

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

convenes the

FORTY-SECOND MEETING

CAMP LEJEUNE COMMUNITY ASSISTANCE

PANEL (CAP) MEETING

April 24, 2019

The verbatim transcript of the
Meeting of the Camp Lejeune Community Assistance
Panel held at 1825 Century Boulevard, Atlanta,
Georgia, on April 24, 2019, 9:00 a.m.

STEVEN RAY GREEN AND ASSOCIATES
NATIONALLY CERTIFIED COURT REPORTING

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TRANSCRIPT LEGEND

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In the following transcript: a dash (--) indicates an unintentional or purposeful interruption of a sentence. An ellipsis (. . .) indicates halting speech or an unfinished sentence in dialogue or omission(s) of word(s) when reading written material.

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

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

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

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

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

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

(alphabetically)

ASHEY, MIKE, CAP MEMBER
BEATTY, GAIL, VA (VIA TELEPHONE)
BLOSSOM, DR. SARAH, CAP TECHNICAL ADVISOR
BOVE, DR. FRANK, ATSDR
CANTOR, DR. KENNETH, CAP TECHNICAL ADVISOR
CARSON, LAURINE, VA
CORDOVA, ANDREA, VA (VIA TELEPHONE)
ENSMINGER, JERRY, CAP MEMBER
FORREST, MELISSA, NAVY/MARINE CORPS
FRESHWATER, LORI, CAP MEMBER
HANLEY, JACK, ATSDR
HASTINGS, DR. PATRICIA, VA (VIA TELEPHONE)
HODORE, BERNARD, CAP MEMBER
LANGMANN, DANIELLE, ATSDR
MCNEIL, JOHN, CAP MEMBER
ORRIS, CHRISTOPHER, CAP MEMBER
PARTAIN, MIKE, CAP MEMBER
RAGIN, DR. ANGELA, ATSDR
REH, DR. CHRISTOPHER, ATSDR
TEMPLETON, TIM, CAP MEMBER
UNTERBERG, CRAIG, CAP MEMBER

1 just work around the room this way.

2 **DR. RAGIN:** Hi, my name is Angela Ragin, Acting
3 Division Deputy Director for the Division of
4 Toxicology and Human and Health Sciences at ATSDR.

5 **DR. BOVE:** My name is Frank Bove with ATSDR.

6 **MR. HODORE:** Bernard Hodore, CAP member.

7 **DR. CANTOR:** Ken Cantor, advisor to the CAP.

8 **MR. ORRIS:** Chris Orris, CAP member.

9 **MS. FORREST:** Melissa Forrest, Department of
10 Navy representative.

11 **MR. McNEIL:** John McNeil, CAP member.

12 **MS. FRESHWATER:** Lori Freshwater, CAP member.

13 **MS. CARSON:** Laurine Carson, Department of
14 Veterans Affairs, Deputy Executive Director.

15 **MR. UNTERBERG:** Craig Unterberg, CAP member.

16 **MR. ENSMINGER:** Jerry Ensminger, CAP member.

17 I'm sorry. Jerry Ensminger, CAP member.

18 **DR. REH:** Let's please remember to push the
19 button whenever you speak and when you push it when
20 it's red it's not on, when it's green it's on.

21 **MR. ENSMINGER:** That's what fooled me.

22 **THE COURT REPORTER:** And get the microphone
23 close to your mouth. You can't just have it in the
24 proximity, get it right in front of you, please.

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

1 **MR. ASHEY:** Mike Ashey, CAP member.

2 **MS. LANGMANN:** Danielle Langmann, ATSDR.

3 **DR. RAGIN:** Before we get started I have a few
4 housekeeping items. If you can turn off your cell
5 phones, that will be great. And also if you have
6 any questions, CAP members, if you can put your name
7 tent up so we can recognize you if you have
8 questions. And also, if you need to use the rest
9 rooms, we do have a break in the agenda, but the
10 rest rooms are out through the lobby and to your
11 left. And if you have any questions from the
12 audience, we do have time on the agenda for audience
13 questions so if you can hold your questions until
14 that time we would greatly appreciate it.

15 **DR. REH:** Okay.

16 **U.S. DEPARTMENT OF VETERANS AFFAIRS UPDATES**

17 **DR. RAGIN:** So we normally start the meetings
18 with the action items, but we have a little change
19 in our agenda. We're going to start today's meeting
20 with a presentation from the U.S. Department of
21 Veterans Affairs, and so I'll turn the mike over to
22 the VA. And also I just want to note that we have
23 two VA members who are on the phone. Would you mind
24 introducing yourselves?

25 **DR. HASTINGS:** Hi. This is Dr. Patricia

1 Hastings with Post Deployment Health Services. I
2 regret not being able to be there due to other
3 duties, and I'm going to take good notes and
4 appreciate everybody articulating clearly. Thank
5 you.

6 **MS. BEATTY:** Good morning. This is Gail
7 Beatty, I'm the Program Management Officer over the
8 Program Support Department which is over the Camp
9 Lejeune Family Member Program.

10 **MS. CORDOVA:** And I'm Gail's deputy. This is
11 Angela Cordova.

12 **DR. RAGIN:** Thank you Gail and Angela. If
13 you'll start the presentation.

14 **MS. CORDOVA:** All right. If we can go ahead
15 and start with slide number four, please.

16 The Camp Lejeune --

17 **THE COURT REPORTER:** Okay. She's got to get
18 louder.

19 **MS. CORDOVA:** -- on bullet three --

20 **DR. RAGIN:** Hold for one minute, please.

21 **MS. CORDOVA:** Yes, ma'am.

22 **THE COURT REPORTER:** If she's on a speaker
23 phone that doesn't usually work so well.

24 **DR. REH:** Is the VA on a speaker phone?

25 **MS. CORDOVA:** Yes, sir.

1 **DR. REH:** Our recorder just provided
2 information that the speaker phone does not work as
3 well. If you could go to the hand held that would
4 be helpful.

5 **MS. CORDOVA:** All right. Are you able to hear
6 me?

7 **THE COURT REPORTER:** Not much better.

8 **DR. REH:** Hello?

9 **MS. CORDOVA:** Are you able to hear me now?

10 **THE COURT REPORTER:** It's not great but...

11 **DR. REH:** Not great. If you could try to speak
12 slow and loud, that would be good.

13 **MS. BEATTY:** How about if we speak like this,
14 does that help?

15 **THE COURT REPORTER:** Yes, that's perfect.

16 **DR. RAGIN:** So we have your presentation loaded
17 in the room so we can get started.

18 **MS. CORDOVA:** All right. And if we could start
19 with slide number four, please.

20 Camp Lejeune's Veterans Program on bullet
21 number 3, as of March 31st, 2019, the VA has enrolled
22 61,787 Camp Lejeune veterans, 3,409 of which were
23 treated specifically for one or more of the 15
24 specific Camp Lejeune related medical conditions.

25 If we can go to the next slide, please.

1 The numbers in red is what the increase from
2 the last time we met. As you can see there, there
3 is a total of 72 additional veterans treated for one
4 of the 15 conditions.

5 Next slide, please.

6 The Camp Lejeune Family Member Program on
7 bullet four, as of March 31st, 2019, VA provided
8 reimbursement to 460 family members for claims
9 related to treatment of one or more of the 15
10 specific Camp Lejeune related medical conditions.

11 Next slide, please. And if we can go to slide
12 number eight.

13 The number in red reflects the increase from
14 last time we met. As you can see, there is 117
15 additional family members treated for one of the 15
16 conditions.

17 **DR. REH:** For members in the room --

18 **MS. CORDOVA:** Next slide.

19 **DR. REH:** -- are we going through these slides
20 too fast?

21 **ROOM MEMBERS:** Yes.

22 **MS. CORDOVA:** I'm sorry, did somebody ask a
23 question?

24 **DR. REH:** So for -- we've had feedback from the
25 room that we're going through the slides too fast.

1 **MS. CORDOVA:** Okay.

2 **DR. REH:** People do not have a chance to really
3 see what's on them and absorb it.

4 **MR. ENSMINGER:** Well and -- this is Jerry
5 Ensminger. Normally when they do a slide
6 presentation like this, they provide us with hard
7 copies of it. Do you have hard copies?

8 **MS. BEATTY:** We were not able to make the
9 meeting, therefore we did not have copies. When
10 I've made the meetings before I've provided
11 everybody with a copy. I'll be more than happy to
12 send one to you or get it to you, however you need
13 it.

14 **MR. ENSMINGER:** Can we get them reproduced here
15 on site?

16 **DR. RAGIN:** Gail, this is Angela. If you can
17 send them to -- I'll send you an email address, if
18 you could send them to that email address then we
19 can get them printed before the end of the meeting.

20 **MR. ENSMINGER:** Yeah.

21 **DR. HASTINGS:** Angela, this is Pat. Sorry that
22 we didn't know that you were covering for Jamie, we
23 had sent them to her.

24 **DR. RAGIN:** Okay, you did. I'll get them.
25 Thank you.

1 **MS. BEATTY:** Would you like us to go back and
2 start over and then if you'll let us know when
3 you're ready for us to go to the next slide?

4 **ROOM MEMBERS:** Yes.

5 **MS. BEATTY:** Hello?

6 **ROOM MEMBERS:** Yes.

7 **DR. REH:** Okay. So we just -- we have the
8 presentation. Courtney is printing out 40 copies of
9 it as we speak, so we'll be able to hand some out
10 later on. Okay. You can go ahead with slide four.

11 **MS. CORDOVA:** All right. On slide four, Camp
12 Lejeune's Veterans Program as of March 31st, 2019, VA
13 enrolled 61,787 Camp Lejeune veterans, 3,409 of
14 which were treated specifically for one or more of
15 the 15 specific Camp Lejeune related medical
16 conditions.

17 Okay. The next slide.

18 The numbers in red reflect the increase from
19 the last time we met. As you can see, there is a
20 total of 72 additional veterans treated for one of
21 the 15 conditions.

22 **DR. REH:** Okay.

23 **MS. CORDOVA:** All right. Slide number six.

24 Camp Lejeune's Family Member Program as of
25 March 31st, 2019, VA provided reimbursement to 460

1 family members for claims related to treatment of
2 one or more of the 15 specific Camp Lejeune related
3 medical conditions.

4 **DR. REH:** Okay.

5 **MS. CORDOVA:** Slide number -- so if we can go
6 to slide number eight, please.

7 The number in red reflects the increase from
8 the last time we met. As you can see, there is 117
9 additional family members treated for one of the 15
10 conditions. And these slides were updated through
11 March 31st of 2019.

12 **DR. REH:** Okay.

13 **MS. CORDOVA:** Slide number nine.

14 The eligibility of veterans: of the 61,787
15 veterans who applied for care and services under the
16 Camp Lejeune program between October 1st, 2012 and
17 March 31st, 2019, 1,483 were ineligible due to not
18 meeting the statutory requirements for veteran
19 status. There were 496 veteran applications in
20 pending status.

21 Family members: of the 3,013 applications
22 received for eligibility in the Camp Lejeune Family
23 Member Program between October 24th, 2014 and March
24 31st, 2019, 2,125 are administratively eligible, and
25 there are 54 awaiting administrative determination.

1 Family Member administratively ineligible is
2 888. The top three reasons being: not meeting Camp
3 Lejeune residency criteria, relationship to eligible
4 veteran, and veteran eligibility criteria.

5 **MR. ORRIS:** This is Chris Orris. Can I ask you
6 a couple of questions really quick about this
7 script?

8 **MS. CORDOVA:** Yes, sir.

9 **MR. ORRIS:** Okay. So when you're saying not
10 meeting Camp Lejeune residency for 30-plus days, is
11 that also including children who were exposed in
12 utero?

13 **MS. BEATTY:** We address that later but yes, it
14 does.

15 **MR. ORRIS:** Okay.

16 **MS. BEATTY:** I believe there are 13.

17 **MR. ORRIS:** Okay, so we do have 13 children who
18 were exposed in utero with eligible conditions that
19 you're not giving care for because they didn't live
20 on the base for 30 days.

21 **MS. BEATTY:** We didn't say they have eligible
22 conditions, we're saying that they didn't meet the
23 minimum criteria, but there are 13.

24 **MR. ORRIS:** Okay. And then what about this
25 veteran eligibility criteria? Is this circling back

1 to the discharge status of the veteran?

2 **MS. BEATTY:** That's also addressed and that was
3 part of the follow-up as well. Those have gone
4 back. We went back. We were told that the veterans
5 criteria, I mean, the discharge status was not -- we
6 were not to make anyone ineligible because of that
7 so we went back and we have revisited all of those
8 claims, I believe eight of them. Seven are now
9 eligible. There's seven pending documentation and
10 two were veterans who had put in, that's a different
11 category; we're over the family member program.

12 **MR. ORRIS:** Okay, thank you.

13 **MR. UNTERBERG:** This is Craig Unterberg. On
14 the residency, do you guys have all the housing base
15 records at this point?

16 **MS. BEATTY:** Well we have access to them, but
17 the HEC, they go in and work with the Marines if
18 there's something that is not readily available or
19 if there's somebody that we cannot find in the
20 registry, we contact them and they go and work with
21 DOD and the Marines to try to find documentation.

22 **MR. ORRIS:** And one more question. This is
23 Chris Orris again. One more question on the
24 clinically ineligible. How many of those clinically
25 ineligible for one of the 15 conditions are eligible

1 for one of the conditions that has sufficient
2 causation according to ATSDR?

3 **MS. BEATTY:** Could you repeat that, please?

4 **MR. ORRIS:** How many of the 367 clinically
5 ineligible because of your limitation on only 15
6 conditions, how many of those clinically ineligible
7 would actually be eligible based on sufficient
8 causation found to the chemical exposure?

9 **MS. BEATTY:** I don't believe that I can answer
10 that Chris.

11 **DR. HASTINGS:** Chris, this is Pat. We would be
12 able to look that up as a specific question so we
13 can add that as a due out for the next meeting.

14 **MR. ORRIS:** Okay.

15 **DR. HASTINGS:** We'd just have to run the
16 numbers. I don't think there would be that many but
17 we'd have to run the numbers and we can give you
18 something specific.

19 **MR. ASHEY:** VA, this is Mike Ashey. Just to be
20 clear on the veterans' eligibility criteria, if the
21 veteran was dishonorably discharged but served at
22 Camp Lejeune for more than 30 days, you are making
23 them eligible? Yes? No?

24 **MS. BEATTY:** Pat, we were given guidance to go
25 ahead and the family members are not the veteran so

1 the family member should not be held --

2 **DR. HASTINGS:** The family member just needs to
3 have had a relationship, a legal relationship with
4 the veteran and have resided on Camp Lejeune for the
5 requisite period of time as well as have a covered
6 condition. So they are not penalized for anything
7 that may have been a problem for the veteran.

8 **MR. ASHEY:** Thank you.

9 **MS. CORDOVA:** All right. If there's no more
10 questions, the last bullet. Family members
11 clinically ineligible, 367. Next slide, please.
12 And if we can go to slide 11, please.

13 This is the VA, I'm sorry, the FY18
14 administrative expenses. For clinical eligibility
15 determinations, \$604,837 and the family member and
16 provider reimbursement, \$1,141,198. Total FY18
17 administrative expenditures is \$1,746,035.

18 Next slide, please.

19 On slide 12, these are the action items from
20 our last meeting. Mr. Partain asked why a medical
21 questionnaire is required when applying to the
22 family member program. Why are people being asked
23 to provide information that is above and beyond what
24 is required by law?

25 Our response is: Questions three and four are

1 voluntary. No family members' administrative
2 eligibility application has been denied because
3 these questions were not answered. However, the
4 family members with a current condition who wish to
5 expedite both administrative and clinical
6 eligibility process can provide this information
7 from the application along with the TPR and medical
8 documentation. This will allow us to expedite the
9 eligibility determination and the medical claims
10 reimbursement.

