR. FLOHR: No.

MR. PARTAIN: Okay.

MR. FLOHR: Never said it.

MR. PARTAIN: Okay.

MS. MASON: Can anybody hear me?

MR. ENSMINGER: Yeah.

MS. MASON: This is Sharon Mason, and I just dialed in, and I thought I was dialing in to the live stream. And it sounds like there's a different meeting going on. Is it? Am I in the wrong place?

MR. ENSMINGER: What meeting were you dialing into?

MS. MASON: It's supposed to be for the Camp Lejeune.

MR. ENSMINGER: This is it. You're here.

MS. MASON: Okay, then why am I watching it on TV and it's not even matching up at all? It's supposed to be live streaming.

MS. RUCKART: There's a delay between the audio --

MS. MASON: That big?

MS. RUCKART: And the video. If you say so. But what agency are you representing?

MR. TEMPLETON: She's an individual.

MS. RUCKART: An individual who's just calling

in.

MR. TEMPLETON: Her mother got breast cancer. I'm sorry, yeah. She's a concerned individual. Her mother got breast cancer and she believes that it's from the contamination.

Sharon, I got your request this morning.

MS. MASON: Thank you. I see now. It all caught up. I'm sorry that I interrupted. I sincerely apologize.

MR. TEMPLETON: Well, welcome.

DR. BRUBAKER: I'd like to come back to make sure we've finished the recaps relative to Brad. Have you had a chance to respond to everything?

MR. FLOHR: Yeah, we'll take all your concerns back, and discuss them with VHA, and I'll let you know what, what --

MR. ENSMINGER: I mean, you know, we had the two denials that I just gave you. These Marines, former Marines, veterans, were both proven to have been at Camp Lejeune during -- and both of them were during the peak exposure period, both of them have kidney cancer, and both of them were denied. And the fact that they were exposed to a, a carcinogen that is specifically declared a carcinogen for kidney cancer isn't even mentioned in the denial.

They are obese or they smoke or they're male. Really?

MR. FLOHR: You only gave me one?

MR. ENSMINGER: There's two there.

MR. FLOHR: There's two?

MR. ENSMINGER: Separate sheets. I mean, for God sake, I mean, they don't even mention that they were exposed to a, a chemical agent that's been declared a known human carcinogen based upon -- causing kidney cancer. I mean, the EPA stuff isn't even mentioned on your website.

MR. FLOHR: I'll look at that. It should be, certainly. And there's no question we could do better. I can't -- I don't know -- I will take these back. I will look at them -- have them looked at --

MR. ENSMINGER: But, but Brad, you know, we shouldn't be doing this on a case-by-case basis. This drives me nuts. You know how much time it takes for me? I mean, I'm on the phone or on the computer constantly trying to find out why. We shouldn't have to be hand-delivering this stuff. Your people don't have the information, and it was done purposely. You look at that training PowerPoint that Walters put together; I wouldn't

even want to call her a doctor, okay? She doesn't meet the criteria.

MR. FLOHR: I'm sorry, that PowerPoint has nothing to do with the compensation. That's totally for healthcare.

MR. PARTAIN: But the language in the --

MS. MASON: Hey, Tim, this is Sharon again.

MR. BRUBAKER: Excuse me.

MS. MASON: I want to thank you for your effort. Everything you are saying is absolutely 100 percent true, and I just found out --

MR. BRUBAKER: I'm sorry.

MS. MASON: -- about --

MR. BRUBAKER: I'm sorry, to our guest on the phone, we're going to have to ask you to go on mute during this time.

MS. MASON: Okay, is there going to be a time? Because I would like to talk with Tim and his efforts.

MR. BRUBAKER: We're going to need to coordinate that offline.

MR. PARTAIN: Do you have her phone number, Tim?

MR. TEMPLETON: I do. I'll get it.

MR. PARTAIN: Okay. But Brad the language that

is part of that PowerPoint is showing up, the rationale that is encapsulated in that PowerPoint that Dr. Walters presented is showing up in these decisions here. I've got two male breast cancer decisions that are citing obesity. One guy, his, his -- if he's obese, maybe his BMI is over 30, but the guy's a bean pole. Yeah, he's over his 50s -- and I think he's in his late 50s, he was diagnosed. I'm sure he's got his pooch belly from being that. But if obesity -- if we're looking at the VA decisions, and with male breast cancer, I see obesity showing up everywhere. Well, where is the epidemic that the VA health examiners are seeing here with obesity in male breast cancer? I mean, hell, everybody should be going out and getting testing for male breast cancer if obesity is the prime indicator of male breast cancer.

Now, that other thing I asked you about, and I sent several emails and we talked about it, is there is a disparity between the awards given for male breast cancer at 24 percent and female breast cancer, I believe at 74 or 77 percent, with the same number of cases.

MR. FLOHR: I can address that later. I've got some information on that for you.

MR. PARTAIN: Okay, I appreciate that.

MR. BRUBAKER: Can I propose something? I think we have some time for the detailed discussion with the VA a little bit. Is it safe to assume that the action items that started this discussion are still action items?

MR. ENSMINGER: Yeah, because there's nobody here, and we asked specifically for somebody from VHA to be present at these meetings. And, well, you see they're not here.

MR. BRUBAKER: So we can carry those forward. And we can -- I know we're going to be talking to the VA and we'll explore these issues as well. But I think it's safe to say that, from the CAP's perspective, the action items have not been ^.

MS. FRESHWATER: But we'll have more opportunities to ask questions of Brad later, right?

MR. BRUBAKER: Yeah, there's a section on the agenda that's, I think, for detailed exploration with Brad.

MR. ENSMINGER: Well, I got an action item you need to put on the chart. Does the Veterans' Administration accept the ATSDR's scientific work as legitimate?

MR. BRUBAKER: Okay, if you're on the phone, we

ask that you mute your line.

MR. ENSMINGER: If you're on the phone, Sharon is your name? You need to hang up and send Tim an email with your phone number, and he will call you during our next break.

MS. STEVENS: Here's what we can do. Let's just take this phone offline, and then we can -- if Brad --

MS. MASON: I think -- I believe that was me. I apologize. My -- I'm trying to turn the TV down and it went the other way so --

MR. ENSMINGER: Well, we want you to hang up and we want you to send Tim an email with your phone number, and he'll call you during our first break, okay?

MS. MASON: Oh, okay. I don't have Tim's email.

MR. ENSMINGER: What, what's your phone number?

MS. FRESHWATER: You don't want to do that because it's ^.

MR. TEMPLETON: It's CampLejeuneCAP@gmail.com.

MS. MASON: I'm sorry, say it one more time.

MS. FRESHWATER: CampLejeuneCAP@gmail.com.

MS. MASON: Camp Lejeune CAP, thank you.

MS. FRESHWATER: At gmail.com. And now, and

then hang up your phone, okay?

MR. PARTAIN: 'Cause we can hear everything that's going on over there.

MS. MASON: Oh, Lord, I'm so sorry. Thank you.

DR. RAGIN: Let's just move on to -- we have two more action items to cover. The next action item, the CAP requested that ATSDR update the website for TCE with the most current information. And the updated TCE profile and tox FAQs was released last month and posted on the website. And I'll just echo what Dr. Breysse said yesterday, if the CAP noticed anything with the website or have any concerns, to let us know and we'll take care of that as soon as possible.

In the interest of time, we'll just move on. The CAP requested a formal meeting with Dr. Frieden. And our CAP coordinator, Sheila Stevens, took care of the logistics, and we had a very fruitful pre-meeting discussion yesterday. Dr. Frieden did join us at the meeting and talked with the CAP.

The next action item, I propose that we -- in the interest of time, we can discuss a little bit more at the end of the meeting. The CAP wants ATSDR to start planning a meeting in North Carolina in a centrally located area. And we didn’t discuss this

yesterday but I think, in the interest of time, we can do that at the end of the agenda. Would that be okay with everyone?

MR. BRUBAKER: Thank you. So we're a little bit off schedule here; we're about a half an hour behind the questions of the CAP. Would you like to take a break now and then come back for the updates? So let's take a ten-minute break. Come back at 10:15 and we'll re-engage then.

(Proceeding in recess, 10:03 till 10:15 a.m.)

MR. BRUBAKER: We're about to reconvene, if you want to take your seats. I have two announcements to make sure everyone's aware of, things I should have mentioned at the beginning. Number one, please make sure you remember to sign in on the guest register at some point today, perhaps at our next break or when we break for lunch, so we have a record of everyone who's attended. And also just a reminder, when you're speaking into the microphone, please make sure you get your face within a couple of inches of it. Sometimes if we're far away we can't be heard.

And as everyone's taking their seats, we're now ready to transition to a series of updates on the various health studies. Perri, are you -- will you

make the comments at the beginning?

MS. RUCKART: No, isn't it Rick doing that?

MR. BRUBAKER: Oh, I'm sorry. Yes, Rick. The soil vapor intrusion update first, starting with Rick.

UPDATE ON SOIL VAPOR INTRUSION AND DRINKING WATER EXPOSURE EVALUATIONS

MR. GILLIG: Okay, this morning -- my name is Rick Gillig, by the way. This morning we have two updates. We've got two projects within the division that we talked about over the last couple of CAP meetings. One is the project on re-evaluating drinking water exposures and also the project to look at exposures as a result of soil vapor intrusion. So I'll be presenting first, and my focus will be on the re-evaluation of drinking water exposures. When I'm finished, I'll take questions, and then Chris Fletcher will present on the soil vapor intrusion project.

So as we discussed before, our re-evaluation of drinking water exposures, we're looking at exposures that result from drinking, from showering. We're looking at exposures from the use of swimming pools, both Marines in training and also recreational use. We know that the swimming pool that was used, the

indoor swimming pool, that was used for providing aquatic training for Marines was used for recreational use after-hours and on weekends. Thanks to your input we're also looking at laundry workers. We know that there were some laundry facilities on base and those laundry facilities used drinking water that was contaminated. So you had people washing laundry; you also had people operating steam presses. And we're looking at those exposures. We're also looking at food preparation and dishwashers. ^ we had people standing over serving lines; we had people cooking and also people washing dishes, so we're looking at those exposures as well.

As we discussed in all of our presentations, we're taking a conservative approach to estimate exposures. We're looking at maximum contaminant concentrations. We are using the information, the modeling results that Morris Maslia and his staff developed, and we are incorporating that information into our re-evaluation of drinking water exposures. Jerry, I sense you have a question.

MR. ENSMINGER: On your list of high exposures, you have the food prep and the food people and laundry workers. You also need to add healthcare

people at the hospitals and the clinics, because these people were constantly washing their hands. They were a high usage of water -- high exposures.

MR. GILLIG: I believe Rob -- you know, I believe we've accounted for frequent hand washing. Okay, I'd like to introduce the operator of the slides, Rob Robinson. He is one of the lead health assessors on the development of this public health assessment.

And, you know, as we get together every quarter, we provide updates on the progress of these projects. We discussed over the last couple of meetings about developing some models to help us with our evaluation of exposures. We've developed those models. Those models, we're looking at showering; we're looking at exposures resulting in training, in those indoor swimming pools; we're looking at swimming exposures, and we're also looking at workers in the mess halls and the laundry facilities. Those models were developed by staff that work with Morris, and one of our modelers, Jason Sautner, is here in the audience.

As I mentioned we're incorporating the model results into our public health evaluation. And we're currently readying the public health

assessment for release, for review -- or for release -- for peer review release. It'll go through the ATSDR clearance process. We've had a review within the branch, so several issues are currently being addressed and that document should be put into the peer review process -- I guess I'm jumping ahead on my slides here.

So we, we developed a draft document. We've done quite a bit of review on that. We expect to begin the peer review process in the winter of 2015. And the CAP will be one of the peer reviewers for that document. And then we expect to release the document for public comment late spring of 2015.

Any questions on our development of the public health assessment looking at drinking water exposures? If not, Chris, I'm going to turn this over to you.

MR. FLETCHER: Good morning. I'll provide a brief update on some of the changes and progress we've made with document review since our last CAP meeting. So currently we're finalizing all the sub-indices. As I've discussed at previous meetings, we're creating a document index for each subgroup of data. So in other words, what you see on the slide, each subgroup from the Department of the Navy/U.S.

Marine Corps will have its own index of all the documents we have from those sources as well as an index for the EPA documents, and those will be found with the state in the North Carolina DENR. The documents we're using from ATSDR, basically stuff from Morris in the water modeling as well as the documents you've provided.

Next slide, please. So the final product of that will look -- we'll have a master index and then all sub-indices, all within an Excel spreadsheet. So those of you that are familiar with Excel, you know, it's got different worksheets or tabs at the bottom, with a master index and then a sub-index for each sub-source. That's because each sub-source has -- there's a lot of various information included from different sources about the documents they have. Not all of those match up with other sources, so what you can see here on the slide, the data columns that do match that we found from every source are file name, document title -- file name is the PDF digital electronic file name -- document title, date, author, notes. Those do match up.

So next slide, please. You can see here, this is a screen shot of kind of the top. The way it's looking right now this is still in draft and

we're -- like I said, we're finalizing all of this. So you can see how the master index will look but the file names, again, that's the electronic file, document title and date. But what we're doing with this, as you see kind of on the bottom of the two images there, the bottom right, a column for EPA and a column for ATSDR.

