

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

convenes the

TWENTY-EIGHTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

June 12, 2014

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
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STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING

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C O N T E N T S

June 12, 2014

WELCOME, INTRODUCTION, ANNOUNCEMENTS DR. ROBIN IKEDA, MR. MATT BRUBAKER	5
ACTION ITEMS FROM THE PREVIOUS CAP MEETING DR. ANGELA RAGIN-WILSON	9
VA UPDATES VA TRAINING DISABILITY CLAIMS JANEY ENSMINGER ACT OF 2012 MR. BRAD FLOHR	17
UPDATES ON HEALTH STUDIES MALE BREAST CANCER STUDY ADVERSE PREGNANCY OUTCOME STUDY CIVILIAN MORTALITY STUDY MS. PERRI RUCKART, DR. FRANK BOVE, MR. EDDIE SHANLEY	21
CANCER INCIDENCE STUDY UPDATE SELECTION OF EXPERT PANEL MEMBERS PROPOSED PANEL MEETING DATES DR. ANGELA RAGIN-WILSON	34
UPDATE ON PUBLIC HEALTH ASSESSMENT ACTIVITIES OVERVIEW OF WORKING MEETING DR. TINA FORRESTER, DR. RICK GILLIG	41
CAP UPDATES AND CONCERNS CAP MEMBERS	45
WRAP-UP/ADJOURN	61
COURT REPORTER'S CERTIFICATE	64

TRANSCRIPT LEGEND

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

-- "^" represents unintelligible 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, DR. FRANK, ATSDR
BRIDGES, SANDRA, CAP, CLNC (via telephone)
BRUBAKER, MATT, FMG LEADING
BYRON, JEFF, FORMER CAP MEMBER
CANTOR, DR. KENNETH, NCI TECHNICAL EXPERT, CAP MEMBER
CLAPP, DR. RICHARD, SCD, MPH, PROFESSOR
ENSMINGER, JERRY, COMMUNITY MEMBER
FLOHR, BRAD, DEPARTMENT OF VETERANS AFFAIRS, COMPENSATION
FORREST, MELISSA, NAVY/MARINE CORPS PUBLIC HEALTH CENTER
FORRESTER, DR. TINA, ATSDR, DIVISION OF COMMUNITY HEALTH
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FRESHWATER, LORI, CAP MEMBER
GILLIG, DR. RICHARD, ATSDR
HARBIN, DR. KATHY, NCEH-ATSDR, ACTING DIRECTOR
IKEDA, DR. ROBIN, ATSDR, ACTING DIRECTOR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, COMMUNITY MEMBER
RAGIN-WILSON, DR. ANGELA, ATSDR, DIVISION OF TOXICOLOGY AND
HUMAN HEALTH SCIENCES

RUCKART, PERRI, ATSDR
SHANLEY, EDDIE, ATSDR
STEPHENS, DR. JIMMY, ATSDR ACTING DEPUTY DIRECTOR
STEVENS, SHEILA, ATSDR, CAP LIAISON
WILKINS, KEVIN, CAP MEMBER

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

MR. BRUBAKER: Well, good morning and welcome. Like to call to order this meeting of the Camp Lejeune CAP and turn it over to Dr. Ikeda for some welcoming comments.

DR. IKEDA: So good morning, everyone.

MR. ENSMINGER: Morning.

DR. IKEDA: Thank you. Welcome to Atlanta and welcome to the CAP meeting. We're delighted you're here. As always we really appreciate your willingness to spend time with us and to share your thoughts.

I know we'll go around and do introductions in just a moment but I specifically wanted to extend a warm welcome to our new CAP member, Christopher Orris, and also Melissa Forrest, who's here representing the Navy and Marine Corps Public Health Center. So thank you, both of you, for joining us today.

I just wanted to point out, and I think we'll do a little bit more of this later, too, a couple changes in the agenda. So first of all, Matt Brubaker, who is -- was introduced at our last CAP

1 meeting, who is the Chief Operating Officer of FMG
2 Leading, is serving as our facilitator today. Chris
3 Stallard was not able to join us; that was a
4 relatively last-minute event. And then I also
5 wanted to mention that Dr. Vik Kapil, who is our
6 NCEH-ATSDR Associate Director for Science and Chief
7 Medical Officer, who really has been leading the
8 planning for the upcoming cancer incidence study
9 discussion with the expert panel, his mother passed
10 away yesterday morning so he's also not able to join
11 us today. But we will provide you an update, and
12 Angela and Sheila are going to take the lead on
13 that. So just wanted to point out those two
14 relatively last-minute changes to the agenda.

15 But again, just thank you very much for your
16 willingness to be here. We really appreciate your
17 input and thoughts, and I'll turn it back over to
18 Matt.

19 **MR. BRUBAKER:** Thank you. As Robin mentioned,
20 my name is Matt Brubaker. I had a chance to meet
21 most of you in the last meeting, and I had a chance
22 to catch up with Chris last evening. He sends his
23 regrets and assures us he'll be back next time. And
24 handed off to me, most of the process details I
25 believe I'll need in order to help the meeting move

1 forward constructively, but if I'm missing
2 something, don't hesitate to wave your hands
3 furiously to get my attention.

4 If you would, please, as we begin, we'll go
5 around, state your name and your role, both for my
6 benefit, to remind me of who you are, and also for
7 those who are observing through our live podcast.

8 **MR. KEVIN WILKINS:** Kevin Wilkins, Camp --
9 Marine Corps veteran, Camp Lejeune victim.

10 (microphone issues)

11 **MR. KEVIN WILKINS:** Kevin Wilkins, Marine Corps
12 veteran, Camp Lejeune victim.

13 **MS. FRESHWATER:** Lori Freshwater, former Camp
14 Lejeune resident, CAP member.

15 **MR. FLOHR:** Brad Flohr, Veterans' Benefits
16 Administration.

17 **MS. FORREST:** Melissa Forrest, the Navy/Marine
18 Corps Public Health Center.

19 **MS. RUCKART:** Perri Ruckart, ATSDR Health
20 Studies.

21 **DR. BOVE:** Frank Bove, ATSDR Health Studies.

22 **DR. RAGIN-WILSON:** Angela Ragin-Wilson, ATSDR.

23 **DR. JIMMY STEPHENS:** Jimmy Stephens, Acting
24 Deputy Director of NCEH-ATSDR.

25 **DR. IKEDA:** I'm Robin Ikeda, Acting Director

1 for NCEH-ATSDR.

2 **DR. FORRESTER:** Hi, I'm Tina Forrester, Acting
3 Director of the Division of Community Health
4 Investigations.

5 **DR. GILLIG:** Rick Gillig, ATSDR.

6 **MR. ORRIS:** Christopher Orris, born in Camp
7 Lejeune, CAP member.

8 **MR. ENSMINGER:** Gee, I'm Jerry Ensminger,
9 should I say acting? Everybody else is.

10 **UNIDENTIFIED:** Acting out.

11 **MR. ENSMINGER:** Acting out. I'm Jerry
12 Ensminger, CAP member.

13 **MR. PARTAIN:** Mike Partain, CAP member.

14 **DR. CANTOR:** Ken Cantor, CAP member.

15 **DR. CLAPP:** Dick Clapp, CAP member.

16 **MR. BRUBAKER:** Thank you all. Just a couple of
17 procedural reminders. As you speak during the
18 meeting, please remember to turn on your microphone
19 and state your name for those who are observing or
20 listening in on the phone line. And when you're
21 done remember to turn off the microphone and remind
22 me if I forget to do so myself.

23 Second are several breaks built into our
24 agenda. We'll break at 10:30 for a 15-minute
25 refreshment break and again for lunch at noon.

1 And as I've been made aware, there have been a
2 set of agreements or ground rules that you've come
3 up with to help you govern the nature of the
4 dialogue that you've held together over the past
5 several years. I'm not aware of what those are, and
6 I thought, as a way of beginning our time together,
7 I would ask you to acquaint me with those. So if
8 you wouldn't mind, tell me about how you've
9 maintained structure in your dialogue, what the
10 standard ground rules have been and how you've
11 helped each other enforce those. Who can share a
12 little bit of that with me? Jerry?

13 **MR. ENSMINGER:** No foul language. No personal
14 attacks. I forget the rest. Oh, by the way, shut
15 your cell phones off, the ringers.

16 **MR. BRUBAKER:** Thanks. Anything else
17 substantive? Does that cover it?

18 **UNIDENTIFIED:** That covers it.

19 **MR. BRUBAKER:** Okay. Well, those are big
20 categories. I think we can go forward with that.
21 Thank you very much. Our first agenda item today is
22 a set of action items and recaps from the previous
23 CAP meeting. I'll turn it over to Angela.

