

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

convenes the

TENTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

TELECONFERENCE

OCTOBER 8, 2008

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
Conference Room A, Atlanta, Georgia, on Oct. 8,
2008.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING
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TRANSCRIPT LEGEND

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

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

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

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

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

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

(alphabetically)

BOVE, FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC
BYRON, JEFF, COMMUNITY MEMBER
CLAPP, RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
GROS, MICHAEL, COMMUNITY MEMBER (not present)
MCCALL, DENITA, COMMUNITY MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RUCKART, PERRI, ATSDR
SIMMONS, MARY ANN, NAVY AND MARINE CORPS PUBLIC HEALTH
CENTER
TOWNSEND, TOM

P R O C E E D I N G S

(1:00 p.m.)

WELCOME AND ANNOUNCEMENTS

1
2 **MS. RUCKART:** Well, welcome everybody. This
3 is our October CAP meeting, and we are having
4 a conference call rather than an in-person
5 meeting just so we could have it as quickly as
6 possible. This is Perri Ruckart, and we're
7 going to introduce everyone who's on the call
8 and then just have some brief announcements
9 before we get started.

10 Frank.

11 **DR. BOVE:** Frank Bove.

12 **MR. MASLIA:** Morris Maslia.

13 **MS. RUCKART:** And we have the court
14 reporter. We're transcribing this meeting.
15 Now we'll go out to the phone line.

16 **MR. BYRON (by Telephone):** This is Jeff
17 Byron, Cincinnati, Ohio.

18 **MR. PARTAIN (by Telephone):** This is Mike
19 Partain, Tallahassee, Florida.

20 **MR. ENSMINGER (by Telephone):** This is Jerry
21 Ensminger.

22 **DR. CLAPP (by Telephone):** Richard Clapp

1 calling from Boston.

2 **MS. SIMMONS (by Telephone):** Mary Ann
3 Simmons, Portsmouth, Virginia.

4 **MS. RUCKART:** Unfortunately, Jerry has told
5 us that Denita will not be able to join us,
6 and we're still waiting to see --

7 **MR. ENSMINGER (by Telephone):** She told me
8 if she got home in time from her treatment
9 that she would get on the line.

10 **MS. RUCKART:** Okay, and we're still hopeful
11 that Sandra Bridges will be able to call in.

12 **MR. ENSMINGER (by Telephone):** Tom with us
13 yet?

14 **MS. RUCKART:** And Tom, that's right. Tom,
15 are you on?

16 **MR. ENSMINGER (by Telephone):** I tried to
17 call Sandra, and I can never get a hold of
18 her. So I knew everybody else would be here.

19 **MS. RUCKART:** Tom, is Tom Townsend on?

20 **MR. BYRON (by Telephone):** I don't think so.
21 I haven't heard him.

22 **MS. RUCKART:** We have a majority of people
23 so we really should just go ahead and get
24 started. If they call in later, that would be
25 good.

1 Before you say something it would be
2 good if you could identify yourselves because
3 since we're not all here in person it will be
4 hard otherwise for the court reporter to know
5 who said what because we are taking
6 transcribed minutes of this meeting. So
7 please keep that in mind.

8 This is something I was going to save
9 until the end but because some people have to
10 leave sooner than we had thought, I want to
11 mention some possible dates for the next face-
12 to-face meeting, and I just want everyone to
13 think about these dates and what works for
14 you. And then please send me an e-mail in the
15 next week or so and let me know. So we don't
16 have to talk about it now but just to get it
17 out there. Possible dates for a face-to-face
18 meeting include Wednesday, December 10th;
19 Monday, December 15th; Tuesday, December 16th
20 and Thursday, December 18th. Does anyone need
21 me to repeat those dates?

22 **MR. BYRON (by Telephone):** No, but I do have
23 a conflict with December 18th.

24 **MS. RUCKART:** Okay, everyone, you don't have
25 to tell me now. Please go back and look at

1 your calendars and just send me an e-mail, and
2 then we'll just see what date works best for
3 everybody. Thanks.

4 Welcome, and let's just get started
5 with Morris on his water modeling update.

6 **UPDATE ON WATER MODELING**

7 **MR. MASLIA:** First, I'd like to go back to
8 Tarawa Terrace. The Chapter I Report which is
9 the nitty-gritty details of the sensitivity
10 analyses. The Monte Carlo simulation and all
11 that has been cleared by ATSDR at the highest
12 levels of command, and we are still awaiting
13 an external reviewer to return his comments.
14 And at that point I will consolidate all the
15 comments, revise the report accordingly and
16 then give it over to the USGS to prepare for
17 publishing, both hard copy and online --

18 **MR. ENSMINGER (by Telephone):** Hey, Morris.
19 Hey, Morris, this is Jerry Ensminger. Where's
20 all that background chatter coming from?

21 **MS. RUCKART:** This is Perri. I wanted to
22 actually break in here for an announcement.
23 It would be really helpful if everyone could
24 mute their phones. Or I'm being told by our
25 sound technician everyone needs to mute their

1 phones if you're not actually speaking because
2 we're getting a lot of feedback, and it's very
3 hard to hear what's being said by the speaker.
4 So we appreciate that. Thank you.

5 **MR. ENSMINGER (by Telephone):** I hear all
6 that laughter. That's coming from somebody's
7 office.

8 **MR. BYRON:** This is Jeff, and I agree with
9 you.

10 **MS. RUCKART:** There's no one laughing here
11 in the room so it must be coming from
12 someone's conference call line, someone else
13 who's out there beside ATSDR.

14 **MR. ENSMINGER (by Telephone):** Mike, is that
15 you?

16 **MR. PARTAIN (by Telephone):** Yeah, it may be
17 me. I'm walking outside right now.

18 **MR. BYRON (by Telephone):** Whoever it is
19 needs to turn off the TV then.

20 (Whereupon, a brief discussion with the
21 sound technician ensued.)

22 **MR. BYRON (by Telephone):** This is Jeff. I
23 can still hear them in the background.

24 **MR. PARTAIN (by Telephone):** It's not me
25 because I'm outside.

1 (Whereupon, a brief discussion with the
2 sound technician ensued.)

3 **MR. BYRON (by Telephone):** Well, we have to
4 move on because these guys --

5 **MR. ENSMINGER (by Telephone):** Go ahead,
6 Morris. I'm sorry.

7 **MR. MASLIA:** Okay, that's fine. As I was
8 saying so we're waiting to consolidate all the
9 comments on Chapter I. And just to clarify so
10 there's no misunderstanding, these comments
11 are not technical revisions to the model or to
12 the analyses but rather to the way the report
13 is written. Just to make sure when I say
14 consolidate comments, that's what we mean by
15 that.

16 And we are currently putting together,
17 we're working on drafting the Chapter J Report
18 as well as a supplemental information, which
19 is Chapter K, which will contain some
20 discussions about Well TT-23.

21 With respect to Hadnot Point we have
22 completed all the database development with
23 the exception of going over the ten years of
24 operational data for about 80 wells. And I
25 believe the last time I talked with Scott

1 Williams he said their contractor was about 75
2 or 80 percent of the way through scanning that
3 information in for us.

4 We have brought a contractor on board
5 to help us with that as well as to help us
6 with other aspects of the Hadnot Point
7 analyses. And at this point we are also in
8 the initial stages of preparing for the expert
9 review panel that will take place the second
10 week in January.

11 And that's it. I'll be happy to
12 answer any questions.

13 **MR. ENSMINGER (by Telephone):** This is Jerry
14 Ensminger. Morris, what is that reference to
15 TT-23?

16 **MR. MASLIA:** What I said was Chapter K will
17 contain some errata and some extra, further
18 explanations as to the start-up date of TT-23
19 or further justifying the sort of data that we
20 used in the model as well as some erroneous
21 sampling data that --

22 **MR. ENSMINGER (by Telephone):** Let me ask
23 you this, what's the update as far as the
24 start-up date?

25 **MR. MASLIA:** What we have in the model, what

1 was published in Chapter A and Chapter C, we
2 started the model in August of '84.

3 **MR. ENSMINGER (by Telephone):** Okay, what
4 are these -- do you have new documents that
5 prove that this thing didn't start until
6 August of '84?

7 **MR. MASLIA:** No, we have no documents that
8 contradict that.

9 **MR. ENSMINGER (by Telephone):** So I know
10 that Scott Williams had made mention that they
11 had some work orders that showed that they
12 weren't doing, ^ the grass before they could
13 pour the slab or anything.

14 **MR. MASLIA:** There is a document that he
15 supplied us recently, and all it is is a one-
16 line entry that says soil treatment for
17 termite taking place on November 21st, '83.
18 That doesn't tell us whether that's the date
19 of the drawing, the date of the activity or
20 what. But if you assume that's the date of
21 the activity, of soil treatment, you could not
22 pour a concrete slab 'til after that, and then
23 you couldn't start putting in equipment 'til
24 after that. So that puts us right up in '84
25 as to where we have it in the model.

1 **MR. ENSMINGER (by Telephone):** Well, let me
2 ask you this because I know something about
3 termite treatments and insect treatments.
4 They don't treat the ground here before they
5 pour a slab to construct a home. They treat
6 around the foundation. So, I mean, I've got a
7 real problem with this TT Well 23 thing --

8 **MR. MASLIA:** Well --

9 **MR. ENSMINGER (by Telephone):** -- because --
10 now, hear me out, please.

11 **MR. MASLIA:** Okay.

12 **MR. ENSMINGER (by Telephone):** You know,
13 we've been told all these years that that TT
14 well 23 was not constructed until the summer
15 of 1984. Now we find the well drillers' logs
16 and the well was drilled in March of 1983. It
17 was confirmed and verified by the well driller
18 of 7th of April, the day before the permit for
19 that well construction expired, which was on
20 the 8th of April, 1983.

21 We also have a document, a CLW
22 document, that's dated 0-7-0-7, which is on a
23 memorandum written by the foreman of the
24 utility operators, and they were complaining
25 about the ability to get enough raw water out

1 of the well field to Tarawa Terrace, Camp
2 Johnson, and that one new well had been
3 constructed already, which I would lead to
4 believe that that was TT-25, and that a new
5 one was under construction or going to be
6 under construction very shortly.

7 Well, now we know -- and that thing
8 was written on the 30th of March. If they were
9 having trouble in March and over the winter
10 meeting raw water demands for those areas, I
11 know damn well they were having trouble
12 meeting raw water demands in July.

13 So why would I believe that they had a
14 brand new well with 160-some gallon capacity,
15 which is what that well tested out at by the
16 draw-down test done by the well driller, why
17 would one believe that they had that asset
18 there? They were already complaining about
19 not having enough water, and they didn't use
20 that damn thing for two more summers? I'm
21 sorry.

22 **MR. BYRON (by Telephone):** This is Jeff
23 Byron. Not to mention, you know, that
24 residents of Tarawa Terrace received notice
25 from the base commander asking them to cut

1 back on water in 1985. Okay? Because Jerry
2 has a very valid point, and I don't know, but
3 it sounds to me like I guess my question to
4 Morris is what did they provide as far as the
5 electrical wiring to the pump? Anything?

6 **MR. MASLIA:** We've got a drawing that really
7 does not, it's not an electrical drawing. We
8 don't have -- it shows --

9 **MR. BYRON (by Telephone):** Just basic well
10 house construction?

11 **MR. MASLIA:** Yeah, basically like that.

12 **MR. BYRON (by Telephone):** What's it dated?

13 **MR. MASLIA:** We don't have a date on it, but
14 --

15 **MR. BYRON (by Telephone):** Who is the person
16 who was contracted to write this up?

17 **MR. MASLIA:** Well, all we have is a cover --

18 **MR. BYRON (by Telephone):** They'll have a
19 purchase order from the military to have done
20 that work.

21 **MR. MASLIA:** No, I don't have a purchase
22 order.

23 **MR. BYRON (by Telephone):** I said that they
24 will have, the contractor who did the drawing
25 will have a purchase order.

1 **MR. MASLIA:** Okay.