Next slide, please. Those continuing out to the right so this is a rather wide spreadsheet. What we'll do with these columns is just simply put a checkmark under each of the sources where documents also found -- actually, no, we're not going to put a checkmark; I take that back. We'll put the file name. So as we've gone through all these tens of thousands of files, we've found that many files are identical but have different file names or document titles as they were stored in different sets of data.

So to help everyone understand how we're going to compare files to files, we'll have the file name that we use on the left, the left column, so the -- in our file name column. But then we'll put the file name as found in other data sources beneath those data source titles.

Next slide, please. So the next steps we have

are to, again, complete the file index, and we're going to ensure that there's a one-to-one match with files to file title in the master index. What we'll be doing, will be able to guarantee is that if you're looking for a file, you can find it, no doubt. We really don't want any holes to be in this at all. That won't do anybody any good.

Following that, we'll do the key word search. So when we shared the list with you guys in November -- with the CAP, that is, in November last year, we had 172 key words. Since then I've been wrapping up some emails that came in towards the end of the year last year, and I think that added another eight or ten key words, or a little over 180 or right at 180 key words. We didn't get any feedback from the CAP on that as far as whether or not you like the key words we had or if there's any additional you wanted us to add to that. Is there anything you guys want to mention in this forum? Okay.

So we'll do each key word search with the final list of PDFs, and we're going to do our best to remove all duplicates so it'll be as small a group of documents as we can get it. Each key word search will give us a list of documents where that key word

was identified, and at that point we'll have a person go through and open manually each document, verify whether there was data or not to be extracted, and then additionally extract that data.

Once the data is extracted, we'll load that into a database, and at that point we'll be able to do our normal summary statistics and data analysis and move forward at that point.

Next slide. So that's pretty much it for me for the update. So to kind of relay this back to the discussion earlier about the relational database, what we've done is gone through more than 60,000 document titles at this point. We've requested documents of interest based on that review and have, I think, more than 30,000 actual electronic files.

What's taking so long is, like I alluded to earlier, with a master index. Many of these files had the same file name. In some cases they don't but they're still identical files. So we've been opening each of these files, comparing them to each other and doing our best to remove duplicates so that our next key word search and data extraction go as quickly as possible by having as few documents as possible to extract data from.

So once we're done extracting the data, we enter that into the SQL Server database that we use, at that point we more or less have a relational database that will be searchable by date, site I.D. and some of the things that I mentioned in last fall's CAP meeting. So we're on the way to that at ATSDR already.

MR. ENSMINGER: Just one question and a little brief history for Dr. Breysse. We had references in a report that was issued in May of 1988 from a Department of the Navy contractor, Environmental Science and Engineering, who did the RIFS, Remedial Investigation Feasibility Study, for Camp Lejeune. And they recommended that, until the contamination sites are totally remediated, they had precautionary measures which needed to take place and be undertaken to alleviate any further human exposures from the contaminants. One of those was going underground work space and ambient air quality sampling indoors over buildings that were located above these plumes. We have documents that show where the Department of the Navy and Camp Lejeune officials announced to the public, in court recorded documents, the meeting minutes where they've accepted those and actually announced that they were

going to conduct those samples.

Now, a paper trail of letters, going from Camp Lejeune's assistant chief of staff of facilities to the Navy facility's engineering command, asking for funds to contract that air quality sampling to be done. That was in October of 1988. That's the end of the trail.

ATSDR requested those documents, 'cause they're not anywhere in the files. The paper trail ended there. And they got a negative response. So my question is, are you guys putting some kind of disclaimer in here, where you've asked for these documents that are evidenced in the record, to protect the agency?

MR. FLETCHER: I do have emails saved where we sent the request in writing and it's come back in writing with the Navy's response, so.

MR. PARTAIN: Which is the response, I believe, correct me if I'm wrong, is just because of the existence -- just because we don't have the documents doesn't mean ^. I think their response is something to that effect.

MR. ENSMINGER: Yeah, well.

MR. FLETCHER: Their response is what they give us, and we'll include it in our document.

MR. ENSMINGER: Okay, good, good. I mean, you got it covered well.

DR. BREYSSE: Chris, can I suggest that if there's a citation for a document, a report or something, you put it in the database as a title. And then you just put -- then you document asked for or given, so we know that there's a document; we just haven't found it yet. 'Cause I don't want to lose track of that, that trail that ends, because those documents might appear somewhere in some other place. We might have a list of all that stuff and sometimes in the database that we asked for it and it wasn't there.

MR. FLETCHER: We are gathering that as well as -- even when the Navy says they can't find it or whatever, we still intend to use those document titles as a key word search term. So we're still going to search for it and see what we can find.

MR. PARTAIN: In all fairness to Chris and Rick, I mean, they did diligently go after to get these documents and tried to ferret out where they may be. But as with, you know, a lot of the key documentation with Camp Lejeune, once you drill down to that point where you can get, oh, eureka, here it is, it's gone. Another example was the well log

books that showed -- then Morris had to find this with his water model -- the actual well log books from Camp Lejeune for the contaminated wells mysteriously disappeared, and never were found.

DR. BREYSSE: And I didn't mean to in any way suggest --

MR. PARTAIN: Oh, no, I -- I just --

DR. BREYSSE: I just wanted to understand myself.

MR. PARTAIN: But that's something we've been fighting, and it goes back to that Sphinx comment that I made earlier this morning. If you don't ask the right question in the right manner at the proper celestial alignment, you're not getting the answer. And there's been several examples, probably the classic one was Senators Burr and Hagan asking the Navy how much fuel they lost. Well, the answer back from the Navy was, well, according to our inventory records, we lost 30- to 50,000 gallons of fuel, period, nothing more. Then we found out, oh, it's 1.5 million gallons of fuel. But we didn't ask the correct question and they answered according -- the caveat was, according to our inventory records.

And like with the well log books that Morris had to go through trying to do the water model.

I've got well log books from Camp Geiger that go back to the 1950s, that I had that was given to me by ^. So why are those books in existence but not the critical ones that we need? And that's been one of the hardest issues that we've been fighting the Navy and the Marine Corps with the documentation so you guys can do your jobs, because without these readings, without these samplings, without the well log books, it handcuffs y'all's efforts to get the truth out.

MR. ENSMINGER: Well, everything and anything that goes to the Department of the Navy as far as requests for information or anything contained -- pertaining to Camp Lejeune water, it goes through a platoon of lawyers, and they gen up their lawyerese responses for Headquarters, then that's what you get back.

MS. FRESHWATER: And I want to say that, you know, this is where I think our work is so important, not just because of Camp Lejeune but to set standards, because right now in Red Hill, Hawaii, the Department of Navy is refusing to take care of the tanks, those huge tanks at Red Hill, and they're fighting with the local health department who is saying, no, you need to do this. And the

Department of the Navy saying, well, we just -- we don't think we need to. And they're saying, oh, well, we don't really know. We lost this much inventory of fuel, and we know it got into the ground, but everybody knows, all these scientists are fighting on their own, trying to say, well, no, that's -- you don't know that's how much fuel you lost. And if they lose their drinking water supply on that island, that's, that's gone. I mean, that's -- if that's contaminated, that's -- you know. And that's in the shadow of Pearl Harbor. And that's happening right now. And that's off the radar but I guarantee you it won't be for long.

So what we do now is really important for other people to have some ground to stand on when they want to say to the Department of Navy, no, you don't get to decide what's safe and not, you know. All the people who are going to have bad drinking water in Hawaii have a say as well. So I think it's really important.

MR. ENSMINGER: But that's only Oahu; that’s a small island.

MS. FRESHWATER: True.

MR. ENSMINGER: I'm sure the Department of the Navy would like to move everybody off of Oahu and

let them have it.

MR. PARTAIN: Yeah.

MS. FRESHWATER: They can play golf, just don't sprinkle the...

MR. BRUBAKER: Any final questions for Rick or Chris?

DR. CANTOR: Yes, I have a question. So both of these are -- clearly the vapor is historical database and public health assessment, I assume, is historical -- relooking at the historical exposures that might have occurred. So this raises the issue whether, when this is all said and done, there will be a reevaluation of the exposures for mortality study, first of all, and second of all, for the oncoming incidence study.

MR. GILLIG: We are looking at both historical and more current exposures so we want to cover both time periods.

DR. CANTOR: So presumably these will be -- fit into a revamped exposure assessment for those two studies or whatever other studies might occur.

MR. GILLIG: Yeah, as far as --

DR. CANTOR: I see Frank is kind of --

DR. BOVE: Go ahead.

MR. GILLIG: I was going to say as far as how

the health assessments are used to support study activities, I would turn to my colleagues in the health studies program for an answer on that.

DR. BOVE: I don't expect the drinking water exposure estimates to change. I mean, there's a -- you're basing them on Morris's model.

DR. CANTOR: Correct.

DR. BOVE: So no, we're still going to base the mortality and cancer incidence studies on the drinking water exposures. The cohort that we're following is based on that as well.

So we're not basing it on vapor intrusion for a couple of reasons. One, we don't know who was in those buildings. In fact we really don't know how long people worked at the base. The civilian mortality study, I had a long discussion with our point of contact at the Marine Corps a couple days ago, because they were saying that we were trying -- we meaning the other division and them, was trying to use the civilian mortality study to determine how long people worked at the base. You can't do that because there's -- it's truncated. The cohort's truncated, so you really can't get -- the only reason that data's in the civilian mortality study is to compare it to Pendleton to show that there are

similarities between the two bases.

If you really want to know how long -- who was, who was in these buildings and how long they were, you're going to have to ask that to the Marine Corps. You're going to have to talk to the people who actually worked in those buildings. There is no data, as far as I know, who worked in those buildings and how long they worked there, all right? And so we can't really incorporate that into our study, and I don't think there's going to be that many people exposed in terms of enough to study. I know there are enough people for health effects and so on. I'm not trying to diminish that; I'm just saying there won't be enough for us to do a separate study -- at least I don't think there will be enough. We don't know how -- we really don't know how many workers in those buildings that were -- had vapor intrusion. So does that answer -- or?

DR. CANTOR: Well, I think it does. And then so there presumably was not -- either no data or minimal exposure in the housing to the vapor intrusion; is that correct?

DR. BOVE: Now, this is your job.

MR. ENSMINGER: No, turn that over to my colleagues.

MR. GILLIG: At this point, I don't think I can say. I mean, we've had a lot of data to go through but a lot of analysis still needs to be done so I don't want to speculate. But given that a lot of the contamination was close to the fuel farm, and most of those buildings were warehouses and such, it's probably very limited in residential areas.

MR. ENSMINGER: There was only one housing area that actually had a physical plume, and that was Tarawa Terrace.

DR. BOVE: Right, and I don't think the vapor intrusion -- but I think the vapor intrusion would be dwarfed by the drinking water exposure. So I don't think it would add that much more to the exposure they got, the drinking water itself. I mean, when you're talking about 215 parts per billion PCE measured, and the average monthly got up to at least 170-180, right, Morris? I can't remember exactly how high.

MR. MASLIA: At Tarawa Terrace?

DR. BOVE: Yeah, the monthly max.

MR. MASLIA: The monthly modeling max was 183.

DR. BOVE: Yeah, yeah 180 -- so I think that that would dwarf the --

MR. MASLIA: Of perc.

DR. BOVE: Yeah, of the vapor intrusion -- any vapor intrusion at Tarawa Terrace. But I -- yeah.

MR. BRUBAKER: Okay, so any final questions?

COURT REPORTER: I do. Morris, could you please repeat what you just said? I didn't totally hear it.

MR. MASLIA: I'm Morris Maslia. I'm with the Division of Community Health Investigations, and along with our staff conducted the water modeling that was published in 2013.

I believe the question was from someone, what was the maximum reconstructed drinking water concentration at Tarawa Terrace? And my answer was, 183 micrograms per liter, and you can find that in the Tarawa Terrace Chapter A report either on graphs or in the appendix listing month-by-month, which is on the ATSDR website.

MR. BRUBAKER: Thank you. Thanks very much. We're ready to transition to Perri for updates on the health studies.

UPDATES ON HEALTH STUDIES

MS. RUCKART: Hey, everybody, just a few quick updates on our health studies that are still in progress. We have the male breast cancer study, so

we received and responded to the peer reviewer comments, we have four sets of those, and revised the manuscript, and responses are currently being reviewed by the agency. For the health survey, we're currently analyzing the data, keeping in mind that there is numerous outcomes and we have the two populations, well, three populations: Marines, the civilians and the dependents. That's a pretty large effort. And our cancer incidence protocol, a draft protocol, was sent out for review to the expert panel that we met with this summer and to our peer reviewers. And we asked to receive their comments by the end of this month. We've already received one or two. Any questions about that?

Okay, moving along, I just wanted to discuss with you the results of our adverse pregnancy outcome study. It was published in November in the journal *Environmental Health*, and you can see the title there.

So the purpose of this study was to determine if maternal exposures to the contaminated drinking water at the base were associated with preterm birth, small for gestational age, reduced mean birth weight and term low birth weight, and in a few slides here I'll get into what we mean by those and

further define those outcomes. This study is a re-analysis of a previous study which incorrectly categorized as unexposed some maternal exposures before June 1972, and that was based on the information available at the time. So that's one reason we wanted to re-analyze the study, and additionally we wanted to re-analyze it 'cause now we have the estimated levels from the water modeling. The previous study just used exposed, yes/no.

And just to let you know, we used the birth certificate information and housing information from the original study. We didn't collect any new information on the births; it's just the exposure assessment that was different.