24
25 **ACTION ITEMS FROM THE PREVIOUS MEETING**

1 **DR. RAGIN-WILSON:** Thank you, Matt. We have a
2 few action items that resulted from the April 4th CAP
3 meeting. And the first action item was for the Navy
4 liaison, and again, we want to welcome Melissa
5 Forrest. As you guys all know, Glenn Markwith
6 retired in May, and Melissa has graciously stepped
7 up to take his place. One of the action items from
8 the past meeting for the Navy, the CAP requested,
9 did the DOD redact any documents in the Navy UST
10 portal that were provided to the Senate judiciary
11 committee? The CAP was concerned about a press
12 release written for the Hadnot Point fuel farm that
13 appears to have never been released. The CAP would
14 also like the name of the person who sent the
15 documents to the committee.

16 **MS. FORREST:** This is Melissa Forrest from the
17 Navy/Marine Corps Public Health Center. In the
18 first part of the action item, the Camp Lejeune
19 historic drinking water consolidated document
20 repository was provided to the Senate Judiciary
21 Committee on July 9, 2012. And on July 10, 2012,
22 the Senate Judiciary Committee requested an
23 additional 128 RCRA UST documents. These 128 UST
24 documents were transferred un-redacted to the Senate
25 Judiciary Committee on August 15, 2012.

1 And on the second part of the action item, the
2 name of the person who sent the documents, as is
3 consistent with all Congressional matters, the
4 Office of Legislative Affairs, Headquarters Marine
5 Corps handled the physical transfer of the
6 documents.

7 **MR. PARTAIN:** Melissa, can I understand you to
8 say that the Marine Corps provided the Judiciary
9 Committee with the complete contents of the UST
10 library un-redacted? Is that what --

11 **MS. FORREST:** The 128 UST documents.

12 **MR. PARTAIN:** Do you have the identifying
13 numbers for those documents?

14 **MS. FORREST:** I don't have them.

15 **MR. PARTAIN:** Yeah, I'd like to --

16 **MS. FORREST:** If that's something that you need
17 --

18 **MR. PARTAIN:** I would like to get those,
19 please.

20 **MS. FORREST:** -- then that would have to be an
21 additional action item.

22 **MS. FORREST:** And what was that that you need?

23 **MR. PARTAIN:** The identifying numbers from the
24 library of the 128 documents.

25 **MS. FORREST:** You want the identifying numbers

1 for each of the 128 documents --

2 **MR. PARTAIN:** Yes.

3 **MS. FORREST:** -- transferred?

4 **MR. PARTAIN:** And whether or not they gave the
5 complete library to the Judiciary Committee un-
6 redacted.

7 **MS. FORREST:** So then the other question is was
8 the 128 documents, did it represent the complete UST
9 library?

10 **MR. PARTAIN:** No, it didn't, but I want to know
11 what the call numbers were for those documents and
12 whether the entire library was provided un-redacted
13 to the committee.

14 **MS. FORREST:** Thank you.

15 **MR. PARTAIN:** Thank you.

16 **DR. RAGIN-WILSON:** Are there any other
17 questions for Melissa? The next question -- action
18 items for Kathy Harbin. The CAP requested that
19 ATSDR leadership put together a press announcement
20 to communicate the results of the recently published
21 health studies. Is Kathy here? We'll come back to
22 that action item.

23 The next action item, the CAP requested copies
24 of the Division of Cancer Prevention and Controls
25 presentation from the last CAP meeting. And I have

1 copies of those presentations here with me, if you
2 want a copy.

3 The next action item is for Dr. Tina Forrester.
4 The CAP would like to know if any of the vapor
5 intrusion documents that the DOD provided to ATSDR
6 are redacted. Tina, would you like to provide an
7 update?

8 **DR. GILLIG:** Several of the documents that
9 we've obtained from the Department of the Navy did
10 have names, personal identifiers redacted.

11 **MR. ENSMINGER:** That shouldn't matter.

12 **DR. GILLIG:** It doesn't impact our ability to
13 look at the data and consolidate it and use it in
14 our studies.

15 **MR. PARTAIN:** But beyond the personal names and
16 identifiers, were there -- was there anything else
17 redacted?

18 **DR. GILLIG:** No.

19 **DR. RAGIN-WILSON:** If there are no other
20 questions, we'll move on. The next action item is
21 also for Melissa and Tina Forrester and Rick Gillig.
22 The CAP requested an index and copy of all documents
23 on vapor intrusion that were provided to ATSDR by
24 the DOD.

25 **DR. GILLIG:** This is Rick Gillig. We did

1 provide the index of documents that we had at that
2 time. I believe it was around May 9th.

3 **MS. FORREST:** This is Melissa Forrest from the
4 Navy/Marine Corps Public Health Center. I only had
5 the one action item in my list, so I don't have the
6 response to that. I'm going to have get that back
7 to you.

8 **DR. RAGIN-WILSON:** Sure, thank you.

9 **MS. FORREST:** I will get back with the Marine
10 Corps when I get back to the office.

11 **DR. RAGIN-WILSON:** The next action item is for
12 Rick Gillig and Tina Forrester. The CAP requested
13 ATSDR to schedule a working meeting to review the
14 vapor intrusion documents and the revised public
15 health assessment. And that meeting did take place
16 yesterday. I don't know if Tina or Rick want to
17 provide more information. I know you're going to do
18 an update later on today.

19 **DR. GILLIG:** We did have the meeting yesterday.
20 Later this morning on the agenda, we have a topic
21 that we will cover that basically summarizes
22 yesterday's meeting.

23 **DR. RAGIN-WILSON:** The next action item, the
24 CAP requested detailed information on how ATSDR
25 plans to brief the VA on results of the Camp Lejeune

1 studies. And we are planning to have a conference
2 call with the VA to discuss that. I'm not sure if
3 Robin, if you want to add...

4 **DR. IKEDA:** I don't have anything else.

5 **DR. RAGIN-WILSON:** So we should schedule that
6 all with Dr. Terry Walters here in the near future.

7 The next action item, Jerry Ensminger requested
8 that he be present during the cancer incidence study
9 expert panel meetings. Dr. Ikeda?

10 **DR. IKEDA:** So we're certainly open to
11 observation by any of the CAP members who might be
12 interested in hearing the expert panel on the cancer
13 incidence study. We're, as I mentioned before,
14 we're working to assemble that panel. We would like
15 to pose that question to panel members whether any
16 of them have any objections to observers in the room
17 or some other way, so that -- so it's still an
18 outstanding question. But we at ATSDR are open to
19 observers of that meeting.

20 **DR. RAGIN-WILSON:** We have one other action
21 item for Steve Wilkins but I don't see him here at
22 this moment. He did register for the meeting, so we
23 can save it for later on when Steve arrives.

24 **MR. ENSMINGER:** First and foremost, I'd like to
25 offer the CAP's condolences to Vik and his family.

1 We're sorry to hear that. And secondly, this goody
2 layout over here is really nice. Didn't go
3 unnoticed.

4 **MS. FRESHWATER:** I will second that.

5 **MR. ENSMINGER:** I told Jeff Byron we waited for
6 him to get off the CAP to start those.

7 **MR. BRUBAKER:** Thanks, Angela. The next item
8 on our agenda is an update from the VA relative to
9 several items here listed: VA training, disability
10 claims and the Janey Ensminger Act of 2012. We will
11 go and see if Dr. Walters has joined us on the
12 phone. Dr. Walters, are you with us? Good morning,
13 Dr. Walters?

14 **MS. BRIDGES:** Sandy Bridges here. When I
15 clicked on, there were three others, other than
16 myself, I believe, that was on the phone line.

17 **MR. BRUBAKER:** Thank you.

18 **DR. IKEDA:** Maybe you could have Sandy Bridges
19 introduce herself because there are some here...

20 **MR. BRUBAKER:** Sandy, if you would, while the
21 mic is on you, if you could perhaps introduce
22 yourself and any others who are on the call also.

23 **MS. BRIDGES:** Sandy Bridges, the CAP.

24 **MR. BRUBAKER:** Any others on the line?

25 **MS. BRIDGES:** Like I said, there were three

1 when I clicked on, three others. But I didn't hear
2 anything from them.

3 **MR. BRUBAKER:** Okay.

4 **BARBARA ROGERS:** Barbara Rogers, the CDC,
5 Washington.

6 **MR. BRUBAKER:** Thanks. Hi, Barbara.

7 **DR. IKEDA:** It was probably a third party.

8 **MR. BRUBAKER:** That's logical. Dr. Walters
9 isn't actually scheduled to begin for another two or
10 three minutes. Perhaps we'll wait for that time to
11 elapse, then she can join us.