2 **MR. BYRON (by Telephone):** In a government
3 job he may be required to hold that for 30
4 years as far as I know. I know I'm required
5 to hold anything that has to do with a jet
6 engine moving part for 30 years.

7 **MR. MASLIA:** All these --

8 **MR. BYRON (by Telephone):** I know it's a
9 different field.

10 **MR. MASLIA:** -- all these arguments still do
11 not tell us when they continuously supplied
12 water, and that has to do with demand, demand
13 from what we used in the model. And if your
14 argument is that, well, let's ignore the
15 information that the Marine Corps gave us on a
16 month-by-month basis -- because in the '80s we
17 have monthly supply -- then you need to throw
18 the entire model out.

19 **MR. BYRON (by Telephone):** No, I'm not --

20 **MR. MASLIA:** That's the choice --

21 **MR. BYRON (by Telephone):** -- we're
22 suggesting that maybe what they've given you
23 is incomplete.

24 **MR. MASLIA:** Then you need to throw every
25 piece of data out that they gave us. That's

1 your choice.

2 **MR. ENSMINGER (by Telephone):** This is Jerry
3 Ensminger again. These people --

4 **MR. MASLIA:** Now, I --

5 **MR. ENSMINGER (by Telephone):** -- hear me
6 out. This stuff about these samples that were
7 taken in July of '84, now, either they lied,
8 told a lie about those samples to fit their
9 scenario or the samples were taken and they
10 really were knowingly pumping poison water out
11 of the new well. So no matter which scenario
12 you take, they're lying.

13 Now, you know, this lends to
14 credibility. And whenever we uncover these
15 documents, these ^ documents, when I find
16 letters written by the EPA back to Camp
17 Lejeune referring to meetings that took place
18 in 1986, meetings that took place between the
19 EPA Region 4 representatives and Camp Lejeune
20 and NAVFAC representatives at Camp Lejeune,
21 when they reference in those letters
22 conversations that took place, and this is in
23 1986, when they state in that letter that it
24 was determined in this meeting that while they
25 had found contamination in the supply wells,

1 the contamination had never reached the
2 distribution plant.

3 Now, I found, and Mike Partain found,
4 a technical working committee minutes which
5 were court recorded, a stenographer, in 1988,
6 August of 1988. Cheryl Barnett (ph), who is
7 now a high ranking official with NAVFAC Incom
8 (ph) at Norfolk, and Bob Alexander who was the
9 environmental engineer for Camp Lejeune, where
10 the mayor pro tem of Jacksonville was included
11 in this meeting, and that man asked some very,
12 very legitimate and accurate questions. I
13 called him the other day and thanked him for
14 asking these questions because I've got both
15 of these officials in lies.

16 Bob Alexander and Cheryl Barnett, they
17 said they had no idea that this stuff was in
18 their water prior to the NAVFAC program
19 testing. That was a damn lie. These people
20 knew this shit four years before. Now, you
21 want me to believe these people? I'm sorry.
22 When I have this stuff in black and white, and
23 they are knowingly lying, I have a real
24 problem with swallowing this crap about this
25 well.

1 **DR. BOVE:** Jerry, this is Frank. I think
2 there's a couple things going on here. One is
3 that the modeling is relying on monthly
4 production information. And so based on that
5 we did the water modeling. Now we have to use
6 some information in order to do --

7 **MR. ENSMINGER (by Telephone):** Yes, I know
8 that.

9 **MR. BYRON (by Telephone):** We agree.

10 **DR. BOVE:** Now, that's one thing. So we
11 used what was given to us in terms of the
12 production wells. So now for the purpose of
13 the epidemiologic study, it does make a
14 difference, of course, what the exposure
15 levels were on a month-by-month basis.

16 And so the question is whether if
17 we're off by a month, two, three, four, five
18 months, whatever we're off if we're off, how
19 that might affect the exposure assessment in
20 terms of what the contamination levels were
21 during 1984, the first half of 1984, if that
22 well was online before August of '84. So
23 that's one issue.

24 There's a separate issue as to the
25 honesty or, you know, who said what and when

1 they were said. And that's an issue that's,
2 if it's important to you and important to the
3 CAP, but it's not necessarily important to the
4 study. So I want to separate those things
5 out. You've done a lot of research. Mike's
6 done a lot of research. All of you have done
7 a lot of work to point out errors or deception
8 or whatever you want to call it, and that's
9 fine. But for the study's purposes we just
10 want to make sure we're doing the exposure
11 assessment as best we can.

12 **MR. ENSMINGER (by Telephone):** This stuff,
13 you know, these actual lies lends to the
14 credibility of the information that they're
15 providing you guys to do your work with.

16 **DR. BOVE:** But if we don't use the
17 production well information on a month-by-
18 month basis, then we have no model, and so
19 that's what Morris is saying.

20 **MR. PARTAIN (by Telephone):** This is Mike
21 Partain. Here's something I want to throw in
22 here. The monthly production that we know
23 from your information and that is what was
24 produced at Tarawa Terrace. However, we don't
25 know the components of what wells went in to

1 create that monthly production.

2 I talked to the well, water treatment
3 plant operator a couple weeks ago, and he was
4 describing to me and Jerry how these wells
5 were haphazardly pumped. There was no
6 systematic water -- water treatment plant
7 operator had their own preference of what
8 wells they wanted to run, and if you've got
9 this well running a year and a half before
10 they say, it's affecting the level of
11 contamination at the well.

12 And if we don't know what was being
13 pumped, that's going to also affect the
14 contamination because if they're pumping well
15 TT-26 all the time, well, you're going to have
16 a consistent level of contamination. Now, one
17 of the questions I wanted to ask about while
18 we're doing all this is have we put in writing
19 to the Marine Corps for the plant logs and
20 received the denial from them that they don't
21 have them?

22 **MR. MASLIA:** Let me address, let me address
23 a point that you just made and that happens to
24 be the concentration. When Frank said we
25 relied during the '80s, actually we've got

1 monthly data in all of '78 and then '81, '82
2 and then I think '83 and '84. Besides the
3 production or raw water data and the water
4 coming into the plant, we also at that time
5 had water level measurements, which we used to
6 calibrate the model, as well as some
7 concentration measurements. Now, the fact is
8 TT-26 was measured at about 1,500, a maximum
9 value of 1,580 parts per billion. In order
10 for any well, whether it be TT-23 or any other
11 well, to have an impact, to significantly
12 either dilute it or increase the concentration
13 at the water treatment plant, they would have
14 to have a concentration greater than 1,500
15 parts per billion. So no matter when -- and I
16 say this -- no matter when they turned on TT-
17 23, it would not impact the concentration
18 being delivered to the residents of Tarawa
19 Terrace because in mixing at the water
20 treatment plant it was taken over by the
21 concentration of TT-26. The only way --

22 **MR. PARTAIN (by Telephone):** But it was --

23 **MR. MASLIA:** -- and the only way --

24 **MR. PARTAIN (by Telephone):** -- TT-23 is
25 being run, Morris. It's going to raise your

1 low end of your concentration.

2 **MR. MASLIA:** There is no low end. It was
3 all significantly in the hundreds parts per
4 billion by that time.

5 **MR. ENSMINGER (by Telephone):** Okay, okay,
6 let me ask you this. This is Jerry Ensminger
7 by the way. Let me ask you this. Let's say,
8 okay, TT-26 had 1,580 parts per billion.
9 Let's say TT-23 was put online in '83 and when
10 they turned off TT-26 to give it a rest, they
11 slam on TT-23. So then you're getting a
12 continual slough. Instead of giving a break,
13 you know, they were running them together,
14 you're getting a continual slough here.

15 **MR. MASLIA:** But not at 1,500. The model in
16 fact shows --

17 **MR. ENSMINGER (by Telephone):** I mean, TT-
18 23, you could just about, I could just about
19 throw a damn golf ball up to where 26 was at.

20 **MR. MASLIA:** No, no, TT-23, the minute we
21 turned it on in the model had several hundred
22 parts per billion in it. And it's not going
23 to get that much higher than that. It's
24 significantly further away from the source.

25 **MR. ENSMINGER (by Telephone):** Morris,

1 there's a natural gradient in there.

2 **MR. MASLIA:** Being interrupted by the well
3 pumping.

4 **MR. PARTAIN (by Telephone):** Another factor,
5 Morris, too, is TT-23 showed benzene in the
6 well. What's not to say that there's, you
7 know, where did that benzene come from? Is
8 that showing up in the other wells?

9 **MR. MASLIA:** Not that I know of.

10 **MR. PARTAIN (by Telephone):** But are we
11 addressing the benzene that was in the water?

12 **MR. MASLIA:** We addressed it in Chapter E.

13 **MR. PARTAIN (by Telephone):** Okay, Chapter E
14 you say, Morris?

15 **MR. MASLIA:** Chapter E. There's a section
16 on a detailed discussion in Chapter E on, not
17 model, but actually measured contaminants at
18 well TT-23, TT-25 and TT-26.

19 **MR. PARTAIN (by Telephone):** Are we going to
20 bring that up -- go ahead.

21 **MR. ENSMINGER (by Telephone):** How do you
22 get higher TCE levels than you do of PCE if
23 TCE is a daughter product of the major
24 contaminant? You can't have a daughter
25 product that has higher concentrations than

1 the parent product.

2 **MR. MASLIA:** Unless the sample as an error
3 did not take place.

4 **MR. ENSMINGER (by Telephone):** Hey, they're
5 the ones that claimed it did in the scenario
6 they were trying to sell back then.

7 **MR. PARTAIN (by Telephone):** Well, another
8 concern, too, that I have, Morris, is this.
9 Have we got benzene showing up in TT-23?
10 There are two wells that I believe were shut
11 down and one was listed as collapsed in the
12 '70s up by the interest of TT-2; there were
13 some above-ground storage tanks that were
14 leaking like a sieve. What's not to say that
15 those wells were picking up stuff, too? I
16 mean, I know there's no --

17 **MR. MASLIA:** Let me explain again, because I
18 think it's gotten lost in our discussions not
19 just today but over the past year or two.
20 When we said we were going to use modeling, we
21 made it clear to Frank and anybody else who's
22 doing epi work that we felt we could model on
23 a monthly basis. We could not model each
24 individual hour or minute or even, for
25 example, in a distribution system when they

1 have a line break or a fire, and they turn on
2 hydrants.

3 No one can do that to my knowledge,
4 and we can't either. The models are just --
5 nor is the data calibrated to -- available for
6 that. And that's the same case with the
7 models that we have presented and published
8 here. They are good to plus or minus a month.
9 They cannot tell you really sub-month in other
10 words. So whether we have a reading on the
11 first of February, the 15th of February or the
12 28th of February, the model can't distinguish
13 between that timeline.

14 It can distinguish between February
15 and March, and that's as refined as the model
16 is. That has nothing to do with whether we
17 believe or don't believe the production data
18 we have been given from the Navy, that whether
19 we find on a certain day that there's a
20 benzene reading or not. The models cannot
21 refine anywhere past a month. So if you have
22 one reading on a given day in a month, the
23 model will never ever see that.

24 **MR. ENSMINGER (by Telephone):** Morris, this
25 is Jerry Ensminger. I'm not -- We're not

1 trying to find fault with you, okay? And I
2 really respect what you've done. You've done
3 a heck of a job with what you got, especially
4 under the conditions you've been working
5 under, and I applaud you.

6 But these people have told so many
7 lies, and they've told these lies to beat
8 their story or their scenario over the years.
9 And then they want us to back off and allow
10 them to have their lies because it's going to
11 affect the work that you've already done.
12 This is nothing but a damn ^. We're chasing
13 our tails.

14 **MS. RUCKART:** This is Perri. I just wanted
15 to interrupt for a second. If your phone is
16 not on mute, please mute it unless you are
17 speaking because it's creating a lot of
18 background noise, and it's very hard to hear
19 what others are saying. And it's hard for the
20 court reporter to get everyone's words clear.
21 Thank you.

22 **MR. ENSMINGER (by Telephone):** But we are
23 chasing our tails. It's like these people
24 were given a free pass every time they want to
25 lie. This is something that's going to get

1 resolved after this election, I swear to God.

