

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

convenes the

NINTH MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

JULY 16, 2008

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at the ATSDR, Chamblee Building 106,
Conference Room A, Atlanta, Georgia, on July 16,
2008.

STEVEN RAY GREEN AND ASSOCIATES
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TRANSCRIPT LEGEND

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

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

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

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

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

(alphabetically)

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

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P R O C E E D I N G S

(9:00 a.m.)

WELCOME AND ANNOUNCEMENTS

MR. STALLARD: I'd like to welcome everyone back for our meeting today, and before we go around and do introductions for the purpose of the court reporter, as you all know everything is captured and it's streaming. It's archived and also posted on the website. So we have some new faces I see in the audience. And for the benefit of the CAP and any members in the audience, I just want to recap, if you will.

When the scientific panel met to determine the future of this activity, the purpose of the CAP was to determine the feasibility of future scientific studies. As you know we are in essence moving beyond that initial charge. And additionally, the expert panel said that to conduct any Camp Lejeune-related activities with the full participation of the affected community.

So it seems as though we, in essence, addressed the initial, number one component of the establishment of the CAP and are moving

1 into a phase now that is essentially the
2 implementation of the study. But I just
3 wanted everyone to be on the same page about
4 why we exist and what we're doing.

5 **MR. ENSMINGER:** I'd like to say something.

6 **MR. STALLARD:** Here's one of the ground
7 rules. Once again, we all speak into the
8 microphone.

9 **MR. ENSMINGER:** I'd like to bring up item
10 two that says to conduct Camp Lejeune-related
11 activities with the full participation of the
12 affected community. That's what the CAP's
13 for. But whenever there's any damn meetings
14 between DOD and ATSDR, the CAP's not included
15 in it.

16 And that's a bunch of crap. We're
17 here to represent the community. We need to
18 have representation at all meetings, and we
19 need to see all correspondence that takes
20 place between the Department of the Navy, the
21 Department of Defense, the United States
22 Marine Corps. I don't care who it is. We
23 need to be privy to that information or we
24 can't keep the affected community informed.

25 I get sick of it. I said at the last

1 meeting, I feel like a damn village beggar at
2 the back door of the tavern trying to get
3 food. That's how I feel about getting
4 information about this situation. This is
5 going to stop.

6 **MR. STALLARD:** Let's go ahead and use this
7 opportunity to go around the room and
8 introduce ourselves for the benefit of the
9 court reporter. I'll start. I'm Christopher
10 Stallard. I am a CDC employee, and I've been
11 serving with the CAP since its inception as
12 your facilitator.

13 **MS. BRIDGES:** Sandra Bridges with the CAP.
14 Sandra Bridges representing the CAP.

15 **DR. CLAPP:** Dick Clapp, I'm an
16 epidemiologist at Boston University and also
17 on the CAP.

18 **MR. ENSMINGER:** I'm Jerry Ensminger, a
19 member of the CAP.

20 **MR. BYRON:** I'm still Jeff Bryon, a member
21 of the CAP.

22 **Dr. BOVE:** Frank Bove, ATSDR.

23 **MR. PARTAIN:** Mike Partain, a member of the
24 CAP.

25 **MS. RUCKART:** Perri Ruckart, ATSDR.

1 **MS. SIMMONS:** Mary Ann Simmons, Navy and
2 Marine Corps Public Health Center.

3 **MR. STALLARD:** Thank you.

4 **MR. ENSMINGER:** Chris, who are the other
5 members of the audience?

6 **MR. STALLARD:** We can go through that and
7 get an opportunity in just a moment, Jerry.

8 Administrivia: Security as you know
9 is a lot more stringent here at this new
10 facility. We're very protected and
11 safeguarded. And so we ask that you register
12 by the deadline to facilitate the security
13 processing in the future. And that vouchers,
14 the timely submission of your vouchers means
15 that you can get paid timely and we can close
16 our books.

17 Here's some operating guidelines. One
18 speaker at a time. These are essentially the
19 same guidelines we have each and every time.
20 So here's an opportunity if you would like to
21 have something added to that's not up here or
22 need clarification, please ask.

23 One speaker at a time.

24 Oh, Tom. Tom, we're going to get to
25 you in just a moment.

1 Zero personal attacks. Respect for
2 the speaker sort of goes with one speaker at a
3 time. Now the audience is here to listen.
4 This is an open meeting. They're not obliged
5 to participate. They may respond if asked by
6 the CAP. That's their choice. Everyone,
7 please speak into the microphones and put your
8 cell phones on stun or silence them please so
9 as not to disrupt the activities.

10 Tom, once again I neglected. I know
11 you're in the room and you can see us. Would
12 you please introduce yourself?

13 **MR. TOWNSEND (by Telephone):** Tom Townsend
14 with the CAP.

15 **MR. STALLARD:** And you are where?

16 **MR. TOWNSEND (by Telephone):** Idaho.

17 **MR. STALLARD:** Idaho.

18 Are there others on the phone?

19 (no response)

20 **MR. STALLARD:** As you know Denita is part of
21 this CAP. She's unable to be with us. She's
22 undergoing recovery from cancer from what I
23 understand or --

24 **MR. ENSMINGER:** Had a lung removed.

25 **MR. STALLARD:** That's a pretty serious

1 recovery.

2 **MS. RUCKART:** And Mike Gros, I guess, was
3 not able to call in.

4 **MR. STALLARD:** I don't know about Mike.

5 **MR. ENSMINGER:** Mike's been sick.

6 **MR. STALLARD:** Mike is sick.

7 **MR. ENSMINGER:** Pretty soon they'll have us
8 all killed off.

9 **MR. STALLARD:** By old age if nothing else.

10 There's been a request by CAP member
11 Jerry Ensminger for to get an understanding of
12 who some of these new faces are. We know
13 Lieutenant Colonel Tencate who's back. He's
14 not a new face. And so would you mind, anyone
15 else --

16 Is it someone in particular?

17 **MR. ENSMINGER:** These uniformed people and
18 the man in the suit.

19 **MAJOR EVANS:** My name is Major Mike Evans.
20 I'm replacing Colonel Hale ^ Eastern Area
21 Counsel's Office at Camp Lejeune.

22 **MR. STALLARD:** Thank you.

23 **MAJOR GRAEF:** My name is Major Harold Graef
24 over at Headquarters Marine Corps, the
25 Environmental Section.

1 **MR. ENSMINGER:** Environmental Section?

2 **MR. STALLARD:** I think he's taking Kelly,
3 Kelly has left as you know, and he's filling
4 in for Kelly.

5 **MR. ENSMINGER:** At INL?

6 **MAJOR GRAEF:** Yes, sir.

7 **MR. STALLARD:** Is there anyone else that
8 you'd like to?

9 **MR. ENSMINGER:** The long-haired dude.

10 **MR. WUNDER:** Dave Wunder, I'm a retired
11 Marine, and I'm an environmental law attorney
12 and ^ counsel.

13 **MR. ENSMINGER:** You've got ECO on the east
14 coast. What do you call the one on the west
15 coast, WACOs?

16 **MR. WUNDER:** ^.

17 **MR. STALLARD:** So as we do in previous
18 sessions, you've seen the agenda, but putting
19 the agenda aside so to speak because we're
20 going to address those issues, what is it that
21 you would like to achieve this meeting, and
22 what is it that, if anything, you would like
23 to avoid? So what it is that you hope to
24 achieve in this meeting?

25 **MR. BYRON:** Further studies.

1 **MR. STALLARD:** What's that?

2 **MR. BYRON:** Further studies for adults and
3 the children that were born prior to --

4 **MR. ENSMINGER:** The siblings of the in utero
5 population.

6 **MR. BYRON:** This is Jeff Byron. We want the
7 adult study to go forward. And I realize the
8 complexity in this, but we also want the
9 siblings of the children who are being studied
10 now to be studied.

11 **MR. STALLARD:** Move adult studies forward
12 and the inclusion of children. Is that what
13 you're saying?

14 **MR. BYRON:** And the children that were born
15 prior to moving onto base housing.

16 **MS. BRIDGES:** The dependents on the base,
17 their children now, the transcending --

18 **MR. STALLARD:** Say that in another way.

19 **MS. BRIDGES:** The children that were on the
20 base, their children, the next generation.
21 They're experiencing the same problems that
22 their fathers and mothers did after living,
23 being conceived and born on the base.

24 **MR. STALLARD:** So the children of the
25 dependent children who were on base.

1 **MS. BRIDGES:** Exactly.

2 **MR. STALLARD:** What else?

3 **MR. ENSMINGER:** I'd just like to see the
4 damn truth and all the documents, all of them.

5 **MR. STALLARD:** Truth, documentation. Jerry,
6 can I use a word here we used before which has
7 been our code of conduct, transparency?

8 **MR. ENSMINGER:** Okay.

9 **MR. STALLARD:** Okay.

10 **MS. BRIDGES:** May I say something? At the
11 last meeting one of the last things that we
12 said, at the last meeting one of the last
13 things that we were discussed was that
14 transparency was going to be lifted, and we
15 requested that Jerry be notified of
16 everything. And now we're still going at it
17 this meeting.

18 **MS. RUCKART:** Christopher, may I say
19 something?

20 **MR. STALLARD:** Yes, please.

21 **MS. RUCKART:** Tom Sinks will be joining us
22 later, and he's going to address the issue of
23 transparency so you will have some resolution
24 on that.

25 **MR. ENSMINGER:** Yeah, I understand it's all

1 one-sided. Like getting half of a telephone
2 conversation.

3 **MS. RUCKART:** But he'll be here and then you
4 can bring up your issues with him.

5 **MR. STALLARD:** Okay, folks, what we're
6 looking to do is we bring these up so we can
7 manage expectations.

8 It seems like Mary Ann is sitting over
9 here all by herself.

10 **MS. SIMMONS:** Do you want me to move over
11 there?

12 **MR. STALLARD:** It's not intended to be that
13 way.

14 But we bring it up so we can manage
15 expectations and develop solutions to these
16 issues. And so we continue to nibble away and
17 make progress toward transparency. And I
18 guess we need to, what's the end point for
19 that and when will we know that we achieved it
20 and what will it take to get it.

21 So with that we're going to move into
22 the formal presentation part of our agenda
23 which has Morris up first to share with us the
24 water modeling update.

25 **UPDATE ON WATER MODELING**

1 **MR. MASLIA:** We've been having computer
2 network issues. I don't know if somebody's
3 telling me it's my time to leave or what. So
4 I will just talk from this sheet here and go
5 over, basically, I just want to go over two
6 items and then open it up for questions if
7 that's okay with everybody.

8 The first one we had a, we received a
9 letter from the U.S. Navy. It's also from the
10 Marine Corps but on Navy letterhead dated June
11 19th, and it provided us technical comments or
12 comments with respect to the Tarawa Terrace
13 water modeling reports that have been
14 published to date and that are on the web. We
15 intend to answer that and write in full and
16 then both their letter and our responses will
17 be posted on our website.

18 But we did just provide them with oral
19 response to their four recommendations at the
20 end of the letter when we had a meeting last,
21 it was last week I guess, late last week when
22 we went up to Washington, D.C. to the Navy.
23 And basically, the four areas were improve
24 communication; number two, convene an expert
25 panel to look at the Tarawa Terrace water

1 modeling results, which we have rejected; --

2 **MR. BYRON:** I'm sorry. What was rejected?

3 **MR. MASLIA:** The expert panel like we had in
4 2005 to review the results of the Tarawa
5 Terrace modeling. And that one we have
6 rejected because we had one.

7 Finalize the remaining chapters of the
8 Tarawa Terrace reports, the three remaining
9 chapters, and we're working on those. And
10 then apply the lessons learned from Tarawa
11 Terrace to Hadnot Point, which we are doing.
12 And those were the letters, generalized if you
13 want to call it, recommendations. They are
14 specific comments which, as I said, we will
15 address specifically in a response to the U.S
16 Navy and Marine Corps.

17 Are there any questions on that issue?

18 (no response)

19 **MR. MASLIA:** Then I have distributed an
20 updated timeline, and that's what you have
21 here, on ^ 17. And basically, I just want to
22 call your attention to a couple of items here.

23 First, on the first line -- these are
24 numbered by task numbers so I'll refer that's,
25 I know that's hard to see by 17. But task

1 number 2.11, which is the database
2 development, we had several months ago
3 obtained some additional site data. And we
4 have completed the analysis of those sites and
5 included it in our database. So although it
6 says 17 sites, there are probably a few more
7 including this six, but that's all the site
8 data that we have. That was based on review
9 of some other site data which alluded to some
10 additional sites. So that has been completed
11 --

12 **MR. PARTAIN:** Morris, what is this
13 additional site data?

14 **MR. MASLIA:** Just when they either do
15 remediation studies or they'll go out and
16 sample. So as you're reading one report it
17 may refer to another site that has been done.
18 And so we go and look at that other site. I
19 can't give you the exact site. I've got the
20 list, but I don't have it with me.

21 But there were six additional sites
22 that were mentioned as we were doing the first
23 12 sites that we did not have reports on. We
24 asked the Marine Corps, Scott Williams, to
25 provide us that. They did, and we have

1 reviewed them, and we initially thought it
2 would take a little bit longer because you
3 don't know what's in the site reports. We
4 hadn't seen them and water level data, maybe
5 some aquifer test data, maybe some water
6 quality samples, things of that nature.

7 And so unlike Tarawa Terrace where we
8 really did not have but one site, I think
9 Tarawa Terrace, at Hadnot Point, as I said
10 right here, you've got 17 different sites that
11 have been looked at in terms of
12 hydrogeological investigation for remediation
13 studies and things of that nature. And so
14 before we could put a water model together, we
15 have to go through all of that information.
16 It could be several pages; it could be hundred
17 or several thousand pages in length. That
18 extended the initial target completion date
19 somewhat and --

20 **MR. BYRON:** Somewhat?

21 **MR. MASLIA:** What?

22 **MR. BYRON:** Somewhat?

23 **MR. MASLIA:** Yeah, somewhat.

24 **MR. BYRON:** I thought this report was
25 supposed to be done, I'm seeing here 2010.

1 **MR. MASLIA:** That's correct.

2 **MR. BYRON:** What are you guys projecting for
3 a finish date on this report?

4 **MR. MASLIA:** I'll get to that, 2010.

5 **MR. BYRON:** Well, that's what you say today.

6 **MR. MASLIA:** Well, that's the best I can do.

7 **MR. PARTAIN:** Morris, have you requested all
8 the reports and data, I mean, I understand --

9 **MR. MASLIA:** Yeah, it doesn't work that way,
10 okay? Because we don't know -- it's an
11 iterative process. We don't know what is out
12 there until we start reviewing reports. When
13 we review reports, and we find information
14 that we don't have, then we can request it.
15 Upon requesting it then we get it and review
16 that. If that leads to additional reports --
17 there's no catalog, a universal catalog, of
18 everything that exists.

19 **MR. ENSMINGER:** Well, I mean, the Marine
20 Corps hired Booz, Allen and Hamilton to do
21 this document search.

22 **MR. MASLIA:** I'm not going to speak for the
23 Marine Corps. I'm going to tell you what I
24 was told, and this was our understanding.
25 They went through every building of the base

1 to see what type of documents were there.
2 They specifically did not go and say is there
3 a remediation study on site X, Y, Z in this
4 building or this location. And I think that's
5 -- they were not, my understanding was they
6 were not hired to go search out the specific
7 documents. So we have the documents --

8 **MR. ENSMINGER:** My understanding there was a
9 computerized inventory of all the existing
10 documents, right?

11 **MR. WILLIAMS:** Can I say something?

12 **MR. ENSMINGER:** Sure.

13 **MR. WILLIAMS:** The Booz-Allen-Hamilton
14 search only went to '87. These reports were
15 done after '87. Morris actually gave us the
16 '87 date. We were only going to go to '85.
17 So anything done after '87 wasn't captured by
18 Booz-Allen-Hamilton.

19 **MR. MASLIA:** And that is correct.

20 **MR. ENSMINGER:** Why did their document
21 search stop at '87?

22 **MR. WILLIAMS:** We had originally planned for
23 it to go to '85, and based on Morris' input at
24 the kickoff meeting, we expanded it to '87
25 because we felt that was the boundary of

1 information that he needed for his water
2 modeling.

3 Is that accurate?

4 **MR. MASLIA:** That's correct. And that was
5 at the time of Tarawa Terrace, after '87
6 everything was shut down and there were no
7 more supply wells, no more water produced at
8 Tarawa Terrace itself after '87.

9 At Hadnot Point the situation is
10 different. At Hadnot Point you still have
11 current data on wells producing, and some of
12 that information could be very useful in an
13 historical reconstruction since we're looking
14 at all information at Hadnot Point.

15 **MR. ENSMINGER:** Especially that Jerry
16 Wallmeyer (ph) letter. I'd like to see that.

17 **MR. MASLIA:** Also in discussions go down to
18 task 2.13a and b. We also have requested,
19 there's apparently ten years of continuous
20 data are kept on presently operating wells.
21 And by that I mean you may have maintenance
22 records when they're operating, when they're
23 not operating.

24 And again, from a historical
25 reconstruction standpoint using, we're trying

1 to get a water model that is accurate as
2 possible and as calibrated as possible to the
3 best set of information, we've got a good set
4 of present day information.

5 And we have requested that, and we
6 also have requested from our end through our
7 management an additional person for three
8 months to go through this. Because each well
9 package contains about 120 pages. So we are
10 in the process of going through that.

11 **MR. PARTAIN:** Morris, going back to the
12 historical documents, what I was concerned
13 about, if we're not identifying everything up
14 front and getting everything that is
15 requested, all of the documents requested up
16 front, what's not to say to get to completion
17 or near completion of the water model and all
18 of a sudden a supposedly hidden document or
19 document that like was found in a corner
20 dusted off and it was data that you needed and
21 now you have to change your model configuring
22 to account for that data and get another
23 delay.

24 **MR. MASLIA:** That is always the case in
25 doing historical work. We've run into that

1 not only here but at other sites that we've
2 worked in. And there is absolutely no
3 guarantee.

4 **MR. PARTAIN:** If you request all
5 documentation --

6 **MR. MASLIA:** We have requested all documents
7 in writing. We have requested, I mean, and
8 we're going, and as documents are found or as
9 we identify, as I said, it's an iterative
10 process.

11 If I say I need all water documents
12 that does not necessarily help somebody to
13 look for a document by Arthur Smith in 1975.
14 But if I then go to another document, and it
15 refers to a specific title of a document or a
16 specific date, then I ask for it by name. And
17 it's an iterative process. That's the best we
18 can do. But there is no guarantee that we
19 will not find any documents down the line.

20 However, I will tell you the geology,
21 the hydrogeology, is not going to change. So
22 if it has to do with sampling some more and
23 things like that, hopefully, and as we believe
24 we have done with the Tarawa Terrace model,
25 it's calibrated and it's robust enough to take

1 they're not there. And I'd like to know where
2 they're at. One of them is a May 10, '83 ^
3 letter that you all ^ back in '99^.

4 **LT. COL. TENCATE:** That's a perfect example,
5 I mean, some of the documents are Marine Corps
6 documents, and we can locate those. We just
7 search our base. But ^ documents, we don't
8 have the ^, and they may have archived those
9 or they may have disposed of them, but --

10 **MR. ENSMINGER:** Well, this was addressed to
11 Lejeune.

12 **LT. COL. TENCATE:** Well, we --

13 **MR. ENSMINGER:** You'd have a file copy.

14 **LT. COL. TENCATE:** If it still survives it's
15 in that archive.

16 **MR. ENSMINGER:** I mean, you know, and
17 another thing that really bothers me about
18 Lejeune is that it was declared a Superfund
19 site within the retention time for a lot of
20 these documents where they should have never
21 been disposed of through the normal cycle.
22 And once it's declared a Super Fund site, it's
23 got to stay there for 50 years. You can't
24 destroy it. So I'd like to know why --

25 **LT. COL. TENCATE:** My understanding is it's

1 a ^ record is there, and it's publicly
2 available.

3 **MR. ENSMINGER:** Well, I understand there's
4 also a bunch of documents that are being
5 withheld by the Department of the Navy and the
6 JAG Department that are being claimed as
7 attorney/client work product. And I certainly
8 hope it's none of these documents that were
9 produced back in the '80s.

10 **LT. COL. TENCATE:** There certainly are
11 privileged documents amongst them.

12 **MR. ENSMINGER:** That were produced in the
13 '80s?

14 **LT. COL. TENCATE:** I don't know the dates,
15 Jerry.

16 **MR. ENSMINGER:** Okay.

17 **MR. BYRON:** This is Jeff Byron. Doesn't
18 usually when you pay people to do work for
19 you, seeing as how I'm a taxpayer, shouldn't I
20 have the right to have those documents since
21 you work for me?

22 **LT. COL. TENCATE:** Privileged documents?

23 **MR. BYRON:** Give me the legal reason why I
24 don't have that right. You have privileged
25 documents --

1 **LT. COL. TENCATE:** Because they're subject
2 to privilege.

3 **MR. BYRON:** Your privilege, but we pay you.

4 You get paid out of my tax dollars. I
5 think you work for me. When you get down to
6 the logistics of it, you work for the people.
7 You may get your check from the government,
8 but they get their check from me. They never
9 fail to ask for it on April 15th now, do they?

10 **MR. PARTAIN:** (off microphone) You guys
11 consider instructions coming from LANTDIV to
12 the base as work product as far as internal
13 work product would go? That's what the
14 Walmeyer (ph) letter is. It's basically ^.
15 It's a direction from LANTDIV to the base. A
16 direction, a directive, it's an action plan
17 for them to find out what is going on.

18 **MR. ENSMINGER:** It's a remediation plan.

19 **MR. PARTAIN:** Would that be considered a
20 work product?

21 **LT. COL. TENCATE:** If it's part of a
22 government system of records it would be in
23 our records. It would be --
24 (Whereupon, multiple speakers spoke
25 simultaneously.)

1 **MR. WILLIAMS:** Can I say something here?
2 All of those documents were turned over to the
3 CDC panel and the GAO. All those documents
4 have been reviewed and indexes were provided.
5 So while they've not been released to the
6 public, investigative agencies have had access
7 to them.

8 **MR. ENSMINGER:** What did you give them to
9 the GAO for? They didn't do anything with
10 them, looking at that damn report they wrote.

11 **MR. WILLIAMS:** That's your opinion.

12 **MR. PARTAIN:** Well, Scott, is that index,
13 are you talking about you have indexed the
14 circular files? Is that index available to
15 the public?

16 **MR. WILLIAMS:** I don't --

17 **MR. PARTAIN:** Because it's pretty daunting
18 to go through --

19 **LT. COL. TENCATE:** The circular records
20 should be available. But if you're talking
21 about the ^ archive.

22 **MR. PARTAIN:** (off microphone) I mean, what
23 format is that available? Where did you get
24 that? ^ the index? I mean, I've already
25 indexed --

1 **LT. COL. TENCATE:** The CERCLA index or the
2 CLW?

3 **MR. PARTAIN:** Either one or both. Because
4 I've used, if you go to the Booz-Allen
5 website, and it's not very user friendly
6 trying to find the documents. And it doesn't
7 capture like handwritten comments on the
8 documents and things like that. And it'd be
9 nice to have, if there is a written or printed
10 index, to have that ^ to print that.

11 **MR. WILLIAMS:** I think the archive has an
12 index. We have an index.

13 **MR. PARTAIN:** You have a search index, but
14 you can't print it out or at least I haven't
15 figured out how to print it out where I can
16 create a layout of all --

17 **LT. COL. TENCATE:** I don't know the ^. I
18 know there's an index. I don't know the
19 accessibility of it.

20 **MR. PARTAIN:** Where do you go find it? Is
21 it on the Booz-Allen website?

22 **LT. COL. TENCATE:** We can ask.

23 **MR. PARTAIN:** I'd appreciate that.

24 **MR. STALLARD:** Okay, would you like to hear
25 Morris continue with his water modeling

1 report, and --

2 **MR. PARTAIN:** Sorry about the tangent.

3 **MR. STALLARD:** That's okay. The tangent was
4 relative to the water modeling and the access
5 to documents which can be I hope you'll
6 specifically bring up during the next segment
7 of the agenda on transparency and all these
8 kinds of stuff. These documents that you wish
9 to have or the answers that have been offered
10 here, providing you the index and all of that.

11 **MR. MASLIA:** To continue, another point if
12 you go down to task 2.19, the water
13 distribution system analysis, we have moved
14 that from near the end of the water modeling
15 to the end of this fiscal year, this summer or
16 this fall.

17 And I've pulled a person from the
18 database area in the document area to go on
19 that task specifically to address some of the
20 interconnection issues and some of the other
21 issues that have been brought up at other CAP
22 meetings between Hadnot Point and Holcomb
23 Boulevard water distribution systems on there.
24 So we will do that this year, but hopefully
25 have that done by the end of this fiscal year

1 or at least in the fall at some point to
2 answer some ^ questions.

