THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

convenes the

THIRTY-SECOND MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

August 27, 2015

The verbatim transcript of the Meeting of the Camp Lejeune Community Assistance Panel held at the ATSDR, Chamblee Building 106, Conference Room 1B, Atlanta, Georgia, on August 27, 2015.

STEVEN RAY GREEN AND ASSOCIATES
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C O N T E N T S

August 27, 2015

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
BREYSSE, DR. PATRICK, NCEH/ATSDR
CLAPP, DR. RICHARD, CAP MEMBER
CORAZZA, DANIELLE, CAP MEMBER
ENSMINGER, JERRY, CAP MEMBER
FLETCHER, CHRIS, ATSDR
FLOHR, BRAD, VBA
FORREST, MELISSA, NAVY/MARINE CORPS
FRESHWATER, LORI, CAP MEMBER
GILLIG, RICHARD, ATSDR
HODORE, BERNARD, CAP MEMBER
MASLIA, MORRIS, ATSDR
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, CAP MEMBER
RAGIN, DR. ANGELA, ATSDR
RUCKART, PERRI, ATSDR
SCHEEL, CHRISTIAN, ATSDR
STEVENS, SHEILA, ATSDR, CAP LIAISON
TEMPLETON, TIM, CAP MEMBER
WHITE, BRADY, VHA
WILKINS, KEVIN, CAP MEMBER

P R O C E E D I N G S

(9:00 a.m.)

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

MS. STEVENS: Okay, folks, we're going to start here in one minute. And so for the people who haven't -- how many people were here in May in North Carolina? I see some familiar faces. Okay, well, welcome back. So today is the August 27th CAP meeting. We have -- generally for those people who aren't familiar with our -- we have four meetings a year; this one is our August meeting. We'll again have a meeting in December. This meeting is planned in Tampa, Florida, December 11 and 12, which is a Friday-Saturday.

So on the December 11th, will actually be the actual CAP meeting, with CAP members, similar to what you see here today. And the following day, if you were at the North Carolina meeting, we're going to have a public meeting, that'll fall on a Saturday. I don't have the exact location as far as where in Tampa that will be, but it will be in Tampa on December 12th for the big public meeting.

So welcome to our meeting. You should have an agenda in front of you. So we will have some

introductions and we'll -- we hope to close this meeting around 2:30 this afternoon. Do I have any questions real quick from anybody? Mics should be live. Yeah. And for those who -- if you're wondering where our bathrooms are, if you go straight out this door here, that I'm kind of pointing to with my hand, and go left and you just keep walking, you'll see the bathrooms; they'll be on the left side. Okay.

With that I'm going to introduce our Director of the ATSDR, our Agency for Toxic Substances and Disease Registry, and the National Center for Environmental Health, Dr. Pat Breysse, and he is going to come on the mic now. Thanks, Pat.

DR. BREYSSE: Good morning. And thank you all for being here. Just a couple of things, just to kick off. I'm happy to see that we have representatives of the broader community that are interested in Camp Lejeune, and I want to welcome you today. And I want to mention that we have some time on the agenda later in the afternoon where we will entertain questions from non-CAP members. So if you can refrain from entering into the discussion during our formal meeting, but when there's time on the agenda for that we'll make sure you have the

chance to talk or ask questions. And we will pass out three-by-five cards as we're going along, if a question comes to mind, if you want to write it down and hand it in, that could be acceptable as well. So please take advantage of that. So Sheila, if you'll get some three-by-five cards out.

So I want to make one suggestion. So this is my third CAP meeting as the Director, and I'm learning with each one. And to make sure that we have an orderly discussion, what I would suggest is, and I've seen this in other meetings, if somebody wants to say something, have you tip your name card up like this, so that we have to make sure -- we make sure everybody who has a comment has a chance to get into the conversation. Is that fair? That doesn't mean you can't speak up when it comes to mind. But it might add some structure to making sure that everybody has a chance to fill in. Anybody have a problem with that?

So why don't we go around the table, and just to make sure we introduce ourselves and get it on the record who is here. So Mike, would you like to start?

MR. PARTAIN: Hi. My name is Mike Partain. I'm a dependent member of the CAP since 2007.

DR. CLAPP: My name's Dick Clapp, and I'm a retired professor and a member of the CAP.

MR. ENSMINGER: I'm Jerry Ensminger. I'm the only original member of the CAP left. Been on it since 2005.

MR. HODORE: Bernard Hodore, CAP member.

DR. RAGIN: Angela Ragin, ATSDR.

DR. BREYSSE: Pat Breysse, NCEH and ATSDR, Director.

DR. BOVE: Frank Bove, ATSDR.

MS. RUCKART: Perri Ruckart, ATSDR.

MR. GILLIG: Rick Gillig, ATSDR.

MS. FORREST: Melissa Forrest from the Navy/Marine Corps Public Health Center.

MR. ORRIS: Christopher Orris, CAP member.

MS. CORAZZA: Danielle Corazza, CAP member.

MR. TEMPLETON: Tim Templeton, CAP member.

MR. WILKINS: Kevin Wilkins, veteran, CAP member.

DR. BREYSSE: Great. So there may be some other people participating as we go, and when they come in, we'll ask them to introduce themselves at that time. And then on the phone, are there any participants on the phone? Anybody from the VA?

MR. WHITE: Yes, this is Brady White with the

VHA.

MR. FLOHR: Hey, Pat, it's Brad Flohr from VBA.

DR. BREYSSE: Any other participants on the phone?

MS. FRESHWATER: I'm here. Lori Freshwater, CAP member. Can you hear me?

DR. BREYSSE: Yes. Thank you, Lori, sorry you couldn't be here. We miss you.

MS. FRESHWATER: I know. I am too. It's 6:00 a.m. in San Francisco, so I'm here.

DR. BREYSSE: Anybody else on the phone? So I'd like to remind the people on the phone, if you could mute your phone when you're not speaking, just so we make sure there's no extraneous noise coming through that we have to deal with.

So we have an agenda today that takes us through, I'll walk you through. We're going to review the action items from the previous meeting. We'll have some time to discuss the public health assessment review process. As you know, we're going to be releasing the public health assessment for comment today to CAP members. We'll have updates on ongoing studies. There'll be a break. We'll have time to get updates from Veterans' Affairs. Then we'll have some time to sift through CAP updates and

concerns, and then we'll summarize the meeting and open it up for questions from the audience. Is there anything about the agenda that people would like to modify?

MR. ENSMINGER: Tell everybody to shut their phones off.

DR. BREYSSE: Yeah, I'd like to remind everybody if they could turn their phones off, so we're not disturbed by extraneous ringing.

And as we've done in the past we will be collecting action items up on the boards so that we'll capture them; we'll review them at the end of the meeting. Tim?

MR. TEMPLETON: I have two things. One, I have a presentation that I would like to give.

DR. BREYSSE: That's right. Sheila, where's that going to --

MS. STEVENS: That's going to take place during the CAP concerns towards the end.

MR. TEMPLETON: Great, thank you. And then there was a second item, just one thing real quick. It doesn't necessarily fall in the agenda, but if I could get it out of the way right now about the reporter in Jacksonville. I'm sure everybody's heard on the news yesterday about the reporter that

was killed in Virginia. She does happen to have a Camp Lejeune tie. She started her career at WICT covering the Marine Corps and so forth in Jacksonville, North Carolina. And that was her assignment prior to going to Virginia. So if you guys don't mind I'd like to have just a moment here where we could observe her passing.

(pause)

DR. BREYSSE: Thank you.

MR. TEMPLETON: All right, thanks.

DR. BREYSSE: Anything else? All right, so we'll move to the first item on the agenda, the action items from the previous CAP meeting. Angela.

ACTION ITEMS FROM PREVIOUS CAP MEETING

DR. RAGIN: Thank you. Good morning, everyone. We have a number of action items to cover this morning, and these action items are from our May CAP meeting that was held in Greensboro, North Carolina.

I'll start with the action items that were assigned to ATSDR. The first action item: The CAP wants to know to what extent was dermal exposure covered in soil vapor intrusion. Rick?

MR. GILLIG: The levels of VOCs that we'll be dealing with in the air are pretty low. We'll be

following the ATSDR's guidance on investigating vapor -- soil vapor intrusion, and our guidance does not have us looking at dermal exposures. So again, we'll be following ATSDR's guidance.

DR. BREYSSE: Any questions about that?

MR. ENSMINGER: What do you mean that the levels you're going to be looking at are low? How do you know that?

MR. GILLIG: We reviewed some data already, and what we're seeing are pretty low levels.

DR. BREYSSE: I think the context to that with respect to dermal is that you'd have to have really high exposures, to have liquid concentrations on surfaces that you would come in contact with, to create a dermal hazard.

MR. ENSMINGER: Right.

DR. BREYSSE: There's no way we have approached that, so with respect to are there vapor intrusion issues that result in a dermal exposure hazard, that's not likely. That doesn't mean we're discounting what the inhalation risk might be associated with the vapor intrusion, just with respect to the dermal, which was the question.

MR. PARTAIN: Now, Rick, when you say they're relatively low, what -- can you give an idea what

areas on the base you're talking about? Are you talking about the maintenance building? Was it 1602, Jerry? What's the maintenance building?

MR. ENSMINGER: 1201, 1202.

MR. PARTAIN: 1201? Can you put that in a context? I mean, is that the family housing area or is it a maintenance building or an open field? I mean, where are you getting these readings from?

MR. GILLIG: We're getting readings from a number of buildings, the Hadnot Point area, close to the fuel farm, some of those warehouses that were impacted. Those are some of the buildings.

MR. PARTAIN: Like 1101, 1102?

MR. GILLIG: I believe 1101, 1102, yes. But we have looked at some preliminary data. There's more data to review.

MR. ENSMINGER: Is this after they installed the remedial ventilation systems in them?

MR. GILLIG: We have some information prior to, and also afterwards.

MR. ENSMINGER: Because the stuff we found, the PowerPoints that the industrial hygienist put together on Camp Lejeune said that the fire department went in there with their test equipment, and the building had reached the explosive levels

for benzene.

MR. GILLIG: Well, again, Jerry, we haven't reviewed all the data, but again, what we've seen so far the levels are relatively low. I'm not going to say they're not at a level of concern, but again, they're relatively low.

MR. ENSMINGER: Now, most of these tests were taken after the contaminated wells were taken offline. The only readings you indicate that are high are going to be directly over a plume.

MR. PARTAIN: Now, Rick, are you going to go with share -- would you be able to -- forgot my word here but --

MR. ENSMINGER: The documents you're working off of.

MR. PARTAIN: Yeah, and the data.

MR. GILLIG: I know we're -- Ch2m Hill has issued a number of reports since 2005, I believe? 2007? So those reports we have readily available. We're pulling information from that. We've just started reviewing the historical documents. So we'll see what we find in those historical documents.

DR. BREYSSE: The next item?

DR. RAGIN: The next action item of ATSDR: The

CAP requests that ATSDR conduct an expedited review of the revised public health assessment where all reviewers in the chain provide comments by a given date, and then comments are discussed with the group.

MR. GILLIG: We did do that, and as a result we're handing out the document today.

DR. BREYSSE: And we will cover the review procedures, which we hope to expedite as well, going forward from here, now that it's outside the ATSDR review chain.

DR. RAGIN: Any questions? The next action item is for Christian Scheel. The CAP requested that ATSDR create a mailing list to send out the information that is separate from the United States Marine Corps registry. Christian?

MR. SCHEEL: So my recommendation is, you know, based on the experience we had with the Marine Corps' cooperation distributing notification for the last CAP meetings, that we continue to use that distribution list because it's, one, it's 250,000-plus contacts, and the Marine Corps does have the mechanism in place to capture new information as well as distribute notification through multiple channels, okay? And I think that,

based on that previous cooperation, I think we can build some momentum using that list. And I think it's just -- it's going to give us a better chance to have a more comprehensive avenue for updating, you know, people that are concerned with this issue. So that's my recommendation.

DR. BREYSSE: So can I ask a question, Christian?

MR. SCHEEL: Yes.

DR. BREYSSE: Would they give us that list if we asked for it? So we could have it, or I imagine they're keeping that probably pretty --

MR. SCHEEL: We can ask for it, and my concern with that, though, is we end up creating two competing lists, okay? And then at some point the list, it either gets -- it gets out of sync or folks are adding themselves to our list with the expectation that they may be receiving information through our list that's coming from the Marine Corps, that we may not be sharing. So I think it's, you know, from a practical standpoint, being able to maintain or drive people to a single list that is -- that's capable of distributing multiple inputs from multiple agencies or multiple organizations. I think that's the best course of action going

forward, just so that we don't compete -- we don't create competing lists, and create competing kind of expectations for what those lists are going to distribute.

MR. PARTAIN: But, Dr. Breysse, in the past we have requested ATSDR to assume custodialship of the list because of problems with the Marine Corps communicating, disseminating research -- I mean, the study results and so forth. I still feel that ATSDR should, and especially with the public health activities and everything that are upcoming with the public health assessment, should retain control of the list and, you know, be responsible for that. I don't know how to do that or recommend how to do that, but there is a concern in the community that the Marine Corps has custodialship of this list, and, you know, cooperation exists so long as the status quo remains unchanged.

DR. BREYSSE: So is there any evidence, recognizing I'm new, that if we'd ask them to distribute something, that they have changed it, modified it or marked it in any way?

MR. PARTAIN: In the past, yes. This last one -- this last notification of the ^ in Greensboro, I believe, was pretty much the first

time that they have done that. Now, they give you an example, when the NRC report was released in 2009, they immediately took the executive copy of that report in a letter and sent it out to all the registrants. Didn't consult ATSDR about it, and basically it was used as a way to disseminate their point and propaganda. And then when things came out in revision -- rescission of the public health assessment in 2009, and, you know, some other communications were not passed down to the families and to the veterans, through the Marine Corps. Okay, so there's grounds for suspicion.

DR. BREYSSE: Yeah, I think I understand your position. Let me explore more with the Marine Corps what that means. I'm sure there's privacy issues that we need to explore. And we can't go anywhere if they're not willing to share it in the first place. We need to explore whether that's even something that they'd consider. And then we need to think about some of these bigger issues.

But in the meantime, let's be careful and clear with them about what we'd like them to communicate on our behalf, and monitor their willingness and what they do in that regard. Now, I would not expect them to get our approval to send stuff out,

if they want to put their slant on stuff. I don't think that's a reasonable expectation. But I do think that it's fair for something related to the community that's associated with what we're trying to do, that they would assist us in that communication effort. And if we're not going to share their list or we're not willing to take them on, we can still make sure that they provide that service for us to the best of their ability.

MR. PARTAIN: And to the point about the Marine Corps sending, and I don't remember the exact language, Jerry might, but I believe the Memorandum of Understanding between ATSDR and the Marine Corps concerning communication was that there was supposed to be notification.

DR. BREYSSE: Okay. Yeah, that Mike just referred to. Next?

DR. RAGIN: The CAP would like to request that ATSDR draft a memorandum on the link between PCE, TCE and congenital heart defects that can be presented to Congress. And I'll defer that to Pat.

DR. BREYSSE: So as many of you know, we've had, since the last CAP meeting, a lot of contacts with a lot of people about diseases associated with Camp Lejeune. And we're pursuing that on multiple

levels. I held off on writing a letter now because we're in the process of preparing some tables of evidence to the VA about the relationship between exposures and health effects. And that table, that correspondence, will likely cover the intent of this. So I think we're pursuing at a different angle this time.

Our concern about the diseases and the relationship and the presumption of compensation and the presumption for healthcare is that we're having that discussion very broadly across a number of agencies and parts of the VA and congressional staffers. So we're having those discussions. And at this point I think we need to follow those paths forward rather than write a letter, specific to heart defects. But I can assure you that that's part of what we're pursuing and what we're discussing.

MR. ORRIS: Thank you.

DR. RAGIN: Are there any questions? The next action item: ATSDR will distribute the list of action items to make sure everything was captured accurately and nothing was missed. And we have addressed that. As you see we have a more efficient way of summarizing the action items at the end of

the meeting so that everybody can have a copy as soon as the meeting ends.

The next action item: ATSDR and CAP will discuss ways for CAP to review, provide input on soil vapor intrusion documents. Rick, would you like to respond to that one?

MR. GILLIG: Since the last CAP meeting, I've received numerous emails with questions on document contents, questions on documents. So I am always available, either through the phone or through email, if there are questions on the soil vapor intrusion documents.

DR. RAGIN: Any questions for Rick? The last action item for ATSDR: The CAP requested that Paradise Point sitter service be added to the keyword search. The CAP will give ATSDR building numbers associated with Paradise Point sitter service. Again, Rick?

MR. GILLIG: So I -- we've looked at aerial photos and some on the GIS information we have on Camp Lejeune. I believe the Paradise Point sitter service was located in building 2600?

MR. ENSMINGER: I didn't hang around over there.

MR. GILLIG: Yeah, if anyone has information on

it --

MR. ENSMINGER: That was officer country.

MR. GILLIG: -- or a different building, we would love to get that information.

DR. BREYSSE: Have we included it in our search terms as we're exploring the documents?

MR. GILLIG: Yes, we can do that. We've also looked at location of ground water plumes, and we did not see any close to this portion of the base.

DR. BREYSSE: Lou, I think that was something in part, a concern you were raising -- or Lori. Do you -- is that sufficient or do you have anything you'd like to add? You might -- if you're speaking in your -- I think you're coming through; you might be muted.

MS. FRESHWATER: Is that better?

DR. BREYSSE: Yes.

MS. FRESHWATER: Okay. Sorry. So I am still, you know, talking to people and trying to make sure that we have the right place. But I appreciate that Rick has a number and a good starting point until ^ to disagree, and I have to take care that there were no plumes underneath. And I'll just keep on -- I'll just keep working on it and trying to document what I can.

DR. BREYSSE: Thank you.

DR. RAGIN: Moving along to the next set of action items that were assigned to the CAP. The CAP was requested to send a link to Brad Flohr, to the official CAP website, so that Brad can send them information to be posted.

MR. ENSMINGER: We don't have a website. We've got a -- they created a Facebook page.

DR. RAGIN: Facebook page?

MR. TEMPLETON: We can send that to him.

DR. RAGIN: Could you send Brad the link?

MR. TEMPLETON: I sure can.

DR. RAGIN: You can.

MR. TEMPLETON: Yep. I'll send it this morning.

DR. RAGIN: Okay.

MR. PARTAIN: Tim said he'd do --

MR. TEMPLETON: Yes. Tim Templeton, and I will do that. I will have that done this morning.

DR. RAGIN: Okay, thank you, Tim.

MR. PARTAIN: Tim, and include *The Few, The Proud...* with that too. *The Few, The Proud...*? Include that in it.

DR. RAGIN: The next action item, it was requested that the CAP check *The Few, The Proud, The*

Forgotten website, and to find out if it does indicate for veterans to file a claim for every health problem that they may have.

MR. ENSMINGER: Say what?

MR. PARTAIN: Yeah, that was something that Brad brought up. I have not seen anything on the website. There was discussion with other people on the -- on some of the bulletin boards, but as far as the site advocating, recommending to the veterans to file for every health claim, no, it's not on our site.

DR. RAGIN: Brad, do you have any questions for Mike?

MR. FLOHR: I think it probably was something that someone posted on the website rather than being a part of the website.

MR. ENSMINGER: You're talking about the discussion board.

DR. BREYSSE: Brad, that was a comment aimed at you.

MR. FLOHR: Sorry?

DR. RAGIN: Are you referring to a comment that was posted on a discussion board?

MR. FLOHR: Must have been.