11 Next action item. Mr. Orris asked, of the
12 family members administratively ineligible, how many
13 of their family members are being denied because of
14 the veteran's discharge status.

15 Our response to this is: Of the 888
16 individuals that were determined as ineligible, 16
17 were due to the veteran's discharge status.
18 However, it was determined that the family members
19 wouldn't be held to this so we went back and
20 revisited each of the 16 applications and updated
21 seven are now eligible, seven are pending
22 documentation and two were veterans.

23 Next slide, please.

24 Mr. Orris asked to look at the eligibility for
25 in utero exposure. Were any of those individuals

1 denied for not meeting their 30-day time frame.

2 Our response to this is: Yes, there are 13.

3 **MR. ORRIS:** This is Chris, again. Of those 13,
4 are you planning on just keeping them as denied or
5 are you going to look and see if they have
6 conditions that are covered and maybe waive your 30-
7 day time frame?

8 **MS. BEATTY:** Well out of the 13, there are many
9 of them that weren't even stationed, the family
10 members, the mother was not barracked for 30 days,
11 so for the minimum amount of time, so we can only do
12 what we can. We have to follow the law and right
13 now these 13 are ineligible. If we receive guidance
14 otherwise, we will go back to these 13 and revisit
15 those.

16 **MR. ORRIS:** Well what kind of guidance do you
17 need because it only takes several hours of exposure
18 to some of these chemicals in utero to make these
19 children have a condition?

20 **MS. BEATTY:** All I can do is follow the law
21 right at this point. Again, if we get guidance we
22 will be more than happy to go back and revisit like
23 we did with the veterans that were dishonorably, you
24 know, discharged. But at this point it's out of my
25 hands. I did not write the law.

1 **DR. HASTINGS:** Chris, this is Pat. This would
2 take a change in the law but they do have those 13
3 documented so if there's a change in the law, just
4 as we've done with the people that lived on Camp
5 Lejeune that were revisited because they did live on
6 Camp Lejeune and their veteran status would not be
7 held against them, they can be revisited. So if the
8 law changes, we certainly will revisit them.

9 **MS. CORDOVA:** Great. And last, Mr. Unterberg
10 asked if the VA would be able to accept a signed
11 affidavit or sworn statement as documentation of
12 residency.

13 Our response to this is: No, however, the
14 family members can appeal to the Board of Veterans
15 Appeals.

16 Any questions? All right, Mr. Partain stated
17 that there are 15 named conditions in the 2012 law.
18 Of the seven conditions that are not sponsored, what
19 is the current approval rate for those conditions
20 for benefit claims in the Family Care Program?

21 And you can see the approval rate here on this
22 slide.

23 **MS. FRESHWATER:** Hi, this is Lori Freshwater.
24 Why is the scleroderma low on approval since it's
25 one of the connected?

1 **MR. ENSMINGER:** It's not. It got dropped.

2 **MS. FRESHWATER:** It did?

3 **MR. ENSMINGER:** Off the presumptive.

4 **MS. FRESHWATER:** Oh, okay. Thanks.

5 **MR. ENSMINGER:** OMB dropped it.

6 **MR. PARTAIN:** This is Mike Partain. Under
7 renal toxicity, what is the scope of diseases that
8 fall into that category?

9 **DR. HASTINGS:** Renal toxicity is quite broad.
10 Renal toxicity, according to the studies that we
11 have and the science is something that occurs early
12 in the exposure to the solvents and not a life
13 finding. In most cases the renal disease that has
14 been seen or at least requested to be considered has
15 been associated with chronic disease such as
16 diabetes and not related to a -- an early exposure
17 and early renal toxicity.

18 **MR. PARTAIN:** So kidney disease falls into this
19 renal toxicity category?

20 **DR. HASTINGS:** Yes.

21 **MR. PARTAIN:** Okay. And there's been four
22 approved and basically you're claiming that those
23 were early onset?

24 **DR. HASTINGS:** No. If -- yes. If they are
25 approved it would be early onset. If they -- in

1 most cases people with say end stage renal disease,
2 it is related to other disease processes in the
3 ensuing years, not related to any exposure at Camp
4 Lejeune.

5 **DR. REH:** Are there any other questions from
6 the CAP? Remember to, if you can, to turn your --
7 we got you.

8 **MR. TEMPLETON:** This is Tim Templeton of the
9 CAP. We see quite a few autoimmune and immune
10 system issues with folks in our community. However,
11 I found out that there's only three immunologists
12 that are actually on the entire VA staff. I'm kind
13 of concerned about that. I know this is the
14 benefits part, but I'm not sure if you guys are
15 going to do a VHA part.

16 **DR. HASTINGS:** The autoimmune -- hi, this is
17 Pat Hastings. The autoimmune issues have been
18 looked at and, again, to add autoimmune issues would
19 take a change in the law. Autoimmune issues are
20 considered as a case by case for a veteran exposure
21 but this would take a change in the law to add any
22 additional autoimmune other than the scleroderma
23 that's there now.

24 **MR. TEMPLETON:** I mean, what I'm mainly
25 concerned about is that there's only three

1 immunologists throughout the entire VHA system.

2 **DR. HASTINGS:** And again, this is not a
3 determination by VA. This was looked at again by
4 ATSDR. We used the work done by ATSDR, we looked at
5 the science. We were not doing the research at the
6 VA, we were looking at the research, the science
7 done by respected people at the National Academy, at
8 the National Cancer Institute, at academia. So it's
9 not done by VA and the legislation is not done in
10 the VA. So the three immunologists at VA, I believe
11 there are probably more, but I can check that number
12 for you, would not be the determining factor for
13 autoimmune diseases in this law.

14 **MR. TEMPLETON:** I just want to add a little
15 note to that that is I'm actually seeing one of the
16 three immunologists in Kansas City right now and
17 they checked throughout the system and there are
18 only two others.

19 **DR. HASTINGS:** Okay. I will certainly look
20 that up and check. You may be correct, I do not
21 know the number.

22 **MS. FRESHWATER:** Hi. This is Lori Freshwater,
23 again. Just to give you guys a heads up, I've
24 already begun process of making this a bigger part
25 of the meeting coming up in Washington D.C. So if

1 you could start looking into all of these things
2 that we'll be asking about regarding how many --
3 yeah, what Tim said and other things and we're going
4 to be asking for Dr. Blossom to bring in new
5 information and other people. So as a heads up
6 we're going to hopefully be talking about autoimmune
7 at the next meeting.

8 **DR. HASTINGS:** I think that's excellent. Thank
9 you for doing that.

10 **MS. FRESHWATER:** You're welcome.

11 **MR. UNTERBERG:** This is Craig Unterberg. On a
12 follow-up to my question about the affidavits, can
13 you guys find out how many people have successfully
14 appealed to the BVA and gotten residency approval on
15 that process?

16 **MS. BEATTY:** I believe there have been two and
17 they were both found for the family member so far.
18 But I will check with our appeals folks just to
19 double check that number but I believe it is two.

20 **MR. PARTAIN:** Dr. Hastings, this is Mike
21 Partain again here. The numbers that we're looking
22 at here, these are people who are currently
23 receiving treatment through the program?

24 **MS. BEATTY:** Well they were -- that's the
25 approval rate for the percentage of clinical

1 determination but I can't tell you if all those are
2 being actively treated.

3 **MR. PARTAIN:** Okay. And so the question I have
4 actually two parts here, the first one, do we have a
5 count of how many people who have applied for
6 benefits but not have, and would be, I'm sorry,
7 people that have applied for benefits but not
8 actively treating, is that included in these counts
9 that we're seeing of the 3,409 conditions of the
10 61,787 veterans that have applied?

11 **DR. HASTINGS:** I'm going to try this one, Gail,
12 and you may have to back me up. People apply and if
13 they have out-of-pocket expenses we assume that
14 they're getting treatment because there is a bill.
15 If people apply to the program they can apply with
16 no bill just so that they have it and they are
17 administratively eligible for the future. But I
18 believe those numbers are all people that were
19 actively applying as well as receiving benefits
20 because there -- and treatment because there was a
21 bill.

22 Gail, can you clarify?

23 **MS. BEATTY:** Well -- hold on a second.

24 **MR. PARTAIN:** And Dr. Hastings, if I'm
25 understanding you right, so if I'm a veteran and I

1 apply for kidney cancer and granted, but I'm not
2 actively treating because I was treated a while ago,
3 you're not -- is that number being counted as far as
4 the conditions or is that just being tallied as an
5 administrative approval?

6 **MS. BEATTY:** The numbers that we have in the
7 table are those that have been treated. But that
8 doesn't mean that -- but those are the ones that
9 have been actively treated, not just approved. The
10 number would be higher for those approved.

11 **MR. PARTAIN:** Okay. And when you look at these
12 numbers actually treated, this is a historical
13 number or just for the past year?

14 **MS. BEATTY:** It's historical.

15 **MR. PARTAIN:** Okay. And the last thing, do we
16 -- are you guys keeping track of veterans, for
17 example, where you have a spouse who passes away for
18 kidney cancer and they're awarded -- and their
19 surviving spouse is awarded VIC, are those numbers
20 being counted in these tallies?

21 **MS. BEATTY:** Well I am assuming they are being
22 counted. However, I'm over the family member
23 program, we do have some veteran stats that we do
24 have in these slides but I could not tell you that
25 because we are not over -- each medical center keeps

1 their records.

2 **DR. HASTINGS:** Yeah. Mike, we'd have to take
3 that for the record and ask BVA to help us with
4 those numbers, but we certainly can get that number
5 for you later.

6 **MR. PARTAIN:** Okay. And I guess at the future
7 CAP meetings if we could get the total people who've
8 been approved, even to include both people who are
9 treating and people who've been approved that are
10 not treating and not receiving, you know, pending
11 'cause they're not -- there's no -- there's nothing
12 to treat.

13 **DR. HASTINGS:** Yeah. Those might be a little
14 tougher, the ones that are not being treated because
15 some of those do not contact us. But we'll get you
16 the ones that we have.

17 **MS. BEATTY:** What we do have for those that
18 were involved in the 61,787 and then the 3,409 are
19 being treated.

20 **MR. PARTAIN:** Yeah. I'm sorry, but my point
21 it, just that someone may be treating like, for
22 example, I treated in 2007 and I just recently got
23 into the family program 'cause I am getting
24 residuals for follow ups and stuff. For a long time
25 I was not actively treating. But it is a condition

1 that's covered, it's been approved, and you know,
2 the number should be reflected in some type account
3 somewhere. And when I look at 3,409 conditions of
4 the 15 conditions being treated for, and that seems
5 very low, that's why I'm asking this. And you know,
6 I'd like to see the numbers show people who've been
7 approved and are not actively treating but they're
8 approved into the system in case something comes up
9 in the future. I hope that makes sense.

10 **DR. HASTINGS:** And Gail you'll need to clarify,
11 but I think that is the number you have. Right?

12 **MS. BEATTY:** Yes. That's the number that we
13 have.

14 **DR. HASTINGS:** Right. What I'm talking about,
15 Mike, is this, you know, if someone does not contact
16 the program it would be hard to account for them, of
17 course, but you have the total number of those that
18 have entered the program.

19 **MR. PARTAIN:** Okay. Thank you.

20 **MR. TEMPLETON:** This is Tim Templeton again.
21 I've got a question I would like to get at least a
22 little clarification on. Right now we're starting
23 to see many of the cases that were filed not long
24 after people were notified, reaching the BVA and
25 they're getting approved at BVA after having been

1 denied by VA. And their claims are starting to
2 reach a pretty good number here and so my question
3 is: Why should these people have had to wait for
4 seven or eight years to finally get a decision on
5 their favored at BVA?

6 **DR. HASTINGS:** That is the process by which we
7 go. We look at the science, we look at what is
8 clinically possible. The Courts look at different
9 issues. So we look at the science, we look at the
10 clinical. They -- the BVA many times looks at the
11 different issues. I can explore and see what the
12 major causes of the reversals are if that would be
13 helpful to you.

14 **MR. TEMPLETON:** Absolutely. That would be
15 great. Thank you.

16 **DR. HASTINGS:** Okay, happy to do it.

17 **MR. HODORE:** Yes. This is Bernard Hodore here.
18 Some veterans are getting denied based on where they
19 was on the base. Why is that happening?

20 **DR. HASTINGS:** I don't think anybody's denied
21 based on where they were on the base, you just have
22 to have been on Camp Lejeune.

23 **MR. PARTAIN:** I actually -- Dr. Haney and I
24 report for one of our veterans, I can't recall his
25 name right now but I've got it in my email

1 somewhere, stated that that part of the base wasn't
2 exposed and that was the basis for his denial for, I
3 believe, kidney disease.

4 **DR. HASTINGS:** Yes. Send me that case, I'd be
5 interested in looking at it.

6 **MR. PARTAIN:** I gave it to Secretary Wilkie
7 last May.

8 **DR. HASTINGS:** Okay. Can you send it to me too
9 because, honestly, I can't really go to him and ask
10 for him to send it to me?

11 **MR. PARTAIN:** Well, he's your boss.

12 **MS. FRESHWATER:** Mike, do you remember the date
13 on that?

14 **MR. PARTAIN:** I believe it was 2017, '18. I'll
15 go find it right now.

16 **MS. FRESHWATER:** Okay.

17 **DR. RAGIN:** Are there any more questions for
18 the VA?

19 **DR. REH:** Okay.

20 **DR. HASTINGS:** Can I go back to one for just a
21 minute?

22 **DR. RAGIN:** Sure.

23 **DR. HASTINGS:** With the BVA reversals, I'm
24 going to look at that. Is there any specific time
25 frame or just from the beginning that we're

1 interested in?

2 **MR. TEMPLETON:** Yeah. The ones that I was
3 looking at started around 2010, I think is when --

4 **DR. HASTINGS:** Okay. I will look at anything
5 from 2010 on then. Thank you.

6 **MR. TEMPLETON:** The largest number of the cases
7 are just now coming before BVA, they have had for
8 the last couple of years and probably will over the
9 next few years.

10 **DR. HASTINGS:** Right. Then I'll look just at
11 the last two years but I wanted to clarify, I'll see
12 if I can go back to 2010 since you have some from
13 there.

14 **MR. TEMPLETON:** Okay. Yeah. I just don't see
15 why people who had to wait 30-something years now
16 would suddenly have to go through the process of
17 (unintelligible) --

18 **DR. HASTINGS:** Well, yeah. Some of it is the
19 administrative issues and some of it's the law. But
20 I absolutely am happy to look at the whys and
21 wherefores because that may help this group.

22 **MR. TEMPLETON:** Okay. Just one last comment.
23 Time is not on their side.

24 **DR. RAGIN:** Are there any other questions?

25 Pat, Gail, Andrea, thank you for the

1 presentation and covering the action items. But we
2 do have a few more action items from the CAP for the
3 VA that were not asked during the session. So I
4 will go over them now.

5 The first question: Mr. Ensminger asked the
6 VA, how many claims do you receive for radiation
7 each fiscal year compared to Camp Lejeune?