12
13 **VA UPDATES**

14 **MR. ENSMINGER:** All right. Let's move on.

15 **DR. IKEDA:** Start with Brad or...

16 **MR. FLOHR:** In the meantime, yeah, if she can't
17 join us for whatever reason, I know some, some of
18 what's going on in the VHA.

19 Well, for example I can tell you that the
20 number of veterans who have contacted the health
21 eligibility centers about Camp Lejeune treatment is
22 13,632. And the number of family members who have
23 contacted VHA is 1,192. I do know the veterans have
24 been treated for qualifying disabilities since the
25 first day the law was passed. I also do know, and

1 Terry can fill you in a little more, but as I
2 understand it, they drafted their regulations in the
3 interim final for treating dependents of veterans.
4 That means that when we go final, that the public
5 would have an opportunity to provide comments, and
6 then we could address them after the comments were
7 received. But in the meantime, the regs would be
8 published and we can start providing treatment.

9 It's my understanding, OMB rejected that and
10 they wanted to be a typical regulation where you
11 publish the proposed rule in the Federal Register,
12 full notice and comment. Then when you get the
13 comments, then you go back and redraft the rule.
14 And that's the last I heard about that. That's
15 unfortunate but OMB is very tight in these kinds of
16 things, especially with the new programs.

17 As far as benefits, we are still, of course,
18 we're working claims in Louisville. Currently as of
19 through the end of May there were 4,541 claims that
20 are pending, have not been worked yet. There have
21 been over 5800, 5864, exactly, claims that have been
22 decided. And the grant rate for the conditions of
23 interest, cancers, things like that, has been pretty
24 good, I think anyway, based on what we have. Liver
25 cancer, 22 percent; male breast cancer, 27 percent;

1 female breast cancer, 79 percent; bladder cancer,
2 34 percent; and leukemias and lymphomas, 36 percent;
3 30 percent for kidney cancer. But the majority of
4 issues still fall into the huge box of what we call
5 miscellaneous conditions, hearing loss, things like
6 that, arthritis, things which really don't have any
7 relationship to the toxins in the water. That's
8 like over 9,000 issues, just of those. So that's
9 very little grant rate for those.

10 **MR. PARTAIN:** Brad.

11 **MR. FLOHR:** Yeah.

12 **MR. PARTAIN:** The disparity between male breast
13 cancer and female breast cancer being granted, it
14 seems kind of high, 27 to 79 percent?

15 **MR. FLOHR:** I cannot explain.

16 **MR. PARTAIN:** Okay. You have the number of how
17 many male breast cancers and the number of how many
18 female?

19 **MR. FLOHR:** Yeah. There was 40 -- 52 claims
20 for male breast cancer.

21 **MR. ENSMINGER:** Just 52?

22 **MR. FLOHR:** That these have been decided.
23 There may be more of them pending.

24 **MR. PARTAIN:** And female?

25 **MR. FLOHR:** Female has been 52.

1 **MR. PARTAIN:** Fifty-two even?

2 **MR. FLOHR:** Same number -- yeah.

3 **MR. PARTAIN:** Something sounds kind of weird on
4 that. Can you run back and check on it and let us
5 know?

6 **MR. FLOHR:** Yeah.

7 **MR. PARTAIN:** Okay.

8 **MR. FLOHR:** See what I can find out.

9 **MR. PARTAIN:** Thank you. I appreciate that.

10 **MR. FLOHR:** Okay. Any other questions? Okay,
11 thanks.

12 **MR. BRUBAKER:** Dr. Walters, have you joined? I
13 don't believe she has. Any further questions or
14 dialogue for Brad before we move onto the next item
15 in the agenda?

16 **MS. FRESHWATER:** I just want to say that I'm
17 working on getting some updated numbers with Brad.
18 And he's -- and we're continuing to do that; I've
19 had some people asked me to do that for them. And I
20 want to just let you know if I'm not in touch with
21 (overhead announcement) individually, that Brad and
22 I are working on those numbers.

23 **MR. PARTAIN:** And Brad, that 13,000 number,
24 that's the totality of claims since beginning of the
25 Bill, right?

1 **MR. FLOHR:** For the healthcare?

2 **MR. PARTAIN:** Yeah.

3 **MR. FLOHR:** Yes.

4 **MR. PARTAIN:** Okay.

5 **MR. BRUBAKER:** No further questions? A little
6 ahead of schedule, then we'll move on to the next
7 item on the agenda which is updates on health
8 studies. Perri?

9

10 **UPDATES ON HEATHLH STUDIES**

11 **MS. RUCKART:** Good morning. Just a few quick
12 updates here. On the adverse pregnancy outcome
13 study, that study is being reviewed by CDC. And
14 it's been cleared by ATSDR.

15 The civilian mortality study manuscript was
16 cleared and submitted to the Journal of
17 Environmental Health on June 2nd. That's the same
18 journal that the two recent studies were published
19 in. So it was just submitted so this is currently
20 under their review process, and we'll hear probably
21 in two or three months. It may be a little longer
22 in the summer.

23 And Eddie's going to give an update on the male
24 breast cancer -- or the health survey.

25 **MR. ENSMINGER:** Where did you say the infant

1 study is?

2 **MS. RUCKART:** It's being reviewed by CDC Office
3 of Science.

4 **MR. ENSMINGER:** That thing was a correction.
5 That report was issued years ago. It's just nothing
6 more than an update with the new information from
7 the water model. Where is it?

8 **MR. PARTAIN:** Or who has it?

9 **DR. JIMMY STEPHENS:** So the authors have the
10 most recent comments, and I've been working with the
11 authors to make sure that we can address those as
12 quickly as possible. I'm actually hopeful we'll
13 have something soon.

14 **MR. ENSMINGER:** All right.

15 **MR. PARTAIN:** Could you provide us an update
16 when you -- when soon comes?

17 **DR. JIMMY STEPHENS:** Sure.

18 **MR. PARTAIN:** Okay.

19 **DR. JIMMY STEPHENS:** Yeah. I think as soon as
20 this gets submitted to the Journal, and also say I
21 know there was a lot of concern last time in terms
22 of the amount of time it was taking to go through
23 clearance. We've done several things to try to
24 improve that. Obviously there are only -- you know,
25 there are some things that are directly under our

1 control and some things that aren't. But one of the
2 things that I'm trying to do is stay personally
3 engaged on all of these documents to make sure that
4 they're not getting stuck some place that we're
5 identifying what the path forward is. So I think
6 it's going better. I mean, there's still -- you
7 know, there's still always a lot of comments to work
8 through in publications but I'm feeling optimistic.

9 **MR. ENSMINGER:** And are you Dr. Stephens?

10 **DR. JIMMY STEPHENS:** Yes. Or Jimmy. Jimmy
11 would be preferable.

12 **MR. ENSMINGER:** What's your definition of soon?

13 **DR. JIMMY STEPHENS:** On this study?

14 **MR. ENSMINGER:** Yeah.

15 **DR. JIMMY STEPHENS:** I don't know but I mean, I
16 think my assessment of where we are in terms of
17 addressing the comments is I don't see any reason
18 that the comments can't be addressed. I don't
19 know -- I just spoke with the authors this morning.
20 It sounds like I think we're -- so I --

21 **MR. ENSMINGER:** Yeah.

22 **MR. BRUBAKER:** Okay, thank you.

23 **MR. FLOHR:** Perri, did you say the health
24 survey study had been completed?

25 **MS. RUCKART:** No. The civilian mortality

1 study. The mortality study was in two pieces. We
2 had active duty; that got published earlier this
3 year, and then the civilian mortality study has
4 cleared our review process and been submitted to the
5 same journal as the two previously published papers.
6 And I just wanted to update about the health survey.

7 So we're in the final stages of cleaning and
8 editing the data and getting ready to analyze it.
9 So that'll happen probably next few months. Our
10 priority's going to be the male breast cancer, but
11 they're both basically getting ready to be analyzed.
12 So I think we're on track there. And I'll turn it
13 over to Eddie.

14 **MR. SHANLEY:** Thank you. My name is Eddie
15 Shanley, and I'm working on the male breast cancer
16 study. So as Perri mentioned we completed the data
17 entry from the information obtained from the
18 military personnel records. And we're using this
19 information to determine the dates and locations --
20 residential locations for the study participants who
21 were stationed at Camp Lejeune. The study size
22 remains 434 participants. Seventy-one of those are
23 cases, and we have 363 controls. Right now we're
24 currently trying to look at and determine where some
25 of the units were located on base. These were for

1 some of the older units. And so we'll hopefully be
2 fleshing that out here in the next couple of weeks
3 and so forth. And right now the study remains on
4 the current timeline. That's all I have. Do you
5 have any questions?