So I'm going to quickly review the background on the drinking water contamination. I know that mostly everybody here is familiar ^. There are some new people doing the streaming. So there are three water distribution systems that served most of the base housing. Those were Hadnot Point, Tarawa Terrace and Holcomb Boulevard. And volatile organic compounds, VOCs, were detected in some wells in two of the systems, Hadnot Point and Tarawa Terrace, during the base's sampling program in the 1980s.

So Hadnot Point started operations in 1943 and was mainly contaminated with TCE from leaking underground storage tanks, industrial area spills and waste disposal practices. Vinyl chloride and DCE were often present in the water when TCE degraded, and PCE and benzene were also found. The maximum amount of TCE detected in the distribution system was 1,400 parts per billion in May 1982. Now, Hadnot Point served the Main Side barracks and Hospital Point family housing areas. Prior to 1972 it also served family housing at Midway Park, Paradise Point and Berkley Manor.

So Tarawa Terrace began operations in 1952. It was mainly contaminated with PCE from an off-site dry-cleaner. And the major supply well for Tarawa Terrace was about 900 feet from the dry-cleaner septic tank. The maximum amount of PCE detected in the distribution system was 215 parts per billion in February 1985. And TCE, DCE and vinyl chloride were also present in the system due to degradation of PCE. Tarawa Terrace served the Tarawa Terrace family housing areas and it partially served Knox Trailer Park. I just want to let you know, if you have any questions, you can just stop me at any time; that's fine.

So I mentioned there was a third system -- so a little bit about how the contamination happened in these systems. Each system had many more wells than were necessary to supply water on any given day, so wells are rotated in and out of service and water from all the wells was mixed before treatment and distribution. So the contamination levels in the drinking water distribution system varied depending on which wells were being used. And the most contaminated wells at Hadnot Point and Tarawa Terrace were shut down by February 1985.

As I mentioned there was a third system that supplied water to base housing; that was Holcomb Boulevard. And Holcomb Boulevard served family housing at Midway Park, Paradise Point and Berkley Manor when it began operations in June 1972. It also served Watkins Village, when it was constructed in the late 70s, and Tarawa Terrace family housing after March 1987. So as previously mentioned, prior to June 1972, Midway Park, Paradise Point and Berkley Manor were served by Hadnot Point. And the Holcomb Boulevard system was generally uncontaminated except when the Hadnot Point supplemented Holcomb Boulevard during high demand in dry spring and summer months, and also during a

10-day period in early 1985 when the system was shut down for repairs.

MS. FRESHWATER: I have a question. I keep finding -- when I research I keep finding different answers on how often that happened, that the Hadnot Point was --

MS. RUCKART: The intermittent transfer of the water.

MS. FRESHWATER: Yeah. Do we have any hard facts on that?

MS. RUCKART: I'm going to let Morris speak to that, if you want to come up to the microphone.

MR. MASLIA: I introduced myself previously; I don't want to do that again. We spent quite amount of effort and time when we were doing the water modeling. If you go -- I'll tell you where to find them, and then I'll go into an explanation, just so we have it. Go to the Hadnot Point-Holcomb Boulevard Chapter A report. There's a section on intermittent water transfers. And we had -- I know Jason, he did, and Rene, as far as also looked through all the files that we were provided, and we found times when there's a booster pump, I think it's 720, that was located along the pipeline between Hadnot Point and Holcomb Boulevard, that

they would intermittently turn that on and off. And then there was also a valve at Marston Pavilion on the other side of the creek, that they would also turn that on and off.

We were able, from the information data, again, that's in the report, and I can't pull that off my head, but it varied from sometimes four incidences per month to maybe eight, and the data is in there. Where we were missing information, which was sometimes a substantial block of time, that's where we relied on our university partner and used some probabilistic methods. Again, explained in the text of the report to estimate the number of times during the period when they are missing, and all those are in a table in the report that they'll tell you exactly how many times per month during this period of 1972 through 1985 that transfers were made.

MS. FRESHWATER: So would you say that, since you started your research, that you found that it happened -- it seems to me that we're finding that it happened more than we may have originally thought. It seems to -- would that be a fair assessment?

MR. MASLIA: Let me answer it in a slightly different manner, because from a scientific

investigation, you try to go in objectively, not trying to think how many times it was or was not; let the data speak for itself.

MS. FRESHWATER: Right.

MR. MASLIA: Okay. But for those who were here when we had the first expert panel meeting, we specifically asked that question from utility operators and all that, and that is part of what elongated the process. And the answer came back that there was never any interconnection. Okay.

As we started looking through the data and talking with them more and more, and actually talking to the operators, we mentioned -- or asked the question, because hydraulically it was not possible to open up that, that pump. That is a huge pump and it was there for a reason. And we knew also that Camp Lejeune, their method of operation was to keep all the storage tanks full. They would never let them drop below because of fire protection. So they had to have water from some place when they were running low. And so it turns out that, when we were discussing about transferring water, then we obtained first-hand information, well, yeah, they would operate it so many hours a day during the dry spring and summer months to

compensate, say, for filling swimming pools at Holcomb Boulevard and watering the lawns and --

MS. FRESHWATER: And the golf course.

MR. MASLIA: -- and things of that nature, and so they would turn that booster pump on. And so that's how we did it. But again, there are periods, as you'll see in the report, where there's just -- as throughout this whole process, it's an iterative process, there's missing information. And so we went to some alternative or novel methods; in this case it was a probabilistic method to estimate when we did not have the information. And so I don't want to cite off the top of my head because I really -- I'd rather refer to the table, but the table will tell how many times per month for the period of record that there were transfers going in. And it also gives you a step-by-step calculation and a rationale for how many hours the pump was operated.

MS. FRESHWATER: Okay. All right, thank you.

MR. ENSMINGER: The Holcomb Boulevard system, when it was originally created, it only had eight wells, so -- 'til it was expanded, and that expansion wasn't completed 'til March of 1987. It wasn't 'til July of 1987 that they finally got

smart. They quit using treated water to irrigate the golf course with -- they drilled a well by one of the water ^, and they were pumping water out of that well into the ^, and they were pumping the water to irrigate the courses. Then after July of '87 they were pumping that water out of the ^ to irrigate the course.

MS. FRESHWATER: And as a former --

MR. ENSMINGER: And that's two courses.

MS. FRESHWATER: -- juvenile delinquent, we used to steal golf carts out of that golf course and ride around in the street. They use a lot of water in that golf course.

MR. ENSMINGER: Well, there's two of them.

MS. FRESHWATER: I'm talking about the Paradise Park.

MR. ENSMINGER: There's two championship courses there.

MS. FRESHWATER: Right.

MR. ENSMINGER: You got the scarlet and the gold course.

MS. FRESHWATER: Right.

MR. PARTAIN: The whole incidence about the transfer pump was an example of -- you know, yet another example of asking the Sphinx the correct

question in the right manner. It all started out with the first statements by the Marine Corps saying that, other than the January 1985 incident, we never used that transfer valve.

MR. ENSMINGER: That was Matt Frezell.

MR. PARTAIN: And that was the director of the utilities and what have you that were saying that to ATSDR. Then Jerry and I found references about this booster pump that we brought to Morris's attention. Then they started digging, and then lo and behold when we started talking to people -- when they started talking to the people who operated the plants, then we found out that this was indeed occurring at a more frequent rate.

MR. ENSMINGER: That booster pump was located at the corner of Holcomb Boulevard and Snead's Ferry Road. It was right there in that little grassy area right by the edge of the woods.

I remember taking a Washington Post reporter in there and this thing was -- at that time, this was in 2003, the roof was caved down. You'd think it was an eye sore. I specifically pointed that out to him. I said, why the heck would they let that thing sit there? Next time I went in there, it was a bare dirt space. That's where that pump was located.

MS. FRESHWATER: Speaking of bare dirt, that made me remember one other thing I wanted to say. We've talked a lot about the Tarawa Terrace school. My concern about, you know, making sure there are no children still being exposed through vapor intrusion. There's a Marine named John Olin who's been helping me, and he has -- I think we may have better information on the location of the old school. And he has gone back in the way-back machine on Google Earth, and so I have some stuff I just want to give you to take a look at before I go. I'll email or just show you or whatever. Just don't let me forget about that.

MR. ENSMINGER: Olin was a dependant; he wasn't a Marine.

MS. FRESHWATER: Hmm?

MR. ENSMINGER: John Olin was a --

MS. FRESHWATER: Oh, sorry, you're right, you're right. But he's involved with the issue. He was a dependant. He went to the former day care center that was a toxic, toxic playground.

MS. RUCKART: Then I just want to briefly go over the methods used in the study. We cross-referenced birth certificate data from Onslow County, that's where Camp Lejeune's located, with

Camp Lejeune housing records. And we identified 11,896 live singleton births that were 28 to 47 weeks' gestation and who weighed at least 500 grams during 1968 to 1985 to mothers who lived at Camp Lejeune at delivery. Five hundred grams, just so you know, is about 1.2 pounds. And we started the study in 1968 because that's when North Carolina began computerizing their birth certificate data. And this is the data linkage study that did not involve contact with participants; we just used available data.

And the outcomes that we looked at, preterm birth, that is, being born before 37 weeks of pregnancy, small for gestational age, babies' birth smaller in size than normal for their gestational age in the week of pregnancy, commonly defined as the 10^{th} percentile, weighed below the 10^{th} percentile for their gestational age, reduced mean birth weight, lower average birth weight among the term births. So in this study we compared the average birth weight among full-term births at Camp Lejeune who were exposed to contaminated drinking water to full-term birth at Camp Lejeune who were unexposed. And term low birth weight, that's full-term babies who weighed less than 2,500 grams

at birth; that's about five and a half pounds.

So as we discussed there was very little measured data on the contamination, so the ATSDR conducted extensive water modeling to reconstruct the past drinking water exposures at the base. And the water modeling feature -- the water modeling is a unique feature of all of the Camp Lejeune studies. And other studies that evaluated these associations did not have monthly estimates of the contaminated levels of the residents.

So to figure out which mothers were exposed and to what levels they were exposed to, we used address information collected from the birth certificates and base family housing records, and we combined those with the water modeling results. We linked each month of pregnancy to the estimated levels of contaminants in the drinking water serving that residence. And we evaluated each trimester separately and the entire pregnancy. And for each of these time periods, births were categorized as unexposed if mothers did not live at Camp Lejeune, if their residence at Camp Lejeune received uncontaminated drinking water or if the mothers were exposed for less than one week during that time period.

So I mentioned before that this study was a re-analysis of a previous study, and this slide compares the original exposure assessment with the current one. And based on the new exposure information almost 1,200 fewer births were categorized as unexposed; that's the last row of the table. And over 1,300 additional people were categorized as exposed to TCE because they lived at Holcomb Boulevard and received Hadnot Point water before June 1972. So that's the second row there. You see previously it went from 31 TCE-exposed births up to 1,342. And so because of this information, we were more thoroughly able to evaluate TCE, and we also had a cleaner unexposed group.

So just some information about our data analysis. We used unconditional logistic regression and calculated odds ratios for preterm birth, term low birth weight and small for gestational age. An odds ratio compares the risk or the odds of disease among those who are exposed with the risk among those who are unexposed. An odds ratio greater than 1 indicates a higher risk of exposure among those exposed compared with the unexposed.

And we used linear regression for the mean

birth weight difference, and we evaluated that as a continuous variable. We calculated 95 percent confidence intervals. These give us an estimate of how uncertain we are of the actual risk. A wide confidence interval indicates a lot of uncertainty about the risk and that the estimate's not very precise. Using a 95 percent confidence interval is somewhat arbitrary but it's what's commonly used in epi studies.

And we evaluated risk factors by adding them to the model with the exposure and seeing if including them in the model changed the results. The risk factor data came from the birth certificates except for rank, which came from the family housing records, and we used that as a surrogate for socioeconomic status.

And we used two criteria to interpret the findings: the size of the estimate, how large it is; and exposure response relationships. And what we mean by that is that the risk of the outcome increases with increasing levels of exposure. The confidence intervals, as I just mentioned, were used just to indicate a precision of the estimates. We did not base our interpretation on statistical significance findings. We analyzed each contaminant

separately. And for each contaminant, the unexposed group did not have any residential exposure to the contaminant under consideration. So what I mean by that is, for example, for the PCE analysis, the unexposed group meant that no one had exposure to PCE, but they could have had exposure to another chemical.

And we divided the exposed group into four levels, and that was using less than the 50th percentile so less than average, at or above the 50th percentile, at or above the 75th percentile and at or above the 90th percentile. We did that for all the chemicals except benzene. The numbers were too small so there we just used one part per billion as our cutoff. Below that and high or above that. As a sensitivity analysis, when two chemicals were independently associated with the outcome, we put them both in the model to see how that would affect things and to determine what had the stronger association.

So what did we find for small for gestational age, the odds ratio for TCE in the highest exposure category during the entire pregnancy was 1.5. We did not observe any exposure/response relationship. As you can see, the levels -- the odds ratios of the

lower levels are changing up and down, and at the highest level it's 1.5.

For preterm birth we included mother's race in the model, and the odds ratio for the second trimester exposure to the highest category was 1.5. And it was 1.3 for the entire pregnancy.

So for term low birth weight the odds ratio for the second trimester exposure to the highest category of TCE was 1.6, and you can see we observed an exposure-response relationship, so with each increasing level of the exposure, the odds ratio was also increasing. It's fine if it stays flat, like 1.3 to 1.3, but it's not going lower than 1.3, so it can either be flat and then increase, but it never goes lower and then back up. And the odds ratio for the highest category of exposure to benzene was 1.5, and we consider that exposure-response relationship as well.