8 **MS. CARSON:** This is Laurine Carson. So
9 looking at the Camp Lejeune claims versus radiation
10 I'll do the 2018 numbers first. The number, just to
11 give you a number of claims to be completed for
12 each. For Camp Lejeune claims we completed 7,197,
13 for radiation, 1011. The average days to complete
14 Camp Lejeune cases was 232 days. The average days
15 to complete radiation claims was 318 days. For
16 fiscal year to date pending right now for Camp
17 Lejeune cases we have 2,794. Radiation we have 210
18 radiation claims pending. Completions to fiscal
19 year to date, so that's from October to now, we
20 completed 2,669 claims for Camp Lejeune, and for
21 radiation 497. The average days to complete a Camp
22 Lejeune case is 164.3 days. The average days to
23 complete a radiation case is 316.8 days. And the
24 reason that those numbers are higher is because you
25 have to go through the military to get those

1 specific places we are certain those estimates were.
2 We have to then get those validated by health
3 physicists and then it comes back to be processed
4 but it's a lot more development involved with
5 radiation claims. So those are the questions that I
6 was asked last time.

7 **DR. RAGIN:** Are there any other questions?

8 **MR. ENSMINGER:** Yeah, I got one. Why -- why
9 hasn't the VA created a registry for Camp Lejeune
10 like you have for all these other incidents?

11 **DR. HASTINGS:** Hi, this is Pat. We were to
12 have a meeting about that in January with you.
13 Because of the government shut down we weren't able
14 to do that and Jamie Mutter is going to reschedule
15 that so we will be having a discussion in regards to
16 the need for a water registry.

17 **MR. ENSMINGER:** Okay. All right. Thanks.

18 **MR. PARTAIN:** Why don't we do it now?

19 **DR. HASTINGS:** Because we need to get the --
20 I'm not the expert so we need to get some of the
21 others involved. So as I said, Jamie is going to
22 be setting that up, happy to do that but that'll be
23 a future date.

24 **MR. PARTAIN:** Okay. 'Cause this has been taken
25 down the road for about eight months now. And I

1 understand the government shut down in January but
2 we've been asking about this, you know, since last
3 year.

4 **DR. REH:** So and ATSDR would be happy to assist
5 or consult with VA on creating a registry.

6 **DR. RAGIN:** And Pat, you are correct, a meeting
7 was scheduled in January but due to the government
8 shutdown it was postponed so Jamie is working on the
9 Doodle poll that she'll send out for dates, future
10 dates to have that meeting.

11 **DR. HASTINGS:** Thanks, Angela.

12 **MR. PARTAIN:** Can we make that a priority?

13 **DR. RAGIN:** Sure. We can send it out,
14 actually, today.

15 Pat and Gail, we have one other question. This
16 question is from the CAP. They asked to see the
17 contract and the scope of work for the contract
18 examination vendors. And I believe from the last
19 meeting, the VA will check to see if this
20 information is publicly available through the GAO
21 procurement website.

22 **MS. CARSON:** Okay. So I did look on the GPO
23 website and I did see that there are contracts
24 available to the public. I will say that in
25 November of 2018 this year, VA publicly led a --

1 rebid of the contract for contract examinations and
2 the award was announced through a press release
3 through the Department of Veterans Affairs and
4 through mass media. And the contract awardees right
5 now are four companies: Logistic Health, Inc.,
6 that's located in La Crosse, Wisconsin; QTC Medical
7 Services that's in Diamond Bar, California. The
8 Veterans Evaluation Services, VES is in Houston,
9 Texas. And VetFed Resources is in Alexandria,
10 Virginia. The contracts are for a period of 12
11 months with nine 12-month option years and an
12 average cost of 6.8 million dollars. That
13 information, contract information, is available on
14 the GPO website. That information is bid publicly,
15 it's a federal notice of contract bids that goes out
16 to the entire public. So that information is
17 available for your review and GPO.gov is the
18 organization that generally has that, the details of
19 that information. If there's other details that are
20 not publicly available you may request that
21 information through a FOIA request.

22 **MS. FRESHWATER:** Could I get the list? Could
23 you just email that around, a list of the --

24 **MS. CARSON:** The list of the contractors?
25 Sure. And it is also available, this whole public

1 press release I just read from is in the November
2 28, 2018 press release that's available at
3 www.va.gov. It's on the public website but I'll
4 send it around as well.

5 **MS. FRESHWATER:** Thank you so much.

6 **MR. ENSMINGER:** Yeah, this is Jerry Ensminger.
7 Going back to the 2012 healthcare law, just for
8 general information, Senator Burr created a amended
9 updated version of that law so -- a couple of years
10 ago. He's been kind of tied up on the Intel
11 Committee for the last couple of years. I will get
12 up with them -- I was supposed to sit down with
13 them. There are health effects that should've been
14 included on that, congenital heart defects. And
15 there's some things on that law currently that
16 shouldn't be on there and we're going to clean that
17 thing up and then amend it. So I'll find out where
18 they're at with that. I haven't really been pushing
19 them. I know it's been hectic up there, so I'll let
20 everybody know what I find out.

21 **MR. ORRIS:** To add to that, Jerry, I know that
22 Senator Tillis is also currently looking at
23 congenital heart defects as well. One of
24 Congressman Jones's last acts before he passed away
25 was to send over a bill that was drafted to add

1 congenital heart defects, much like spina bifida is
2 for Agent Orange, directly to the VA. And I know
3 I've been in communication with Senator Tillis's
4 office about that as well. So hopefully between the
5 two senators in North Carolina we can get some
6 movement on it.

7 **DR. RAGIN:** Are there any other questions? We
8 have one more question for the VA. Mr. Partain
9 asked the VA the difference -- if they can tell him
10 the difference between the cost of the VA to do an
11 exam versus a cost for the contract conducting the
12 exam.

13 **MR. PARTAIN:** In reference to the SME -- this
14 was in reference to the SME exam for the veterans.

15 **MS. CARSON:** Right. So we -- so the specific
16 examinations themselves didn't have any details on
17 the Camp Lejeune versus the non-Camp Lejeune
18 examination by the SMEs. What I do know is that in
19 the average cost of examinations, the difference
20 between them is \$50. Contract examiners cost us \$50
21 less but the details of the SME cost, I could not
22 provide from that interview.

23 **MR. PARTAIN:** And can you give us an idea of, I
24 guess, how many companies are contracted to perform
25 SME reviews for Camp Lejeune and how many employees

1 these companies have doing this type of work?

2 **MS. CARSON:** I don't have the total number of
3 employees doing this type of work at the contract
4 examination, but all four of the contract exams
5 offices have persons who do the Camp Lejeune
6 examinations. So all of them are required. VHA
7 also still has its folks who do -- does the exams as
8 well, but I don't have those numbers.

9 **MR. PARTAIN:** And would the contracted SMEs, I
10 guess there's another degree of anonymity for the
11 examiner. Are the veterans being provided the
12 information on who's doing these reviews for their
13 files, like who they are?

14 **MS. CARSON:** So why are -- Yes. Absolutely
15 they get -- when you have an examination and ask,
16 and it's not true there's anonymity for the contract
17 examiners. They actually have to put their license
18 on there, their specialties and their information on
19 every examination that they do. So I'm not sure
20 what you're getting at --

21 **MR. PARTAIN:** Well I mean, the veteran is --
22 does the veteran have access to this, I mean we had
23 to --

24 **MS. CARSON:** Yes. We send a letter. In the
25 letter it says all the information.

1 **MR. PARTAIN:** Okay.

2 **MS. CARSON:** That information is in the letter
3 for every single exam, not just for Camp Lejeune
4 exams.

5 **MR. PARTAIN:** With the VA SMEs we had to file a
6 lawsuit with Yale law school --

7 **MS. CARSON:** You did.

8 **MR. PARTAIN:** And they're still trying to seal
9 the names, they won't release the names --

10 **MS. CARSON:** And that's the VA -- that's, I
11 think Dr. Dinesman spoke to that last time. I don't
12 know if he's on the phone, but I can't speak to
13 that. I can tell you the BVA -- all BVA examiners
14 are required to provide their information when they
15 set up the exam and to notify the veterans of who
16 they are, what their specialties are, their history,
17 and give them the websites where they can further
18 research that information.

19 **MR. PARTAIN:** Thank you.

20 **DR. RAGIN:** Are there any other questions?
21 There's one last action item. The VA will research
22 why kidney toxicity or end stage kidney disease was
23 not included in the presumptive list.

24 **DR. HASTINGS:** Hi, this is Pat. We talked
25 about that briefly just a few minutes ago. Renal

1 toxicity is an acute phenomenon. The kidney disease
2 that comes later in life, most of it is related to
3 diabetes, hypertension and not related to an acute
4 exposure to the toxins and it's not a chronic issue.
5 So that is the discussion there. If you need a
6 bibliography or anything like that, I can provide
7 that for a later date.

8 **MR. PARTAIN:** Dr. Hastings, you say acute
9 exposure? This was a chronic long-time exposure,
10 not acute.

11 **DR. HASTINGS:** Right. What I'm saying is renal
12 toxicity from the solvents is something that occurs
13 early on, it is not a late event.

14 **MS. FRESHWATER:** What? What?

15 **DR. HASTINGS:** Okay. I'll try to say it more
16 easily. If someone has renal disease that occurred
17 shortly after their time at Camp Lejeune, it would
18 be compensable. If they had renal disease when they
19 are 70 years old and they have other medical issues
20 such as diabetes it is not from the solvents, it is
21 due to the other medical issues that they have and
22 that's not compensable.

23 **MR. PARTAIN:** Well I'm 50 and have renal
24 disease. Does that change the equation?

25 **DR. HASTINGS:** When did you get your renal

1 disease?

2 **MR. PARTAIN:** No, hypothetical. There are
3 veterans -- I don't have renal disease, by the way -
4 -

5 **DR. HASTINGS:** Okay. But when --

6 **MR. PARTAIN:** There are veterans that do --

7 **DR. HASTINGS:** -- and if your renal disease --
8 did your renal disease occur in 1987 or did it occur
9 in 2007?

10 **MR. PARTAIN:** In several cases that I've gotten
11 with veterans that contact us, veterans in their
12 50s, 60s, you know, 20 years after exposure
13 developing renal disease and --

14 **DR. HASTINGS:** Right. Twenty years after
15 exposure would not be due to the toxins on Camp
16 Lejeune, that would be something that happened early
17 in their exposure. Late breaking renal disease is
18 not related to the solvents.

19 **MS. FRESHWATER:** You say that with absolute
20 certainty. You're saying that is a certain
21 statement that is absolutely --

22 **DR. HASTINGS:** I am -- I am saying that's what
23 the science shows and if you would like a
24 bibliography I can pull more information on that for
25 you. I know this has been one that people have

1 looked at many times.

2 **MR. PARTAIN:** Okay. Yes, I would like the
3 bibliography for that, please.

4 **DR. HASTINGS:** All right, that will be coming,
5 Mike.

6 **DR. BLOSSOM:** I have a quick comment. It's
7 known in the research of human and animal research
8 that an early life exposure is -- the effects are
9 long term. So like you can have an exposure early
10 in life and then get a disease later in life
11 resulting from that exposure. And I would assume
12 that renal toxicity would be similar to what we see
13 in the immune system. And there's tons of evidence
14 on that. I just wanted to make that comment that
15 you can't just say what you just said.

16 **DR. BOVE:** This is Frank Bove. And we have a
17 document on our website which goes over the evidence
18 for kidney disease, end stage renal disease and
19 trichloroethylene exposure, occupational. Most of
20 the studies are occupational -- almost all the
21 information is occupational but there are studies
22 indicating that there are effects to kidney
23 biomarkers at levels of exposure and even in
24 occupational exposures much below what the current
25 standard is for occupational exposures so that

1 exposures very low, actually, are being shown to
2 cause effects on kidney biomarkers. So we have, as
3 I said, we have a section on it in this report that
4 we have on our website which goes over the evidence
5 for kidney disease and trichloroethylene so if you
6 want, take a look at that. It sort of contradicts
7 what's being said.

8 **DR. RAGIN:** Frank, that report is on the
9 website?

10 **DR. BOVE:** Yeah.

11 **DR. RAGIN:** So we can get you the web address.
12 Are there any other questions for the VA?

13 **ACTION ITEMS FROM PREVIOUS CAP MEETING**

14 **DR. RAGIN:** Hearing none, we'll move on to the
15 next action items. We have a few action items for
16 Melissa Forrest. Melissa, the CAP asked what
17 precautions are being taken at the base to ensure
18 that the installation of new drinking water supply
19 wells do not influence any existing groundwater
20 contamination plumes?

21 **MS. FORREST:** The base follows a well head
22 management plan to evaluate new water needs,
23 modification of existing wells and placement of new
24 wells in accordance with applicable state and
25 federal laws and regulations. The plan includes

1 evaluating environmental issues associated with
2 proposed well locations before any construction
3 begins. The potential locations are not considered
4 if they fall within a 1500-foot buffer around an
5 active or closed installation restoration site or
6 other known pollution areas.

7 Additionally, before new wells are installed,
8 site-specific data are collected including
9 groundwater samples for analysis of recharge rates
10 to determine how far the drawdown of the well will
11 influence the surrounding aquifer. And once a final
12 well location is selected, analytical sampling is
13 conducted and submitted to the state as part of the
14 permitting process. In addition to the preliminary
15 testing and site reviews, all drinking water supply
16 wells are tested semi-annually for common
17 contaminants including volatile organic compounds,
18 semi-volatile organic compounds, PCBs, pesticides,
19 herbicides, metals and several other parameters in
20 conjunction with the installations as best
21 management practices.

22 If any data indicated potential concern for the
23 quality and safety of the water, additional sampling
24 may be conducted or -- and/or the well shut down
25 until further analysis is concluded.

1 **DR. RAGIN:** Are there any questions for
2 Melissa?

3 **MR. ASHEY:** Hi, Melissa.

4 **MS. FORREST:** Hi, Mike.

5 **MR. ASHEY:** I'm the one who brought this up and
6 the point I made last time is that if you're
7 following, not you, but if the Department of Navy
8 and the Marine Corps is following standard EPA
9 protocols for sampling on a bi-annual basis, no one
10 ever contemplated a debacle of the magnitude of Camp
11 Lejeune when those protocols were set up. And so,
12 again, I ask the Department of Navy to consider
13 monthly sampling on every one of those well heads
14 because if you do bi-annual sampling, let's say you
15 sample in January --

16 **MR. ENSMINGER:** You said semi-annually.

17 **MS. FORREST:** Twice a year. Yes.

18 **MR. ASHEY:** Yeah. Every six months. Correct.

19 **MR. ENSMINGER:** Not bi-annually, that's every
20 other year.

21 **MR. ASHEY:** So if you sampled in January and in
22 March the plume hit that well, you wouldn't know it
23 for three months. And so for three months that
24 well, let's say it's pumping 10,000 gallons an hour
25 which is, I think, is about a standard for the wells

1 at Camp Lejeune, that's pulling a lot of
2 contaminated water that is being distributed
3 throughout the base.

4 Yesterday we had a briefing on vapor intrusion
5 and there were several large plumes that were not
6 behaving normally. And what I mean by that is that
7 the plumes were moving in the opposite direction of
8 the groundwater flow which is unusual unless
9 something was pulling those underground contaminated
10 plumes in another direction. And in one instance we
11 think it may have been wells, existing wells. And
12 so, unfortunately, we -- I had asked to have that
13 particular slide put up today to show you that
14 particular plume which is actually coming right
15 across underneath a parade ground on the main side
16 portion at Camp Lejeune, and there are wells in that
17 area. So is it possible that those potable wells,
18 which are pulling about 10,000 gallons an hour, are
19 creating such a huge hydraulic gradient that it's
20 pulling those plumes away from the normal direction
21 that they would flow down into those wells? It was
22 a good example and, unfortunately, we can't put it
23 up today.

24 So again I ask the Department of the Navy, in
25 closing, to consider doing monthly sampling of those

1 well heads, all those potable wells. It's not that
2 expensive. And what we don't want is 20 years from
3 now another 850 to 150,000 to a million veteran
4 Marines having to deal with what we all are dealing
5 with. Thank you.