3 **MR. PARTAIN:** Does that include going and
4 talking to the former employees who worked in
5 these plants?

6 **MR. MASLIA:** We will be happy to have them
7 come and make ^ statements. I believe we
8 don't have legal or regulatory authority to
9 put them under subpoena, but --

10 **MR. PARTAIN:** I'm not saying put them under
11 subpoena but finding out the information.

12 **MR. MASLIA:** We have talked to them in the
13 past. We have talked to them in the past, and
14 that's how we constructed the first set of
15 models for Tarawa Terrace and Hadnot Point.
16 However, if we're speaking specifically about
17 interconnection, unless an operator could say
18 I was there, and I turned on the valve to
19 interconnect the two systems, what we have to
20 do is do what we refer to as scenario testing.

21 In other words run the models and
22 simulate or make them think that a valve was
23 opened and see that. We can do that with
24 models. There's not necessarily any data to
25 back that up. It's just a model simulation.

1 It will tell us, number one, if it's even
2 plausible because of hydraulic gradients or
3 not, and will also tell us, we can see how
4 long it takes for contaminants to mix through
5 the system.

6 We had at the last meeting, I
7 mentioned running some initial simulations
8 like that, and because of the nature of this
9 system everything gets mixed in and diluted
10 down below MCL levels within a week no matter
11 what you do. However, the purpose of this
12 activity is to document that more robustly,
13 more rigorously and actually write out the
14 steps that we have gone through and what
15 assumptions we have made in doing that. And
16 so that's what we will be doing with that
17 activity.

18 **MR. PARTAIN:** Well, what kind of figures are
19 you coming up with, the golf course, as far as
20 their water consumption?

21 **MR. MASLIA:** We haven't yet, because I
22 haven't put anybody on this task. So we will
23 be getting to that. But I will tell you what
24 that will do is -- and I don't need a model to
25 tell me this -- is if you're watering using

1 the golf course through the distribution
2 system, it's going to dilute the water even
3 further, and the distribution system, but it's
4 going to make it go out even faster to satisfy
5 the demand at the golf course.

6 So it's basically like opening a
7 spigot at the end of the line, and all the
8 water's going to be going out towards the golf
9 course so any contaminant or any constituent
10 that may have resided there without the golf
11 course pumping is going to make it move
12 faster, dilute it even further within the
13 system. And that, I don't need a model to
14 tell me that. That's just hydraulics.

15 **MR. ENSMINGER:** What are you talking about,
16 dilution, what?

17 **MR. MASLIA:** If you have a pipeline, the
18 golf course is at the end of the distribution
19 system. If you open up that demand, open up,
20 somebody needs water at the end of the
21 distribution system, that's going to cause
22 more water to flow through the system at a
23 faster rate.

24 As it flows through the system,
25 everything else being the same, the amount of

1 water being supplied is going to dilute it
2 faster. The contaminants are not just going
3 to sit in the system because you've got an
4 open spigot being the golf course, watering
5 the golf course. As --

6 **MR. ENSMINGER:** Whoa, whoa, whoa, stop. The
7 explanation I got about the use of the Holcomb
8 Boulevard treated water was that the entire
9 system was charged or the tanks were full.
10 Everything was fine, and the operator that I
11 talked to said the first time that they had
12 ever, they turned those, that irrigation
13 system on after he started working there, he
14 said it looked like he had a broken main.

15 He was sitting at the treatment plant,
16 the Holcomb Boulevard Plant, and watched the
17 pressure gauges just bottom out. Okay, okay,
18 and what they were doing was they were
19 irrigating the damn golf course with the clean
20 Holcomb Boulevard water, and then they went
21 over and opened up the damn valve and
22 recharged the damn Holcomb system with poison
23 water from Hadnot Point. That's what they
24 gave for the people to use.

25 **MR. MASLIA:** We will run those scenarios,

1 but what I'm telling you that the first part
2 of your statement is exactly what I said.
3 That's right. As it flows out onto the golf
4 course, the lowest pressure is going to mix
5 what's ever in there even more and cause it to
6 discharge out of the system even faster. It's
7 not going to stay stationary in the system.

8 **MR. ENSMINGER:** Well, how far can you dilute
9 1,400? I mean, it might have been diluted
10 down to 600 or 700.

11 **MR. MASLIA:** Well, this one I can't answer
12 that because we haven't done a simulation. I
13 am not --

14 **MR. PARTAIN:** Well, the dilution rate --

15 **MR. MASLIA:** Wait, wait, wait, let me say, I
16 am not going to go in and do simulations using
17 a biased assumption.

18 **MR. PARTAIN:** We don't want you to.

19 **MR. MASLIA:** I'm going to let the model,
20 okay, but I'm going to tell you you can't defy
21 hydraulics.

22 **MR. PARTAIN:** That's fine. On dilution I
23 was asking, you were saying that as it's being
24 used, concentrations are diluted. But is that
25 assuming there that are no further

1 contaminants entering the system to, quote,
2 bolster or create more contamination? Are you
3 talking about ^ the water and then you've got
4 clean water afterwards dilutes out?

5 **MR. MASLIA:** No, that's just a generalized
6 statement, and that is why I want to run the
7 model to give you specific results. What we
8 will do is have a number of scenarios. We
9 have measured data per se on specific
10 timeframes. So we have to go in there and say
11 we know at a certain time period they had
12 certain concentrations in the wells. We know
13 the tanks held a certain volume of water. We
14 know they operated in a certain manner.

15 And then see what happens if you turn
16 on, irrigate the golf course for so many days.
17 What happens if you irrigate on the weekend
18 versus during the day. What happens if you
19 irrigate during the summertime versus a
20 different time. Those are all scenarios, and
21 there can be umpteen number of different
22 scenarios, some more plausible, some less
23 plausible.

24 **MR. ENSMINGER:** Well, the explanation I got
25 was that they did this late in the afternoon,

1 early evening, when the sun set. That way
2 they got maximum use of the water, and if they
3 did put it out there, it didn't evaporate.

4 **MR. MASLIA:** We need to take that into
5 account and --

6 **MR. ENSMINGER:** But we need to know how
7 often they did this, too. I mean, it was
8 daily for during the hot months when you
9 weren't getting any rain.

10 **MR. MASLIA:** Anyway, that's what that task
11 is going to do. But I'll caution also in us
12 having to put more and more resources into
13 this one task because we just don't have them.
14 I don't have the people. I don't have the
15 time. So we're going to have to do it in a
16 way that may not answer 100 percent of the
17 questions but may get 90 percent of the
18 questions answered. And that's just the
19 reality of the situation, what we're facing at
20 this point.

21 **MR. BYRON:** Sorry about the timeline, I
22 mean, I'm not trying to indicate to you that
23 you're causing this to go out that late,
24 believe me. It's just tragic, okay?

25 **MR. MASLIA:** Let me go on to the next point

1 that I want to bring up, and that's task
2 2.22b. And we have been requested, and we
3 agreed to convene an expert peer review panel
4 for Hadnot Point like we did for Tarawa
5 Terrace in 2005 whereby we bring in different
6 experts and all parties involved will be
7 issued an invitation to supply us with two or
8 three names that they wish to appear on the
9 panel.

10 We obviously can't put all two or
11 three people from each party, but we will
12 accommodate, we will guarantee at least one
13 person that you name will be on that panel.
14 And that's the same process that we used for
15 Tarawa Terrace. And if you'll notice, it
16 comes right in, we're projecting right now,
17 and it's just our best guess, but we really
18 would like to see this happen around the
19 second week in January of 2009.

20 We don't want to go any further than
21 that because that delays everything else, but
22 in the meantime it has to happen after we have
23 completed some initial data reports so we can
24 give the panel some information to review as
25 well as hopefully we'll have some initial

1 water distribution system modeling runs. And
2 it'll be given to the panel and let them, as
3 they did with Tarawa Terrace, tell us should
4 we go in this direction or that direction.

5 Do we need to modify our approach in
6 any, you know, what is their expert and
7 experienced view as to what we should do, and
8 so it would be the similar thing as we did in
9 March of 2005 with Tarawa Terrace.

10 **MR. ENSMINGER:** Well, refresh my memory, but
11 I don't think that one in March of 2005 was
12 just for Tarawa Terrace.

13 **MR. MASLIA:** It actually was. They made
14 some comments relative to Hadnot Point, but
15 the 99 percent of the information was only for
16 Tarawa Terrace. We had some additional model
17 run data that we presented to them. We
18 presented to them the overall approach and
19 recommendations they made for Tarawa Terrace
20 are applicable, for example, doing sensitivity
21 ^ data discovery. But, in fact, the data were
22 not specific to Hadnot Point but rather were
23 specific to Tarawa Terrace.

24 **MR. ENSMINGER:** And who's hosting this, you?

25 **MR. MASLIA:** ATSDR.

1 **MR. ENSMINGER:** Is it going to be held here?

2 **MR. MASLIA:** That has not been determined,
3 but I would think that that would be the most
4 likely and most convenient location.

5 **MR. ENSMINGER:** Is this going to be one of
6 these secret meetings or are we going to be
7 allowed to attend this?

8 **MR. MASLIA:** It's a public meeting. It'll
9 be like the one for Tarawa Terrace. It'll be
10 recorded. We'll have a court reporter. I
11 don't know if it will be videotaped or not.
12 It may be. We have the, I think Phil will be
13 here.

14 Again, there'll be expert
15 representatives from all parties involved as
16 well as open to the public. It is a public
17 meeting. I don't have any details at this
18 time. I have just put in a new request from
19 our contractor to get a funding estimate for
20 that.

21 And I think that's basically it on the
22 timeline. It is, at this point, ambitious. I
23 have as many people as I can put to work
24 working, and I'll answer any additional
25 questions you may have at this point in time.

1 **MR. BYRON:** This is Jeff. From the
2 indications of what I'm hearing here today, we
3 went for years thinking Midway Park wasn't
4 contaminated. And is there any area on the
5 base as far as supplying water that may not
6 have been affected? I mean, with people
7 opening valves to re-supply water tanks and
8 stuff like that, do we even know really?

9 **MR. MASLIA:** With data or from a --

10 **MR. BYRON:** I know you don't have the data
11 yet. But I mean, just from what you've seen
12 and is there any area on the base that wasn't
13 affected by contaminated water or --

14 **MR. MASLIA:** We're not, we haven't looked at
15 --

16 **MR. BYRON:** -- you're not there.

17 **MR. MASLIA:** -- that air station. We
18 haven't necessarily looked at --

19 **MR. PARTAIN:** The rifle range.

20 **MR. MASLIA:** -- yeah, yeah, and that goes
21 beyond our initial task. Frank could probably
22 address that better as far as whether we are
23 or we're not. I can't really answer that. I
24 can only answer areas that we're looking at
25 presently and that's still in keeping with the

1 task of the current health study.

2 DR. BOVE: Yes, this is Frank. Even with
3 interconnection, and assuming the worst case
4 scenario, they're not watering the lawns
5 outside the summer. And for birth defect
6 analysis we really have to look at first
7 trimester. So at least for birth defects, we
8 can certainly identify an exposure during the
9 crucial time. Childhood leukemia gets more
10 difficult because we don't know which
11 trimester, if any particular trimester, is the
12 vulnerable period. So we have to assume the
13 whole period is possibly vulnerable. So
14 that's where it gets more difficult. That's
15 why we have to address this issue as well,
16 otherwise, we're going to have difficulty
17 doing the study. So as for the other part,
18 we've always assumed Rifle Range, ^ ^ were
19 relatively free of contamination ^ so those
20 could also be unexposed people residing in
21 those areas where there's not that much family
22 housing.

23 MR. MASLIA: And were also not connected in
24 any way to --

25 MR. ENSMINGER: Camp Johnson was.

1 **MR. MASLIA:** -- to the distribution systems
2 at Hadnot Point.

3 **MS. BRIDGES:** Children were. Children were
4 bussed, pre-K kindergarten, they were bussed
5 to Hadnot Point.

6 **DR. BOVE:** But we're looking at maternal
7 exposures here so keep that in mind.

8 **MR. STALLARD:** Thank you, Morris.

9 **MR. ENSMINGER:** Hey, Morris, when are you
10 going to lunch?

11 **MR. MASLIA:** I'm eating upstairs.

12 **MR. ENSMINGER:** Why don't you come down to
13 the cafeteria at lunch time?

14 **MR. MASLIA:** What time?

15 **MR. ENSMINGER:** Whenever we take our break.

16 **MR. MASLIA:** Okay.

17 **MR. STALLARD:** All right, we're slightly
18 ahead of schedule here.

19 **MS. RUCKART:** Well, because Tom's going to
20 be joining us at 10:30, I think we should go
21 to the agenda item after that so that when we
22 come back from our break Tom will be here, and
23 we can start with him.

24 **MR. STALLARD:** Yeah, we can do that, the
25 recap of, that's about the appropriate amount

1 of time. So folks just so we're all in sync
2 here, we're about 15 minutes ahead of the
3 agenda, so we're going to have Perri give her
4 update of the 2008 April meeting.

5 **RECAP OF APRIL 2008 CAP MEETING/OTHER CAP BUSINESS**

6 **MS. RUCKART:** Well, I'd just like to go over
7 some of the main points that came up at the
8 last meeting to get us oriented for our
9 meeting today. So I passed out a handout that
10 tells what we were discussing. As I mentioned
11 earlier, Tom Sinks will be joining us after
12 the break, and he'll be discussing the issue
13 of transparency, and you can take up any
14 questions you have with him at that point.

15 Something that came up at the last CAP
16 meeting we need some clarification from you
17 all. There was some discussion about having
18 an ombudsperson, and we weren't clear really
19 what was being requested, whether that was to
20 arbitrate between the CAP and each of our
21 agencies separately or to... Just what was
22 that request really about?

23 **MR. ENSMINGER:** What are you talking about?

24 **MS. RUCKART:** Well, I read the minutes from
25 the meeting, and this is what was mentioned at

1 the last meeting, having an ombudsperson. So
2 we just weren't really clear on what was being
3 requested of the ombudsperson.

4 **MR. ENSMINGER:** This probably stemmed from
5 the issue of transparency and being included
6 in the decisions or in the processes of all
7 these meetings and all this correspondence
8 that's going back and forth concerning Camp
9 Lejeune initiatives. And why aren't we
10 included in this. We're supposed to be
11 representatives to the affected community.

12 **MS. RUCKART:** So let's just kind of fold
13 that in with transparency and not make that
14 its own action item.

15 **MR. STALLARD:** Well, it's a solution. It's
16 a potential solution to this issue of
17 transparency that objective advocate, if you
18 can be that, an objective representative to
19 balance between the CAP, the community, the
20 various agencies that has the authority to
21 sort of negotiate the maze of issues.

22 **MS. RUCKART:** Well, like I said, we'll just
23 kind of pull that into transparency and table
24 that for now.

25 Jeff, did you want to say something?

1 **MR. BYRON:** Yeah, as I remember I believe it
2 was more about information sharing that Jerry
3 brought up, and I think all the CAP members
4 said we wanted it to be Jerry.

5 **MS. RUCKART:** Well, like I said, let's just
6 table that until Tom gets here.

7 **MR. BYRON:** That's fine.

8 **MS. RUCKART:** This is something that came up
9 at the last meeting, making available a CAP
10 conference call for the community members to
11 get together before the meeting. And I did
12 provide a bridge number or I did provide the
13 availability of having a bridge number, but I
14 never actually heard back from --

15 **MR. ENSMINGER:** Yeah, yeah, I saw that. I
16 mean, that's appreciated, and we will use it.
17 But this is summer months, and you've got
18 people gone helter-skelter; people that are in
19 the hospital; people that are off on vacation.
20 You've got people that have weddings.

21 **MS. RUCKART:** Well, that's fine, but just so
22 you know that if you to know when you want to
23 have a call, we can work out some scheduling
24 issues --

25 **MR. ENSMINGER:** Oh, we appreciate that. I

1 mean, we will use it.

2 **MS. RUCKART:** There was also a request for
3 ATSDR to provide the CAP with a regular status
4 update e-mail. And I guess we're just e-
5 mailing you as needed. We sent you some
6 documents such as a final feasibility
7 assessment and the draft survey protocol. So
8 I think that's working well to just e-mail you
9 as needed as things come up, not really have a
10 schedule for that but just as needed.

11 **MR. STALLARD:** Wait a minute on that.

12 How do you feel that's working?

13 **MR. ENSMINGER:** It's working good.

14 **MS. RUCKART:** ^

15 We have completed the feasibility
16 assessment, and that was finalized at the end
17 of June, and we did provide that to you. We
18 also have finished preparing our health survey
19 protocol, and we sent that to you all. We'll
20 be discussing that later and the status of
21 that. And we're right now in process of
22 preparing the protocols for the other two
23 projects, the mortality study and the cancer
24 incidence study which again, that is something
25 we'll be talking about later in the meeting.

1 We had said that DOD and ATSDR were
2 going to work together to establish procedures
3 for tracking and tracing individuals. And
4 when we get into some of the summaries of the
5 meetings we've had, you'll see that we have
6 discussed how that process is going to work,
7 what they're doing and what we're going to be
8 doing in the future to find people and ^
9 notification efforts and to ^ the survey.

10 And we at ATSDR are going to provide
11 the DOD with the names and contact information
12 we have for those who participated in the 1999
13 to 2002 ATSDR telephone survey so that they
14 can receive notification letters. And we're
15 planning to do that by the end of this month.

16 DOD agreed to provide CAP members with
17 a list of all their entities that they use for
18 the media campaign on notification and their
19 outreach efforts will be presented later
20 today. I think a very detailed account of
21 that will be presented later.

22 There are lingering concerns about the
23 security and privacy with DOD's online
24 notification registry. It was suggested that
25 there would be an explanation of that, the

1 Privacy Act statement posted on the website.
2 That will be discussed later by Mary Ann. And
3 the security warning is removed. I don't
4 think that is coming up. I have checked, and
5 that has been taken care of.

6 **MR. WILLIAMS:** The security warning was
7 removed. It was just updated so that the
8 individual's computer security doesn't pop up
9 on the screen. It wasn't a security warning
10 from --

11 **MR. PARTAIN:** It was a trigger from
12 Microsoft. Don't trust this site.

13 **MR. WILLIAMS:** Right.

14 **MR. PARTAIN:** But that doesn't happen any
15 more.

16 **MS. RUCKART:** The issue's been resolved.
17 Everyone's satisfied. That's all that
18 matters.

19 There was a question brought up. Can
20 the questionnaire associated with filing a
21 claim against the federal government and that
22 is also part of the paperwork of the Navy ^
23 requests be removed? The USMC says they have
24 no position on that. The Navy said, no, it
25 can't be removed.

1 **LT. COL. TENCATE:** That's right. We asked
2 them to consider it.

3 **MR. ENSMINGER:** What, the questionnaire?

4 **LT. COL. TENCATE:** Right.

5 **MR. ENSMINGER:** That questionnaire, the way
6 that's worded on that site is misleading, and
7 it is, that's devious. I mean, there are
8 people --, you're telling people if you're
9 represented by an attorney, you must give this
10 to your attorney and have your attorney fill
11 this out. Then you go on to say if you're not
12 represented by an attorney, just go ahead and
13 fill this damn thing out and get back to us.
14 And then you can ^ disqualify yourself by some
15 means, by some of your answers, from filing a
16 claim against us. You didn't say that.

17 **LT. COL. TENCATE:** It's not our site.

18 **MR. ENSMINGER:** Excuse me?

19 **LT. COL. TENCATE:** It's not our site.

20 **MR. ENSMINGER:** Whose site is it?

21 **LT. COL. TENCATE:** It's the Navy's.

22 **MR. ENSMINGER:** It says United States Marine
23 Corps.

24 **LT. COL. TENCATE:** It's the Navy's claim
25 site. We asked them if they would change the

1 wording to it. They ^ their leadership,
2 considered it, and they said no.

3 **MR. ENSMINGER:** Some lawyer. Whatever
4 happened to honor and integrity? Please,
5 please --

6 **LT. COL. TENCATE:** A decision-maker, I don't
7 know who it was, but someone in the Navy
8 leadership reviewed it, considered it, and
9 they told us thanks for your input but, no, we
10 want to keep it the way it is.

11 **MR. PARTAIN:** Who do we need to write and
12 make our formal request to have it changed?

13 **LT. COL. TENCATE:** You can write to the Navy
14 JAG ^.

15 **MR. ENSMINGER:** Just go to Capitol Hill.

16 **MR. PARTAIN:** Because those questions are
17 more for soldiers. We don't need the
18 questions on ^ 95. I understand you're not
19 the one that --

20 **LT. COL. TENCATE:** ^ the answer.

21 **MR. PARTAIN:** I'm making the point.

22 **MS. RUCKART:** At the last meeting the DOD --
23 about a request for CAP members to make
24 suggestions for how to keep the media engaged
25 in their ongoing notification efforts and to

1 improve their outreach. So please feel free
2 and provide those suggestions.

3 There was a request for the DOD to
4 repost the chronology and searchable library
5 of documents on their Camp Lejeune website.
6 Has that been accomplished?

7 **MR. WILLIAMS:** We're actively working on
8 that. That's going to be by the end of
9 August.

10 **MR. PARTAIN:** What will be there? What will
11 it be?

12 **MR. WILLIAMS:** We're talking the documents.
13 We'll make like a --

14 **MR. PARTAIN:** Oh, the library of documents.

15 **MR. WILLIAMS:** Yeah, I hope it's going to be
16 a little bit more user friendly. It's going
17 to be a document reading room, more search
18 functionality and that kind of stuff. It is
19 quite an undertaking. We've got a contractor
20 who's working on it. I hope that by the end
21 of August we'll have that up. I gave an
22 ambitious target of August 1st, but probably
23 not going to be able to make it, but --

24 **MR. PARTAIN:** I have ^.

25 **MR. WILLIAMS:** Sir?

1 **MR. PARTAIN:** I have a nice annotated time
2 line you can post on your site, too.

3 **MR. WILLIAMS:** I haven't had a chance to
4 read the whole thing, but I read ^.

5 **MR. ENSMINGER:** It's the truth, this one.
6 This one's really the truth.

7 **MS. RUCKART:** There was a request at the
8 last meeting for the DOD to include a strong
9 message on their website that would promote
10 participation in the health survey. And along
11 with that there was also a motion for a formal
12 answer from the Commandant whether he's
13 willing to sign a letter asking for
14 participation in the health survey. I'm not
15 sure who wants to address that from your side.

16 **LT. COL. TENCATE:** We will get the highest
17 authority we can to sign the letter. We will
18 give it to our leadership and get the highest
19 authority.

20 **MR. ENSMINGER:** The emphasis -- you have a
21 lot of resistance by people, former Marines,
22 that, you know, they really don't pay
23 attention to an issue. But it is our
24 suspicion that if the Commandant of the Marine
25 Corps would sign the thing, it would

1 legitimizes this issue in the eyes of the
2 people that were exposed.

3 And I don't know what the Commandants
4 have been doing here over the years, but
5 they've, in my opinion, purposely distanced
6 themselves from this thing as much as
7 possible. And in line with our motto and our
8 slogan, we take care of our own, I think the
9 Commandant could at least put his signature on
10 a notification letter or a survey.

11 **LT. COL. TENCATE:** I agree with you that
12 it's important to get a high level signature
13 on there. But like I said, we'll give it to
14 our leadership, and encourage the highest
15 level that we can. That's all we can do.

16 **MR. BYRON:** How about a meeting with the
17 Commandant? We can establish that with me and
18 Jerry and some of the people here. And I
19 don't want to see his lawyer. I've already
20 met with his lawyer, and all I heard is
21 sovereign immunity out of you guys. For some
22 reason you think you're all kings or
23 something. Isn't that what that means? From
24 the time of, you know, England and being
25 oppressed by a monarchy. I mean, you guys

1 throw up sovereign immunity in the
2 Commandant's office to me. It doesn't wash.
3 You want me to write an argument against
4 sovereign immunity.

5 I think the Commandant should be the
6 one that signs this, and anybody under that
7 really doesn't mean anything to a four-year
8 Marine like me that wants to know, General So-
9 and-so, who's he? You put Commandant in front
10 of that, now I'm listening. I think every one
11 of you Marines understands that. Am I
12 mistaken? I don't see that I could be.

13 **LT. COL. TENCATE:** We hear your concern.

14 **MR. BYRON:** It's not a concern. It's kind
15 of a demand. I think I've waited 20-something
16 years for this and my kids are suffering.
17 We'll get to that later. I have a 25-year-old
18 that don't have any teeth any more. I've got
19 a three-year-old that had ten pulled the day
20 before his birthday, and you guys sitting here
21 and telling me you can't get the Commandant's
22 signature. That's not good enough, not at
23 all.