6 **MR. ENSMINGER:** Did you say there were 71
7 actual male breast cancer?

8 **MR. SHANLEY:** Cases, correct. In the study.

9 **MR. PARTAIN:** Three hundred and --

10 **MR. SHANLEY:** 363 controls.

11 **MR. PARTAIN:** And what do the control purpose?
12 How are you determining or basing them?

13 **MR. SHANLEY:** So the controls were selected
14 from the VA's cancer registry. We selected controls
15 for cancers that were not related to VOC exposure.
16 And I think we originally had over slightly 400.
17 Then we went to the National Archives open military
18 personnel records and were able to pull information
19 for 363 of those cases.

20 **MR. PARTAIN:** Any particular cancers you were
21 looking at? I know we had talked about it before
22 but...

23 **MR. SHANLEY:** I have the list but I don't have
24 it in front of me. There was --

25 **MS. RUCKART:** Right, bone cancer and

1 (indiscernible) cell.

2 **MR. ENSMINGER:** Now, these controls, were these
3 also people that were at Camp Lejeune or were these
4 people from Camp Pendleton, that had never been on
5 Lejeune?

6 **MR. SHANLEY:** They were not selected based on
7 where they were located; they were selected based on
8 the type of cancer. So that's -- so what we're
9 doing now is looking to see whether or not they were
10 stationed at Camp Lejeune and for how long.

11 **MS. RUCKART:** Let me add something. It's a
12 blinded process. So what happened was Eddie and his
13 team entered all of this data about the units and
14 the time frame, and then Frank and I are taking the
15 approach of assigning where they are on base. We
16 have no idea if they're a male breast cancer case or
17 what their cancer is. All we see is some kind of
18 demographic information about them. So we're
19 treating everybody the same and trying to figure out
20 where they were regardless of what's their health
21 outcome.

22 **DR. BOVE:** Just to be clear, these were all
23 Marines, doesn't matter what base. They had to be
24 Marines, okay.

25 **MR. ENSMINGER:** Well, they could be Navy too.

1 **DR. BOVE:** No, no. We didn't select any Navy
2 because it was too difficult to do that. We
3 selected just Marines -- and male breast cancers
4 that were Marines, and then a sample of the cancers
5 that we didn't consider to be related to solvents,
6 among Marines, as controls.

7 **MS. RUCKART:** One thing I do want to add is
8 some of the cases and controls were at Lejeune in
9 the 40s. So it spans from the 40s up through the
10 80s and even after contamination ended.

11 **MR. ENSMINGER:** Oh.

12 **MR. BRUBAKER:** Any further discussion or
13 questions? Okay. Hearing none, we're significantly
14 ahead of schedule this morning. Would there be an
15 objection if we moved past the break, took it later
16 and began with an update on the cancer incidence
17 study?

18 **MR. ENSMINGER:** I think we need to take a break
19 'cause everybody's been drinking coffee, and my
20 teeth are singing *Anchors Away*.

21 **MR. BRUBAKER:** Fair enough, that's why I asked.
22 Let's go ahead and take a break. It's quarter 'til
23 10, let's reconvene at 10:00 a.m.

24 (Meeting in recess from 9:45 to 10:03 a.m.)

25 **MR. BRUBAKER:** We're going to go ahead and re-

1 journal. Before we go to the cancer incidence study
2 update, there was one recap item from the last
3 meeting. Kathy's now here and is able to speak to
4 it.

5 **DR. KATHY HARBIN:** This is Kathy Harbin, Acting
6 Associate Director -- Kathy Harbin, Acting Associate
7 Director for the National Center for Environmental
8 Health and ATSDR. There was a request in the last
9 CAP that we engage more on promoting the health
10 studies to media. Sheila and I had a conversation
11 with Lori Freshwater, and we are looking at a number
12 of ways, including press releases for announcements
13 when additional studies are ready to go rather than
14 going back and putting out a press release for a
15 study that's already out there and has been covered
16 by the media. And we talked about things along the
17 lines of e-newsletters, targeted promotion to the
18 Camp Lejeune community more broadly, and we will
19 continue those conversations. I'm glad to answer
20 any questions about that.

21 **MR. PARTAIN:** Kathy you said?

22 **DR. KATHY HARBIN:** Yes.

23 **MR. PARTAIN:** Okay. As part of -- at the last
24 CAP meeting I was asking about some of the academic
25 activities relating to these studies and such,

1 whether the authors of the report on water modeling
2 had been invited to speak or participate in any
3 academic conferences and stuff. Has that occurred
4 or is that a problem with ATSDR for them to do that?

5 **DR. KATHY HARBIN:** Say that one more time.

6 **MR. PARTAIN:** Academic conferences and
7 meetings, you know, where the part of academia you
8 spread out the knowledge by taking your work to
9 conferences for, you know, your professional
10 development, what have you, and subject matter,
11 conferences for epidemiologists or engineers, what
12 have you. Has anybody, as far as the authors of the
13 studies and the water model, have they been invited
14 to conferences recently or...

15 **DR. RAGIN-WILSON:** I'll answer that. Frank and
16 Perri will be speaking at a conference in
17 Cincinnati. The abstract was approved and they both
18 will be speaking at the conference in Cincinnati.

19 **MR. PARTAIN:** Okay, and what conference is
20 this?

21 **DR. CLAPP:** It's the International Society for
22 Exposure Sciences.

23 **MR. PARTAIN:** And what -- so as far as, you
24 know, conferences within abstracts, whatever, what
25 is the approval -- sorry, approval process for that?

1 **DR. KATHY HARBIN:** I think I'll let the Office
2 of Science speak to that in terms of clearance of
3 abstracts and studies for oral presentation.

4 **DR. JIMMY STEPHENS:** Yeah, I don't know exactly
5 what the -- what the clearance matrix is but I mean,
6 the abstracts would just go through the normal
7 clearance process for Frank's presentation.

8 **MR. PARTAIN:** And who's responsible for the
9 ultimate clearance?

10 **DR. JIMMY STEPHENS:** That would be -- we would
11 clear that at the Center.

12 **MR. PARTAIN:** So through you or through Bill?

13 **DR. JIMMY STEPHENS:** Yeah, it would go through
14 the Office of Science.

15 **MR. PARTAIN:** Okay. Well, I do know that there
16 is a conference coming up next year in Washington
17 for the American Society for Environmental
18 Historians. And I'm going to be presenting a paper
19 to that conference, and working with Dr. Fredrick
20 Davis at Florida State University to put together a
21 panel. And I believe we're going to -- Dr. Davis is
22 going to -- or would like to have the authors of the
23 water model and the epidemiological studies as part
24 of the conference.

25 The purpose of the conference is looking to

1 putting basically environmental issues and
2 activities such as public health into policy, which
3 is exactly what we're doing here at ATSDR with the
4 community and the studies here at Camp Lejeune. So
5 it'd be a great fit, I think, and it'd be a great
6 way for -- you know, to get the authors of the
7 studies for Camp Lejeune to discuss their work and
8 get that out in academia. So I mean, is that
9 something that you all think would be of interest to
10 ATSDR?

11 **DR. JIMMY STEPHENS:** I'd probably defer to the
12 division on it but I can't imagine having any issues
13 with it.

14 **DR. IKEDA:** I was just going to say that, in
15 general, you know, we support sharing our work as
16 broadly as possible, and it's the same here that,
17 for professional development, we encourage our
18 authors and scientists to present to conferences and
19 to share their work in the academic environment. I
20 think sometimes the sticking point for us is travel
21 that's associated with any conferences and trying to
22 find money for travel, but in general, we support
23 sharing our scientific work as broadly as possible.

24 **MR. PARTAIN:** And this would be an
25 interdisciplinary activity between, you know,

1 history and science, which, I know with the field of
2 history, it's something that is becoming more
3 prevalent, trying to understand the world around us.
4 And to have scientists who are actually looking in
5 sites such as Camp Lejeune, building the frame for
6 people who are trying to understand why these things
7 happen, I think it's a critical point, as is, like I
8 said, it's the point of the conference. But I'll
9 get more information to y'all. Thanks.

10 **MS. FRESHWATER:** I just wanted to thank you for
11 the conversation, you and Sheila. It was a really
12 great conversation and I just want to reaffirm my
13 commitment, let me know what you need to get out the
14 word that we're doing important work here together.

15 **MR. BRUBAKER:** Thank you. We'll now move to
16 the cancer incidence study update.

17 **MR. PARTAIN:** One last thing. I'm sorry to
18 interrupt here.