6 **MS. FORREST:** I will certainly take that back
7 as a recommendation. I anticipate that our response
8 will also address the fact that we do have, you
9 know, a large number of groundwater monitoring wells
10 at various locations on the installation so some of
11 that information may also be vetted into why or why
12 not they don't conduct additional sampling. I don't
13 have all those details with me but that's where I
14 think it will be heading. But I'll definitely take
15 that back as a request.

16 **MR. ASHEY:** Well if they are not monitoring the
17 outer edges of those plumes or let's say they're
18 doing -- they're testing every six months on those
19 monitoring wells, again, they're not going to know
20 for six months if it moves in the -- in month two
21 after they test, and the one thing and this -- we
22 discussed this yesterday, the only thing you know
23 for sure about the behavior of contaminating
24 underground plumes and contamination is that you
25 don't know for sure. If that makes sense.

1 **MS. FORREST:** Yes.

2 **MR. ASHEY:** So there are no absolutes, there
3 are no yes and no's, there are only maybes.

4 **MR. ENSMINGER:** This is Jerry Ensminger.
5 Melissa, what was the -- what's been the final
6 outcome of the monies that were allocated for the
7 water purification system at Camp Lejeune that were
8 being taken by Trump to build his wall?

9 **MS. FORREST:** No.

10 **MR. ENSMINGER:** No, no. I mean, there was a
11 big flap in the news about this recently and the
12 Commandant's memo on it got released publicly.

13 **MS. FORREST:** And I'm sorry, I don't have the
14 information on that. I mean, if you have a -- so
15 your question is: How much money came from the
16 water treatment system upgrades --

17 **MR. ENSMINGER:** Was it taken?

18 **MS. FORREST:** Was it taken?

19 **MR. ENSMINGER:** Yeah.

20 **MS. FORREST:** Okay.

21 **MR. TEMPLETON:** This is Tim, Melissa.

22 **MS. FORREST:** Yeah. I'm sorry, I just want to
23 make sure I'm --

24 **MR. TEMPLETON:** Absolutely.

25 **MS. FORREST:** All right.

1 **MR. TEMPLETON:** Even if there was a major
2 hurricane that hit recently, and I know you probably
3 won't be able to answer this, I'd like for you to
4 take it back. If you can answer it that'd be great.
5 How closely are you guys working with NCBENR or EPA
6 with trying to determine the location and of the
7 plumes, how it's affecting other properties and
8 whether any of that information might, perhaps, be
9 available to the public?

10 **MS. FORREST:** I know that they've worked
11 closely with the North Carolina Department of NCB
12 and EPA. The state regulators and EPA, you know,
13 when they were conducting that, you know, hurricane
14 response and looking at their installation and
15 restoration programs and, you know, assuring
16 everything was functioning properly, if that's what
17 you're asking about. And I know that we provided
18 some detailed information for some detailed
19 questions in between the last CAP meeting and this
20 CAP meeting. I don't have a copy of that. I tried
21 to make sure you got a copy of it and I think it
22 might address your concern. So we'll take that back
23 as an action item but I think it's easily clarified
24 by just making sure you get a copy of the
25 information that was provided.

1 **MR. TEMPLETON:** Okay. Just to clarify real
2 quick, I guess part of the thing that really
3 concerns me is the movement and as Mike was
4 mentioning just a little bit ago, of the movement of
5 the plumes underground --

6 **MS. FORREST:** As a result of floodings --

7 **MR. TEMPLETON:** -- as a result -- Right.
8 Right.

9 **MS. FORREST:** Yes.

10 **MR. TEMPLETON:** The gradient.

11 **MS. FORREST:** And I know there were several
12 questions related to that and our response and what
13 we were doing to make sure our systems were
14 operating appropriately. So like I said, I think
15 the first step would be to make sure you get a copy
16 of what was already provided.

17 **MR. TEMPLETON:** Okay. Thank you.

18 **DR. RAGIN:** Next up, Lori and then Chris.

19 **MS. FRESHWATER:** My first question, actually,
20 is for you, Mike. I personally had some issues and
21 couldn't make the meeting yesterday. In your
22 experience, because I consider you to be, you know,
23 an expert in this, is there -- do you think there's
24 a difference in what a private industry would be
25 testing? Would they be testing monthly in a

1 situation like this? Do you know what I mean? Is
2 that a norm that we're missing?

3 **MR. ENSMINGER:** It's only normal if you've got
4 a huge contaminated area like Camp Lejeune.

5 **MS. FRESHWATER:** Right. But I'm saying -- I'm
6 saying is there a comparable -- like I would think
7 if this was private industry that they probably
8 would be testing, it seems like, monthly with that
9 kind of plume --

10 **MR. ASHEY:** Well if --

11 **MS. FRESHWATER:** -- and the unexpected movement
12 and --

13 **MR. ASHEY:** If private industry had caused a
14 contamination problem of the magnitude at Camp
15 Lejeune, the people who did it would be in jail.

16 **MS. FRESHWATER:** Right.

17 **MR. ASHEY:** So I -- I worked with the EPA
18 office in Atlanta years ago when I was superior
19 chief of the Florida program, we just never thought
20 -- we just didn't think of it when we were having
21 these discussions on, you know, how to set up the
22 sampling because it never occurred to us that
23 something of this magnitude would ever happen. So
24 had we had this discussion and had we had more
25 knowledge about -- because I didn't know about Camp

1 Lejeune, we probably would have at least had a
2 serious discussion about making recommendations that
3 would have led us to conclude that, you know,
4 monthly sampling is better because of the number of
5 wells, the number of human beings that those wells
6 served and the fact that you already have a major
7 crisis like this.

8 **MR. ENSMINGER:** Well the number of plumes too.

9 **MR. ASHEY:** Right. They're just everywhere.

10 **MS. FORREST:** Right.

11 **MR. ASHEY:** And as we discovered yesterday,
12 there's contaminated soil and groundwater that have
13 been identified but the plumes haven't been
14 delineated for those contamination risks. So I
15 think it would be prudent for the Department of Navy
16 to want to undertake more frequent sampling of
17 potable well heads to ensure that if those wells are
18 starting to pull contamination, they're going to
19 know it sooner rather than later. Or if they
20 discover it later, do what they did the first time
21 and hide it. So that's what our concern is.

22 **MS. FRESHWATER:** Okay, that makes sense. And I
23 thank you very much. And then just a request for
24 you, on the water treatment plant we've upgraded
25 improvements and Trump's wall and it was covered by

1 multiple media organizations and when the community
2 saw that there was a lot of pain brought up from
3 that because how could you take money from Camp
4 Lejeune water treatment, you know, wow, that's
5 pretty amazing. So if you could get that to us
6 sooner rather than later, that's -- I would rather
7 that not be an action item for the next meeting.
8 But if we could know what money is being taken from
9 Camp Lejeune as soon as possible, that would be
10 wonderful.

11 **MS. FORREST:** I'll do my best.

12 **MS. FRESHWATER:** Thank you.

13 **MR. ORRIS:** So Melissa, you and I kind of
14 briefly touched on this before the meeting started,
15 I have lived local to Camp Lejeune as does Jerry.
16 You know, we're very familiar with what Hurricane
17 Florence has done to the base. I drove through
18 Hadnot Point last week and I was shocked to see how
19 many of our active duty military are currently
20 working in tents or in the wood structures built on
21 the parade grounds in front of their buildings that
22 are too damaged to be able to use. I know the
23 Commandant of the Marine Corps recently asked for
24 1.6 billion dollars to repair the buildings that
25 were damaged due to Hurricane Florence and I can

1 tell you just driving through the base, a quick
2 look, at least one out of every two buildings is
3 tarped, many of them are not used. My concern here
4 is is, and Mike and I were talking about this
5 yesterday, temporary buildings use a wooden floor,
6 they're not on a slab and we want to make sure that
7 you are not putting those temporary buildings on top
8 of known plumes so that we can avoid any further
9 vapor intrusion problems. And I know that that's
10 out of -- you don't have the direct answer to that
11 but if you can make sure to follow up on that, that
12 would be appreciated.

13 **MS. FRESHWATER:** Chris, may I ask where -- did
14 you say guys were living, I shouldn't say guys, the
15 Marines were living in tents or like --

16 **MR. ORRIS:** No. I said they're working out of
17 them. Almost all of the Second Marine division over
18 at Hadnot Point, the Second Marine division
19 headquarters is currently not being used. They have
20 tents and temporary buildings set up right in front
21 of there. And just driving through Hadnot Point
22 itself, you can see different areas where buildings
23 are just completely -- that were in use just months
24 ago are no longer in use and they're operating out
25 of tents and temporary structures in front of those

1 buildings. I'm not saying the Marines are living
2 outside in tents, I don't think that's --

3 **MS. FRESHWATER:** But even working (inaudible)
4 in tents.

5 **MR. ORRIS:** Working outside of there. And in
6 going just a little bit further, because I do have
7 that email that was sent over showing what damage
8 was to some of the buildings, one of my main
9 concerns, and I brought this up in the past, is HP57
10 which is the PMO barracks where we do have some
11 active vapor mitigation ongoing, the PMO are usually
12 considered essential personnel. And not many of the
13 Marines from Camp Lejeune evacuated due to Hurricane
14 Florence anyway, in this email you -- the Department
15 of the Navy have confirmed that HP57's mitigation
16 system was off line for at least 10 days. And my
17 concern here is if we had a building that has to
18 have active vapor mitigation and we have a sensitive
19 population which is female Marines of child-bearing
20 age who are being quartered in this building, and
21 then we find out that that building's mitigation
22 system has been off line, what was the Department of
23 the Navy's response to make sure that sensitive
24 population wasn't exposed during the storm and what
25 have you done to notify that sensitive population?

1 **MS. FRESHWATER:** And again, this is kind of
2 highly sensitive I would say, so what Chris is
3 bringing up is very important and so I would -- I
4 would like to be heard about all of that as soon as
5 possible.

6 **MS. FORREST:** Since we tend to rely on, you
7 know, the transcripts to get the final action items,
8 the one that you're asking for some faster, you
9 know, some immediate turn around on the HP57, the
10 vapor intrusion mitigation system was off line for a
11 period of time after Hurricane Florence. And Chris
12 you asked what did we do to ensure the sensitive
13 population, specifically you know, women were not
14 exposed and if they were not moved out how were they
15 notified, is that --

16 **MR. ORRIS:** Or were they even notified. And I
17 understand, I lived through Hurricane Florence too,
18 that was a very turbulent time, but I would like to
19 make sure that, you know, we're addressing this
20 sensitive population. And to bring up -- to bring
21 up Congressman Jones's questions to the Department
22 of the Navy, why are you putting female Marines in
23 quartered in a barracks that needs vapor mitigation
24 anyway? That's opening up a can of worms
25 potentially that you don't need. Put them somewhere

1 else.

2 **MS. FORREST:** Right.

3 **MR. ASHEY:** Melissa, one last point. Heavy
4 water inundation will make stable plumes unstable
5 and that's what happened at Camp Lejeune recently
6 after that hurricane. So hopefully the CH2M Hill
7 people are out there ensuring that those plumes are
8 remaining stable or if they are moving which
9 direction is it moving into.

10 **MR. ENSMINGER:** I know my area during Florence
11 now holds the state record for the amount of
12 rainfall at 35 inches. I don't know how much
13 Lejeune got, it was some -- a little bit less than
14 that, not much. And that will have a real definite
15 impact on the movement of groundwater.

16 **MS. FORREST:** Thirty-five inches, yes.

17 **MS. FRESHWATER:** We're going to be dealing with
18 more storms, a whole lot more and a lot more severe
19 things so this is something that we need to take
20 care of and make sure that going forward that we
21 have plans in place.

22 **DR. RAGIN:** If there are no other questions,
23 there are two more action items for the Navy and
24 Marine Corps. A follow-up, Chris?

25 **MR. ORRIS:** One more follow-up. And Melissa,

1 just one more follow-up question because I do
2 understand the elements of Camp Lejeune have been
3 affected by Hurricane Florence and I understand that
4 when you go to build new buildings right now or to
5 replace buildings, you need to go through a process
6 where you make sure that, you know, you're not
7 disturbing the soil. Mike, we covered most of this
8 yesterday. I want to make sure that in this process
9 if Camp Lejeune does decide as an emergency measure
10 to not go through that process, that they notify the
11 public in regards to that choice.

12 **MS. FORREST:** So you're saying if we decide to
13 deviate from --

14 **MR. ORRIS:** From the standard to replace
15 buildings.

16 **MS. FORREST:** -- from the standard like land
17 use controls, the construction restrictions, if we
18 decide to deviate from those because it's an
19 emergency situation, what are we doing to notify
20 people?

21 **MR. ORRIS:** Correct.

22 **MS. FORREST:** Is that what you said?

23 **MR. ORRIS:** Yes.

24 **MS. FORREST:** Okay.

25 **MR. ORRIS:** And will you notify the public if

1 you choose not to follow your standard procedures?

2 **MR. ASHEY:** Melissa, this is -- all these
3 issues concerning plume stability that we're
4 discussing with proximity to potable wells. The
5 second part of my recommendation the last time we
6 spoke about this was that if the water treatment
7 facilities don't have air strippers, which are not
8 very expensive, on the inland side so that they can
9 be turned on when needed if there is a hit, it's an
10 easy way and an inexpensive way to pull out of
11 somewhere between 80 and 90 percent of the
12 contaminants and they just vaporize because of the
13 high pressured air you're pushing up through the
14 water. And so I think we determined that the water
15 treatment facilities don't have air strippers.

16 **MS. FORREST:** No. That was an action item from
17 last time.

18 **MR. ASHEY:** Right. So there's no air strippers
19 to address any contamination issues that may occur
20 today. The wells are being sampled every six
21 months, that's just -- it's a recipe for a repeat of
22 what we're dealing with now. Especially with the
23 heavy impacts at Camp Lejeune now where the entire
24 infrastructure has been decimated by a natural
25 occurring event.

1 **MR. McNEIL:** This is for Chris and Melissa. Is
2 there discussion about getting around regulations,
3 declaring some emergency for that building or is
4 that just a --

5 **MS. FORREST:** I know nothing, no plans to do
6 anything like that. I haven't heard of anything.

7 **MR. McNEIL:** Oh, okay. All right.

8 **MS. FORREST:** I think Chris is just asking, you
9 know --

10 **MR. McNEIL:** If it happens --

11 **MR. ORRIS:** Well they need 1.6 billion dollars
12 to start construction. They don't have the money
13 right now, they're just doing temporary everything.

14 **MR. McNEIL:** I'm just worried about getting
15 around regulations --

16 **MS. FORREST:** I -- my -- my initial response is
17 that we're going to come back and say we're not
18 going to cut corners, you know --

19 **MR. McNEIL:** Okay.

20 **MS. FORREST:** -- that we're not at that point
21 that we need to be cutting corners on regulations.

22 **MR. McNEIL:** We're all here because we already
23 cut corners.

24 **MS. FORREST:** Right. I don't anticipate --
25 yeah. I want to make sure I'm not giving an

1 absolute answer when one is not correct, but you
2 know, I can't imagine the situation in response to,
3 you know, building a building because of hurricane
4 damage where we would ignore regulations or ignore
5 requirements. I don't think that will ever happen
6 but I don't want to give a definitive answer, you
7 know, I'll go back and check it out, but...

8 **MR. ENSMINGER:** Well let me tell you something,
9 when they went to expand the Holcomb Boulevard water
10 treatment plant from the two million gallon a day
11 system to a five million gallon system back in the
12 '80s, we have overhead photographs that were taken
13 by the Navy inspection team of the expansion project
14 underway with bulldozers in the pits digging out the
15 areas where they were going to put the underground
16 treated water storage tanks, and the State saw those
17 photographs and stopped them because they never even
18 applied for a damn permit. So don't tell me that
19 wouldn't happen 'cause I know it did and it does.