For mean birth weight and TCE, we included sex of the child, mother's race and parity in the model, and we found a reduced mean birth weight at the highest level of minus 92.9 grams.

And as I mentioned to you, when two of the chemicals were both associated with the outcome, we put them in a model to see how that may affect

things. So they're both associated with term low -- both TCE and benzene were associated with term low birth weight and reduced mean birth weight. We modeled exposures over the entire pregnancy for mean birth weight and the second trimester exposures for term low birth weight because the odds ratios were higher in that trimester compared to the rest of the pregnancy.

So for term low birth weight, rates for both contaminants were still increased in this model but their odds ratios at the highest exposure categories were slightly reduced from when each one was just independently in the model. And for mean birth weight, when both of the contaminants were included in the model, there was -- we didn't see any mean birth weight deficit for benzene, and the mean birth weight deficit for TCE at the highest exposure level did increase.

So every study has limitations. So just mention what we see here. We were unable to include births to women who were pregnant at Camp Lejeune but who delivered off base. We just were going by the birth certificate data that we had. We did not conduct interviews to obtain more detailed information on residential history or other maternal

characteristics. Just want to let you know, though, in order for any risk factor to have a confounding impact on the findings, it needs to be strongly associated with the exposure. Also since drinking water exposures could have occurred all over the base, some mothers categorized as unexposed may have had some drinking water exposure just during their daily activities.

MR. ORRIS: So Perri, I have a question about this.

MS. RUCKART: Sure.

MR. ORRIS: Specifically, my mom likes to tell the story about when I was born in 1974 at the base, and I was born at the base hospital, and the naval doctors screamed at her, no, no, go to Jacksonville. Go to Jacksonville. And she would tell stories all the time about how the Navy did not want you on base. Go to Jacksonville.

MS. RUCKART: Okay, I should clarify, born on base, I mean the mother lived on base when she had the baby. The baby could have been born in the county hospital but the mother had to reside on the base. So what I mean is if the mother was living at Camp Lejeune at some point during the pregnancy but transferred out of North Carolina, she wasn't living

on the base, they weren't included. But those births at the county hospital were included.

MR. ORRIS: Okay.

MS. RUCKART: So just to summarize, maternal exposure to PCE was associated with preterm birth that's births born before 37 weeks of pregnancy, and the strongest association was seen during the second trimester. Maternal exposure to TCE was associated with small for gestational age, term low birth weight and reduced mean birth weight. The risk of term low birth weight increased with increasing levels of exposure to TCE during the second trimester. This finding is, for term low birth weight, is consistent with a study in New Jersey. They found the odds ratio of 1.23 and we found 1.6.

The finding for SGA, small for gestational age, is consistent with findings from a previous study at Woburn, Massachusetts. That study found an association for small for gestational age and maternal exposure to TCE contaminated drinking water in the third trimester. That study had an odds ratio of 1.6 and we found one in 1.5.

Maternal exposure to benzene was also associated with term low birth weight, and you can see an exposure-response relationship with

increasing odds ratios at increasing levels. These effects are seen in births during 1968 to 1985 to mothers who were exposed to contaminated water while they were living on base. As mentioned, we could only start the study in 1968 because of the availability of the birth certificate data, but we feel that these results would apply to all mothers who were exposed to similar levels, if they were living at Camp Lejeune during their pregnancy.

We did not find any evidence suggesting any other associations between the outcomes and chemicals that we were analyzing here. Because not many studies have evaluated maternal exposures to these chemicals in drinking water and adverse pregnancy outcomes, the studies that are out there are limited and inconsistent. We feel that these results add to the literature and just shed some more light on what's happening. Are there any other questions?

MR. TEMPLETON: Yeah, this is Tim, I do have a question. I just want to -- it may sound like I'm dumbing it down here but this is -- what you show here is a exposure-response relationship. We can derive from this an exposure response.

MS. RUCKART: For some of the chemicals.

MR. TEMPLETON: Right. Correct. Yes.

MS. RUCKART: And outcome.

MR. TEMPLETON: I want to make sure Mr. Flohr takes those back to the other folks at VA because there's been several denials that I've seen that say that there is no exposure-response relationship. Here it is. I want to earmark this. I want to underscore it. I want to make sure that this gets back to them because I've seen that phrase used a lot, and it's right here.

MS. FRESHWATER: I really want to say thank you again for this work. I wish my mother had lived to see this ^, because she, like many women, blamed themselves when they have something go wrong with their pregnancy.

And I also want to say that, you know, that I have a lot of hope in the future with our new working relationship, and I think this is a really good example of where we need to -- Corporate America is even starting to talk in terms of using narratives and story-telling. And I think this is where we need to put, put that to work, and make sure that women, when they hear the story of Camp Lejeune, that they can really understand what women were put at risk for, because every woman feels so

strongly about their pregnancy and their baby being saved. And if they connect to themselves that just by drinking water they put their babies at risk, I think it will increase awareness and it will help us gain advocacy in the civilian community. So thank you for the work very much. It means a lot.

MR. BRUBAKER: Any final questions? Are there any updates on the other health studies to share today?

MS. RUCKART: We started with that.

MR. BRUBAKER: All right, we're ready to transition to the VA updates, and we're going to take just a moment to re-engage the phone lines, see if our guest...

VA UPDATES

MR. BRUBAKER: Okay, Brad.

MR. FLOHR: We were asked by the CAP and by the Senate staff to do a study on breast cancer, both female and male breast cancer, based on reported results in claims. So we have done that. We have not yet drafted a report to send over to the Senate staff. We'll have that next week.

But we did complete the review, and we started by going into our database. We have a unique

diagnostic code for breast cancer. We also, if someone claims breast cancer or something related to breast cancer, we use a hyphenated diagnostic code with the pulled-up diagnostic code followed by the code for breast cancer. So we asked our database and asked our data staff to pull all of those cases, either with the breast cancer or pulled up diagnostic code including the breast cancer diagnostic code. What we found was 117 claims from males and 89 from females. When we looked at that data, however, only 47 of the claims from male veterans actually had breast cancer. The rest of them were things like gynecomastia, breast lumps, nodes, things like that, but only 47 were actually breast cancer. Females, 16 of -- actually there were 73 of the 89 females actually did have breast cancer. So when we looked at that, we noted that of the claims from male veterans we granted 16 of those, which is 34 percent. Of the females we granted 31, which is 42 percent. So the numbers were much closer than what they have been because of the variance and the non-cancer conditions, which were noted in our database. So that's the report we'll be providing to the Senate staff next week, and we'll certainly provide that to you as well.

MR. PARTAIN: Brad, what was -- Brad, what were the numbers again? 16 granted for male, 30 --

MR. FLOHR: 31 -- 16 of 47 for males, 31 of 73 for females, 34 percent and 42 percent.

MR. PARTAIN: Thank you.

MR. ENSMINGER: Now, are these Camp Lejeune unique?

MR. FLOHR: Yes, yes.

MR. ENSMINGER: What about your overall numbers?

MR. FLOHR: Overall for?

MR. ENSMINGER: Veterans overall.

MR. FLOHR: Veterans overall?

MR. ENSMINGER: For breast cancer.

MR. FLOHR: For just the breast cancer?

MR. ENSMINGER: Yeah.

MR. FLOHR: That, that's it. That's the number.

MR. ENSMINGER: No, I'm not talking about Camp Lejeune specifically; I'm talking about veterans overall.

MR. FLOHR: Oh, I -- I don't know.

MR. ENSMINGER: Where did you get the numbers that you quoted at that meeting where this was this huge disparity?

MR. FLOHR: That came because, as I said, we had coded as breast cancer things like gynecomastia, breast lumps, things that actually weren't cancer.

MR. PARTAIN: 'Cause I think back then you were saying you had 51 cases of male and had 51 cases of female. So looks like the male cases drop by four and the female cases increased. The changes in numbers, were more cases found or just improper coding or?

MR. FLOHR: Improper coding or not improper but just the way we code disabilities. Unfortunately data is not always my favorite thing 'cause when you amass data: two different days will get a different answer. When you've got millions of people in your database, though, that's not hard to understand, I don't think.

MR. TEMPLETON: My question is here is how were the diagnostic codes arrived at? Were they from the doctor or were they --

MR. FLOHR: No. No, no.

MR. TEMPLETON: Was there a doctor and an exam?

MR. FLOHR: No. VA has a schedule for rating disabilities.

MR. TEMPLETON: I mean, who associated a particular diagnostic code with a claimant?

MR. FLOHR: Claims processors.

MR. TEMPLETON: So it's the claims processor that did it; it wasn't a doctor?

MR. FLOHR: No.

MR. TEMPLETON: So --

MR. FLOHR: Okay, we have -- again, we have a rating schedule. We have 15 body systems, and there are about 800 unique diagnostic codes in those 15 body systems. Arthritis is diagnostic code 5003. If someone has arthritis, that's the code assigned to that disability. There's a certain code assigned for breast cancer.

MR. TEMPLETON: So let me take that example, the arthritis for example. The difference between rheumatic arthritis, rheumatoid, and --

MR. FLOHR: There are, there are --

MR. TEMPLETON: -- and reactive --

MR. FLOHR: -- they have -- yeah, there's a different code for rheumatoid arthritis --

MR. TEMPLETON: And reactive?

MR. FLOHR: -- and osteoarthritis.

MR. TEMPLETON: Is reactive in there, reactive arthritis?

MR. FLOHR: I don't recall off the top of my head.

MR. TEMPLETON: I, I do know that there's some illnesses that do not have a code.

MR. FLOHR: A lot of them.

MR. TEMPLETON: So here's where I'm kind of getting to on the question here is, who's assigning those codes, and is it possible that maybe they improperly are assigning the codes here, and maybe that may be an issue with the numbers; is that possible?

MR. FLOHR: It's possible. I mean, it's the person who makes the decision on the claim that assigns the code on the rating code sheet.

MR. TEMPLETON: I just want to understand it better here, because there is a difference in the numbers, and I've seen a little, I wouldn't necessarily call it a trend, but I have seen at least a few cases where the diagnostic code didn't match between what VA said and what the patient's doctor said.

MR. FLOHR: Well, patients' doctors normally use ICD codes; we do numbers.

MR. TEMPLETON: So what's -- if you could, just give me a little bit of a difference there between the two description --

MR. FLOHR: They're totally different.

MR. TEMPLETON: -- not only the difference -- you said they're totally different.

MR. FLOHR: You said the unique, unique diagnostic codes; there's about 800 throughout the rating schedule.

MR. TEMPLETON: How would they medically compare?

MR. FLOHR: They don't.

MR. TEMPLETON: They don't compare at all.

MR. FLOHR: ICD-9 codes are usually -- they're used for billing purposes.

MR. TEMPLETON: Correct, right.

MR. FLOHR: That's the intent of that. And they assign a code for a medical procedure, an x-ray.

MR. TEMPLETON: Sure.

MR. FLOHR: Things like that. We do not. We identify diseases and disabilities through a four-digit number. It has nothing to do with medical billing or anything like that.

MR. TEMPLETON: It seems to me that, because of that, there may be a gap, and there's gaps.

MR. FLOHR: I don't think so.

MR. TEMPLETON: Okay.

DR. BREYSSE: There is an ICD-9 code for male

breast cancer.

MR. FLOHR: I'm sure there is.

DR. BREYSSE: And so are there cases where a healthcare provider assigned an ICD-9 code for male breast cancer but then the VA assigned a different code?

MR. FLOHR: No, VHA does use ICD codes, 'cause that's -- they see veterans, they treat veterans, and so they use the ICD codes. The VBA, in making decisions on claims, though, we have a, like I said, a unique rating schedule with unique diagnostic codes.

DR. BREYSSE: You have a code for male breast cancer, right?

MR. FLOHR: Yeah.

DR. BREYSSE: Are there cases where an ICD-9 code appears in a person's medical record that a VA claims adjustor would assign a different code?

MR. FLOHR: No.

DR. BREYSSE: And do these claims adjustors --

MR. FLOHR: The claims processors.

DR. BREYSSE: -- claims processors, do they base their code assignment on a medical records review?

MR. FLOHR: No, no. They base it on what we

have in our rating schedule. The code in the rating schedule for breast cancer or arthritis or lung cancer.

MR. ENSMINGER: So it is a different number.

MR. FLOHR: Well, it's not an ICD number. No, I said we do not use ICD numbers in the rating schedule. Never have.

MR. ENSMINGER: Why do you complicate things?

MR. FLOHR: It's not my --

MR. ENSMINGER: Why, why -- I mean, why do you --

MR. FLOHR: -- it's easy for us. It's easy for our claims processors to understand.

MR. ENSMINGER: Why don't you just use the code that the doctors put in there and use that?

MR. FLOHR: Again, Jerry, they assign codes for x-rays. That doesn't mean anything to us.

MR. ENSMINGER: We're not talking about x-rays; we're talking about diseases. I mean, you don't have to use the x-ray code or the IV code or whatever. But use the, use the medical code for the ailment and be done with it. You're creating a whole new --

MR. FLOHR: We're not creating it. It's been that way since 1933.

MS. MASON: Well, it's antiquated.

MR. ENSMINGER: Who's that?

MS. MASON: Sharon Mason. I'm listening. I'm a nurse and I know a lot about the ICD codes, and the government doesn't use it because their systems are different, and it's very antiquated.