19 **MR. BRUBAKER:** Sure.

20 **MR. PARTAIN:** During the break I had asked
21 Brad, and I had something I forgot to bring up
22 during our discussion with the VA. Like to see
23 about the possibility of getting a handler, and I'm
24 sure of the title -- Brad, if you could help me out
25 there -- but somebody from the Louisville office to

1 come with you guys to the next meeting, to kind of
2 describe to us or explain to us more what they're
3 looking at and, you know, how that process works in
4 Louisville. We get a lot of questions from
5 veterans.

6 **MR. FLOHR:** So you're talking about the actual
7 decision-maker that, after all the evidence is
8 gathered, including medical opinions, --

9 **MR. PARTAIN:** Yeah, yeah.

10 **MR. FLOHR:** -- the person who makes the
11 decision?

12 **MR. PARTAIN:** The person on the ground making
13 the decisions.

14 **MR. FLOHR:** I'll take that back home and check
15 on that.

16 **MR. PARTAIN:** Okay. Appreciate it, Brad.

17 **DR. RAGIN-WILSON:** Should we check on Terry
18 before we start?

19 **MR. PARTAIN:** I think that dinner is still
20 affecting -- everybody's really quiet today.

21 (telephone connection announcements)

22 **MR. BRUBAKER:** Good morning. Dr. Walters, are
23 you on the line? Doesn't appear that she's with us.
24 We'll move to the cancer incidence study update.

25

1 **CANCER INCIDENCE STUDY UPDATE**

2 **DR. RAGIN-WILSON:** As Dr. Ikeda mentioned
3 earlier, Dr. Kapil could not be with us today. He
4 had a family emergency. So I'll provide our
5 progress today on the cancer incidence study.

6 As you all know from the last CAP meeting, we
7 have a similar panel of technical experts to help
8 and advise us on how best to conduct the cancer
9 incidence study at Camp Lejeune. Frank, Perri,
10 Dr. Kapil and Sheila and I sat down and developed a
11 list of about ten scientists that we thought would
12 be great to serve on the expert panel to help us
13 through this process.

14 We sent out invitation letters to the
15 scientists in May, and to-date we have received
16 letters of acceptance from eight of the ten
17 potential panel members. And I will let you know
18 who they are. Dr. Cantor and Dr. Clapp, who are
19 technical experts on the CAP, have graciously agreed
20 to serve on the expert panel. Jeanine Buchanich,
21 she's at the University of Pittsburgh School of
22 Public Health. Elizabeth Delzell, she's from the
23 University of Alabama, Birmingham.

24 **MR. ENSMINGER:** Delzell?

25 **DR. RAGIN-WILSON:** Delzell, D-e-l-z-e-l-l.

1 I'll provide the list to you. Also Dana Flanders
2 from Emory School of Public Health. Elizabeth Ward,
3 she's participating as an individual and not
4 representing the American Cancer Society. Debbie
5 Winn is Deputy Director of the National Cancer
6 Institute, and Heather Young from George Washington
7 University School of Public Health.

8 We're still in the planning phases but we do
9 plan to hold two 2-day expert panel meetings by the
10 end of 2014. The first expert panel meeting has
11 been scheduled, and it will be held July 29th through
12 30th here in Atlanta, Georgia.

13 The second expert panel meeting, we plan to
14 have in September, but of course that's depending on
15 the availability of expert panel members. And I do
16 want to mention, as Dr. Ikeda said, that ATSDR is
17 supportive of the CAP observing the expert panel
18 meeting but it's something that we will discuss with
19 the expert panel. I or Dr. Kapil will reach out to
20 them next week with -- for that discussion.

21 **MS. FRESHWATER:** Can you give me those July
22 dates again, please?

23 **DR. RAGIN-WILSON:** Sure. July 29th.

24 **MR. ENSMINGER:** And 30th.

25 **DR. RAGIN-WILSON:** And 30th.

1 **MS. FRESHWATER:** Thank you.

2 **DR. IKEDA:** Just a question, Angela. So are
3 you going to reach out to additional members,
4 potential members too?

5 **DR. RAGIN-WILSON:** We're waiting for the last
6 two technical experts to confirm. If not, we may
7 have to replace them with two others, 'cause we want
8 to keep the panel number at ten.

9 **DR. IKEDA:** And maybe you could mention for the
10 group what organizational units those two additional
11 members would represent.

12 **DR. RAGIN-WILSON:** We're looking for a
13 representative from the VA and from the Navy.

14 **DR. CANTOR:** I have a question. You're
15 scheduling two meetings, and I was wondering what
16 the thinking was in terms of the general outline for
17 the agenda for the first meeting, then for the
18 second meeting, what justifications for having done
19 it that way.

20 **DR. RAGIN-WILSON:** We have developed a draft
21 agenda for the first meeting, and we wanted to
22 acclimate the panel to all of the studies we've
23 conducted in Camp Lejeune, talk about the history of
24 Camp Lejeune, have the authors present their work on
25 the health studies, also have the work presented on

1 the water modeling. We're not really sure if all
2 the expert panel members are aware of our work at
3 Camp Lejeune, so we wanted to spend the first day
4 getting everybody up to speed on what has been done.

5 And then the second day, we will develop a
6 charge to the panel and have a few key questions
7 that we would like the panel to address. And the
8 charge is something that Frank and Perri, Dr. Kapil
9 and I are actually working on developing.

10 **DR. CANTOR:** And then there's the second set of
11 meetings in September that you mentioned.

12 **DR. RAGIN-WILSON:** The second set of meetings
13 in September, at that time we are hoping that some
14 decisions could be made or sort of draft guidance
15 for us, for the second meeting, that we can discuss
16 with the panel.

17 **DR. CANTOR:** So is the idea between those two
18 meetings to have a draft protocol put together and
19 for a review and revision, perhaps, of that second
20 draft protocol?

21 **DR. RAGIN-WILSON:** That's what we would like.
22 We also plan to schedule conference calls between
23 the first and second panel meetings for questions
24 from the panel for the SMEs. So that's what we hope
25 by the end of the second panel meeting we would have

1 a draft guidance and recommendations on how to move
2 forward.

3 **MR. ENSMINGER:** Rather than locking the second
4 meeting in stone, you could -- when you hold the
5 first meeting, you can solicit to the panel members
6 what would be the best date for them, like we do
7 with the CAP, and get an agreement before they leave
8 after -- before they leave the first meeting on the
9 date that you -- where everybody can agree on.

10 **DR. RAGIN-WILSON:** That's a great idea. Thank
11 you.

12 **MR. ENSMINGER:** That'll save you a lot of back
13 and forth in phone calls and emails.

14 **MR. BRUBAKER:** Any further discussion or
15 questions? Hearing none, we'll now move to an
16 update on the public health assessment activities,
17 and included in that, a summary of yesterday's
18 meeting, but before we do so, Morris asked to
19 provide a clarification to a point made at that
20 meeting.

21 **MR. MASLIA:** I just wanted to clarify
22 something. We had a discussion yesterday back and
23 forth about benzene contamination in water supply
24 wells, specifically wells 602 and 603 and also 645,
25 which is in the Holcomb Boulevard area. What I

1 basically said was correct -- okay. But I wanted to
2 make sure I get it correct from the report as to
3 what we did. So first, we have the data. Any
4 benzene data is in Chapter A report. That includes
5 wells six -- HB-645, which is in the Holcomb
6 Boulevard area, as well as wells 602, 603. In fact
7 well 605 is listed under a potential source for
8 contamination.

9 **MR. ENSMINGER:** Where was that?

10 **MR. MASLIA:** It's in one of the tables here.

11 **MR. ENSMINGER:** Where was it located?

12 **MR. MASLIA:** 645 is the Holcomb Boulevard --

13 **MR. ENSMINGER:** No, 605.

14 **MR. MASLIA:** 645.

15 **MR. ENSMINGER:** Oh, I thought you said 605.

16 **MR. MASLIA:** Six -- no, no, 645, 645. So table
17 A-5, it lists a measure of contamination, and doing
18 any kind of modeling, you always start out with what
19 you think are potential sources based on the data.
20 So from the data aspect we represent anything that
21 we've found.

22 From the modeling standpoint it gets much more
23 difficult. And when well 602 was shut down, 603 was
24 still pumping. The model simulated very high
25 levels, in the hundreds of parts per billion. But

1 the drinking water concentration, when 603 was still
2 pumping up through 1996, was below the MCL. I
3 wanted to clarify that, two to three micrograms per
4 liter, because of the mixing at the water treatment
5 plant. And that's just an artifact of inaccuracies
6 in modeling, where you don't have very local
7 hydraulic characteristics, some wells simulate high,
8 some low, and we discussed that when we presented
9 the data as well as the discussion session on
10 limitations of the model.