DR. BREYSSE: So Mike, I'm assuming you're not

taking responsibility for everything that's mentioned on your --

MR. PARTAIN: Just like, you know, people have the right to speak and freedom of speech, and, you know, as long as they're not, you know, using all kinds of crazy things on there, no, we don't censor people discussing on the bulletin board. Now, we'll get on there and say things back and respond, but as far as the site -- anyone on the site that runs our visitors site, we have not and do not advocate that you just file frivolous claims for toe fungus or something like that.

MR. ENSMINGER: Good to know.

DR. RAGIN: The next set of action items were for the Department of Navy. The CAP requested that the United States Marine Corps, they fix their website. Apparently there's an invalid security message, or warning message, that's being received when someone logs onto the website. Melissa?

MS. FORREST: Some Camp Lejeune historic drinking water website users were receiving certificate warnings because their computer and/or web browser did not recognize the Camp Lejeune historic drinking water website's Department of Defense website certification. When a website

certification is not recognized, your web browser recommends that you not continue on the website.

In the case of the Camp Lejeune website, it would have been safe to continue to the site; however, to prevent confusion, when the certificate warning appears, the Marine Corps recently purchased and installed commercial certificates for its website servers from a company called Verisign. The majority of public computers and/or web browsers trust the Verisign certification. This action should eliminate Camp Lejeune website users from receiving certificate warnings in the future.

MR. PARTAIN: And it is no longer appearing, so thank you.

DR. RAGIN: Thank you, Melissa. The next action item: The CAP requests clarification on the classification of for-official-use-only documents, a full explanation of why documents that are not classified are not readily available to the public, and a description of the process used to release documents to ATSDR, to CAP and the public.

MS. FORREST: For clarification, for-official-use-only is not a classification; it is a dissemination control applied by the Department of Defense to un-classify information in accordance

with the DoD information security program. Per the policy, as stated in the manual, DOD-5200.01, volume 4, and this is in quotes, All DoD unclassified information must be reviewed and approved for release through standard DoD component processes before it is provided to the public.

As explained at the last CAP meeting, the Department of the Navy expedites delivery of requested documents to ATSDR, another government agency, without undergoing the required review in order to not delay their release to the public. Once DoN receives a request and documents from ATSDR, a formal review is conducted in accordance with the Freedom of Information Act. Once that process is complete, the documents approved for release are then returned to ATSDR for dissemination to the public.

DR. RAGIN: Are there any questions for Melissa?

DR. BREYSSE: So can I ask? I guess that's not clear to me. So you give the documents to us 'cause we're a federal agency. And I understand that we are not in a position to release documents on your behalf, so we have not done that. So we have a series of documents. How does the public, then --

what's -- they have to be reviewed, then, to be released?

MS. FORREST: You're going to have to give the documents back to us, the ones that you want to release or that you feel need to be released related to your studies, and we have to do a review before they can be released.

DR. BREYSSE: So right now you're waiting for us to tell you what documents we think should be released to the CAP.

MS. FORREST: Yes.

DR. BREYSSE: But I think I heard at the last meeting the CAP said we want all of them. So it wasn't a question of us screening them. The right -- the request was they wanted everything released. And so we -- should we just indicate to you that we've had a request for everything we've received to be released to the public, and that will suffice for you, then, to begin the review?

MS. FORREST: That's what I would think. I think I should take that back, you know, and, and talk with the team, but it sounds like you need some sort of process if you want to release it all. We'd still need to send them over to you --

DR. BREYSSE: Yeah.

MS. FORREST: -- without them being reviewed so that you -- it doesn't hold up your study. And then if it's a fact of you want everything, we have to figure out some sort of process for us to do the review so that you can release them.

DR. BREYSSE: So this is Morris.

MR. MASLIA: In the past, what we've done with respect to the water modeling, we followed that procedure. And then when we wanted to release it because we were referencing it, okay so --

MS. STEVENS: Can you talk into the mic?

MR. MASLIA: Whatever we referenced needs to be available to anyone who wants to duplicate our work. We have simply sent like an Excel sheet with the document number or the document I.D., through email, okay, to our point of contact. In this case, for the water modeling, you might realize. And then their lawyers would review it, and then send us back a list of what was not redacted or what was redacted and the reason why it was redacted, okay? And there were some documents that were a hundred percent redacted but we would still release that document. It would just be completely redacted, and some only had a few lines that were.

MR. PARTAIN: And Dr. Breysse, to emphasize the

point, you know, there is a difference between the work that y'all are doing and the things that we've done in the past. When we're asking for the documents and all the documents be released, I mean, this is an event that took place some -- or 30 years ago. And things that we have done, going through the documents that are not necessarily of scientific value up front have led to other scientific discoveries, the fuel plume being one of them. If we were to go by this criteria that's being put forth by the Marine Corps now, it's conceivable we would never have seen the 1.5-million-gallon fuel spill at Hadnot Point, because it was squirreled away in another portal. And we happened to come across a document that wasn't a scientific table of measurements or readings, discussing the fuel spill, which led us to look at other questions and look closer at the documents, and found out that benzene was indeed in our drinking water.

So when we asked the Marine Corps and Department of the Navy to release, you know, unredacted, these documents, it is to go through and find and make sure that we're not leaving any stone unturned. And that's, you know, that's the side part of it. And unfortunately, you know, if you're

just arguing scientific value with charts and measurements and everything, there's a lot of the story that's going to be missed.

DR. BREYSSE: I understand. That's why I raised the issue. So if we simply ask for release of the documents that we cite, just for the report that we write, that wasn't going to get us where I think you asked.

MR. ENSMINGER: No, because, you know, that's -- that all hinges on whether Rick and Chris and Matt have discovered all the documents.

DR. BREYSSE: So Melissa, can we, we being ATSDR, get out of this loop? If the CAP and the community wants these documents, can they make a request that they release or does that request have to come through us, or can we be left to do what we do and then have another path forward that doesn't filter through us to get documents to the CAP?

MS. FORREST: I'm going to have to go back and check on that. I'm not a legal expert on this process. So I was -- I mean, I don't know if it needs to come from you or if the request needs to come from the CAP or it has to cite all the individual records. I don't know. I'm going to have to take that back and ask.

DR. BREYSSE: How many documents are we talking about?

MS. FORREST: If the request is you want -- yeah, how many are we talking about?

MR. GILLIG: It's pretty -- we've collected 23,000 files. Many of those we're able to release, and we're working with our contacts with the Navy and Camp Lejeune on a regular basis. So I don't know that this has been a sticking point for us. I mean, we've been moving forward reviewing the documents.

DR. BREYSSE: And as we review them, can we ask that they be released? Is that how we're working?

MR. GILLIG: We are coordinating with our contacts on what we can release. So it's not as we review them; it's as we get them in batches. And we've received everything to this point.

MR. ENSMINGER: And they got a whole platoon of lawyers on this thing. So, you know.

DR. BREYSSE: Yeah, but I -- yeah, I just -- we should talk, because I'm not sure I want to be the gatekeeper of that process. I mean, we want to get anything that we need to support the science of what we're doing. And this issue of what the CAP was looking for is -- can inform what we do down the

road, but it's not really directly related to what we do. So let's talk a little bit about how do we best proceed.

DR. RAGIN: The process. Tim?

MR. TEMPLETON: Yeah, this is a quick question, both for Rick or Melissa. Are there any more documents that are going to be released? We got 7,700 PDFs, I think, that were on that FTP site. Are there going to be any more released? Are there more that are already released since the initial release or... I'm looking for some comments.

MR. FLETCHER: Chris Fletcher, ATSDR. So we've in fact requested that all documents be cleared for release. The Navy's currently in the process of reviewing what needs an additional review before they're released versus what doesn't. They found a few more duplicates in there, so we're also reviewing on our end for some more duplicate removal.

I talked with my contacts earlier this week. I think it's -- I don't know, don't quote me on these numbers; it's somewhere around half that aren't going to need any review, that they're going to go ahead and send back to us, so we can go ahead and put it up on the website on the FTP.

MR. ENSMINGER: On the FTP.

MR. FLETCHER: The other half will need review, and they're going to initiate that process soon, I think.

MR. TEMPLETON: Okay.

MR. FLETCHER: But we've requested that all of them be releasable.

MR. TEMPLETON: Great.

MR. ENSMINGER: Who are your contacts?

MR. FLETCHER: Scott Williams and Charity Rychak.

MR. ENSMINGER: Oh, God.

MR. TEMPLETON: Mr. Fletcher, could we get just an email notification that there's more documents up on the FTP site when they --

MR. FLETCHER: We plan -- once we get batches that are releasable, when we can put them on the FTP site back, we will send a notification to Sheila and to you guys that, Hey, we've added some more; go check it out.

MR. TEMPLETON: Thank you. Awesome.

MS. FRESHWATER: I have a question. It says that you're not a legal expert and people aren't up on legal matters. What I don't understand is specifically is it really a legal issue, is it,

because we're dealing with the Department of Defense so nothing is -- you wouldn't typically have classified documents (indiscernible). So my question is, is if this were a Superfund site (indiscernible)? 'Cause you know what I'm saying? Like because it's only a matter of what they're (indiscernible). Is that on the record or do I need to clarify that?

THE COURT REPORTER: Okay, that's not on the record. I didn't hear her.

DR. BREYSSE: Could somebody understand --

MR. PARTAIN: Lori, we're having a hard time understanding.

DR. BREYSSE: Yeah, Lori, yeah, we couldn't -- it was a little muffled. If you can put your request again, and maybe try and speak a little more clearly or closer to the phone, that would be great.

THE COURT REPORTER: She needs to use her handset, probably.

MS. FRESHWATER: Okay. Is that better?

DR. BREYSSE: Yeah.

THE COURT REPORTER: That's better.

MS. FRESHWATER: I was pretty much yelling, so just let me know if I'm, you know, but I'm just asking when the representative says I'm not an

expert on the legal matters, what is the difference between if this was a Superfund site not -- without being involved with the Department of Defense, what would the process be for getting these documents? It's not really a legal issue; it's a Department of Defense issue, I guess, what I --

MR. ENSMINGER: I think I understand what she's saying. They made a big mistake initially on this issue, back in the 1990s.

DR. BREYSSE: They, being?

MR. ENSMINGER: The Department of the Navy and the Department of -- and the Marine Corps, and the Department of Defense. And they released a whole bunch of stuff that was now classified as pre-decisional drafts. I mean, weaseled out of issuing that stuff now, which is where we found a lot of the dirt, because there were notes written on the margins that led us to other things. But that's why they're reviewing all this stuff, and they got a whole -- like I said, Lori, they got a whole platoon of lawyers assigned to this Camp Lejeune issue, and they're finding every little legal maneuver that they can -- or reason to withhold documents. It's just -- it's crazy.

MS. FRESHWATER: Okay, so we would have a whole

lot more power legally if it was not the Department of Defense; if this was, say, Dow Chemical, right?

MR. ENSMINGER: Oh, yeah, yeah. Well, I mean, Dow Chemical, they have a platoon of lawyers on their stuff too.

MS. FRESHWATER: Yeah, okay. Thank you, I just wanted to clarify that difference.

MR. ENSMINGER: They might have a squad, not a platoon.

MS. FRESHWATER: Yeah, true.

DR. RAGIN: Melissa?

MS. FRESHWATER: Thank you.

MS. FORREST: Lori, I just wanted to clarify. I probably used the term incorrectly when I said legal. What this response to this action item, just to summarize it, hopefully you understood it, but is that this classification -- we recognize that these are not classified documents, but it's DoD policy that even unclassified information, it all has to be reviewed before it can be released. So I just wanted to make sure that was clear in my response. So I probably used the word legal incorrectly, but it is a DoD policy that it has to be reviewed before it can be released.

MR. ENSMINGER: And all of it goes to the

eastern area counsel's office at Camp Lejeune.

MS. FRESHWATER: Right. And -- but there are things such as timely, in a timely way, but that --

MR. ENSMINGER: Are you kidding?

MS. FRESHWATER: I'm talking about in a different case, Jerry. I'm talking about --

MR. TEMPLETON: Can you comment on the timeliness?

MS. FORREST: And that's what I don't know all of the particulars of the process. It depends on the documents in question and, you know, who has to do the review. I can't talk to all those particulars.

MR. ENSMINGER: It depends on who raises hell.

DR. BREYSSE: I'm a little sensitive to the time. How many more items do we have to review?

DR. RAGIN: We have a lot of action items, but I propose the VA action items we can wait until the VA comes up. But I think Danielle has a question and she's been waiting.

MS. CORAZZA: I did. I haven't been here long so maybe this has already been addressed. Since there are a finite number of CAP members, can we not go another way in this process, and can they just clear us to look at them without releasing it to the

public? I mean, I've held security clearances my whole life involving -- I mean, is that not a feasible action?

MS. FORREST: I don't know. I can take that back as a request.

MS. CORAZZA: Yeah, that would be --

MS. STEVENS: So what I have done is put it as an action item for Department of Navy, is that we work on putting together a process on how to release documents to the CAP that have already been ATSDR documents. And I think we've been going through this for -- since I've been here we've been kind of going back and forth on this one. So that's something that we can work on is --

DR. BREYSSE: Can we specifically capture what Danielle just mentioned, though, about -- is there a way to grant individual CAP members to see them? That was your request?

MS. STEVENS: Yeah, and I can tell you what the answer has been in the past, is that, because this CAP is considered a public entity, is they consider that that information will go to the public, so that is why we have to really go back and really develop a process.

DR. BREYSSE: Okay. Chris?

MS. FRESHWATER: Yeah, I've asked for that, I believe, Danielle, before and gotten a no but I say ask again.

MR. PARTAIN: I'd be more than willing and happy to go to Camp Lejeune and sit in their document vault and have my phone taken away and just have a pen and a notebook, to go through these documents on my own time, for the record.

MS. FRESHWATER: They could review my documents of their documents.

MR. ORRIS: So my question is how many of the official-use documents have come back redacted from the Department of Defense?

DR. BREYSSE: Do we know that, Rick?

MR. ORRIS: Perhaps Rick or Chris can tell us?

MR. GILLIG: Chris probably knows better. I know I've reviewed a few documents, and I think I'm talking less than five, where some lines were crossed out, and it was personal identifiers.

MR. ORRIS: Thank you.

DR. BREYSSE: Next.

DR. RAGIN: We have three more action items for the Department of Navy, and I think they're all related, so I'll go through them. The first one, I think, was a request from Chris Orris. He wanted

the Department of Navy to define timely manner regarding notifying personnel about TCE vapor intrusion.

The next one is related. They want to know has the Department of the Navy notified personnel living, working or training in building 131, have they been notified about vapor intrusion and contaminated soil?

And the CAP also asked the following questions: Has the Department of Navy abated vapor intrusion in building 133, and have students and staff in building 133 been notified of these issues? Melissa?

MS. FORREST: All right. On the question of timely manner, as explained at the last CAP meeting, the term timely was used to explain our plans for notification that may be needed in the future, because each site and issue is different and would require a different timeline for a response, if required. In the absence of specific regulations regarding notification, Camp Lejeune uses US EPA and North Carolina Department of Environmental -- of Environment and Natural Resources guidance and plans to keep building occupants informed of upcoming and ongoing assessments and results.

About the question of have we notified personnel living, working and training in building 131 about vapor intrusion and contaminated soil, our response assumes this question pertains to building 133, like the other questions, and so that's what it's written as. As stated in a July 24, 2013 technical memorandum, the vapor intrusion pathway is not currently significant and is unlikely to become significant even if the indoor air concentration were to vary by an order of magnitude. Utilizing sampling data collected at the site and available guidance from the Environmental Protection Agency and the North Carolina Department of Environment and Natural Resources, no further vapor intrusion evaluation or abatement activities were recommended for building 133, and therefore formal notification of building occupants is not necessary.

MR. ORRIS: And is that based off of using the industrial air screening level?

MS. FORREST: If it's -- you know what? I'd have to go back and look at the document. But if you look at the technical memorandum, they did not see the vapor intrusion pathway as a --

MR. ORRIS: Because they were using the industrial air screening level as a guidance when

this is in fact a classroom setting. And it's hardly an industrial screening.

MS. FORREST: Okay. I'm going to get a little bit to the classroom issue in a follow-along question. Okay, so has DoN abated vapor intrusion in building 133? Per the technical memorandum dated July 24, 2013 -- wait, is that the one I just gave? The vapor intrusion pathway is not currently significant and is unlikely to become significant even if the indoor air concentrations were to vary by an order of magnitude? That's the one that I just did, right?

MR. ORRIS: Yes.

MS. FORREST: Okay. And have students, staff in building in 133 been notified? Building 133 is currently an administrative building. It was historically used for training. As noted in the above response, formal notification was not necessary. So it's not used for training any longer.

MR. ORRIS: But it is used as an administrative building, correct?

MS. FORREST: Correct.

MR. ORRIS: And you would categorize that as a setting similar to offices and not an industrial

setting. And then my question would become: Why are you using an indoor -- an industrial air screening level for an administrative building?

MS. FORREST: And I would have to look at the difference between -- and maybe talk to this more -- administrative versus industrial, because often times the exposure time is the same, so I --

DR. BREYSSE: So maybe if you can go back to your staff that made that assessment and say, can we make any separate consideration for the fact that this is an administrative building.

MS. FORREST: Yes. You want to know the justification for using industrial --

MR. ORRIS: Yes, I, I --

MS. FORREST: -- if we looked at it as an administrative building, would we have used different screening methods?

MR. ORRIS: Yes. If you categorize it as an administrative building, I'd like to know the justification for using an industrial air screening level for those samples.

MS. FORREST: Okay. All right, make sure I don't get confused here where I am. Okay, so that was the last on building 133.

DR. RAGIN: Correct.

THE COURT REPORTER: Dr. Ragin?

DR. RAGIN: The last action item --

DR. BREYSSE: Excuse me?

THE COURT REPORTER: I'm sorry, can I interrupt for just a second? On these microphones, please be sure they're turned on when you're speaking, and you've got to speak right into it or it loses you completely.

DR. BREYSSE: They're very directional?

THE COURT REPORTER: Yes, sir, thank you. That's perfect, thanks.

DR. BREYSSE: Angela?

DR. RAGIN: Melissa, the last action item: The CAP continued to request an answer to the question as when did the Navy/Marine Corps Public Health Center purchase the first GCMS that was used by the preventative medicine unit at Camp Lejeune?

MS. FORREST: The Navy and Marine Corps Public Health Center's GCMS equipment in question was a stationary table-top unit physically located in the consolidated industrial hygiene laboratory in Norfolk, Virginia in 1982. The current laboratory director in Norfolk has researched available records and was unable to locate purchase records for the GCMS in question because of the long amount of time

which has elapsed. The available records in the laboratory only date back to 1990. The laboratory director also contacted Hewlett-Packard to request any information they may have on the date of purchase of the equipment. The agent also was unable to access any records for the equipment because of its age.

DR. RAGIN: And the instrument was used to test air quality at the former daycare center, correct?

MS. FORREST: It was used, yes, on the daycare center.

DR. RAGIN: Are there any questions for Melissa?

DR. BREYSSE: All right. That's it for the action items?

DR. RAGIN: Yeah. A list of the action items for the VA, but we can wait until that.

DR. BREYSSE: Is that -- okay, Tim?

MR. TEMPLETON: This is a quick update. I did send the email with the links to Brad Flohr.

DR. RAGIN: Thank you.

MR. TEMPLETON: I copied you on it, so...

DR. BREYSSE: Brad, is it okay if we wait to review your action items until later in the agenda?

MR. FLOHR: Yes, it is.

DR. RAGIN: Thank you.

DR. BREYSSE: So we're running a little bit behind schedule but not too bad.

PUBLIC HEALTH ASSESSMENT REVIEW PROCESS

DR. BREYSSE: We'd now like to talk about -- so we've committed to expedited review internally the public health assessment report, and we've done that. And we're ready to release it for additional review, and I'd like to review the process for that and the procedures we'd like to follow.