MR. ENSMINGER: Okay, okay, okay. Please don't chime in on the line.

MS. MASON: Yes, sir.

MR. TEMPLETON: Well, I guess what I was kind of -- what I had gathered where I was going with this -- you probably see where I'm at, but is it that you had several that were male breast cancer to begin with, but then some of them dropped off of being male breast cancer 'cause they were coded to something different. And I was curious what -- who did the coding?

MR. FLOHR: They were not coded to something different. If someone claimed -- there were claims for breast cancer from both males and females.

MR. TEMPLETON: Okay.

MR. FLOHR: It wasn’t a case at all. But that was the claim. So when we decide the claim, we assign our diagnostic code for breast cancer, but we would build -- okay, breast cancer, let's take for

example, it's -- and I don't know if I'm right, 7646; I don't know. If someone claimed cancer, and they had gynecomastia, we would assign 7699-7646, 7699 meaning it's billed on code ^ but that's what they claimed. And in order for us to determine claims, we need to have that diagnostic code if we want to gather -- pull data out of our database.

DR. BREYSSE: But how do you know it's gynecomastia?

MR. TEMPLETON: Right. How do you know?

MR. FLOHR: Well, that's because a doctor would say that's what it is.

DR. BREYSSE: So it does go back to a medical record of some kind.

MR. FLOHR: Well, of course we would need medical records. Of course we do examinations.

DR. BREYSSE: Well, I asked a minute ago if it was based on any kind of medical records, and --

MR. FLOHR: No, of course, if you asked that, I didn't understand what you meant. When someone files a claim, we get an examination, request a medical opinion, whatever's necessary. We review private medical records. Of course.

MR. TEMPLETON: I just personally I'd like to say that I see a bit of an issue here with the

recoding. And I think it's found its way into other areas. That's just my suspicion.

MR. ENSMINGER: Are you done?

MS. FRESHWATER: I have a question. Can you tell me what the committee on contaminated drinking water at Camp Lejeune is?

MR. FLOHR: I do not know. I've not heard that.

MS. FRESHWATER: It is appearing in the claim denials.

MR. FLOHR: I'm not aware of that.

MR. ENSMINGER: I'll tell you what it is. It's the NRC report.

MR. TEMPLETON: Yeah, there's been several denials that we've seen, and coming back from them, it says that it's citing, according to the committee -- the Camp Lejeune committee on contaminated drinking water, and it uses it in caps, like it's a title, that this is a formal group of some kind. And so that's why we're very surprised that you haven't heard of it.

MR. FLOHR: Well, of course I've heard of the NRC report but I have not heard it --

MS. FRESHWATER: But why are we calling it the committee on contaminated drinking water at Camp

Lejeune?

MR. FLOHR: Lori, I have no idea.

MR. ENSMINGER: Okay. Up on the screen, Brad, is your actual website, the VA's website for Camp Lejeune research and studies, okay? Who's operating this thing?

MR. PARTAIN: Nobody.

MR. ENSMINGER: Yeah, well, you need to -- go to the PERC, PCE, click on that, please. September of 1997. That's what you've got up there for the most recent information on PCE on your current website, okay? Let's back out of that and go to TCE. July 2003. I mean, it was declared a known human carcinogen on 20 September 2013.

MR. FLOHR: Yeah, I'm aware of that.

MR. ENSMINGER: Okay, let's back out of that. Let's get to the last sentence in that paragraph. Right there. The duration and intensity of exposures at Camp Lejeune are unknown. The geographic extent of contamination by specific chemicals also is unknown. This is where I come back to you and the VA, and I ask the question, is somebody just lazy or is this intentional? And I ask the question, does the VA accept ATSDR's work as scientifically valid?

MR. FLOHR: Absolutely.

MR. ENSMINGER: Then why isn't it up here?

MR. FLOHR: I don't know but I'll take that back and have a discussion about it.

MR. ENSMINGER: And I know that you like to try to put this imaginary wall between VBA and VHA.

MR. FLOHR: There's no imaginary wall. But we have separate responsibilities.

MR. ENSMINGER: You have separate responsibilities but you're relying on medical people to give you advice or -- yeah, advice, and then to take the claims evaluation process.

MR. FLOHR: Yes.

MR. ENSMINGER: Your subject matter experts are not subject matter experts, Brad.

MR. FLOHR: Well, they're -- they may not --

MR. ENSMINGER: They're not working -- they're not working off of the most recent data. And you sent me an email and said, although the last training letter from VA was issued on 29 November 2011, you currently have everything you need to legitimately adjudicate veterans' claims for Camp Lejeune. No, you don't. They don't. They don't even have the most up-to-date information. These studies -- the water model was issued in March

of 2013, and other studies that ATSDR has conducted, the mortality studies, that all came out since then. There has not been a new training letter. How are these people supposed to have this information if you don't give it to them? That is my point, Brad. I mean --

MR. FLOHR: Jerry, I will take this back. There obviously needs to be some further training, some updating to that; we'll get that done. And I've spoken to Dr. Cross about citing the NRC report. He agrees we should not. And this is a matter of training our subject matter experts.

MR. ENSMINGER: And yet you told me that Dr. Walters' training PowerPoint had nothing to do with VBA.

MR. FLOHR: That's correct.

MR. ENSMINGER: But you were at that training, and these clinicians that are being relied upon to become involved in whether or not these veterans' claims are approved or denied are also being tasked --

MR. FLOHR: My role -- my role in those two meetings was to explain, give them information on the claims process, and tell, and tell them how important it is that medical opinions are well

rationed and give us what we need to make the decision.

MR. ENSMINGER: But what I'm trying to say is these clinicians that did receive that training, you can see that training PowerPoint in the language and verbiage that was used in it in these decisions.

MR. FLOHR: That's not for -- that PowerPoint has nothing to do with medical benefits and eligibility. That's all of us.

MR. PARTAIN: Brad, going back to the website here, at the bottom, the National Research Council comes up over and over again. And at the top of this website, and Jerry was talking about this earlier, you know, the studies are currently being conducted by the Agency for Toxic Substance, and you actually have it leading off to the right, the studies by ATSDR. But yet these studies are done; they're out. There's no -- nothing we've discussed about these studies on this page here but yet when you look down at the -- you know, at the paragraph in 2009 the National Research Council published a report on contaminated water supplies at Camp Lejeune, the report concludes, concludes, that the available scientific evidence does not provide sufficient... I mean, this is the same language

we're seeing in these denial letters over and over and over again. I've got --

MS. FRESHWATER: And in the press.

MR. PARTAIN: -- two right here.

MS. FRESHWATER: And in the press.

MR. PARTAIN: Yeah, and I've got two in my folder for male breast cancer that are citing the NRC report or the, you know, committee on Camp Lejeune drinking water or the national regulatory council, whatever they decide to call this, you know, the NRC report, each shows up in these denials over and over again. But the ATSDR's work is not showing up in these denials; it's not being addressed in the denials; it's not addressed on your website -- well, not your website but the VA's website, okay?

The information's there and what Jerry's saying, the subject matter experts are not looking at this. There's no indication that they're looking at this material. Just like in the denial letters, where, you know, they -- your reviewers are saying, well, you know, we've looked over everything. There's no indications of the meta analysis being done to support a successful claim, but yet, like I mentioned, we've got the EPA; we've got IARC, and I

believe the national -- Dr. Cantor was talking about the national toxicology -- I can't even say that.

DR. CANTOR: NTP.

MR. PARTAIN: NTP, thank you, is coming out with, with findings on TCE. The body of science seems to be well ahead of the VA, and the VA is several years behind. And it's coming at the detriment to the veterans who served this country, and it needs to be addressed sooner than later. Unfortunately Dr. Walters' PowerPoint supports what we're seeing in the denials, and that needs to be addressed sooner than later. And that's where we're at right now.

You know, you said at the beginning, you know, that the -- I guess you were told that the VA's website is up-to-date. That's not up-to-date.

MR. FLOHR: No, I would say it's not.

MR. PARTAIN: And that's what's available to the public.

MR. FLOHR: We did -- it does have a link though to ATSDR studies there, correct?

MR. PARTAIN: Yeah, but you put a link to the ATSDR studies but at the bottom, in a paragraph form, you cite the -- not you but the VA cites, the National Research Council concludes. Well, ATSDR's

had four conclusions, five counting the water model.

MR. ENSMINGER: The key word in that paragraph, though, which is not ^, is the word, the report concludes that available scientific evidence. That study was done from 2007 and issued in June of 2009.

MR. FLOHR: I agree. You know, there's no question. I agree with that. And I will -- I've had discussions with Dr. Cross already about it. Using the NRC report and making decisions, he agrees which should not be cited, and we will do something about that.

MR. PARTAIN: I mean, you put up Dr. Portier's 2010 letter.

MR. TEMPLETON: I'd like to follow on issue, real quick on SME, and I have an example that I'd like to throw out there. There was a Marine that I spoke with who shared with me in his denial. In that denial he had, you know, had immune deficiencies, right? They sent his claim to be, to be adjudicated by an examiner, and the examiner was an SME. They were -- it showed on the denial paperwork that they were supposedly an SME. Took a look at their credentials to see whether they had internal medicine, infectious disease, something that would have to do with immune deficiency. No,

family practice. Family -- I -- people with immune deficiencies don't go to normal family practice. They have to go to someone that has an understanding of internal medicine and infectious disease. So how, how did that happen? That's not -- that is just one example I wanted to throw out there. I've seen others. And so that SME part of it seems to fall short of where, where at least I, as a layperson, would think it should be.

MS. FRESHWATER: So just want to go back to the committee that we were talking about earlier, Brad. So this is directly off of the denial case-specific discussion. The committee on contaminated drinking water at Camp Lejeune has not determined a link between exposure to TCE, PCE and the development of common variable immunodeficiency. I would like to put in as formal of a strongly worded request that we know exactly who this committee is and that we are told what part they play in the decision-making, because it says here on your denial that they, they have made the determination. So I want to know who this committee is that's making the determination.

MR. FLOHR: What, what?

MS. FRESHWATER: That's what I'm asking. It's called the committee on contaminated drinking water

at Camp Lejeune.

DR. BOVE: That's the NRC.

MR. FLOHR: That's the NRC report.

(multiple speakers)

MR. FLOHR: It's not a committee that exists at the VA.

DR. BOVE: Let me ask you something, Brad.

MR. FLOHR: Okay.

DR. BOVE: I don’t think I'm out of line; I don't know. But if you're going to conclude -- present this -- our studies, that's not our conclusion I see up there. A small number of cases in the study did not show any firm conclusion. This is your interpretation of our studies. If you're going to do that, that's fine, but it would be nice if you would also put our conclusion up there and quote it. 'Cause that's not what we say in the abstract or in the conclusion of this study.

MR. ENSMINGER: That's because that's not your study.

DR. BOVE: And I think that's -- you know, it's very important that if you're going to describe our studies, your editorial comment is fine, if you want; I can't argue -- every interpretation is -- you know, we can all differ on that, but at least it

would be nice if you presented what we actually say in the general article.

MR. FLOHR: That would make sense.

MS. FRESHWATER: And I guess what I'm trying to say is, you know, the way this is worded, it makes it sound -- it makes it sound to the veteran like there's, you know, something that is not. So put NRC in there. You know what I mean, unless there is somebody else that's on this committee.

MR. FLOHR: We're not putting NRC in there.

MS. FRESHWATER: But put -- be honest you know, instead of hiding behind this kind of committee title, is what I'm saying.

MR. FLOHR: I've never heard of that title.

MR. TEMPLETON: I have a question real quick, just housekeeping sort of thing. Is there going to be any questions or ability to speak on the topic of VHA, since we don't have anyone from VHA here or? Because there's a couple VHA matters that we were prepared to discuss.

MR. BRUBAKER: Without a representative we have the option of completing with the VA first. We have a little bit of time before lunch. We also have CAP concerns directly after lunch.

MR. SMITH: If Chris will give me a second; I

know he's been wanting to speak, but if you'll just give me one second. I'm pretty much concerned with the civilian side, because my father was a civilian DOD on the base for years, so but my background is marketing, messaging, that sort of thing, and I think this gets in the heart of the messaging in two senses. Number one, the messaging is not correct when they arrive, but I guess my concern, just from reading an email as well, I guess my question is, how does the VA conduct research -- or actually not research but reaching out to veterans about this information? What's the frequency? Do you know -- how many people do you reach? And then -- because I know you might have mentioned that there may have only been 15,000 claims, but, you know, is that for lack of, I guess, to the lack of them understanding and then when -- or hearing anything about it, and then when they do come to this website, they rule themselves out based on this information, because, as I go through the community, I meet people daily that either have not heard about it or when they do hear about it do not know where to go, and then when they do find out where to go, they read this information, and then they go, oh, well, not me. And that seems to be how it plays out. So I'm

just -- I'm curious as to just how many people the VA reaches out to in the service and the frequency, and what they hear?

MR. FLOHR: I'm not aware of any numbers. You know, the Navy reached out to everybody they could identify that was at Camp Lejeune, and sent them a letter. Jerry and of course there were documentaries on TV. The information's out about Camp Lejeune, I think. We did reach out to people in the healthcare eligibility. I don't know the numbers. Again, that's the VHA. But I do have some information about that as well I want to provide to you. Other than that, you know, VHA does research but the types -- and who all's involved. Now, I'm not sure it's on Camp Lejeune. We do research on a lot of different things.