11 **MR. ENSMINGER:** Well, it showed up high as heck
12 in November and December of '85.

13 **MR. MASLIA:** We have that data. We have the
14 data, and again, why at certain points it was
15 measuring as non-detect, I can't tell you, but I
16 just wanted to clarify at that point that the data
17 artifact in the report that's mentioned, the
18 simulation is, again, our best attempts to represent
19 the real world, and we do provide some discussion as
20 to what factors it affect -- why some simulated high
21 or low.

22 **MR. ENSMINGER:** Well, the actual analytical
23 results for Tarawa Terrace didn't start showing
24 benzene in the samples -- in the analytical results
25 until they started the water transfer from Holcomb

1 Boulevard. So that tells me that 645 was being used
2 in that water transfer.

3
4 **UPDATE ON PUBLIC HEALTH ASSESSMENT ACTIVITIES**

5 DR. GILLIG: Okay, as Matt indicated -- oh,
6 sorry, this is Rick Gillig. As Matt indicated,
7 yesterday we had a working meeting for most of the
8 day. Most of the members of the CAP were present.
9 In my presentation this morning, I'll hit the topics
10 that we covered in yesterday's meeting, and I'll
11 talk about some of the follow-up items to those
12 topics.

13 I understand the transcripts from yesterday's
14 meeting will be posted on ATSDR's website, and
15 Morris, I would ask that you review the transcripts
16 and make sure that it accurately reflects the
17 information on your discussion yesterday.

18 So the first topic we covered yesterday was we
19 did a -- we had a discussion and demonstration of
20 the various data sources being used for the soil
21 vapor intrusion project. The follow-up items we had
22 on that project were that ATSDR will continue to
23 keep the CAP updated on all of our health assessment
24 activities, pay closer attention to our data
25 discovery and retrieval project activities. Again,

1 those updates will be provided on the monthly
2 ATSDR/CAP phone calls. The CAP provided us with
3 15,496 electronic files. We're going through those
4 files, and that'll be added to all the other files
5 we've obtained for this project. The CAP asked that
6 we provide an index of 439 documents that were added
7 to the UST portal since the last date of the water
8 modeling project request, and we are going to work
9 on that. ATSDR will check on whether or not there
10 is a data source on the base's laboratory quality
11 control results. We are not aware of a database on
12 that but we will check with our contacts on base.
13 ATSDR will get clarification on whether the Camp
14 Lejeune fire department files from more than three
15 years ago are available, and if those files are
16 available, we will review those files and add those
17 to all of our documents. The CAP asked whether we
18 could get an index of all the data sources for which
19 an index is not available. We will refer that to
20 our contacts with the military, and I believe
21 Melissa has that down as a follow-up item. And
22 let's see, the CAP -- yesterday there was discussion
23 on whether or not a relational database could be
24 built, and we -- again, we had a lot of discussion
25 but I'm not sure we ever finalized the language on

1 that. And the CAP will develop language for
2 requesting the development of a relational database
3 for the Camp Lejeune data sources, so Jerry, that's
4 another follow-up item that I recommend the CAP work
5 on.

6 **MR. ENSMINGER:** Thank you.

7 **DR. GILLIG:** You're welcome. Another topic
8 covered yesterday was we had an overview of the soil
9 vapor intrusion evaluation process that ATSDR uses.
10 We followed that up with a discussion on the process
11 that we are proposing to use at Camp Lejeune. The
12 follow-up items for that is that it was mentioned
13 that ATSDR's assessment of exposures needs to
14 include cumulative exposures, so we agreed with that
15 and we will follow up on that.

16 The CAP provided, in that 15,496 electronic
17 files, I believe there were some files on documents
18 related to vapor intrusion at a residence in Camp
19 Lejeune, so we will, again, review that with all the
20 other files we received yesterday. And ATSDR will
21 look for information on water complaints so that we
22 can analyze that from a temporal and spatial
23 aspects.

24 And our last topic of discussion yesterday was
25 a discussion of the drinking water evaluation, and

1 the follow-up item on that was that ATSDR will
2 double-check on the exposure parameters to account
3 for workers in dining halls, laundry facilities and
4 Marines in training as well as recreational use of
5 the water.

6 **MR. ENSMINGER:** Again, you might want to add in
7 there medical personnel.

8 **DR. GILLIG:** Okay.

9 **MR. ENSMINGER:** Hopefully doctors were
10 scrubbing before they go in and poke -- after they
11 get done poking in you before they go into the next
12 person, they wash their hands. So they're
13 constantly washing and scrubbing, especially
14 surgeons and, you know, OB-GYN.

15 **MS. FRESHWATER:** And you're going to include
16 family members in the recreational use of the water,
17 right? That's not just Marines?

18 **DR. GILLIG:** Yes.

19 **MS. FRESHWATER:** Okay, thank you.

20 **DR. GILLIG:** And was there anything else that I
21 missed?

22 **MS. FRESHWATER:** I don't think it's something
23 you missed but I just want to keep on the front
24 burner, I would like information on the school --
25 current school in Tarawa Terrace. I would like that

1 to be a priority because I would like to know that
2 those kids are safe that are there now.

3 **DR. GILLIG:** And that certainly is a concern
4 for us as well.

5 **MS. FRESHWATER:** Okay. Thank you.

6 **MR. BRUBAKER:** Are there additional questions
7 or comments on that update?

8 **MR. ENSMINGER:** I got some new business.

9 **MR. BRUBAKER:** Perfect timing. We are
10 significantly ahead of schedule and the next agenda
11 item is CAP updates and concerns. Turn it to you,
12 Jerry.

13

14 **CAP UPDATES AND CONCERNS**

15 **MR. ENSMINGER:** As we know, we lost a new
16 member before he became a new member, Andrew. I
17 sent an email in about Tim Templeton, and I want to
18 forward his name as a replacement for Andrew, I
19 can't say his last name. I wouldn't begin to mess
20 it up. But Tim Templeton is very interested. He is
21 very motivated and he'd be good. He'd make a good
22 CAP member.

23 **MS. FRESHWATER:** I've worked with Tim -- sorry.
24 I worked with Tim quite a bit, so I just want to
25 second that. I really believe he would be a very

1 good member of the team. He has a lot of knowledge
2 and has kind of an encyclopedic brain, as far as the
3 facts at hand, and he's also a good temperament and
4 a really nice guy. So I would like to see him be
5 able to join the CAP as soon as possible.

6 **DR. RAGIN-WILSON:** Thank you, Jerry and Lori,
7 for the nomination.

8 **MR. ENSMINGER:** We have a community member
9 here. I think he should be given an opportunity to
10 say whatever if he has anything to say? Jeff? You
11 gotta stand over here.

12 **MR. BYRON:** Well, I'm just glad to see, you
13 know, that it looks like ATSDR and everyone's
14 working pretty hard with new studies. I just hope
15 it comes to, you know, where you have a better
16 understanding. You know, when you contaminate the
17 water and people are drinking it, there are going to
18 be some horrible effects.

19 I just had a surgery to take out ten inches of
20 colon in the last year and, you know, to repair a
21 hernia. I just had surgery three weeks ago, but I
22 wanted to come down here. I know the in utero
23 study's done. I don't know if you have anything on
24 the -- didn't look through the agenda all the way to
25 see if you have any other information on that. And

1 the veteran study, comparing our group to other
2 Marines at Camp Pendleton. I do know there's
3 Marines out there that are still not notified about
4 what happened at Camp Lejeune.

5 My cousin was married to a Marine years back.
6 They're divorced now but he was previously married
7 before he met her. They were both at Camp Lejeune.
8 His wife died of a liver disease six months ago, and
9 they have not been together for over 30 years. And
10 he now has the same liver disease. And he just
11 recently heard about Camp Lejeune because my
12 cousin's daughter was at Camp Lejeune serving as a
13 Marine, and recently discharged.

14 But, you know, you still need to get the
15 information out to the people that have been
16 affected. And you're missing a whole segment, you
17 know, and I know that they will tout that they're
18 doing their best, but just because you put them in a
19 Marine Corps publication doesn't mean that Marines
20 are going to get them. I don't get *The Leatherneck*
21 magazine or any other publication. To be honest
22 with you, I don't have time anymore. But I get some
23 every once in a while from my uncle who receives it.
24 But you still need to get the notice out there. I
25 don't know if that's stopped or what, but it just

1 needs to continue.