MR. GILLIG: Before I do that I'd like to introduce the team of scientists that worked on the health assessment. We have a new team member, Danielle Langmann. Danielle, if you could stand up. Danielle is one of our senior scientists. She's worked on a variety of sites for over the past 20 years or so. We have Rob Robinson. You've met Rob before. Rob is an environmental health scientist with over ten years' experience, and Rob recently accepted a new position so he'll be moving on but still be with ATSDR. And our senior toxicologist advising us and working with the document, Mark Johnson. Again, Mark is a toxicologist. He is the regional director for our Chicago office. Mark has

over 20 years of experience as an environmental health scientist, and again, is one of our senior toxicologists. I'm going to ask Rob and Mark to join us at the table. I understand Danielle does not want to come up; that's okay.

What I'd like for Mark and Rob to do is give you kind of an overview of the purpose of the document and, in general terms, the approach they took. Again, this document is being released for peer review, and as such we can't discuss the conclusions and recommendations and findings in the document. We can do that at a later CAP meeting.

DR. BREYSSE: We can't do that in public right now.

MR. GILLIG: So Mark, I'm going to turn it over to you at this point.

MR. JOHNSON: Okay, thank you. I wanted to summarize three basic objectives we had with this assessment, the first being to do a careful assessment of exposure to the residents and Marines in training and workers at Camp Lejeune. And it starts with the measurement of the water concentrations at the various locations, at Hadnot Point, Tarawa Terrace and at Holcomb Boulevard, and really relied on the modeling effort that Morris

Maslia and his team did, that you've seen before. That is the basis for our estimate of the exposure that occurred from the early 50s into 1985. And so that's the starting point for our assessment of exposure.

The second is to evaluate the categories or types of exposures that would've occurred. And we've broken that down into what we call exposure groups. That would include children who were residents at Camp Lejeune, most locations; other adult residents, including pregnant women; and we also included workers at the various locations on the base; and also Marines and other military personnel who would've been involved with training exercises at Camp Lejeune during that time.

And the next type as to evaluate, how would people be exposed. So in the drinking water supply, we would include drinking water ingestion as the primary pathway of exposure, but certainly the water use for other purposes such as showering and bathing would've resulted in exposure through inhalation as well as dermal contact. And so our assessment included an estimate of the concentration in the air, who would be exposed through those sorts of activities.

And just to add a comment to the question earlier about the dermal pathway for vapor intrusion, just to reiterate what Dr. Breysse had said, that we looked at dermal for water because that's a direct contact. There's a likelihood of transfer of contaminants in the water through the skin, if there's sufficient duration of contact. However, for our vapors, the likelihood of vapors migrating from the air to the skin is very minimal, and therefore we would not consider that to be a significant exposure pathway.

In addition to what I would just mention in terms of the Marines in training and residents, there's also -- the CAP expressed in a previous meeting, though, to include other kinds of activities related to occupational exposure, in the kitchen through the food preparation or the dishwashing kinds of operations as well as swimming pools and also laundry facilities. So our assessment also included an estimate of the airborne -- or the air concentrations of those contaminants through those activities, and that's included in the appendix in the document.

MR. ENSMINGER: And don't forget about medical.

MR. JOHNSON: Right. We would expect, though,

that the medical -- are you talking about like hand washing and that sort of --

MR. ENSMINGER: Right.

MR. JOHNSON: That is another pathway of potential exposure, not as severe or as significant perhaps as other pathways, but it is one that would be at least worthy of noting. So that's the first objective.

The second was to make sure that we were capturing the sensitivity of exposed populations, to make sure that we're using the most current science in evaluating the potential health impacts from that exposure. So we've utilized the most current information related to those chemicals, again, which is trichloroethylene, tetrachloroethylene, benzene, dichloroethylene and vinyl chloride. And so we've made sure that our assessment includes the most up-to-date information about that evaluation of those -- the toxicology on those chemicals. And also inclusion for, as noted earlier, about the concerns about cardiac affects, trichloroethylene, and the assessment focuses pretty directly on the exposure that could occur to pregnant women and the potential effects on a developing fetus from the exposure to trichloroethylene.

We also noted that there is a concern about early life exposure to vinyl chloride, with the theory that the effects of carcinogens, especially mutagens, occur more severely in the developing organ systems, particularly with the liver. And there's evidence from animal studies that exposure to vinyl chloride causes a greater sensitivity for early life exposures in terms of cancer risk. So our assessment includes an additional component to evaluating the effects on young children.

To look at the combined effect, we've calculated the cancer risk for each individual chemical, and have summed that together to get an overall cancer risk for each of the chemicals. And the same for non-cancer effects, we've summarized individual effects as well as combined them into a total non-cancer hazard determination.

And so the final objective was to make sure that our summary of information, which is in hundreds of pages of tables and spreadsheets was distilled into a format that would be easy to understand for non-scientists, the general public, and even for ourselves in drawing our conclusions. So our approach was to use a more graphical display of the data. And the document shows how we've

attempted to summarize the risks, the concentrations in the water over time, the risks associated with exposure to those concentrations, and also so that someone could, knowing what time frame they were either resident or in training at the base, they could look on these graphics and be able to identify what their risk may have been during that time frame that they were on the base.

And then the final graphic we wanted to utilize was one that would allow someone to understand how that exposure they experienced at the base relates to what the levels of effect that you might expect could've occurred. And this is a graphic that also displays how that exposure relates to the concentrations that we think may have -- may be actually associated with specific health effects.

So those are the three main objectives we had, and we're hoping that the peer review process will help determine whether we've met those objectives and provide some feedback about the presentation information. We've utilized a lot of information from the CAP and other sources to make this as specific as we can to the information of the Marines and the family members who were exposed at the base, and we look forward to any additional feedback that

you can provide to us.

And then Rob is also focusing on the lead hazard component of the assessment, and he'll talk about summarizing that also.

MR. ROBINSON: Thank you, Mark. And as he mentioned, in this PHA, we also evaluate --

DR. BREYSSE: Can you please speak more closely in the microphone?

MR. ROBINSON: Sure, sure. In this PHA we also evaluated the public health significance of any potential lead exposure through the drinking water. In this evaluation we looked at sampling data from 2005 to 2013. And these data were -- are publicly available on the North Carolina drinking water watch website. And that was the crux of our lead evaluation, but we also gained information through annual water quality reports review, discussion with base environmental personnel as well as reviewed their website that hosts all their daycare and school sampling results related to the lead.

And so again, as mentioned, unfortunately we're not able to really discuss results at this meeting until the public comment period of the document, and we've done, as we've done in past meetings, we've gone over the process, but if anyone has any other

questions on the process of our evaluation and exactly what we looked at, we'd be happy to field any questions you may have.

MR. PARTAIN: Okay, I do have a question. Was there any special consideration given to veterans or even the personnel, both Marine Corps, Navy and civilian employees, who were working in the areas -- kind of were getting a double whammy, for example the personnel in the mess hall, which utilized steam equipment which of course vaporized, put that into a confined atmosphere, as Jerry referred to in the past as a gas chamber. We had personnel that were working in the fuel farm, on top of and around the 1.5 million gallons of fuel. We had personnel that were in the maintenance buildings that were -- where they used TCE, were in contact with TCE and also exposed to vapor in the building, and let alone going back to the barracks and being exposed to the drinking water there. How did you factor that into the -- your risk assessments for the public health assessment?

MR. JOHNSON: Right, so the worker exposure scenario, again, focused on the water exposure pathway. We do not have data available to add to that other pathway, such as working directly with

TCE in a work place. That would be obviously an additional exposure beyond just the water. But we have no information to -- how to add that to our assessment.

MR. PARTAIN: But it'd be something you can address with like an asterisk? If you don't have the data, is that not a -- I would -- you know, I would think that would be an additional risk, considering what we have with the water.

DR. BREYSSE: I think rather than discuss that now, I think you'd be free in the review process to raise that as an issue, at that time might be more appropriately discussed. We do look at it and see if you think that's a gap.

MR. ENSMINGER: Did anybody take tetraethyl lead into consideration of this as a contaminant? Because the 15-foot layer of gasoline that was on top of the shallow aquifer was -- leaked there over 50 years, and most of it was leaded gas. Prior to being accepted on the restoration advisory board for Camp Lejeune I found the minutes of one of their RAM meetings, and the question came up: Is there lead in the gasoline that leaked out of the fuel farm? And our official response is that the contractor who provides Camp Lejeune their fuel does not have

leaded gasoline. So they skirted the answer -- the issue by saying that the contractor who supplies Camp Lejeune -- which was Hess Gas, who was providing the gasoline for the base, and they failed to answer the question about the lead in the gas that was leaked onto the grounds.

DR. BREYSSE: Do we have any evidence or data from which to assess possible tetraethyl lead?

MR. JOHNSON: We've not been provided any data about tetraethyl lead in the water system that would allow us to incorporate into our assessment.

Just to add to your question about the mess hall, it was included, Jerry, in the appendix provided, ^ Jason Sautner did a modeling of the predicted air concentrations in work places, including the mess hall, during food preparation as well as dishwashing operations, and there's at least an attempt to incorporate that exposure pathway in this assessment.

DR. RAGIN: Tim?

MR. TEMPLETON: We understand that MEK, methyl ethyl ketone was used as a stabilizer for TCE in pure form when it was delivered. And we also understand that it was detected, that MEK was detected as a contaminant, but not at significant

levels to affect humans. But we do know that MEK also does, in combination with trichloroethylene and possibly tetrachloroethylene causes different types of health effects, possibly accelerated, due to exposure. Was that -- was MEK accounted for in the PHA?

MR. ROBINSON: MEK in particular was not. We used Morris's group's historical reconstruction and used those as the volatile compounds that we evaluated.

MR. TEMPLETON: Okay. Thank you.

DR. BREYSSE: So Tim, I encourage you to make that comment when you get the report to review.

MR. TEMPLETON: Okay. Will do.

MR. JOHNSON: And it also can be included, perhaps, as an uncertainty in the assessment, that there might be other constituents of low concentrations that could contribute to the risk.

MR. TEMPLETON: Thank you.

MR. JOHNSON: So that the drivers are what we focused on.

MR. TEMPLETON: All right. Thank you very much.

MR. ENSMINGER: But there were some samples or some sampling results, historical ones, that showed

high levels of MEK.

MS. FRESHWATER: Mike, if I could follow up with the lead. Can you hear me okay?

DR. BREYSSE: Yeah, that's better.

MS. FRESHWATER: Okay. Tim, we found lead readings around the Tarawa Terrace school when we were looking at that. They had benzene and lead readings recently. Is that right?

MR. TEMPLETON: Yeah, that's correct.

MS. FRESHWATER: Yeah, okay. So that's definitely something that -- I'm glad Jerry brought that up.

DR. BREYSSE: But I would suspect those are total lead levels, and it would be hard to -- from that to distinguish if there was a tetraethyl lead, I think.

MR. ENSMINGER: Well, Tarawa Terrace wouldn't have a tetraethyl lead source.

DR. BREYSSE: Okay.

MR. TEMPLETON: It appeared that the lead may have been due to the distribution, the water distribution system.

DR. RAGIN: Are there any other questions for Mark and Rob?

MR. GILLIG: Okay. I think we're at the point

that Sheila has a confidentiality form we'd like you to sign. This is -- it's a standard form. We use it for our external peer reviewers.

DR. BREYSSE: So, as you know the next step in the process is peer review. We are considering you, the CAP members, as part of the peer review process. We will receive comments as part of reviews from you as well as our external peer reviewers, and revise the draft as the report is appropriate, and then we'll release it for public comment. At that time it becomes available to the public. Right now this is not a publicly available document, and what you're signing is essentially committing to not releasing that to the public.

So this is -- I can't emphasize how important this is. There's a process we like to follow to make sure that we've produced the strongest report possible when it goes out for different levels of review, and we need to follow that process. And it's -- we're not asking you to do something we don't ask anybody in the peer review process to do. We have identified the number of scientific peer reviewers, who are external, that we're asking to do the exact same thing, so don't think we're singling you out.

MS. STEVENS: Do you need the address?

MS. FRESHWATER: So how can I do this?

MR. GILLIG: Lori, we can send you the form electronically.

MS. FRESHWATER: Okay.

MR. GILLIG: And as far as the address, I assume we have the address -- everyone's address on file.

MS. STEVENS: Address on file, we do.

MS. FRESHWATER: Sheila wishes she didn't. Kidding.

DR. BREYSSE: So Sheila we should make a copy of these and give everybody a chance to have a copy of what they sign.

MS. STEVENS: Yes.

DR. BREYSSE: Any questions or concerns about confidentiality agreement? Please don't think this is in any way an attempt to keep things kind of secret.

MS. STEVENS: No, we make everybody sign this.

MR. GILLIG: So what we'll do today is we will hand out a hard copy of the document. It's been double-spaced. The lines are numbered on each page. We'll also send the document to you electronically. Ideally we would love to get comments back using the

Track Changes feature of Word. But I know this is a long document. We will take copy -- or comments on the hard copy.

DR. BREYSSE: Please submit handwritten comments, please. Make them as legible as possible.

MS. STEVENS: I have a couple comments also. One of the things, for the people who are not physically here, Lori, Dr. Cantor, I will send you a disclosure statement. I need that before I can send you the copy of the actual document that you're going to review. So that's one of the things.

The second thing is for everybody who's here right now, and Lori, again, I will FedEx you a copy of this, but I have FedEx envelopes for everybody. Once they have reviewed their information and want to put the hard copy with the comments back into a FedEx envelope, and then it comes directly back to me, and I make sure it gets to Rick. So that's how you can send the hard copies back.

MR. GILLIG: And for people who make comments electronically, I assume all of you have corresponded with Sheila, you probably have her email address, Sheila will forward those comments to me.

DR. BREYSSE: For anybody else who's listening

or on the phone, this will become publicly available once we get through this peer review step. And so there'll be lots of opportunity for people who have an interest in this report to comment on it.

MS. FRESHWATER: How long is the peer review process?

DR. BREYSSE: Rick, when do we want comments by?

MR. GILLIG: Yeah, that's something I wanted to discuss with you all. Again, it's a fairly lengthy document. Is October 15th a reasonable date?

MS. FRESHWATER: It's reasonable to me.

MR. GILLIG: Okay. I'm getting a lot of nods yes so we'll go with an October 15th date.

MR. ENSMINGER: Does the Department of the Navy have this document?

MR. GILLIG: They will be getting it later on.

MR. ENSMINGER: What's later on?

MR. GILLIG: I am still waiting to hear from the Navy as far as who they would like the document to go to.

MS. STEVENS: Actually I did get an email earlier this morning, Rick.

MR. GILLIG: Okay.

MS. STEVENS: With the name of the person that

we'll send the disclosure statement.

MR. GILLIG: Okay.

MR. ENSMINGER: Who is it?

MR. GILLIG: Yeah, that process of sharing it with the Department of Navy, this is a data validation draft. It's not unusual for us to share with DoD, just so they can take a look at it and make their comments.

SOIL VAPOR INTRUSION UPDATE

MR. GILLIG: So before I relinquish control of the microphone, I feel the need to update you on the vapor intrusion -- the soil vapor intrusion project. I've just got a couple quick updates. We do have two contractors on board; more contractors will be joining us next month. The contractors we have on board, we've worked with them. We've refined the process of pulling the data out of the documents, and we actually have those two contractors pulling data out of documents. So we're moving them forward -- we're moving forward on that project. Again, we've got a lot of documents to go through so it's going to be a lengthy process. But I'll update you in the calls and other CAP meetings. Any questions on that? If not I'm going to turn this

off and get documents to you all. Thank you.

DR. BREYSSE: Can you just hold that, and distribute them maybe at the break. We can maybe not take time as now we're going to break in a minute.

I'd like to get people's sense. So where we are right now is time for update of health studies, and we're running about 15 minutes late. Would people like to take a break now, then come back and do update health studies --

MR. ENSMINGER: Yeah.

DR. BREYSSE: -- and the VA updates before lunch?

MR. ENSMINGER: Yeah.

DR. BREYSSE: Okay, so why don't we take a break now, then.

MR. ENSMINGER: My teeth are singing *Anchors Aweigh*.

(Recess, 10:24 till 10:41 a.m.)

DR. BREYSSE: Welcome back, everybody. Let's have an update on the ongoing health studies, and for that we'll turn to Perri Ruckart and Frank Bove.

UPDATES ON HEALTH STUDIES

MS. RUCKART: Good morning. I just want to

give some brief updates on our health studies. Male breast cancer, just to give you the timeline, that's a reminder from the ^, we submitted it to the journal *Environmental Health* on April 20th, a few months ago. We received the first round of comments from the journal's peer reviewers on May 31st, and we responded to those comments and submitted a revised version of the manuscript on June 30th.

Then we received a second round of comments from the journal's peer reviewer, just from one of the peer reviewers, that was on July 19th, and then we just submitted our revised manuscript and response on Monday, August 24th. So we should be hearing back soon. I don't think this process will take as long as the first response that we got when we submitted a revised manuscript. Any questions on the male breast cancer study?

MR. PARTAIN: Well, can you discuss what they were questioning or asking for clarification on, or no?

MS. RUCKART: No, I mean, that's -- you know, it's a prepublication type of thing. We can't get into anything like that.

DR. CLAPP: This is a journal that puts all that stuff up on as soon as it's published, so

you'll see it as soon as it's put online, which is quick. I mean, I think they don't wait once --

DR. BREYSSE: I think he's just asking what the general flavor of the comments were.

MS. RUCKART: Well, there were questions about how we were interpreting the results or just about some, you know, finer points of the methods. You know, when you get different people talking about -- different epidemiologists talking about a particular body of research, you're going to have differences of opinion.

DR. BOVE: The joke is that if you have two epidemiologists, you have three opinions. But what the -- they're interested in more information on exposure response trends. We put some information in the article. We've added some more.

MS. RUCKART: Then for the health survey, most of the analyses and most of the draft report are completed. We're still finalizing some sensitivity analyses, and then once that's done we will just add that material to the text.

Because of all of the other work that has come our way lately, I'm sure everyone's aware, we're communicating a lot with the VA and different other parties, we are going to have slide back our final

draft being ready 'til September 2015. We had hoped it would be the end of this month but I still think, you know, that's really in the ballpark, and still pretty much on target. We just have, you know, other things that sometimes come along, and we need to address them right away. Any questions about the health survey?

The cancer incidence study. The protocol was sent to the CDC IRB on Monday, the 24 -- August 24th. And we're currently exploring options to -- how to fund the cancer registries. Keep in mind we're going to be submitting names to all the cancer registries, and we want to get participation from as many of the state and federal registries as possible, where they would tell us if it's a match, if they have a record of anybody that was submitted to them having a cancer in their state. So that's where we are with that.

We're having internal discussions about ways to access the data in a more timely and efficient manner, because as discussed, we would need to engage with 50-plus registries. Tim?

MR. TEMPLETON: Would it help if we were to contact the members of our community and just let them know to participate?

MS. RUCKART: No, there's no participation from the community members.

MR. TEMPLETON: Okay.

MS. RUCKART: It's a data linkage study. It's similar to the mortality study. We will have the names of everyone who was at Lejeune, according to the DMDC and a comparison population from Camp Pendleton. We would just submit the names to the state and federal cancer registries. There's no contact with participants. And then the registry just tells us if it's a match. We're sending them the names and other personal identifying information, so if it's a common name, they can tell, you know, same birth date, same name, same Social Security Number, same gender. And then they'll be able to report back, yes, this person was reported to have cancer in our state, what it was, different characteristics about that.

MR. TEMPLETON: Okay, thank you.

MS. RUCKART: Any other questions about that study?

MR. TEMPLETON: If I can just back up for a second. You said September 2016?

MS. RUCKART: No, 20 -- no, I didn't say anything about the cancer incidence study.