MR. SMITH: I guess my concern, again, goes back to the messaging because if it is up to the military and to the Department of the Navy, for example, their website, they have information that's for both civilians and veterans can access. One of the things I found is a 2012 document that's a pamphlet that also references the NRC and also mentions that according to the latest studies there's no information or any connections, and that

sort of thing. So it seems like the same sort of messaging, the same sort of information that's problematic here is also problematic throughout.

MR. PARTAIN: Brad, I want to just take a second. Ralph Berking (ph), who is a male breast cancer survivor, Camp Lejeune veteran, and was denied March of last year, after an appeal, okay, sent me a notice. He says, I almost quit trying, almost gave up. The state of the case they sent me is so depressing. And the reviewer noted in the denial, didn't come out and state it, I'm hypothesizing that it's the NRC report, but the quote -- the examiner noted that the only definitive studies that have been formed regarding this type of exposure do not recognize a casual (sic) link between the drinking water and development of breast cancer. And he's referring to these exposures at Camp Lejeune. The only -- that the only definitive studies. I mean, what are we talking about? I mean, and this is this guy's denial.

MR. FLOHR: I don't have that. Was that from the Board of Veterans' Appeals?

MR. PARTAIN: I'll bring it to you. In fact I'll show you. It's his denial, and they had that in there for -- it's under reasons or basis for his

denial.

MR. FLOHR: Okay.

MR. ORRIS: Brad, I want to point out to you that I had a very detailed conversation with Dr. Walters regarding the Camp Lejeune family member program and the application process for that and how flawed that process is. One of the topics we had brought up, and I asked Sheila to pull it up here on the screen, this is the form that you're asking family members to fill out when they apply for benefits through the VA. I'd like to scroll down to the drug abuse, alcoholism or alcohol abuse, testing for infection with HIV and sickle cell anemia, and ask you what on earth any of that has to do with Camp Lejeune family member benefits?

MR. FLOHR: I don't know. That's a standard language that we use, because there are statutory provisions which do not allow us to release that kind of information without express consent.

MR. ORRIS: Then November, I was told that this form would be pulled down and that an appropriate medical release form would be put up. There is no possibility that a civilian or a dependant can fill out this form with any kind of success. And I would also like to know how many family members have

applied for benefits --

MR. FLOHR: I have that information.

MR. ORRIS: -- and how many have been approved and how many have been denied.

MR. FLOHR: I have that information. As you know, the regulations for veterans -- we started treating veterans from the day the law was passed. Family members are a different story because we had no prior history of treating family members for anything, and no way to do that without regulations; they were lengthy. Regulation process is lengthy, and we're all aware of that.

So far 156 family members have applied to this program. It's too new as of this time to have any statistics on who has been approved or denied admission so we don't know that at this time. We are required by law, however, to provide this information to Congress each year.

16,320 veterans have applied for the Camp Lejeune program as of September 30th of 2014; 13,372 have been accepted into the Camp Lejeune program as of December 30th; 2,816 veterans reported at least one of the 15 covered conditions; and 1,231 have been treated by the VA for a Camp Lejeune condition under the law. That's the latest data we have.

MR. ORRIS: So would it be safe to assume that the VA's denying people like they denied me, which is simply to state that you don't have one of the --

MR. FLOHR: I have no information.

MR. ORRIS: That's, that's what I received.

MR. FLOHR: It's too new. It's --

MR. ORRIS: I received --

MR. FLOHR: -- it's going through --

MR. ORRIS: -- I received a I'll-be-put-on-a-shelf and not a denial. So I would suggest that you're fudging the numbers.

MR. FLOHR: I would suggest that we are not.

MR. TEMPLETON: Well, since he went to that topic, there have been several Marines that I have spoke to that have applied through the VHA for treatment so far that have been denied. They just came back and said that they were denied. I'm not going to use my own case but there were a couple of others that they don't know why they were denied. They just sent --

MR. FLOHR: Did they have one of the 15 conditions listed in the law?

MR. TEMPLETON: No.

MR. FLOHR: Well, then they would not be eligible for care.

MR. TEMPLETON: They would not?

MR. FLOHR: No. You have to have one of the 15 conditions in the law to be treated for --

MR. TEMPLETON: That's not true.

MR. ENSMINGER: Yeah, it is.

MR. PARTAIN: It is.

MR. FLOHR: Absolutely true.

MR. ENSMINGER: It's in the law.

MR. TEMPLETON: No, you can apply to -- for veterans for VHA. All it asks is that you were there for 30 days.

MR. ENSMINGER: No, you have to demonstrate one of the 15 conditions in the law. That's in the law.

MR. PARTAIN: Yeah, it's in -- you know. It's right here in their flier, Tim.

MR. ORRIS: I would suggest that you don't ever see the 120 applications for family member benefits because you don't even have the current forms on the website.

MR. FLOHR: 156.

MR. ORRIS: 156 out of how many estimated? I noticed that you were estimating 3,000 per unit.

MR. FLOHR: I did not estimate that. I have no information on that level.

MR. ORRIS: That was in the comment section,

that you estimated 3,000 per unit total man hours.

MR. FLOHR: I don't know where that came from. The other thing about it is we did ask for two of the conditions listed on -- in the law are neural behavioral effects and hepatic steatosis. No one really knows what that covers, and we asked NRC -- not the NRC, we asked IOM to provide us with exactly what they mean by those conditions so we know who we can treat and be sure we don't miss anyone when they have something like that. The report is scheduled to be released in March and I'm looking forward to getting that.

MS. STEVENS: Brad, could you repeat the two conditions?

MR. FLOHR: Yes, neural behavioral effects and hepatic steatosis.

UNIDENTIFIED SPEAKER: Also known as fatty liver.

MR. FLOHR: Also known as fatty liver, yes.

MS. FRESHWATER: And just to say, this is one of the reasons I'm so anxious to get Dr. Sheridan here. They need a toxicologist because the newest research is showing that exposure to toxins creates inflammation, and inflammation is being linked to autism science, not, you know, not hooey. So these

things are going to be important in the future so I think getting this expert involved is really important. So I'm going to throw that in again 'cause I can't stop beating a dead horse.

Brad, I have a question that I promised a Marine who lost his wife that I would ask you. He needs the statistical evaluation of how well Louisville is doing with approving and disapproving veterans' claims. He says he has the last three of those that have been published by different sources but there's a lot of doubt as to the correctness of the numbers in the disapprovals and approvals. So he would like to have some transparency and to have an update.

MR. ENSMINGER: Whenever you have a subject matter expert cited in a denial or -- yes, a denial through the VBA, why don't you cite the name of this subject matter expert? I mean, this person is involved in making a big decision on somebody's life. Why are not these subject matter experts named? I mean, if they're a subject matter expert, then they shouldn't have a problem with their name being out there. I mean, these people work for the government, for God's sake, and they're making the decision. Their name should be there. Do you agree

or disagree?

MR. FLOHR: The names are in the veterans' claims file.

MR. ENSMINGER: They're not cited in the --

MR. FLOHR: Not in the decision, no. We've, we've never done that.

MR. ENSMINGER: Well, how does, how does somebody find out who this SME is, subject matter expert?

MR. FLOHR: You could look in the claims file or you could ask. I doubt that they would -- you know, they could contact them individually.

MR. ENSMINGER: Well, I'm not talking about contacting them; I'm talking about vetting them to find out just what kind of subject matter expert they are.

MR. FLOHR: We've got a request, I think, for some kind of information like that, and I believe our FOIA officers held that that was an invasion of privacy.

MR. ENSMINGER: But it's not. These people are making decisions for the federal government. They are employees of the government.

MR. FLOHR: I am not aware --

MS. FRESHWATER: And we have examples where

names have been given, so if some names have been given, then why can't all of the names be given?

MR. PARTAIN: Well, Brad, the subject matter experts are overriding letters written by doctors. I've got a claim that I got yesterday for male breast cancer where the physician wrote a letter in support of the veteran. And the subject matter expert basically discounted it, said that his opinion mattered more and denied the claim. But we -- you know, without the name, without the qualifications, who do we know who this is? I mean, do we have a general practitioner overruling an oncologist? I mean --

MR. ENSMINGER: I mean, they're -- without naming these people and giving their title, your subject matter experts, for all I know, could be the janitor or it could be Alfred E. Neuman.

MR. FLOHR: You know, I don't know. I can't answer that. They don't work for me. I don't really know who they are myself. So all I know they're identified by VHA as occupational environmental health specialists.

MR. ENSMINGER: Well, you know, it's really scary when I look a decision and they're citing something that's supposed to be factual, which is

the 2009 NRC report, and they get the date wrong and they misspell the word council.

MR. FLOHR: I think we've discussed that. I will take that back, do what we can about it.

MS. FRESHWATER: So can we go -- Jerry, is this something that we need to take up with Congressional representatives?

MR. ENSMINGER: I've already done that.

MS. FRESHWATER: So but it's something that the rest of us should also take up with our Congressional representative?

MR. ENSMINGER: Oh, absolutely.

MR. PARTAIN: Every veteran should.

MS. FRESHWATER: So I would say to everyone listening, demand that the subject matter experts are named, and if not, that there's some sort of process for finding -- for some sort of transparency because this is like -- this is people's lives. And I agree, I think -- you know, I think the reason, our families deserve to know who's deciding whether they get care or not. So everyone needs to contact their representatives.

MR. ENSMINGER: And, you know, when these people accept their paychecks every month or every two weeks, whatever your pay schedule is, they give

up their privacy to keep their name hidden on decisions that they're making about somebody else's life. So just food for thought.

MR. ORRIS: Also going back to the family member program, isn't the VA in effect asking civilian doctors to make a determination of whether exposure causes the illness --

MR. FLOHR: No.

MR. ORRIS: -- in the family member?

MR. FLOHR: No.

MR. ORRIS: I would disagree based on that, what the process that it's gone through.

MR. FLOHR: There are 15 listed conditions in the law --

MR. ORRIS: Correct.

MR. FLOHR: -- allowing treatment for veterans and dependants.

MR. ORRIS: Correct.

MR. FLOHR: If you don't have one of those, you're not going to get treated.

MR. ORRIS: But you've asked for a civilian physician to sign off on whether or not that exposure, that illness, was caused by exposure to the water at Camp Lejeune.

MR. FLOHR: No, that's presumptive. There's no

reason --

MR. ORRIS: It's on the website.

MR. FLOHR: No. No, no such thing.

MR. BRUBAKER: Final questions, comments for Brad? Hearing none --

MS. FRESHWATER: Thank you for showing up and taking all the heat by yourself, which I think somebody should answer for the fact that you had to do that.

MR. FLOHR: I'll let them know how happy I was.

MR. BRUBAKER: We're about to break for lunch. Tim, I think we'll handle your questions about VHA during CAP concerns. We'll break for lunch and we reconvene at 1:15.

(Lunch break, 11:55 a.m. till 1:15 p.m.)

CAP UPDATES AND CONCERNS

MR. BRUBAKER: Next item on the agenda is CAP updates and concerns. And Mike, would you like to go first?

MR. PARTAIN: Okay, well, kind of at the tail end of what we were talking about with Brad concerning the VA. Yesterday we had a meeting with Dr. Breysse and Dr. Frieden from the CDC, who was gracious to come down and spend some time with the

CAP. And as part of the meeting, and we asked, and, you know, we've been asking, discussing this for quite some time now that ATSDR put together the studies that have been completed and provide, you know, their interpretation of what these studies mean to both the VA and Congress, and, you know, this discussion we had about, before lunch, concerning what's going on with the VA and the veterans who are trying to get their claims passed through to Camp Lejeune really is a case in point of why that needs to be done. And Dr. Frieden and Dr. Breysse both graciously agreed to undertake that, and we appreciate that.

But, you know, I wanted to point this out because, you know, what we're seeing in denials. And where the VA is at, there is a disconnect between what ATSDR's done with Camp Lejeune, the studies that have been completed and what the VA is doing. And hopefully we can get that accomplished. So I just wanted to point that out in context.

MS. FRESHWATER: I have just one more thing also. Can you give us -- you said you were going to take the website information back. Can we get a timeline? Like could you say -- could we just get -- because what happened the last time was the

different people who were here said we're going to take that back, and then you came back and said, they said that there's nothing wrong with it. But some of that evidence that we presented today was actually shown. So can you give us something a little more concrete like?

MR. FLOHR: I wish I could, Lori, but it's not my website; I can't change it. I can only take it back and talk to the people who are doing it.

MS. FRESHWATER: But are they going to tell you that it's okay again, and then are you going to say, okay, I'll go and tell them it's okay?

MR. FLOHR: I hope not. I will take that higher if need be.

MS. FRESHWATER: That -- that's reassuring, 'cause I hope you fight for that, you know, 'cause it's -- a lot of the veterans don't know we exist. They don't even know --

MR. FLOHR: It's pretty clear to me that it needs updating.

MS. FRESHWATER: And if you do have any updates, if you could just, you know, shoot us an email, that would be great.

MR. FLOHR: All right.

MS. FRESHWATER: Thank you.

MR. ORRIS: I would also like to kind of follow what Mike has just talked about. There's a lot of body of work that has been done on the chemicals that is not necessarily being done by the ATSDR, and it would be beneficial for those exposed as well as for Congress, the VA and other agencies if we could somehow take that body of work and put a summarization from ATSDR, specifically the works that are done on kidney cancer, congenital birth defects, specifically conotruncal heart defects and some of these other studies that have already been concluded, where it wouldn't necessarily be beneficial to conduct a new study but to include that body of work in what ATSDR is putting together.