2 And that's really all I -- well, I'd like to
3 address, you know, the children and the civilian
4 family members of Marines that are, you know, been
5 exposed. I hope you guys don't forget about them
6 'cause what it takes is compassion and knowing
7 that -- you know, if I brought my grandson in here,
8 he's nine years old, you wouldn't be able to conduct
9 the meeting in his presence because of his
10 behavioral issues, and it's just tragic. And I'll
11 never be an empty-nester, neither will my wife
12 because his mom also has issues, and they'll never
13 be leaving my house. And I think it's just tragic,
14 you know, that my life has been basically upset and
15 her life has been ruined and he's in worse shape
16 than she is. His life is -- it's just tragic.

17 And I know there's a whole lot of victims and a
18 whole lot of other family members out there like
19 that, and they're not getting any care. I don't
20 know what you have to do to address Congress here or
21 whatever it is that you, you know, you find these --
22 you've got these findings. You got a newspaper
23 article right from North Carolina when you came out
24 with the in utero study. I've got literature from
25 the Marine Corps, but then there's a disclaimer in

1 the back of it, that the study was too small to be
2 significant in determining what happened. Well,
3 that's because, my personal opinion, an awful lot
4 has been minimized, but that's in the past. And you
5 guys are doing good studies today, and I hope it
6 continues, but like I say, you need to make some
7 recommendations to Congress, okay, and to the
8 Department of Defense, you know, to get some
9 healthcare out to people or maybe some monitoring.
10 I don't know what it is you need to do, but I'm not
11 a doctor; I'm not a scientist. I'm just a father
12 and a grandfather. I just came down here to see
13 what's going on. And I appreciate your time. Thank
14 you.

15 **MR. PARTAIN:** That does bring up a good point.
16 Back in October of 2010, Dr. Portier wrote a letter
17 concerning the NRC report -- or I should say the
18 now-defunct NRC report. In light of the studies
19 that have come out the last two -- mainly the in
20 utero and the mortality study for the Marines at
21 Camp Lejeune, there has been some scientific
22 findings and evidence. Unlike the NRC report, which
23 was simply a review of literature at the time, the
24 Marine Corps put a lot of weight, to the point that
25 every member of the registry received a copy of the

1 executive -- I'm sorry, the executive summary of the
2 NRC report, but yet that same emphasis has not been
3 placed on the studies and work that you all have
4 done.

5 You know, the registry is controlled by the
6 Marine Corps. And there are findings. And, you
7 know, I think those findings mean something. And
8 that letter from Dr. Portier in 2010, you know, it
9 was very strongly worded that, you know, there was a
10 hazard.

11 I mean, is it time for -- I mean, we've got
12 the -- some of the studies done. We've got the
13 water modeling done. So we know the exposures.
14 Maybe it's time for ATSDR to write a letter to DOD,
15 Congressional representatives and the VA, and lay
16 out what exactly our exposures mean.

17 'Cause right now, especially -- I mean, I get
18 emails and Jerry does too from VA -- I mean, from
19 service members who have interacted with the VA, who
20 are frustrated with the VA. I know we heard this
21 morning that 52 men with breast cancer and 52 women
22 with breast cancer have been evaluated at the VA and
23 there's a 50 percent disparity rate between
24 approval. You know, I can't -- we don't know what
25 that means yet but there's a lot of frustrated

1 people out there who need help. The science is in,
2 and I think something needs to be done.

3 **DR. IKEDA:** There have been a lot of comments
4 here about trying to get the word out, get the
5 information out to the people who need the
6 information, not only, you know, survivors and
7 family members, but then also institutions like the
8 VA and DOD. So certainly, you know, with Lori's
9 help, given her expertise in communication, and with
10 Kathy Harbin here, we can work together, I think, to
11 figure out the best plan in terms of which -- what
12 information needs to go where, and develop that sort
13 of comprehensive and cohesive plan about getting the
14 word out. But you know, points well-taken all
15 around about needing to inform people who need to
16 know to take action.

17 **MR. PARTAIN:** Well, not only inform but, you
18 know, we -- policy decisions have to be made. In
19 order for policy-makers to make those decisions,
20 they need information from scientists. And again,
21 this is a public health organization. And I mean,
22 correct me if I'm wrong, but we now have science
23 backing what we've been arguing and discussion and
24 meeting about for well over ten years now. Let's
25 get that information and recommendations in the

1 hands of policy decision-makers in Congress and at
2 the VA so something can be done. We're going to
3 have a new Secretary for the VA coming in soon, and,
4 you know, --

5 **MR. FLOHR:** I don't know about soon, Mike.

6 **MR. PARTAIN:** Hopefully soon. Unless they get
7 into the acting directors.

8 **MR. ENSMINGER:** They already have an acting
9 secretary.

10 **MR. PARTAIN:** Yeah. But anyways --

11 **MR. ENSMINGER:** Everybody's acting.

12 **MR. PARTAIN:** The -- we need to have something
13 done so that some policy decisions can be made. The
14 information's there.

15 **DR. JIMMY STEPHENS:** Well, one thing that
16 strikes me is maybe we should do updates on where we
17 stand with the status of the science, 'cause we got
18 the individual studies out but we haven't sort of
19 pulled those together in one statement. So that
20 might be -- that might be another piece of the
21 puzzle.

22 **DR. IKEDA:** Yeah. I think it's two things.
23 It's organizing the content, like Jimmy's saying,
24 pulling from multiple different sources and the
25 things that have happened in the interim, but then

1 also thinking about the different audiences and the
2 appropriate messages for those different audiences,
3 including the health studies.

4 **MR. PARTAIN:** Yeah, I would agree, I mean, and
5 especially just going back in my memories in the NRC
6 report and how definitive the Marine Corps made that
7 report, which, you know, frankly was not very
8 scientific; it was just a review of literature.
9 And, you know, you look at something -- you know,
10 you look at what's transpired over the past several
11 months, really nothing's happened.

12 Now, if these studies had come back and said
13 that, oh, there's no association, I guarantee you
14 the Marine Corps would have sent out the results of
15 that study to every single member of -- on that
16 registry. It would have been touted all over the
17 media. It would have broadcast us in magazines and
18 everywhere you can think of. So, you know, there's
19 something that needs to be done with that. I know
20 I'm starting to beat the dead horse but I just want
21 to make that clear.

22 **MS. FRESHWATER:** I just want to say one thing
23 that, you know, from in the political world, you
24 have a rapid response team to kind of respond
25 immediately, when facts are misleading -- or not the

1 facts are misleading -- or misleading language. And
2 so the New York Times, as an instance, they did an
3 article about the Supreme Court decision, and in it
4 the language they used was that the Marines say that
5 the water -- or the people at Lejeune said that the
6 water was contaminated. So the way it was -- I
7 can't remember exactly but the way it was phrased
8 was that, you know, we're just saying we think it
9 was, you know.

10 So I wrote right away and it -- they'll
11 probably never correct it. But the truth is the
12 water was contaminated, and that needs to be the
13 language. It's not -- because I think they're -- a
14 lot of the Marines that I've talked to still have
15 this -- there's a culture in the Marine Corps that
16 they don't want to complain about the Marine Corps,
17 and they don't want to complain, and they don't want
18 to be seen as someone who would -- you know, oh,
19 well, I drank the water and, you know, I'm tough
20 enough to drink that water. I mean, quite
21 literally, you know, I think Jerry can testify to
22 that. So it doesn't help if it seems wishy-washy in
23 the language. It needs to be that there is no --
24 that there is absolutely no question, we have this
25 solid science.

1 So I would like maybe Kathy -- I mean, it's
2 very easy to set up a Google alert. I have way too
3 many Google alerts set up. And every morning I get
4 up and I know exactly when Camp Lejeune's mentioned,
5 the water contamination, the Supreme Court case
6 recently. And so, you know, you get these articles
7 and right away it needs to be written in to whoever
8 is reporting this that they have gotten it wrong and
9 that they need to use different language, because
10 this was not a claimed contamination; this was
11 contamination and people have gotten -- and are
12 still sick. So I would like to see kind of -- I
13 think we can all participate in that a little more.

14 **MR. ORRIS:** Chris Orris, CAP member. I would
15 like to personally discuss for a brief few moments
16 about notification from the Marine Corps. My father
17 actually retired after 30 years in the Marine Corps
18 at Camp Lejeune and now works as a civilian at the
19 installation.

20 I have never been notified by any -- by any
21 member of the Marine Corps, the Department of
22 Defense, the Department of the Navy, or the ATSDR
23 that I was exposed to toxic chemicals in utero at
24 Camp Lejeune. I was actually diagnosed with a
25 congenital birth defect in 2011 that almost killed

1 me; I was given a death date. And as I lay dying,
2 you know, I did not know that there were options or
3 that I should get screening or that I should do
4 testing. And there is no excuse in today's day and
5 age that any child who was at Camp Lejeune should
6 not know their risks that are associated with the
7 exposure in the water.