20 **MS. FORREST:** All I can speak is from my
21 experience --

22 **MR. ENSMINGER:** Okay.

23 **MS. FORREST:** -- and I've worked for the Navy
24 now for almost 30 years and today's world is very
25 different from the world that I started in in the

1 early 1990s. We have many more layers of oversight
2 and, you know, policies in place to ensure that we
3 comply with regulations. I mean, it's just a
4 different world than it was. I really don't think
5 that we will do anything with construction or
6 anything where we're going to cut corners.

7 **MR. ENSMINGER:** Okay.

8 **MS. FORREST:** But I will take that back just to
9 make sure there isn't some policy in place if there
10 was an emergency situation. But I don't see where
11 that would apply to construction related to, you
12 know, building up our infrastructure as a result of
13 damage from a hurricane.

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

15 **DR. RAGIN:** We'll go on to the next action
16 items for the Navy and Marine Corps. Would you
17 provide a history of building LCH4014 and the vapor
18 intrusion mitigation system, how the system is
19 monitored and what precautions are taken to ensure
20 the system operates as appropriate and people inside
21 the buildings are protected. The next part of that
22 question, the CAP would like to know why vapor
23 intrusion mitigation was conducted in 2012 in
24 building 4014 and have the inhabitants of that
25 building been notified since they're a sensitive

1 population, there are children living in the
2 building.

3 **MS. FORREST:** Building 4014 is a strip shopping
4 center that currently houses the movie theater,
5 laundromat and office spaces. Past tenants have
6 included child daycare, a post office, YMCA, beauty
7 parlor, barber shop, drug store, dress shop, grocery
8 store and telephone exchange.

9 Petroleum contaminated soil was identified in
10 2012 during renovation activities in the area of the
11 building used for the movie theater bathrooms only.
12 Contaminated soil was removed, however petroleum
13 compounds remained in the soil in the vicinity of
14 the building and groundwater sampling has indicated
15 that these compounds exceed the state cleanup
16 standards in this area. A vapor mitigation system
17 was installed to prevent potential vapor intrusion
18 from occurring. Indoor air sampling is conducted
19 monthly to ensure the system is working and no
20 detections have been noted since the system was
21 installed. The system will continue to operate
22 until groundwater achieves state cleanup rolls and
23 soil contamination is confirmed to be remediated to
24 below safe cleanup standards.

25 No specific outreach to customers of the former

1 child care facility was done as we do not have
2 evidence that exposure occurred. The area of soil
3 contamination was beneath the theater bathrooms and
4 the theater has occupied the same area of the
5 building since its construction. In addition, no
6 petroleum odor complaints were received prior to or
7 during renovation activities of the movie theater.

8 **MR. ORRIS:** So this was a movie theater
9 bathroom which is not just related to active duty
10 marines. What kind of assurance can we have that
11 women, specifically a sensitive population of women
12 who are currently in the first trimester of their
13 pregnancy, didn't receive an exposure that could've
14 damaged the in utero fetus?

15 **MS. FORREST:** Well I'm not an expert on those
16 exposures, but I would think since it is a movie
17 theater bathroom, it's not a residential scenario,
18 it's people that are just coming in for short
19 periods of time to use the bathroom, you know. I'm
20 not an expert in this and this, I am assuming since,
21 you know, ATSDR is conducting this base-wide vapor
22 intrusion investigation that, you know, this
23 information is part of that and it will be
24 considered as part of that. And if they discover
25 something that we need to take an action on --

1 **MR. ENSMINGER:** Can you be more -- we're
2 talking about Midway Park here, right? I think
3 that's Midway Park.

4 **MS. FORREST:** You know, where the movie theater
5 was and has --

6 **MS. FRESHWATER:** The movie theater was on main
7 base.

8 **MR. ENSMINGER:** Yeah, but they had a theater
9 over there in that little complex there at Midway
10 Park housing area across from the main gate.

11 **MS. FRESHWATER:** They did?

12 **MR. ENSMINGER:** Yeah, across 24.

13 **MS. FORREST:** This is a strip shopping center
14 type location --

15 **MR. ENSMINGER:** They had a shopping center over
16 there, they had a little commissary over there --

17 **MS. FRESHWATER:** Oh yeah, because the base
18 movie theatre is a big --

19 **MR. ENSMINGER:** -- and they built a daycare
20 center in that. I'm more concerned about the
21 daycare center than I am --

22 **MS. FORREST:** And what we're trying to say with
23 this is that, you know, when they were doing the
24 renovations it seemed that it was specifically in
25 the area of the bathroom. You know, they haven't

1 identified any issues with any other area of the
2 building.

3 **DR. RAGIN:** Danielle.

4 **MS. LANGMANN:** This is Danielle Langmann, I'm
5 the lead for the soil vapor health assessment that
6 we're doing at ATSDR, and I can say in a little bit
7 I have an interactive map that I'll be pulling up
8 with my presentation --

9 **MR. ENSMINGER:** Okay, good.

10 **MS. LANGMANN:** -- so I can also pull up that
11 location. And although the data extraction process
12 that we did that took a few years, many years, and
13 we took data out of about 24,000 documents through
14 2014, -- no, 2013. The vapor intrusion management
15 systems in a lot of these buildings were put in like
16 after that time period. So as part of our process
17 we're going to go back and we already have started
18 going back getting data from 2014 to 2018 for all of
19 the, I think there's 21 buildings currently and
20 there's two or three that are being built that
21 they're getting barriers put in. And we're going
22 back to all those buildings, requesting data on
23 those buildings, and reviewing those data to ensure
24 that the vapor intrusion management systems, the air
25 samples, whether it's a passive system, whether it's

1 creating positive or negative pressure in the
2 building, all that kind of information about those
3 21 to 23 buildings will be looked at to make sure
4 we, you know, from our point of view of what's in
5 the groundwater, what's in the soil, what's in the
6 air, what kind of system is there and whether we
7 feel it's protective or not. So I don't actually
8 have a schematic for the building in question but I
9 know it is one that came up because there's a second
10 building in the same area that they were going to
11 use as a school and they're not going to anymore.
12 But I can pull that up on the map when we get to my
13 part.

14 **MR. ENSMINGER:** I'm pretty sure it's Midway
15 Park.

16 **MS. LANGMANN:** Yeah.

17 **MR. ORRIS:** We have one of the -- we have
18 scientists here, specifically Dr. Bove. Could a
19 woman's fetus be harmed in a short-term exposure
20 potentially?

21 **DR. BOVE:** We don't know.

22 **MR. ORRIS:** And that's the problem is we don't
23 know.

24 **MS. FORREST:** Well one other thing that we've
25 got with this particular building is petroleum

1 contaminated soil, it's not a solvent TCE exposure,
2 it's petroleum compounds.

3 **MR. ORRIS:** It is petroleum?

4 **MS. FORREST:** Yes.

5 **MR. ENSMINGER:** It's massive, it's heating
6 fuel, heating oil.

7 **MS. FRESHWATER:** Benzene.

8 **MR. ENSMINGER:** Heating oil.

9 **MS. FRESHWATER:** Yeah.

10 **DR. BOVE:** Benzene's a problem too.

11 **MS. FRESHWATER:** Yeah, benzene -- I don't want
12 to downplay benzene.

13 **MS. FORREST:** I'm not discounting that it was
14 an issue. We put the vapor intrusion system in
15 place, you know, as a protective measure. If it,
16 when ATSDR completes their, you know, their
17 research, their investigation, if they have some
18 other recommendations we will certainly be
19 considering them. It's just at this point it was
20 petroleum, it seemed to be confined to the bathroom.
21 It's not a bathroom that's in a residential area,
22 it's one where you just have customers who should be
23 using it just periodically. So we didn't see it as
24 a, you know, an indicator for something requiring,
25 you know, additional outreach at this point. I'm

1 not saying it won't be considered in the future,
2 it's just right now.

3 **MR. ENSMINGER:** And number two, heating oil has
4 very low levels of benzene, very low, not like gas,
5 gasoline.

6 **DR. RAGIN:** We have one more action item and I
7 just want to state this for the record. I spoke
8 with Mr. Asheby before the meeting, and he continues
9 to request that a representative from CH2M Hill
10 attend the CAP meetings so I just wanted to state
11 that for the record. Are there any other questions
12 for Melissa?

13 **MS. FRESHWATER:** So does that continue on for
14 the next one, that we're still putting in another
15 request?

16 **MS. FORREST:** And I just want to reiterate what
17 our response is, is that we have a very robust
18 program that's shared with the public through the
19 Restoration Advisory Board process. I encourage
20 anyone who's interested, you know, to attend the
21 meetings, become a member. Our documents are
22 available for review. Anyone who wants to look at
23 any of the documents on the administrative record,
24 they're available for public review. It is -- it's
25 open for your involvement. It's just current and

1 ongoing environmental restoration program and most
2 issues are covered under the Restoration Advisory
3 Board. This Board, this effort, my support is to
4 focus on what we can do to assist ATSDR in their
5 health studies and making sure they get the
6 information they need. It's not focused on
7 environmental restoration, the ongoing environmental
8 restoration process.

9 **DR. RAGIN:** Thank you. Lori.

10 **MR. ASHEY:** Yesterday you said that you were
11 reviewing the notes from this board that Melissa
12 mentioned?

13 **MR. ORRIS:** So, yeah. Melissa and I had a
14 robust conversation about that this morning and
15 while it's extremely difficult and complex and you
16 obviously need instruction on how to navigate the
17 site. I mean, I would consider myself able to go
18 anywhere and download anything and look at anything
19 and every time I've tried to access this Restoration
20 Advisory Board's meetings, their actual meeting
21 notes may be two to three paragraphs for an entire
22 meeting. There's certainly not, you know, very
23 detailed notes. However, she did show me that they
24 do put documents up on that site, it's just a very
25 unfriendly pathway to find it. You even had a

1 little difficulty.

2 **MS. FORREST:** For anyone who's looking, the key
3 term to look at is there's a little -- there's a
4 button that's for the administrative record and
5 that's an official term. That is for all the
6 documents, the official documents related to
7 anything that we do with the environmental
8 restoration program. We maintain this
9 administrative record. There's a button and there's
10 a -- so that you can link and you can access the
11 documents. And there's also a point of contact on
12 the website when you click on the administrative
13 record button where you've got contact information.
14 If you have any issues, any difficulty, please reach
15 out to that point of contact and they'll help you
16 get access to the documents.

17 **MR. ASHEY:** Our representative -- is CH2M Hill
18 for that advisory board that you mentioned?

19 **MR. ENSMINGER:** I thought we had
20 representatives at all the meetings.

21 **MS. FORREST:** As our contractors. If they're -
22 - you could have contractors other than CH2M Hill
23 depending on, you know, at different times we had
24 different contractors working the environmental
25 investigations, environmental sites. So they're

1 there to support the Navy, where we have a remedial
2 project manager who is out of NAVFEC, Naval
3 Facilities Engineering Command. We have a local
4 Navy representative and then we have contractor
5 support who really do all the heavy lifting. So
6 they are 99.9 percent certain at every Restoration
7 Advisory Board you're going to have contractor
8 support there because they're going to help give the
9 presentations on the technical side.

10 **MR. ENSMINGER:** CH2M Hill is at every meeting.
11 Every meeting.

12 **MS. FORREST:** Yeah. I've never participated in
13 a RAB meeting where a --

14 **MR. ENSMINGER:** Well I'm a member of the RAB.

15 **MS. FORREST:** -- primary contractor is not
16 there. Yeah.

17 **MS. FRESHWATER:** Does anyone know off-hand when
18 the next meeting is?

19 **MS. FORREST:** I do. It's in May. I think it's
20 May 15th, I wrote it down.

21 **MR. ENSMINGER:** Yeah, I can send an email.

22 **MS. FORREST:** Here it is. May 15th and the
23 information is on the website.

24 **MS. FRESHWATER:** It's in North Carolina, right?

25 **MR. ENSMINGER:** It's in --

1 **MS. FORREST:** It's in Jacksonville. Yeah.

2 **MR. ENSMINGER:** Carolina Community College
3 campus, building 110.

4 **MR. ASHEY:** The reason why I asked that if you
5 kept this in action items because it's a simple
6 request and I realize why the Department of Navy
7 doesn't want to hear it, but it's a simple request.
8 And I think that the people sitting in this room,
9 most of whom are probably former Marines, would
10 probably agree with me, it's a simple request. If
11 there's hundreds of technical people that have been
12 hired by the Navy to deal with this, surely the Navy
13 would have no problem with having a representative
14 of that technical community come here and talk to us
15 and answer questions that we may have.

16 **MS. FORREST:** I don't think there is one
17 contractor representative who can answer all these
18 questions. I mean, you have different people who
19 are in charge of different sites, different portions
20 of the investigation and the cleanup work. So it's
21 not like there's one CH2M Hill representative that
22 we bring to discuss all Camp Lejeune issues. That's
23 why my purpose is to come here to listen to your
24 questions, listen to your concerns, do the best I
25 can to make sure I understand your questions and

1 take them back as action items and get the
2 information that you're requesting.

3 **MS. FRESHWATER:** And one, Melissa, could cover
4 the entire DOD. One of them could probably cover
5 their whole little, you know, section. And were all
6 -- even if their representative is doing exactly
7 what you're doing.

8 **MS. FORREST:** But they would be doing just what
9 I'm doing and that's my function here is to take
10 that back and get the information that you need.

11 **MR. ASHEY:** Well the reason why I asked for
12 CH2M Hill is almost all the documents that are
13 reviewed have been generated by CH2M Hill and that
14 covers a large majority of the plumes, at least the
15 major plumes at Camp Lejeune.

16 **DR. RAGIN:** So Melissa, may I suggest that we
17 just follow up on the break and --

18 **MS. FORREST:** I think that I've given the
19 response to this. It's been asked multiple times.

20 **DR. RAGIN:** Yes.

21 **MS. FORREST:** I'll take it back again, but the
22 response is if you are really interested in
23 restoration and in the environmental restoration
24 program ongoing on Camp Lejeune, please participate
25 through the Restoration Advisory Board and those

1 representatives are there. If you have questions
2 specific to what ATSDR is doing and information that
3 we will be providing, the support that we're
4 providing, I will take that back through this
5 format.

6 **MR. ASHEY:** The reason why I'd like it be kept
7 on there is that our next meeting is in Washington
8 D.C.

9 **DR. RAGIN:** Melissa, I'll ask that you provide
10 the information for the RAB meetings and Jamie will
11 send it out to the CAP.

12 We have two action items for ATSDR which I
13 believe Danielle will cover in her presentation, but
14 I will just state them for the record. ATSDR, this
15 question is from the CAP. ATSDR, they want to know
16 if you will add the difference between air sparge
17 and bio sparge in writings in a health assessment.
18 And also Mr. Ashey requested that the final vapor
19 intrusion health assessment have the plume
20 boundaries superimposed on the maps of the buildings
21 to see proximities.

22 **MS. LANGMANN:** The answer is yes, we will be
23 doing both those things.

24 **MR. ASHEY:** Just for the record, the
25 presentation yesterday went very well and of course

1 I'm very impressed with the progress thus far,
2 they've done a great job.

3 **MS. LANGMANN:** Thank you.

4 **DR. RAGIN:** If there are no other questions,
5 we're going to take a break and after the break
6 we'll start off with our presentation from Danielle
7 on the public health assessment updates, soil vapor
8 intrusion. Thank you. And we'll resume at 11:10.

9 (Break, 10:49 till 11:08 a.m.)

10 **DR. REH:** Okay, if everybody would take a seat.
11 It's time to get started on the second half of the
12 program.