MR. TEMPLETON: Okay, no, I'm sorry, back up for a second.

MS. RUCKART: On the health survey?

MR. TEMPLETON: On the health survey.

MS. RUCKART: Right, so --

MR. TEMPLETON: You said 2016?

MS. RUCKART: No, September, next month.

MR. TEMPLETON: Next month?

MS. RUCKART: Yeah.

MR. TEMPLETON: Awesome. Love it.

MS. RUCKART: Just to start our agency clearance process. So where it goes from there, we have to discuss that later as the process moves forward.

DR. BREYSSE: Wait, just so I can be clear, if I can elaborate, Perri, about the funding. It's not a question of having money to pay for what we want to do. It's just not clear how we're going to access the cancer registries and what the cost consequences of the different pathways of accessing the different cancer registries are. And so there'll be different implications for what it's going to cost, depending on how we get those data and how we deal with the matches. Do we pay somebody or do we do it ourselves? There's all

sorts of different pathways. So we're sorting that out now. And there's funding implications associated with what pathway we choose. And that's really what's up in the air in terms of funding, not that the money won't be there. That's it?

All right, can we turn to the VA now, for VA update, and Brad, it's your preference if you want to give us an update, and then we'll go through the action items or we can go through the action items and then get kind of a broader update from your perspective. Whatever you prefer.

MR. ENSMINGER: Did you cover the cancer incidence study protocol? I didn't hear that.

MS. RUCKART: Right. That's what I was saying where we submitted it to the CDC IRB Monday, and then I was saying that there's some issues we need to just sort out regarding the funding options. And then Pat just elaborated about what that means, and then that we are trying to expedite the process, because we have to work with -- or we're hoping to work with as many of the state cancer registries as possible. That was all about the cancer incidence study.

MR. ENSMINGER: Okay.

VA ACTION ITEMS AND UPDATES

MR. FLOHR: So Pat, this is Brad. Why don't we go through our action items, and then we'll talk about other things after that.

DR. RAGIN: Sure. The first action item for the VA: The VA requests that the Veterans' Health Administration consider external members for their working group on clinical guidance policy.

MR. FLOHR: Yes, okay. I'm not really involved in that, and Dr. Ashton is away on a family reunion and not able to address it. But I understand that they -- their office of general counsel who determined that we would not include CAP members in this internal VHA work group.

MR. WHITE: Yeah, that's correct, Brad. This is Brady.

MR. FLOHR: Okay, thanks, Brady.

DR. RAGIN: Any questions for Brad or Brady? The next action item: The CAP requests the VA to discuss or consider providing healthcare for those diagnosed with prediagnostic markers or at risk for certain diseases. For example, they're requesting to cover mammograms at an earlier age or ongoing monitoring that's currently done when markers are present.

MR. WHITE: Yeah, this is Brady. I can address that. So right now we can't cover any conditions unless it's one of the 15 conditions. And we can cover a test, a diagnostic test, as long as it leads to one of the 15 conditions, but we cannot cover basic screening tests at this time.

MR. TEMPLETON: Why? This is Tim Templeton. I'm asking why. The reason why is that these people have been put at risk. Their health is at risk. I don't understand why we can't do a diagnostic test.

MR. WHITE: Sure. Right now the way the law is written and the way our office of general counsel has interpreted that is we cannot cover anything other than those 15 conditions. And if a test leads to the diagnosis of one of those 15 conditions, then we can cover the cost of that test, but not before.

MR. ENSMINGER: So Brady --

MR. WHITE: Somebody can have ten years of status and not lead to anything, we can't cover that.

MR. ENSMINGER: Brady, this is Jerry Ensminger. So what you're saying is the VA doesn't believe in taking their car to the garage and letting the mechanic do preventative maintenance on it. They just -- you just wait 'til it breaks down out in the

middle of nowhere?

MR. WHITE: Mr. Ensminger, I don't know if I'd refer to it that way but that's the way our general office --

MR. ENSMINGER: Well, I mean, that's what the hell preventative medicine's all about. Right? I mean, you guys are in the healthcare business, right?

MR. WHITE: We are, yes.

MR. ENSMINGER: Okay. Well, you ever hear of preventative medicine?

MR. WHITE: Sure.

MR. ENSMINGER: Okay. That would be considered preventative medicine. Let's not wait 'til the guy's got cancer.

MR. WHITE: But that's not what -- that's now how the law is written, Jerry, and that's not what we can cover.

MR. ENSMINGER: Okay. Well, laws are written, they can be changed.

MR. WHITE: Sure.

DR. RAGIN: The next action item: At the last CAP meeting in May, the VA offered to give brief presentations at each meeting, at each CAP meeting, to explain basic healthcare and claims information,

and the difference between the veterans' benefit -- the veterans -- the VBA and the VHA. Brady or Brad, would you like to explain the differences between the VBA and the VHA?

MR. FLOHR: Yeah. I kind of believe that most of the CAP members know that. VHA is -- provides medical care. They do research. They contract for studies on research. And VBA provides the number of benefits, compensation, pension, educational benefits, loan guarantee benefits, vocation, rehabilitation and employment benefits, a whole host of things that we do. The differences are that we are in our jurisdictions but we do work together on a number of issues, such as exposure issues with our joint VA/DoD deployment health work group as well as on other areas that need our joint coordination.

MS. FRESHWATER: Can you guys speak up? I'm having difficulty --

DR. BREYSSE: Lori, you're coming through fuzzy again.

MR. PARTAIN: And Dr. Breysse, I'm getting a message from people on the phone on the stream, they can't hear the people on the phone.

DR. BREYSSE: Okay. So you have to really speak up on the phone.

MR. PARTAIN: And slow.

DR. BREYSSE: And slowly.

MR. PARTAIN: Yeah, they said they can only hear us on the CAP.

DR. BREYSSE: Go ahead, Lori, and, and Brad, I think that applies to the VA folks also, Brad and Brady.

MS. FRESHWATER: Yeah, that's what I was saying, people are saying they can't hear the VA people.

MR. PARTAIN: And I missed part of it 'cause I stepped out, but is there -- Brad, you're normally here. Was there an extenuating circumstance why you're not here today or only on the phone?

MR. FLOHR: The reason is that -- it's very simple. We're out of money. And we don't have money for travel or contracts and things like that, and until the beginning of the next fiscal year.

MR. PARTAIN: Can we maybe take a collection pot for you.

MS. RUCKART: My concern's with the streaming. I think that the streaming is picking up the sound from the microphone, and we're able to hear the phone line. There's some, you know, microphones coming in. But it's not picking up that because

it's not directed right into the microphone. I think it's too low for the room microphone that feeds into the streaming to pick it up.

MR. PARTAIN: And I don't mean to get off on a tangent here, but when you mention, Brad, that there's no money for travel. We have a meeting coming up in Tampa in four short months that's going to be, well, if there's any indications, well-attended from our past meeting, that Jerry and I did back in 2011. We had over 350 people at that meeting. Do you know if the VA's going to be there in person? 'Cause I know a lot of people have questions for the VA that will be at the public meeting on Saturday, December 12.

MR. FLOHR: I'm sure we will, Mike. We'll have money again come the first of the next fiscal year, October 1st.

MR. PARTAIN: That sounds great. Just wanted to check and make sure.

MR. FLOHR: Okay.

MS. FRESHWATER: And I would like to ask that at the Tampa meeting, that you guys do a presentation, we talked about it in Greensboro, not for the CAP members but for veterans, about the system and the differences, and just do an

informational presentation for the people at the meeting and watching.

MR. WHITE: Okay, is that Lori?

MS. FRESHWATER: Yes.

MR. WHITE: Hey, Lori, this is Brady. Is that because of the confusion between what the VBA covers and what the VHA covers?

MS. FRESHWATER: Yes. There's still confusion among the veterans, who are trying to navigate the system. And they want to know, you know, what they apply for each, and that kind of thing. So I think just a good PowerPoint-type presentation from you guys would be really helpful.

MR. WHITE: Sure.

MR. FLOHR: I think we can do that, Lori.

MS. FRESHWATER: Okay. Thank you.

MR. WHITE: Yeah. And the travel funds should be there. I don't know if I can commit to it at this point. I'm just going to be finishing up some treatment for some healthcare stuff. But I'm hoping to be there.

MS. FRESHWATER: Well, I hope you're doing well, Brady.

MR. WHITE: I am, actually.

DR. RAGIN: Danielle?

MS. CORAZZA: I think that part of the gist of that was --

DR. BREYSSE: Can you speak into the mic, please?

MR. PARTAIN: Yeah, stand up and speak in the mic.

MS. CORAZZA: I think part of the gist of that action item wasn't captured. We've had some issues about the subject matter experts, how they were hired, why they were hired, how they fit into the process of adjudicating or offering an opinion on some of the compensation claims. And because the process has changed, and some of what we've been told, that the claims were regionalized, and I think we just wanted to be sure that we all had the most up-to-date information on how they were working that system as well as provide clarity to the public, because it is, it's about as clear as mud. So maybe just a little more finite detail.

MR. PARTAIN: Yeah, because the earlier -- I'm sorry, the announcement earlier this month from the VA about the presumptive service connection, Brad, if I could ask you, how is that affecting the status of claims that are in the system now and potentially claims that have already been adjudicated by the VA,

how would that affect them once you guys get your list finalized and released?

MR. FLOHR: Well, we're continuing to process claims as we do now, on a case-by-case basis. Presumptions, if any are made, eventually, are only effective from the date they're published in the Federal Register. At that time we would go back, then, and look at claims that have been denied in the past for anything that's made presumptive, and notify veterans or surviving spouses of the new presumption and their ability to request that the claims be reconsidered.

MR. ENSMINGER: And how far back are you going to go, Brad? This is Jerry.

MR. FLOHR: Well, Jerry, generally, as I said, the effective date of presumptions are the date they're published in the Federal Register.

MR. ENSMINGER: So then you're only going to go back to what the date that it was published in the Federal Register, and everybody before that is going to have to resubmit?

MR. FLOHR: That's generally the way it works.

MR. ENSMINGER: Okay, All right. And by the way, it's my understanding that the Secretary of the VA, Secretary McDonald, told the senators on 16 July

that all Camp Lejeune claims were now on hold.

MR. FLOHR: That's the meeting that he had with --

MR. ENSMINGER: Senator Isakson, Burr and Tillis.

MR. FLOHR: Burr and Tillis, I was at that meeting, and he said no such thing, that I recall.

MR. ENSMINGER: Well, I'm going to have to check that out, then. Okay.

DR. RAGIN: Brad, this is Angela. I want to summarize what Danielle mentioned, and just give you a little specifics about the request. They wanted the VA to clarify the claims evaluation process. Some of the questions: What weight of evidence is given to decide if a disease is service- or not serve-connected? How many claims have been approved? What's the minimal level exposure and duration required? How are risk factors weighted? Can denied claims be reopened automatically without the denied person asking for it? Can subject matter experts' names and organizations be provided to the CAP? And how many subject matter experts are selected and what criteria are used to select them? I think that should -- that covers your questions.

MR. FLOHR: Okay. Well, you know, we don't

have anybody from the office of disability and medical assessment on the line, on this call. I'll answer to the extent that I can. The weight of evidence, the VHA does not weigh evidence. That's the job of the person who makes the decision on the claim. We gather all the evidence that we're aware of, that's a statutory requirement, that we give all evidence, or at least attempt to get all evidence that we're aware of, before we make a decision. At that point the person making the decision has the, I won't call it a job, it's a responsibility of determining the weight of evidence. And as an example, we may get a statement from a private provider on a veteran's claim, and that private provider might be a podiatrist. And the provider might state that the veteran's lung cancer is apparently or is possibly was related to exposure to the contaminants in the water at Camp Lejeune. At that point we get another statement from a VHA clinician, who is an occupational specialist, environmental specialist, and they give an opinion that is contrary to that. The weight, then, is determined, again, by the reviewer. They may provide -- most likely would provide more weight to the evidence of the specialist, or the opinion of

the specialist, than to a podiatrist in that case.

So all weight is determined, all evidence is weighed, and then it is looked at to determine if it reaches the level of at least a reasonable doubt. If there's more favorable evidence than unfavorable, of course the claim is granted. If there's as much evidence favorable to the claim as there is against the claim, the claim is also granted. That's reasonable doubt; that always results in favor of the claimant. The only time it's denied is when there's more evidence against the claim than there is for the claim.

I sent just yesterday, I believe, to Sheila, our latest data or statistics on grants and denials for the various diseases that we track. Through July 31st, we have -- we've granted 1,315 issues since we began tracking these in early 2011.

MS. FRESHWATER: Brad? Brad? When you say a podiatrist is used as an expert on someone's cancer, is that something you see a lot?

MR. ENSMINGER: No. I mean, and that was a silly damn example, Brad.

MS. FRESHWATER: Exactly. And that -- Brad, I think if we're going to improve the relationship that we have, maybe you could do without that kind

of rhetoric, because the claims that I --

MR. FLOHR: Maybe that --

MS. FRESHWATER: Let me finish. The claims that I look at are oncologists against occupational doctors who have zero experience with cancer. So I would appreciate it if you wouldn't characterize veterans as sending in a podiatrist's report about their lung cancer, as though you're going to produce that as being the majority of what you're seeing.

MR. FLOHR: That is only an example of how we weigh evidence. It depends on --

MS. FRESHWATER: Well, it's a bad example, and you know why you say it. Don't play games, please. You know you say that. You characterize the veterans as being people who are sending in false claims that aren't worthy.

MR. ENSMINGER: Or minimize the -- minimize the extent of the seriousness of the situation.

MS. FRESHWATER: Exactly.

MR. FLOHR: That is absolutely untrue. Absolutely untrue, Lori. And I do not appreciate your comment.

MS. FRESHWATER: Well, I don't appreciate you saying --

MR. PARTAIN: Then Brad --

MS. FRESHWATER: -- the veterans are sending in their claims with podiatrist reports about their lung cancer.

MR. PARTAIN: And, and Brad, for the record we have sent claims back up to you where we've had an oncologist or specialist come back and say that the veteran's cancer is related to their exposure at Camp Lejeune, and they have been denied. And I too, you know, I thought we were past the toe fungus stuff again, and here we are with a foot doctor. So, you know, it's just a simple request to keep it -- let's keep it professional, please.

MR. FLOHR: Hey, Mike, we've got like -- we have -- what'd we have, 11,000 claims that have been completed. The total number of conditions that we have reviewed are 28,000, and 21,000 of those are not cancers.

MR. PARTAIN: And how many are toe fungus, Brad?

MR. FLOHR: I don't know. That's not something we --

MR. PARTAIN: Okay.

MR. FLOHR: That's not something we track. But it's not a cancer; it's something else. And the majority of those come with maybe one or two

sentences from the private provider.

MR. ENSMINGER: But, Brad, you just used an example of somebody with lung cancer and said that they had a podiatrist write them a nexus letter. I mean, you voluntarily did that.

MR. FLOHR: I picked that up off the top of my head. It doesn't matter, really.

MR. ENSMINGER: Yeah, it does. What? That falls back to Terry Walters and talking about we eat too many cheeseburgers. I mean, you guys are always doing this stuff.

MR. FLOHR: It's an example, Jerry, of how evidence is weighed. That was the only point.

DR. BREYSSE: So the point is well-taken though. I think --

MS. FRESHWATER: Jerry, it's Brad's playing dumb again, and it's just insulting. And it's time to stop doing that, please. I request that you not make representations about veterans in that way anymore.

MR. TEMPLETON: This is Tim. I agree. In fact let's stick with the facts here and stop with the exaggerations.

MR. FLOHR: Okay. That's all I've got.

DR. BREYSSE: So are there other responses you

have to the action items that Angela read, Brad?

MR. FLOHR: No. That's just about it, I think.

MR. ENSMINGER: Dr. Breysse, you were at that meeting on the 16th, you and Dr. Bove. Do you recall Secretary McDonald stating that the Camp Lejeune claims would be on hold?

DR. BREYSSE: Jerry, I don't recall that. I'd have to check my notes to make sure, but there was a broad discussion, and I don't recall all the details. That doesn't mean it wasn't said, but I just don't recall it.

MR. ENSMINGER: What about you, Frank?

DR. BOVE: My recollection is that there was going to be an attempt to ask people to reapply, if they had been denied. That's my recollection.

MR. FLOHR: Once presumptions are created, yes.

MR. ENSMINGER: What? What about it?

MR. FLOHR: Well, that -- if you want to talk about that, I will tell you we met last Thursday, but that --

DR. BREYSSE: Sure. So I can give kind of an update, and Brad, if you could jump in if you have something to add or think about.

MS. STEVENS: I got something real quick. We're having -- for people who are on the phone,

we're having audio problems, and I have to actually -- and this might be a good place where I can hang up and patch people back in so the people who are viewing this and watching this can actually hear the VA. They can't hear the VA side or anybody on the phone. All they can hear is the people in the room. So they were fixing that over in the IT section right now, and they think they have a fix to it.

DR. BREYSSE: So tell me what I need to do.

MS. STEVENS: I'm going to hang up and then recall, and then we'll be back on hopefully.

DR. BREYSSE: So we'll be on pause until you do that?

MS. STEVENS: Yeah.

DR. BREYSSE: Okay.

MS. STEVENS: So if we can just take like a two-minute quick break, and I'll re-patch us in.

DR. BREYSSE: Time out. (pause) All right, where were we? So I was about to give an update on the interactions we've had. So we were asked to meet with the Secretary of the Veterans -- VA, with ATSDR and the VA in the presence of Senators Isakson, Burr and Tillis, to discuss how ATSDR and the VA can work together.

And at that meeting the Secretary announced that they were going to consider service-related presumption for certain conditions associated with exposure at Camp Lejeune. And he turned to me and said, can ATSDR help us work this out? I don't know if that was his exact words but essentially along those lines. And the feedback we got from the senators and their staff was we should do this quickly and rapidly and efficiently.

And to that end we had a meeting between ATSDR, the scientists and the VA on August 19th, and we began those discussions. What we're doing now is ATSDR is presenting what we think the weight of evidence is that associates specific disease conditions from exposure at Camp Lejeune. We're focusing on the conditions listed in the Ensminger Act, but we're going to beyond that to things that we also think there's strong evidence to support.

And we are preparing that summary now. It's being reviewed externally and internally, and we're going to contact the VA tomorrow to discuss setting up a follow-up meeting sometime after Labor Day, to review that final version. And so at that point we will provide the VA what we think our assessment is of the strengths of evidence for service-

relatedness, and we'll discuss what that means going forward at that time. Is that fair, Brad?

MR. FLOHR: Yes, it is, Pat. And once again, I want to thank you and Frank and Perri and others on your staff that made the meeting we had last week very positive. And, you know, you were very well prepared and it was very helpful.

MR. ENSMINGER: Now, just a question. I understand that there's some discussion or some heartburn with some folks from the VA, and they're going to try to drag this thing out by using duration of exposure. I'm going to tell you right now, if Dr. Eriksson thinks that he's going to drag this thing out by using duration of exposure, you better think -- he's got another thing coming.

DR. BREYSSE: So if I can -- I can address that. So I left that out. Part of our charge was to look at what the service-related connection is in terms of the presence or absence of disease, but also to look what evidence there is to suggest what the length of exposure we need to have, the minimum we need to have in order to likely have a disease to occur.

And so we're also assessing that evidence, but as Frank could tell you, if he wants to jump in,

that evidence is spotty. So that's going to be a tougher call in terms of, you know, is it one day? Is it ten years? Somewhere probably between one day and ten years? And we're looking at what we think the weight of evidence is, and where there's evidence we'll build on that. But there's going to be a judgment call, and as the public health experts, ATSDR, we will provide what we think our best assessment is for that call, but recognizing that there isn't a lot of data to say, you know, was there -- is it three months? Is it six months? Is it one year? Is it two years?