24 My daughter, nine o'clock yesterday,
25 while I was going to the airport, was having

1 cysts removed from her face, five of them.
2 You think the Commandant can spend the time to
3 sign that and read it? I think he's got time.

4 I'm fed up with your inaction
5 basically. You guys have delayed this thing
6 for years now. You're saying 2010 now. It's
7 supposed to be done in 2008. We keep finding
8 documents. You say areas of the base weren't
9 contaminated, then we find out you guys were
10 opening up the valves because the golf course
11 is more important than the people. Give me a
12 break. Who's on the golf course? The
13 officers more than the enlisted I guarantee
14 you.

15 You guys are commissioned to protect
16 your underlings, us, the corporals, the
17 sergeants. What did you do? You just
18 sloughed it off. Oh, it would cost us too
19 much to bring 12 tanker trucks in a day.
20 Well, that was 4.3 million by your own
21 estimate. What do you think it's going to be
22 to fix this now? What's it cost you? You put
23 in over \$100 million in the cleanup, and
24 you've got how many thousands of pounds of
25 this stuff out of the water? You dare to say

1 that our kids haven't been affected? Adults
2 aren't being affected by this?

3 Well, I'd like you to tell that to
4 some of these adults that are on my website
5 with leukemia, non-Hodgkins lymphoma, the kids
6 losing their teeth, bone diseases. It's not
7 just my family. I'm fortunate. I make enough
8 money that I can keep up with the economics of
9 it. I'm probably at the top five percent of
10 that group. The other 95 percent don't have
11 that means.

12 And that's why I'm here because I'm
13 not letting you guys get away with this. You
14 didn't even -- it was on the National Priority
15 List in 1989. When did I get my letter? Two
16 thousand, and you talk about honor and
17 respect? You've got to earn respect. The
18 Commandant has to re-earn it from me.

19 You've lost a whole generation of
20 Marines. Do you know that? A whole
21 generation. My kids would never serve. My
22 grandkids will never serve in the Marine Corps
23 because it's an assault to my intelligence.
24 I've already told them if you join, you'll be
25 assaulting me personally. And you would never

1 get their signature. They can join any other
2 branch but not the Corps right now, not until
3 you fix this.

4 **MR. ENSMINGER:** Tell them to give us a
5 definition of BUMED 62-40.3. I'd like to hear
6 your legal version, explanation of that
7 directive.

8 **MR. STALLARD:** Can you please rephrase --

9 **MR. ENSMINGER:** I'd like a definition of
10 BUMED 62-40.3 Bravo and three Charlie. And it
11 was the standards for drinking water, and they
12 were the Navy's standards. Why weren't they
13 followed?

14 **MR. STALLARD:** Okay, folks --

15 **MR. ENSMINGER:** They weren't.

16 **MR. STALLARD:** May we continue with Perri's
17 wrap-up?

18 **MS. RUCKART:** Just one other item that we
19 have. The CAP members requested a timeline
20 for future studies. ^ and Morris provided
21 his. And in your packet you have the health
22 studies portion, and we'll be going over that
23 later this afternoon.

24 Also, one thing that I want to have
25 discussed now. We have allowed for other CAP

1 business. We talked about this at the last
2 CAP meeting, but it has come up again in terms
3 of nominating other CAP members. Is there
4 anyone here that would like to discuss that?

5 **MR. BYRON:** What do you mean?

6 **DR. BOVE:** Again, we've gotten some phone
7 calls from, I guess it's called "Water
8 Survivors" website. And they want -- how to
9 say it -- they want to be kept informed of
10 what happens at the CAP and get materials from
11 the CAP. So I'm doing that and trying to keep
12 them informed. And if that works, then fine.
13 So that's what I'm doing just so you all know.
14 I would do that with anyone whether water
15 resources, water survivors or any other group
16 that asks me for information, and they do. I
17 provide them with whatever information they
18 want. So that may deal with this issue. That
19 way they also know that they can listen in at
20 the website and get materials.

21 **MR. TOWNSEND (by Telephone):** Frank, Tom
22 here. I propose a new member that's in the
23 wings if you're ready.

24 **MR. ENSMINGER:** His phone's cutting out.

25 **DR. BOVE:** Tom, I think you're cutting out.

1 **MR. TOWNSEND (by Telephone):** Yeah, I
2 propose sometime ^ Fred Wagner who lives in
3 Washington state in the event ^.

4 **MR. PARTAIN:** Yeah, we have him on the list
5 for --

6 **MR. ENSMINGER:** He's on the waiting list,
7 Tom, if we have an opening.

8 **MR. TOWNSEND (by Telephone):** Okay, when you
9 have an opening.

10 **MR. STALLARD:** Anything else?

11 **MS. RUCKART:** I think that's it for CAP
12 business.

13 **MR. STALLARD:** I think we're on schedule.
14 We have about -- we need a break here.

15 All right so that's the important CAP
16 business we're going to take care of right now
17 is the break and come back at 10:30 and we'll
18 go into this, and Tom should be here by 10:30?
19 That's the plan, right?

20 Tom, we're going to be taking a break
21 for 15 minutes now so we'll talk to you at
22 10:30.

23 **MR. TOWNSEND (by Telephone):** Me, too.

24 (Whereupon, a break was taken from 10:15
25 a.m. to 10:30 a.m.)

1 **MR. STALLARD:** Let's resume, please. I just
2 would like to briefly address the operating
3 guidelines. If you noticed, we had a
4 demonstration of the expression of deep-felt
5 frustration and emotion by Jeff. And we had
6 the audience to whom, if they so interpreted,
7 could have interpreted it as being directed at
8 them. Respecting the speaker.

9 As you know in working with the CAP
10 it's a fine line between science and the
11 progress of science toward the solutions that
12 seem way off, and balancing the needs and
13 frustrations in the immediate life situation
14 of many of the CAP members and those they
15 represent. So I just wanted you to know that
16 I'm mindful of our guidelines, and I
17 appreciate the fact that you are mindful about
18 them as well.

19 **TRANSPARENCY/SUMMARY OF JULY 8 ATSDR/DOD MEETING**

20 So particularly as we now go in -- and
21 Tom is here, and we're going to talk about a
22 contentious issue, at least it has been in the
23 past, about the notion of transparency.
24 Frankly, I'd really like to know as we go
25 forward what would, is it achievable to see

1 and have a relationship with the other
2 agencies that is successful?

3 When will we know that we are at that
4 point? How can we define that in the future?
5 So we talk about transparency, and we hear
6 from Jeff's frustration about past deeds or
7 misdeeds or whatever. What would the best
8 scenario look like that we know as a CAP that
9 we are all working together for a common goal,
10 and you believe it and own it?

11 **MR. ENSMINGER:** Stop all the secretive
12 stuff. Why have meetings that -- we have a
13 CAP that was formed by an act or a
14 Congressional initiative where we were created
15 to represent the community and to keep the
16 community informed of what's going on with the
17 Camp Lejeune situation. But how the heck can
18 we do that if we're not tied into the loop?

19 I mean, there shouldn't be any secrets
20 going on in any of these damn meetings that
21 take place about Camp Lejeune initiatives.
22 Why aren't we included? Why don't we have a
23 seat at the table? Why aren't we included in
24 these letters and this correspondence that
25 goes back and forth? It's concerning Camp

1 Lejeune.

2 But, damn it, we fought a war 232
3 years ago and declared our damn independence
4 from an oppressive government and a tyrant
5 named George. We've got another one we're
6 getting rid of soon. But damn it, I demand
7 the right to know what's going on in this
8 stuff.

9 **MR. STALLARD:** A perfect segue for our next
10 presenter who will talk about transparency
11 issues. Welcome, Tom.

12 **DR. SINKS:** Well, let me just say I didn't
13 prepare any notes. I don't have a prepared
14 speech to give you.

15 **MR. ENSMINGER:** I didn't either.

16 **DR. SINKS:** You're better at speaking than I
17 am, Jerry.

18 And I'm not exactly sure what all of
19 your issues are, and I'm always interested in
20 hearing you and trying to answer questions.
21 Just for myself I will tell you this, I'm
22 terrible at keeping any secrets so I usually
23 don't. And I'm also very available and I
24 don't know if Tom Townsend's on the phone or
25 not, but he frequently calls me up.

1 And I think I'm pretty good at calling
2 him back, and I welcome any of you, including
3 you, Jerry, if you want to call me, call me.
4 Jerry, you've never called me. I feel hurt.
5 You're welcome to call me.

6 I'm pretty, I make myself available.
7 I try to listen. I don't always get it right.
8 I won't ever always get it right, but I will
9 hopefully always try to listen. And if you
10 feel I'm not listening, wake me up and say
11 you're not listening to me, and I will try my
12 best. So for me personally I will always try
13 my best to do that.

14 Some of the issues that you bring up
15 in terms of the CAP, at least from what I see,
16 and I have some familiarity with both expert
17 panels and CAPs, is what is the role of a CAP.
18 What should the role of the CAP be. And my
19 impression is the CAP is an advisory group to
20 ATSDR in terms of being, maybe not a
21 representative sample but representing the
22 community, the best interest.

23 We want to make sure the community has
24 a voice in what we decide. And that's as it
25 should be. That's why we have one. I believe

1 it was our decision to form a CAP. It wasn't
2 Congress' decision to form a CAP, but they
3 were certainly agreeable to our decision. But
4 it was ours.

5 Let me also just say, one of the
6 things you said, Jerry, there about secrecy
7 and stuff like that. Government always has
8 the need to meet with government and will
9 always have the need to meet with government.
10 And we will continue to meet with government
11 as we need to. We'll meet with Congress as we
12 need to.

13 We won't make it our business to
14 necessarily draw among people who represent
15 those communities in those meetings because
16 it's not standard operating procedures. It's
17 just not the way we generally do it. And
18 that's not to say we have secrets or we aren't
19 transparent, it's just when I go to meet with,
20 or I'm on the phone with people who I deal
21 with, even with you, Jerry, or Tom or Richard
22 Mach, I'm on the phone with them.

23 I mean, I have conversations, and I
24 wouldn't expect you to be sitting there on my
25 shoulder listening to my conversations, and I

1 wouldn't expect Richard Mach to be listening
2 to my conversation with Tom or with you,
3 Jerry. And so I think there's an issue of
4 kind of defining what do we mean by
5 transparency, where is it appropriate.

6 And I'm very open to hearing what you
7 think and having that discussion. But I will
8 say government always has the right to meet
9 with government. And regardless if we have a
10 CAP or we don't have a CAP that right is going
11 to continue, and you and I are not going to
12 change that.

13 But let me be specific about where I
14 think we are with DOD, DON, the Navy, right
15 now. I think you all know we had a meeting
16 last week. I'm the person who has pushed for
17 us to have more active meetings with the folks
18 that we deal with at the Navy and the Marines
19 because I think there's a lot to put on the
20 table in terms of the complexity of where
21 we're going.

22 In the past where we've had one study
23 that these two folks are doing and Morris
24 where we had one study with a fairly complex
25 issue of water modeling involved in it, that

1 was fine. Now we're being pushed as you know
2 to increase the complexity of our work
3 substantially. And I would tell you it will
4 increase it, at least in my mind, in an order
5 of magnitude.

6 We're going to get ourselves involved
7 in a very huge health survey, a mortality
8 study, a cancer incidence. These are huge,
9 huge things. And, frankly, the more input
10 that we get from CAP and the more constructive
11 comments that we get from anybody the better
12 off we're going to be.

13 And I think, frankly, that the one,
14 maybe the challenge that's put in front of us
15 because of this transition from the Marines to
16 the Navy and their needing more information to
17 understand what we're doing, I would tell you
18 it's actually helped us in some way. The
19 materials that you were given today that are
20 this, frankly, I see as a tremendous help to
21 us.

22 And I think that it has made us have
23 to sit down and take a look at this stuff and
24 understand where are we going, what are the
25 complexities, what is the time scheduling of

1 all of these things, and how are we going to
2 manage this over time, and how do we fit that
3 in the budget. This is not a simple, it's
4 just not simple. It's getting more complex.
5 So I have pushed that we have more active
6 involvement with the folks who are going to
7 provide us funding so they have a clearer
8 idea.

9 And in talking to Richard Mach we both
10 agreed that the way we need to be transparent
11 with these, because we need to have these
12 meetings, is to make sure we generate minutes
13 of the meetings and provide those to the CAP
14 and to any stakeholders outside who wants
15 them. And I think that that's, well, it may
16 not be the same as sitting at the table. I
17 think that that is something that ought to be
18 very useful because then you do have a good
19 idea of what we're doing.

20 And I'll tell you the first couple of
21 times we sat together with these folks I think
22 it was a little harder. You know, it was a
23 new group of players, and I think it was a
24 little harder for us to communicate our needs,
25 understand their needs. They have needs, too.

1 This last time I think it was very
2 positive in terms of understanding that we
3 have different needs. We can agree to
4 disagree, but we need to nail down what are
5 the issues and how do we resolve them, and do
6 it in a way that we all see the ^. The end
7 game here is to provide the best science that
8 we can in an efficient and in an effective
9 way. We need to be looking at all those
10 things.

11 And we can understand that we're also
12 very clear that the decisions in terms of the
13 science, the final decisions in terms of what
14 we do are ATSDR's. They're not the Navy's.
15 They're ATSDR's. That being said we have peer
16 review of our stuff. We have a CAP. The Navy
17 is welcome to send us comments. Anybody's
18 welcome to send us comments, and we would be
19 open-minded to them recognizing that the
20 bottom line is we want to do the best job we
21 can.

22 I will also tell you just for me
23 personally, my concerns on this project are
24 essentially we've been at this a long time.
25 We have not provided results yet on the case

1 control studies going on for a long time. I'm
2 personally disappointed we haven't done that.
3 I think all of you should be disappointed we
4 haven't done that. I know Frank and Perri
5 are, and I know Morris is.

6 And I think we want to be even more so
7 accountable in getting some results because we
8 don't want to be a group doing good science
9 that's taking 20 years to do good science and
10 not getting our products out. So that's
11 another part of it.

12 One more thing, Jerry. We didn't come
13 up with firm budget numbers at that meeting.
14 We did come up with some critical issues that
15 need to be addressed by both of us. We did
16 come up, I think we all walked away with a
17 good idea that we would have budget issues
18 figured out for '09 before the next fiscal
19 year starts so that we won't be in the same
20 circumstance that we were in this year where
21 we didn't resolve issues until the end of May.

22 And you've got the mike, Jerry.

23 **MR. ENSMINGER:** Well, you were talking about
24 the length of time it's taken to do all this
25 stuff and to provide good science. But the

1 public health assessment is still a piece of
2 crap. It's still up on the website. Why?
3 Why don't you pull that thing? That thing is
4 worthless, and I'd love to sit down with you
5 and point out every error in that. And I
6 can't. Why do you insist on leaving that
7 thing up there? It's erroneous. We know it
8 is.

9 **DR. SINKS:** Well, first of all, I'd welcome
10 the opportunity to sit down with you and go
11 through it point by point. Again, I want --
12 this is an important, this whole activity is
13 very important to the Center, and I apologize
14 that senior leadership may not have been as
15 plugged into it in the past as maybe it could
16 be. But I just want to reemphasize to you,
17 I'm available. And I'll work something out to
18 do that. I won't promise I would take it off
19 the website, but I'd be certainly happy to
20 listen to you.

21 I will tell you, Jerry, you've heard
22 me say this before, one of the most useful
23 pieces of that document is the fact that they
24 could not determine whether the VOC's in
25 drinking water were or were not a substantial

1 health hazard. And that was one of the issues
2 that compels us long term to do the series of
3 studies we're doing.

4 If they had gone ahead and concluded
5 there is no problem, or the problem is
6 recognized, we wouldn't be in the position we
7 are now which is to start looking at the real
8 data. So I will argue with you somewhat that
9 it's -- you said it's worthless. It's not
10 worthless. It is useful.

11 **MR. ENSMINGER:** Well, I mean, there's parts
12 of it that are good, but it has so much
13 erroneous information in it, it's almost
14 criminal to have the thing up there for a
15 public document. And when I called Dr.
16 Cibulas, his secretary didn't even put me on
17 hold. She went, "It's Jerry Ensminger." And
18 then she gets back on the phone and says, "Dr.
19 Cibulas isn't in." I said, "Who the hell were
20 you talking to?" But, gee whiz.

21 **DR. SINKS:** Well, that's great. I'll just
22 talk to Kathy. Maybe I'll pull her off and
23 just tell her how to put, use hold so there's
24 musical hold when you call.

25 If you want to focus on that health

1 assessment --

2 **MR. ENSMINGER:** It's not a focus, it's just

3 --

4 **DR. SINKS:** I think the one issue on the
5 health assessment, at least for the health
6 assessment people, is whether or not there is
7 new information that would change
8 substantively what they have said. And one of
9 the issues that was said was whether or not --
10 and they did do an ammendment to it which was
11 -- I forget exactly what the language was. I
12 think they said there was no cancer risk, and
13 the issue was well, we don't know there's no
14 cancer risk for adults, and I think they did
15 that change. But now the substantive issue
16 for that consultation is that new information
17 that we have that needs to be revised. I
18 don't know the answer to that.

19 **MR. ENSMINGER:** Yeah, there's contamination
20 dates --

21 **DR. SINKS:** But we're open --

22 **MR. ENSMINGER:** -- the narrative of the
23 different water systems. They're incorrect.

24 **DR. SINKS:** And if that's an issue for you,
25 we can re-look at that. Again, my major

1 focus, me, personally, is the amount of work
2 we're talking on right now with these new set
3 of studies which are overwhelmingly large and
4 complex. And also making sure that the two
5 studies, one that's, the half done and one
6 that was finished, get -- the one that was
7 done on reproductive health has to be revised.
8 The case control study one needs to be done.
9 And the burden on Morris right now to make
10 sure he does a good job of water modeling on
11 Hadnot Point which has become very difficult
12 to do. So that's --

13 **MR. ENSMINGER:** That was the last --

14 **DR. SINKS:** -- mainly that's where I'm
15 focused.

16 **MR. ENSMINGER:** That was the last
17 explanation I got was that they were waiting
18 to get the water modeling completed, and then
19 they could rewrite the public health
20 assessment to a point where, and correct it
21 with the right information, with the accurate
22 stuff after the water modeling's done. Well,
23 why leave that? Why leave the erroneous one
24 up there in the meantime?

25 **DR. BOVE:** I think what was said is not that

1 it, was that the work that's come since the
2 health assessment, in a sense, replaces that
3 health assessment. I don't think that we ever
4 said that that health assessment will be
5 written necessarily. There was never a
6 commitment to that as far as I know. We may
7 revisit that but --

8 **DR. SINKS:** Well, we can keep that.

9 But Jerry, I wanted to, let's go back
10 to the transparency issue because that's why
11 we have us here. Thank you for putting us
12 back onto that.

13 The transparency issue in terms of
14 what we would like to do is one, I will tell
15 you this is primarily coming from me. I want
16 our people to be, probably at least a couple
17 of times a year, sitting down with the Navy
18 people and the Marines people in a meeting
19 like we had last week to discuss these issues
20 and make sure that this kind of information is
21 being provided.

22 And then we've agreed with them that
23 we will provide meeting notes to yourself, the
24 CAP and whoever and make those available. So
25 those will be available to you. And I think

1 that will be helpful. It may not be 100
2 percent satisfactory to all of you, but I'm
3 hoping to hear anything you have to say to
4 that.

5 In terms of correspondence we all
6 recognize that once somebody sends a formal
7 letter on letterhead, it's FOIA-able, it's
8 available, and I see no reason to hold that
9 back from the CAP. I'm not sure it's going to
10 get to you ^ though the exact second, but that
11 should be fine. There is one letter that we
12 got a couple of weeks ago on comments on the
13 Tarawa Terrace, some comments we got from them
14 on the Tarawa Terrace water modeling --

15 **MR. ENSMINGER:** Yeah, we got those.

16 **DR. SINKS:** Did you get those? So that's
17 the only thing that, I think what we're going
18 to move from, frankly, Jerry, is from pushing
19 at each other, letters, and to actually
20 sitting down more often together and speaking
21 about what our needs are and communicating
22 that way. And I think that would ^ much more
23 productive than letters that zing back and
24 forth. It certainly will help us in our
25 working relationship on that.

1 And the other thing I, what I'm saying
2 here we do need to have a working relationship
3 with these people who are providing us the
4 resources. We will maintain a firewall, if
5 you will, between us and the Navy that assures
6 that we're the ones that are making the
7 decisions of where we are going and what we're
8 doing.

9 We will be able to comment, but we're
10 going to be responsible for that. And the
11 quality of our work ultimately is our
12 responsibility. And we're the ones who you
13 will get to look at and blame in terms of the
14 quality of the work that we do with the data
15 and the resources that we've been given.

16 **MR. ENSMINGER:** Why do you necessarily go to
17 blame? Why couldn't we --

18 **DR. SINKS:** Well, I hope you won't --

19 **MR. ENSMINGER:** -- why couldn't we be
20 congratulated? You went right to blame. Are
21 we expecting something here from that?

22 **DR. SINKS:** Jerry, we'll be very happy to
23 give you thanks as well.

24 **MR. ENSMINGER:** But my problem with
25 transparency is there were a lot of

1 correspondence going back and forth. Like I
2 said before, I felt like I was the beggar at
3 the back door of the village tavern after food
4 scraps just to find out what the hell was
5 going on in this situation. I mean, and there
6 was a lot of stuff about budgeting. And this
7 stuff would have direct impact on the
8 initiatives that ATSDR and the CAP would have
9 been working on to pursue on the Camp Lejeune
10 situation.

11 And there is no reason why we
12 shouldn't be included in that stuff. As a
13 matter of fact, I know DOD would like to cut
14 us out of the loop in a lot of stuff because
15 they do their best dirty work behind the
16 scenes and out of sight of the public. And if
17 the public does find out about it, then they
18 get slapped, and rightfully so, just like they
19 did with that AP article about funding that
20 they were trying to play games with, and we
21 got the money.

22 **DR. SINKS:** I think I can hold accountable
23 the DON and DOD in terms of coming to the
24 table and meeting with us, having these
25 discussions and actually asking that they ask

1 us the difficult questions and our having to
2 respond. I can't be, I can't influence how
3 DOD or DON operate outside of that sphere of
4 this project like in terms of working with us
5 nor can they influence us on that. You know
6 that as well.

7 In terms of the village beggar, I
8 don't live in a village. I don't know. But
9 again just from a personal point of view, I
10 hope I'm somebody who's approachable. I hope
11 I'm somebody who if you have a question you
12 can feel like you can ask. If I feel you're
13 being unfair, I'll let you know, but I want to
14 have a relationship with you that is more
15 transparent, and I'm open to that.

16 **MR. PARTAIN:** Now you mentioned the letters
17 and correspondence and said there were four of
18 them. I'm thinking about a way to get them to
19 us. Is it possible to just go ahead and give
20 the CAP members on the distribution list for
21 those important letters?

22 **DR. SINKS:** It's something we can discuss,
23 but I'm not sure -- it's something we can
24 discuss. I haven't really thought about it.
25 What I want to do is see that you get the

1 letters.

2 **MR. PARTAIN:** Six months down the road.

3 **DR. SINKS:** Yeah, right, I understand.

4 Whether you'd be on the cc or not I'm open to
5 that. Maybe if you guys could put that into a
6 ^ for follow up I could discuss that with the
7 Navy. It's an issue, I mean, we can put you
8 on the cc thing from us if we decide that's a
9 relevant thing. I can't tell you how the Navy
10 will respond ^ their letters to us.

11 But we can discuss that internally as
12 to whether that's appropriate for ATSDR to do.
13 Again, my intent is to get you the letters.
14 You get them through FOIA anyway. I've never
15 been a big, I like FOIA as an institution
16 because I think government transparency is
17 important. But I also think sometimes it's a
18 burden because if something's available to you
19 and sometimes the FOIA's process actually
20 delays getting it to you. So Tom Townsend and
21 I have gone back and forth on that several
22 times.

23 **MR. STALLARD:** And so let me just summarize
24 briefly what I think I also heard is that you
25 recently had a meeting with our colleagues

1 from the Department of the Navy and the
2 Department of Defense in which the
3 relationship seems to be moving toward,
4 forward in your ability to work together. And
5 that there's a commitment to continue that
6 relationship building in trying to work
7 together into the future personally on a more
8 regular basis.

9 Anything else about transparency? The
10 notion of an ombudsperson, as you can tell
11 there's a great deal of, a level of mistrust
12 among some of the members of the CAP in terms
13 of the information made available to them or
14 provided to them in many different ways.
15 That's why the whole notion of transparency
16 has come up.

17 And so a notion of how to move into a
18 relationship on trust is how could there be a
19 representative ombudsperson that essentially
20 the CAP members can go to with their issues or
21 concerns, particularly in the realm of
22 transparency and the way the two government
23 agencies or the government agencies interact.

24 **DR. SINKS:** Is that a question?