13 **MS. FRESHWATER:** Could I just go back because
14 some people from the audience had asked me to
15 clarify some things.

16 **DR. REH:** Sure.

17 **MS. FRESHWATER:** Let me try and -- for the VA.
18 So several of the female Marine veterans are having
19 trouble understanding the low approval rates -- and
20 I'm trying to find my slide, but the -- on the
21 neurobehavioral -- the one -- there was another one.
22 Anyway she wanted some clarification as to how many
23 people applied and why the approval is so low.

24 **MS. CARSON:** Is that for the health people --
25 for the healthcare family care?

1 **MS. FRESHWATER:** Family, yeah.

2 **MS. CARSON:** Ms. Beatty, are you still on the
3 line? Ms. Hastings, are you still on the line?

4 **DR. HASTINGS:** Yeah, this is Pat. With neuro-
5 behavioral, usually that is, again, an acute effect
6 and comes on at the time of the exposure. Most of
7 those are documented to be visual and balance
8 effects and it is not looked at as depression or
9 other psychiatric issues that occur remotely from
10 the exposure.

11 **MS. FRESHWATER:** Really? This is new. I'm a
12 little taken aback. I feel like I'm feeling like
13 was a CAP meeting 10 years ago. Are you serious in
14 what you're saying? I don't know what -- I really -
15 - I don't know how to help these women right now
16 because what you're telling me is not backed up by
17 science and it's so far beyond any way to even get
18 towards what they're asking me, so...

19 **DR. HASTINGS:** If you have a specific ask in
20 regards to that, I'd be very happy to look at it.
21 If you have specific issues that are clinical that
22 you need looked at, absolutely happy to look at
23 them.

24 **MR. UNTERBERG:** This is Craig Unterberg from
25 the CAP. I guess where there's confusion is on the

1 bill, the family act bill, there does not need to be
2 any kind of nexus, proven nexus with contamination;
3 that's why they had the 15 presumptions. So I think
4 there's some confusion where we're talking about
5 disability versus a family act. Are you saying
6 under the family act you guys are looking at, let's
7 say, renal toxicity and looking for a nexus, because
8 that is not how the law is written.

9 **MS. FRESHWATER:** Craig is a lawyer.

10 **DR. HASTINGS:** Is there a question?

11 **MR. UNTERBERG:** Questioning, are you looking
12 for a nexus for an item that's a presumed disease
13 under the family act?

14 **DR. HASTINGS:** If there is renal toxicity in
15 specific to an acute event with renal disease, for
16 example, end stage renal disease that may be due to
17 diabetes, that is not related to Camp Lejeune. With
18 neurobehavioral, I'm happy to look at any specifics
19 that someone has in order to look at a specific
20 issue. But the neurobehavioral are visual changes
21 and the balance -- these are in the ATSDR studies
22 that were commissioned by VA.

23 **MR. UNTERBERG:** So -- this is Craig Unterberg
24 again. Going back to renal toxicity, because I
25 think it's a good example, why are we looking for

1 nexus -- why are we looking for a nexus when the law
2 specifically states there is no required need to
3 show connection to Camp Lejeune? That's --

4 **DR. HASTINGS:** Renal toxicity is different than
5 renal disease.

6 **MR. UNTERBERG:** So is the question -- are you
7 guys interpreting what renal toxicity means or it's
8 just whether there's a connection, 'cause I think
9 you're saying it needs to be acute.

10 **DR. HASTINGS:** Renal toxicity, renal disease,
11 renal issues can have many causes and there are some
12 causes that would not be related to exposure at Camp
13 Lejeune. Though a person can have renal disease and
14 have been at Camp Lejeune, they are not related.

15 **MR. UNTERBERG:** I would say for the record, I
16 think you're not interpreting the law correctly
17 because the law specifically says you do not need to
18 show a connection with Camp Lejeune for those 15
19 presumptions. That's what the legislation says. So
20 if there's a discussion over what renal toxicity is,
21 that would be an issue. But what you're raising is
22 a connection and it specifically states in the law
23 you do not need to show a connection. So someone
24 could get kidney cancer or some other disease that
25 has no relation potentially to Camp Lejeune but that

1 is not required to be proven at this point. That
2 was very specifically done in the law. So what
3 you're saying specifically contradicts the
4 legislation and the issue I have is that you guys
5 are very strict about residency so someone who was
6 only there for 29 days you're not going to approve
7 them, you can't kind of pick and choose which part
8 of the law you're going to follow. So I'm not -- I
9 think what you're saying is incorrect. I don't know
10 if what you're saying is what you're intending to
11 say, but if you're saying you're trying to show a
12 connection to Camp Lejeune, I think you need to
13 revisit the legislation which specifically says you
14 do not need to show a connection.

15 **MR. PARTAIN:** And Dr. Hastings, this is Mike
16 Partain. For the past four years or so almost every
17 CAP meeting I have tried to get an answer out of
18 Brad Flohr before he -- was no longer attending, the
19 answers to renal toxicity neurobehavioral effects.
20 And we can go through the transcripts, I think the -
21 - but that was the question that was always asked.

22 It seems today that we have a -- some type of
23 decision that was made within the VA to interpret
24 these conditions and the word acute has been used
25 every time you're talking about it and there seems

1 to be some very narrow interpretations. One, I
2 would like to get or be provided or the CAP be
3 provided some documentation of what direction the VA
4 has taken with this and who it came from. And then
5 two, the -- in 2015 the IOM was commissioned by the
6 VA to do an analysis or a study on the, I'm sorry,
7 clinical review of these conditions and they had
8 recommendations of which, you know, they said that
9 the VA should give the veteran the benefit of the
10 doubt with the kidney issues. Has that been
11 formally rejected now because that report is
12 contrary to what you were describing earlier today.

13 **DR. HASTINGS:** We do give the benefit of the
14 doubt to the veteran if it's a renal toxicity issue
15 and, again, renal toxicity from the solvents comes
16 on early after the exposure. I'm happy to put
17 together the bibliography for you and pull those
18 things together, Mike, and I'll do that for the next
19 meeting and send it to you prior.

20 **MR. UNTERBERG:** This is Craig Unterberg. As an
21 action item I'd request that you review the
22 legislation to see why you are trying to create a
23 nexus to Camp Lejeune for something that does not
24 require a nexus.

25 **DR. HASTINGS:** Okay. I don't remember that as

1 being a request.

2 **MR. UNTERBERG:** Yeah. It's a new request.

3 **DR. HASTINGS:** Okay. A new request. Will do.

4 **MR. TEMPLETON:** This is Tim Templeton. A
5 follow up on this, I'm not an expert on it but I do
6 have a problem with the way that you're liberally
7 banding about the term acute and especially with
8 relation to these things. Here is the big quandary
9 that the people from Camp Lejeune have, is that they
10 were exposed and did not know that they were
11 exposed. They did not know that they needed to seek
12 medical attention. They may have gone and lived
13 with these conditions for years, for decades now.
14 But to go back and now to put a hook in there on
15 acute that there wasn't any evidence, I'm sorry, but
16 that flies in the face of reason.

17 **DR. HASTINGS:** No. I absolutely agree with
18 you.

19 **MS. FRESHWATER:** How can you say --

20 **DR. HASTINGS:** There are some people that,
21 renal toxicity probably was not a major issue but if
22 someone has renal disease that is related to another
23 disease process such as diabetes which they are very
24 commonly co-morbid conditions, as you know, the
25 renal disease is caused by the diabetes. You know,

1 they said they've had fine exams throughout their
2 lives and no problems with renal issues and after
3 the diabetes is diagnosed that's when the problems
4 come. So I will go ahead and get more information
5 for you on that.

6 **MR. TEMPLETON:** Well you say acute but the
7 problem is here that the -- and the scientific
8 evidence shows that after exposure that it may
9 manifest in someone for years, decades later it may
10 finally manifest. And so they may have no clue that
11 that's actually what happened.

12 **MS. FRESHWATER:** Some children, like me, were
13 symptomatic on base and I was 12 and I'm not really
14 sure how I can document what was happening to me as
15 a 12-year-old girl living and going to school at
16 Tarawa Terrace, so I don't have documentation on
17 what was acutely showing symptomatic at the time.
18 It's a little difficult.

19 **DR. RAGIN:** Jerry then Chris, Mike.

20 **MS. FRESHWATER:** I need more information on
21 infertility as well, the numbers on infertility. A
22 lot of the women here are asking about that. If you
23 could give us some information on why those numbers
24 seem to be not representative of what we hear from
25 the community.

1 **MR. ASHEY:** This is Mike Ashey. One, I think
2 Craig's articulation of the law can't be stated any
3 clearer. And two, if we could make this an action
4 item, please, that we can bring up at the next
5 meeting at the public meeting in Washington D.C. I
6 think that would be very appropriate.

7 **MS. FRESHWATER:** And VA representatives will be
8 in D.C. at the meeting? VA representatives at the
9 meeting in D.C., we're requesting, not by phone.

10 **MR. ASHEY:** We need congressional
11 representation at the meeting and have this
12 discussion with them in the room. Maybe they can
13 ask the questions because the law is pretty clear.

14 **MS. FRESHWATER:** But the public would like to
15 have the VA hear. I'm kind of going through what
16 I've been hearing from people here today and their
17 disappointment.

18 **DR. RAGIN:** So we'll capture those as action
19 items for the next meeting and perhaps maybe have
20 that as an agenda topic so we have more time to
21 discuss it. Chris, you have one last comment?

22 **MR. ORRIS:** Yes. This is Chris Orris and you
23 know, as most people know I was exposed in utero,
24 born at the base, and one of the things that other
25 than my congenital heart defect that, you know, I

1 didn't know about till I was 10 years old and lost
2 all my rights to do anything about, one of the
3 issues that -- and Dr. Blossom is working on this
4 right now, is the effect of the chemical exposure is
5 creating and has created in me where my triglyceride
6 level can hover anywhere between 1200 and 1600.
7 That might be a definition for you of acute but for
8 me that is normal and statins do not lower that.
9 The only thing -- nothing lowers that. And so, you
10 know, for you to talk about an acute level of
11 something that in some of us who were exposed is a
12 standard is kind of shocking. And I want to
13 reiterate again, I brought this up many a time in
14 the past with this, the Camp Lejeune legislation
15 does not require a nexus letter and you are not
16 allowed by law to make distinctions about this
17 because if you were allowed to make distinctions
18 about what's specifically written in the law then
19 you could make a distinction and add congenital
20 heart defects. You can't remove conditions and not
21 add them. So anything that has to do with this, you
22 can't be making a determination of whether it was
23 more or less likely to be caused by the exposure.
24 That's the entire point of this legislation is that
25 if you were at the base for 30 days and you have

1 this illness, just like with the veterans, you get
2 care for that. And I'm shocked to hear after
3 listening to you -- your agency for four years tell
4 me that you're not making the determinations based
5 on more or less likely to be caused, but in effect
6 you are. And that goes directly contradictory to
7 everything I've been told for four years.

8 **MS. CARSON:** This is Laurine Carson. I will
9 tell you that on the benefits side of the house, if
10 a law says that you're presumed to have been exposed
11 based on certain criteria, we presume, we make that
12 presumption.

13 I will take this question back to our office of
14 of general counsel because there seems to be some
15 confusion. I need to take it to the laws, to the
16 legal persons to make sure that we are interpreting
17 it properly on all sides of the house. So that we
18 have that for the record.

19 **DR. RAGIN:** Thank you, Laurine.

20 **PUBLIC HEALTH ASSESSMENT UPDATES**

21 **SOIL VAPOR INTRUSION**

22 **DR. RAGIN:** We will move on to the ATSDR
23 updates. We'll start out with the public health
24 assessment updates, and I'll turn it over to
25 Danielle.

1 **MS. LANGMANN:** Okay, can everybody hear me
2 okay? Okay. Again, I'm Danielle Langmann, I am the
3 site lead technical for the soil vapor intrusion
4 work that we're doing. I'm back here because I just
5 have a few slides and then I'm going to open up the
6 interactive map and I need to be here to do that.

7 Basically, on the slides I'm just going to
8 cover a couple of things, some of the highlights,
9 we're going to look at that interactive map and some
10 of the information that we've pulled into that.
11 We'll look at the vapor intrusion lines of evidence
12 that we're considering for each of the buildings on
13 base that we're evaluating and then some of what our
14 next steps are.

15 First, for those who aren't aware, last year
16 July of 2008 (sic), we actually wrote up a work plan
17 on how we're going to do our investigation for soil
18 vapor intrusion at Camp Lejeune. We did send that
19 through the CAP and the DON for comments and updated
20 it as well as receiving external peer review. And
21 we do that because unlike a regular site where you
22 may only be investigating one or two buildings, the
23 base has 1400 buildings. We've also collected data
24 from over 24,000 documents for shallow groundwater.
25 A lot of the data is in the '80s, '90s and 2000s for

1 indoor air which is the air that the people are
2 breathing inside of the buildings and for soil gas
3 which is gas that might move from the soil and the
4 groundwater into the indoor air. So we've collected
5 all this information in this very large vapor
6 intrusion database. But we needed to figure out --
7 we can't look at 1400 buildings so we needed to
8 figure out a way to focus on the buildings with the
9 higher concerns, with the greater concerns for vapor
10 intrusion so that we're focusing on where people may
11 have been or may be currently exposed to vapor
12 intrusion. And we did this through something we
13 called a prioritization scheme which basically ranks
14 the buildings based on the vapor intrusion lines of
15 evidence and a computer application ran through all
16 the buildings, all the data and ranked all of those
17 buildings. We have completed that application and
18 we've completed a sensitivity analysis on it to make
19 sure that we are focusing on the buildings of
20 greatest concern on the base.

21 Unfortunately, in September we lost two of the
22 main contractors that were working on that piece of
23 the project. We do work as a team so there are
24 toxicologists and there's a subject matter expert
25 for vapor intrusion, Tony Berk (ph), I'm the

1 environmental engineer and we did have programmers
2 and data analysts in our GIS, our GRASP group. Some
3 of them are still with us, but we did lose the main
4 programmer and the data analyst and that kind of set
5 us back a little bit in terms of pulling data from
6 this massive database, but we did accomplish a lot
7 since then. We've held three meetings with the DON,
8 two meetings with the Department of Navy and one
9 with the CAP yesterday. One of the things that
10 we've continued working with our GIS group 'cause
11 that contract support did not -- we did not lose,
12 was an interactive map of the base. What we've been
13 doing is pulling in information on the buildings, on
14 information that the Navy and the Marine, decisions
15 that they've made about different buildings, where
16 plumes, where they've put plumes, where they've put
17 underground storage tanks, different things that may
18 impact soil groundwater and vapor intrusion in the
19 area. And it's in an interactive map and I will be
20 showing you that. It's very draft, we're
21 continually adding, adding, adding information to
22 it. We haven't added the actual data so I won't be
23 able to present any of that today, say for like
24 shallow groundwater. And where we feel the plumes
25 are based on the shallow groundwater data, I just

1 have what Camp Lejeune has given us to this point
2 because the -- getting the data out of the database
3 is hard to do when you don't have your expert. And
4 we'll be here, hopefully the end of next week or the
5 week after so we're getting that square back and
6 we'll be able to move forward very quickly. But we
7 did present the map to the DON in November. We were
8 supposed to present it to the CAP in January but
9 with the furlough or the government shutdown that
10 meeting got pushed to -- we just held it yesterday.