MR. ENSMINGER: Is it one month. We have a precedence for that.

MS. FRESHWATER: Yeah.

DR. BREYSSE: And so we're struggling with that.

MS. FRESHWATER: Can you clarify, because the law says that it's 30 days, so I don't understand why we're going to into this -- to a conversation about duration.

MR. ENSMINGER: Well, because somebody brought it up, and that's what they're going to try to use, okay, to fight this. That's why I brought it up.

MS. FRESHWATER: Well, the law says the 30

days, correct?

DR. BREYSSE: Well, we know the law says 30 days, and there's been some back-and-forth about where that 30 days came from, and I have not found any evidence to -- not evidence, but any record that says what -- where that came from and how that number was -- came up with. So absent that --

MS. FRESHWATER: But why does it matter where it came from, I guess, is what I'm saying. Shouldn't we just be dealing with the law that's on the record?

DR. BREYSSE: Well, we're talking about a different process now than the law. So this is a presumption of service-relatedness for compensation purposes, and it's going to go beyond the law. We're not restricting ourselves in terms of the diseases that we're proposing if we're looking at the evidence based in the law. And so we're not following that law, per se, but what we do want to know is what does the science say? Our job is to interpret science. And when the science is uncertain, we'll indicate the uncertainty around the science. And we will tell you what our best judgment is and what seems reasonable in terms of a minimum amount of time needed to result in some

health effects somewhere down the road. Now, that might depend on your one cancer might not be the same as another cancer; a birth defect, you know, is different than a cancer, 'cause obviously the time window there is more, more defined. And so, you know, it's not always as straightforward as you think. And unfortunately the evidence base in which to make this scientific call is not all that solid. So we will make the call, but I don't think we're just going to defer a priori to the one month that's written in the law. That doesn't mean --

MS. FRESHWATER: Well, I'm asking again, you know, just because I know veterans will have that, that same question. But I appreciate you clarifying that.

MR. WHITE: Yeah, and Dr. Breysse, this is Brady, and this is where sometimes it might be confusing but what you're talking about there is specifically for veterans and service connectedness. And unfortunately on the family member side, we are still limited to just the 15 conditions that are in the law.

DR. BREYSSE: Yeah, so that creates a -- that creates a lot of confusion, but you're absolutely right. We are dealing with -- we were asked to help

the VA to establish guidance on service-related presumption for veterans at this point, and that's where we're starting. That does not mean we're not interested in the civilians and nonservice-related exposures. It doesn't mean we're not thinking about that. It doesn't mean our science doesn't speak to that. It doesn't mean we aren't going to address what our science speaks to. But this was a very specific charge we were given at a meeting from the Secretary in front of, you know, three senators, and we're taking that charge very seriously.

MR. ENSMINGER: Well, and this length of duration of exposure was purposely, in my opinion, is being used by a certain individual at the VA to throw a wrench in this whole thing. And, you know, you can question all kinds of things when you're the perpetrator, and you're the one that's responsible. You can say, well, I only poisoned you for a week, so I say that that didn't harm you. So it's bull.

MR. HODORE: And Mr. Flohr, I have a question for you, Mr. Flohr. Suppose these veterans have an appeal in, and the appeals are quite lengthy, you know, sometime it take you up to five years to get an appeal process through. So what happened to all this time that these people wait for this appeal

process for the presumptive diseases? So is that appeal process going to go out the door? Or how are y'all going to rate that? 'Cause you can't be working on an appeal and file a motion for reconsideration at the same time.

MR. FLOHR: Well, once the presumption is established, if there's an appeal pending for service connection for a particular condition that is established as a presumptive, we just go ahead and grant that claim, and the appeal just goes away.

MR. HODORE: So these claims are -- you know, these people wait like five years to get an appeal, so the five years that they waited to, you know, go to the VBA or the travel board, so what happened with all that time that they lost waiting, you know, to go to the travel board?

MR. FLOHR: Well, let me -- these are issues we have to work out, I think, but so we grant a presumption, and publish it in the Federal Register, the effective date and the date of publication. If there's an appeal for that condition we can grant it from the date of publication of the Register. The board of veterans' appeals can still look at the evidence submitted with the original claim and still could find in favor of the veteran in which would

then be a retroactive grant. It wouldn't just go away; the appeal would still be in place, and essentially the veteran could win that appeal.

MR. HODORE: Well, one of the problems I was having is that if they do win this, then if they don't put the certain evidence in the file within 60 days, then they have the appeal process start all over again, and some of those appeals take five, six, seven years.

MR. FLOHR: I'm sorry, what kind of evidence do you mean?

MR. HODORE: I mean, like on the presumptive, if they win the case at the travel board, at the VBA, okay, what happened to all that time they waited on the presumptive if they don't get the evidence, even if they rule in their favor? So they -- if they rule --

MR. FLOHR: The board doesn't look at new evidence. The board reviews the evidence that was considered when the unfavorable decision was made, and anything that may have been submitted within a year after that decision. So again, if you're talking about new evidence being a presumption created, well, yes, that would be granted from the date that the presumption becomes law. The board

could still rule on the evidence that was in the record at the time of the unfavorable decision and decide that the appeal should be granted.

MR. HODORE: Okay, so they won't have to resubmit -- Okay, so they won't have to resubmit new evidence on this appeal process --

MR. FLOHR: Correct.

MR. HODORE: -- for it to go back.

MR. FLOHR: Correct.

MR. HODORE: Okay, thank you. Thank you, sir.

MR. PARTAIN: And, you know, going back on this duration subject, I mean, you've got different types of, you know, people that are exposed, from age groups, like for example, me being an in utero child, you know, they -- someone comes up with say a six-month exposure. Well, the six-month exposure to an in utero child is different than an adult. I may end up with cancer at 40 that's because of something I was exposed to as an infant or in utero. And there are also people who are, you know, genetically susceptible to conditions. You know, you have the BRCA1 and BRCA2 genetic markers for breast cancer. What's not to say that someone who, with those markers, male or female, comes across benzene or trichloroethylene, tetrachloroethylene, and, you

know, one glass of water's enough to trigger something? And that's the -- that's where the benefit of the doubt needs to go towards the veteran. And I don't know where the science is on things like that but that's something I would be concerned about.

DR. BREYSSE: I'm constantly amazed at the level of environmental health sophistication that this CAP board has. But you're -- you, you hit it right on the head. There's all sorts of susceptibilities. There's huge uncertainty. And I think what we need to do and our challenge is we'll see what the evidence says but we'll lay out all that uncertainty, and that'll be part of our assessment. And we'll talk about what does it mean to be susceptible: your age, your sex, your pre-existing conditions, your genetic background, your other exposures as well. These are all things that could affect your susceptibility, not only to get the disease but the time course in which that disease develops.

So you're absolutely right, and the challenge to us is to sort through that and come up with what we think makes sense and maybe what's, you know, giving the benefit of the doubt, as the VA likes to

say, as much as possible to the veteran. So that's our challenge, and thank you for reminding us that there's lots of complexity to that.

But we won't know people's genetic background, because as you know, most people, unless they have a family history of breast cancer, probably don't get tested for those susceptibility genes. But if there's evidence that things like that make the exposure much shorter, we'll consider that.

MR. PARTAIN: And another point, I know, you know, with health effects and stuff, I don't know what the science is on it, but I receive and talk to a lot of veterans, through emails and such, and one thing that keeps coming up that you don't ever hear or talk about, is skin problems, skin rashes. Like for example, I was born with an issue. The next CAP meeting I can go get a suit and dry-clean it in perc and I'll wear it that day and look like I rolled in poison ivy. But there are a lot of people bringing up things like that.

DR. BREYSSE: Do you have a suit?

MR. PARTAIN: Yes, I do. Hey, I've got pictures. But the -- I mean, are we looking at those things too, these other non-cancerous issues such as skin rash problems? I know the health law's

got diabetes in there and things, but are you guys looking at that in your evaluations or recommendations to give to the VA?

DR. BREYSSE: Can I turn to Frank about what the range of our ^ is serving, considering and how we make those decisions?

MR. PARTAIN: I mean, what's the medical evidence out there, I guess?

DR. BOVE: That's a couple of questions. First thing we try to do is focus on those diseases where there is quite a bit of evidence, okay, either from TCE, PCE, benzene or vinyl chloride. Some of those, or many of those, are already in the 15 list in the law, but not all of them. For example, Parkinson's disease is not listed on the 15 conditions, neither is liver cancer. So that's where we started. We focused on those diseases where there's been some -- there are some studies, there's even meta-analyses, there's reviews by WHO's IARC or EPA or the National Toxicology Program or so on. So that's where we started.

We still have to review several other diseases. We've looked at 12. We want to look at least several more. And what we're doing is developing the tables with the studies that have been done,

what other agencies have said about it, if they have said anything, about the relationship between TCE or the other contaminants and these diseases, any information whatsoever in the studies about duration of exposure. Oftentimes a study will say, well, from zero to five years they saw this effect, five to ten; that's too broad for our purposes. There are very few studies that try to break it down to smaller duration and looking at risks. So that's the challenge, okay.

I also used our own work, the two mortality studies at Camp Lejeune, 'cause I can look at that, and that's going into this effort as well. So that's where we are so far. So there is a TCE skin disorder. I can't remember if that's one of the 15 or not. It is?

MR. PARTAIN: No, it's not.

DR. BOVE: No? Yes? It's similar to a drug reaction except that if you work with TCE and have it, then they call it TCE-induced hypersensitivity. So --

MR. PARTAIN: I didn't work with it. I've got it though.

DR. BOVE: Right. Well, you're talking about PCE, that's the difference --

MR. PARTAIN: Well, same thing, chemicals.

DR. BOVE: Right. Well, I know, but there is -- as I said, there's evidence for TCE-induced. I haven't seen anything yet for PCE. That doesn't mean it doesn't happen; it just means it hasn't been studied, most likely. Does that give you an idea of what we're doing? Did I miss anything?

MS. FRESHWATER: Can I ask a question?

DR. RAGIN: Lori, we have a question here in the room.

MR. ORRIS: So I wanted to take a step back for just a moment --

MS. FRESHWATER: Can you hear me?

DR. BREYSSE: Lori, if you can hold on, we'll take one question from the room first, and then we'll get to you.

MS. FRESHWATER: Okay, thank you.

MR. ORRIS: Well, I have a question, then I have a brief statement, and then I hope for an answer. Brady, I had heard you address the fact that the meetings that occurred and the discussions that are ongoing are only to include the active-duty personnel as far as the caring for families of Camp Lejeune Act is concerned. And I think it's time to address the non-active duty United States citizens

who were also exposed at Camp Lejeune. This includes all citizens, whether they were so-called family members, dependents, civilian workers, reservists, National Guard or any other citizen of the United States not previously mentioned.

I hold in my hands right here a copy of the Zabroda Act, which was passed into law in 2011, that gives comprehensive healthcare and compensation to those exposed to the WTC debris sites. In my discussions with other agencies, we believe that this is an excellent precedent of how to provide healthcare and compensation to every non-active duty United States citizen who was exposed to the harmful contaminants at Camp Lejeune. As Harry Truman said, the buck stops here.

MR. ENSMINGER: Hey, Chris --

MR. ORRIS: The ultimate responsibility for the contamination --

MR. ENSMINGER: This is a political --

MR. ORRIS: -- lies with the United States government --

MR. ENSMINGER: This is a political issue --

MR. ORRIS: -- not any of its individual branches --

MR. ENSMINGER: -- that he needs to take --

MR. ORRIS: -- or agencies.

MR. ENSMINGER: -- to Capitol Hill.

MR. ORRIS: As such I extend an invitation --

MR. ENSMINGER: He needs to take this to Capitol Hill. This is not the forum.

MR. ORRIS: As such, I extend an invitation to the CDC --

DR. BREYSSE: Let's just finish then move on.

MR. ORRIS: -- Department of Defense, Department of the Navy, United States Marine Corps, members of Congress and the executive branch to discuss a comprehensive health and compensation act for all non-active duty United States citizens who are exposed to the harmful contaminants at Camp Lejeune. The precedent's already been set by the Zabroda Act, and your agency administers that Act. And I believe that we could eliminate a lot of the confusion and a lot of the inadequacies that we are seeing, as evident in today's meeting, if we start taking a different way. And I think that this is a good step to start a discussion in that direction.

And then my question will wrap back to Brady. Please clarify whether or not any of the new illness discussions are going to affect family members in the Act at all.

DR. BREYSSE: So Brady, you want to address that?

MR. WHITE: Yeah, I can give a limited version of that question. Basically for the family member side of this program, we really are limited to what it says in the law, okay? Now, we can't act as advocates to change the law but we can make some suggestions, and I've done that as far as, you know, the reservists that go through Camp Lejeune. We got some preliminary numbers from the Marine Corps, and we have made a suggestion and put forward a proposal that the VA recommend that reservists would be covered, but it would need a change in the law in order to make that happen.

So that's moving forward. It's in our office of general counsel right now. I'm not sure where at DoN. But that kind of covers that issue.

With other people on base, my understanding is the people that worked the civil service on base, they could be potentially covered through DoL. So that's a separate way that they can go forward and try to receive some kind of benefits for that. But when it comes to our program, we really are limited to the law. I hate bureaucracy as much as anybody else but, you know, our hands are relatively tied in

what we can cover and who we can cover because of that.

DR. BREYSSE: Okay. Thank you, Brady. So Chris, I will talk to our colleagues, and I asked you about that program, and see if they have any suggestions to how that might translate to what we're doing here.

MR. ORRIS: Thank you very much, Dr. Breysse.

MR. ENSMINGER: And furthermore, I have requested Dr. Breysse write a letter that I can take with me to Capitol Hill next month, to request additional health effects to the existing law, of which one of them you're affected by.

MR. ORRIS: I appreciate that, Jerry. I, I --

MR. ENSMINGER: But you need to get your butt up to Washington.

DR. BREYSSE: Okay, Jerry --

MR. ENSMINGER: If you want something -- if you want to establish a law or a bill, you've got to work there first. You're doing it in reverse.

DR. BREYSSE: Okay. So put that down, an action item, the request to write a letter in support of -- wait, I need some more detail from you, Jerry, like we talked about before, about the conditions you wish to emphasize and that we're

already collecting information on the service-relatedness of that. And we will consider that once we get more specificity from you in those regards.

All right, is there any other VA issues we need to raise?

MS. FRESHWATER: Can we go back to my question?

DR. BREYSSE: Absolutely, Lori. I'm sorry, go ahead.

MS. FRESHWATER: That's okay. Just to clarify, going back to the duration. So when you make a decision, based on the science, about duration, okay, I'm going to say that you have -- in order for it to be presumptive for kidney cancer, the duration is, you know, say, 30 days. Is that going to be something that is -- the veteran would have to prove that they were on base for 30 days or is this only going into your decision as to what is presumptive? Do you see what I'm saying? Like is the veteran going to have another responsibility now in proving how long they were on base or how much exposure they had, or is that only being considered by you? So if kidney cancer is presumptive, the veteran is presumptive; they don't have to go through any more paperwork?

DR. BREYSSE: So the VA will operationalize what we give them. And the VA could do -- they could say, like they did with Agent Orange, if you set a foot in Vietnam, that's all it takes to get presumption. You have to -- other than you had a boot on the ground. And I understand it needs to be one boot; it doesn't need to be two, if you can imagine that. But there would be some threshold of exposure that will be associated with the presumption, that the VA will have to establish, and hopefully they'll utilize our judgment to do that. And then it'll be up to the veteran, I think, to prove that they crossed that threshold at some point. It could be a very short threshold, you know, so I don't want to comment on what the time could be. But I think that's how it will work. Unfortunately, Lori, if we do -- if it does come down to a 30-day threshold, somebody will have to document there was a 30 days' worth of exposure and the disease, those two things in combination, to grant you the compensation presumption.

Brad, if I misspoke, correct me.

MS. FRESHWATER: Now we're going to -- we're going to have veterans who are ill, and their disease is presumptive, and then they have to go

find some paperwork to prove that they were exposed for 62 days instead of 61 days.

DR. BOVE: Well, there will be --

MR. FLOHR: At this point we don't know if there will be a duration, as you said, or not. There are some presumptions that are tied to a duration period, some occasion where there is none. But we don't know at this point.

DR. BOVE: And so when I mentioned it, Lori, 'cause we were asked --

MS. FRESHWATER: 'Cause if someone is dying, say, and they then have this extra agony of knowing that their disease is presumptive, and then if they have to go back and find paperwork and find documentation again, that would be pretty tough to deal with.

MR. FLOHR: I would hope that they wouldn't have to do that. I would think that would be a matter of record in their military records, but I would hope that that would not happen.

MS. FRESHWATER: So I guess what I'm asking, Brad, and Dr. Breysse, is that in the process, that everyone please make sure that that doesn't happen to anyone. 'Cause that would be heartbreaking.

MR. FLOHR: Understood.

DR. BREYSSE: Yeah, and just to be clear, we're providing our assessment of the evidence to the VA. This is, you know, we're trying to inform their decision. We're trying to give them, as public health experts, what we think can be supported by the science. But the call, in terms of the presumption and the length of time, will be a VA decision. When they ask for our advice, we'll share it with them, but that's not our call. We were just asked to give them an assessment of what we think the state of the science is, and we're doing our best to do that, giving all the uncertainties we talked about.

MS. FRESHWATER: Okay, thank you.

MR. FLOHR: And this is Brad again. This issue of duration is one that the Secretary is concerned with. It's not from anybody else in the VA. He asked Dr. Breysse if they would be willing to provide us information on what the essential duration of exposure might be before a disease can be determined to have been caused by that, and that's where we're going with it.

MR. ENSMINGER: So what you're saying is we could have people that qualify for healthcare for a condition that is presumptive for benefits, and they

would qualify for healthcare but, if you guys come up with -- you pull some magic rabbit out of your pocket and some date, and they wouldn't qualify for the benefits, right?

MR. FLOHR: In an imperfect world that would be possible. I certainly would not like -- that would cause too much confusion.

MR. ENSMINGER: So this is a -- you said this is the Secretary's concern, right, about the duration of exposure?

MR. FLOHR: He's the one who asked the question, yes.

MR. ENSMINGER: Okay. All right, all right.

DR. BREYSSE: So Jerry, I'm glad you pulled that rabbit out of your pocket. I was worried about where that rabbit might be coming from.

MR. ENSMINGER: It wasn’t a brown one.

DR. BREYSSE: Any other questions? Or Brad, any other input from the VA? Brad or Brady?

MR. FLOHR: I don’t have anything else, Pat, not right now, anyway.

MR. ENSMINGER: It's lunchtime.

DR. BREYSSE: All right, so --

MR. WHITE: Not unless anybody had any questions for me.

DR. RAGIN: Brady, Brad, we have one question. Danielle asked me to redirect you back to the claims process. It seems that the claims process changes over time. And can you walk us through the claims evaluation process? If a veteran needs to submit a claim, can you walk us through the process? What do they need to do?

MR. WHITE: Yeah, and again, this is where it can get confusing between the veteran service-connected claims versus the family member healthcare claims. I believe you're talking about the service-connected claims; is that correct?

MS. CORAZZA: Correct, VBA, not VHA.

DR. RAGIN: Yeah, VBA, not VHA.

MR. WHITE: Okay.

MR. FLOHR: Yeah, it's not Brady.

So basically any claim starts with the veteran submitting a claim. And they submit any evidence that they may have with their claim. We are then required by statute to notify them of the evidence that we have and any additional evidence that we need. And if we don't have sufficient medical evidence to decide the claim, we can request a VA examination, or in some cases, like Camp Lejeune or other exposures, a medical opinion. Once we get

through all the evidence, then a decision-maker reviews the evidence and decides whether or not there's at least as much evidence in favor of the claim as there is against it, or more evidence in favor of a claim than against it, and those claims are all granted. So it's basically -- it's an easy explanation for what is a very complex process. It can take quite a long time sometimes in gathering evidence. But we have done a lot in the last two years to reduce our pending claims, and for the first time in history, I think, Under Secretary Hickey announced last week we were below 100,000 in terms of backlogged claims.