2 **MR. MASLIA:** I appreciate that, Jerry, and
3 I'm not, and I empathize, and, yes, I wish we
4 could have data that we felt was 100 percent
5 reliable, that we knew the source; we knew
6 when it was collected, and all that. That's
7 one of the challenges we face.

8 But let me again assure you that again
9 when we were told, for example, early on that
10 TT-23 was never operated, we didn't just go by
11 that. We went by what we did in the model,
12 and the model says we need to turn it on in
13 August, and we did.

14 **MR. ENSMINGER (by Telephone):** I realize
15 that you're working with what you were given
16 by these lies. But, you know, that doesn't
17 mean I have to swallow their lies. When I
18 find documents that express all these lies,
19 for God's sake how much evidence does anybody
20 need to show that these people have lied time
21 after time after time after time?

22 **MR. BYRON (by Telephone):** Jerry, this is
23 Jeff. I guess to me I think what Morris and
24 those guys are trying to say is what the
25 report has to be based on is the data-driven

1 report.

2 **MR. ENSMINGER (by Telephone):** I know that -

3 -

4 **MR. BYRON (by Telephone):** What we need to
5 know from Morris and Frank is how much of what
6 you've been told is opinion driven or hearsay
7 driven by memory versus black-and-white
8 paperwork.

9 **MR. ENSMINGER (by Telephone):** That's right.

10 **MR. BYRON (by Telephone):** I mean, if you
11 could expound on that, Morris, I would
12 appreciate it. But what I ^ seems like data
13 to me.

14 **MR. MASLIA:** Where we -- if you want to call
15 it -- rely on or request information from the
16 Marine Corps that one might consider either
17 hearsay or memory or whatever, in this
18 situation it would be, for example, if we
19 needed to know how they operated the
20 distribution system and when they turned on
21 certain pumps, not wells, but pumps. In the
22 situation in Tarawa Terrace we actually think
23 have something going for us because typically,
24 not just at the Marine Corps base but in other
25 situations, typically you do not turn on and

1 off a water supply well, you know, every 15
2 minutes or 20 minutes or whatever. You
3 usually turn it on and let it operate
4 continuously. And that the model replicates
5 very well. That's exactly how we have done it
6 in the model.

7 **MR. BYRON (by Telephone):** That would be
8 normal industry practice.

9 **MR. MASLIA:** Compared to, for example, if
10 you've ever been up into the TT pump house
11 that's still there now, I've been in there,
12 and you can see, those are the distribution
13 system pumps. And they will go on and off
14 every 15 minutes. We would need much more
15 interaction or much more input from the Marine
16 Corps on how those things operated than we do
17 necessarily for the groundwater supply wells.

18 So again, another, if you want,
19 assurance for us that because you operate
20 groundwater supply wells more in a constant
21 mode for a longer period of time, you know, 12
22 hours or more, the model or the information
23 that we have put into the model is reliable.
24 Another point is, and this is what our
25 cooperator at Georgia Tech did for us, they

1 did look at different operating scenarios like
2 not operating TT-26, not operating TT-23.

3 And they did that, and we can force a
4 situation where we don't operate TT-26. And
5 in that case there is absolutely no
6 concentration of water above the MCL
7 throughout the '60s and the '70s. So we can
8 come up with any number of scenarios like
9 that. And what that does, at the end of the
10 day then you have to stand back either as the
11 engineer or the epidemiologist and say does
12 this scenario make sense.

13 We did that. Does this scenario make
14 sense that they would not have operated TT-26
15 at all? The answer is no. So again, somebody
16 could come to us and say, well, I can show you
17 how they operated the supply system and that
18 they could be very low or no concentrations
19 above the MCL. And our answer would be the
20 way to do that is not to operate TT-26, and
21 that's not a realistic scenario.

22 **MR. BYRON (by Telephone):** Okay, so in other
23 words some of this you're getting from the
24 operators. Was there written procedures in
25 the '80s on how they operated at the pump

1 house?

2 **MR. MASLIA:** Not to our knowledge.

3 **MR. BYRON (by Telephone):** Not to your
4 knowledge. Is there procedures written now?

5 **MR. MASLIA:** I have not seen any, but that
6 does not --

7 **MR. BYRON (by Telephone):** Well, that needs
8 to be asked, and you want to know what
9 revision level they're at if you want to get
10 it a little clearer. But, you know, from what
11 you're telling me I understand what you're
12 saying, and it makes sense. But like I said
13 if you want to know, those are a couple of
14 questions you may need to ask.

15 **MR. MASLIA:** Okay.

16 **MR. BYRON (by Telephone):** That's all, a
17 recommendation.

18 **MR. ENSMINGER (by Telephone):** This is Jerry
19 Ensminger. We also discussed the existence of
20 a North Carolina law that prohibited the
21 pumping of any one given well for more than 12
22 hours. Has anybody checked out the existence
23 of that law?

24 **MR. MASLIA:** I believe there is such a law.
25 Again, I don't believe, at least until the

1 Marine Corps came under North Carolina law,
2 which I think was in the '80s, that that did
3 not apply to them. And again, in the model we
4 did it on a monthly averaged over a day. So
5 in other words so it wouldn't matter if they
6 operated 12 -- let me go back. If they pumped
7 100,000 gallons over a month, the model can't
8 tell the difference whether they do that in
9 one day, ten days or 30 days because it's
10 averaged over a month.

11 **MR. ENSMINGER (by Telephone):** And the
12 reason I'm saying this is I would imagine you
13 were talking about in the '80s and taking the
14 state took primacy over the Safe Drinking
15 Water Act, the EPA, in what, March of 1980?

16 **MR. MASLIA:** Somewhere in the '80s.

17 **MR. ENSMINGER (by Telephone):** Yeah, 1980.
18 According to our water treatment plant
19 operator contact, they were turning wells on
20 and leaving them on for weeks during the '80s.
21 So, I mean, this was ^ . That would have a
22 great impact on your model.

23 **MR. MASLIA:** Not really because in other
24 words that's a legal issue, but when we turn
25 on a well, unless we have some indication,

1 whether by the model or by a measured water
2 level to turn it off, then we kept it running.
3 So in other words, we did not, we didn't use
4 this 12-hour limit in the model.

5 Again, what we used were available
6 water level measurements, air line
7 measurements, concentrations and the monthly
8 production in '78 and the early '80s. That's
9 really what the model was calibrated against.

10 **MR. BYRON (by Telephone):** That sounds good.
11 This is Jeff.

12 **DR. BOVE:** And the model does a good job of
13 predicting what actually was found in the
14 drinking water. So that's why we feel good
15 about the model. And again, there are
16 different purposes in going on here. The
17 purpose of the epi study, we want to have
18 reasonable estimates of what those contaminant
19 levels were in the water as best we can on a
20 month-by-month basis, understanding that a
21 month-by-month basis is real difficult to do
22 for modeling as well as for determining when
23 gestational ages are and so on.

24 So even in a month-by-month basis,
25 it's difficult on both the water modeling side

1 and the epi side although it's important to
2 know at the same time what happens on a month-
3 by-month basis because the birth defects occur
4 in a short window of time. So we have all
5 these difficulties in an epidemiologic study,
6 both on the exposure side and the outcome
7 side. And we're trying to do the best we can
8 given what tools we have.

9 And I think that for the exposure
10 assessment, the model does a good job of
11 estimating exposure. It may not satisfy other
12 purposes that the modeling could be used for,
13 but I think it will satisfy the epi study as
14 much as anything, as much as it can.

15 **MR. ENSMINGER (by Telephone):** Morris, this
16 is Jerry Ensminger. You said this expert
17 panel meeting is going to take place in
18 January?

19 **MR. MASLIA:** Right now that's what we
20 tentatively have it scheduled. We have it
21 scheduled primarily because we have
22 representatives from academia. It's typically
23 right before they go back to school, the same
24 reason we did the first one near the end of
25 March. So if we can't get it done the second

1 week of January, then the next available date
2 I would think would be the end of March.

3 **MR. ENSMINGER (by Telephone):** I thought you
4 were going to try to have this in this year.

5 **MR. MASLIA:** No, there's no possible way
6 because we have to be able to give them like a
7 data report from Hadnot Point, and we're just
8 in the process of starting to put that
9 together.

10 **MR. ENSMINGER (by Telephone):** Oh. I would
11 prefer that you wait until after the
12 inauguration of the new administration.

13 **DR. BOVE:** The most important thing, Jerry,
14 is to have that data report on Hadnot Point
15 together so that the expert panel can have
16 something to review. And so that's the most
17 important thing. The second most important
18 thing is to have a date where they can make
19 it, and so that's our focus. We can't be
20 driven by the -- I don't think the election
21 will have an impact on this issue.

22 **MR. ENSMINGER (by Telephone):** This is Jerry
23 Ensminger again. On a lighter note, all the
24 folks that were down at Camp Lejeune or up
25 near Camp Lejeune in February for that meeting

1 on ^ Hadnot -- remember that? They gave us a
2 little tour. We were ^. Everybody remember
3 that?

4 (Whereupon, severe telephonic interruption
5 ensued.)

6 **MR. BYRON (by Telephone):** Yeah.

7 **MS. RUCKART:** Is anybody watching this
8 meeting over the internet? I'm wondering if
9 this feedback is coming because you might be
10 watching it over the internet at the same time
11 you're dialing in on the phone.

12 **MR. BYRON (by Telephone):** Hang on. Let me
13 turn it off.

14 **MS. RUCKART:** Yeah, I think that might be
15 causing some of this feedback because there's
16 a delay, and you hear in the background it's
17 not syncing up.

18 Also, I heard some beeps indicating
19 that other people have joined us.

20 **MR. PARTAIN (by Telephone):** Yeah, I did,
21 too.

22 **MS. RUCKART:** Is anyone else on the line?

23 **MS. McCALL (by Telephone):** I'm here.

24 **MR. TOWNSEND (by Telephone):** Yeah, I'm
25 here, and I've got to leave in a second. I

1 want to ask Morris --

2 **MS. RUCKART:** Who did I just hear? Was that
3 Denita?

4 **MS. McCALL (by Telephone):** Yes.

5 **MS. RUCKART:** Welcome, Denita.

6 **MR. PARTAIN (by Telephone):** Hi, Denita.

7 **MS. RUCKART:** Tom, are you on? Tom
8 Townsend?

9 **MR. TOWNSEND (by Telephone):** Yeah, I'm
10 here.

11 **MS. RUCKART:** Sandra, are you on?

12 **MS. BRIDGES (by Telephone):** Yes, I am.

13 **MS. RUCKART:** Okay, great, we're all here.
14 Thanks.

15 **MR. ENSMINGER (by Telephone):** Now where I
16 was at was when we were on that tour, we
17 pulled in between lots 201 and 203, and I
18 specifically pointed out some sick trees on
19 lot 203. Well, I was just down there the
20 other day, and about seven acres of trees had
21 been completely mulched, ground up, and the
22 weeds are just about high enough now to cover
23 up the debris from those trees. They weren't
24 logged. They were just ground up by that big
25 brush-eating machine that the base got. I'll

1 tell you what. That's all right. I know the
2 story.

3 **MR. MASLIA:** This is Morris. Are there any
4 more questions because I do have some other
5 things I need to take care of.

6 **MR. PARTAIN (by Telephone):** Yeah, Morris,
7 I've got a question. This is Mike Partain.
8 Just real quick, you had mentioned when you
9 started running the sample data on well TT-23.
10 What is the running sample data?

11 **MR. MASLIA:** In Chapter A -- I forget --
12 it's Figure A3. I think it's page A-16. I'm
13 not sure. But there's a chronology figure.
14 It's a full-color figure. I don't have
15 Chapter A with me. But right around July of
16 '84 there's some sample, it lists some sample
17 data, some TCE, PCE.

18 **MR. PARTAIN (by Telephone):** Yeah, I know
19 what you're talking about now.