11 We also met with Charity Delaney who is my
12 contact at the base, my technical contact came here
13 in Atlanta for the day and we were primarily, at
14 that meeting, focused on looking at -- confirming
15 building use. There's a bunch of buildings that we
16 have listed as unknown. Like we don't know who was
17 there, who worked there and what the building's used
18 for so she had her computer and data base and I had
19 mine and we basically sat down and went through
20 buildings and we were able to get a lot accomplished
21 to figure out documents. And then yesterday all of
22 the information that we had presented to the Navy
23 and -- was presented to a couple of the members of
24 the CAP who were able to make it for yesterday's in-
25 person meeting.

1 Ongoing work from October to April, just really
2 quickly, we've looked at our GIS map. We've figured
3 out format structures, we've drafted a lot of the
4 background text of the document, we've constructed
5 templates for -- there's about 130 buildings that we
6 have right now that we're doing in-depth evaluations
7 on. Because there's so many buildings we're kind of
8 using a technical -- technical supplements. We're
9 going to have about 10 to 20 buildings in each
10 supplement which will look at different areas of the
11 base like contamination areas that -- so they're in
12 similar areas with similar concentrations in
13 groundwater and things. But each building in each
14 technical supplement you'll have the construction
15 data, how many people worked there, how many doors,
16 windows, was there an HVAC system, was the
17 foundation cement, were there cracks in it, were
18 there -- was the crack really sealed. Like all that
19 building's specific information and our evaluations
20 will be building by building. But we're going to
21 kind of lump them in several technical supplements
22 so the information is a little bit more digestible.
23 Otherwise, we'd have a document that was like
24 thousands of pages long.

25 So we looked at building use. We've also

1 started looking at the lithology sources so what's
2 the soil like, what's the depth to groundwater.
3 We've been pulling information on that for each of
4 these buildings to run in the J and E, Johnson and
5 Ettinger; it's a vapor intrusion model.

6 We've been going back to the toxicology studies
7 for the chemicals we know we're going to be looking
8 at more closely and pulling the most recent
9 information and making sure, you know, like for each
10 of the organ endpoints, the toxicity, the target
11 toxicity doses and getting all of that information
12 documented now so that when we get our data analyst
13 back on board and he starts pulling the data for us
14 we can be putting it right into the J and E, we
15 could be doing the tox evaluations. So we have been
16 able to move forward, we just -- it slowed us down a
17 little bit.

18 At this point I'm going to just pull over the
19 interactive map. This is actually -- I don't know
20 if everybody's familiar with ARC GIS. This is the
21 Hadnots Point area. You can -- we're able to zoom
22 in to the entire base, we're able to zoom out to
23 different areas. We have -- we have different --
24 all the buildings are on here. What I'm showing
25 right now, if you look on the left, is the buildings

1 that Camp Lejeune has been investigating for vapor
2 intrusion. And so if you see a green, like don't
3 pay attention to the green up here (indicating),
4 right now we're looking at no further action. So
5 Camp Lejeune has found for this building that no
6 further action. For the building below it it's
7 continued action. You can also delve deeper into
8 different buildings. We can pull up information on
9 what type of structure it is and the lay -- GIS does
10 layers so you can turn on and off layers on this
11 side to see different information. This is plumes
12 that the Navy has identified that they shared with
13 us, GIS4, so you could see outlined in black is a
14 BTEX plume, benzene, toluene, ethylbenzene, xylenes,
15 so that's your fuel. Down here we have a larger VOC
16 plume that they've noted. We also have, if you
17 look, the buildings that are blue, these are the
18 buildings that currently have vapor intrusion
19 management systems in them that the Navy has
20 installed vapor intrusion management systems.

21 Another thing that we could do is, I had said
22 we looked at prioritization schemes and our
23 prioritization scheme looked at all the buildings on
24 the base. Some of those buildings are demolished so
25 where you see hash marks on top of buildings, those

1 buildings aren't there anymore. We're still
2 considering demolished buildings in our evaluation.
3 We're also looking at not just current use of the
4 building, some of the buildings on base have changed
5 use so they were potentially offices and now they're
6 barracks or they were a warehouse and now they're
7 offices or storage. So we're trying to look back at
8 and work with the Navy to pull property records and
9 so we're able to look at both the past and the
10 current vapor intrusion potential and potential for
11 health effects.

12 I can turn on our -- the buildings that we're
13 looking at so you can see like these buildings all
14 have vapor intrusion management systems, according
15 to the Navy. This says continued action. The
16 orange buildings are -- they're no further action
17 except if there's something going on. And by
18 something going on, the Navy does not plan on doing
19 anything else for buildings that are in orange
20 unless there is construction or some sort of
21 remediation near the building or something changes
22 inside the building. So if there is something that
23 changes with an orange building they will do further
24 action to investigate and evaluate that current VI
25 potential because it may have changed. For their

1 green buildings they're saying that they don't
2 believe that there's potential for VI, it's very
3 unlikely and they're not going to look at them
4 further. And for our buildings, like I said, we're
5 looking at data from the say, the first shallow
6 groundwater from the '80s, '90s, and 2000s. The
7 Navy investigation began, I believe, about 2001 so
8 their focus, their initial phase one focus was like
9 2001 to 2007 groundwater data and information. So
10 our evaluation not only looks at more buildings but
11 it encompasses a larger amount of data.

12 If I turn on our, what we -- what we're finding
13 right now about buildings, and again, this is all
14 draft so this was just to help us focus on buildings
15 that we think we should take another -- a closer
16 look at. So all of the red is going to indicate
17 that's higher potential. And we know from the
18 previous screen that already has a vapor intrusion
19 system. All of these oranges we're saying need --
20 we need to look at. This building that they said no
21 further action whatsoever is orange for us which
22 means it's going to be one of the buildings that
23 we're going into detail about and taking a closer
24 look at ourselves. So our building lists don't, you
25 know, always overlap. We're looking at more

1 buildings but we're also -- we're just starting our
2 process so we're just pulling the data in. We may
3 find that this building we don't believe that
4 there's vapor intrusion in that building too once we
5 look at all the data, we just don't know yet. It's
6 just one of those buildings that we're saying we
7 need to take a closer look for.

8 The grounds that Mike was talking about earlier
9 where I believe he said they're setting up the tents
10 for the administration buildings because this area
11 was hit so hard or this area right here, I believe.
12 Is that correct, Mike?

13 Okay. So this is the area where they have a
14 lot of tents and offices set up right now because of
15 the hurricane.

16 **MR. ENSMINGER:** What are those green lines
17 above that building? You've got one around the
18 boundary of the building then there's another
19 elongated one.

20 **MS. LANGMANN:** Like this right here
21 (indicating)?

22 **MR. ENSMINGER:** Yeah.

23 **MS. LANGMANN:** They're different -- there's
24 different plume layers. So we got information from
25 the Navy and the plumes that are on there -- oh this

1 is a great point, thank you for bringing this up.
2 The plumes that are on there are basically
3 delineated by someone at Camp Lejeune, one of the
4 programs at Camp Lejeune. We don't have, and they
5 kind of sent them over as a GIS layer, I'm sorry, I
6 don't know the technical terms but it's like a shape
7 file. And we don't have the information that made
8 the boundaries of those plumes. So like I don't
9 have -- I don't know if that specifically is based
10 on vinyl chloride or if it's based on something
11 else. Like I don't know -- and I don't know what
12 the level is like 'cause when you're mapping a plume
13 boundary you need to say where does it stop and
14 where does it start. So what happens are -- we got
15 overlaying information from the Navy and we're just
16 throwing it all up there to say where should we take
17 a closer look. When we overlay boundaries and
18 information ourselves, all this whole area, which
19 the data is not there yet, but this whole area has
20 monitoring wells and we have information and data
21 for. So when we present it in our reports you're
22 not going to see the Navy layers unless, you know,
23 somebody wants to see them we can present the Navy
24 layers. But we're going to present boundaries and
25 maps based on our evaluation of the monitoring data.

1 Like if someone else evaluated this monitoring data
2 and decided there's a volatile plume here and
3 there's a volatile plume that goes like this and
4 they might be slightly different depths. Maybe
5 one's a 10 feet, one's a 20 feet. They're all
6 shallow, these are all shallow but we -- I don't
7 really know where they came from. So when we do it
8 we're going to have our own boundaries with the
9 information based on was this data from the '80s,
10 the '90s, the 2000s, you know, and what -- there's
11 just a lot of information we don't know about these
12 plumes. We just -- it was information the Navy gave
13 us so we pulled it into our interactive map and
14 we're going to compare it to what we find.

15 **MR. ENSMINGER:** Where was the old -- the old
16 steam plant? Where is that plume? I don't see --

17 **MS. LANGMANN:** Steam. I don't know the base, I
18 haven't --

19 **MS. FRESHWATER:** Is it south of that, Jerry?

20 **MR. PARTAIN:** It's on the right.

21 **MR. ENSMINGER:** It should be right in there
22 where the arrow is, right in that area.

23 **MS. LANGMANN:** Right in that area?

24 **MR. ENSMINGER:** Right on the back side of the
25 main parade deck.

1 **MS. LANGMANN:** Yeah, this was --

2 **MR. ENSMINGER:** That group of buildings right
3 up there that you've x'd out, right -- no, right
4 here.

5 **MS. LANGMANN:** Wait, which -- these buildings.
6 Yes.

7 **MR. ENSMINGER:** Yeah.

8 **MS. LANGMANN:** Those are demolished.

9 **MR. ENSMINGER:** I think that's the old steam
10 plant right there. I mean there was a water supply
11 well back here further that was contaminated.

12 **MS. LANGMANN:** Yes. There was a water supply
13 well somewhere right over here and another one, I
14 think, right up there.

15 **MR. ENSMINGER:** Well that was contaminated by
16 the PX gas station. Did you say this one was always
17 on here?

18 **MS. LANGMANN:** No. This is VOC. And that's
19 what we're getting from...

20 **MR. PARTAIN:** There is a BTEX plume in front of
21 --

22 **MS. LANGMANN:** The BTEX plume is up in this
23 area that they're saying.

24 **MR. ENSMINGER:** Yeah. That was -- and then
25 what?

1 **MS. LANGMANN:** Now and they're saying this is -
2 -

3 **MR. ENSMINGER:** You don't have the building
4 numbers on here. Building 1601.

5 **MS. FRESHWATER:** When will we be able to look
6 at this for the reason that Jerry's showing right
7 now so that we can --

8 **MR. PARTAIN:** That was done yesterday.

9 **MS. FRESHWATER:** Oh, was it? Okay. We don't
10 have access ongoing anyway?

11 **MS. LANGMANN:** No. This is -- all of this is
12 drafts. What we had brought up yesterday it was
13 very -- the meeting yesterday, I think, went really
14 well and it went really well, actually, with the
15 Navy too because they have a lot of information
16 about buildings that, you know, we had questions
17 about and the meeting yesterday went really well.
18 We don't have the data in there yet and we haven't
19 started our own exploratory data analysis which will
20 start, you know, we may find that there is a BTEX
21 plume there when we start looking at the data that -
22 - and maybe the Navy knows there is a BTEX plume.
23 We only have so much information on plumes that they
24 were able to give to us and then we had to kind of
25 filter through what they gave to us by a different -

1 - and it was all different contractors. It was
2 C2HM, it was Catlin (ph); it was the different
3 contractors that they've had working on it. So the
4 next time we have, I'm hoping, you know, management
5 says yes, but I'm hoping to have another interactive
6 meeting with both the Department of the Navy and the
7 CAP where we could pull up the map and the
8 information that we're seeing through our
9 exploratory data analysis and go through questions
10 like why is something not showing up. Like I knew
11 this building was here and when I was here it...

12 **MS. LANGMANN:** Yeah. I think if you press that
13 red button, the very top one.

14 **MR. ENSMINGER:** That right there is building
15 1601; it's motor transport maintenance.

16 **THE COURT REPORTER:** Can we get Jerry a
17 microphone, please?

18 **MS. LANGMANN:** Oh, yeah, can you -- see and you
19 can pull up, it is 1601. Okay, just pull it up, the
20 information that we have on this building right now
21 and this is -- we're still filling in things, a lot
22 of this got pulled, yeah, storage.

23 **MR. ENSMINGER:** No. No. That was motor
24 transport maintenance for decades and then a huge
25 VOC plume is coming from that building. They had a

1 vat in that building that was as high as this room
2 and it was filled with trichloroethylene and that's
3 where they pulled engines, transmissions, transfer
4 cases, axels, and replaced them with rebuilt ones or
5 new ones and then the old ones that they pulled out
6 they drained the oil out of them and dipped them in
7 those vats, the TCE, before they loaded them in the
8 shipping containers and sent them back to Albany,
9 Georgia. Well I had buddies of mine that worked
10 over there and that vat was leaking and they would
11 take a forklift every morning and replenish that vat
12 by dumping drums, 55 gallon drums into that vat
13 every morning. That stuff was going in the ground.
14 I mean, the vinyl chloride levels of the breakdown
15 daughter products of the TCE that leaked into the
16 ground, the vinyl chloride leaking over in that area
17 right in there are horrendous. And they've got
18 contractors working in that building, they've got
19 office spaces in there right now.

20 **MS. LANGMANN:** And that's a building right now
21 that they have listed as -- they're continuing
22 actions on that building.

23 **MR. ENSMINGER:** Oh, I'll bet.

24 **MS. LANGMANN:** It's not listed as a vapor
25 intrusion management system. So you could look and

1 see like that's where they're at in their piece of
2 the investigation. Where we are is red which means
3 it showed up as one of our -- our systems that say
4 we need to take a really close look at all the data
5 associated with that building.

6 **MS. FRESHWATER:** I know we have time issues,
7 but I would love to see Tarawa Terrace, the new
8 school and that area.

9 **MS. LANGMANN:** Okay. So this is just pulling
10 in the information. Right here? This one, yes.

11 **MS. FRESHWATER:** That's the school.

12 **MS. LANGMANN:** Yes.

13 **MS. FRESHWATER:** Yes.

14 **MS. LANGMANN:** And then the --

15 **MR. PARTAIN:** Are the little red dots off to
16 the side of the -- where the housing is? Go to the
17 left. Well, finish what you were saying there.

18 **MS. FRESHWATER:** Well I'm looking for the
19 location of the school I went to which has been on
20 and off various Department of Defense maps. It's a
21 site that was demolished and there's housing there
22 now and per Melissa and the Department of Defense
23 they have not put slabs in the houses, there's been
24 no -- there's no vapor intrusion testing going on
25 and yet it's where my old school was and I'm having

1 a hard time with that. So I try to mention it at
2 every meeting. Yeah. So if you go -- move like
3 down towards the housing over here.

4 **MS. LANGMANN:** Do you know the (indiscernible)
5 now?

6 **MS. FRESHWATER:** It was TT2. Yeah, TT2 Middle
7 School. There's no street names.

8 **MR. PARTAIN:** Should be a big blank spot.

9 **MS. FRESHWATER:** No, there's houses on top of
10 it.

11 **MR. PARTAIN:** So they put houses.

12 **MS. FRESHWATER:** Yeah. And they're not
13 slabbed.

14 **MR. PARTAIN:** While we're doing that, the red
15 dots on the houses --

16 **MR. ENSMINGER:** Shrink the map down a minute.

17 **MS. LANGMANN:** Down this way?

18 **MR. ENSMINGER:** No.

19 **MS. LANGMANN:** The other way.

20 **MS. FRESHWATER:** It would be --

21 **MR. ENSMINGER:** Here's the central between TT1
22 --

23 **THE COURT REPORTER:** Jerry, could you use that
24 microphone, please, sir?

25 **MR. ENSMINGER:** Right in the middle there's a

1 central road that used to go down between Tarawa
2 Terrace One and Tarawa Terrace -- goes through here.

3 **MS. FRESHWATER:** I'm sorry, I'll talk very loud
4 for my friend, but this is where the old school was
5 right in there, I believe (indicating).

6 **MR. ENSMINGER:** Where, right here?