25 **MR. STALLARD:** I'm sort of posing that was a

1 question because it came up and we were going
2 to defer it to this session about the notion
3 of an ombudsperson.

4 **DR. SINKS:** I'll take aim. This is the
5 first I heard of that when I saw those notes
6 here. I'll tell you my general feeling about
7 it. One, an ombudsman being by definition
8 would be an employee who works for us with me,
9 would not be a CAP member. That's usually the
10 way these things work. They have some kind of
11 ^ firewall that insulates them from any of the
12 process.

13 EPA has had ombudsmen in the past. We
14 had one who worked with us who I will just
15 tell you I think we spent a lot of money down
16 a rat hole and got very little back. That was
17 my personal experience with it. What I'd like
18 to suggest maybe would be, first of all, what
19 I said in the beginning was you folks can talk
20 to me. I'm ^, and I think I'm reasonably
21 trustworthy, maybe not. I don't know --

22 **MR. ENSMINGER:** I usually don't bother the
23 higher ups.

24 **DR. SINKS:** Well, I don't mind you bothering
25 me, and I may not always be able to call you

1 right back, but I take things pretty seriously
2 in terms of the public. I think my salary is
3 being paid so that I serve the public. I'm a
4 public servant. Besides being a scientist I'm
5 a public servant, and all of us are. And we
6 ought to be working for the public. Now, if
7 you're calling me every day, Jerry, I'm
8 probably going to say this guy's a pain in the
9 butt, and I'm not going to call you back every
10 day.

11 **MR. ENSMINGER:** I've been called that
12 before.

13 **DR. SINKS:** I've seen that. But I'm
14 wondering if this might, if the issues that --
15 the other point is that you guys are in
16 constant contact with Frank and Morris and
17 Perri, and I'm not sure contact is the issue
18 here. It's trust.

19 I don't think contact or availability
20 is the issue. I think it's trust. And I'm
21 not sure ombudsmens (sic) persons with the
22 amount of money and the amount of work we're
23 talking about is worth, the juice is worth the
24 squeeze.

25 I'm very open to figuring out how we

1 can work on a trusting relationship and maybe
2 that we can ^ this into trust and maybe if we
3 can develop that a little better, and you feel
4 you can reach out, that would be, maybe that
5 would work. I don't know. It's just the one
6 experience I've had with an ombudsman,
7 personally, I haven't seen it be very helpful.
8 And frankly, they have very different,
9 depending on what their job is, some of them
10 have very different roles.

11 I mean, some of them, CDC just decided
12 that they thought they were going to have an
13 ombudsman and actually walked away from it.
14 And that person ended up basically dealing
15 with personnel problems with the agency rather
16 than dealing with the connection with people
17 outside the agency.

18 And I actually mentioned this to our
19 Office of the Director and to those people and
20 said are you going to be a place where people
21 outside of CDC like the vaccine community who
22 have real issues about vaccines and mercury
23 can come to and express their opinion. They
24 said, no, that wasn't their job.

25 And so it also depends on what the

1 role of the person is. And I guess I'd just
2 add I'm not sure I see a need with the agency
3 right now for us to have an ombudsman, but I
4 deal with -- again, I think it's trust, and I
5 think if we can keep an issue of trust then I
6 think we ^.

7 **MR. STALLARD:** Thank you, Tom.

8 Anyone else on the issue of
9 transparency? Any other comments?

10 **MS. BRIDGES:** Yeah. You talk about trust.
11 If we could see something as a result, that's
12 what we need. We need something that we can
13 see that's helping us helping the dependents,
14 the person that, the people that have been
15 affected, afflicted, and we haven't seen it.
16 All we see is our children that are affected.
17 Maybe they don't have cancer or leukemia, but
18 we see them with these learning disabilities.
19 So what happens to them. They go into drugs.
20 They end up in jail. They're killed. They're
21 not --

22 **MR. ENSMINGER:** We can't get any assistance
23 because the Marine Corps refuses to
24 acknowledge that anybody was harmed, and then
25 we --

1 **MS. BRIDGES:** Nothing's helping --

2 **MR. ENSMINGER:** -- want something definitive
3 from this organization, from this agency to
4 definitively say they were harmed. And so
5 we're in a catch-22, and everybody else is.

6 **MS. BRIDGES:** And it's transcending down.
7 Nothing's stopping it.

8 **DR. SINKS:** Let me just say to both of you,
9 I agree with you both, but I also want to make
10 sure that you both have a very good
11 understanding of the expectations that you
12 should be putting on us in terms of what we
13 can deliver.

14 **MS. BRIDGES:** Who can deliver more? Who can
15 deliver more and stop it?

16 **DR. SINKS:** Well, it depends on what it is
17 you're asking. And that's why I'll just take
18 this as --

19 **MS. BRIDGES:** We need more scientific work
20 done.

21 **DR. SINKS:** Well, I'm a scientist, and let
22 me say that science isn't always the answer.
23 It doesn't always provide you with the
24 information you want. So let me just be very
25 clear. The expectations you can provide, you

1 can expect from us are scientific in terms of
2 we should do the best darn job we can in doing
3 the science to answer the questions that we're
4 looking at.

5 **MS. BRIDGES:** And we're doing the same thing
6 --

7 **DR. SINKS:** That's not going to resolve --

8 **MS. BRIDGES:** -- channeling our children.

9 **DR. SINKS:** -- that is not going to resolve
10 some of the basic issues of I have a
11 grandchild or I have a child with learning
12 disability. What do I do?

13 **MS. BRIDGES:** Not just mine.

14 **DR. SINKS:** I understand, but I'm just, I
15 want to put that expectation on the table. If
16 your expectations are this agency's going to
17 come and to deliver to you the prevention of
18 future health effects that have occurred from
19 this exposure or not from this exposure, we
20 are not going to provide that for you. We
21 cannot. These exposures occurred --

22 **MS. BRIDGES:** Who can? Mr. Mach?

23 **DR. SINKS:** I'm just saying those exposures
24 occurred. What has come from them probably
25 will occur, and what we're doing right now is

1 trying to look at the science in terms of are
2 there health effects that have occurred as a
3 result of this exposure we can demonstrate and
4 how well can we prove it.

5 And the only way that we would be able
6 to link that to preventing something from
7 getting something is if we do find something,
8 it's a screenable disease that could be
9 screened, then we could do early detection or
10 something like that. There are hundreds of
11 thousands of questions that could be asked of
12 this situation we will not resolve. And I
13 just want to be very clear.

14 While your comment is right on target,
15 what your concerns are, we also need to be
16 extremely clear on what we can deliver and
17 what we cannot. Because what I don't want to
18 have occur is to have the community put
19 expectations on us that we in no way can
20 deliver, and then we delude you to think that
21 over the next ten years we can deliver when we
22 can't.

23 So that's another thing where we
24 should be very clear. What is it ATSDR is
25 actually doing? ATSDR is not making decisions

1 about who should be compensated for health
2 effects regarding those things. That's not
3 our job. We are not going to do that.

4 **MS. BRIDGES:** And I'm not looking at it for
5 the money. I don't expect any of us will --

6 **MR. ENSMINGER:** We can't get shit. We can't
7 get anything.

8 **MS. BRIDGES:** But we're not looking at that.
9 We're looking at helping the people.

10 **MR. ENSMINGER:** None. Because they're
11 sitting over there saying we're waiting on
12 you.

13 **MS. BRIDGES:** We don't expect it, and it
14 doesn't mean anything. Healthcare means more
15 and research to stop it.

16 **DR. SINKS:** If somebody was to say to me
17 should they be waiting on us, you know, if
18 that question were put to me, my response
19 would be --

20 **MR. ENSMINGER:** Thank god there's an
21 election in November.

22 **DR. SINKS:** -- this is what we can do. And
23 if I were asked about whether that should or
24 shouldn't relate to decisions that, you know,
25 the information we are providing is going to

1 be primarily directed to informing the science
2 and secondarily related to informing the
3 community.

4 **MR. BYRON:** Well, this is Jeff Byron, and do
5 DNA testing.

6 **DR. SINKS:** I'm sorry, Jeff.

7 **MR. BYRON:** I said I think you should do DNA
8 testing on the children you've already
9 identified. But I'm getting static from that,
10 and they want me to be a scientist and explain
11 myself.

12 **MS. BRIDGES:** We don't know how.

13 **MR. BYRON:** Well, like I said before no
14 doctor's diagnosed my daughter's illness. My
15 wife found it, and I know there's people
16 against DNA testing for this, that or the
17 other reason, and they want to state that if
18 they do that people are afraid they won't be
19 able to get insurance.

20 I've got news for you. Those 27 that
21 you've got in the study don't have insurance.
22 My daughter doesn't have insurance. Who do
23 you think's footing the bill for the
24 negligence of the Marine Corps and the Navy
25 and the DOD? You're looking at him. So that

1 frustration's coming out. And I've given you
2 what I believe to be viable and you just turn
3 it down.

4 Even the handout that I received after
5 the meeting. I don't have to read that. It
6 doesn't justify what you told me. As a matter
7 of fact, I believe it proves my case even
8 more. You tell me that you don't see it in
9 the parents and all of a sudden it shows up in
10 the children. Well, why is that? From three
11 years at 200 parts per billion is what it's
12 from.

13 **DR. SINKS:** I don't know the specifics of
14 the notes that you're describing, but I do
15 want to say, one, I think you're on target in
16 terms of your concerns and how you deal with
17 them. I'm just saying to you the work we are
18 doing isn't going into those questions. If we
19 are asked to discuss with policymakers what
20 those issues, you know, what are the options
21 for you and the unresolved issues that you and
22 Sandra bring up, we can have that discussion.
23 But our major area right now is focusing on
24 science and --

25 **MR. BYRON:** And that's what DNA testing is.

1 Yes, it would benefit my family if it proved
2 out that these children have these issues.
3 But you know what? It benefits the American
4 people, and isn't that what we're here for --

5 **MS. BRIDGES:** Right.

6 **MR. BYRON:** -- if I've got the scientific
7 information?

8 **DR. SINKS:** Let me put something to you a
9 little differently. There's science. Science
10 is one thing, science and technology. But
11 there's research and there's service.
12 Research is designed to answer questions that
13 are research questions, but it's not
14 necessarily designed to answer fundamental
15 questions in terms of service. And the issues
16 that you're bringing up are really service
17 issues which are what can you do to help me
18 with this situation, like you're uninsured.

19 **MR. BYRON:** You've missed the point. You've
20 totally missed the point. What I told you is
21 doctors cannot diagnose my daughter. My wife
22 gets on the internet, finds all these
23 connections. We had her tested and diagnosed
24 and we found something we think is
25 significant. We brought it to you guys as for

1 scientific means, not just for helping Jeff
2 Byron.

3 Actually, you guys should be helping
4 our families anyway with all the information
5 I've seen by now. But the point is, is where
6 are you going to advance science by doing
7 further studies? I brought up an avenue, and
8 it's shot down because of these excuses, well,
9 then they won't be able to get insurance if
10 you test them for DNA and that. They ain't
11 got it anyway. That's my point.

12 And if I do receive some help in the
13 end from it, then that's a secondary benefit.
14 But the whole idea is, aren't you trying to
15 find out what these children have and why? I
16 mean, you have these people. I guarantee, I
17 can't guarantee anything, but it seems to me
18 that all you have to do is study the ones that
19 are already in and that could be an amendment
20 to this study so that you don't have a delay -
21 -

22 **DR. BOVE:** We've been over this.

23 **MR. BYRON:** I know we've been over this. I
24 disagree with you.

25 **DR. BOVE:** Fine, but it's not for the

1 reasons you just said. Let's be honest.

2 **MR. BYRON:** Let's do be honest. That's what
3 I'm waiting for.

4 **DR. BOVE:** We went over the science of why
5 it wasn't a good idea to do this. And we can
6 do it again if we need to. I wasn't prepared
7 to give that same talk I gave two meetings
8 ago. But I think we should let this issue
9 lie. If you want to bring it up again, I'll
10 prepare something again, once again. It will
11 be the same thing I prepared two CAP meetings
12 before. Nothing has changed since then. So I
13 wish we'd get off this and --

14 **DR. SINKS:** Well, let me see if I can link
15 this back into the original ^. Let me try to
16 link back to this.

17 You asked me here to talk about
18 transparency, so let me try to link that back.
19 One is I hope we are always open minded in
20 terms of concerns like you're bringing, Jeff,
21 which is, are you doing all the science you
22 would be doing. Is there other outcomes you
23 should be looking at.

24 This is a process, you know, we've
25 reopened this up a couple years ago. That's

1 why this CAP was formed. That's why we had an
2 expert panel. When I first got in the area of
3 the hip with ATSDR, the series of letters that
4 have come out from ATSDR on this same question
5 over four years was now we've made a decision
6 to do a case-control study, and that's what
7 we're doing.

8 And now we've certainly opened that
9 up, and we brought them. So I think we can
10 continue to be open minded, but I will tell
11 you as we take on more and more and more of
12 these projects, you know, thinking beyond and
13 beyond and beyond becomes difficult because
14 let's get back to the end stage. We want to
15 be able to find you results. So I'm very
16 conscious of the clock is ticking. We want to
17 be providing you with results with what we've
18 got in the bank.

19 Yes, transparency. We should be open
20 minded to ongoing concerns like yours, Jeff.
21 We won't always say, yes, you're right. And
22 sometimes we'll have to agree to disagree.
23 But we should be open minded, and we should be
24 able to make our points.

25 **MR. BYRON:** The reason I brought that up

1 again, I had no intention of it, because I
2 figured it was a dropped issue. The only
3 reason I brought it up is because you were
4 talking compensation versus scientific data.
5 That's the only reason I brought it up. My
6 suggestion is based on what I believe would be
7 good scientific data. Now, maybe I'm wrong
8 because I'm not at scientist, but that's what
9 we were talking about. That's the only reason
10 it came up again, Frank.

11 **MR. STALLARD:** That's okay. Thank you.

12 Tom has graciously extended his stay
13 already with us. Mike, you had one question.
14 Is it germane to the --

15 **MR. PARTAIN:** I just wanted to make a
16 comment on the transparency issue.

17 Going back to the transparency, I
18 understand. Part of what we deal with is that
19 the Department of the Navy and the Marine
20 Corps control all the information that
21 happened at Camp Lejeune. And I just want to
22 put a quote of a newspaper article that
23 appeared in September 1985. It was a quote of
24 base environmental engineer Robert Alexander.
25 And he says the 22 sites, which the INS sites,

1 are not considered dangerous because only
2 trace amounts of contaminants have been found
3 to have escaped from ducts. People have not
4 been directly exposed to the flumes.

5 **MR. ENSMINGER:** Those people, this thing is
6 laced with that kind of lying.

7 **MR. PARTAIN:** And that's what I'm getting at
8 is if we know what's going on, then we can
9 look out for things and maybe be of
10 assistance. We're not going to try to tell
11 you how to do your jobs and stuff, but it
12 would be beneficial to know what is being
13 played so we can --

14 **DR. SINKS:** And I think, I know Jerry and
15 Tom have been very active in providing us
16 information that has led to new information
17 that we've discovered that's very useful to
18 us, and I don't know the specifics of how the
19 others have been involved. And obviously data
20 discovery is a huge issue for us maybe going
21 back to something that last occurred 27 years
22 ago and probably occurred between 50 and 27
23 years ago.

24 **MR. ENSMINGER:** But it doesn't matter.
25 These people -- it doesn't matter how old it

1 is. I mean, that was a newspaper article and
2 an interview that was done by a base official
3 at the time and told an out and out damn lie.
4 And they do it constantly.

5 **DR. SINKS:** Well, my job, and I mean --

6 **MR. ENSMINGER:** Yeah.

7 **DR. SINKS:** Our job is to do the best job we
8 can in terms of trying to do the data survey
9 and using that. That information does become
10 available. I think we've done a pretty good
11 job on that. We're still doing it. We could
12 use all the help that we can get both from you
13 and from the Navy and the Marines because
14 obviously we never had the data in the first
15 place so now we've got to go get it. But
16 we're very aware of that.

17 I'll tell you though that it's
18 probably not as unusual as you think. I mean,
19 both of our centers deal with things that
20 occurred in the past with the Department of
21 Energy and all the nuclear weapons complexes
22 that have occurred in terms of dose
23 reconstruction. Much of that information is
24 labeled secret, and we have to go back into
25 the archives and deal with those just the same

1 way.

2 Whenever you're dealing with pollution
3 that a company has put out at a hazardous
4 waste site, they're the ones that are in
5 control of those data. It's not unusual that
6 the person who caused the, who's responsible,
7 if you will, the responsible party is the one
8 who's controlling that information. Our job
9 is to try to get into it, to use the resources
10 we can. And we'd welcome any help you guys
11 can give us, and you've given us a lot and I'm
12 sure will continue to give that assistance.

13 **MR. STALLARD:** Thank you, Tom. Thank you
14 for extending your stay to be with us.

15 **MR. ENSMINGER:** This administration's
16 classified their, the White House version of a
17 MAD magazine, for god's sake.

18 **MS. BRIDGES:** And thank you very much for
19 talking with us.

20 **DR. SINKS:** Well, again, you're welcome.
21 I'm just a person like everybody else here.
22 You're more than welcome to call me or e-mail
23 me.

24 **MR. BYRON:** If you can give us the minutes
25 of that, that will be a big help. I mean

1 that's the start so that will help.

2 **DR. SINKS:** And I'll tell you that it was
3 agreed on by both of us, both the Navy and
4 ourselves. We think that's a constructive way
5 to go. And the main thing I think that came
6 out of that meeting was really a constructive
7 tone for the process of working together
8 toward a common goal which is to get these
9 things done and do them the best way we can
10 and do them as efficiently and as effectively
11 as we can because we think the benefit of this
12 is to the community. There's no personal
13 benefit to me --

14 **MR. BYRON:** DNA does nothing for me. I
15 already know.

16 **MR. PARTAIN:** Is it a synopsis of the ^?

17 **DR. SINKS:** I don't know. They're
18 developing them right now. This is my
19 assistant, Patricia Lewis, a very important
20 person for you to know, wonderful person,
21 who's trying to drag me out to the next thing
22 I have to go to.

23 **MR. ENSMINGER:** Is she better than Cibulas'^
24 --

25 **MR. STALLARD:** Hush now.

1 **DR. SINKS:** It's not a question of better.
2 They're both wonderful people.

3 Oh, Tom Townsend is not on the phone.
4 He's been disconnected. So whoever is doing
5 the phone stuff --

6 **MS. RUCKART:** It's up to Tom to call back
7 in. He has the number because he called in
8 this morning.

9 **DR. SINKS:** Is it 8-6-6?

10 **MS. RUCKART:** It's 8-7-7.

11 **DR. SINKS:** Can you give us the number real
12 quick and we'll call him.

13 Patricia Lewis is the one who's at my
14 phone. So I call the 7-7-0-4-8-8-0-6-0-4, and
15 she's usually the one answering the phone.
16 Tom knows her very well. And if you need me
17 feel free to call her.

18 **MR. STALLARD:** Thank you, Tom.

19 **HEALTH SURVEY AND NOTIFICATION**

20 All right, we're going to move into
21 the health survey and notification update.

22 **MS. RUCKART:** This is part of that, we're
23 going to start off this by having Scott give
24 an update on the DOD's notification efforts
25 and then we can get into some more of

1 specifics of the survey.

2 **MR. WILLIAMS:** It's kind of long so I'll
3 just read it. I don't know if you guys are
4 reading this, last couple of CAP meetings
5 you've asked for updates on our notification
6 efforts. This is my attempt at doing that.
7 Outreach status as of July 10th, 2008. I'll
8 just go through it really quickly, 64,960
9 total registrations thus far, 49,000-and-some-
10 odd of those were from the DMDC database.

11 Those are people that we registered ^
12 user website to register. We got their
13 addresses from the DMDC database of 210,222.
14 And basically, the DMDC scrubbed them to make
15 sure the addresses were accurate. And our
16 contractor subcontracted to Continental
17 Services, Incorporated, CSI, to make sure it
18 went to the proper address. So about 50,000
19 of the 210,000 were good addresses, and we
20 sent those guys a letter. You'll see what
21 came of that later on in this brief.

22 Thus far we have 7,434 inquiries to
23 the call center and 1,122 e-mails that we
24 responded to, our call center responded to.
25 And over that time we had 3,714 registrations

1 updated. So people have actually gone to the
2 website and actually provided additional
3 information of their information which is kind
4 of good I think. We've had 64,142
5 notification letters sent out to date.

6 **MS. RUCKART:** Tom, are you on the phone now?

7 **MR. TOWNSEND (by Telephone):** Yes.

8 **MS. RUCKART:** Okay.

9 Anyone else on, beside Tom?

10 **UNIDENTIFIED SPEAKER (by Telephone):** Yes.

11 **MS. RUCKART:** Who is that?

12 **MR. WAGNER (by Telephone):** Fred Wagner.

13 **MR. BYRON:** Mr. Wagner, the gentleman that
14 they've proposed to be a CAP member.

15 **MS. RUCKART:** Fred, this line is just for
16 the CAP members. If you wouldn't mind just
17 viewing it over the internet we'd appreciate
18 that. Thank you.

19 **MR. TOWNSEND (by Telephone):** Perri?

20 **MS. RUCKART:** I can't hear you, Tom.

21 **MR. TOWNSEND (by Telephone):** You can't?

22 **MS. RUCKART:** Now I can.

23 **MR. TOWNSEND (by Telephone):** Okay. Fred is
24 on because I'm the only person on the thing,
25 and you lost me and I had to get back on so I

1 could hear you guys.

2 **MR. WILLIAMS:** He's saying there must be two
3 people on the line or he gets dropped, so he
4 asked someone else to call in. That's what he
5 said.

6 **MR. STALLARD:** Welcome.

7 **MR. WILLIAMS:** Next is just a summary of our
8 outreach efforts. I think Denita asked for
9 this. We don't list them specifically because
10 I think the document would be 20 pages long,
11 but in most cases we try to send, we send
12 information to all, like all the veterans'
13 centers or the commissaries, military
14 treatment facilities, Marine Corps retired
15 activities offices, base newspapers.

16 As you can see USA Today, we placed a
17 half-page ad in the USA Today that ran on
18 April 21st, 2008. We also put it on the
19 usatoday.com website which went worldwide.
20 Marine Corps magazines such as Semper Fi,
21 Leatherneck and Crossroads. That will run
22 monthly in each magazine beginning March 2008
23 through March 2009.

24 The next item is the North American
25 Precis Syndicate or NAPS for short. And I

1 provided a little description of what they do.
2 You can read it. But basically, they put
3 together what's called "Feaurettes/News to
4 Use", and it's a conglomeration of articles
5 and information that businesses and the
6 government use.

7 This "Feaurettes/News to Use" gets
8 sent out to all the periodicals, dailies and
9 weeklies across the nation that I think have a
10 circulation greater than 10,000. And it
11 allows the editors of the newspapers, if they
12 need filler in the technology section or in
13 the lifestyle section, they can pick and
14 choose from these feaurettes to fill their
15 space. It's a way to get information out to a
16 lot of newspapers.

17 **MR. ENSMINGER:** What was given to them?

18 **MR. WILLIAMS:** I have some examples that
19 were actually written out of the papers. So
20 examples of actually what ran. I can give you
21 two examples if you want to see them.

22 **MR. ENSMINGER:** It's not that they are
23 publishing this stuff. The key is what
24 information are they given to run.

25 **MR. WILLIAMS:** Right, and you can see that.

1 At the very bottom there's a summary
2 of articles that have run as of July 10th,
3 2008, and you can see the "Protecting Marines
4 and the Environment" article. It was picked
5 up by 60 newspapers in ten different states
6 with a readership of 2,400,000 basically.

7 "Safe Drinking Water for Marines", the
8 article was generated in 28 newspapers in six
9 different states with a readership of 1.4
10 million. And there was "Technology in our
11 Lives." It was a 60 second radio spot and a
12 30 second radio spot, and you can see how many
13 times it was broadcast, how many different
14 states, and with the estimated audience.

15 Yahoo, there've been 151,000
16 impressions when the ad showed up. We've had
17 748 clicks which equals .49 percent. So .49
18 percent of people that see the ad click on it.

19 The last item here is IRS letters. I
20 think this is something Jerry suggested many
21 years ago, that the IRS could find people.
22 They have a program called Project 753. If
23 you have a social security number, they can't
24 give us any information, where the person
25 lives or tax information or what have you, but

1 we just send the social security numbers to
2 them, they will forward letters on our behalf.
3 And we're in the process of doing that.

4 We have approximately 150,000 social
5 security numbers that we're going to send them
6 and that's the difference of the 210,000
7 people from the database minus the 50,000 that
8 we've already sent letters to. Addresses,
9 it's about 150,000. And we started that
10 process recently. We're going to send them in
11 25,000 letter batches and do 50,000 a month.
12 And the first batch is slated to go out August
13 1st.