20 **MR. MASLIA:** Okay. And, of course, we
21 obtained that from a chronology provided to us
22 by the Marine Corps. The chronology does not
23 have an author on the actual chronology
24 itself, although attached to it is a cover,
25 and there's an author on the memo transmitting

1 it. Okay, fine. As we started looking back
2 into it, we started noticing that the exact
3 same verbiage was copied from report to report
4 to report. And what we were trying to find
5 out is what the original source of that data
6 and why for that particular data there are no
7 laboratory samples.

8 **MR. PARTAIN (by Telephone):** And we're
9 trying to do the same --

10 **MR. MASLIA:** Okay, and what we have
11 concluded is that the original report or
12 original of the first time it was cited, which
13 is in a report by McMorris, I believe, the CLW
14 document I don't have right on my fingertips.

15 **MR. ENSMINGER (by Telephone):** It's not
16 McMorris. It's Tom Morris.

17 **MR. MASLIA:** No, no, no, there's a report.
18 That's where the erroneous information comes
19 in. He pulled it from a report from Cheryl --
20 with a C, C-H-E-R-Y-L -- McMorris. I can give
21 you the CLW document. I don't have it at my
22 fingertips, but it --

23 **MR. PARTAIN (by Telephone):** Can you send me
24 that document?

25 **MR. MASLIA:** Yeah, it's on the DVD that we

1 sent. It's publicly released, but I'll e-mail
2 you the document number and the document
3 itself. That's not a problem to do. But in
4 it, and numbers were transcribed from other
5 sample data that occurred in '85. That's
6 where the 37 parts per billion comes in. And
7 as well as TCE was confused for PCE.

8 In other words, trichloroethylene was
9 confused for tetrachloroethylene, and they
10 referred to each of the compounds erroneously.
11 And so what we have concluded -- and this will
12 be in Chapter K report. We have written up an
13 errata explaining this chronology.

14 And that those -- and I don't want to
15 call them sample data because we don't have
16 the laboratory samples, but that information
17 that is listed in that chronology table in
18 Chapter A, that obviously is verbatim from the
19 chronology that ATSDR used in its health
20 assessment, from the Marine Corps, from other
21 chronologies is erroneous and needs to be
22 ignored. It does not -- let me repeat this so
23 everybody is -- it has absolutely no, zero,
24 none effect on the model.

25 **MR. ENSMINGER (by Telephone):** What was

1 their interest -- I know this doesn't have
2 anything to do with you, Morris, but what was
3 their damn interest in generating this damn
4 lie in the '90s when they created this crap?

5 **DR. BOVE:** We can't answer that, Jerry. We
6 can't answer that. All we know is that it's
7 not trichloroethylene. It's perchloroethylene
8 that they were referring to. They referred to
9 perchloroethylene in the document he's talking
10 about, because I've seen it, as TCE. So
11 unfortunately, they got the two mixed up.

12 **MR. ENSMINGER (by Telephone):** Well, wait a
13 minute, Frank. I found samples, and I found
14 analytical data results that list both
15 chemicals.

16 **DR. BOVE:** But if you read the report, Jerry
17 -- Jerry, Jerry, if you read the report, it
18 says --

19 **MR. PARTAIN (by Telephone):** I don't want to
20 interrupt you guys, but I know what report
21 you're talking about, and it is correct that
22 they mislabeled tetrachloroethylene as TCE --

23 **DR. BOVE:** Yes, they mislabeled.

24 **MR. PARTAIN (by Telephone):** -- now, it's a
25 report from the state of North Carolina in

1 1987.

2 **DR. BOVE:** Right. Now there is that one
3 sample that the state took that had higher
4 trichloroethylene reading than
5 perchloroethylene. And we have one sample
6 there. The lab we think is probably a good
7 lab, so it's an accurate sample, and there
8 could be several reasons why that could happen
9 in a sample. And we'll discuss --

10 **MR. ENSMINGER (by Telephone):** Yes, it had a
11 maintenance shop behind it.

12 **DR. BOVE:** Well, that's one, but there are
13 other possible ways to determine why that
14 happened, and that'll be in the report
15 including how you took the sample and what was
16 going on with that well before the sample took
17 place. So we'll address this, but it is the
18 only one. All the other samples show what
19 you'd expect. And we think that it has
20 something to do, but we'll never be sure, but
21 we think it has something to do with the fact
22 the well was not operating for awhile.

23 And it could also be how the sample
24 was taken. This happens in the field all the
25 time so that when we hear people say that the

1 field data is the gold standard, you have to
2 take a step back and say, well, sometimes the
3 field data can mislead. And in this case I
4 think that's what's going on here.

5 **MR. PARTAIN (by Telephone):** Well, one thing
6 I would like to add what Morris was talking
7 about was the Y-84 sampling, and I do
8 understand that with the sample the levels
9 that we're seeing would not have an effect on
10 the overall reading. However, that report
11 that you mentioned was Cheryl from the ^. She
12 is misquoting the actual chemical in the
13 water.

14 But there are several other reports
15 that reference testing done in July of 1984 by
16 the Navy. And we're not seeing or have not
17 found the analytical bounds for those tests.

18 **MR. MASLIA:** If you're referring to these
19 same samples, you will not find those reports.
20 And that's because of a practice -- and it's
21 not only used by the Navy. It's used by every
22 consultant that I know -- is that when they're
23 doing a report or analysis of an area that
24 someone has already done, they go back and
25 quote a previous report.

1 And what you fall into the trap of is,
2 in this case when we really are interested in
3 the analytical, you have to go back and find
4 the original source document. So what
5 everybody did -- for example, McMorris
6 misquoted it and transcribed, then someone
7 else quoted the McMorris report. Then someone
8 else quoted that third report and so on.

9 So you have all these reports that
10 look like you've got all this weight of
11 evidence, but when you go through them, you
12 plug back to the McMorris report, which is in
13 error, and we still do not have the original
14 sample data. We provide an explanation why we
15 feel there will not be an analytical report
16 because no sampling was actually had taken
17 place in 8/84.

18 **MR. PARTAIN (by Telephone):** I don't mean to
19 cut you off, Morris, but I'm going to have to
20 try to run, but I believe there are documents
21 that predate that North Carolina report that
22 references that July sampling in 1984. I'm
23 going to have to go back and pull my file for
24 that, and I'll get those together and give you
25 those document numbers. But that would be --

1 it predates Cheryl's report and the North
2 Carolina report there, then that throws that
3 out the window as far as the July 1984
4 sampling. So, I mean, if you read her report,
5 it's very clear that either she's writing it
6 for someone else and has no idea what she's
7 writing about or she's been given a lot of
8 incorrect information.

9 **MR. ENSMINGER (by Telephone):** Well, and you
10 know, all this stuff was quoted on their
11 technology to justify the fact that they had
12 tested this well; they found it was
13 contaminated and immediately upon ^ they never
14 turned that contaminated well off. But we
15 know that's a crock of crap. They didn't turn
16 the well off, so what they're trying to do
17 here is create a story line to cover their
18 ass, and I'm sick of it.

19 **DR. BOVE:** Jerry, okay. Morris has to go.
20 Are there any other questions for Morris?

21 **MR. PARTAIN (by Telephone):** If you would,
22 Morris, the other thing you referenced
23 earlier, if you could e-mail me the document
24 number.

25 **MR. MASLIA:** The McMorris document?

1 **MR. PARTAIN (by Telephone):** The one where
2 misquoting the TCE?

3 **MR. MASLIA:** Yeah.

4 **MR. PARTAIN (by Telephone):** No, I've got
5 that. I know that one.

6 **MR. MASLIA:** That's the one I'm referring
7 to.

8 **MR. ENSMINGER (by Telephone):** Hey, Morris?

9 **MR. MASLIA:** Yes.

10 **MR. ENSMINGER (by Telephone):** Don't forget
11 to vote.

12 **MR. MASLIA:** I'm registered.

13 **MR. ENSMINGER (by Telephone):** You've got
14 that early voting. Get over there and vote.

15 **MR. MASLIA:** Okay, thanks, guys.

16 **MR. PARTAIN (by Telephone):** One last thing
17 before I go because I've got to run, too.
18 When we were talking about the different, you
19 know, the methodology ^, one thing that I am
20 concerned about is that the report be used as
21 the final judgment on everything that was in
22 the water and the concentrations in the water.

23 Now, I understand that this is an
24 epidemiological modeling for TCE and PCE, but
25 I don't want, you know, the language of the

1 report, I don't want to see or give an
2 opportunity to say, well, that was the only
3 thing there; that's the only thing we're
4 dealing with and use it to defend against this
5 panel. Does that make sense?

6 **DR. BOVE:** It does, but we have to do what
7 we have to do. And the modeling is going to
8 have to say what we think, you know, the best
9 estimate of the exposures are. And after that
10 --

11 **MR. PARTAIN (by Telephone):** The modeling
12 dealing with the PCE and the TCE specifically,
13 but it doesn't preclude that there's anything
14 else in there like the benzene readings in TT-
15 23, or does it not?

16 **DR. BOVE:** Based on monthly averages this is
17 what we have on a monthly average. It's not
18 going to, the model is not going to tell you
19 what's in the water on a day-by-day basis.

20 **MR. PARTAIN (by Telephone):** Okay.

21 **DR. BOVE:** And so if you want to make an
22 argument about benzene being in the water on a
23 certain day or a few days, that's something
24 that the model couldn't tell you. But, you
25 know, again, you're using the model for

1 another purpose then, a purpose that the model
2 could never really satisfy. It's really the
3 best we have, and it's scientifically, but it
4 won't answer all your questions.

5 **MR. BYRON (by Telephone):** I think the point
6 is that it reflects that there was benzene in
7 the water.

8 **MR. MASLIA:** No, it will not reflect that
9 there's benzene in the water --

10 **MR. BYRON (by Telephone):** But the sampling
11 that you took, those do show that there was
12 benzene and those are listed in probably in
13 appendices or the chapter somewhere, right?

14 **MR. MASLIA:** Right. In Chapter E. Again, I
15 would refer you to Chapter E where we do have
16 a discussion of contaminants in groundwater,
17 and they specifically address three --

18 **MR. BYRON (by Telephone):** But the whole
19 point is you have to get past the summary and
20 read the report.

21 **MR. MASLIA:** Well, yeah, yeah. You've got
22 to read that --

23 **MR. BYRON (by Telephone):** A lot of people
24 just read the summary that don't have the
25 scientific data you have, and they make a lot

1 of assumptions. The point is is if you're
2 going to make any assumptions, you better have
3 read the whole report.

4 **MR. MASLIA:** That is correct. Our approach
5 was to have a summary document so anyone could
6 sort of see the big picture; what we did; why
7 we did it, and then for the details go to each
8 of the chapter reports.

9 **MR. BYRON (by Telephone):** Right, right, but
10 the point is you were looking at TCE, PCE, but
11 these other chemicals are in the report.

12 **MR. MASLIA:** They're not modeled. They're -
13 -

14 **MR. BYRON (by Telephone):** They're not
15 modeled, but they are in the report, part of
16 the reading.

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

18 **MR. PARTAIN (by Telephone):** Okay, that's
19 all I want to make sure.

20 And on that note, gentlemen and Denita
21 and Perri, y'all have a great day, and y'all
22 take care.

23 **MR. BYRON (by Telephone):** Okay, you too,
24 but we're going to continue.

25 **MR. PARTAIN (by Telephone):** I'm hanging up.

1 **MS. RUCKART:** Well, I believe that's all
2 from Morris, and he is going to be leaving us
3 now. We had put on the agenda just to take a
4 five-minute break. So let's go ahead and do
5 that now, and we'll meet back in five minutes.

6 (Whereupon, a break was taken from 2:05 p.m.
7 to 2:15 p.m.)

8 **MS. RUCKART:** I do want to just make sure
9 everybody's back on so let's just go around
10 real quick and make sure before we start. So
11 we know Sandra's on.

12 **MS. BRIDGES (by Telephone):** Yes, Sandra
13 Bridges.

14 **MR. TOWNSEND (by Telephone):** Tom Townsend.

15 **DR. CLAPP (by Telephone):** Dick Clapp.

16 **MR. ENSMINGER (by Telephone):** Jerry
17 Ensminger.