MR. ENSMINGER: That's been a lot of denials.

DR. BREYSSE: Okay, Danielle, any follow-up questions?

MS. CORAZZA: I think that my question was more with when you get to the specialized issues, like the Camp Lejeune claims, and you're requesting these medical opinions, how does that play into the subject matter experts? I guess my confusion is if my medical -- three medical doctors, and then maybe a VA doctor say, I have this, and then where does the VBA say, we're going to request these subject matter experts to weigh in, and I'm confused as to

why they're getting the weight. And then you had mentioned earlier that it then goes back to a rater who decides which letter, this is the podiatry reference, which letter gets more weight. And so that's kind of where the -- where it gets fuzzy for me. And then are all of the Camp Lejeune claims still being adjudicated in one regional office? Is it still Kentucky?

MR. FLOHR: Yes, Louisville still does all Camp Lejeune claims. In our statutory duty to assist and our regulations as well, the law and regulations, we only need a medical opinion in these types of claims when it is determined by the reviewing personnel that the evidence of record is not sufficient to fairly decide the claim. When that is the case then we request additional evidence. But, and I said it at the last CAP meeting, and we have done it in the past, when we get a really good medical opinion from a very, you know, qualified doctor, oncologist, whoever, we can rate off that without getting a medical opinion.

MS. CORAZZA: How often does that happen?

MR. FLOHR: The quality of the evidence.

MS. CORAZZA: Right. I guess that's my follow-up question, then. How often are you asking

for the medical opinions versus taking the veterans, what's been submitted by their doctors?

MR. FLOHR: You know, I don't have that information. I really don't know.

MS. CORAZZA: Okay, so I guess maybe that's an action item, is that we'd like to know how many times the evidence that's submitted by the veteran is sufficient for the VA, or the VBA, excuse me, let me clarify, to make a call or to decide the claim without requesting additional medical information, or medical opinion, which is where their SMEs come in. So could we have some clarification on what those statistics look like, please?

MR. FLOHR: I don't know that we track that, but I'll see what we can do.

MR. PARTAIN: Brad, you can go back and look at the approvals that were granted, and how many approvals were granted prior to the SME process and how many approvals were granted after the SME process was put in place.

MR. FLOHR: Well, we don't track that either, Mike.

DR. BREYSSE: We have a little bit of time before lunch. Chris?

MS. STEVENS: Can you guys repeat that action

item? 'Cause I was answering an email from CDC Washington.

MS. CORAZZA: So Brad just said that when they are reviewing personnel submitted evidence, if the evidence of record is enough to decide the claim, they do not request medical opinion, which is when they turn it over to their Dr. Haneys, their subject matter experts. So my question was: How frequently in the case of the Camp Lejeune claims are those -- are veterans submitting enough information that it's getting adjudicated or decided without going for external opinion.

MS. STEVENS: Okay, gotcha.

MS. CORAZZA: So, I mean, if it's 20-80, great. If it's 80-20, then we have a problem.

MS. RUCKART: So Danielle, I guess what you're wanting to know is how often does the veteran submit sufficient evidence to decide the claim just based on what they submit only? Is that a like maybe shorter way?

MS. CORAZZA: Not necessarily. It's two parts, so if it's the veterans not submitting enough information, that's an issue. If the veterans are submitting qualified medical opinion that the VA is not taking as -- like Brad said, if there's enough

that we can decide the claim. How frequently are they taking -- are they getting very qualified opinions versus, say, well, Perri, we know you're an expert in your field but we don't believe you; we want to talk to our people. So I'm just curious as to how frequently that's happening.

MS. STEVENS: So would it be fair to say how often are veterans submitting information that doesn't require further subject matter expert review?

MS. CORAZZA: Or subject matter expertise.

MS. STEVENS: Yes.

DR. BREYSSE: Chris?

MR. ORRIS: Brady, I have one more question for you. At the last CAP meeting, you gave us an update on the -- on how many people had applied for the family member program, and how many were approved, how many cases were denied. I was wondering if you could give that update again, also with a dollar amount of your budget that has been spent on family member claims to this date.

MR. WHITE: Yeah, I have that for you. We have received -- as of August 26th, we received 947 applications, 148 of those are both administratively and clinically eligible; 61 are administratively

eligible but clinically ineligible; we've got over 300 that are pending. We're basically waiting for them to supply additional requested evidence. 331 are administratively ineligible. See what else I can give you.

DR. BREYSSE: Can you clarify for me what makes something administratively versus clinically eligible? That's not clear to me.

MR. WHITE: Okay. That's an excellent question. Administrative eligibility basically determines if we can establish the relationship with the family member and the veteran, if we can put them on Camp Lejeune during the covered time frame and --

DR. BREYSSE: Okay, that's good. I think I know what clinical means, then.

MR. WHITE: Okay.

MR. ORRIS: And do you have a dollar amount of your annual budget that you have administered in claims so far?

MR. WHITE: No, I don't have that at the top of my head. I do know -- where is it? I do know, if I can find it here real quick, how much money was spent on claims. It's just over a hundred thousand so far. We have close to, you know, of those

eligible we have less than a hundred that are actually submitting claims to us at the moment.

MR. ORRIS: Thank you, Brady.

MR. WHITE: But we are working with the Marine Corps. We've got a -- I asked them to look at a couple other ways we could reach out to these veterans and their family members, and they found a listing of I believe it's retired Marines, that I don't believe that's been reached out to before, and there's over 400,000 of them. So they're going to be sending out an outreach letter to them and include our fact sheet and our flier, for both veterans and family members on how they can apply for benefits.

MR. ORRIS: Thank you, Brady. Can I propose an action item that you provide what your budget is and how much the dollar amount is at the next meeting, that you have spent, at the next meeting?

DR. BREYSSE: Kevin.

MR. WILKINS: Brad, this is Kevin Wilkins. You there?

MR. FLOHR: Yeah, Kevin.

MR. WILKINS: Brad, back to the Tampa meeting, could you see that Mohammed Amir [ph], Bob Clay and Mike Butler are part of the VA party?

MR. FLOHR: That's not up to me, but, you know, ^ if they want to do that.

MR. WHITE: Yes, this is Brady. We can -- you know, at the last meeting I had several of you bring some specific examples to me of folks that have experienced less than adequate customer service from the various folks from the VA, and I'm hoping we got to the bottom of all of the those. If you have any more of those, please let me know.

MS. FRESHWATER: Well, Brady, this is actually probably a good time to bring up that we have a new CAP member who is joining us. And he is actually a family member who has had that problem, and it's ongoing with his claim for kidney cancer. So I think he's going to be very helpful when he joins, because he's someone who has actually been through the process and will be able to help you, you know, by saying this is how it was held up; this is what worked, and what didn't work.

MR. WHITE: Okay.

MS. FRESHWATER: So I'm really looking forward to him joining us.

MR. WHITE: That'll be great. Thank you.

MR. WILKINS: Brady, this is Kevin Wilkins. Debbie Belcher (ph), the environmental coordinator

in the local VA hospital, and Lasandra (ph) Bryant, the environmental coordinator in the Lexington, Kentucky hospital, they need to be brought up to speed on the VA's position on Camp Lejeune. And Brad --

MR. WHITE: Okay, Kevin, can you do me a favor and send me an email on that, just to make sure I've got that right.

MR. WILKINS: Tim Templeton will do that. And Brad, who selected the people from the local regional office to answer Camp Lejeune questions in Greensboro?

MR. FLOHR: Who selected them?

MR. WILKINS: Yeah, I mean, you didn't have anybody from Louisville there, so who selected the people from the local office to be there to answer questions?

MR. FLOHR: Their supervisors recommended them.

MR. WILKINS: Well, I mean, wouldn't someone from Louisville be more appropriate?

MR. FLOHR: Not necessarily. They were there just to answer general questions that people had, and they were able to do that. As far as I know they answered them very well, didn't have any concerns.

MR. WILKINS: Well, if we had Bob Clay, Mike Butler and Mohammed Amir in Tampa, we would --

MR. FLOHR: Who is Mike Butler and who is Mohammed Amir?

MR. WILKINS: Mohammed Amir is an SME that's handling -- is doing my claim, and I believe he --

MR. FLOHR: No, he's not. His name is Amir Mohammed.

MR. WILKINS: All right. Well, can you have Amir Mohammed in Tampa?

MR. FLOHR: That I don't know. He does not work for me.

MR. WILKINS: Okay.

MS. FRESHWATER: Brad, why don't -- why don't we do it this way. Could you ask Secretary McDonald to please have him there? That we put in a request to have him there, please? Because we do need an SME in Tampa. It would be really critical that they be there.

MR. FLOHR: We can ask.

MS. FRESHWATER: Thank you.

DR. BREYSSE: So I'd like to suggest that the CAP members can be specific in an email through somebody, I'm looking at Tim, about the people and the kind of people you'd like at the Tampa meeting.

MS. STEVENS: Yeah, Tim -- Tim and I just had a quick side conversation. He's going to provide that information to me.

DR. BREYSSE: So if any other CAP members have suggestions for VA representation, just forward it on to me. We can take care of that.

MR. TEMPLETON: Hey, Brad, I have a quick observation here. I've gone through and looked at quite a few of the denials that I've received, and also gone through and looked at an appeal denial that I've seen, and in matching that up, I'm seeing something that doesn't square with what the CAVC requires of those denials.

They require that they be fully articulated and that the opinion be such that it could lead and can follow to what the decision is. We're seeing some decisions that don't meet that criteria at all, and I want to make that observation to you. I've seen them, and so if I've seen them, I know that there's probably at least ten for every one that I've seen, that are probably out there. So I'd appreciate it if maybe when you do -- when VBA does issue a denial, if they could follow the CAVC criteria there, and articulate it fully and completely.

MR. FLOHR: You're talking about a decision

made in Louisville?

MR. TEMPLETON: That's correct, yeah. And also there's an appeal that had taken place. I think when they go through the SME program, and those opinions that are coming back from the SMEs and then are getting fed into the denial and the verbiage of the denial, they're not fully articulated, and I don't believe and several other attorneys that I've talked to don't believe that they comply with the CAVC criteria.

MR. FLOHR: I'll bring that up. Of course you do understand that CAVC's decisions are written by attorneys and attorneys don't write our decisions.

MR. TEMPLETON: Yeah, correct.

DR. BREYSSE: All right, last chance. All right, thanks, Brad and Brady. I think we'll take a break now. We'll have lunch, and we're going to reconvene at 1:30. Sheila, is that still our target?

MS. FRESHWATER: Sheila, can you send me an agenda? Email me an agenda, please, because I'm not sure how much of the second part I'm going to be able to be on the phone for, because I have to take two kids around.

MS. STEVENS: Yeah.

MS. FRESHWATER: Thank you.

DR. BREYSSE: All right, see everybody at 1:30.

(Lunch recess, 11:58 a.m. till 1:27 p.m.)

DR. BREYSSE: All right, so why don't we get started? So we have some time for the CAP update, for summary action items and then some question and answer, but that's part of the CAP update. That's what we budgeted. So Tim, do you need an introduction?

CAP UPDATES AND CONCERNS

MR. TEMPLETON: No, I don't think so. Yeah, I'm Tim Templeton. As you can see I'm with the Camp Lejeune CAP. I've got a presentation this afternoon. It should only take about ten minutes here but I wanted to cover just a little bit about immunotoxicology and how it applies to Camp Lejeune contamination.

For a summary what we're going to talk about today, what I'm going to talk about, recorded immune effects from TCE and recorded immune effects from benzene. I'm going to cover those and also some of the studies that have been done between TCE and immune-related issues, and some of the ATSDR site studies within that. I'm going to cover the

disorders of the immune system, not in great detail but just an overview. And a couple of them I'm going to focus in on are immune deficiency and autoimmune diseases. And then my last slide, and one beyond that, has to do with the research that they refer to in some of the studies.

So let's get started. The reported immune effects of TCE, from the ATSDR tox FAQ, says that drinking small amounts of trichloroethylene for long periods may cause liver and kidney damage, impaired immune system function, there we go, and impaired fetal development in pregnant women, although the extent of some of these effects is not yet clear. You're going to hear something to that effect towards the end as well. From the EPA, it says for adult and developmental immunological effects there is high confidence in the evidence of immunotoxic hazard from TCE. So this makes it pretty clear that TCE does have some immune effects.

Reported immune effects from benzene, of course benzene was also on the contaminants concerned at Camp Lejeune, in ATSDR's tox FAQ it says that excessive exposure to benzene can be harmful to the immune system, increasing the chance for infection and perhaps lowering the body's defense against

cancer, or otherwise malignancy. From the EPA it says that the results indicate that exposure to benzene, whether it's oral or inhaled, adversely affects the immune response.

Now, here's some -- some of the studies. I'm going to cite what's been written in some of these studies. The first one is from evidence of autoimmune-related effects of trichloroethylene exposure from studies in mice and humans. And it says that the consistency among the studies and the concordance between the studies in mice and humans support an etiologic role of TCE in autoimmune disease. And then also another citation I have here is from biologic markers in immunotoxicology. It says that trichloroethylene, TCE, in the drinking water of mice has been found to suppress humoral and cell-mediated immunity. Neither the period of TCE exposure nor dose response correlations have been established in human studies, but leukemia and increased infections have developed in some populations exposed to TCE as a result of contaminants in their drinking water. So this says pretty clearly that there's at least some evidence to suggest that there are immune effects from exposure to these chemicals in the manner that those

chemicals were delivered at Camp Lejeune.

More studies. In fact this one is one that's cited quite often in many of the other studies. It's the one from Byers in 1988 of family members in the East Woburn group. They demonstrated an increased number of individuals with altered ratios of T-cell subpopulations, autoantibodies, infection and recurrent rashes. And this particular citation was from *Biologic Markers In Immunotoxicology*.

In another study, and this one is one that's also a fairly common study and also one commonly cited study, recently. It came out in March of 2013. *The Human Health Effects of Trichloroethylene: Key Findings and Scientific Issues*. It was published in the *Environmental Health Perspectives* journal. TCE is carcinogenic to humans by all routes of exposure and poses a potential human health hazard for non-cancer toxicity to the central nervous system, kidney, liver, immune system, which I've got highlighted there, male reproductive system and the developing embryo fetus.

Okay, now, here's some of the -- in the ATSDR's website for Camp Lejeune. It happens to cite several studies that, in fact one of them that I

have highlighted, one of the individuals who participated in the study, and I'll tell you why in a moment. But of these studies you can see four of them, *Lifetime Exposure to Trichloroethylene Modulates Immune Function*. That was the title of the study that was published in *Toxicologist*. Another study, trichloroethylene accelerates an autoimmune response by the Th1 T-cell activation in MRL +/- mice. These are mice that are -- some of them are predisposed to immune system irregularities, just by their genetic composition. So when they put them in tests and compared them with mice that don't have that predisposition, then of course this tells them something about what the effects are. And I'm sure that our experts on the panel could elaborate in greater detail to that end, or correct me if I'm wrong. But I did happen to note on the last one here, that there's -- the title of it is *Evidence of Autoimmune-Related Effects of Trichloroethylene Exposure from Studies in Mice and Humans*. That was published in *Environmental Health Perspectives*. So these are the ones that are actually cited on the Camp Lejeune page for ATSDR.

Some of the disorders of the immune system that we would see, and this is from NIH, some citations

from NIH, are immune deficiency, hypersensitivity reactions, autoimmune diseases, sepsis, cancers of the immune system, some of these may sound familiar, leukemia, lymphoma, and myeloma. I'm going to delve into immune deficiency and then also autoimmune deficiency real quickly.

This is from the NIAID branch of NIH. Immune deficiency, what is it? It's a suppressed reaction or an inability to mount an adequate defense to bacteria, especially pneumococcal bacteria, pneumonia, I've got listed down there; frequent infections, more frequent than you would normally see; ear, sinus and throat infections, fairly common; like I said, pneumonia, where streptococcus bacteria gets into the lungs and affects the lungs; meningitis, where streptococcus bacteria actually gets into the lining of the brain; also GERD is an immune deficiency effect. And then you also see slow healing skin or internal staph infections too, where they don't respond well to typical treatments, like an antibiotic regimen of ten days or so, and it still lingers on beyond that.

So let's talk about autoimmune diseases. Some of the more common ones that we'll see, there's actually a much longer list than this. This is also

from NIAID, but SLE, or lupus is what we normally refer to it as, inflammatory bowel disease, rheumatoid arthritis, Type I diabetes, multiple sclerosis, scleroderma, which may sound a little familiar, autoimmune lymphoproliferative syndrome, or ALPS. The autoimmune diseases, and some of these also may be classified as allergic reactions -- or excuse me, that's my next slide, is hypersensitivity. I got that part wrong. But anyway, autoimmune diseases, I didn't print out an exhaustive list of them but there's a few of the more common ones. Like I said I made sure to include multiple sclerosis and scleroderma.

But from the studies I have deduced, at least by reading them in my non-scientific opinion here, that more research is needed, because it says here that the autoimmune diseases individually are somewhat rare. And so that makes it difficult to put enough cases together to really conduct an adequately powered epidemiologic research study on it. So that's a citation from *A Clearer View of TCE: Evidence Supports an Autoimmune Link*. That was a -- it was an inclusive article that was in *Environmental Health Perspectives*, May 2009, from Bob Weinhold. And also data pertaining to measures

of immunosuppression in humans is really limited. And yet to be established are the effects of age and sex on susceptibility or the effects of dose, timing and duration of exposure. Those haven't been really established in any substantive way yet, in studies. So if you look at what I've shown before and you look at this part, then it pretty much screams that there's still more research to do.

So here's my suggested next steps, and I'm just throwing it out there. I contacted Dr. Sarah Blossom of the University of Arkansas for Medical Sciences, and I've asked her to do a presentation at the Tampa CAP meeting in December on immunotoxicology, as it pertains to Camp Lejeune contamination and the contaminants concerned, mainly TCE.

Also what's coming up is the health survey findings. And when we see those health survey findings, I have a strong suspicion, and this is just, you know, my suspicion, that we're going to see quite a few immune and autoimmune cases, more than you would typically see in a population. And then I would hope that this might stir some consideration for future studies. And here's my summary of what we just talked about, here. I hope

I got --

MR. ENSMINGER: I didn't see foot fungus on there. Can you get Brad Flohr to elaborate on that?

MR. TEMPLETON: That was in a slide that I lost. My dog ate that one.

DR. BREYSSE: Thank you, Tim. And I think we've committed to inviting Dr. Blossom to the meeting to give us a more formal presentation on her assessment of the science. And so we're looking forward to that. That'll be in --

MS. STEVENS: December 11th.

DR. BREYSSE: In our December meeting, in Orla -- not Orlando. Where are we --

MS. STEVENS: Tampa, Florida.

DR. BREYSSE: So this is some time now we have for CAP members to express anything you'd like to mention to us. We have a few minutes on the agenda. I know you speak freely all throughout the meeting.

MR. PARTAIN: No, we don't.

DR. BREYSSE: If you'd like to bring stuff to our attention, now is your chance to do it.

MR. PARTAIN: You mentioned Tampa, Florida, so if we could take a few moments to talk about that, 'cause one of the things that we need to coordinate and do is get some type of plan in place now rather

than a month or two before.

When Jerry and I did do the Tampa meeting in 2011, I spent a lot of time emailing contacts that we had had through *The Few, The Proud*... And I had contacted the local chapters of the Marine Corps, and spoke to their individual unit commanders and told them about the meeting. And we ended up with around 350 people showed up and it filled up --

MR. ENSMINGER: It was huge.