DR. BREYSSE: I think that's a reasonable request.

MR. BRUBAKER: Tim, before break, you'd ask if we could have some updates on VHA. If you feel like talking about those now?

MR. TEMPLETON: Yes, yes. In fact one of the things that I think I was getting to just right before CAP broke there was there is a form that is used to enroll for VA healthcare through the VHA, for veterans. And you can either do it online or you can use a separate form, and that determines

your eligibility. And if you're not eligible it'll throw you into a priority group like an 8-G or something like that, right. Well, Camp Lejeune veterans are supposed to be put into priority group 6, not category 8-G. So I've had at least a couple other Marines sent my way that said that they had gone ahead and turned in their paperwork for this ^ benefits but that they -- and they don't have any of the 15 conditions, but what had happened was they were just told that, you know, that they weren't eligible so they were put into priority group 8-G. And I would like to ask why ^ box to be checked on the front of it that says, were you stationed at Camp Lejeune for at least 30 days between these dates? It says on there, so I'd like -- if you could take that back for me, I'd appreciate it.

MR. FLOHR: I will. I don't know, but I'll take it back.

MR. TEMPLETON: Thank you.

MR. SMITH: And I just wanted to jump in too on the civilian issue. Just wanted to get it on record, I know we talked about getting a DOL -- DOD rep from the VCA, from the claims side and what they're doing. I just want to put in a formal request that we have that. I knew that their

response was something on the order of having prescreening questions before attending that sort of thing, and I think we can go beyond that and just have them here. It needs to be addressed. So I'd like to get that on record.

And then looking forward to, you know, seeing the Marine Corps here to answer those questions about that EPA memo that Chris brought up last time that we didn't get answers on yet, including their outreach and what they're doing with their Camp Lejeune historic drinking water website and some of the information that's outdated there and some of the brochures. I'd like to hear, hopefully before we go another meeting, to hear back about that.

MR. ENSMINGER: The question for ATSDR is the subject of the TCE tox FAQs, tox profile. Is that going to be changed any time soon?

DR. RAGIN: The tox FAQs in the profile that came out for TCE came out last month and it was posted on the website.

MR. ENSMINGER: It's still listed as a probable human carcinogen, and then down below, it says that the EPA and IARC have classified it as a known carcinogen, but why doesn't your website say it's a known carcinogen? That's still a problem.

DR. STEPHENS: Yeah, I don't remember the -- I don't remember the details but I think we updated -- have you looked at the website?

MR. ENSMINGER: The excuse I heard was now you're waiting on the NTP.

(multiple speakers)

MR. ENSMINGER: Why wait on the NTP?

DR. STEPHENS: I don't know.

MR. ENSMINGER: Okay, thank you.

DR. RAGIN: I'll leave the question to Henry Abbadin. He's over the tox group, and he's not here today.

MR. ENSMINGER: Who?

DR. RAGIN: Henry Abbadin. And he's the chief of the tox branch, and I'll give your concerns back to him.

DR. STEPHENS: But we can say that it's -- that we've classified the known carcinogens by the following groups. That's a fact.

MR. PARTAIN: Chris just got it pulled up right now.

MR. ORRIS: I'm looking at the tox FAQ right now.

DR. STEPHENS: We can get specifics. I don't remember what it says but I'll respond.

MR. ORRIS: It says you can get this study that's posted.

MR. ENSMINGER: That's good.

MR. ORRIS: Actually it just says that trichloroethylene has a strong evidence that it can cause human cancer ^.

(multiple speakers)

MR. ENSMINGER: There is strong evidence that trichloroethylene can?

DR. STEPHENS: So I need to figure out what we can and can't say. But I don't see why we can't say the groups who reviewed the evidence and state what they found.

(multiple speakers)

DR. STEPHENS: Let me make sure I'm not committing to something we can't do. But I agree that we should -- that those two paragraphs are not consistent.

MR. ENSMINGER: And I don't like that disarming language up above, how can trichloroethylene affect my health? And the first thing you read is, well, trichloroethylene was once used as an anesthetic. Well, you can keep that in there but move it down somewhere below. In my opinion that is nothing more than a disarming statement to start that paragraph

with. And I'm wondering how many laymen would go in there and read that first phrase and say, well, they used it in medicine so it must be all right, and they quit reading right there.

DR. BREYSSE: And I think that's fair. We can look at that. And as long as -- as long as we don't have to pay you as a consultant for web design.

MR. ENSMINGER: I just remember how I was in the learning curve, and, you know, the first thing that struck my mind was, well, hey, they're saying this stuff's all right. But, you know, if you don't keep reading, you won't know the rest of it.

MS. FRESHWATER: And also you're dealing with Marine culture, and Marines, the more not passive language you can use when -- because if they find something that says that they're being -- oh, well, maybe I'm just being weak. I shouldn't, I shouldn't explore this; I'm a Marine. So the more -- the less passive language, the better.

MR. ENSMINGER: Yeah, you know how Marines -- you know, they --

DR. BOVE: Well, that first sentence actually could go elsewhere. And I think there's a part in the tox FAQs that say one of the uses of TCE; it might be better to put it there. I think it's

trying to motivate the second sentence, which is the exposure in moderate amounts cause headaches and so on. But I think we can just say that without having to say that TCE was once used as an anesthetic, and that that can go further up. TCE was also used to decaffeinate coffee. There's a lot of inappropriate things.

MR. PARTAIN: Well, after surgery just put the word until, they realized and people started dying.

DR. BOVE: Right. That's the thing that we just --

MR. ENSMINGER: Take it out of there.

DR. BOVE: Right. Take it out.

DR. RAGIN: Could we update the web page to denote the ^ status of TCE? Could we update the web page just to denote the ^ status of TCE?

DR. BREYSSE: I mean, somebody tell me when that NTP should be done. Does anybody know how closely --

DR. CANTOR: It's in the works. It's been -- it's gone through a whole series of approvals. I think the final work has been completed so I'm really not sure. I think we're not too far away on it.

(multiple speakers)

MR. ENSMINGER: Here's another point. In the highlights, I mean, good lord, I mean, shouldn't one of the highlights be that it's a carcinogen? At least say, you know, causes dizziness, confusion, nausea, unconsciousness. And even that --

MR. PARTAIN: It sounds like a Cialis ad.

MS. FRESHWATER: Or any other drug.

MR. BRUBAKER: So we're clear on what the recap is for that, it's a review of that page?

DR. RAGIN: Yes.

MR. BRUBAKER: Are there other concerns or issues to be raised at this time from the CAP?

MR. ENSMINGER: On that, well, I will say one thing. It is this environment that we're currently in is a welcome change. May it last.

MR. TEMPLETON: And just since we have one last little bit here, I mean, there's obviously all of us, I'm sure, feel a sense of urgency, and we want to make sure that everyone else knows that there's a sense of urgency. We talked about this for years and years and years. And so as quickly as actions can take place to help the community, the better. That's what I have.

MR. ORRIS: I would like to reiterate the absence of any DOD, DON. Again, we continue to

invite them. I wish that they would attend; it would be a welcome change.

MS. FRESHWATER: I would sign something saying that I won't be mean to them.

MR. ENSMINGER: I won't.

MR. BRUBAKER: If there are no further issues to raise, Sascha Chaney has an update for some on the work that was done in our pre-meeting yesterday.

CAMP LEJEUNE CAP CHARTER REVIEW

MS. CHANEY: All right, so thank you for letting me give you the summary of yesterday. We did have a meeting yesterday with the CAP and ATSDR. And during that meeting we went over our current charter language that -- or the, yeah, the current CAP charter guidance that exists and was available. And our discussion -- during our discussion we went over the guidance very closely in five areas: the purpose, membership, rules of conduct, operation of the CAP and goals for 2015. And during that process ATSDR collected input from the CAP for updates that they thought were very necessary to include as well as additions of new guidance to address the current activities that we have going on.

And ATSDR has agreed to take -- update the

current guidance and provide it to the CAP in the next two weeks for you, and we'll give that to the CAP for two weeks to review it, and then we will fix up any comments and edits that the CAP has, and then we will finalize the guidance in March.

MR. BRUBAKER: Thanks. Any questions or comments? As part of our wrap-up, we're going to just briefly review the action items to make sure that there's not only clarity what the deliverable is but also who's going to provide it. So if you wouldn't mind let's start over on that.

SUMMARY OF ACTION ITEMS

MS. FELL: So this is -- that I think it was Lori that requested documentation from the Navy on why they need to review for documents ^ --

MS. FRESHWATER: Or why -- what their reason for rationale is for denying.

MS. FELL: Rationale.

MR. BRUBAKER: So the action is a request to the Navy from ATSDR requesting it.

MS. FELL: In writing, their rationale.

DR. BREYSSE: Can I just move to -- how we think maybe this might work, we'll try and clarify it as best as we can. Now, we'll write it up and

we'll send it around, quickly to make sure every CAP member reads. We'll try and do that pretty quick so we don't have lag time in weeks.

MS. FELL: The second one was under the action items for the Navy, which was, I believe we got the report, the written report, about notifying at-risk women in the vapor intrusion, and requested what does timely manner mean. And the second request was how exactly was the notification done and ^. That would be a Navy.

For ATSDR, this is related to the, as it was referred to, a relational database from the Navy of their environmental data. Initially I believe the CAP was going to provide language but Dr. Breysse said we could look at -- our scientists could look at what we would request.

DR. BREYSSE: We need to look at the database and where we are and what we can get from the Navy to make it done ^. But I think we need to have an internal review ourselves first.

MS. FELL: Right. So this is an ATSDR item, to define that.

So this is for ATSDR and also the CAP; this was, I guess, raised in two different parts but the web issues on the VHA research page. We had, I

guess, during the items -- list of action items be permitted to look at that providing recommendations, and Brad committed to sharing that with the VHA. And then I think we go into further detail over here in VA of some of the items that were identified, the tox FAQs, and the outdated tox FAQs, and the discussion of. Well, we'll just get to that but anyways, ATSDR and CAP review and feedback on that page of concern, and then Brad, with the VA, provide that to them.

Same action items, VA's action items on, I guess, sending a representative from VBA?

MR. FLOHR: VHA.

MS. FELL: VHA. So that the -- whatever the three action items were they covered.

And then the question from Jerry for the VA, will you accept ATSDR's work? That's a VA request. I actually put this up later but this was the response that was not fulfilled by the Navy on the time --

MR. BRUBAKER: The serial number.

MS. FELL: Yeah, when the GCMS was started. So I just added that back on. The Navy --

DR. BREYSSE: I mean, can we put Jerry on that too 'cause he needs to give them the serial number.

MS. FELL: Okay.

MR. ENSMINGER: Wait, what?

MR. PARTAIN: Yeah, we got a document. Put the model number but we haven't found the document with the model and serial number.

MR. ENSMINGER: I don't think we had the serial number of it. We have the model number.

MR. PARTAIN: Give them what you got.

MR. ENSMINGER: And then they'll come back and say, oh, we can't find it.

MS. FELL: For the VA, confirm who the Camp Lejeune committee that's in the -- some of the denial letters, whether that's the --

MR. PARTAIN: NRC report.

MS. FELL: -- NRC report or something else, confirm what that is.

MR. FLOHR: That's already been taken care of, I thought.

MS. FRESHWATER: Okay, so can we change it? Instead of confirming who it is, can we change it to asking to restate it? Or, you know, and challenged why is it called this committee, just misleading? Why not call it the NRC report? I'm not just happy saying because it's the NRC, that we're going to leave it.

MR. FLOHR: It seems like that was the title of the report.

MS. FRESHWATER: The committee?

MR. FLOHR: Yeah.

MS. FRESHWATER: But, but why, why is there --

DR. BOVE: The NRC report has a committee. This is the name of the committee that put out the report. They -- it's an ad hoc committee, but that's what they call themselves. They should have said in these -- instead of using that committee, they should have just said the NRC report.

MS. FRESHWATER: Right.

DR. BOVE: That's what they should have said so we all know what they mean. But that's what it is.

MS. FRESHWATER: Right.

MR. TEMPLETON: Right, but in the denial they said that it was a committee. Now we're asking again, hey --

MR. FLOHR: Again, that was the title of the report. It was a committee that NRC put together.

MS. FRESHWATER: But you understand how, as a veteran, reading that versus NRC report is two different things. An NRC report says it's something I can go see. I can go look at. I can research. That committee sounds like something that you can't

ever be, oh, it's -- there's a committee. Do you know what I'm --

MR. FLOHR: I know what you're saying.

MS. FRESHWATER: I mean, sometimes it's not -- sometimes it's common sense stuff, you know?

MR. PARTAIN: Well, either, whether it be the NRC report or the committee, it's still ^.

MS. FELL: Cross out then? Is there anything to replace that?

MS. FRESHWATER: I would look into changing --

MR. PARTAIN: VA and ATSDR --

MS. FRESHWATER: -- the --

MR. PARTAIN: -- work together.

MS. FRESHWATER: -- adding that that is the NRC report into the denial letters so people can go look at the report themselves.

MR. PARTAIN: -- with Congress to interpret the meaning of the results of their studies.

MR. ENSMINGER: Well, there's a meeting --

MR. PARTAIN: I know.

MR. BRUBAKER: I think this is two issues. I think we're -- what you're saying is right and what you're saying is right and you're saying something different. You'd like the letters to say -- not refer to the committee as the rationale for denial

but saying we denied you because of the conclusions of the NRC report.