18 **MR. BYRON (by Telephone):** Jeff Byron.

19 **MS. RUCKART:** Denita?

20 **MS. SIMMONS (by Telephone):** Mary Ann.

21 **MS. RUCKART:** Denita, are you on?

22 (no response)

23 **MS. RUCKART:** And then we know Mike had to
24 leave.

25 **MR. ENSMINGER (by Telephone):** Yeah, well,

1 to answer Sandy's question, I had my phone on
2 mute because I was getting my dogs back
3 inside, but, yes, I did go down and I actually
4 did get a chance to sit down with Michelle
5 Obama yesterday. And I gave her a complete
6 layout of this nightmare, and they're fully
7 aware of it.

8 **MS. BRIDGES (by Telephone):** What did she
9 say?

10 **MR. ENSMINGER (by Telephone):** She started
11 crying.

12 **MS. BRIDGES (by Telephone):** She did?

13 **MR. ENSMINGER (by Telephone):** Yeah.

14 **MS. BRIDGES (by Telephone):** That sort of
15 leads us to think that she will help us.

16 **MR. ENSMINGER (by Telephone):** Yeah, but
17 let's get on with this meeting. We can talk
18 about this later.

19 **RECAP OF JULY 16, 2008 CAP MEETING**

20 **MS. RUCKART:** I just want to give a brief
21 summary of the action items from our last
22 meeting in July, and I do have an update from
23 Scott Williams from some of the USMC action
24 items.

25 Mary Ann, I didn't know if you wanted

1 me to give that or if you wanted to.

2 **MS. SIMMONS (by Telephone):** Yes, go ahead,
3 Perri, if you don't mind.

4 **MS. RUCKART:** Oh, no, that's fine.

5 One thing discussed at the last
6 meeting was a request for the USMC to find out
7 where the search index for the Booz-Allen-
8 Hamilton search of CL water documents is. And
9 the response is that the USMC will review the
10 BAH index document titles for FOIA PA
11 information and provide a copy to the CAP if
12 they would like one.

13 **MR. ENSMINGER (by Telephone):** Yep.

14 **MS. RUCKART:** Okay, I thought that --

15 **MR. BYRON (by Telephone):** Is there a date
16 on that by the way?

17 **MS. RUCKART:** No.

18 **MR. BYRON (by Telephone):** Oh, you need to
19 get a date.

20 **MS. RUCKART:** Okay, Mary Ann, do you have
21 any information about that?

22 **MS. SIMMONS (by Telephone):** I'll get the
23 date.

24 **MS. RUCKART:** There is a request for the DOD
25 to repost the chronology and searchable

1 library of documents on their Camp Lejeune
2 website. The response: The USMC elected to
3 post the GAO chronology on their website as a
4 discriminate, independent, third party. The
5 searchable document library website, the
6 online reading room, is nearly complete.
7 However, the documents to be placed on the
8 website are still in review in the
9 Headquarters Marine Corps' FOIA Office.

10 **MR. ENSMINGER (by Telephone):** Say what?

11 **MR. BYRON (by Telephone):** I know what they
12 said, but you don't want to hear it over the
13 phone; in other words, no. So go on.

14 **DR. BOVE:** Well, they said under review so
15 we're hoping that they get this online, but
16 it's not a no, yet. It may be a no, but it's
17 not a no yet.

18 **MS. RUCKART:** Well, some positive things to
19 report that we had discussed generating some
20 minutes of the meetings between ATSDR and DOD
21 and providing those to the CAP as well as
22 external stakeholders who want them. And we
23 e-mailed the minutes from the June 2008 and
24 July 2008 meetings to the CAP members, and we
25 also placed them on the ATSDR Camp Lejeune

1 website. And CAP members were also provided
2 with the 2009 APOW.

3 And the CAP wanted to know how they
4 will get copies of correspondence between
5 ATSDR and the DOD, will they be cc'd. We're
6 not able to cc you, but we will be sharing
7 copies of final official documents as soon as
8 we're able to get them to you.

9 **MR. ENSMINGER (by Telephone):** Wait a
10 minute. You said final documents, right?

11 **MS. RUCKART:** The correspondence. You know,
12 we have correspondence between ourselves and
13 the DOD, and we can share with you final
14 correspondence.

15 **MR. ENSMINGER (by Telephone):** Once it's
16 signed.

17 **MS. RUCKART:** Yes.

18 **MR. ENSMINGER (by Telephone):** And that
19 makes it official, and then you can share that
20 with us.

21 **MS. RUCKART:** Yes.

22 **MR. ENSMINGER (by Telephone):** Okay, good.
23 What about their incoming correspondence to
24 you?

25 **MS. RUCKART:** That's really a question for

1 them.

2 **MR. ENSMINGER (by Telephone):** Why? If
3 you're the owner of it once you receive it.

4 **DR. BOVE:** That's the position of our higher
5 ups.

6 **MR. ENSMINGER (by Telephone):** Higher ups.

7 **DR. BOVE:** Yeah, our feeling is that --
8 well, not our feeling. We will be
9 transparent. You will know what's going on.

10 **MR. ENSMINGER (by Telephone):** By having one
11 side of the conversation?

12 **DR. BOVE:** Well, you will also see our
13 response.

14 **MR. ENSMINGER (by Telephone):** Who are you
15 referring to, Frank, when you say your higher
16 ups?

17 **DR. BOVE:** Our higher ups.

18 **MR. ENSMINGER (by Telephone):** I want a name
19 as well as their address.

20 **DR. BOVE:** You know who they are.

21 **MR. ENSMINGER (by Telephone):** No, I don't.
22 This is official. This is being recorded. I
23 want to know a name.

24 **DR. BOVE:** You want to know a name.

25 **MR. ENSMINGER (by Telephone):** Yes.

1 **MR. BYRON (by Telephone):** We're talking
2 about accountability in this country.

3 **MR. ENSMINGER (by Telephone):** Let me ask
4 you. Is it Dr. Sinks?

5 **DR. BOVE:** He's one of our higher ups, yes.

6 **MS. RUCKART:** I have to tell you that I read
7 through the transcripts from all our meetings
8 very carefully, and at the last meeting -- I
9 recently was reviewing the transcript so it's
10 fresh in my mind -- Jerry and Tom had a little
11 interchange where Tom let Jerry know that he
12 was always available. If Jerry had concerns
13 he was welcome to call or e-mail Tom. So this
14 is a perfect thing for you to get in touch
15 with Tom about.

16 **MR. ENSMINGER (by Telephone):** Absolutely, I
17 will, thank you, but I needed to know who it
18 was.

19 **DR. CLAPP (by Telephone):** ^ both names.

20 **MR. ENSMINGER (by Telephone):** What?

21 **DR. CLAPP (by Telephone):** These are both
22 Frank and Perri's higher ups are on the
23 memorandum of understanding that we all got?

24 **DR. BOVE:** Yeah, the MOU -- by the way, that
25 was a mistake because the MOU is still in

1 draft form of when we sent it to you just so
2 you know. I don't think there'll be much
3 change in the MOU or any change, but it's
4 still -- as far as I know -- hasn't been
5 finalized and signed by both parties so just
6 keep that in mind. We wanted to send --

7 **MR. ENSMINGER (by Telephone):** It doesn't
8 matter because you guys are the only ones that
9 are held to the letter of the law of the damn
10 thing. They don't live up to anything.

11 **DR. BOVE:** Well, I know but, well, whatever.
12 I mean, we're trying to just make sure you
13 have the documents, and the APOW has been
14 signed by both parties so that's official.
15 And the MOU will be signed eventually, and
16 when it's signed, we'll send you the official
17 version. But it's really not that different
18 from the APOW, and if you have any questions
19 about the APOW, we should, we can discuss it
20 during this call.

21 **MR. ENSMINGER (by Telephone):** What's the
22 amount of money that they requested on the
23 APOW?

24 **MS. RUCKART:** Well, Jerry, let's just table
25 that for a second because we do have that

1 agenda item listed, and there's just a few
2 more things to go through in terms of what
3 happened at the last meeting. Okay?

4 **MR. ENSMINGER (by Telephone):** Uh-huh.

5 **MS. RUCKART:** There was a request at the
6 last meeting to put a return by date on the
7 survey invitation letter to create a sense of
8 urgency, and we have added some dates to our
9 materials. And we also discussed sending a
10 notification letter to participants in the
11 1999-to-2002 ATSDR survey. And we provided
12 the names and addresses at the time of the
13 survey and a letter to the DOD on August 4th.
14 And I believe that those letters started going
15 out to the participants of the previous
16 survey.

17 It was also discussed at the last
18 meeting making a web-based survey in such a
19 way that it could be started and then saved
20 and then completed later if you couldn't
21 finish it all in one sitting. And we have
22 added procedures for that in our protocol. It
23 was discussed that ATSDR would share drafts of
24 the mortality study and cancer incidence study
25 protocol. So they're ready and draft

1 protocols were e-mailed to the CAP on August
2 15th.

3 One thing that we also discussed at
4 the last meeting was what particular health
5 conditions we would be asking about in the
6 health survey. It's like a general catch-all
7 question, and we discussed that we would
8 receive input from any interested parties at
9 the deadline of August 8th. So we have added
10 some more conditions to the health survey. We
11 can discuss that in a little bit.

12 And then our agenda items for future
13 meetings were the update on the water
14 modeling, the survey and stakeholder analysis
15 feedback. So you have the water modeling
16 update. We'll talk about the survey here in a
17 few minutes. I do have some information from
18 Scott Williams on the stakeholder analysis
19 feed back.

20 He says the stakeholder outreach and
21 analysis is 66 percent complete. It is
22 currently in the quantitative phone survey
23 phase. They expect the final report to be
24 completed by the end of the year. He also
25 wanted me to share some information with you

1 all about the registry process. As of noon
2 yesterday the call center has logged 81,885
3 unique registrations. There are also an
4 additional 13,667 registrations pending
5 validation to make sure they're not
6 duplicates.

7 **MR. BYRON (by Telephone):** That's good.

8 **MR. ENSMINGER (by Telephone):** A little more
9 about a hundred grand.

10 **MS. RUCKART:** Potentially.

11 **DR. BOVE:** Yeah, most of them are the --

12 **MR. BYRON (by Telephone):** Almost half the
13 way there.

14 **DR. BOVE:** Most of them are from the mailing
15 to the DMDC list which had a 210,000 I think
16 it was, and so that's where most of these are
17 coming from. I think there's, we're trying to
18 get Scott to figure out how many were just
19 people who called in that weren't on the DMDC
20 list, but he was having difficulty doing that
21 because of the way the data was being
22 accumulated by the contractor.

23 And he couldn't really, we could only
24 guesstimate what it was, and so we're still
25 not sure how many people have registered just

1 because they've heard about it from some other
2 means, whether from the news reports or word
3 of mouth or whatever.

4 **MR. BYRON (by Telephone):** Yeah, this is
5 Jeff, and at the last NAS meeting they
6 expressed the concern that there was delay
7 because a lot of the members on the website
8 were not registering with the Marine Corps.
9 Now, I'm not in favor nor against them
10 registering in the Marine Corps' website or
11 registry for this survey, but I could say that
12 it was expressed that it was delaying the data
13 gathering and the information that's needed to
14 conduct this by a couple months.

15 Well, for those people who are
16 listening to this telecast or this broadcast,
17 you know, it may behoove you to consider that
18 and do what is best for your family, and you
19 have to make that decision on your own. I
20 wouldn't allow any website to do that for you.

21 **DR. BOVE:** Those that send messages to us,
22 we're giving them to the Marine Corps so they
23 will get registered if they do send an e-mail
24 to our Camp Lejeune box. But it would be
25 probably more efficient if they go directly --

1 not probably. It will be more efficient if
2 they go directly to the Marine Corps.

3 **MR. ENSMINGER (by Telephone):** Well,
4 somebody needs to tell that to somebody named
5 Candy Little.