14 And then the last part is just
15 something ATSDR wanted you to see how we're
16 keeping contact information current in our
17 database in a registry. We posted that notice
18 on the website so that people would come back
19 if they moved, if they change their e-mail
20 address, phone number, what have you.

21 All mailing addresses are verified at
22 the registered call center. All registrants
23 are validated by the call center prior to
24 being submitted as a registrant to ensure all
25 information is correct. Postcards: beginning

1 in August and then annually thereafter, we're
2 going to send postcards to all the addresses
3 they have.

4 And when people sign up on the website
5 or call in, they don't necessarily have to
6 give us a mailing address. Some people it's
7 an e-mail address, not their mailing address.
8 Some people would rather give a mailing
9 address and not their e-mail address because
10 they don't want spam.

11 So if we have their address, we'll
12 send them postcards. If they only send us e-
13 mails, we'll send an annual e-mail that says
14 please come back and update their information
15 so that when a survey goes out or some other
16 initiative later on we'll have good
17 information for them.

18 **MS. RUCKART:** One thing we discussed at our
19 last meeting is it's not clear if when a
20 person registers are they registering just for
21 themselves with the understanding that they
22 are doing it for their family? Or do they
23 realize that everybody in their family who was
24 living with them at Camp Lejeune needs to
25 register? And that's the case.

1 Everybody should be registering for
2 themselves. So if you as a former Marine get
3 the letter and your wife lived with you, you
4 should encourage her to get on the website and
5 register as well as, yeah, register separately
6 as well as your dependents at the time. So I
7 believe that that can be addressed in the
8 letters that will be developed and on the
9 website.

10 **MR. WILLIAMS:** Well, we've actually already
11 printed 150,000 letters so what we're going to
12 do is update the website. When they go to the
13 website, it will say exactly what you just
14 said. Instead of just representing your
15 family, have everybody in your family that you
16 think needs to register to register.

17 **MR. BYRON:** Is that expressed on the website
18 in any way? That each member should --

19 **MR. WILLIAMS:** That's what we were just
20 discussing. This was something that came up
21 at our meeting last week and maybe even the
22 meeting we had in June. But yeah, we'd
23 already printed the letters out so they're
24 already gone. But we'll put it on the website
25 so people will know that.

1 **DR. BOVE:** What was your question?

2 ^

3 **MR. WILLIAMS:** Yeah, they won't be excluded.
4 I didn't bring the numbers, but I can tell you
5 that civilians will be, actually, there are
6 already civilians at the base that will get
7 letters.

8 The next page is a pie chart. I'm a
9 big Ross Perot fan, so I like pie charts. If
10 you look at the asterisk, this pie chart is
11 based solely on the call center's 7,145
12 inquiries and does not take into account any
13 online registrations.

14 The reason this is so is we didn't
15 have an option on the website for people to
16 list how they heard about the website or how
17 they got there, and we had to get OMB approval
18 for that. We just sat down recently and got
19 the website updated, so we will be able to
20 collect information like this from the website
21 registrants, people who registered online.

22 But this is data from the call center,
23 and as you can see, 47 percent was from Marine
24 Corps publications, 32 percent was from family
25 and friends, 11 percent was from the DMDC,

1 base letters, and things like the USA Today
2 article and USA Today website only two
3 percent, so those aren't extremely effective.

4 **MR. BYRON:** How about the other websites
5 like Water Survivors? You got any response
6 about how that, how many people found out by
7 that?

8 **MR. WILLIAMS:** I'm not sure. We'd have to -

9 -

10 **MR. BYRON:** I just wondered.

11 **MR. WILLIAMS:** -- check. And they may be
12 collecting information out of there.

13 And the next page we show you a line
14 graph of our registration activity. The blue
15 ones at the very top is the total number of
16 registrants so that number will never go down.
17 It might flatten out if we have a period where
18 tons of people don't register, but it will
19 always go up.

20 The second to the top blue line is the
21 total registered for each month. And as you
22 can see, we sent out those DMDC letters in
23 March, and there's a spike in April which you
24 would expect, and then it tapered off. And so
25 one of the reasons why we're sending out these

1 IRS letters 50,000 at a time, so we'll be able
2 to track this.

3 We'll be able to see how effective the
4 notification is. We'll be able to see when it
5 tails off, and what indication using these
6 methods we've notified as many people as we
7 can and got as many registrants as we can
8 expect. So there's even more metrics than
9 this that we're tracking, but this is just a
10 good summary.

11 I guess that's it unless you have
12 questions.

13 **MR. BYRON:** And thank you for providing it
14 finally; it's what I asked for.

15 **MR. PARTAIN:** Are you going to get us copies
16 of the articles that ran and the letters that
17 you are sending out?

18 **MR. WILLIAMS:** I'm not going to give you
19 copies of every article, but I have two
20 examples that were run that I just pulled.

21 **MR. PARTAIN:** Because the reason I asked
22 that was like I was quoting from an article
23 that appeared in '85, and you can always
24 downplay, minimize trace amounts, unknown
25 contaminants, what have you, and mislead. So

1 that's why I want to make sure what was being
2 said.

3 **MR. WILLIAMS:** Right. Basically what
4 happened is these articles had to be kind of
5 essentially all the same information, but they
6 might have tweaked the title or moved the
7 information around so that it could fit in
8 different sections in newspapers. You know,
9 they might have changed the title so it can go
10 in the technology section. And then they
11 might have emphasized the use of the web, you
12 know. So essentially all the same information
13 as far as notification and getting people to
14 register. But they were relevant. I have two
15 examples.

16 What we have with the account, you
17 know, we pay this company, NAPS, to do the
18 service for us. We have an account we check
19 to see where it went, and we get, but we don't
20 get the names of the newspapers. We don't get
21 the names of the newspapers until that
22 newspaper editor rips a page out and sends it
23 to us. So it's not a complete list. So we do
24 have some of those, and I've just written up
25 two examples to provide to you.

1 **MR. PARTAIN:** And one of the things I'm
2 seeing, too, last month I spoke in front of
3 150 marines in the Marine Corps, and before I
4 spoke I did a little poll survey and asked
5 them how many were at Camp Lejeune, and
6 roughly 90 to 100 raised their hands. And I
7 asked them how many of those knew about water
8 contamination and maybe about 40 raised their
9 hands.

10 **MR. WILLIAMS:** Forty out of 150?

11 **MR. PARTAIN:** No, well, 100 were at Lejeune
12 and about 40 raised their hands that they knew
13 about it. And then I asked of those who knew
14 about it, how many were notified and maybe ten
15 people raised their hands. And after I spoke
16 I went to the back of the room and bunches of
17 people came up to me, and they were all asking
18 for information, so what's the Marine Corps
19 saying.

20 The ones that had known about it,
21 what's going on with the Marine Corps, what
22 information do they have out there. I was
23 asked about the website. Some of them had
24 seen it. They still didn't understand what
25 had happened. They don't, the information

1 from you guys needs to get out there, too,
2 what event took place. They're wanting that.
3 They're asking us that. When they call us on
4 the website or send us e-mails, that's what
5 they're wanting to know is what the hell
6 happened.

7 **MR. STALLARD:** So there was no context?

8 **MR. PARTAIN:** The people who were out there,
9 the Marines and their families were never
10 contacted. They want to know exactly what
11 happened. I was there in 1962, was I exposed.
12 There's a lack of information.

13 **MR. ENSMINGER:** But the water modeling is
14 right on ATSDR's website.

15 **MR. PARTAIN:** A lot of them don't know.
16 They don't know about the ATSDR website. I
17 refer them --

18 **MR. WILLIAMS:** They'll just have to link
19 back to ATSDR.

20 **MR. PARTAIN:** And link to ATSDR. Tell
21 people where to go get information is what I'm
22 saying it would be nice to see.

23 **MR. BYRON:** And we'd handle that on a
24 person-by-person basis pretty much, but you
25 know.

1 **LT. COL. TENCATE:** Have you told those folks
2 to go to our website and register?

3 **MR. PARTAIN:** Well, I've had several people
4 register that have called the hotline and told
5 me that then they're asked -- and, of course,
6 some of the questions were legal and stuff--
7 and they've been referred to the CDC. When
8 they call the CDC they're being told well, you
9 need a lawyer, and they're getting frustrated
10 with they need the lawyer. And I've had at
11 least three people who've told me that same
12 thing, that same course, when they've asked
13 questions on the hotline been told they need
14 to call the CDC. And then when they call the
15 CDC they're told, well, you need to get a
16 lawyer, and it doesn't answer anything. They
17 were just trying to find out what happened.

18 **DR. BOVE:** I think they need, I think the
19 CDC people say they need to contact the JAG.
20 They never say they need to get a lawyer. The
21 CDC would never say that. That's not -- they
22 say contact a lawyer?

23 **MR. PARTAIN:** They were told, like I had a
24 lady in Pennsylvania call me, and her husband
25 was at the base in the '80s, and he died of

1 Lou Gehrig's disease. She was just calling
2 us, and I told her, well we can't register,
3 well, I'm sorry. They registered him, but
4 they would not give her any information in the
5 future, and then they referred her to CDC.
6 And then she called the CDC, and they said we
7 can't help you. You need a lawyer.

8 **MS. RUCKART:** I think there may be a
9 question if somebody specifically asks
10 something of a legal nature and asks for legal
11 advice and you tell them if you have questions
12 like this, we advise you to speak with a
13 lawyer because we can't talk about to you
14 about those specific concerns. But then if
15 they have concerns about claims and
16 compensation, the office will refer them to
17 the JAG. It really just depends on the nature
18 of their question.

19 **MR. PARTAIN:** Her question was information.
20 And also, in the future are you going to keep
21 me informed. And they wouldn't answer her,
22 and they referred her to CDC. And then she
23 was told at that point to get a lawyer. And
24 she called me in tears just wanting to know
25 what happened at the base.

1 She wasn't married to him at the time.
2 All she knew is he was a lifelong Marine. She
3 married him after he was off the base and
4 everything. And then, boom, he's got Lou
5 Gehrig's, and he's dead. And she just wants
6 to know what happened and is not getting
7 answers.

8 And that's the frustration I'm getting
9 not only from dependents but from former
10 Marines. They just don't know the details of
11 where to go to get information.

12 **MR. WILLIAMS:** Well, understand that the
13 people we have working in the call center,
14 they're not health scientists, and if you ask
15 any health-related questions, they have to
16 refer them to the CDC or ATSDR.

17 **DR. BOVE:** And CDC usually, if it's a
18 particular question like that they would refer
19 it to us, Perri or myself.

20 **MS. RUCKART:** I think I got an e-mail from
21 this person that you're talking about. I
22 mean, there was somebody who e-mailed who was
23 --

24 **MR. STALLARD:** Okay, but we're talking about
25 individual cases right now, and generally what

1 the bottom line is here, Mike, is that these
2 are individual cases. But it reflects there
3 needs to be something to put into context what
4 this is all about is what you're saying.

5 **MR. PARTAIN:** Yeah, here's the bottom line.
6 This is what's going on. Here's the bottom
7 line. Here's what's going on. This event
8 took place on base. You may have been
9 exposed. And I know some of it's out there,
10 it's just --

11 **MR. WILLIAMS:** We do have the GAO chronology
12 on, we have the GAO chronology online, don't
13 we?

14 **MR. PARTAIN:** Yes, you have.

15 **MR. ENSMINGER:** We don't want to go there.
16 Don't get me started.

17 **MS. RUCKART:** Part of it is the nature of
18 the question we get. If somebody sends an e-
19 mail to our ATSDR Camp Lejeune box, and they
20 said I want to know why I wasn't notified,
21 then I will tell them to go to the Marines,
22 and I don't actually get into a lot of history
23 about the site. But if you say to me what's
24 going on with the situation, what happened,
25 and I want to get notified, then I'll give

1 them, but I don't want to like overload them,
2 then their request for information gets buried
3 in with all the other stuff about the history.
4 So it's just almost like she's telling you one
5 thing, but you're not exactly sure what she
6 asked. It really depends on what specifically
7 she asked what we responded. If we get asked
8 about health information, we certainly respond
9 to health information. If we --

10 **MR. PARTAIN:** No, this was a specific
11 history of what happened.

12 **MS. RUCKART:** Well, somebody who sounds
13 similar to this woman you're describing did e-
14 mail something like what you said. She
15 married a person after he was no longer at the
16 base and there was health problems, and he
17 died. And she wanted to know what could she
18 do. But as I said, what could she do, but I
19 would say register with the USMC. We told
20 them, told them tell them you want to be put
21 as next of kin.

22 But if they're asking what's the
23 situation, should I be concerned about health
24 problems, it just really depends specifically
25 what they're asking what kind of information

1 we'll give so we don't burden, overwhelm
2 somebody so that the real response they're
3 wanting isn't buried in like this three-page
4 e-mail. So sometimes they may get told talk
5 to JAG. It just really depends on the
6 specific nature of their question. But we do
7 respond to all health questions.

8 **MR. STALLARD:** Anything more for Scott?

9 **MR. PARTAIN:** When you mentioned the GAO
10 timeline, I believe that picks up with 1980,
11 and a lot of people have seen that, too, and I
12 was there in 1963. And you know, that means
13 something to me.

14 **MR. WILLIAMS:** That's fine.

15 **MR. STALLARD:** Thank you.

16 **MS. RUCKART:** Okay, well, we have about 15
17 minutes before the lunch break. I think last
18 time we decided to actually break a bit early
19 and beat the lunch rush, and then we can come
20 back in one hour with the understanding that
21 we won't be streaming for the first 15
22 minutes. I leave that up to you.

23 **MR. STALLARD:** All those in favor of taking
24 an early lunch, remain seated.

25 (affirmative responses)

1 **MS. RUCKART:** Okay, so we'll meet back here
2 at 12:45.

3
4 (Whereupon, a lunch break was taken from 11:45
5 a.m. until 12:45 p.m.)

6
7 **MR. STALLARD:** We're going to resume now with
8 where we left off. It's a continuation of
9 discussion on the health survey. Scott gave us
10 an update on what the DOD had been doing from a
11 notification perspective. So who's next? Did
12 we cover protocol?

13 **CONTINUE DISCUSSION ON HEALTH SURVEY**

14 **MS. RUCKART:** Welcome back from lunch. The
15 items that we wanted to discuss under the
16 health survey are the protocol, the
17 questionnaire and the timeline. So we had e-
18 mailed you the draft protocol and the
19 questionnaire, but we also distributed the
20 questionnaire so everyone has it today.

21 The protocol has a lot of technical
22 details so much I'm not sure how much we can
23 really get into that. Of course, if you have
24 questions we can talk about that. But in the
25 main focus I think should be the questionnaire

1 or the timeline. So how do people feel about
2 that?

3 (no response)

4 **MS. RUCKART:** Do you think we should focus
5 mainly on the questionnaire or the timeline
6 rather than nuts and bolts of the protocol? Of
7 course, we would entertain questions with --

8 **DR. BOVE:** We also should talk about the issue
9 of increasing the registration because if you
10 look at our timeline, we're hoping to start at
11 least the initial mailings of surveys sometime
12 early next year, January, February, roughly
13 around there, and testing the waters as to what
14 works in terms of encouraging participation.
15 And then the lion's share of the surveys get
16 sent out after that. But it's also a function
17 of how quickly people register, and we get
18 registrations from dependents and so on, how
19 quickly this survey can get done. But if
20 registrations are dribbling in over time, it's
21 going to lengthen this process out quite a bit.
22 And at some point we're going to have to decide
23 when we'll stop in terms of the study aspect of
24 this survey, when we'll stop taking
25 registrations and consider the study closed.

1 And then people who register after that they'd
2 get a survey, but it wouldn't be part
3 necessarily of the study. So there's those
4 kinds of issues. But the most important thing
5 is to try to get registrations to happen as
6 soon as possible, and the IRS is one important
7 way of getting that to happen. And we're going
8 to be also mailing to, the Marine Corps is
9 going to be mailing to our survey list from
10 1999-2002. That's so this is in the draft
11 summary minutes of the June 18th meeting which
12 we handed out to you. But there may be other
13 strategies, too, if people can think of them
14 that would help this process along to encourage
15 people to register and so that we send the
16 surveys out as early as we can and have as
17 large a participation as possible to survey.
18 So I think that should be also discussed. I
19 think that's more important than some of the
20 other items on the agenda. So if --

21 **DR. CLAPP:** I think we talked about this
22 before, but the importance of a letter from the
23 Commandant just to reiterate that here. That
24 that's another way to increase participation in
25 all of this.

1 **MR. ENSMINGER:** Well, that's what the Marine
2 Corps says in their article here. Implementing
3 solutions, says the Secretary of the Navy and
4 the Commandant of the Marine Corps are
5 committed to contacting as many former
6 residents.

7 **MR. PARTAIN:** As far as the survey and
8 participation the one thing that if you create
9 a sense of urgency, then people are going to
10 respond quicker. So in these letters going out
11 that there's a, put the deadline, the survey
12 will be sent out and the survey will be closed
13 on X date, 2009. If your survey is not
14 returned by that time, it will not be accounted
15 for in the study. If you create the urgency
16 and tie that in with that urgency from the
17 Commandant, you've solved your problem.

18 **DR. BOVE:** Are there any other suggestions on,
19 the Marine Corps's done a lot. Scott went
20 through that earlier, but are there additional
21 steps that we can take to make sure that we get
22 the registrations early and the most people
23 respond and register, including their
24 dependents and so on? Are there other
25 suggestions?

1 **MR. BYRON:** How about if they want to sell
2 pharmaceuticals, they put out a commercial on
3 TV.

4 **LT. COL. TENCATE:** I think Scott's handout, the
5 last page, talks about --

6 **MR. BYRON:** Yeah, it does have that as far as
7 radio and some TV, but like I said it's kind of
8 like "White Christmas". You know, Bob Hope and
9 Bing Crosby and he gets up there in front of
10 all the troops and says we served with this
11 guy, and we're going to have a party for him
12 and want you to come to Vermont. Well, I need
13 the Commandant to get up there and say, well,
14 you know, we've got issues at Camp Lejeune.
15 You need to respond quick. We need your help.

16 **LT. COL. TENCATE:** We got that.

17 **MR. BYRON:** But not from the Commandant.

18 **LT. COL. TENCATE:** The thing on the last page
19 talks about we're going to do some market
20 research to find the best ways to find and
21 reach former residents. Scott alluded to it in
22 his pie chart.

23 **MR. WILLIAMS:** Yeah, yeah.

24 **LT. COL. TENCATE:** We're going to do more of
25 that so that, if we do another ad, we get the

1 most bang for the buck, and we're reaching the
2 people we want to reach, not a whole lot of
3 people who don't really care because they've
4 never been in the Marine Corps or never been to
5 Camp Lejeune.

6 **MR. BYRON:** Okay.

7 **MR. STALLARD:** I have a question. The people
8 that we do reach who do care, are they
9 encouraged to send it forward to their
10 contacts, people that they still might know in
11 that situation?

12 **LT. COL. TENCATE:** The letters say please
13 register and tell anybody you know, your
14 friends, anybody else, your neighbors.

15 **MR. STALLARD:** Okay.

16 **MR. PARTAIN:** Things like advertising in USA
17 Today, I know you've been doing that, but
18 you've got to get the markets and the media
19 that's going to ^.

20 **LT. COL. TENCATE:** That's exactly what we're
21 doing.

22 **MR. PARTAIN:** But the thing is, I mean, I'll
23 give you an example, I'm speaking about myself
24 again. I went through this whole thing and
25 literally had a phone call from my dad on June

1 12th. He told me to go home and turn on the
2 TV, and that's how I found out about Camp
3 Lejeune, was the Congressional hearings. Now
4 all the advertisements and 10,000 articles or
5 whatever went before between 1985 and 2007, and
6 me in Florida, I didn't hear anything. You're
7 missing a large group here, and you need to
8 find some type of mass media that's going to
9 connect. And that's going to be through the
10 nightly news at 6:30 on ABC, CBS, NBC. It's
11 got to be on CNN, and it's got to be a
12 statement from the Commandant.

13 **LT. COL. TENCATE:** Those kind of things have
14 happened already in the past, and we still
15 haven't --

16 **MR. PARTAIN:** You're not going to get
17 everybody, but that's going to be a saturation
18 point.

19 **MR. WILLIAMS:** Real quick, I didn't want to
20 monopolize the time, but if you flip to that
21 one-pager, what you're talking about is exactly
22 what we're going to do. We're probably going
23 to track as people call into the call center or
24 register online how they heard about us to be
25 able to see what the most effective way to

1 contact people are. We're also going
2 proactively do this stakeholder analysis.

3 We're going to do stakeholder
4 interviews, which is going to be persons from
5 the '50s who worked or lived on the base,
6 persons from the '60s who lived or worked on
7 the base, persons from the '70s who lived or
8 worked on the based, persons from the '80s.
9 Get the idea? We're going to interview people
10 who didn't retire in the area and lived on the
11 base. People who did retire in the area and
12 lived or worked on the base.

13 We're going to go to specific
14 stakeholder groups, like the STAND or ^, get
15 some input from those guys. Do some roundtable
16 sessions and basically develop a list of
17 questions so we can do a quantitative survey.
18 And we're also going to query these folks and
19 find out what their habits are. Maybe a lot of
20 women read a certain magazine or what have you,
21 and then we're going to figure out a way, we'll
22 call our contractors what's the best way to get
23 the message out and get the most people to
24 register so you have maximum participation in
25 the survey.

1 So what you're talking about is exactly
2 what we're going to do. We're going to do it
3 on the back end by tracking people who do
4 register, and on the front end proactively by
5 sampling the population. And we're using some
6 people who have done this before. It's a
7 proven method.

8 **LT. COL. TENCATE:** Who's that?

9 **MR. WILLIAMS:** We're using Booz-Allen-Hamilton,
10 but they have a -- I can't remember the guy's
11 name. You may know him. He does a lot of
12 polls and poll questions for the Boston Globe
13 and the ^. He's like nationally renowned. I
14 can't think of his name right now. I
15 apologize. But he'll be a third party that
16 actually validates the questions to make sure
17 they're not leading one way or another.

18 They'll be very fair questions. And
19 then we'll get a true idea of what people's
20 thoughts and concerns are and hopefully the
21 best media outlet to use to contact. And as
22 you say, USA Today looks like it wasn't very
23 effective so far.

24 **MR. PARTAIN:** You can put something on YouTube.
25 Everybody goes to that now and reads it.

1 **DR. BOVE:** I won't say everybody.

2 **MR. PARTAIN:** (off microphone) No, I posted the
3 interview that they did with me in Tallahassee
4 ^. And you look at ^ using the media as an
5 example with Tallahassee, I was looking for the
6 Marines in the area of Tallahassee who had been
7 on the base. And before the interview there
8 was a newspaper article and then the
9 television. The newspaper article ran, and we
10 found we got about nine families who were all
11 at ^ and stuff. Well, the TV ad ran. It
12 doubled and then some as far as the number of
13 people in the Tallahassee area who had been at
14 Lejeune, and we ended up with 19 families. And
15 of the 19 families, 16 had cancer and the other
16 three had some significant issues. But the
17 media event or the TV, where everyone's at,
18 that generated, you know, we had nine going
19 into the TV story, and then after the TV story
20 ran ^, and I'm not even counting, there was
21 like three or four families who called from
22 Georgia who happened to see the TV ^ that ran
23 and happened ^.

24 **MR. WILLIAMS:** I'm not one of the health
25 scientists here, but part of the problem is we

1 not only have to motivate and identify the
2 people who have come out of the military, we
3 have to motivate and identify the people who
4 don't so we get maximum participation. So it
5 may be harder to motivate those guys. But I
6 mean, that's ^.

7 One last thing I was going to point out,
8 the pie chart I showed you earlier is probably
9 skewed a little bit in that we couldn't collect
10 this information for people who have registered
11 online. And I would think that people who
12 clicked on the USA Today online and saw the ad
13 probably would have been the people who clicked
14 on the website and registered that way. If
15 you're more web savvy, you probably registered
16 that way. And up until last week we didn't
17 have the ability to track how they heard about
18 the issue on the website. So USA Today and it
19 may not have been as, it may not have been ^.
20 That's it.

21 **MS. RUCKART:** One thing I wanted to mention,
22 there's some numbers here on the timeline.
23 These are just pretty good estimates, and
24 they're also on our budget summary, but I want
25 to mention that these numbers are just for our

1 contractual costs.

2 They don't include FTEs and persons, in-
3 house persons' staff time. So it will be a
4 little bit more when we factor that in. And
5 then we handed out the estimated budget summary
6 for includes this fiscal year and the next two.
7 On here though, on the timeline there are
8 numbers. And when it says health survey, it
9 has that three million number. I just wanted
10 to point out that number does not include the
11 in-house staff time of Frank and myself and
12 others that work on the project.