MS. FRESHWATER: Right.

MR. BRUBAKER: Okay. And so they're asking for the VA to make that change.

MS. FELL: Okay. So that would be VA.

MS. FRESHWATER: Because to the veteran reading it, it's a big difference.

MR. ENSMINGER: I wish the VA would quit referring to either one of them.

MR. PARTAIN: Well, Brad the --

MR. FLOHR: I said I would definitely take that back.

MS. FELL: So do you want to capture the second part?

MR. PARTAIN: I'm good.

DR. BREYSSE: So would that be a request for the VA to stop referring to the NRC report.

MS. FELL: Yeah.

MR. PARTAIN: Right. Right. As the definitive study for Camp Lejeune. The definitive review of scientific ^. I would say as the authority for Camp Lejeune claims.

MS. FRESHWATER: I think it's important to remember, for some context, a lot of these veterans

have already had to deal with the VA. And I know the VA's full of hardworking, good people, but there have been a lot of hardships for Marines and other service members to get care, and so some of them are coming into this with a bad experience already, so anything can seem fairly intimidating to them, you know. So the more we make it seem like there's some committee and the more we use this kind of stuff to make them feel as though it's going to, you know, cost them six years to try and get care...

MS. FELL: This gets back to the same one so we'll combine it, but updating the research site and mentions -- some of the things that were mentioned, but will ATSDR do a review and members of the CAP ^ to Brad to take back. And then Lori asked for some sort of response or confirmation online as to when that might -- those updates might be made.

For the VA the request for statistical update from Louisville on claims. ATSDR, and I might have gotten this wrong, but this is, Chris, your summary of related literature, and I think you specifically mentioned kidney cancer and?

MR. ORRIS: Conotruncal heart defects.

MS. FELL: The VA, this item I did not catch but, Tim, it was yours, talking about take back

issue related to ^ or?

MR. TEMPLETON: Right, the priority group for applicants for Camp Lejeune ^.

MS. FELL: And then for ATSDR tox FAQs, to -- and it may be in public comment right now, the new -- or the updated TCE tox FAQs, some of the feedback that was provided on that, taking a look at that.

And then Sascha, I didn't write down yours but the -- providing the guidance in two weeks. I wrapped that ^. And that's everything I have.

DR. BREYSSE: Excellent. And there's one thing that came up yesterday that I'd like to get down actually. There was a request that we look at Mike's timeline and see if we can get it on our web page somewhere?

MR. PARTAIN: Yes.

DR. BREYSSE: So if we can get a picture -- we get a copy of that, then we'll -- I will see what the issue might be but we'll certainly see -- we'll get that up there.

MS. FRESHWATER: I've got an email to give you, so I'll send you the timeline as well.

MR. PARTAIN: Let me send it 'cause I've got the picture.

MS. FRESHWATER: Okay. You know, Tim went through there and did some work on it too.

MR. PARTAIN: Send me what you've got again, Tim?

MR. TEMPLETON: Okay, sure.

MR. PARTAIN: Versions. I've got all the versions from the beginning.

MR. ENSMINGER: And then let us see them.

MR. ORRIS: I have one request. Can we ask the VA to ^ presentation on the family member program ^.

MR. FLOHR: When?

MR. ORRIS: Maybe next CAP meeting or the one following. Since you only have about 150 respondents so far, I think we can do a better job of getting that out there for family members, so if we can have somebody from the VA for that come down next time.

MR. ENSMINGER: I got an email from a guy out in Colorado that's heading up the reimbursements. He wanted me to call him. I haven't called him back yet but I'll call him this week.

DR. RAGIN: I just want to follow up on a point that Frank made earlier about the ATSDR studies, and want to know could the VA post links to ATSDR published studies on their website?

MS. FELL: I think I -- I have -- oh no, I have ATSDR study conclusion. I'll have to add that as part of updating that page.

WRAP-UP/ADJOURN

MR. BRUBAKER: Excellent. So those are the recaps. As we adjourn, we have a discussion about when and where our next meeting will be, and Sheila, I believe you're best to summarize our discussion from yesterday.

MS. STEVENS: So yesterday we discussed that our next off-site will be somewhere in North Carolina, and what I want to do is a group of us are going to get together and form kind of a small committee. That will be myself, Frank and Gavin Smith that's been doing some work on that. And we'll start looking at some time frames.

So we also want to make sure that we get this outreach to the right audience so that we have a good attendance to this. So be expecting something from me in the mail, email, sometime next week, probably Tuesday or Wednesday, when we'll start really pushing this one hard.

MS. FRESHWATER: Where in North Carolina; did we decide?

MS. STEVENS: That's the other piece. That's part of our discussion.

MS. FRESHWATER: Can I be on the committee?

MS. STEVENS: Yeah, sure. Yeah, the more the merrier.

MS. FRESHWATER: Oh, I thought she was saying there was only --

MS. STEVENS: Yeah, well, I mean, I just, you know, identified some people last night just to start moving this thing forward so we could go.

MS. FRESHWATER: Yeah, I'd like to be involved in that, please.

DR. BREYSSE: There would be feedback from the broader group.

MS. STEVENS: Sure, yeah. I mean, that's the other part. I would make sure that everybody would -- this would be transparent, like we discussed yesterday. I'll make sure that even the -- you know, this process will be transparent to everybody on the CAP.

MS. FRESHWATER: 'Cause I really am going to try and push for Jacksonville.

MR. ENSMINGER: No.

MS. FRESHWATER: I know, Jerry, but I'm still going to push for it.

DR. BOVE: Well, actually I would like to ^ the committee for other reasons. The fact that you have these ^ I'm trying to -- we were talking, you know, sort of ad hoc after the meeting about setting up a small group of people. So if anyone from the CAP wants to be on it that thinks they can help us with the outreach, 'cause that's the key thing here, as well as finding a place.

MR. FLOHR: As I recall we had really good participation when we were in Wilmington year before last.

DR. BOVE: Well, there were two events in Wilmington. One was a symposium organized by the media, the local media there, that was phenomenal. And then there was our effort. And we need to do the outreach that wasn't done the last time. So I would want a small group who would be good on -- to work on outreach as well as figuring out where.

MS. FRESHWATER: Right, and it -- I mean, it comes back to, you know, the airport's an important gathering point, so having access to equipment's important. There's a lot going into it. But my argument is we have so much new science now that the symbolic value of being back, say, at the USO in Jacksonville, I believe if we make the story

interesting enough, the media will come.

And I believe that changing the way the military culture thinks -- and, and it's just like with PTSD, there's been so many years of work to make it so men will come forward with their PTSD and say I need help -- where we need to kind of change that culture so Marines -- 'cause I have Marines who tell me I don't want to go get this lump in my breast checked. You know, it was just my job to be a Marine. So I just feel like going back to Jacksonville and having active duty military involved and knowing about it and their families and all of the retirees, so I'll be quiet; I know everybody wants to get out of here, but I just want to be in on that 'cause I want to make my pitch.

MR. PARTAIN: I'll sort of jump in here. If you want to engage the committee -- an engaging turnout like there was for the symposium, then what needs to be tied into this next CAP meeting is a presentation on behalf of the leadership of ATSDR summarizing the results of their studies: what they mean, what this is, and be able to answer those questions to the community.

MS. FRESHWATER: A press conference.

MR. PARTAIN: Yeah, the community has been

wanting those answers, and they have not gotten them.

DR. BREYSSE: That's something -- let me ask you a question. This symposium, what do we mean by that, this symposium? Was that a -- was it a gymnasium filled with --

MR. ENSMINGER: No, it was an auditorium.

DR. BREYSSE: What was the symposium?

DR. BOVE: Morris and I presented ^.

MS. RUCKART: It was 2007.

DR. BOVE: It was 2007 so we talk -- Morris talked about what had been done at Tarawa Terrace, 'cause that's what was done. We were planning to do -- and like I was talking about the studies we were working on.

DR. BREYSSE: And these PowerPoint presentations that were designed for a lay audience?

DR. BOVE: Yeah.

DR. BREYSSE: Can I propose something? We can do both. We can have a -- we have a one-day symposium beforehand, where we focus on presenting the science to as broad line as possible. Then we follow up the next day with a CAP meeting. 'Cause if the symposium was successful, that's probably a better way, to be honest, to get the information to

a broader audience than having -- sitting around in this room or what. So is there possibility we'll do both?

MR. ORRIS: I would second that.

DR. BOVE: There is but we had -- we didn't -- the problem is outreach, okay. The press conference, that's fine, but if you don't do the outreach, it's not going to work. I used to be an organizer.

MS. FRESHWATER: I feel really confident with this group in this room.

DR. BOVE: Right, but the problem was that we didn't involve people in this room last time.

MS. FRESHWATER: Right.

DR. BOVE: This time -- that's why we want to set up a team that includes the CAP -- some CAP members ^ be on this team. If you think you can contribute to, again, trying to build -- so we have a large participation from the community. And of course our office of communications would be involved.

MR. ENSMINGER: Yeah, especially. I mean, because, when they did the symposium, it was ^, and they did -- they went to newspapers all over the southeast and had them publicize it for them.

DR. BREYSSE: Yeah. We'll be creative. I've done this sort of thing before, and what we did was the week before, if there was a radio talk show, we went on the radio talk show to talk about the issue and part of doing that was, you know, saying, oh, by the way, if you're interested in this ^ next week ^. I like Frank's idea. We can be aggressive in ^ and I -- if everybody likes the idea of attending a symposium and the CAP meeting, separating the two. The goal of the CAP meeting is to work with you guys. The goal of the symposium is to inform the broader community to get as much input as we can.

MS. FRESHWATER: So would you -- like I don't know anything about symposiums, my question is would there be an opportunity for you to answer questions, press questions, at a symposium?

DR. BREYSSE: I think we have -- we can make ourselves available to the press afterwards.

MS. FRESHWATER: Okay.

DR. BREYSSE: I think that would be kind of different.

MS. FRESHWATER: Okay.

DR. BREYSSE: We'd be open to answering questions to the public at this forum. You know, and if the press is there, we'll have to stand

behind what we say, you know.

MR. ENSMINGER: And they -- also at this symposium the Star News brought in a toxicologist from North Carolina State, Dr. Gerald ^. He spoke during the symposium; I spoke and Frank and Morris did this -- you know.

MR. PARTAIN: Well, the critical thing is, that has to be answered or addressed in the symposium is what does this all mean? Because not everybody's engaged in the community. You know, people have heard about this, they've stayed on the fringes, there's been a lot of contradictory information in the media by the Marine Corps, by ATSDR. We need to be able to answer for these families, what does this mean?

DR. BREYSSE: So we will get our act together and we will do a good job with that. We don't know everything yet 'cause we still got stuff ongoing, you know, so there's still some detail to be filled in but we can be clearer and more consistent about what we have done and what it means. And we can do it in public; we can do it in private with our stakeholders and partners.

MS. FRESHWATER: Could we have a VA representative there to answer questions?

MR. FLOHR: Sure.

MR. ORRIS: Do you think they'd have a summary presentation by that time as well?

DR. BREYSSE: We'll have something summarized.

MR. ORRIS: Okay.

DR. BREYSSE: Recognize that a summary, you know, you want to be very careful about putting together the strongest and best summary possible. And I'm new here but we have a lot of staff, and I don't want to sit here and say we'll have this wonderful summary written as a valid document, you know, wrapped up in a bow by the time we do this. But we will be summarizing this stuff in a better way than before, and we'll talk about the time frame. We'll get back to you about when we think a real formal summary will be taking place, and this will be part of that process. Thank you very much.

MS. FRESHWATER: Thank you, so, so, so much, really. That means a lot that you're open to bringing something to the table like that. Thank you.

MS. STEVENS: I got -- I've got one more thing I want to bring up. So yesterday during our -- when we were doing the charter discussion, we talked about membership. And so one of the people that has

been in our audience several times is somebody that I brought up in emails with everybody and we talked about, and people all agreed, and after yesterday's charter, we have agreed to bring Bernard Hodore on board for our next CAP meeting. So following this meeting -- if you'd just stand up -- so following this meeting, he's going to go upstairs and get some paperwork done and he will start sitting in on our calls and be officially on board.

MR. HODORE: Thank you. Thank you very much.

DR. BREYSSE: And Bernard, could you just tell us two sentences about yourself at the microphone?

MR. HODORE: All right, how you all doing? I'm Bernard Hodore. I'm a disabled veteran. I've been since 1986, and I was at Camp Lejeune, and I was exposed to contaminated water. And I'm looking forward to being on the CAP and getting views and getting other veterans information about this Camp Lejeune water contamination.

DR. BREYSSE: Can you spell your name?

MR. HODORE: My last name is spelled H-o-d-o-r-e. Bernard. Thank you. Thank you; it is an honor to be on the CAP.

MR. BRUBAKER: You're welcome. Excellent, well, we've reached the end of our agenda. The

meeting's now officially adjourned.

DR. BREYSSE: I just want to say one thing. Coming in this week, and I can tell you this, getting ready for this CAP meeting and trying to get my arm around Camp Lejeune has probably been the vast majority what I've been doing since I've been here. And I never thought, when we were planning this meeting, I'd say this but I can honestly say thanks a lot, because it's been fun. Thanks.

(Whereupon the meeting was adjourned at 2:04 p.m.)

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I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of January 15, 2015; and it is a true and accurate transcript of the proceedings captioned herein.

I further certify that I am neither relation nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of February, 2015.

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