6 **MR. BYRON (by Telephone):** Well, the Marine
7 Corps has requested that -- this is Jeff Byron
8 -- that I get in contact with Water Survivors
9 and try to persuade them to encourage their
10 membership. And like I said it's just my
11 personal belief that they could state that it
12 is a delay, but it is still my opinion that
13 each family, or the head of each family, or
14 each individual needs to decide whether
15 they're giving up information that could be
16 harmful to them in the future.

17 **MS. RUCKART:** There's definitely a delay --

18 **MR. BYRON (by Telephone):** They should not
19 allow any other individual, they should
20 consult with a lawyer, and I am no lawyer.

21 **MS. RUCKART:** Yes, there's definitely a
22 delay because I only send those over to the
23 Marine Corps in monthly batches.

24 **MR. BYRON (by Telephone):** I understand.
25 I'm just repeating it so that the viewers or

1 the listeners can hear and that it's on the
2 official record that I told the Marine Corps
3 that there seemed to be some differences
4 between our websites and that my contacting
5 them personally would have no effect. So I'm
6 just bringing it up. They can make that, you
7 know, like I said, each individual should make
8 that up for their own and not allow someone
9 else to tell them what to do.

10 **MS. RUCKART:** Okay, well, that was all I had
11 in terms of recapping the last meeting. If
12 there are no more questions about that, we can
13 move on to Frank's update from the NAS
14 meeting.

15 **UPDATE ON NAS MEETING**

16 **DR. BOVE:** Well, actually Jeff was there,
17 too. I went over the feasibility assessment
18 and the three studies we were proposing to do.
19 And I think we've been over these studies now
20 at least a couple of CAP meetings so I don't
21 know if I need to go into any depth on them.
22 I'll just say briefly for the mortality study
23 it will be those who started active duty June
24 '75 or later and were at Camp Lejeune any time
25 during the period '75 to '85.

1 And civilian employees, they would
2 have had to start work, DOD work, in June of
3 '74 and be on the base any time between '74
4 and '85. And the reason we have to limit it
5 to that is because the unit code is not in the
6 database, DMDC Personnel Database, until June
7 '75, so we don't know where they were. If
8 they were active duty before '75, we don't
9 know where they were.

10 **MR. ENSMINGER (by Telephone):** Unless they
11 got transferred to Lejeune after that time.

12 **DR. BOVE:** We still wouldn't know where they
13 were before that time so --

14 **MR. ENSMINGER (by Telephone):** Oh, yeah,
15 before that, yeah.

16 **DR. BOVE:** So that will -- instead of
17 210,000, that probably will knock out about a
18 quarter of them, but we're not sure because we
19 don't have the raw data. But it's still an
20 enormous cohort and will be big enough for the
21 purpose of that study.

22 Now the civilians, it may cut more of
23 them, and that's a smaller cohort. So it
24 might have a bigger effect on them, but I
25 still think we'll have 5,000 or so civilians.

1 It's a smaller number, a much smaller number,
2 and it may be more difficult to see things
3 among the civilian employees, but that's what
4 we're stuck with. And we're also getting a
5 comparison group from Pendleton or from
6 another Marine base like Pendleton, if there
7 is one like --

8 **MR. ENSMINGER (by Telephone):** You mean like
9 Lejeune.

10 **DR. BOVE:** Oh, okay, like Lejeune.
11 Pendleton is like Lejeune, and so, yes, either
12 way you want to look at it, yes.

13 **MR. ENSMINGER (by Telephone):** So since
14 there are no other Marine Corps bases in the
15 continental United States that are, directly
16 mirror each other such as the way that
17 Pendleton and Lejeune do.

18 **DR. BOVE:** That's what our argument has
19 been, too. So that's the mortality study.
20 There's more to it, but I think unless you
21 have some questions about it, that's a pretty
22 straightforward study. The protocol, of
23 course, has been written. We're submitting it
24 to peer review. It has been submitted to peer
25 review and to our IRB, our Institutional

1 Review Board, so that's moving along.

2 **DR. CLAPP (by Telephone):** The National
3 Academy confirms that or concurs with that,
4 right?

5 **DR. BOVE:** Well, Jeff, you can chime in
6 because you were there, too. National Academy
7 basically -- Savitz, the Chair, said, well, it
8 sounds like this is a fait accompli. You're
9 going to do it anyway. And I said, well,
10 yeah, there's no reason not to. And so they
11 didn't really say much. Their questions to me
12 were mostly about exposure and the issue of
13 how you can determine where people were on
14 base.

15 And these are difficult issues, and
16 we've been discussing this both internally and
17 with the CAP. We've talked about the
18 difficulty of figuring out where units were
19 where on base and with the idea that what we
20 were trying to do when we went up to Camp
21 Lejeune was to rule out whether they were on
22 main side or not. Because most of the
23 barracks are on main side, but there are some
24 that are on other parts of the base.

25 If we could just figure out which ones

1 were not on main side, we'd be in good shape.
2 And I think we were able to do that initially,
3 and I think we'll revisit this as we get
4 closer to the mortality study and double check
5 and make sure that the units we think are on,
6 that are not on main side are definitely not
7 on main side and the ones that are, are. So
8 we'll be doing that in the next couple of
9 months, and we'll want your involvement, the
10 CAP's involvement in that for sure.

11 **MR. ENSMINGER (by Telephone):** Now this
12 expert panel meeting you're holding on this
13 water modeling in January, we're going to ^ ?

14 **DR. BOVE:** Well, right, right, that's
15 another topic, but yes. The CAP will be asked
16 to make a recommendation for one or two people
17 to be on the expert panel.

18 **MS. RUCKART:** I believe though it will be a
19 public meeting so you can come and sit in the
20 audience.

21 **DR. BOVE:** It will definitely be a public
22 meeting, but you will also be asked for a
23 representative, as will the Department of
24 Defense and the Navy and the Marine Corps. So
25 there will be representatives of the CAP and

1 the Marine Corps on the expert panel, but,
2 yes, the meeting's definitely open just like
3 the last time and anyone can attend and ask
4 questions from the floor, in fact, because
5 there were questions from the floor at that
6 meeting if I remember right.

7 We've been also talking about doing a
8 cancer incidence study, but we're putting that
9 one more on the back burner. We're
10 investigating what cancer registries we might
11 be able to work with and pursuing in that
12 sense, but we're putting it aside for now
13 because it's felt that the health survey may
14 be able to answer the question of what cancer
15 issues were at the base.

16 So just so you know, we're working
17 with our Division of Cancer Prevention to
18 start the discussion with the cancer
19 registries. We're going to need their help
20 anyway to confirm the cancers that are
21 reported in the health survey. But the idea
22 of the data linkage study was to use all 50
23 state cancer registries which has never been
24 done in this country, and we think it's
25 important to try to pursue it anyway to see if

1 we can get this kind of network, if not for
2 this study, for future studies to get all 50
3 state cancer registries on board and working
4 together.

5 So I'm using the Camp Lejeune
6 situation to try to push this because I think
7 it's important and our Cancer Prevention
8 Division thinks it's important, too, so we'll
9 see how it goes. But instead of putting a lot
10 of energy into that we're going to be putting
11 it into the mortality study and the health
12 survey. Are there any questions about that?

13 **MR. ENSMINGER (by Telephone):** Yeah. I
14 don't like that idea.

15 **MS. RUCKART:** Well, let me say one thing. I
16 want to add that we do have a cancer incidence
17 study protocol ready. We're still moving
18 forward. We're going to be seeking peer
19 review approval and IRB approval so that when
20 it comes time, if it is necessary to conduct
21 that study, we will be ready to go, and we
22 have created some preliminary budgets for
23 that. So we're moving forward. Frank's just
24 saying we may not need to go down that road,
25 but we are still progressing with it in case

1 that need does come up.

2 **DR. BOVE:** Okay, I guess the point I'm
3 trying to make is that we need to focus our
4 attention on the health survey and the
5 mortality study. And the cancer incidence
6 data linkage study is really a long shot. As
7 I said it's never been done before. The 50
8 state cancer registries have never been used
9 in this way, and so this is unprecedented, and
10 we don't know if we'll be successful even
11 getting half of them to work together let
12 alone all 50, but it's worth the attempt.
13 That's basically what I'm trying to say.

14 We haven't asked for any money for it
15 for fiscal year '09, but if the health survey
16 does not get the participation rate we want,
17 which is at least 65 percent, then we'll push
18 much harder to see if this data linkage study
19 can happen. But again, there are these huge
20 obstacles to that study. And as I said the 50
21 states have never, ever been used in this
22 fashion. So we're going to have to do some
23 arm twisting, quite a bit of it.

24 Now just to mention, the Gulf War
25 study, I think there are --

1 How many states did we, they're not
2 using even half the state cancer registries.

3 **DR. CLAPP (by Telephone):** That's right.

4 **DR. BOVE:** And so, I mean, at one point they
5 were only using six to 12.

6 **DR. CLAPP (by Telephone):** Right.

7 **DR. BOVE:** Actually, we did talk to Dr. Kang
8 and got a list of states and the issues. And
9 a number of states just either did not want to
10 participate in the study or they wanted an
11 incredible amount of money or they didn't get
12 back to him. So he's had some difficulty, and
13 he's not even dealt with half of them.

14 So I'm just saying that's why I'm
15 setting out all these caveats. We think that
16 we might have a better luck than him, but it
17 remains to be seen. So that's all for that.
18 Now are there any other questions about that
19 study?

20 **MR. ENSMINGER (by Telephone):** Yeah, I've
21 got one. When was this decision made not to
22 go forward with it?

23 **DR. BOVE:** Well, I think maybe I said it a
24 little too strongly. It's not that we're not
25 going forward with it. We're pursuing with

1 the Cancer Division contacting these cancer
2 registries and eventually we want to have a
3 conference call with as many of them as
4 possible. We also are going to meet with them
5 when they come to conferences and give talks
6 about this study when there's a gathering of
7 these cancer registries.

8 So it's not true that we're not
9 pursuing it, but we're putting it on the back
10 burner in the sense that we're focusing on the
11 other two studies first because we know we can
12 accomplish those two studies. And we don't
13 know, we really don't know, if we can even
14 accomplish this cancer data linkage study. So
15 that's on one side.

16 Now the other side of the coin is
17 this, and it is true that the Navy's position
18 is that the health survey should be able to
19 answer this question, and so therefore, a data
20 linkage study will not be necessary. As I
21 said, if the health survey has a good
22 participation rate, then it would be able to
23 answer this question, and there wouldn't be
24 necessarily a need to do the data linkage. So
25 that's on that side of the coin.

1 As I said, I would like to see it
2 happen, and we will pursue with the cancer
3 registries to see that if it is feasible, but
4 we still don't know if it's feasible.

5 **MR. BYRON (by Telephone):** Well, this is
6 Jeff Byron again. You're talking about the
7 participation rate in the health survey. How
8 many of them have actually gone out so far of
9 the 210,000 notices?

10 **HEALTH SURVEY DISCUSSION**

11 **DR. BOVE:** The health survey hasn't started
12 yet. I'll move on to that now, and, Perri,
13 you can chime in, too. But the health survey
14 --

15 **MR. ENSMINGER (by Telephone):** What were
16 they saying it was 60-some percent complete?

17 **MS. RUCKART:** Okay, there's a couple things
18 going on. That was their focus group. They
19 were going to conduct a stakeholder analysis
20 to find out about what are the best methods to
21 get people to register.

22 You know, they -- staff presented
23 something very extensive at the last meeting
24 how they had all the media outreach. They had
25 some things on Yahoo or USAtoday.com, all of

1 that. And then they were going to be meeting
2 with some stakeholders and getting feedback
3 from them what are the best ways to reach you.
4 Are there certain magazines that people read
5 or things like this. So that is 66 percent
6 complete.

7 **MR. ENSMINGER (by Telephone):** Who was their
8 focus group by the way?

9 **MS. RUCKART:** I have no idea. This is the
10 only information I have.

11 Mary Ann, do you know any more about
12 this?

13 **MS. SIMMONS (by Telephone):** I don't know
14 exactly. I know they did a bunch in
15 Jacksonville, and I'm not sure. I can find
16 out and report back to the CAP if that's
17 useful.