MR. PARTAIN: -- three meeting rooms full of people.

DR. BREYSSE: Just to refresh my memory, how many people did we have in North Carolina?

MS. STEVENS: About 125.

DR. BREYSSE: So twice that many.

MR. PARTAIN: Yeah, almost three times that many. And I have a feeling -- I mean, last month WFLA, out of Tampa, came up and did an interview with me concerning the announcement from the VA. That interview was played at the 5:00 news, 6:00 news and a 7:00 news show, and then 11:00 o'clock. And they did get a big response out of it, including a follow-up phone call from an investigative reporter wanting to know more information about the Tampa meeting. And they did plug the Tampa meeting,

and said that the ATSDR/CDC will be in Tampa in December to hold a community meeting. So the same is true with Channel 10 out of Tampa.

And just to kind of put things in context, central Florida area, around Tampa, is around 3.5 million viewership as far as people in the area, and is the largest concentration of veterans in the state of Florida, and there are quite a few veterans down there. And everything we've ever done with Lejeune, be it the *St. Pete Times*, the *Tampa Tribune*, the meeting we had in 2011, there was an extraordinary amount of interest in there. And the first 20 -- out of the first 20 male breast cancer cases that we found, most of them were down in Tampa.

So with this being said, you know, the first big thing we need to do is nail down a place. And being local there, I've talked to Sheila, and what I recommend us doing is getting as close to University of South Florida, off Fowler Avenue, as possible, with maybe even looking into seeing if we can do the meeting in a university facility there.

DR. BREYSSE: Have people contacted the university?

MS. STEVENS: So this is what's happening, a

little bit different from North Carolina. There's been a decision to do an actual contract. So I have a contractor that is looking for space to hold the number of 350 to 400 people for a public meeting. And that's what we're doing right now, is we're putting out a bid for someone to contract out that actual meeting. The time before, you know, I had total control over the whole thing. So I don't have as much control, besides setting the parameters around where we'd like to have it around, with the space -- you know, the space requirements that we have. And also the audio/visual requirements that we have for that meeting.

DR. BREYSSE: Well, will they take suggestions if we have --

MS. STEVENS: Yeah, I mean, to very --

DR. BREYSSE: Because can they explore --

MS. STEVENS: Yeah.

DR. BREYSSE: -- the University of South Florida?

MS. STEVENS: The one location that we really wanted was -- Mike, remember, where is that Embassy Suites by?

MR. PARTAIN: I'd have to have the address to look at. I think it was nearby there --

MS. STEVENS: Yeah.

MR. PARTAIN: -- or somewhere.

MS. STEVENS: That's the location. I haven't heard back from the contractor yet, but they were having some problems with the date that we chose, but that the one location may not hold the capacity we want for Friday but probably for the public meeting on Saturday. So I'm still waiting to hear back from the contractor on that one.

DR. BREYSSE: Okay, can you give the CAP updates as we go along about how that plan is going?

MR. PARTAIN: And going back to the location, I mean, the geography is important. And the reason why I'm focusing on the University of South Florida area is a couple reasons. First of all, there's a lot of construction downtown Tampa. Traffic is horrible getting down into downtown Tampa. That wasn't the case when we did our meeting in 2011 'cause we were near the airport. The USF area is north Tampa. It's right off of I-275. So there's a good north-south access for people to travel down from Brooksville, Spring Hill, and there's a good access for people to travel up from Sarasota-Bradenton. There's also -- an east-west access will allow people from Orlando, Lakeland, Winter Haven

and the interior cities to come on over to the meeting. And it's an easy place to get to; it's not hard. So that's -- I would strongly recommend that we stay in that area, if at all -- I mean, it needs to be in that area.

The other thing too is we need to -- once we get the selection nailed down, we need a flier, an electronic flier, that can be sent out and used to disseminate. Like I said there's already interest in the community, but one of the problems I found with the service organization such as DAV, American Legion, VFW and the Marine Corps League is they prefer to read their stuff on a mailer rather than an email. So in order for us to get the things into their mailers, we need to have it done, I would say, no later than the end of September. And get them a copy saying this is coming. Get it to both their national headquarters, and make the local calls to the local chapters in and around the Tampa area.

MS. STEVENS: So one thing I would add while we're having this discussion is that Christian Scheel is currently not in the audience, but I would totally get him involved, 'cause he would be the person that can help us get those things done. It's also the person that helped us in the North Carolina

one. So I'll work with him, and we can -- you and I can have a conference call and have those discussions.

MR. PARTAIN: Okay. That would be good.

DR. BREYSSE: There shouldn't be any problem meeting the end-of-September deadline.

MS. STEVENS: That's plenty of time. 'Cause we actually, for North Carolina, we actually were kind of in a really compressed timeline, and that was -- we didn't know 'til the end of January that we were going to have that meeting in North Carolina, and we didn't know the dates, and we were actually able to kind of get all that set by May --

MR. PARTAIN: So we probably --

MS. STEVENS: -- 2015.

MR. PARTAIN: Go ahead, I'm sorry.

MS. STEVENS: Go ahead.

MR. PARTAIN: It probably wouldn't hurt, either -- I don't know the syntax or precedent for it, but even ATSDR preparing a short release or statement on your behalves to the news media in the area, saying that this is going to happen, and that we want to reach out to the families and get that to the local news stations and so forth well ahead of time. You know, perhaps a letter from you, Dr. Breysse, saying

that, you know, we're wanting to reach out to the military community for Camp Lejeune. I think that would do good. There's the stations down there, and then the media are interested in things like this. And I would see them doing that as a public service, maybe an announcement or something like that, in a news cast or what have you.

'Cause one of the original problems I had in Tampa and Florida talking about Lejeune was that, oh, this is a North Carolina issue, that they don't -- and WFLA, the station that ran the story I told you about, for seven years the reporter's been trying to get it on air but it's been defeated because the upper management was, this is not a Florida issue. And he -- when he called me back, he said they -- his management was a little shocked at the response they got from the story. So they're definitely interested in doing it.

DR. BREYSSE: So we'll do whatever we can, including --

MR. PARTAIN: And I don't -- I mean, this is something off the top of my head too. I wouldn't even -- I wouldn't be surprised if we end up with more than 400. And my question is what happens if we end up with a ton of people? Is there a way,

too, maybe, that we can get a registration place up on ATSDR's website that we can put into a flier, and where people can go to register that they're going to be at the meeting, so we -- if we find out that we've got, you know, a thousand people registered and, you know, we need to get a bigger place.

DR. BREYSSE: Okay. We can work on that.

MS. STEVENS: We can easily do a registration and just have --

MR. PARTAIN: Well, we need to have an active link where people can go --

MS. STEVENS: Yeah, yeah. I mean, we do that -- I mean, we didn't do that for the May one but we do that for normal, just regular, CAP meetings. And that will give me an idea -- when people register I'll just have a -- that's how all the people here in the audience are passed through security today.

MR. PARTAIN: Yeah, 'cause see, I know in the case of the two stations I'm talking to, they would put that up for people to go to. And the other -- and another big thing too is we need to have a purpose for the meeting. We talked about the VA earlier, and asked Brad about being at the Tampa meeting. Hopefully between now and then the

presumptive service issue will be hammered out, and I would like to see the VA there, invited formally, to be able to address the concerns from the community, and help the veterans, you know, navigate what's going to happen with their new provisions. And I think that needs to be done formally too, and be prepared for that.

MR. ENSMINGER: Yeah, and this time put Brad Flohr on the meeting the evening before, so that he's not sitting back in the audience hiding.

MR. PARTAIN: But I mean, that was missing in the North Carolina meeting. And once again, if we have a bunch of people there, they're going to want answers. This is -- when you think about what is the message that has been said about Lejeune over the years up until now is basically, you know, there's nothing to see here; move on. So what, you were exposed; it wasn't really enough to hurt you. And now we're starting to see, you know, that's not the case. And of course with the presumptive service connection coming up, the people who have been discouraged, who have given up, are going to be asking questions, and I'd like to get those questions answered for them.

DR. BREYSSE: That's fair.

MR. ENSMINGER: Yeah, have the Marine Corps. Let's invite their -- send some spokes-persons to it.

MR. PARTAIN: That would be great too.

MR. ENSMINGER: Yeah.

DR. BREYSSE: We can do -- we'll invite them.

MR. ENSMINGER: Good luck.

DR. BREYSSE: I don't mind inviting them. I think the good luck is getting them to come.

MR. ENSMINGER: That's what I'm talking about.

MR. PARTAIN: Well, the fact that they're invited, then that's something else. And they got their strategic command out there, and I know --

DR. BREYSSE: So you can alert our Marine Corps buddies? All right, thank you. So I'm excited about the Tampa meeting. I thought the North Carolina meeting was great. I thought it was a success and I'm looking for an even bigger success.

MR. PARTAIN: I'm looking forward too.

DR. BREYSSE: Any other issues the CAP would like to raise or are we losing energy, in which case we can move on to the summary of the action items.

MS. STEVENS: Yeah, the microphone just went. Let me see if this works. Let's do this.

DR. BREYSSE: How do you know it's not working

if you're not talking to it?

MS. STEVENS: You got it working, Stan?

MR. PARTAIN: Oh, I did forget one thing.

DR. BREYSSE: Too late.

MR. PARTAIN: Too late? I'll say it anyways. We talked about this earlier but I want to make sure it's captured. We need to have -- I think we need to have a formal request to the Marine Corps to send out, like they did to the Greensboro meeting, a notification about what's going on in Tampa as soon as we have a flier. And I feel that there should be more than one communication. If we get the flier at the end of September, there should be an initial communication about this meeting, and then a follow-up communication in October, and then one immediately ahead of the meeting.

MS. STEVENS: So I'm going to interrupt real quick because, Mike, I know if Christian was here, he has a huge plan. He had it down to the like, what he was going to do six weeks out, four weeks out and two weeks out on communication. So we'll get that same thing done, 'cause we'll start sending fliers out. We'll send it out as early as September, like you were saying, and then we'll have a plan on making sure people hear it again so that

they don't forget back in September that they heard it in September, but now it's October and now it's November, and we don't have a meeting 'til December. So there was a plan -- it was a wave actually of different communications that Christian Scheel's office was putting out for the North Carolina meeting. So I think we'll have that call as a follow-on with you, me and Christian, and we'll make sure that we get that. And anybody else on the CAP, like we did for North Carolina, we had the meetings, just to make sure everybody was on the same page for how we were going to communicate.

MR. PARTAIN: Yeah, if you're going to do these on the CAP calls, if there's any way we can do them later in the afternoon 'cause the morning times are absolutely --

MS. STEVENS: Yeah, you weren't able to join a lot of those, I know.

MR. PARTAIN: Yeah, I can't, yeah, because in the morning I just cannot do it.

MS. STEVENS: Yeah, we'll probably do a couple, 'cause then what happened was we got the plan, and then people kind of fell off the call, but we'll make sure.

DR. BREYSSE: Maybe have separate set of calls

rather than --

MS. STEVENS: Yeah, no, no. That's what we did. You just -- you weren't aware of it but we had a committee that was met, that was just --

DR. BREYSSE: What?

MS. STEVENS: Yeah, you weren't aware of it. Only 'cause we didn't want to keep you busy with that stuff.

SUMMARY OF ACTION ITEMS

MS. STEVENS: So here are the action items. The action items from today. The first one is a Department of Navy-ATSDR action item: A process to release documents to the CAP, and that's something that we've talked about in the past. What are those documents that are like -- that have some kind of FOUO, right? So how do we make sure that the CAP members have access to those or what's the process for them to get access to those?

The second action item was Dr. Breysse would write a letter in support of health conditions associated with drinking water at Camp Lejeune, and Jerry would provide specific information to Dr. Breysse.

DR. BREYSSE: Yes, it's going to be a specific

request for what you would like. And we'll build on that.

MS. STEVENS: Right.

MR. ENSMINGER: That's got to be -- I'm going to need that sooner rather than later.

DR. BREYSSE: Write it down.

MS. STEVENS: The third action item came from Danielle, which was how frequently are Camp Lejeune veterans submitting enough information that they are not required -- their requests aren't required to go through a subject matter expert review. So in other words they send in something, and the first time it gets sent in it goes through the process, or is it, oh, there's not enough information; now it gets bogged down a little bit, and a little bit more time goes, and now it's going to subject matter experts. So trying to get statistics on how often is that, and is that a training need for veterans or is that something else?

MR. ENSMINGER: I can just about guarantee you that ever since they put the SME process into effect, every claim goes to a subject matter, so-called, subject matter expert, and they -- it doesn't matter how many nexus letters you got. It doesn't matter if it was, you know, the world's most

renowned oncologist, those subject matter experts are going to question them. Or question their statements.

DR. BREYSSE: Okay. We'll find out. We should maybe start a pool to see if Jerry's right or not.

MS. CORAZZA: I say greater than 75 percent. I'll put money on that. I mean, they're paying them 106 grand a year. They've got to be getting their work out of them.

MS. STEVENS: Okay, Ray, you can't read lips. Okay, so the last -- please speak into the microphone. The next -- the fourth item is an action item for the Veterans' Affairs; it has to do with budget, and how much is the VA actually spending on Camp Lejeune efforts, and that's how I got that one.

DR. BREYSSE: Not all Camp Lejeune efforts. That was -- I think, Chris, you asked --

MS. STEVENS: Efforts towards civilian?

MR. ORRIS: No, that's -- the request is how much money has been dispersed and spent for the family member program. The healthcare.

MR. ENSMINGER: Brady was the one that's handling that.

MS. CORAZZA: Yeah. He should -- the

Treasury's cutting those checks so he should be able to get that easily.

MR. WHITE: Yes, I've got that.

MS. STEVENS: Got it? And then I just have one more. This is an action item for Tim Templeton. He will provide me with a list of CAP-requested VA participants for the December 11th and 12th meeting.

MR. TEMPLETON: I just sent you an email with that.

MS. STEVENS: Excellent.

DR. BREYSSE: And Tim, if I can open that up. There was a request for Marine representation. Just list any other governmental agency you'd like represented there. Just make it a comprehensive list so we can get it all in one place.

MR. TEMPLETON: I sent you the one from Kevin, and as I get the others --

MR. WHITE: This is Brady. Can I follow up on the last action item there? I believe, Chris, were you asking for that?

MR. ORRIS: Yes.

MR. WHITE: Was it the medical cost of -- for the benefits for the family members that you're looking for?

MR. ORRIS: Yes.

MR. WHITE: Okay. I've actually got that here. We have -- to-date we have provided a little under $150,000 in benefits, and there's only 62 unique family members that are actually being reimbursed at this time.

MR. ORRIS: Thank you, Brady. If you could also continue to provide those numbers at each meeting, I would appreciate it.

MR. WHITE: Absolutely, I can do that.

MR. ORRIS: And then Sheila, Melissa had one other action item. She's got the verbiage down correctly for the action item.

MS. FORREST: I just had that I need to clarify on the building 133 vapor intrusion investigation, the industrial standard that was used versus what standard and is it applicable to administrative work.

DR. BREYSSE: Is there anything else we missed based on anybody else's notes or recollection?

QUESTIONS FROM AUDIENCE

DR. BREYSSE: All right, I'd like to open the meeting now to the public participants. Do you have any questions?

MS. STEVENS: And I've got a microphone here

for anybody in the audience. Anybody here have a question that you want to ask?

MR. ALVIN TERRY: My name's Alvin Terry. I'm from Little Rock, Arkansas. And I'm one of the -- I'm one of the people --

DR. BREYSSE: Wait. Can you start over with your name and --

MR. ALVIN TERRY: Alvin Terry, Little Rock, Arkansas. I'm one of the people that didn't get the 30-day poison; I got two weeks. I've got lupus and all the secondaries that go with it: myelo-proliferative disease. ^

And I want to touch on special populations. Now, as far as special populations are concerned, they were not used to determine the maximum contamination level. They were used for maximum contamination level goal. So I think it's, what, five parts per billion for TCE and benzene? The MCLG is zero. Now, that's what the EPA says, zero, no exposure. That's been on the books I don't know how long. So, you know, then we come up with politicians and a certain 30 days. That flies in the face of science. Are y'all looking at endocrine disruption, which is basically many of the contaminants in the water? We got breast cancer,

male breast cancer, lupus, which is primarily a woman's disease, some kind of hormonal disruption went on. Bear with me here. One of my conditions is cognitive impairment. I can hide my own Easter eggs.

MR. ENSMINGER: You remember how to get home?

MR. ALVIN TERRY: Oh, yeah. Okay, I think Tim covered a lot of this on the autoimmune disease. Scleroderma is just one of them. It's got a bunch of cousins, and it's a roll of the dice which one you get, dependent on what your genes say. So if you're covering scleroderma, you might as well cover the rest of them.

Oh, the old maxim: The dose makes the poison. Well, that's kind of outdated now; we got something new. We've got these endocrine disruptors, which scale out opposite to what you would think. It's not the dose, the amount of exposure. Sometimes it can be in the micrograms that trigger some sort of endocrine disruption. So I'm just wondering, are you all looking at this? That's about it.

DR. BREYSSE: So we're trying to be as comprehensive as we possibly can, in terms of the range of health concerns that might be associated with these exposures. We have to rely on what we

know from the published literature, what we've done from our own studies, which are in the published literature, to guide that as much as possible. So where there's information along the lines that you're talking about, we will pursue it. So endocrine disruption by itself is not a health effect, but as you rightly said, it's a mechanism through which a variety of health endpoints might occur. And of course when we look at a health effect from a chemical, knowing that it's biologically plausible, in terms of the mechanism that the chemical might induce a disease, helps build the case that there's a relationship. So looking at the mechanism, you know, it was something clear that we need to do as we look at these things as well. And autoimmune diseases are tough, and we're committed to trying to tease out as best we can what autoimmune diseases may be associated with these risk factors.

MR. ALVIN TERRY: I'd like to also talk about -- this might get me thrown out of the building -- vaccine adjuvants. Now, the VA made ALS presumptive. In the research, it exposed the fact that aluminum adjuvants trigger an autoimmune mechanism. Some people consider ALS an autoimmune

disease; some people consider it not. But the damage is done through an autoimmune mechanism. So by all the servicemen getting vaccinated, and of course the Gulf War guys, many of them have lupus and other situations, but the VA is not looking into that. They're not going to look into it. So can you all deal with that?

DR. BREYSSE: We will consider that. Can I ask, sir, what your background is? Your comments are pretty sophisticated. I'm just curious.

MR. ALVIN TERRY: Well, I get my information from Club Med.

DR. BREYSSE: Okay. But did you have a technical background or are you just a well-educated man?

MR. ALVIN TERRY: I studied geology and law, and I've -- well, make a long story short, my memory became impaired as a young man. And I could not -- when I was in law school, I could not retain that information for three and four months. So it became difficult for me. I developed an interest in geology, and I started school there. Finished -- I lacked about eight hours. But I wasn't able to finish that either, because of health difficulties. And, you know, I'm wondering what's going on? I

have no idea. But I do know I drank the water for two weeks in 1970. The next year I had a flare-up at Camp Pendleton. And they told me I had poison ivy. My neck swole up, glands out here. So from that point on whenever I had a rash, I thought it was poison ivy. But anyway.

DR. BREYSSE: All right, well, thank you. Thank you very much. So these are all things we're going to consider, and I appreciate your thoughtfulness, and thanks for coming. And it's impressive the breadth of knowledge that your concerns share with us. Kevin.

MR. WILKINS: I just wondered how Alvin only managed to be at Camp Lejeune for two weeks?

MR. ALVIN TERRY: I was a reservist.

MR. WILKINS: Okay, well, you said Pendleton so I thought -- I didn't understand.