13 Now, Frank was mentioning that on the
14 one-page budget summary sheet, that is
15 accounted for in the management and oversight
16 category. So I just wanted to point that out.
17 When you are looking at the total for the
18 health survey, there are some additional costs
19 that aren't factored in. You look confused.

20 **MS. BRIDGES:** No, I'm surprised.

21 **MS. RUCKART:** Oh, surprised? Okay, she's
22 surprised. By the look on your face I wasn't
23 sure.

24 **DR. BOVE:** This is actually closer to what we
25 need.

1 **MS. BRIDGES:** Unbelievable.

2 **DR. BOVE:** We think we need this. I just want
3 to point out this is subject to draft written
4 on it meaning that these numbers certainly can
5 change, but these are the cost figures it would
6 take to do these kinds of studies. These kinds
7 of studies are not inexpensive. Let's put it
8 that way. And they also take time as the
9 timeline shows. So keep that in mind.

10 **MS. RUCKART:** So we can talk more in depth
11 about the timeline and the questionnaire if
12 anyone has any specific things they want to
13 bring up or just questions about what we
14 presented.

15 **DR. BOVE:** And there's also, as I said, there's
16 this draft summary of the June 18th meeting
17 which we also handed out if you have any
18 questions about that. This was a meeting that
19 we participated in with the Marine Corps
20 representatives and Navy representatives to
21 discuss the health survey primarily, but we
22 also talked a little bit about some of the
23 other studies, mostly on the health survey.

24 And let me just briefly go over what was
25 discussed at this meeting so you have a sense

1 of we started off by trying to get a sense of
2 what the congressional language was, which is
3 vague. This was not written by
4 epidemiologists. And there are things in there
5 that could be --go all kinds of different
6 directions. And, in fact, the meeting started
7 off by going in all kinds of different
8 directions because of that.

9 But I think we realized at some point
10 that the survey was going to be a scientific
11 survey, that it was going to try to do the best
12 science we can with the survey, and that it was
13 going to be based on a literature review which
14 is in the feasibility assessment and also in
15 the protocol for the survey, draft protocol, so
16 it's in the same lit review in both places in
17 terms of what we know from the occupational
18 mostly, occupational literature about the
19 effects of these solvents.

20 And so that's how the survey was going
21 to be geared. We talked about the NAS panel
22 and how that could work in terms of reviewing
23 protocols for this survey as well as for the
24 future studies and the feasibility assessment.
25 And from what we've heard so far from the NAS

1 panel, it appears that they want to certainly
2 review the feasibility assessment and the
3 question is whether using them to also review
4 the other study protocols would be useful or
5 not.

6 And there's some pros and cons to that.
7 The pros are that it's always good to get their
8 input and their approval of what we're doing.
9 The cons are the timeliness of it and will it
10 hold up the survey. So we're not sure yet how
11 we want to use the NAS panel for these other
12 study protocols, but they do have the
13 feasibility assessment, and they are at least
14 planning to review that. So at this point
15 we're not sure about the other protocols.

16 We do go through a peer review process,
17 an outside peer review process, for each of the
18 protocols. And in that process I'm going to
19 try to make sure that we get the best
20 epidemiologists as peer reviewers. Sometimes
21 we haven't been able to get good peer reviewers
22 for our products at ATSDR, and it's a problem.
23 But I'm going to try to make sure that the
24 people reviewing these protocols are people
25 with a lot of experience in doing these kinds

1 of studies.

2 The kind of people who met back in
3 March, we pulled together epidemiologists, and
4 Dick was there and so was Chris Rennix, to
5 discuss these studies. We want that kind of
6 caliber of expertise in reviewing our protocol.
7 So we don't have to use the NRC panel
8 necessarily. It might be useful; it might not.
9 As I said, there are pros and cons.

10 Now we also talked about the 1999 to
11 2002 survey. That data is ready. We just have
12 to prepare a letter that we can clear the
13 agency that would go along with the letter to
14 these survey participants that explains how we
15 got their name, why did they participate in our
16 survey, and now they're being notified about
17 registrations.

18 **MS. RUCKART:** The letter is prepared though.

19 **DR. BOVE:** Yeah, the letter's prepared. But
20 through the clearance process we always want to
21 tweak it this way and that way, so we prepare
22 the draft and we'll hopefully finalize it by
23 the end of this month. So those letters can go
24 out to the 12,500-and-some people on the
25 survey.

1 See if there's anything else. Another
2 issue that was discussed and was another
3 comparison group from outside of Lejeune, the
4 protocols and the health feasibility assessment
5 mentions Pendleton. But that doesn't mean
6 we're fixed on Pendleton. We asked the Marine
7 Corps if Pendleton isn't appropriate to come up
8 with another base where we can get 50,000 or so
9 people who are very similar in all respects or
10 in most respects to the Camp Lejeune population
11 with one difference. They didn't drink
12 contaminated drinking water.

13 And so whether it's Pendleton, there's
14 some discussion that Pendleton's west coast and
15 the west coast Marines may be different from
16 the east coast Marines. I don't know. I'm
17 willing to entertain any base where we're sure
18 that the drinking water wasn't contaminated and
19 the Marines are similar to --

20 **MR. ENSMINGER:** Well, I know that back in the
21 day, back when all this was taking place,
22 people that were at Pendleton hardly ever got
23 aboard ship. The east coast people were
24 deploying all the time. We even had Caribbean
25 cruises back then and ^ . So the people at

1 Pendleton didn't ever see --

2 **DR. BOVE:** During the '75-'85 period, too, that
3 was the case?

4 **MR. ENSMINGER:** Yeah, yeah. And then you got
5 to be watching, watch out for crossovers, too.
6 People that were at Pendleton but had
7 previously been at Lejeune, which there
8 shouldn't be that many.

9 **DR. BOVE:** Well, we would deal with that by
10 saying that we have to know their entire
11 history. So we would say that since the DMDC
12 data doesn't give you any information before
13 '75, they'd have to have started at '75.
14 That's our stipulation in the mortality study,
15 too. They have to start in '75 so we can then
16 figure out where they went after that. So the
17 stipulation would be never have been stationed
18 at Camp Lejeune, but it may not be Pendleton.

19 Yeah, Tom?

20 **MR. TOWNSEND (by Telephone):** I'm an individual
21 that was at Pendleton. Lejeune, it was '65,
22 and I went out to Pendleton after Lejeune. How
23 are you going to find these people?

24 **DR. BOVE:** Well, maybe we should talk about
25 that because that's part of the discussion

1 about the survey and the future studies. And
2 this is a little complicated. So I'll try to
3 go through it and then if there are any
4 questions, we can go through it again.
5 The survey population is a much broader group.
6 It consists of people who will be in the
7 mortality study. That's the DMDC database of
8 210,000 or 222 Marines, 8,000 civilians.
9 Actually, some of those people won't be in the
10 mortality study. I'll get to that in a second,
11 but it includes all those people, plus people
12 who've registered for some other reason, that
13 they heard through the media or they're
14 dependents and they hear about it or something,
15 and people in our 1999-2002 survey.

16 There's some overlap in all of these.
17 That huge group there gets a survey. The
18 sooner they register the better so that most of
19 them get the survey and participate in the
20 study. But that's the health survey
21 population.

22 For the other studies we have to limit
23 it because it's not based on any interviews if
24 it's not based on any information other than
25 what's available from the DMDC database. The

1 DMDC database only has information on where you
2 were stationed from '75 on for active duty and
3 '74 to -- '74 I think it is, on, for civilians.

4 So the mortality study and the cancer
5 incidence data linkage study will have to be
6 limited to those people where we can actually
7 figure out where they were at all times,
8 whether they went to Lejeune, other bases or
9 whether we use Pendleton but any people came to
10 Camp Lejeune. We have that information in the
11 DMDC. So that's the populations in a nutshell.
12 We're going to discuss it more, but how we're
13 going to reach these people, Tom, is outreach
14 for the most part.

15 Anyone who's not in that DMDC database,
16 and the DMDC database is only people who were
17 active duty from '75 on. They could have
18 started before that, but that's all we have
19 computerized. So anybody like yourself who
20 served before that the only way we're going to
21 be getting those people is through outreach,
22 outreach, media work, whatever we can do to get
23 the word out.

24 **MR. PARTAIN:** On the subject of Pendleton I
25 believe that there's a public health assessment

1 for Camp Pendleton, and --

2 **DR. BOVE:** A draft, I think.

3 **MR. PARTAIN:** A draft, and that there was
4 trichloroethylene present at the base as well,
5 but I don't remember the details. How would
6 that affect --

7 **DR. BOVE:** My understanding is the drinking
8 water's pretty clean there. So that's why I
9 was thinking of Pendleton, but there are other
10 issues besides that. If the population's not,
11 if there's a more similar population, for
12 example, a base in North Carolina or a base
13 somewhere in the south, a base in the mid-
14 Atlantic that also has, is free of drinking
15 water contamination, that might be a better
16 comparison.

17 So I'm open. I just, Camp Pendleton's a
18 placeholder in there. We need a base. This is
19 coming out of the meeting we had with the
20 epidemiologists. We need a base where there is
21 no exposure to drinking water contamination.
22 Because of the cloudy nature, who's exposed and
23 who isn't or whether anybody has been exposed
24 at Camp Lejeune, there's still some question in
25 people's minds, many people's minds.

1 And it would be good to have a clean,
2 unexposed group as well. That's not the U.S.
3 population because the U.S. population is not
4 similar to Camp Lejeune. We need former
5 Marines to compare them to. So there may be
6 other things that went on at the meeting, but
7 there was pretty much agreement of the approach
8 of the protocol.

9 Which, when we do a survey, when you do
10 survey research, the key to increasing
11 participation besides having someone that you
12 respect or an entity that someone respects
13 asking for their participation, besides that
14 are incentives, monetary incentives sometimes
15 will be used. The most important thing is
16 contact over and over again with the potential
17 participants to get them to respond.

18 So what we talked about in the protocols
19 comes right out of the textbook on survey
20 research. It's not a new approach at all. You
21 send a letter out first to tell people a
22 survey's coming about two weeks before the
23 survey's coming. And then you send the survey
24 out. You could also use e-mail and have the
25 survey up on the web. We might do that, too.

1 After two or four weeks we send another
2 letter out thanking them for sending in the
3 survey if they did and encouraging them to send
4 it in if they haven't. And then another two-
5 to-four weeks --

6 Go ahead.

7 **MS. RUCKART:** As Frank was mentioning we have
8 this pre-notice letter to let people know that
9 something is coming that's just sort of brief.
10 And then about one-to-two weeks later they'll
11 get the full invitation letter with a copy of
12 the survey that will provide some more details.

13 And as Frank was saying, they'll also
14 get an e-mail if we have their e-mail address
15 just to have as much contact with everyone as
16 possible. Then about two weeks later everyone
17 will get a reminder-slash-thank you postcard.
18 So if you already turned it in, it's a thank
19 you. If you haven't, it's a reminder, please
20 do this. And for those with e-mail addresses
21 they'll also be getting the reminder-slash-
22 thank you e-mail.

23 Then about two weeks after that we'll
24 send a second letter with a hard copy survey in
25 case they misplaced the first one, but only to

1 out and mail back or go on-line, it could be a
2 few days. So it's really up through a three-
3 month process.

4 **DR. BOVE:** From the time you send the letter
5 right before you send the survey to the time we
6 stop trying to contact people is probably a
7 three-month window of time.

8 **MS. RUCKART:** And we've allowed about six
9 months for this process. If you look at our
10 timeline, we're going to start sending out
11 surveys to the large group in April, and we
12 have tentatively set the end date of September.

13 So that's more than the two or three
14 months we're talking about, but we're allowing
15 for having some incorrect addresses needing to
16 do some more tracing. So they're not actually
17 going to get it in April. They may not get it
18 until June, and then they still have those
19 three months for our whole follow-up process,
20 and we'd end in September.

21 But as Frank was mentioning before, all
22 of this is very contingent upon having very
23 complete notification efforts and registration
24 efforts. So if, during this process, we see
25 the registrations are still coming in pretty

1 heavy in high numbers, this process could be
2 extended beyond September.

3 That's why we're very hopeful though
4 because we're starting now, the six months
5 plus, prior to when we want to send the survey
6 out that we would have a very good effort
7 completed by the time we send the first survey.
8 And we could actually do this in the six months
9 that we've allotted for this process.

10 **DR. BOVE:** So maybe we should go through the
11 survey.

12 **MS. RUCKART:** Do you want to go through it or
13 ^?

14 **DR. BOVE:** Maybe we should just, you know, go
15 through it.

16 **MS. RUCKART:** Well, first of all let me just
17 say that the one that we e-mailed to you a few
18 weeks back has gotten tweaked a bit. So the
19 one I handed out today is our most current
20 version, and it's only gotten tweaked by about
21 one or two questions which I can explain to you
22 and highlight where that is.

23 And the one I handed out today, this is
24 the most current one as I said. Now, recognize
25 that it is subject to change slightly, not

1 really in the content, but just some changes
2 that may come up because this has to undergo,
3 first of all, we're going to be getting
4 comments from DOD. Second of all, we'll be
5 getting our peer reviewers' comments ^ NAS or
6 just separate peer review. We also will be
7 getting comments from OMB, the group that
8 reviews any surveys that contact more than nine
9 people, and also our internal IRB,
10 Institutional Review Board, when you contact
11 live participants. So it is subject to change
12 slightly. Hopefully, they won't have anything
13 substantial.

14 So the first page just gets the contact
15 information. Information that we would need to
16 be able to link up with any health records
17 basically, and also for just contacting people
18 in the future should that be necessary.

19 **MS. BRIDGES:** You said health record. What do
20 you mean?

21 **MS. RUCKART:** So if, later on you'll see that
22 we're asking questions about your health,
23 certain diseases that you may have had. And we
24 need to verify that you have them. So if you
25 report that you had breast cancer let's say, we

1 would like to get some kind of medical
2 confirmation that you have that.

3 So we're asking you to provide us with
4 the hospital where you were treated, a doctor
5 who treated you, and then we're going to be
6 giving you with the survey a medical release
7 form. When you sign that, that will give us
8 the authority to contact that doctor or that
9 hospital and ask them to share your health
10 records with us. We can't get those health
11 records without you signing that medical
12 release authorizing us to have those records.

13 So then hopefully you would sign the
14 release. You would indicate to us, yes, I have
15 breast cancer. I was treated at whatever
16 hospital, and then we would contact them and
17 get some proof that, yes, you were treated for
18 this and then we would count it as a verified
19 case.

20 **MS. BRIDGES:** Okay, there's a woman that was,
21 well, her and her family, stationed at Camp
22 Pendleton, and then they moved to Lejeune. He
23 was transferred to Lejeune. He has since died.
24 She married again, divorced, two children, and
25 she's got a problem with her son, the one that

1 had the first trimester there at Lejeune.
2 She's had a lot of problems with him. So I
3 asked her to try and get his records. The
4 doctor's no longer practicing. They can't find
5 the records. Is the state required to keep
6 those records?

7 **MS. RUCKART:** Well, first of all --

8 **MS. BRIDGES:** This is like from the middle '70s
9 and we're talking about the old hospital at
10 Camp Lejeune again. But her own personal
11 records with her private physician when they
12 left Lejeune, those would be in the middle of
13 the 1970s.

14 **MS. RUCKART:** Well, you'll see as we go through
15 the survey, there's certain conditions where we
16 are going to be asking for medical records, and
17 certain ones where they just won't exist. So
18 at that point you'll see they won't be able to
19 be verified, and we'll just be running
20 frequency. But let's get into it, and I think
21 it'll be more easy for you to understand.

22 The first page there's some demographic
23 information, contact information, identifying
24 information about the subject. Again, that
25 continues on page one. You're asked about

1 race, ethnicity, and your educational --

2 **MR. ENSMINGER:** I've got a question for you on
3 that race. Why are you singling out Hispanic?

4 **MS. RUCKART:** Why haven't we singled out
5 Hispanic?

6 **MR. ENSMINGER:** Why are you?

7 **MS. RUCKART:** That's for the ethnicity
8 question, number two?

9 **MR. ENSMINGER:** Yes.

10 **MS. RUCKART:** It's just I think a standard way
11 that --

12 **DR. BOVE:** It is the standard way, yeah.

13 **MS. RUCKART:** -- we analyze people in terms of
14 their race.

15 **MR. ENSMINGER:** Why not include it in question
16 one?

17 **MS. RUCKART:** Because it's not a race.

18 **MR. ENSMINGER:** Hispanics?

19 **MS. RUCKART:** It's not a race because you could
20 be a Caucasian Hispanic. You can be a black
21 Hispanic. It's not a race. It's just the way
22 they classify, a standard type of thing.

23 **DR. BOVE:** It's not satisfactory whatsoever. I
24 agree with you on that, but this is ^.

25 **MS. RUCKART:** Anyway, here's where there was a

1 change from the previous version that we e-
2 mailed to you a little while ago, number four.
3 So we want to find out where you were living
4 when you were active duty. Previously we were
5 thinking of possibly getting your addresses
6 from when you were at Camp Lejeune forward to
7 times present. But as we can get into it or
8 that won't really be necessary in terms of
9 linking you for health records.

10 So if you were not active duty at Camp
11 Lejeune, you don't have to answer this question
12 about where you lived. But if you were an
13 active duty Marine or Navy personnel at Camp
14 Lejeune, we want to know some information so we
15 can assign you to a housing area, whether or
16 not the barracks or family housing and then
17 assign you your exposure status based on water
18 modeling. So you would answer that question.

19 Then number five would be answered by
20 people who were not active duty at Camp
21 Lejeune. That would be Camp Pendleton or
22 comparison population, the dependents and the
23 spouses and the civilian employees. So for
24 number five if you're the spouse or the
25 dependent, we want you to give us the name of

1 your sponsor so that we can then link you back
2 to your sponsor's family housing records and
3 assign you an exposure in the same way. And
4 then you would also fill out where you lived,
5 but we still want to know who your sponsor is
6 so we can get quote/unquote proof from our
7 housing records. But, of course, if you were a
8 civilian worker, we'll have your location code
9 from the DMDC, and we'll know where you were
10 stationed on base.

11 **DR. BOVE:** No, we will know --

12 **MS. RUCKART:** I'm sorry, not where you were
13 stationed, where you were working. Where your
14 unit was located on base.

15 **MR. ENSMINGER:** MOS.

16 **DR. BOVE:** Yeah, your MOS, and from that we'll
17 have to figure out where you were on base.
18 There's no data where you were on base.

19 **MS. RUCKART:** And then obviously for Camp
20 Pendleton we don't need to know where they
21 lived at Camp Pendleton, ^, it's the unexposed
22 group.

23 So getting into medical history, we are
24 going to be asking about diseases, medical
25 conditions and illnesses that they had when

1 they were first stationed, employed or living
2 at Camp Lejeune or the comparison population.
3 And anything that happened before you were on
4 the base can't really be associated with the
5 base because it happened before you were
6 potentially exposed to the water.

7 So since you were first stationed,
8 living or employed there we want to know if you
9 had any kind of cancer. If you did, you select
10 from this list.

11 **MR. PARTAIN:** If you can't select one, what
12 happens if, say I've got a brain cancer --

13 **MS. RUCKART:** There's a place to indicate more
14 than one, but you have to start somewhere, so
15 we're starting with your first one. And then
16 we want to get some specific information from
17 you so that we could link you up with some
18 records and identify, I'm sorry, confirm your
19 reported cancer. So we want to know how old
20 you were. So that will tell us basically the
21 year because we'll have your birth date. We'll
22 be able to identify what year. We need that
23 when we're asking for records. That helps. We
24 want to know if it's a primary cancer.

25 The state you were living in. The

1 reason we need to know that and the year you
2 were diagnosed is because depending on what
3 year it was, we could go back to cancer
4 registries and get information. Cancer
5 registries have started at different times in
6 different states, so whether we can do that or
7 not depends on the state you lived in when you
8 were diagnosed, but that's a possibility.

9 And then we also want to know the doctor
10 and the hospital involved in your treatment.
11 Because if there is no cancer registry in the
12 state at the time that you were diagnosed,
13 that's another avenue. We can try to get some
14 medical records from the provider or the
15 hospital.

16 So, Sandra, that's why we need that
17 information, your social security number, date
18 of birth, things like that.

19 There's a place to indicate the second
20 cancer you had, and god forbid, more than that.
21 And then with question seven we're asking about
22 kidney disease, and basically the same types of
23 things in terms of locating information for
24 that, the doctor and the provider that treated
25 you so we can try to get some medical records.

1 The same thing for liver disease and
2 lupus and scleroderma, and I just want to point
3 out the reason that we're mentioning some of
4 these diseases by name is because the
5 literature suggests that there's a reason to
6 believe that these are associated with the
7 chemicals we're finding. So we're focusing on
8 the ones where it's expected that these
9 diseases are related to the solvents at Camp
10 Lejeune.

11 **DR. BOVE:** Yeah, the lit review is in the
12 protocol for this and in the feasibility
13 assessment. So it's pretty much the same lit
14 review.

15 **MS. RUCKART:** Again, other diseases that we're
16 going to be asking about, Parkinson's disease
17 and, okay, here's where it gets kind of
18 different, where we can't actually, well, the
19 skin rash so we're trying to make sure that we
20 can find out about skin rashes that were
21 associated with TCE. Because it's not as cut
22 and dry with skin rash as let's say cancer,
23 trying to get some information on verifying
24 that you had cancer and Parkinson's disease or
25 something like that. So we're trying to ask

1 some specific questions that will kind of
2 separate out non-TCE-related skin rashes and
3 TCE-related skin rashes.

4 **DR. BOVE:** And actually, I think it was the TCE
5 blog where they listed the skin disorders that
6 -- it's also in scientific literature -- that
7 TCE blog I think had this description of four
8 skin disorders in particular that ^ appearing
9 in the occupational literature. ^ as possibly
10 associated with trichloroethylene exposure. So
11 they actually can go to the TCE blog and see
12 the four. One is called exfoliated ^
13 dermatitis, erythema multiforme -- I don't know
14 if I'm pronouncing these right -- Stevens
15 Johnson syndrome and ^. But there were four of
16 them. A lot of them involve not only the skin
17 but other organs and usually the liver is
18 involved. And there's so much of what happens
19 when you get the drug-induced hypersensitivity
20 reaction. They're similar to that, but they're
21 not the same. But so you go to the TCE -- I
22 think that's where I saw this, or you go to the
23 scientific literature. But these are the four
24 skin disorders. So it's not just any skin
25 disorder. It's these particular ones that

1 we're really interested in. But since a person
2 may not know or they may be called by another
3 name, we want to get the information on the
4 rash --

5 **MR. BYRON:** Or they may not be able to spell
6 it.

7 **MS. RUCKART:** But as Frank was saying, people
8 might not know the names so that's why we're
9 asking about the symptoms. And these symptoms
10 kind of link up with those specific diseases.
11 And so if you tell us the symptoms and then we
12 go and get some health records, we'll hopefully
13 be able to know it's one of those or something
14 else. So we're also asking about aplastic
15 anemia and some locating information in terms
16 of treatment and diagnosis for that condition.

17 And then we have on question 14 which is
18 a space for people to report any other health
19 concerns that are not covered by these
20 questions above. Now the questions six through
21 13 detail some very specific conditions. We're
22 asking some very detailed information so that
23 we can link back with your medical records.
24 And as we mentioned, those were based on the
25 literature suggesting that there is an

1 association in occupational populations with
2 the solvents at Camp Lejeune.

3 Now, because there may be other
4 conditions that are being experienced by people
5 ^ at Camp Lejeune, we want you to report those,
6 but it's just not necessarily or not probably
7 very likely that we'll be able to get medical
8 records for those. But we still want to know
9 about them, and that's why we have question 14.
10 I will tell you though we are asking the
11 question 15 about some reproductive problems.
12 But that's ^ separately because only the women
13 would answer that.

14 **MR. PARTAIN:** Reproductive issues, I am, and I
15 know we are hearing a lot of reproductive
16 problems coming from both men and women. In
17 men, and there's some EPA literature back in
18 the '80s talking about TCE affecting the
19 epididymis and epididymitis showing up. And
20 I've talked to quite a few people including
21 myself who have that issue. And also with
22 women endometriosis and cysts on the ovaries.
23 And there's quite a few people with that.
24 Shouldn't that be something we break out
25 separately, too?

1 **MS. RUCKART:** Well, one reason why we're only
2 asking the reproductive history of women only
3 and not men is because we don't want to double
4 count. Let's say you and your wife both report
5 there's a spontaneous abortion, which is a
6 fancy word for miscarriage, we don't want to
7 double count it so if we ask the women...

8 **MR. PARTAIN:** I'm talking about reproductive
9 disorders that are specific to men and women,
10 not child or an abortion, but a reproductive
11 disorder in men and reproductive disorders in
12 women that are showing up in association with
13 these chemicals. Endometriosis of men -- I'm
14 sorry. Endometriosis of women and ovarian
15 cysts. We're getting all kinds of people
16 describing it.