18 **DR. BOVE:** Jerry, that may be the thing that
19 we were talking about this morning. That
20 might be -- because I forgot about this effort
21 that they were doing. But maybe --

22 **MR. ENSMINGER (by Telephone):** Well, I'm
23 going to tell you what. If they go contacting
24 victims, and these people don't know anything
25 about what's going on, these people are going

1 to slam the damn phone down on them because
2 they don't want to talk to them.

3 **DR. BOVE:** That's going to be up to the
4 Marine Corps to deal with.

5 **MR. ENSMINGER (by Telephone):** That thing
6 that Mary Ann there so she can pass that on.
7 But, I mean, you know, these people are
8 extremely leery of the government now, and
9 unless you work through the ^ the people at
10 the website, I'll tell you what, you'll be
11 wasting a lot of time because most of these
12 people are going to hang up on them.

13 **MS. SIMMONS (by Telephone):** Like I said,
14 I'm not real familiar with the study methods,
15 but I can find out. I do believe they had
16 face-to-face meetings with some different
17 groups in Jacksonville so at least there was
18 some face-to-face.

19 **MR. ENSMINGER (by Telephone):** Were they
20 even victims?

21 **MS. SIMMONS (by Telephone):** I don't know
22 who they were.

23 **DR. BOVE:** And we don't have --

24 **MR. ENSMINGER (by Telephone):** If you don't
25 contact the victims, this is just more of the

1 same.

2 **DR. BOVE:** Okay, Jerry, okay, this is
3 something Mary Ann can take back to the Marine
4 Corps. It has nothing to do with the health
5 survey.

6 **MR. ENSMINGER (by Telephone):** ^.

7 **MS. RUCKART:** I want to just try to make
8 things a little bit more clear. I think Jeff
9 was having some questions about --

10 **MR. BYRON (by Telephone):** Yes.

11 **MS. RUCKART:** -- what's been going out and
12 the survey. Well, the USMC has the
13 registration process. They were tasked by
14 Congress to identify everybody that they can
15 reasonably identify who was stationed, living
16 or working at Camp Lejeune during the period
17 of drinking water contamination.

18 And because their DMDC database is
19 limited and doesn't have information on
20 everybody and the dependents, they cast a wide
21 net and that includes these media campaigns
22 and telling your friends who were there to
23 register with them. So the numbers that I was
24 reporting when Scott had let me know that
25 there were 81,000-and-some unique

1 registrations and 13,000 more that they're
2 checking to make sure there's no duplicates,
3 that's just their registration efforts.

4 When we send out the surveys, we're
5 going to be sending it to everybody who's in
6 the DMDC database. That's 210,222 former
7 Marines and Naval personnel. We're also going
8 to be sending the survey out to people whose
9 information we have from the 1999-to-2002
10 ATSDR survey. So that's the parents and
11 children. There were 12,598 children. So
12 it's all them plus --

13 **MR. BYRON (by Telephone):** Have they broke
14 it down how many Marines?

15 **MS. RUCKART:** It's 210,222.

16 **MR. BYRON (by Telephone):** Yeah, as far as
17 how many of them have responded so that we can
18 get a 65 percent participation rate?

19 **DR. BOVE:** We haven't sent the survey out
20 yet.

21 **MS. RUCKART:** What we're doing right now is
22 the preliminary work to identify who's going
23 to get a survey. We're going to send a survey
24 to the 210,222 Marines and Naval personnel who
25 we can get current addresses for. But first

1 of all we can't even send surveys yet because
2 we haven't gotten OMB approval. That's going
3 to happen sometime early next year.

4 So this is all the legwork to find out
5 who we can identify who's going to get a
6 survey. Then there's a multi-step process.
7 They're going to get a pre-notice letter
8 letting them know a survey will be coming.
9 Then they're going to get the survey, and then
10 we're going to have multiple follow-up
11 attempts to encourage participation if we
12 don't hear back.

13 So this is all pre-sending out the
14 survey. All these numbers we're giving you
15 are just the Marines' efforts to attempt to
16 notify and register as many people as
17 possible.

18 **MR. ENSMINGER (by Telephone):** Well, I have
19 a question. This is Jerry.

20 Frank, when do these protocols go up
21 to OMB?

22 **DR. BOVE:** First they have to get through
23 our CDC process, and it's still going through
24 our CDC process which includes now getting
25 approval from our Institutional Review Board

1 before it will leave the CDC and go to OMB.
2 So the earliest date I would think it would
3 get to OMB would be sometime at the end of
4 this year. And I think that we will be
5 sending the surveys out sometime this spring.

6 First, we're going to send a small
7 group of surveys out just to test the system
8 and then the rest of the surveys will probably
9 be sent out near the end of the spring. And
10 then there's a two-to-three month process
11 where doing repeat mailings as Perri just
12 pointed out, and even if that doesn't work, a
13 phone call if we can get their phone number as
14 well as e-mail notices if we have an e-mail
15 address.

16 So given all that the surveys should
17 finally be out, and then we would be getting
18 the data back sometime later next year. So
19 that's how we sort of had it figured out.

20 There are, from the survey, the ATSDR
21 survey, I estimate about 4,000 Marines in that
22 survey that are not already in the DMDC
23 database, and so if you count 4,000 Marines
24 plus their 12,500 spouses and 12,500 children,
25 you get something like 29,000 total from the

1 survey that are not duplicated by DMDC
2 database.

3 And the civilians will also, all 8,085
4 civilians, where we, again, get current
5 addresses. And we're going to use a locator
6 firm that specializes in getting current
7 addresses. So we feel if the people have an
8 address, we'll pretty much find it. So most
9 of these surveys should go to a person, not to
10 a dead letter office.

11 **MR. ENSMINGER (by Telephone):** Well, the
12 point I'm getting at is I would prefer to wait
13 until the Mayflower moving van moves away from
14 the White House with the current residents'
15 belongings before the OMB gets a look at this
16 thing.

17 **DR. BOVE:** Well, Jerry, I understand that.
18 But I think that I don't foresee any problem
19 with OMB. I think that --

20 **MR. ENSMINGER (by Telephone):** I do.

21 **DR. BOVE:** -- well, I know you do. But in
22 terms of the scientific validity of this
23 survey I think we're on pretty firm ground.
24 Now, there will be comments, and we'll have to
25 deal with them, but I don't think that, I

1 don't anticipate a major problem. If there
2 is, then we won't get approval until after the
3 Mayflower moving van leaves, but --

4 **MS. RUCKART:** But keep in mind --

5 **DR. BOVE:** -- we're trying to move forward
6 and get this moving as quickly as we can
7 because there's the other consideration that
8 people have wanted this survey for a long time
9 to get started, and we want to try to get it
10 as quickly as possible to happen.

11 **MS. RUCKART:** But keep in mind also that
12 this survey was mandated by Congress and OMB
13 is going to be fully aware of that.

14 **DR. BOVE:** Is fully aware.

15 **MR. ENSMINGER (by Telephone):** Dick Cheney
16 don't give a shit.

17 **DR. BOVE:** All right. Okay.

18 Now there is one issue about the
19 survey that I just want to emphasize that we
20 mentioned also to the NAS panel, and that is
21 that our focus is on those people we can
22 identify by these databases, the DMDC
23 database, which includes the Marines and
24 civilians and that includes Camp Pendleton
25 sample as well, and the ATSDR survey of 1999-

1 2002, and any next of kin of those who've died
2 that get identified through the mortality
3 study. So those are the people we will send
4 the survey out and focus our analysis on.

5 There is then another group of people.
6 They will also get a survey but will have to
7 be analyzed separately, and that is those
8 people who we just find out about because they
9 registered. They're not in any of these
10 computerized databases. And we're doing that
11 in order to make sure we have an unbiased
12 sample to begin with, that we're not already
13 biasing our sample at the initial stage.

14 There will be issues of bias in terms
15 of how many people participate, but if the
16 participation rate is high enough, that can be
17 minimized as well. But we want to start out
18 with an unbiased sample, and so we want to
19 identify people by these computerized
20 databases.

21 **MR. TOWNSEND (by Telephone):** Mary Ann?

22 **MS. SIMMONS (by Telephone):** Oh, yes, sir.

23 **MR. TOWNSEND (by Telephone):** Tom here. Is
24 it possible to be a participant in the survey
25 if you were at Camp Lejeune prior to those

1 dates?

2 **DR. BOVE:** Yeah, Tom --

3 **MS. SIMMONS (by Telephone):** I think they're
4 encouraging everybody prior to 1985.

5 **DR. BOVE:** Tom, this is how it will work.
6 If you are in the, if you're not part of the
7 210,000 former active duty from '75 to '85, if
8 you're not in that database, and you're not in
9 the ATSDR survey, then you would probably only
10 be known because you registered. And
11 therefore, you would get a survey, but you
12 would be analyzed separately from the larger
13 group.

14 And the reason again is to have an
15 initial, unbiased sample. If it turns out
16 that the information from those who registered
17 is very similar to the rest of the people,
18 then we might be able to combine it. But we
19 want to keep it separate because we want to
20 start off with an unbiased group.

21 **MR. TOWNSEND (by Telephone):** Okay. On the
22 focus group ^ does exist?

23 **MS. RUCKART:** Tom, can you please speak up?
24 We're having a hard time hearing you.

25 **MR. TOWNSEND (by Telephone):** Maybe my

1 microphone's no good.

2 **MR. ENSMINGER (by Telephone):** Speak into
3 it.

4 **DR. BOVE:** Yeah, speak into it.

5 **MR. TOWNSEND (by Telephone):** It's sort of
6 an on my ear kind of thing. Can you hear me
7 now?

8 **DR. BOVE:** Yeah.

9 **MR. TOWNSEND (by Telephone):** I did give
10 Headquarters a long time ago when we were
11 talking about this, I gave them a whole
12 scenario of what I thought were appropriate
13 media venues to search. I don't know who they
14 finally came up with, but --

15 **DR. BOVE:** You're talking about the focus
16 groups now?

17 **MR. TOWNSEND (by Telephone):** Yeah.

18 **DR. BOVE:** Yeah, again, we don't have any
19 say over, I don't know anything about them.
20 We haven't seen any protocol or anything.
21 This is something the Marine Corps is doing,
22 and you'd really have to direct your question
23 to them. We don't know what, you know, this
24 is their effort.

25 **MR. BYRON (by Telephone):** An effort to stop

1 the study.

2 **DR. BOVE:** No, I think it's an effort to, as
3 Perri was outlining it, but that's all we
4 know.

5 **MR. BYRON (by Telephone):** I understand
6 that, but --

7 **DR. BOVE:** But that's all we know.

8 **MR. BYRON (by Telephone):** -- come up with
9 is not enough respondents who are not going to
10 do the study is what they'll say.

11 **DR. BOVE:** No, no, no. It has nothing to do
12 with the study. The study has absolutely
13 nothing to do with the study or any of the
14 studies we're doing. It has something to --

15 **MR. BYRON (by Telephone):** Okay, well, I'm
16 getting a little confused about all what we're
17 talking about and trying to clarify it.

18 **DR. BOVE:** And I think that it gets
19 confusing also because the registration effort
20 that the Marine Corps is doing --

21 **MR. BYRON (by Telephone):** Is it all
22 encompassing?

23 **DR. BOVE:** The way to think about this is
24 that they are developing a large database of
25 people who they can then provide updates to

1 including the results of any of our studies or
2 any other findings. They'll have this huge
3 mailing database that they can then send
4 information to. And --

5 **MR. BYRON (by Telephone):** My original
6 question was how does that registration, what
7 is the percentage of people that we're looking
8 for that are in the 210,000 list?

9 **DR. BOVE:** Again, that would be a question
10 about who gets newsletters or whatever else
11 the Marine Corps decides to send to people.
12 The health survey is different. The health
13 survey is going to go out to everyone in these
14 databases, everyone.

15 **MR. BYRON (by Telephone):** Everyone.

16 **DR. BOVE:** Whether you've registered or not.
17 Registration has nothing to do with it, and
18 these focus groups have nothing to do with it.
19 It's totally separate. We thought -- at one
20 time they were connected, and we thought it
21 was just too confusing and also there was this
22 bias issue, and we thought let's keep things
23 separate.