DR. BREYSSE: So I want to be clear about something. So remember I said this time issue is disease-dependent. And we're not committing to any time frame at this point. We just say we're looking at it. We recognize that some endpoints might have a relatively short exposure window that's relevant; some might have a longer window. We're just trying to tease that out. So don't go away thinking that

we're writing off things that might have occurred in a relatively short period of time and necessarily totally favoring things that might have occurred in a long period of time. Those are just some of the things we're trying to sort out.

MR. ALVIN TERRY: Special populations have to be considered differently from everybody else: the old, the very young, the genetically predisposed and the medically compromised.

DR. BREYSSE: I agree. You're absolutely right. Thank you. Any other comments from the community?

MS. SHARON HOWK: I'd like to ask a question. I'm Sharon Howk, I'm from ^, Alabama. And one of my questions is, I got a letter from the SME, my denial letter for my VA claim, two weeks ago. And part of their explanation -- because I didn't drink, because I didn't smoke, part of their explanation was that I didn't have these symptoms when I was at Camp Lejeune. That's one of their reasons they can mark you off.

When you did your study, are you addressing the latent periods for some of these diseases, because that’s one of the number one things that they discount you for.

DR. BOVE: Sure. Yeah. In the mortality study we looked at a couple of different time periods: no latency, ten years, 15 years and 20 years. So we look at all of those, and we came up with ten years as the best fit for the models we are using. But we are aware that there's long latencies for any of the solid tumor cancers, and for leukemias and non-Hodgkin’s lymphoma the latency may be shorter. So there can be short latencies and very long latencies. And I thought that in the Institute of Medicine's report of VA guidance on the Janey Ensminger law that they address that. And they said to the VA not to do what it sounds like this SME did.

MS. SHARON HOWK: Well, and it's autoimmune. Sometimes you have the symptoms but it takes years to get a diagnosis and to get to the point where you know what's going on.

DR. BOVE: Well, that's true too, but a lot of these diseases don't happen right away. And for them to hold that as an excuse -- an argument for --

MR. ENSMINGER: That is boilerplate language that they use in all of the claim denials, and they say your medical records are silent for any of these effects while you were at Camp Lejeune.

DR. BOVE: Well, I would use the Institute of Medicine's --

MR. ENSMINGER: The congressional offices are up there just shaking their heads, going, well, no kidding, you didn't show or exhibit any of these symptoms while you were there.

MS. SHARON HOWK: And my second question's a little off -- a different subject. But once you've finished the peer review and the public comment, and you've produced your results, published, and how would another agency that was wanting to do the research to replicate that, how would they go about getting that data and getting their hands on that information if somebody wanted to do a separate study that's not government-driven?

DR. BREYSSE: So there are different types of studies we do. But I think we're committed, no matter what we do, in sharing that -- whatever results we produce that are reproducible. And to make sure they're reproducible, we will make all the basic information that went into what we did available to anybody with legitimate reason to ask for it.

MS. SHARON HOWK: What's the time frame, once that information's published, how long will it be

before somebody could access that data?

DR. BREYSSE: We should talk about that. I think it would depend on the type of data and who the person is, 'cause sometimes there's personal identifiers associated with that. So the group would have to -- requesting data would have to assure us that they have an institutional review board approval to see personal identifier information, for example. We'd have to make sure they were a legitimate group that had a reasonable purpose for accessing the data. So we would entertain requests once we get things published and released and approved. At that point if people make a request to have access to the information we used to make our conclusions, we will evaluate that at that time on its merit, on a case-by-case basis, and make the data available wherever it's appropriate.

MS. SHARON HOWK: Okay, thank you.

MR. PARTAIN: And Jerry, did you point out skin rash too? Real quick, while we're waiting, I've got a message from somebody that's listening online. They wanted to ask about prostate cancer. The particular person's husband died at the age of 45 of prostate cancer, and he was both a child at Lejeune, and later a Marine at Lejeune. Where is prostate

cancer in the realm of things?

DR. BOVE: It's one of the cancers we're -- we created tables for and had a discussion with the VA on that, August 19th meeting. I'm sure we'll continue to have discussions on prostate cancer.

MR. PARTAIN: But what's the state of medicine or medical science out there? Is there a link?

DR. BOVE: There's some evidence, and it's not as strong as kidney cancer and TCE, or even liver cancer and TCE. But there is evidence there and we're going to present that. We have presented it.

MR. PARTAIN: Okay.

DR. BOVE: In draft form. And as I said, we're having several people review what we've done already, and so I'm looking forward to their input too. But just in case we've missed anything... I can tell you that the different agencies that have looked at the different cancers and other diseases related to TCE or PCE or vinyl chloride or benzene, there hasn't been a strong push on any of them for prostate cancer. Okay, so we went back to all the studies, that we're aware of that looked at TCE workers, dry-cleaning workers, where you have perchloroethylene exposure, benzene studies that we know of, and the few -- vinyl chloride doesn't

really address prostate cancer as far as I know in the studies. We looked at all the studies that looked at PCE workers, TCE and benzene, and so we've assembled that information in table format with anything we can find to strengthen the evidence for it. So that's what we're doing with all these diseases; it's not just prostate.

UNIDENTIFIED SPEAKER: I might not be as intelligent as all you folks in here --

THE COURT REPORTER: Name.

UNIDENTIFIED SPEAKER: But you got one hell of a dance going on here. Yesterday, when I was 18 and joined the Marine Corps, I was good. Today I got cancer, I got glaucomas. And you're giving me this story about the TEC. Why don't you just say the solvent? The same people who work in the armories, okay? You're using all these fancy words but it's just plain solvent, okay? All right? And it causes different symptoms. So what I'm understanding and what I seem to be getting from you, is that you're going to try and research all this, my cancers, my skin rashes, my brain damage, but you're not sure. I didn't have it yesterday. But I have it today after serving my country, honorably. My question is when are we going to end the dance and start giving

some results? Tell me about that, okay? 'Cause I'm, you know, excuse my language, but as far as I'm concerned right now this is bullshit.

DR. BREYSSE: So I don't know if I would use the same characterization you used about a dance. But I think we're moving towards a resolution, at least for a number of health conditions, in the VA, where there will be some satisfactory presumptive information -- access to benefits for people who served our country. And we're trying to assist that process by telling them what we think the science says, and hopefully that won't take much more than another month or so to finalize what that's going to look like.

Now of course, we'd have to talk to the VA about, once we agree that there is going to be presumption, there's still a regulatory or legal process we have to go through, in terms of announcing it and giving a period of time for comment and things, but we're getting close, I think, to reaching some resolution with respect to that aspect of what we're trying to do. And hopefully we're talking about now a matter of months; whereas before we might have been talking about in a matter of years.

MR. PARTAIN: And if I may jump in, when you refer to the dance, I know Jerry's been at this for 18 years. I've been at it for eight as a dependent. And, you know, this is not ATSDR's dance, in the sense that they are delaying benefits. They are the scientists who are trying to provide the data that we can go to Congress, go to the VA, and say, this is what happened to us and this is why.

My first trip up to Capitol Hill in January of 2009, we kept getting doors slammed in our face basically saying, you know, prove it. There's no links. There's no science. There's nothing there. And it took us -- it has taken us this long to get to where we're at now, through a lot of battling, a lot of mental gymnastics with both the Department of the Navy, the Veterans' Administration and Congress.

The issue is -- I mean, we had to fight in 2009 a study that was directed by the Department of the Navy that came out and said, so what, you were exposed; it didn't hurt you; you can't prove it, so don't even bother looking at it. And when that study came out, it's known as the NRC report, which is still being used in denials today, even though it's erroneous and out of date. This -- when that study came out in June of 2009, it was like the air

was sucked out of our issue because we had a scientific organization saying there's nothing there. And it has taken us this long, six years later, to get to this point, to where we finally got the studies done at ATSDR.

'Cause one of the things that happened, and I'm trying not to get into all the big history with it, is when the NRC report came out, almost immediately the Department of the Navy moved to cut the funding to Dr. Breysse's agency, he wasn't in charge at that time. But the Department of the Navy moved to cut the funding. And it took Senator Burr, in the following year, to get in and block promotions of the Navy, to get the Navy to pay the bills so they could finish the work. And it was again -- for what, every six months we were having to go to Capitol Hill to get Congress to step in to intervene to force the Navy to pay the bills so ATSDR continued the work.

And last year that work started to be released. So the first time in the eight years I'm doing this, for the first time we have the science out showing there's a connection. And that's why we're getting the progress we're getting right now. And believe me, the VA is fighting this tooth and nail behind

the scenes.

UNIDENTIFIED SPEAKER: I understand. And I appreciate your work. This is just my --

MR. ENSMINGER: Yeah, but let me interject something else. You talk about the dance. The big ballroom for the dance isn't here. It's up in Washington. It's every office building up there, every -- and the Capitol dome. That's the main ballroom. And the orchestra that's playing the music is Congress. And, you know, I have, I don't know how many times, told people, if you get really get pissed off about this thing, you need to really start hounding your congressional representatives. I mean, just don't let go.

MR. PARTAIN: Where you from? Georgia? Are you Atlanta? Isakson's Chairman --

MR. ENSMINGER: Chairman of the VA Committee.

MR. PARTAIN: Chairman of the VA Committee. He was one of the three senators that was in the meeting July 16th with Secretary McDonald talking about presumptive service connection.

MR. ENSMINGER: I mean, ATSDR's trying to do their job. But I mean, let's be real about this. You got people on Capitol Hill that are elected officials that are still denying global warming, for

God sake. Tell that to the people in Oregon, Washington State, Idaho and California. They're all burning up. I mean, that's what you're dealing with. You got protagonists and antagonists up there. And it is a -- it's a mine field that you got to navigate through.

UNIDENTIFIED SPEAKER: I'm ready to get on your level. But I'll go to D.C.

MR. ENSMINGER: I'm going next month.

UNIDENTIFIED SPEAKER: My whole point is this, okay. I have the cancer and I'm dying. All I care about now is I want to make things right for my son. I want to make sure that I get what I'm entitled to for my son. Okay, 'cause he was there. He was at Lejeune. I was on Lejeune for three years. So I drank the water. I remember he out playing in the back yard, and I'm watering him down with the water hose, the whole family's out there, you understand? Even though it was just he and I. So I want -- you know, I need to find out how to get in with you guys so I can get -- 'cause this is --

MR. PARTAIN: Okay, the first step, call Isakson. Call your other senator, call your Representative and tell them -- tell them what you're telling us right now.

MR. ENSMINGER: Don't let them brush you off either.

MR. PARTAIN: Yeah.

DR. BREYSSE: So maybe you can follow up with Jerry afterwards. But I just want to say one more thing before we pass it on. I think something else that's new now is I think there's a recognition within the VA that we're going to work with them to come up with this presumption thing. So there's, I think, a different approach that's being taken now, that I think is going to be fruitful. And our discussions with the VA today, as we started down this new path, have been productive, and we look forward to it being productive in the near future. So I think that's something new that's happening that makes me feel better about what we do. Sir?

MR. JOE KISE: Yes, thank you. I'm Joe Kise from Augusta, Georgia. As far as Senator Isakson goes, I've used him where I would have spent months trying to communicate with the VA, and he assigned me one of his assistants, and I would go through that -- this lady, and I would get a response in email format, her contacting the VA, the VA contacting her within 48 hours, and then she would forward it right back to me. So that's -- he's a

real good guy. And I think he would help you out a lot.

My concern is -- and it's not so much a question but it's something I think, well, for myself I'm concerned about it. When we get to this -- we follow this presumptive path, in my case, I have a genetic predisposition that I don't really necessarily expect that it is going to be part of your decision-making process. What I have a concern with is, is whatever it is you provide to the VA, and the decision that is made, that the door becomes closed at that point in time. For myself, I need that as a baseline where I can take my little tangent off my genetic disorder avenue, and say, well, this is the general population, but I am hypersensitive to benzene. So what may happen to the normal population is going to happen to me on steroids, and has happened to me on steroids. I'm concerned that this decision will close the door to that avenue that I might need to take.

DR. BREYSSE: Yeah, I know, I don't think the door'll be closed. I know on ATSDR's part, we will be investigating Camp Lejeune as part of our cancer incidence study. We'll be thinking about health effects in Camp Lejeune for another five years, five

years or more, but even if we weren't, as new information comes up we re-evaluate sites and places we've looked at before, where we, in the past we might have said this looks okay, but now we think differently, and we re-evaluate what it means by thinking something's okay. We'll go back and we'll reach out to different people, different places, make sure that the new information is used properly.

MR. JOE KISE: And another comment I would like to make, based off your recommendation from the last meeting, sir, and I brought this up to you, where you gave us that website, and said, no, these people work in a health and environmental occupational area, I ended up going to the Emory toxicology clinic. And the water issue in my case is just part of the big picture. And these people, unlike all the other experts I've seen, where they're very myopic and they'll look at their individual fields of study, and say okay, you have -- this is what I have to offer from this perspective, and somebody else will do a different perspective. They sat back and looked at me in my entirety from a Camp Lejeune perspective, which included my deployment to southwest Asia during the Gulf War, and everything that dealt with that. And I don't have a response

yet 'cause they told me it's going to take four to five weeks, because the amount of data I provided to them was so massive they have to do all the research, but we're hopeful that that works out for me in my case, but what I would recommend to anybody who's listening is, Camp Lejeune water, if you were in the Marine Corps for any period of time, like myself, Camp Lejeune water is just one part of the big picture. There is a whole plethora of other things that were going on at Camp Lejeune, and that, you know, to include Gulf War and everything else, so that all fits into the big picture, where I never really looked at it that way until I came to these doctors at Emory, and that's how they're looking at it.

DR. BREYSSE: So that was an American Occupational Environmental Health Clinic, the AACOM, the environmental health medicine clinic system. And that's a good resource for people. And the nice thing about them is they will look at the totality of your occupational history. In this case if you're a military veteran, your occupational history is everywhere you served and everything you might have been exposed to. So that's their job. That's a good resource, and I'm glad you're at least

getting some good feedback from them. Thank you.

MR. JOE KISE: Thank you.

MS. LAVITA BENNETT: Hi, my name is Lavita Bennett. I spent seven years at Lejeune. '79 to '82 I was in the armory, in which I started having migraines. Later on I had -- during the time I was there, I had nine miscarriages. How do the miscarriages play into that? Also suffering from skin rashes, IBS, rheumatoid arthritis and a couple of other autoimmune deficiencies right now. We're trying to go through VA to get them. All we need is your medical records. Well, darling, you got my medical records, but you want me to go get copies, and put down the exact dates. I can't remember the exact dates. I suffer from short- and sometime long-term memory loss because of my time there. So what do we do?

DR. BREYSSE: That would be a question that somebody else would have to answer.

MR. TEMPLETON: I could answer that. What you need to do is there's a Naval records -- in fact I gave you my email address. If you could, go ahead and send that question to me, and I'll get you back the links to where you can go ask them for your service records, and then on top of that -- from

that you'll -- from the DD 214 and some of the materials inside of there, it'll show where you were at certain times during your service, and that'll be sufficient.

MS. LAVITA BENNETT: I can tell you when I was at Lejeune, 'cause there's February 19, 1979 to January 20, 1986.

MR. TEMPLETON: The records, when you get those, you'll get your entire service record book, including your medical records too. It's in St. Louis, I believe. And when you get that back, then that's proof, rather than, you know -- rather than, let's say, you saying to me, that is proof that you were there, and that's sufficient proof for them.

DR. BREYSSE: It'll give you the dates of your medical issues that you're looking for for that documentation.

MS. LAVITA BENNETT: Okay, so they'll send me my medical record.

MR. TEMPLETON: Yeah. If you would have her send me an email with that, and I'll send you the link back for that, and then you can -- there's an online form where you can apply for it. And then that way then they'll send you the information.

MS. LAVITA BENNETT: Because when I retired in '98 from the Marine Corps, and we sent my medical records to St. Louis, they were this high.

MR. TEMPLETON: And when they, when they send you the packet back, it's probably going to be a rather large packet but, you know, there you go. Thank you. Thank you for your service.

DR. BREYSSE: Any other community comments?

MR. MICHAEL LANE: Yes, my name is Michael Lane. I was at Camp Lejeune from 1976 to '77. I've been diagnosed with non-Hodgkin's lymphoma and prostate cancer also. Has ATSDR determined when or what year the maximum exposure rate was at Camp Lejeune?

DR. BOVE: For Main Side the levels started to go astronomical starting in '73-'74, because of a well that was turned on that was right next to the landfill where a lot of toxic wastes were dumped, including TCE and PCE. So, you know, Main Side from '74 on the level -- we estimate the level of that drinking water climbing very rapidly.

Okay, so when you were there, you were there during one of the -- during the high period. It kept going up. It kept going up all the way to 80 -- you know, January-February '85. It's the

same -- roughly the same thing happened at Tarawa Terrace. We see -- we estimate an increase at Tarawa Terrace through the 70s into the 80s.

MR. PARTAIN: And the contamination compounded, so the later you're on the base, like 70s-80s -- the 50s is beginning, 60s is a little worse, 70s is more worse, and then when you get to '80, that's the peak of the contamination.

MR. ENSMINGER: It was the source. It was well 651 was constructed in 1971, and it went online in January of 1972, and from that point on it sky-rocketed, because their dumping pit for the DRMO, the salvage lot, was in the back corner, right across the street from where well 651 was located.

DR. BREYSSE: Good planning. One more question, 'cause we're right at the end of our time, and I want to respect -- I know a lot of people need to hit the road but go ahead.

MS. LAVITA BENNETT: How does that affect those that were stationed at Johnson and New River?

MR. ENSMINGER: What?

MS. LAVITA BENNETT: How does that affect those that were stationed at Camp Johnson and New River Air Station?

MR. ENSMINGER: The VA has not -- the VA has

not singled out anywhere on the base. If you were at Camp Lejeune, they --

MR. PARTAIN: The air base and Lejeune and Cherry Point and all that is considered Camp Lejeune for the purpose of --

MR. ENSMINGER: I mean, you weren't sequestered at Camp Johnson, and you weren't sequestered to New River Air Station. You weren't sequestered to Onslow Beach, you weren't sequestered to Courthouse Bay. You were all over the base. So I mean, you were -- if you wanted to use the main services that were provided on the base, you had to go to Hadnot Point.

MS. LAVITA BENNETT: Right.

MR. ENSMINGER: So if you had to go to the hospital, you went to Hadnot Point.

MR. MASLIA: And Jerry, let me just, from our modeling standpoint, just to clarify, we did not model the air base. They had their own separate wells. Camp Johnson also had their own water supply to a certain point in time. But when we did the Tarawa Terrace modeling, we also included, because it went through Knox trailer park and Camp Johnson, 'cause they started pulling the Camp Johnson wells off before they did Tarawa Terrace.

MR. ENSMINGER: Yeah, they couldn't get any water out of them.

MR. MASLIA: So the Tarawa Terrace part of the model would include Camp Johnson and the Knox trailer park. But the air base was, when we first came on base, we specifically asked that question, and were instructed that we were not looking at the air base.

MR. ENSMINGER: Well, Geiger and New River Air Station are on one shared water system.

MS. LAVITA BENNETT: Right.

DR. BREYSSE: All right. So it's a little bit past 2:30, but I think we've had a good day. So unless there's something burning I'll adjourn the meeting and thank you all for your time. We will see you next time.

MS. STEVENS: Yeah, one quick administrative thing for the CAP members. For your travel, I gave everybody travel envelopes. Send everything travel-related to me for now, okay, until we figure out who travel is going to be done through.

And then I'll send an email out later. We're going to probably have to reschedule our CAP call, because we got folks out on 9/21, from the ATSDR side.

(Whereupon the meeting was adjourned at 2:36 p.m.)

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 August 27, 2015; and it is a true and accurate transcript of the proceedings captioned herein.

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

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

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STEVEN RAY GREEN, CCR, CVR-CM, PNSC

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