17 It's almost we hear getting together
18 with women on the base and in their 30s they
19 end up with a radical hysterectomy and cysts on
20 their ovaries. And then with men we're
21 hearing, I can include myself, epididymitis or
22 the tubing above the testicle becomes swollen
23 and infected and --

24 **MS. RUCKART:** Well, I'll take a stab at what I
25 think and then Frank ^. I would say that it

1 wasn't seen in the literature, so we're not
2 specifically targeting it. But if we see a lot
3 of people reporting this in question 14 here,
4 we can certainly, everyone's signing a medical
5 release form, we can certainly see what we get
6 in question 14 and pursue that at that point.

7 It's not totally off the table, but
8 we're just focusing mainly on these other
9 conditions. But we're still allowing for
10 reports of anything that people want to tell us
11 about.

12 **MR. PARTAIN:** But that's something we're
13 telling you now as a community. We're seeing
14 it. And get it on the survey, and people may
15 not make that association when they're filling
16 it out. To be honest with you I didn't even
17 remember about the epididymitis on my part
18 until I started talking to people.

19 I found a guy in Hawaii who lost a
20 testicle to it, and there's a gentleman in
21 Tallahassee who was born at the base, and he's
22 had bouts with it all through his life. Oh,
23 yeah, I had that, too. At 13 I had to go to
24 the doctor and I ended up having a cyst. I
25 mean, it is something that shows up, and it's

1 in the EPA literature ^ COW document discuss
2 the chemical showing up in the vas deferentia.

3 **DR. BOVE:** Well, again, this is based on a lit
4 review on the human data. We can expand that
5 lit review. Look at other animal data to see
6 if that tells us something different. I didn't
7 have time to do a full review of the animal
8 literature. This wasn't a tox profile. The
9 EPA actually has a draft PCE assessment which
10 looks at all the literature, both animal and
11 human, and there's a committee, NAS panel,
12 looking at that. Either it's constituted or
13 will be constituted soon through a deal with
14 the EPA.

15 The evidence beyond spontaneous abortion
16 for PCE and male reproductive effects is not as
17 strong on the human data. And so it is
18 mentioned in the lit review we did, but there's
19 very little evidence at this point. So that's
20 why it didn't make it on here. I'm willing to
21 review other materials. If people want to send
22 them out, I'll do another look and see on this
23 and see if it warrants it.

24 There are other conditions that people
25 have told us about as well. We've been told

1 about a whole plethora of diseases. We can't
2 do that. It sort of has to focus. But we did
3 want to put a catchall question in here so
4 people could put these kinds of disorders that
5 haven't been looked at probably, and that's why
6 we don't know whether they're related to PCE or
7 TCE or not.

8 Remember though, almost all the
9 literature for occupational exposures, and
10 that's not quite the same as a drinking water
11 exposure, there are similarities; there are
12 differences. So keep that in mind when we're
13 reviewing this. And also, animal data can tell
14 us some things useful. And again, send me the
15 material. I also will be looking at your
16 concern about this particular ^.

17 But we do know from the occupational
18 literature, we have seen in the occupational
19 literature that spontaneous abortion has come
20 up in studies applied to the workers. And so
21 we wanted to make sure we captured that because
22 there are studies out there that indicated that
23 it may be associated with dry cleaning and PCE
24 exposure.

25 And the way to deal with that question,

1 because it's difficult to confirm spontaneous
2 abortion with medical records, is to ask two
3 additional questions. And one was did you have
4 a positive pregnancy test before the
5 miscarriage. And was the miscarriage confirmed
6 by a physician.

7 When you ask those two questions along
8 with the question of whether you had a
9 miscarriage or a stillbirth, it appears that
10 you get a better, more valid answer from them.
11 So it was suggested in the literature, and we
12 included those two questions. So that's there.
13 The other questions sort of follow along with
14 the reproductive history so we included those,
15 too.

16 If there are other, not only this issue
17 about male-female reproductive ^ on here, but
18 if there are other diseases that people feel
19 that were not being covered by this survey, it
20 should be because there's some evidence, either
21 animal or human evidence, that there's an
22 association with TCE or PCE or any of the
23 solvents for that matter, bring it to our
24 attention if you find. We want to look at it,
25 too. And that includes the audience, too. If

1 you come across literature that we aren't aware
2 of, it's not mentioned in the lit review,
3 again, the lit review is just on the human
4 data.

5 I looked over the EPA's document and
6 what we say and what they say about the human
7 data is pretty darn close, and the same study's
8 mentioned. So we've covered that pretty well.
9 But I don't cover, we didn't cover, animal
10 data. We just don't have the time to do that.
11 That requires a toxicologist, and I'm not a
12 toxicologist and neither is Perri. And we need
13 a toxicologist to do that.

14 That would be something that our agency
15 would give us a tox profile, and we haven't
16 updated the PCE or the TCE tox profile. I wish
17 we would, but we haven't. We do have the NAS
18 panel's TCE report, and we did use that as
19 well. So there's that out there, and it's too
20 bad there isn't an equivalent report like that
21 for PCE. That will be coming but not before
22 this survey goes out I'm pretty sure. So most
23 likely it will be out after.

24 **MR. ENSMINGER:** Is this going to be a two-year
25 panel, too?

1 **DR. BOVE:** I don't know. I don't know much
2 about the panel. All I know is a few of the
3 people who might be on it, and I don't think
4 they've met yet as far as I know. And I have
5 seen parts of this PCE assessment. I have the
6 whole assessment, but I've only had time to
7 look at the human data, and I focused on that
8 because that's what I was ^.

9 **MR. ENSMINGER:** Well, they're going to extend
10 this one beyond Bush's reign so when they do
11 make a recommendation somebody will do
12 something about it.

13 **DR. BOVE:** Right, I think it takes awhile for
14 them to do the review. It would take us awhile
15 to do, run through a tox profile, too. It's
16 something we contract out, and it takes awhile
17 to do. We wanted to get something out there
18 quickly that would summarize what we know at
19 least for the human data.

20 Again, if there's something in the
21 survey you feel is not there, should be there,
22 and you know there's some evidence or some
23 suggestive evidence or whatever, bring it to
24 our attention, and we'll continue to do that.

25 **MR. PARTAIN:** Another thing we hear a lot about

1 is thyroid, hypothyroidism, hyperthyroidism, of
2 course, thyroid cancer which I saw on the site
3 yesterday.

4 **MS. RUCKART:** One thing I want to mention is,
5 we talked about this a bit at our previous
6 meetings, is strong science, credible science.
7 So the study will be more highly regarded and
8 have a lot more weight if we are focusing on
9 conditions that can be verified. So we have to
10 keep that in mind.

11 There's a lot of things that people can
12 report, and while they may be happening,
13 they're just for various reasons there aren't
14 going to be any kind of record. So we can, of
15 course, report on them just in a general type
16 of way, like a frequency. Oh, you know, some
17 of these people reported this or that.

18 But the study is going to be strongest
19 with those conditions that can be verified.
20 And I think that's what everyone wants to see,
21 a very strong study so those conditions will be
22 handled a little bit differently than ones
23 where there just are not records. We can
24 still, of course, do as much as we can, but
25 there's only so much we can do with those.

1 **MR. PARTAIN:** But both of those like the
2 reproductive issues, there's medical records
3 out there because they're conditions that have
4 to be treated, and with the endometriosis a lot
5 of women end up having hysterectomies. I mean,
6 if it's there, and it's showing up, and there
7 are data coming in on it, I just want to make
8 sure that's captured.

9 **MS. RUCKART:** I guess I wasn't only talking
10 about a particular disease. But I mean, just
11 in general people are reporting diseases, even
12 cancers. If we can't verify it, then we can
13 report on one list we got X many people say
14 they have whatever. But the analysis is really
15 going to have to focus on the verifiable ones.
16 The verified ones I should say because that
17 will make the study strongest, and everybody's
18 looking at the study with a very critical eye,
19 and we need to make it like foolproof
20 basically.

21 **MR. BYRON:** So is when -- this is Jeff Byron.
22 Is the Marines and their dependent family
23 members in that answer to this questionnaire,
24 are you wanting them to provide medical records
25 then at the same time because that can get --

1 **MS. RUCKART:** If you have them --

2 **MR. BYRON:** -- ^ for you guys as far as that.

3 **MS. RUCKART:** If you have them, then by all
4 means, yes, send them in.

5 **MR. BYRON:** And if there's 500 pages and two
6 pages out of there can explain --

7 **MR. ENSMINGER:** All you need is the page where
8 you're diagnosed.

9 **MR. BYRON:** I just want to clarify.

10 **MS. RUCKART:** We wouldn't need all the records,
11 just the page that says, yes, I treated so-and-
12 so, and this date you were diagnosed with
13 whatever it is, yes, that would be sufficient
14 for our needs here.

15 **MR. STALLARD:** Who pays for that to be sent
16 back?

17 **MS. RUCKART:** Well, we're requesting funds from
18 the DOD and as part of the three million ^
19 health survey that includes, you see it right
20 here, 5.7, obtaining medical records to confirm
21 self-reported diseases. So we're requesting
22 funds for that process.

23 So after we get through the section on
24 the health, we're going to be asking about your
25 work history because while you were at Camp

1 Lejeune or even after, you may be exposed to
2 different chemicals that are related to
3 diseases. So we need to consider that when we
4 do our analyses, what other things you've been
5 exposed to that may influence any health
6 outcomes that you have.

7 And then just some standard questions.
8 You're asked about your smoking history and
9 alcohol history. We factor that in when we do
10 our analyses. And that's it.

11 One thing I want to say, this format
12 that we have here, this is just for content
13 only. I mean, this is maybe not so easy for
14 filling it out, you know, the tables don't have
15 a lot of room. But this is just for content
16 only.

17 When we actually have this sent out,
18 it'll be formatted in a user friendly way with
19 plenty of space to write down, to put things
20 that you want to report on. So please don't
21 hold that against this version that we have
22 here.

23 And, of course, the web-based version
24 will look really nice. You can scroll as far
25 as you need to, type as much as you want.

1 **DR. CLAPP:** At the beginning you have a
2 statement. It's estimated to average 45
3 minutes per response. Where does that come
4 from?

5 **MS. RUCKART:** Okay, well, we had some people in
6 our office take the survey, and we just put an
7 average. I mean, you know, it could be more
8 than that; it could be less. And so the
9 average is 45 minutes. Just the time it takes
10 to fill it out. So if you happen to
11 unfortunately have a lot of health conditions
12 or maybe you worked in a lot of different jobs,
13 it will take you longer than somebody who never
14 worked and has a pretty good health outlook.

15 **DR. CLAPP:** Just want to follow up on that same
16 thing, so if somebody starts it and said this
17 is taking too long. I'm not going to do this.
18 Do you have a way of trying to coax them back
19 into it? Is that one of the follow up phone
20 calls?

21 **MS. RUCKART:** So if they start it, and they
22 don't fill it out and we don't get it back,
23 then ^ if they didn't respond. So we'll keep
24 after them, and they'll have the phone calls,
25 and then when the telephone staff call them,

1 they'll be encouraging people to respond. And
2 there's going to be some training provided and
3 Q&As and the telephone staff will be
4 encouraging. So if a person says, well, I
5 don't, it's taking me too long, or why is this
6 important, why should I do this, there'll be a
7 response provided to tell them why it's
8 important. Please do those.

9 **DR. CLAPP:** But you don't walk them through it,
10 right? It's not --

11 **DR. BOVE:** But the web-based one could be
12 certainly engineered so that they can fill out
13 part of it and then come back to it. We'll
14 need to engineer that in. So it's harder to do
15 that. We can't do that with a mailed survey.
16 We can do it with a web-based one.

17 **DR. CLAPP:** You could say that halfway through.

18 **DR. BOVE:** Yeah, we want to do that, and for
19 the --

20 **MS. RUCKART:** You can do that with paper. You
21 can start filling it out and take a break --

22 **DR. BOVE:** Yeah, I know. That's true, but the
23 web-based thing could actually encourage you to
24 --

25 **MS. RUCKART:** To save it for later.

1 **DR. BOVE:** -- save it for later if it's getting
2 too burdensome. You could put that in the
3 language here, too, but that wouldn't be a bad
4 idea, to encourage them that way.

5 **MR. BYRON:** You might need to tell them to make
6 copies before they start.

7 **DR. CLAPP:** They start and make a mistake and -
8 -

9 **MR. BYRON:** I have others in my family who made
10 a mistake.

11 **MS. RUCKART:** And that's the thing, you said
12 there are others in your family. That's the
13 thing. We really wanted to discourage you from
14 copying it and giving it to others. We would
15 rather have you, have each of those people
16 register, and they get their own. Because
17 otherwise it will be difficult for us to
18 calculate the participation rate. So that is
19 one thing. Please, please don't share with
20 others. Just encourage them to register, and
21 they'll get their own and will be accounted for
22 in that way.

23 Just to give you some sense of where we
24 are in this process, I submitted this for OMB
25 clearance. That's the longest approval process

1 that we're up against here. And there's
2 something that's necessary before OMB will
3 review it, called a 60-day Federal Register
4 notice. And hopefully, that will be published
5 shortly.

6 It is pretty tight to get this ready to
7 go by January, but I was meeting with our OMB
8 liaison here, and she told me it is doable. I
9 mean, she and I met a few times, and we're fine
10 tuning our package, and hopefully it will go to
11 our internal CDC OMB officer later this week or
12 next week. And then once the 60-day Federal
13 Register notice is published, I guess at that
14 point it can go up to the OMB, outside OMB.

15 **DR. BOVE:** And don't feel like you have to
16 comment on this today. Take it home with you
17 and look it through. Look through the protocol
18 if you have time and provide comments. That's
19 for everybody here including the audience. We
20 want comments. We want to make this a survey
21 that everyone feels good about and is also a
22 scientifically rigorous survey.

23 **MS. RUCKART:** Mike Partain was wondering about
24 the situation where a spouse, a wife, was
25 married to a Marine who has died, so how's he

1 going to get the survey. So we have a
2 mechanism for that, next of kin, which when I
3 get e-mails from people who say, my husband was
4 there, and he died, and what can I do, I tell
5 them to register with the Marines and say they
6 want to receive the survey as next of kin. So
7 we would like to have the spouse fill it out
8 and give us information so that Marines'
9 illnesses and health information will be part
10 of our survey.

11 **MR. PARTAIN:** Adding to or asking what you're
12 saying there, on the literature that's going
13 out to these families of these Marines, are we
14 spelling out or are they spelling out that each
15 member of the family, deceased or not living --
16 deceased or living -- be registered so they get
17 their individual survey? We're getting
18 questions on that.

19 I know people have called me, and it's
20 usually the service member that's registered
21 and not the spouse or the families and stuff
22 like that, and they think that they're covered
23 that way. What I'm understanding what you're
24 saying they need mom, child one, child two,
25 child three and then dead child four to

1 register. Everybody needs to register.

2 **MS. RUCKART:** Right. We talked about that a
3 little bit earlier with Scott. He said that
4 the letters that they have prepared to go out
5 in August, they're already printed. We can't
6 change them, and they can't change them. But
7 on their website, I mean, everyone who gets the
8 letter is going to be directed to the website
9 or the call center to register.

10 At that point that's where the
11 information will be out there, and every member
12 of your family who was there should register on
13 their own, and any new letters that go out will
14 specifically state that. Like the letters
15 going to the people as part of the, who were
16 part of the '99 to '02 telephone survey that
17 the USMC is going to mail out will specifically
18 say, have all your family members register. So
19 there's a process for that.

20 **MR. PARTAIN:** It's my understanding that you
21 guys that that's going to be addressed when
22 people call in. Jane Doe, and her and her
23 children are going to get picked up, too.

24 **MR. WILLIAMS:** The call center already knows
25 and it's going to be updated on the website in

1 the next website update and any subsequent
2 letters will stipulate it.

3 **MR. PARTAIN:** Because that's one of the common
4 questions I get, too, is what about my family.

5 **DR. BOVE:** Another source of next of kin
6 information is going to come out of the
7 mortality study which we can talk about next
8 when we get, if there are any more questions
9 about this. But in the mortality study we ^
10 quickly then.

11 In the mortality study we will attempt
12 to get death certificates for everyone who died
13 in that cohort at least. And from the death
14 certificate there is a line where you get next
15 of kin information. Now, that's not
16 necessarily always filled out or accurately or
17 whatever, but that will be another source of
18 information on next of kin.

19 **MR. BYRON:** And just a comment, you know, we're
20 talking about registration, and I do know that
21 we correct it on our website as far as
22 registering with the Marine Corps because we
23 want our participants on our website to
24 register with the Marine Corps. But I do know
25 that Water Survivors is still reluctant to do

1 that, so I don't know how you're going to
2 encourage -- because it's the issue of
3 transparency. It seems like it's getting
4 better, but I mean, time will tell. But those
5 people are going to get left behind.

6 **MS. RUCKART:** What is happening is some of
7 those people are feeling more comfortable
8 coming to us, ATSDR, so when anyone sends me
9 their address, I put it in a file, or folder
10 rather. And after I get so many I send them in
11 batches to the USMC, so they're getting
12 registered.

13 **MR. PARTAIN:** So they are? Okay, good. So
14 they can go to both places.

15 **DR. BOVE:** Yeah, well, they can, but we're not
16 encouraging them. We would like them to go to
17 the Marine Corps website because we don't have
18 the staff. We haven't created the staff for
19 that purpose, but we can capture. We can
20 capture and so if they insist on contacting us
21 instead. I've spent quite a bit of time
22 talking with representatives from Water
23 Survivors over the last two, three months. And
24 I think I've gotten somewhere with them, but
25 they still feel that they, fearful of that. So

1 some lawyer must have told them somewhere that
2 they would be giving up some of their rights.
3 I keep telling them that that lawyer is an
4 idiot, but also that I'm not a lawyer so you
5 never give up your rights by just giving
6 someone your name and address. But that's
7 fine. If they come to us, it'll get to --

8 **MR. BYRON:** And that's what's important.

9 **MR. STALLARD:** Just for my own understanding,
10 do they know that it's forwarded to Tom for
11 them to get --

12 **DR. BOVE:** Yeah, they know.

13 **MR. BYRON:** So I don't understand the issue.

14 **DR. BOVE:** That's fine. I don't care about the
15 issue. I don't care how it happens as long as
16 it happens, happens quickly, completely, that's
17 all I care about.

18 **MR. STALLARD:** And you batch them, and it gets
19 over and they get registered?

20 **DR. BOVE:** Yeah.

21 **MS. BRIDGES:** Well, the other website, our
22 website said the same thing originally.

23 **MR. BYRON:** Originally, yeah, 'cause that's
24 transparency. But we talked about it.

25 **DR. BOVE:** We'll work with it.

1 **MR. STALLARD:** All right, is there anything
2 else on the whole survey business?

3 (no response)

4 **MR. STALLARD:** This is a big deal. Is there
5 any previous health survey of this magnitude
6 that's sort of a template to follow in this
7 regard?

8 **DR. BOVE:** Not that I know of.

9 **MS. RUCKART:** ^, Frank.

10 **DR. BOVE:** Millenium cohort's not as big as
11 this. There are opinion surveys that are done
12 by Gordon* and others, but I think this is far
13 and away, except for the census itself, right,
14 this is the biggest that I've ever known.

15 **MR. STALLARD:** We might as well keep you. I
16 think you're doing a good job.

17 **DR. BOVE:** Actually, there are a number of
18 firsts probably in this whole effort. The
19 water modeling is pretty much a first. The
20 health survey is definitely a first. The
21 notification effort as far as I know is a
22 first, and the cancer incidence data linkage
23 study will definitely be a first if we can get
24 50 state cancer registries to even work with
25 us.

1 **MR. WILLIAMS:** The IRS said this would be the
2 largest mailing they've ever done using this
3 program. So that's definitely a first.

4 **MORTALITY AND CANCER INCIDENCE STUDIES**

5 **DR. BOVE:** So there are a lot of firsts here,
6 and our mortality study I don't know if it's
7 the biggest, but it's a big one. I don't know.
8 I can't remember how big the agent orange ones
9 were, that would probably be --

10 **MR. ENSMINGER:** They would be bigger.

11 **DR. BOVE:** -- but we're talking that magnitude
12 here. We're talking, again, somewhere around
13 the vicinity of 200,000 active duty Marines and
14 civilians plus 50,000 additional with people
15 from another base. And the way again this
16 works is they have to have started in '75 or
17 later. If they started before '75, we don't
18 know where they were before '75. And since
19 this is just using available data, we're not
20 interviewing; we're not doing any contact with
21 the person, all we have is that DMDC database.

22 We have to start with people who started
23 in '75 or later, and then we know where they
24 were. And from the DMDC database, we've been
25 through this before, you get a social security

1 and the veterans' database, and there's one
2 other database as well, in a coordinated
3 fashion, you pick up not only what the National
4 Death Index would pick up anyway, but you could
5 also pick up overseas deaths. So that's the
6 approach we're going to take. We're going to
7 get a contractor to do that.

8 Once we find out the person's died, we
9 find out where they died as well. And then we
10 bring that information to the National Death
11 Index, and then they can tell us cause of
12 death. And then we go to the state death
13 certificate. So that's the approach there.

14 So I don't know how many people will be
15 in the mortality study because we have 210,000,
16 210,222, but not all of them started in '75.
17 Probably 25, 30 percent of them probably
18 started before '75, so that number will drop to
19 some extent. And it's similar with the 8,085
20 civilians. That will drop to some extent, too,
21 but we still have plenty of people to look at
22 cancers as well as other causes of death.

23 Keep in mind the key limitation of a
24 mortality study is it looks at deaths, and that
25 people do not necessarily die from their

1 cancers or other causes of ^. And so that is a
2 major limitation to a mortality study. On the
3 other hand diseases are verified, we have
4 verification that they had, that they died of
5 these things, and that's the strength of a
6 mortality study.

7 So given that limitation though, we then
8 were trying to find a way to look at cancer
9 incidence because, again, you don't necessarily
10 die of cancer. And what would be the best way
11 to do that. And one way is to use the survey
12 itself.

13 And if the survey has a participation
14 rate of over 65 percent -- of course, OMB wants
15 it to be 80 percent -- but if you can get over
16 65 percent participation rate, you're doing
17 really well. And if we can confirm those
18 diseases, we're doing really well. And that
19 may be all we need to do is use the survey data
20 itself.

21 However, the experience of survey
22 research is that you often do not get that high
23 a participation rate. You often have
24 difficulty verifying the diseases, and it's
25 open to question about who's participating and

1 who isn't.

2 Is it the people only participating the
3 people with the diseases, and they were never
4 exposed. And the people who aren't responding
5 are the people who don't have diseases and so
6 on. So those kinds of biased questions that
7 were swirling around the survey, then it's not
8 as effective a piece of scientific information
9 as we want.

10 So the other approach, which is a first
11 again, because there is no national cancer
12 registry in this country unfortunately. Some
13 other countries have, but we don't. What we
14 have are 50 states, 50 cancer registries plus
15 some sub-parts of states have cancer
16 registries. We have a mess out there.

17 They all have data from 1997 onward.
18 Before '97 some do, some don't. So it didn't
19 start until '97. And so no one has tried, as
20 far as I know, to get cooperation from all 50
21 states, all these registries, and do a data
22 linkage study, what we're proposing. So it may
23 not work. I have no idea whether it will work.

24 The only experience, there is I think
25 one example where there ^ data was linked with

1 cancer registry data across the country, and
2 somehow that happened without having to get the
3 participation of all 50 states. I don't know
4 how it was done. But I know we can't do that.
5 We have to go through every state and deal with
6 their particular rules and regulations. So
7 this is the difficulty of that study. If we
8 can get most of those states to participate,
9 then the data linkage study will be useful.

10 If the health survey works, and this is
11 the argument that we've heard from the
12 Department of the Navy, for example, why are
13 you doing the data linkage study. Why not just
14 do the survey? And that's a good question.
15 And the answer is just so we have a backup in
16 case the survey doesn't work.

17 With that kind of answer though then
18 they'll say, well, why don't you wait until the
19 survey's done to see how it works before you
20 start the data linkage study. And that's a
21 good point, too. And the answer to that is
22 what we can do in the meantime is discuss this
23 with all 50 states using both our own CDC
24 Cancer Division people. We're going to meet
25 with them soon as well as another group of

1 called NACCR and see if we can't gain the
2 participation of most, if not all, of the
3 cancer registries.

4 So we can do that as we're working on
5 the survey. And so that's what we propose to
6 see if that flies. It wouldn't cost much
7 money. It would just cost staff time really to
8 pursue this. If we see that most states say no
9 thanks, we don't want anything to do with you
10 or make it so unbearable to go through all the
11 hoops to get their participation, then we can
12 cut it at some point.