8 And I would personally like to hear from the
9 Department of Defense how they are going to notify
10 the children. They are all adults now. There's no
11 reason to notify my parents. They should be
12 communicating directly with me about the exposure.
13 If the IRS can find me so can the Department of
14 Defense. And I would like to see an action item
15 about notification to the 15,000-plus children who
16 were exposed in utero at Camp Lejeune with official
17 notification of the study and findings so that, if I
18 had gone unexposed for 36 years, there could be
19 others, and I think we all are beholden to make sure
20 that they are notified. Thank you.

21 **MR. BRUBAKER:** Further comments or questions
22 from the CAP?

23 **MS. FRESHWATER:** I have one more. I am
24 speaking with people in the community. One thing
25 that comes up quite often is immune system issues

1 with people who are exposed. And I was, you know, I
2 was talking to Dr. Clapp, and I've been trying to
3 figure out the best way to deal with a lot of
4 questions that are very -- I'm not a scientist so I
5 have a hard time answering these questions. So what
6 I would like to do is request that we have someone
7 come to one of the meetings who is an expert in
8 immune -- immunotoxicology. And Dr. Clapp has
9 someone that he recommended, and I certainly would
10 ask for that to be the person, if at all possible,
11 but I really do think that we can benefit, the
12 people watching and the people who read the
13 transcripts, could benefit from being able to submit
14 questions that I could bring to the table and ask on
15 their behalf, and maybe, you know, come up with a
16 kind of a ten questions that represent kind of a lot
17 of the different issues. I'm not sure exactly how
18 we would work it but I really would like to at least
19 have one CAP meeting where we have someone who is an
20 expert in the effects of these chemicals on the
21 immune system, 'cause there are a lot of people who
22 are -- who are really, really suffering.

23 And I understand why cancer obviously is here
24 every time, but there are a lot of people who are
25 very sick and their quality of life is greatly

1 affected by either autoimmune or immune deficiency,
2 and there is enough science to support obviously
3 that these chemicals do affect the immune system.
4 So I would like to see that represented here. And
5 I'm not sure who to ask so I'm just asking
6 everybody.

7 **MR. ENSMINGER:** Getting back to the point of --
8 that was brought up about the different language
9 used to describe the contamination at Camp Lejeune,
10 I'd like to point out that in Dr. Portier's 2010,
11 October 2010 letter, he wrote: Thus, let me be
12 perfectly clear, there was undoubtedly a hazard
13 associated with drinking the contaminated water at
14 Camp Lejeune. I mean, I don't think this letter is
15 on your website. It should be.

16 **MS. FRESHWATER:** It should be sent to the New
17 York Times, whoever reported that article and said
18 that the Marines were saying that they were
19 contaminated.

20 **MR. ENSMINGER:** Well, we're going to have to do
21 that.

22 **MS. FRESHWATER:** That's what I'm saying though.
23 So we should communicate with each other too and try
24 and get that done as much as possible.

25 **DR. IKEDA:** I was just going to respond to your

1 request for a future meeting about immunotoxicity,
2 and I think Angela's put it down as a potential
3 action item for consideration for the future, so.
4 I'm sorry to take us backward but did you want to
5 comment on nomination?

6 **DR. RAGIN-WILSON:** Yeah. I wanted to comment.
7 I did receive an email from Chris. He declined to
8 serve on the CAP because of his medical conditions.
9 Andrew, yeah. So Tim Templeton, I'll take your
10 request back and follow up with Tim, if you can send
11 me his email address or contact information. I did
12 receive your email, Jerry, about Tim, but if you
13 forward me his contact information, I'll follow up
14 on your request.

15 **MR. ENSMINGER:** You've already got it.

16 **DR. RAGIN-WILSON:** Okay.

17 **MR. ENSMINGER:** You've been delegated.

18 **MS. FRESHWATER:** Accepted.

19 **DR. CANTOR:** This is Ken Cantor. I just wanted
20 to let folks know, the International Agency and
21 Research on Cancer, IARC, publishes monographs. I
22 think they're up to number 106 now, in a program
23 that's been going on for 30 or 35 years in which
24 the -- a group, the number of experts,
25 epidemiologists, toxicologists, people who are

1 expert in exposure assessment and so on, in which
2 they evaluate the carcinogenicity of chemicals. And
3 they've just now published the latest working group,
4 which was on a number of chlorinated organic
5 solvents, and TCE and perc, tetrachloroethylene, was
6 among them. So they have declared TCE a human
7 carcinogen; it's a class I carcinogen.

8 So they have a rating system. Class I is a
9 demonstrated human carcinogen. The perc remains as
10 a 2A, which is probable. But it takes heavy, very
11 convincing human evidence to move something from 2A
12 to 1. So they don't have that convincing human
13 evidence for perc yet. But 2A, it's described as
14 probable -- probably carcinogenic to humans.

15 So those two are, are recently published.
16 There are a number of other chemicals that aren't
17 pertinent here that were also covered in that most
18 recent volume. It's available online. I think
19 it -- the full volume was just released within the
20 week, and if you go onto their website, you can get
21 the full version.

22 **MR. ENSMINGER:** The hold up with perc is that
23 the dry cleaning lobby is very strong.

24 **MR. BRUBAKER:** Thank you. Any remaining
25 concerns or updates from CAP members?

1 **MR. BYRON:** I'm not a CAP member. I know that
2 I'm not supposed to be speaking. I'm not a CAP
3 member but I just ask you to look at the -- you
4 know, when you're conducting these studies, are we
5 using the most scientific technology available or
6 are we using 1980s technology in a 2014 world? I
7 think you should be doing DNA testing and nuclear
8 biology on this stuff but that's my opinion. Thank
9 you.

10 **MR. BRUBAKER:** We're at a point now where we
11 are significantly ahead of our schedule. The only
12 other item remaining on the agenda is to talk about
13 the next CAP meeting and the schedule for that as
14 well as scheduling the follow-up conference calls,
15 which is for Angela.

16
17 **WRAP-UP/ADJOURN**

18 **DR. RAGIN-WILSON:** The next CAP conference call
19 is scheduled Monday, July 16th -- June 16th, and I
20 received a request to ask if we still wanted to move
21 ahead with the conference call Monday or defer to a
22 following date. You want to still keep it --

23 **MR. ENSMINGER:** Yeah, it's too soon.

24 **DR. RAGIN-WILSON:** Too soon? Okay. So we'll
25 send out the date for the conference call in July.

1 Anybody have any objections to canceling the
2 June 16th conference call?

3 Our next CAP meeting is scheduled for September
4 the 18th. And I just wanted to reiterate that date.
5 We scheduled it last -- at the last CAP meeting but
6 I just wanted to remind everyone the next date is
7 September the 18th.

8 **MR. ENSMINGER:** When?

9 **DR. RAGIN-WILSON:** September 18th.

10 **MR. ENSMINGER:** Okay.

11 **MR. BRUBAKER:** Are there any remaining issues
12 or concerns to be discussed before we adjourn the
13 meeting?

14 **MS. RUCKART:** Can we check on Terry one more
15 time? I think it's muted.

16 **MR. BRUBAKER:** She's muted. Yeah, I'll check
17 one more time. Good morning. Dr. Walters, have you
18 joined us?

19 **MS. BRIDGES:** I'm still on the phone.
20 Somebody's been clicking in and out, I've heard, but
21 I don't know if anyone else that's on but myself.

22 **MR. BRUBAKER:** All right, thank you. With no
23 further business we'll adjourn early. And we'll
24 have some instructions on how lunch will proceed,
25 knowing things have changed.

1 **MS. SHEILA STEVENS:** And I'll go ahead -- my
2 voice usually carries so I don't -- so we're going
3 to have -- Sasha just went to go pick up the box
4 lunches, for those who are doing box lunches. We
5 are just going to move to the next room, 2C, but we
6 probably won't have those lunches until probably
7 around 11:20-11:30. So if everybody just wants to
8 do what they need to do for the next 30 minutes, and
9 then we'll have the box lunches in the next room,
10 which is 1C.

11 **MR. FLOHR:** I think that's the quickest meeting
12 ever.

13 **MS. SHEILA STEVENS:** Yes.

14 **MR. BRUBAKER:** This was a two-day meeting.

15 **MS. SHEILA STEVENS:** And then I also have --
16 for the CAP members I have your travel voucher stuff
17 for you to fill out. It's right here.

18

19 (Whereupon, the meeting was adjourned, 10:53 a.m.)

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