24 We went over that in a phone, a
25 conference call with the CAP last time around,

1 the last conference call we had. And we also
2 went over this with the Navy, and so I think
3 we're all on board now with the idea that the
4 registration process is something that will be
5 useful to disseminate information, but that
6 the health survey is going to be sent to
7 everybody in those databases regardless of
8 whether they register or not. Okay?

9 **MR. BYRON (by Telephone):** Yup. I just
10 wondered if you knew if there was a percentage
11 of respondents that were the initial 210 that
12 we're looking at for the mortality study,
13 right?

14 **DR. BOVE:** Well, okay, for the registrations
15 -- forget about the studies, okay?

16 **MR. BYRON (by Telephone):** Okay.

17 **DR. BOVE:** Let's just talk about the, if you
18 want to talk about the registrations, Perri
19 read out how many have registered. My
20 understanding is that they mailed it to all
21 the addresses they had from the DMDC database
22 that were correct addresses.

23 So if they have close to 100,000, and
24 they mailed it out to close to 200,000 -- I
25 think it was like 150,000 that they have

1 actual addresses for. This is a question
2 actually for Scott Williams. So that will
3 give you some sense that they're still getting
4 registrations back. So that's what's going on
5 there. But we haven't done our studies yet.
6 We haven't done the mortality study yet.
7 Again, we have to go through IRB and peer
8 review process. That study won't start till
9 next year, too.

10 **MS. RUCKART:** But, Jeff, let me must clarify
11 something for you. For the mortality study,
12 the population who is going to be included is
13 totally separate from the registration
14 process.

15 **MR. BYRON (by Telephone):** Right, that's the
16 210,000 we're looking for, right?

17 **MS. RUCKART:** Exactly. But we don't have to
18 look for them in terms of knowing their
19 address or anything like that because of the
20 data linkage. We're just going to send their
21 names and social security numbers, which we'll
22 get from the DMDC, to various databases and
23 find out if they're dead or alive. And if
24 they're dead, send their names to the National
25 Death Index to find out their cause of death.

1 There's going to be no contact -- if they're
2 dead, there really can't be, but it doesn't
3 matter. The registration process is a
4 completely separate effort than the mortality
5 study.

6 **MR. BYRON (by Telephone):** Right. I just
7 wondered is there a correlation, is the people
8 we're trying to, I guess that hasn't been done
9 yet so that we won't know. And I was
10 wondering is there a percentage of respondents
11 for the registrations that are also in the
12 210?

13 **MS. RUCKART:** Yeah, I believe it's a high
14 percentage, but I don't have, you know, exact
15 numbers.

16 **MR. BYRON (by Telephone):** If we need 65
17 percent, I'm trying to gauge where we're at
18 now.

19 **MS. RUCKART:** No, no, that 65 percent is
20 totally separate. Let me just tell you again.
21 We have, the Marines are doing their efforts
22 to register people because they were tasked to
23 do that by Congress. That's really an
24 outreach thing so they can send information
25 about what's going on or what has happened at

1 the base.

2 Now for our survey, let's think about
3 is as this. We are not even at time zero for
4 our survey. Once we send that out, we're
5 talking about 65 percent of all the surveys we
6 send out to the 210,000, plus that 29,000 that
7 Frank said. So if you think about it in terms
8 of 210,222 plus 29,000, you know, it's 65
9 percent of that group.

10 **MR. BYRON (by Telephone):** That clears it
11 up. I thought we had to have 65 percent of
12 this 210,000.

13 **DR. BOVE:** No, no, what we're doing is --

14 **MR. BYRON (by Telephone):** I'm sorry. I was
15 confused.

16 **DR. BOVE:** -- that's all right. It's
17 difficult. One more time with the survey
18 though so you understand. There's 210,000 and
19 change former active duty. They get the
20 survey. There are 8,000 civilians. They get
21 the survey. There are about 29,000 additional
22 people from the ATSDR survey. They get the
23 survey. There's 50,000 Camp Pendleton former
24 active duty. They get a survey, and 10,000
25 civilians from Pendleton, they get the survey.

1 And I think if you add it all up, it's
2 something like 307,000. Just so you know it's
3 probably the largest survey ever done except
4 for the census as far as I know. So it would
5 be 65 percent of 307,000.

6 **MS. RUCKART:** Which I think is 195,000.

7 **MR. BYRON (by Telephone):** That clarified
8 it.

9 **DR. BOVE:** So it's a big survey, and that's
10 why we're focusing our attention on this
11 survey because it's a mammoth undertaking.
12 And the mortality study is less, much less so
13 but still an undertaking, and we're focusing
14 our attention on getting those things going as
15 we'll be reanalyzing the small for gestational
16 age study and finishing up the case control
17 study. So we have a lot on our plate in the
18 next year.

19 **MR. ENSMINGER (by Telephone):** Hey, you
20 guys, I've got to go.

21 **MR. BYRON (by Telephone):** Okay, Jerry.

22 **MR. ENSMINGER (by Telephone):** I'll talk to
23 you all tomorrow.

24 **DR. BOVE:** So that's pretty much what I said
25 to the NAS. The additional, we were asked to

1 look at additional outcomes. We decided to
2 expand our literature search to include not
3 just occupational studies that involved
4 trichloroethylene and perchloroethylene and,
5 of course, the drinking water studies, but to
6 also look at occupational studies that involve
7 any solvents, any organic solvents.

8 And based on that search we were able
9 to add a few more diseases that we would want
10 to ask questions about in this survey. And
11 those included a motor neuron disease or ALS,
12 which is also called Lou Gehrig's disease,
13 multiple sclerosis, endometriosis, and we're
14 going to have a question on infertility to
15 deal with some of the issues that were raised,
16 I think, by Mike Partain at the last meeting.

17 So those are the additional ones that
18 weren't on the original list. We have a long
19 list of ones. This list is diseases that have
20 been found in maybe one study or several
21 studies, but we're not saying that the
22 solvents actually caused these diseases. We
23 don't know. There's some evidence, or at
24 least there's been an association in at least
25 one study, and so therefore, we feel it's

1 important to focus on them. So we're not
2 trying to make a statement that the exposures
3 definitely caused these outcomes. That's why
4 we're not sure. That's why we want to study
5 them.

6 So that's the list. It's a pretty
7 long list now, and it's in your, we did send
8 out the testimony I gave at the NAS, the
9 slides, and it's in one of the slides.

10 **MR. BYRON (by Telephone):** Right, I have the
11 list.

12 **DR. BOVE:** So that's all.

13 And then we want to move on to the
14 next item?

15 Are there any questions on these
16 studies?

17 (no response)

18 **UPDATE ON FY09 BUDGET**

19 **MS. RUCKART:** Well, we also just wanted to
20 announce that we have the signed fiscal year
21 '09 plan of work the APOW and that the DOD has
22 agreed to provide us with the funds we
23 requested for Fiscal Year '09 so that we can
24 do all the work that we propose to do. So
25 that's very good news.

1 initial look certainly at exposed versus
2 unexposed taking into account any
3 interconnection issue as well. So I can do
4 that and will do that. But I really would
5 like to analyze this data using the actual
6 estimates for Hadnot Point. And so I guess
7 this is something we can explore later,
8 discuss later, whether you think it's a good
9 idea to do all the analysis and report at one
10 shot or whether to split it up and report the
11 exposure versus unexposed analysis and then
12 release the later analysis using the actual
13 monthly estimates.

14 And I'd prefer to do it at one shot,
15 but I'm willing to listen to a discussion of
16 that. Maybe we can talk about that at the
17 next CAP meeting, and I'll let you know how
18 far along I've gotten.

19 **MR. BYRON (by Telephone):** I'd rather be
20 face-to-face for that one personally.

21 **DR. BOVE:** Yeah, I think that's, yeah. I'm
22 just letting you know though I am working on
23 it so that I can do it either way.

24 **MS. RUCKART:** Well, that's a perfect lead
25 in. I just wanted to remind everybody that we

1 talked about some dates for a potential next
2 face-to-face meeting. Especially for those
3 who are a few minutes late to the call the
4 dates under consideration are Wednesday,
5 December 10th; Monday, December 15th; Tuesday,
6 December 16th; Thursday, December 18th. Now,
7 Christopher Stallard, our facilitator, is
8 available on those days, but he wanted me to
9 let you know that he's just getting back from
10 Africa in mid-December, so Wednesday, December
11 10th. He thinks he can make it, but there's a
12 slight chance that would not work out for him
13 so he said to go ahead and keep it on the
14 table, but just to let you know there's a
15 slight chance he may not be able to come on
16 that day so if you want to take that into
17 consideration.

18 **MR. BYRON (by Telephone):** Definitely,
19 because I like him as a moderator.

20 **MS. RUCKART:** Okay, well, I mean, he's
21 pretty sure he can but, you know, there's that
22 question there if he will be back in time.
23 And it would be good if I could have your
24 responses by October 24th so that we can go
25 ahead and get everybody's travel. I'm going

1 to send an e-mail about this. I'm just
2 mentioning it now so that you can begin to
3 think about it. But I will send all these
4 dates to you by e-mail.

5 **MR. BYRON (by Telephone):** Okay.

6 Dr. Clapp?

7 **DR. CLAPP (by Telephone):** Yes.

8 **MR. BYRON (by Telephone):** I'm going to
9 probably call you, too, concerning the genetic
10 issues I brought up with the NAS just to get
11 your opinion on whether my argument was --

12 **MS. BRIDGES (by Telephone):** Yes, Sandra
13 Bridges back on because I was cut off.

14 **MR. BYRON (by Telephone):** -- did you copy
15 that?

16 **DR. CLAPP (by Telephone):** Yes. I'm about
17 to go to a class right now, so it'll have to
18 be tomorrow if that's all right?

19 **MR. BYRON (by Telephone):** Yeah, that would
20 be fine. Is there a particular time?

21 **DR. CLAPP (by Telephone):** Around noon time
22 actually, a little before noon, 11?

23 **MR. BYRON (by Telephone):** Okay, and you're
24 on the east coast?

25 **DR. CLAPP (by Telephone):** Yeah.

1 **MR. BYRON (by Telephone):** Okay, sounds
2 good.

3 **DR. CLAPP (by Telephone):** Talk to everybody
4 later.

5 **MS. RUCKART:** Well, I think that wraps up
6 our meeting today. Thanks for calling in and
7 for bearing with us through some of these
8 little technical difficulties. But one good
9 piece of good news to report, we do have ten
10 individual microphones. So when we come and
11 we meet in person in December, it'll be really
12 nice. Everyone will have their own
13 microphone, just about everyone will.

14 **MR. BYRON (by Telephone):** Progress marches
15 on.

16 Are you available to talk later or do
17 you want to just do it right after everybody
18 hangs up?

19 **DR. BOVE:** Is he talking to me?

20 Me? I'm available.

21 **MR. BYRON (by Telephone):** So long
22 everybody.

23 **MS. BRIDGES (by Telephone):** I'd like your
24 number in order to reach -- I'm sorry.

25 **MS. RUCKART:** Dick Clapp?

1 **MS. BRIDGES (by Telephone):** No, you.

2 **MS. RUCKART:** Me?

3 **MS. BRIDGES (by Telephone):** Yeah. If I can
4 or can you give me a call?

5 **MS. RUCKART:** Yeah, you mean today you want
6 me to call you?

7 **MS. BRIDGES (by Telephone):** Yeah or
8 tomorrow, either one.

9 **MS. RUCKART:** Well, I'm not going to be here
10 tomorrow, so it will have to either be today
11 or next week.

12 **MS. BRIDGES (by Telephone):** That'll be
13 fine. I'll be here.

14 **MS. RUCKART:** Okay, I can call you in a
15 little bit.

16 **MS. BRIDGES (by Telephone):** Okay, thanks.
17 (Whereupon, the meeting was adjourned at 3:09
18 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of Oct. 8, 2008; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 19th day of Oct., 2008.

STEVEN RAY GREEN, CCR, CVR-CM, PNSC
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