13 So to get at cancer incidence then we
14 have two approaches, both may fail, the survey
15 and this cancer data linkage study. I hope
16 that that's not the case, but that is a
17 possibility because they're both firsts. One
18 is a massive survey that hasn't been done. The
19 other's a massive data linkage effort that's
20 never been done. So that's what we're up
21 against here.

22 Now there are particulars about both
23 studies we can talk about. A lot of
24 information's in the feasibility assessment.
25 Again, if you haven't, you don't have to bring

1 these issues up now. If you have time, go
2 through that assessment. If you have comments,
3 we're still listening and waiting to hear.

4 **MS. RUCKART:** We've started on the protocol for
5 the mortality study, and the mortality and the
6 cancer incidence study because they don't
7 require direct contact with participants, do
8 not need the OMB reviews, the approval process
9 will be much shorter. I expect that if we have
10 a draft mortality study protocol in the next
11 month or so, we can share it with you because
12 we can share it with you before the ^ . We'll
13 start working on the cancer incidence study
14 protocol.

15 **DR. BOVE:** The information on the feasibility
16 assessment will be able to tell you what we
17 plan to do. I mean, the protocol itself will
18 mirror that very closely. So with the
19 information you have in the feasibility
20 assessment, you pretty much know what we're
21 proposing. So you can take a look at that --
22 NAS is taking a look at it apparently, too --
23 and give us the feedback.

24 There's also the minutes of that
25 epidemiologic panel. In the first appendix of

1 the feasibility assessment you can see both
2 what was agreed upon in the minutes there and
3 also the questions and responses that you've
4 got to particular questions. And those minutes
5 were all approved by the people there so that
6 also is useful information, too.

7 So are there any questions? I guess
8 first looking at the timeline, and you can see,
9 well, actually, the only way you can see this
10 is if you unstaple it. You can see there's a
11 whole lot of activity going on. This is what I
12 think scares Tom Sinks and higher ups. There's
13 Perri and me and all this lack of space. We
14 are going to contract a lot of this out. I
15 mean, there's no question about that.

16 And there's no question about it,
17 there's a lot of work to be done including, of
18 course, there is a current study we have to
19 analyze and finish. And we have to re-analyze
20 the past study. So all this is happening
21 during this period of time. So we decided to
22 clone ourselves. No, we want to do a lot of
23 contracting out, but we will oversee that
24 process.

25 **MS. BRIDGES:** You're talking about the year

1 2011.

2 **DR. BOVE:** Yeah, we're talking about, well, the
3 current study and the re-analysis is the
4 dependent on when Morris can give us some data
5 on the Hadnot Point and resolve the
6 interconnection issue and so that we can do
7 that analysis. I know Tom mentioned earlier he
8 would like to produce some stuff for you. He's
9 been after us to at least analyze Tarawa
10 Terrace information in the study. The problem
11 with that is that we don't know who's unexposed
12 there.

13 Until the interconnection issue gets
14 resolved, there's some question about when
15 people, who was unexposed. Some people we know
16 were unexposed. For a particular birth defect,
17 if their first trimester wasn't during the
18 summer months, and they lived in Midway Park
19 after '73 or '72, June '72, and their first
20 trimester was after June '72 and so on and so
21 forth, they're unexposed.

22 But in a leukemia case we don't know
23 yet. If their pregnancy, if their first
24 trimester is during the summer months, we don't
25 know yet. So until I feel confident that we've

1 dealt with the interconnection issue as well as
2 we can, we have that nailed down, I don't want
3 to do these analyses and then have to redo them
4 again.

5 So that's the problem there that until
6 we get that resolved, we can't do the analysis
7 in the case controll study or the reanalysis.
8 But we hope to get data that we can use from
9 Morris before he's finished. We will get data
10 from Morris. There'll be some preliminary data
11 from him. We can use that data to run the
12 analyses.

13 If any changes occur, we can make those
14 changes later and go through the review process
15 so that the peer review's seen that at least
16 our methods are okay and sign off on that. And
17 again, we can tweak it if the contamination
18 levels go up or down or there's something else.
19 So we can finish before he's finished. Or at
20 least finish -- yeah, we can finish before he's
21 finished or finish by the time he's finished as
22 well.

23 The studies that take time and go to
24 2011 are really the cancer incidence data
25 linkage study is the one that's going to be

1 difficult to do as I was pointing out. And
2 that could take forever or may not happen at
3 all.

4 The health survey, you see it going on
5 to 2011, but here is the issue here. What the
6 health survey, actually, that shouldn't be
7 under health survey. I think there's an error
8 here. Because, well, okay, if in the unlikely
9 -- well, I shouldn't say that. We have enough
10 data in the health survey information itself to
11 analyze the diseases we're asking about.

12 The only reason we might want to conduct
13 a case controld sample -- I can't even conceive
14 of one, but maybe we're thinking that those
15 diseases we weren't specifically asking about
16 if something interesting pops out. The
17 conclusion doesn't say anything about it. The
18 literature out there is limited. The
19 occupational data, we haven't studied every
20 disease so there's a lot we don't know.

21 If something pops up we can do a case
22 controll survey of that particular disease to
23 get more information on it. But really I would
24 forget that line entirely. That's why we have
25 draft on these things.

1 If you look at, say, analyze data and
2 prepare draft report of the survey, we're
3 hoping to be done by August of 2010 on that
4 one.

5 **MS. RUCKART:** We'll have a final report by
6 December.

7 **DR. BOVE:** Yeah, so it takes time, but --

8 **MR. STALLARD:** I've got a question on that. We
9 talked about, based on the literature and all
10 that kind of stuff, do we know what's in the
11 pipeline that is yet to be published so to
12 speak? Some kind of between where it's
13 published today and what we anticipate in the
14 next couple --

15 **DR. BOVE:** No, I don't, but again --

16 **MR. ENSMINGER:** PCE, that PCE study --

17 **DR. BOVE:** Well, that's the second.

18 With the PCE, the EPA did a full, like a
19 tox profile, only much more elaborate, much,
20 much, much more elaborate on the literature
21 that exists. And that will be finalized at
22 some point. An NAS panel will review it. I'm
23 expecting that to be a final thing in another,
24 year or two, too. But, no, I don't know of any
25 individual studies that are being conducted.

1 back to the mortality study, remember, it's a
2 data linkage study. All the data we have is
3 from the DMDC database. We don't have smoking
4 information. We don't have drinking
5 information. We don't have occupational
6 information outside of what they did when they
7 were active duty. It's very important to get
8 information on those things because people are
9 always worried about them acting as
10 confounders.

11 So if for certain, we can use the survey
12 information to help us to understand how these
13 so-called confounders might be working. But if
14 the survey information is no good, if we don't
15 get the high participation that we want, then
16 we would do it, we could do a case control
17 sample similar to what we're doing right now
18 with this current study of a particular cause
19 of death and get that information from an
20 interview of next of kin.

21 That also, the same thing could be said
22 for the cancer incidence data linkage. That
23 would be the same thing there. And that would
24 then push, that's the line that goes way out
25 because you have to finish the mortality study.

1 You have to finish the data linkage study
2 before you can even think about the case
3 control sample. So but we want to show
4 everything and all the options here. But we're
5 hoping that the survey is successful and that
6 solves a lot of problems right there.

7 Are there any questions? This is
8 complex, and any questions? Think about it or
9 you can call Perri and I about this stuff, too.
10 Again, call us if you want us to add particular
11 diseases in the survey. Give us some clues as
12 to where we should be looking for evidence, any
13 evidence, suggestive animal data, human data.

14 WRAP UP

15 **MR. STALLARD:** So this is a perfect segue.
16 Based on that timeline you have, when would be
17 an appropriate time to consider having a
18 follow-on meeting for the CAP? I mean, what is
19 a significant milestone that would be sort of a
20 marker for everyone coming back together again?

21 **MS. RUCKART:** Over the next couple months a lot
22 of things will be happening behind the scenes
23 because we'll just be waiting and seeking the
24 approval from OMB and IRB. So it will kind of
25 be a holding period. By the end of September

1 our plans are to finalize the protocols of
2 mortality and cancer incidence study, and we're
3 going to submit all three, the health survey as
4 well, for our IRB.

5 So at that point we just have to kind of
6 wait and see what they come back to us with.
7 We need to kind of wrap up the health survey ^
8 saying that we can take comments and provide
9 that. But at a certain point we'll have to
10 move forward because we'll be going to OMB, and
11 we have to submit our final draft at that
12 point. So really all through the fall it will
13 just be waiting to hear back any comments that
14 we get from them. We won't have much to
15 report.

16 **DR. BOVE:** We don't have much but we can talk
17 about how things are progressing. But I'm also
18 looking at Morris' timeline to try to figure
19 out where there might be an interesting point
20 to have something to report, and a key part of
21 the work in the next couple of months is the --
22 I have this timeline again, the brown, 2.14 a,
23 b and c, the statistical analysis and that gray
24 in there. Where's the line, water distribution
25 system analysis.

1 Those two, now, so that would be, follow
2 the brown line and it goes to November
3 basically. And the water distribution system
4 analysis goes into November to December. It
5 may be worthwhile sometime in there.

6 Now, there's one other thing to think
7 about. The NAS panel is supposed to come out
8 with a report October, November, but I don't
9 think that's going to happen now because they
10 want to review the feasibility assessment.
11 That may push them back another two or three
12 months. I don't know for sure. So that's
13 another point in time that would be, around
14 January, February of next year. That's also
15 when we're hoping to get going on the survey.

16 So there are a couple of points in time
17 that things may be happening. When Morris is
18 done, that would be sometime around November or
19 December, at least far enough to maybe be able
20 to say something. There's the expert panel
21 that happens. There's the NAS panel, and then
22 there's the health survey. So I don't know, in
23 all that.

24 **MR. STALLARD:** Is it known when the next
25 meeting with the Department of the Navy and the

1 Marine Corps colleagues is --

2 **DR. BOVE:** They're talking about quarterly, and
3 we'll also have minutes on the previous one
4 soon, about a month or so. I don't know if
5 that warrants a full meeting, but that's up to
6 you.

7 **MR. STALLARD:** What's the sense of others
8 hearing, I mean, based on the momentum that we
9 see moving forward and the specific milestones
10 that are going, the ability to communicate and
11 share information, what is your sense? What is
12 the sense of the necessity of meeting again and
13 when would that be appropriate?

14 **MR. ENSMINGER:** We're supposed to have them
15 every three months. And we've seen in the past
16 what happens when we don't meet. Things get
17 delayed, foot dragging.

18 **MS. RUCKART:** How do y'all feel about maybe a
19 phone conference because if you get to touch
20 base, but I don't know if we need to have an
21 all day meeting if we don't really have that
22 much to report because we are in this waiting
23 period. It seems like it might be a lot to
24 travel everybody in.

25 **DR. BOVE:** Well then, it won't be three months

1 exactly, but it looks like November sometime.

2 **MR. STALLARD:** And Jerry can celebrate.

3 **MR. ENSMINGER:** Oh, yeah. Just don't make it
4 the first two weeks in November.

5 **MS. RUCKART:** Then coming on Thanksgiving.

6 **DR. BOVE:** Yeah, because Thanksgiving. So
7 maybe we --

8 **MR. ENSMINGER:** I'm going deer hunting the
9 first two weeks in November.

10 **MS. RUCKART:** Well, Jerry, you're always
11 telling me it's so important you'll hold off on
12 your vacation but not your hobby.

13 **DR. BOVE:** Looking at this timeline then I
14 think sometime in December might be helpful or
15 you can wait until after the expert panel meets
16 sometime in late January. And hopefully, by
17 that NAS panel we'll have something, but these
18 are options. So some time from the late
19 November, early December. So some time between
20 early December and January may be worthwhile.

21 **MR. BYRON:** Well, if we do that, then we do
22 need the phone conference.

23 **MS. RUCKART:** I'd like to know when you want
24 get everyone's comments on additions to the
25 survey. I think we should set a deadline

1 because at some point we're going to have to
2 finalize our OMB package for submission. And I
3 don't want people to come up suddenly and say,
4 oh, I wanted to send this. So I'd like to say
5 --

6 **DR. BOVE:** What was our deadline for NAS? Wait
7 a minute. We asked for written comments --

8 **MS. RUCKART:** That's different. I'd like to
9 see it in the next three weeks. How's that? I
10 mean, I'd really like to see it in the next two
11 weeks, but -- what about two weeks, by the end
12 of the month? Is that enough time for people?

13 **DR. BOVE:** I would give you a month, middle of
14 August.

15 **MS. RUCKART:** But, see, I'm just concerned that
16 things are going to be happening
17 simultaneously, and we're going to be
18 submitting to OMB, and then we're going have to
19 submit a revised one. I don't know how that's
20 going to --

21 **DR. BOVE:** Well, what I'm suggesting is they
22 get it to us as soon as possible, but try to
23 get it during the month. I mean, some of you
24 gave comments today, and I would encourage you
25 to send us an e-mail and reiterate those

1 comments.

2 **MR. ENSMINGER:** This is on the survey.

3 **MS. RUCKART:** Yes.

4 **DR. BOVE:** Well, the survey is the key here
5 time-wise, but all this. We want you to give
6 us comments as soon as you can.

7 **MR. STALLARD:** How about no later than 15
8 August? Does that sound okay?

9 **MR. ENSMINGER:** Not to Perri it don't.

10 **MS. RUCKART:** Just because I'm concerned that
11 we're submitting it, and I don't know whether
12 it's going to leave CDC's OMB, and I want to
13 make sure that whatever goes to OMB we don't
14 have to pull it back, and then we'll try to
15 tell us or it's going to cause delays. I just
16 don't want that to happen.

17 **DR. BOVE:** With that knowledge, get them in as
18 soon as you can.

19 **MR. STALLARD:** Okay, compromise, she said two
20 weeks. You said four. Three? So that would
21 come down to --

22 **DR. BOVE:** Try as soon as you can to give us
23 comments.

24 **MR. STALLARD:** The eighth of August.

25 **MR. PARTAIN:** We should know what our illnesses

1 are already.

2 **DR. BOVE:** Yeah.

3 **MR. PARTAIN:** On the subject of meetings, the
4 next meeting of the CAP, I don't know if I'm
5 comfortable waiting all the way into December.
6 We've got a lot of data that came out today.
7 There's a lot going on, the notification,
8 Department of the Marine Corps, and I mean,
9 things are going to develop over the next two,
10 two-and-a-half months. I mean, at the very
11 least something in September, the end of
12 September.

13 **DR. BOVE:** Well, I mean, Scott, there's all
14 this effort that you're doing, your group's
15 doing, including the community surveys itself.
16 So it may be worth, if it's not a full meeting
17 maybe a conference call or something to tell us
18 what the results were and to talk about maybe
19 what other actions need to happen with Scott.

20 **MR. WILLIAMS:** The stakeholder analysis, I
21 believe this is going to be finished end of
22 October. So this sort of ducktails with the
23 November, December timeframe. It may run a
24 little longer. If you look at the CR data on
25 ^.

1 **MR. PARTAIN:** Do a conference call or schedule
2 a conference call at the very least so if
3 something does develop that we do need to get
4 together, it's slated. We can do it, and then
5 do our meeting in December.

6 **DR. BOVE:** Why don't we just tentatively say
7 that sometime in late November, early December
8 we may call a meeting because we'll have
9 several things to discuss including Morris'.
10 We'll send you an e-mail. We'll pick some
11 dates in November and December and work from
12 there. And again, Morris should have some
13 material to report, and the Marine Corps should
14 have some. I doubt NAS will have their report
15 ready. But we can tell you the progress we
16 have with the survey data. That might be the
17 next.

18 **MS. RUCKART:** But with a conference call we can
19 have more than one call between now and
20 November, December. We could have two calls.
21 We could have a call in September. We could
22 have one in October. There's no limit on the
23 amount of times we can have a conference call.
24 We can have them as necessary.

25 **MR. PARTAIN:** I understand nothing's going on,

1 but if something happens --

2 **DR. BOVE:** That's fine, but then we'll send out
3 -- if there's something, if something happens,
4 you will be notified. We don't have to have a
5 CAP meeting in order for you to know what's
6 going on. That's not been the case up to now.
7 That's not going to be the case. It's always
8 going to be ongoing.

9 **MR. STALLARD:** Okay, so we have, I heard at
10 least three potential agenda items for a
11 meeting in either November, December. That is
12 an update on the water modeling, survey update,
13 and stakeholder analysis feedback.

14 **MS. BRIDGES:** What about research? There are
15 not any studies going on right now according to
16 y'all. But what about research on the
17 chemicals and what the destruction that it does
18 do? I mean, what about University of Georgia,
19 for instance? Can you tell us that? Are there
20 any studies going on on the chemicals and the
21 effects that it has on the people?

22 **DR. BOVE:** Well, that's what I was saying that
23 --

24 **MS. BRIDGES:** No studies on research. You said
25 there's nothing. But what about health

1 studies?

2 **DR. BOVE:** What we said was that I'm not aware
3 of any health studies, at least I'm not aware
4 of any particular health studies that are, I
5 mean, there's Endicott again. And there's
6 maybe one other study, and it's
7 trichloroethylene. It's workers. Now the
8 health department is talking about a community.
9 I haven't seen, I haven't been involved. I was
10 involved a couple, two years ago. I was
11 assisting a protocol. And after that I've been
12 out of the loop. There's also a place called
13 Battelle-Tyco, I guess it was. So again, the
14 state was talking about doing something. I
15 haven't seen a protocol. So those are possible
16 things going on. But as I said, the EPA did
17 this thorough evaluation of looking at the
18 effects of perchloroethylene, PCE. The NAS
19 panel did one on trichloroethylene and there's
20 been some new stuff since then. And I tried to
21 cover that at least on the human side in the
22 feasibility assessment. But we'll continue to,
23 you know, I continually look to see if new
24 stuff has come out. And again, if you're aware
25 of new stuff that's come out --

1 **MS. BRIDGES:** Like DNA.

2 **DR. BOVE:** Anything, anything that has to do
3 with these solvents' exposure, the effects of
4 the solvents, yeah. Anything you see out there
5 let us, and we'll be looking as well.

6 **MS. BRIDGES:** What are they doing at the
7 University of Georgia?

8 **DR. BOVE:** Again, we'll be -- if they publish
9 anything that has to do with trichloroethylene,
10 whether animal data or human, we'll be looking
11 at it. I just didn't summarize the animal data
12 because I didn't have the time to do that.
13 That takes even larger effort I would think
14 than what I do. I would like to have a
15 toxicologist do that who does animal studies to
16 be able to review that literature.

17 **MS. BRIDGES:** Are we working with any
18 toxicologists?

19 **DR. BOVE:** Well, as I said, the EPA did that.
20 They have a draft out there, and the NAS panel
21 is going to review it for PCE. And for
22 trichloroethylene, as I said, the NAS panel did
23 that, and if anything new on trichloroethylene
24 comes up, we will look at it. Some human data
25 has actually come up. And as I said, I didn't

1 put it in there, but there's stuff coming out
2 all the time. You know, not all the time, but
3 a lot comes out, and we're following up on that
4 literature. So we'll keep you up on that.
5 That's all I can say. Nothing contiguous is
6 happening at the University of Georgia as far
7 as I know around TCE.

8 **MR. STALLARD:** Thank you.

9 Are there --

10 **MS. BRIDGES:** Dr. Clapp, do you know anything?

11 **DR. CLAPP:** Nope, not beyond what Frank just
12 said.

13 **MR. PARTAIN:** With the mortality cancer
14 incidence, are you going to get to that
15 veterans' cancer database that I sent you the
16 e-mail on? It was in reference to an article.
17 Are you going to be able to hook into that?

18 **DR. BOVE:** I can't remember which article it's
19 in, but for the mortality study we're going to
20 go with the databases that I mentioned. For
21 the cancer incidence data linkage study we
22 mentioned both the Veteran Administration's
23 Cancer Registry, and DOD has one, too, ^ or
24 something. Yes, we will go, we will try to get
25 the participation of every cancer registry that

1 exists in this country. That we have in the
2 feasibility assessment. Again, please read the
3 feasibility assessment because we do go over a
4 lot of the different data that exists and how
5 we would do both the mortality study and the
6 data linkage study. And again, if you have any
7 questions, give me a call. Give Perri a call.
8 If we can do that data linkage study. The
9 veterans' one, of course, only, the Veterans
10 Administration databases cover a small
11 percentage. That's the problem. So that is a
12 major limitation.

13 **MR. PARTAIN:** But they show up like, there's
14 one --

15 **DR. BOVE:** Well, we're using it anyway.

16 **MR. PARTAIN:** Well, the article I found
17 referenced on that database, they had 612
18 breast cancer cases.

19 **DR. BOVE:** Right, but the study was based,
20 yeah, the study was -- yeah, I know what you're
21 talking about now, that male breast cancer
22 study. They had that many cancers that they're
23 studying, but they still have a large
24 population. But of that population how many of
25 those people were active duty Marines at Camp

1 Lejeune. There's probably a tiny percent.

2 **MR. PARTAIN:** But 612 male breast cancer cases
3 in a database is ^ the fact that it exists
4 there.

5 **DR. BOVE:** It's significant that it exists
6 there. It's also, if I remember the article
7 right, the incidence is increasing, and it was
8 very interesting that it was, but what
9 population did that consist of besides the
10 military population that's served by the
11 Veterans Administration. I don't know. They
12 don't tell you in that article.

13 **MR. PARTAIN:** But that, what they mentioned was
14 a veterans', the article they mentioned was a
15 veterans' database, specifically military
16 veterans.

17 **DR. BOVE:** But right, but again, the Veterans
18 Administration database covers something
19 between ten and 20 percent roughly. I don't
20 really know, it varies, depending on what year.
21 And so there's still 80 percent of the military
22 population out there we don't know much about
23 just ^ databases. That's the problem.

24 And so it's very interesting about male
25 breast cancer, and no one seems to know why.

1 The problem with that study is just what we
2 pointed out. They don't provide additional
3 information about who these people are to know
4 what's going on.

5 **MR. STALLARD:** Go ahead.

6 **MS. SIMMONS:** Can I just ask one question?
7 Does every state have a cancer registry?

8 **DR. BOVE:** They do now.

9 **DR. CLAPP:** Now they do. They didn't before.

10 **DR. BOVE:** Some states they may not cover the
11 entire state or is that not now the case?

12 **DR. CLAPP:** No, now they're covering all the
13 states, but just recently.

14 **DR. BOVE:** Just recently. From '97 on?

15 **DR. CLAPP:** I think Vermont was like 2003.

16 **DR. BOVE:** Yeah, see, that's the thing. There
17 are cancer registries --

18 **MR. STALLARD:** I've got some handouts here from
19 Mary Ann.

20 **DR. BOVE:** Actually, in the appendix there's a
21 list of cancer states and when their cancer
22 registries came on line. But some states
23 didn't cover the entire state in '97, but they
24 were collecting some data from '97 on.

25 **MR. STALLARD:** Mary Ann has brought some

1 information on DOD Privacy Act information
2 resources, so we'll just hand that out for your
3 benefit.

4 Are there any other issues, topics,
5 unexpressed things that haven't been covered as
6 you'd like to add at this moment?

7 (no response)

8 **MR. STALLARD:** All right then, I would be
9 remiss if I didn't once again encourage you to
10 submit your vouchers timely.

11 **MR. ENSMINGER:** We've got to turn these in?

12 **MS. RUCKART:** The name tags.

13 **MR. STALLARD:** Oh, the name tags.

14 **MS. RUCKART:** Yeah, turn in your badge to
15 the, to Security.

16 **MR. STALLARD:** It's the end of the year, and
17 they're saving paper.

18 **MR. ENSMINGER:** I come here without any, and
19 I leave with a ream every time I leave.

20 **MR. STALLARD:** So we're not doing such a
21 good job on saving paper.

22 I'd like to thank the members of the
23 audience for their participation, patience and
24 fortitude.

25 Thank you, Perri, for the audiovisual

1 support.

2 **MR. ENSMINGER:** Do you think we could afford
3 a few more microphones in the next meeting?

4 **MR. STALLARD:** Well, we're working on that.

5 **MS. RUCKART:** I actually asked, and this
6 meeting we only have two, and it's not
7 possible --

8 **MR. STALLARD:** It is a bit awkward.

9 And, Tom, thank you for your
10 participation and hanging in there with us.

11 **MR. ENSMINGER:** You can sell some of these
12 metal detectors out here that they don't use
13 and buy some more microphones.

14 **MR. STALLARD:** All right, thank you all once
15 again for coming and bid you all a safe
16 journey home.

17 (Whereupon, the meeting was adjourned at 2:40
18 p.m.)

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

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 16, 2008; and it is a true and accurate transcript of the testimony captioned herein.

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

WITNESS my hand and official seal this the 24th day of Aug., 2008.

STEVEN RAY GREEN, CCR, CVR-CM
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102

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