7 **MR. TEMPLETON:** To the left, to the left, to
8 the left, to the left, left, left, left, left, left,
9 left, left, left, left. Keep going. Keep going.
10 Left.

11 **MR. ENSMINGER:** Right there in the middle.

12 **MS. LANGMANN:** Right here?

13 **MR. TEMPLETON:** There you go.

14 **MR. ENSMINGER:** Yeah, right there.

15 **MR. TEMPLETON:** You're on it.

16 **MR. PARTAIN:** And Danielle, the red dots in the
17 neighborhood housing, do those represent UST issues
18 for the fuel storage tanks?

19 **MS. LANGMANN:** They are -- each red dot is
20 different. This was a solid waste management unit,
21 this one.

22 **UNIDENTIFIED AUDIENCE MEMBER:** That was at a
23 (indiscernible).

24 **MS. LANGMANN:** Yeah. So this --

25 **UNIDENTIFIED AUDIENCE MEMBER:** (Inaudible)

1 **MS. LANGMANN:** Yeah. So this was a UST
2 remediation.

3 **MS. FRESHWATER:** Yeah. They were -- there were
4 UST remediations on the playground.

5 **MS. LANGMANN:** Yeah, and that's one of the --

6 **MS. FRESHWATER:** But can I just -- I'm
7 interested in the houses that are around there now.

8 **MS. LANGMANN:** This one right now around the
9 green.

10 **MS. FRESHWATER:** Yeah. Why is that blank?

11 **MS. LANGMANN:** Okay. Where the green are means
12 that we have some data so we're able to look at
13 making a potential health call. Out of the 1400
14 buildings that -- and the buildings that you see in
15 the darker gray, they are those houses, we're not
16 able to evaluate them.

17 **MS. FRESHWATER:** Why?

18 **MS. LANGMANN:** We have no data. Our agency
19 works from having data.

20 **MS. FRESHWATER:** There are daycares in those
21 houses. People are running private daycares in
22 those homes and there's no slabs.

23 **MR. TEMPLETON:** I think I brought that up to
24 her yesterday.

25 **MS. FRESHWATER:** Okay. I'm sorry I didn't -- I

1 wasn't there yesterday.

2 **MS. LANGMANN:** Yes. And in terms of looking at
3 vapor intrusion, we're looking at like where there
4 are -- where there are plumes and sources and so,
5 you know, like where there were UST removals and
6 things. We don't -- we have -- we have some
7 information and -- but we -- I'd have to go in and
8 look at what are the ground -- what are the actual
9 groundwater concentrations right here. And if the
10 groundwater concentrations are low or they're not
11 finding anything then there's -- then there's --

12 **MS. FRESHWATER:** I just want --

13 **MS. LANGMANN:** -- there's no vapor intrusion
14 hazard.

15 **MS. FRESHWATER:** I just want it on your radar.

16 **MS. LANGMANN:** If there's no -- if there's no
17 groundwater data and there's no indoor air and
18 there's no soil gas data it's just not something
19 that the agency can look at.

20 **MS. FRESHWATER:** Well I would like you to be
21 aware that there was a elementary school there, it's
22 not on any maps ever. And I can get you a better
23 location. I'll send it -- I'll email it to you.

24 **MS. LANGMANN:** Yeah. Actually one of the
25 things that we've been working on is the --

1 **MS. FRESHWATER:** Okay.

2 **MS. LANGMANN:** -- location of current and
3 former schools.

4 **MS. FRESHWATER:** All right.

5 **MS. LANGMANN:** And figuring out where all of
6 the daycares are. That's definitely something that
7 we've been looking into. We did have -- and there
8 aren't this many schools, obviously, there's one
9 high school, but -- currently. But we did have, I
10 think, 90 -- 90 -- 90 buildings that ended up being
11 listed as schools in our original -- that big
12 millions and millions and millions of data point
13 database. Going back, I know that I went back into
14 Camp Geiger area and there were six that were listed
15 as schools and it turned out that they are --
16 they're military training, like they're academic
17 instruction for the military -- for --

18 **MS. FRESHWATER:** Like a driving school or
19 something like that.

20 **MS. LANGMANN:** Yeah, training schools. And so
21 we're not having, you know, like six, seven, eight,
22 nine, ten, eleven, twelve year olds in those schools
23 and so they're not considered sensitive populations.
24 We did touch on a little bit with Chris yesterday
25 how children sometimes come to work with their

1 parents and especially like say in the summertime.
2 So if you were, you know, like maybe even in Camp
3 Geiger, that we shouldn't necessarily discount that
4 in buildings where we're looking at workplace
5 exposures, not residential exposures or sensitive
6 population exposures, that we're going to -- I'm
7 going to come back and talk to the toxicologists and
8 my ADS's, my associate director of science for my
9 branch and other people and see if there's a way
10 that we can capture exposures, more intermittent
11 exposures that some sensitive populations may have
12 by going to school with their parent, I mean, by
13 going to -- I still think of it as school, by going
14 to training with their parent or by going to work
15 with their parent and so --

16 **MS. FRESHWATER:** Can you go back to the school
17 that's open now, the current school, and just kind
18 of show me there was a lot of -- I just want to look
19 at that real quick.

20 **MS. LANGMANN:** Uh-hmm (affirmative).

21 **MS. FRESHWATER:** I apologize. Thank you.

22 **MS. LANGMANN:** And this is, like I said, this
23 is very -- everything that I'm showing you now
24 typically I don't get to do this during an
25 investigation. Like typically we do our reports and

1 everything and then we present the clean versions of
2 all of this and I think it's really -- I think it's
3 really neat that we could sit down and have
4 conversations about it in draft form because -- both
5 the Navy and the CAP meeting -- and learning a lot
6 more about the base now than, you know, by talking
7 to people who have been there, worked there now
8 currently or live there in terms of this exploring
9 the data. And so that's why I'd like to do it again
10 once we have our data and we're in there exploring
11 it. Right now it's, you know, where Camp Lejeune
12 says there's potentially -- potentially --

13 **MR. ENSMINGER:** In the water.

14 **MS. LANGMANN:** -- you know, yeah, issues and --

15 **MR. ENSMINGER:** What about those plumes? What
16 are those plumes there?

17 **MR. PARTAIN:** Should be UST tanks.

18 **MS. LANGMANN:** Those plumes are VOC.

19 **MS. FRESHWATER:** So can you -- for people
20 watching that are on Camp Lejeune now and they're
21 livestreaming and their child goes to that school
22 and they see that plume come right up to the edge of
23 the building there and they've already known that
24 there's lead issues, can you say something to
25 reassure them in kind of a plain language that their

1 children are safe with what they're drinking and the
2 steam coming out of the cafeterias?

3 **MS. LANGMANN:** I can't say unless I had the
4 data in front of me right now. I do know if I take
5 off, --

6 **MS. FRESHWATER:** As a mom, that would scare me.

7 **MS. LANGMANN:** As a mom, I cannot give a health
8 call without --

9 **MS. FRESHWATER:** Of all the places to put a
10 school. They knew that plume was there when they
11 put that school there.

12 **DR. REH:** Jack. Danielle.

13 **MS. LANGMANN:** And they've -- Camp Lejeune has
14 --

15 **MR. HANLEY:** Danielle --

16 **MS. LANGMANN:** -- looked at --

17 **MR. HANLEY:** -- can you show the -- for the
18 schools, there you go. They have a no further
19 action.

20 **MS. LANGMANN:** Yeah. They have no further
21 action. And I did -- see and I can't -- all right,
22 I can clari --

23 **MS. FRESHWATER:** I'm not putting you -- I'm not
24 trying to put you on the spot.

25 **MS. LANGMANN:** Not trying to put me on the

1 spot. Yes, ma'am. I do --

2 **MS. FRESHWATER:** Yeah. I'm not trying to, I'm
3 just saying that --

4 **MS. LANGMANN:** -- I'm just trying to say that -
5 -

6 **MS. FRESHWATER:** -- people watching --

7 **MS. LANGMANN:** Right.

8 **MS. FRESHWATER:** -- I don't want them to freak
9 out --

10 **MS. LANGMANN:** Right.

11 **MS. FRESHWATER:** -- I want them to have
12 something reassuring.

13 **MS. LANGMANN:** There are, I think there were
14 nine. I can't remember 'cause it was -- it was
15 months ago but when we first ran and had the numbers
16 in the prioritization scheme and we had the data in
17 front of us and we were still cleaning it up and
18 stuff, there were duplicates in the data so we
19 might've gotten -- we might've pulled information
20 from a lab report and then gotten it electronically
21 and so we had the same data twice type of thing.
22 But we did go in and look at the data specifically
23 for the ones that were schools and nothing jumped
24 out.

25 **MR. ENSMINGER:** Do you have the sampling --

1 **MS. LANGMANN:** I can't say that, you know, I --
2 we haven't done our health evaluation and we haven't
3 done our vapor intrusion evaluation, but I can say
4 as a public health agency that we do look at levels
5 and if when I had looked at it and I can't remember
6 what the levels were for the school or anything,
7 but if when I had looked at it several months ago
8 even in a preliminary fashion, if something had
9 jumped out at me that said this is a health concern,
10 we have something called a health advisory that we
11 do health assessments, which is what we're in the
12 process of doing, take a while. They take a couple
13 of years in some cases on a site this big. We have
14 health advisories that if we see a concentration or
15 something that jumps at us that says immediate
16 public health concern, we act on it immediately.
17 The fact that I didn't act on the preliminary
18 information from the schools immediately, the ones
19 that I do know are schools, not necessarily the
20 Marines in training, I'm still sorting through
21 those, but the ones that I do know like this high
22 school --

23 **MS. FRESHWATER:** That's not a high school.

24 **MS. LANGMANN:** Yeah. I did --

25 **MS. FRESHWATER:** That's young children.

1 **MR. ENSMINGER:** That's an elementary school.

2 **MS. LANGMANN:** Elementary school.

3 **MS. FRESHWATER:** That's an elementary school.
4 That's babies.

5 **MR. ENSMINGER:** Do you have the sampling data
6 for those plumes?

7 **MS. LANGMANN:** The sampling data.

8 **MR. ENSMINGER:** Yeah.

9 **MS. LANGMANN:** For the plumes that the Navy
10 gave me, no. I just have a geographical
11 representation of what they say it was.

12 **MR. ENSMINGER:** So you don't know what the VOC
13 is --

14 **MS. LANGMANN:** No. I do -- I do know what the
15 VOCs are though because we have it in our database,
16 I just can't get to the data till I get my
17 contractor back on board and --

18 **MS. FRESHWATER:** But we know the plumes might
19 be moving. We know that's not static.

20 **MS. LANGMANN:** Right. We do know that --

21 **MS. FRESHWATER:** We've learned -- we've learned
22 that.

23 **MS. LANGMANN:** We do know that's not static and
24 that is -- that's Camp Lejeune's statement of where
25 those boundaries are.

1 **MR. ENSMINGER:** I want to know -- I want to
2 know --

3 **MS. FRESHWATER:** And so I would like an update
4 on the school, again, please.

5 **MR. ENSMINGER:** -- I want to know if it's PCE
6 or TCE and --

7 **MS. LANGMANN:** That's where the drycleaner was
8 so I would think it would be --

9 **MR. ENSMINGER:** No, the drycleaner was further
10 down.

11 **MS. FRESHWATER:** It was further down across the
12 street.

13 **MR. ENSMINGER:** That's --

14 **MS. LANGMANN:** It was in this area, wasn't it?

15 **MS. FRESHWATER:** Yeah. It's not far, not far
16 at all.

17 **MR. ENSMINGER:** Now wait a minute --

18 **MS. FRESHWATER:** This is TT2.

19 **MR. ENSMINGER:** -- zoom back out. Zoom out a
20 little bit.

21 **MS. FRESHWATER:** This is TT2, Jerry.

22 **MR. ENSMINGER:** I know it's TT2. Move to the
23 right.

24 **MS. FRESHWATER:** Right. To -- yeah, it's to
25 the right.

1 **MR. PARTAIN:** Yeah, that --

2 **MR. ENSMINGER:** A little more.

3 **MR. PARTAIN:** Where those plumes are located,
4 there was a above-ground storage tank there.

5 **MR. ENSMINGER:** Yeah. No, there were several
6 of them. Multiple. Multiple LP gas huge damn tanks
7 right by the railroad tracks --

8 **MS. LANGMANN:** There's a lot of red dots so --

9 **MS. FRESHWATER:** If you were -- if you had a
10 child in private school and you found that out,
11 would you feel good? Would anybody watching feel
12 good about this, about their five-year-old?

13 **MR. PARTAIN:** That was what was there, Jerry.
14 Those are above-ground storage tanks that were taken
15 out, I think, in the '80s.

16 **MS. FRESHWATER:** No, I wouldn't. Would you?

17 **MR. ASHEY:** And therein lies the problem, Lori.
18 That's the problem.

19 **MS. FRESHWATER:** Oh, I know.

20 **MR. ASHEY:** This being a military base --

21 **MS. FRESHWATER:** I've been screaming about this
22 school, this very school for years, years in these
23 CAP meetings.

24 **MR. ASHEY:** Right.

25 **MS. FRESHWATER:** And nobody is taking any of it

1 serious. I'm not saying the scientists, but I'm
2 saying that is -- that is unacceptable that we don't
3 have more information about it and that -- with the
4 billions of dollars we spend every freaking day in
5 this country, that we have an elementary school on
6 the largest contamination site in our country's
7 history, we have an elementary school sitting on a
8 plume. It's inexcusable. I'm sorry but it's just -
9 - how much would it take to move that school?

10 **DR. RAGIN:** Lori, thank you for your comments.
11 I would suggest that it will be a good idea if you
12 can capture your comments and questions in writing
13 and that would be for response of those --

14 **MS. FRESHWATER:** Oh, I'll -- there's going to
15 be plenty in writing, Angela.

16 **DR. RAGIN:** Okay. Thank you.

17 **MS. FRESHWATER:** Every meeting I've asked and
18 that's why I'm a little emotional about this because
19 --

20 **DR. RAGIN:** I know.

21 **DR. REH:** It's important to understand that
22 this is draft information --

23 **MS. FRESHWATER:** It doesn't matter.

24 **DR. REH:** No. But -- no, I agree with you.

25 **MS. FRESHWATER:** Those children are at school

1 today right now.

2 **DR. REH:** I agree with you but it's important
3 to understand --

4 **MS. FRESHWATER:** They're in school right now.

5 **DR. REH:** -- that we're in the middle of an
6 investigation here and this is draft information
7 we're sharing. Typically we do not share at this
8 stage but we are sharing so we can get this type of
9 information.

10 **MS. FRESHWATER:** And I'm not taking this out on
11 ATSDR, as you know, I'm your biggest fan.

12 **DR. REH:** And so I realize that and so there's
13 more to come and we definitely do intend to have --

14 **MS. FRESHWATER:** But this is something that the
15 government needs to act on today. They need to get
16 -- tell me those kids are safe.

17 **MR. McNEIL:** Or inform the parents.

18 **MS. FRESHWATER:** Or inform the parents of
19 what's going on so they can make a decision.

20 **MS. LANGMANN:** I can talk with Jack and Chris
21 and other people after. Like I said, for a couple
22 of my sites, I've been doing this since the mid-
23 '90s, early '90s, and there have been a few times in
24 the past where I've been able to work with
25 management to make -- it's more of like a letter,

1 what we call a letter consult like a -- but we would
2 go in and give a preliminary -- we would go in and
3 look at the data specific for this elementary school
4 and outside of the health assessment, if it's -- if
5 there's -- if this has been an issue for the CAP for
6 a long time, if management okays it, I can work with
7 Tony and Erin, pull the data for this elementary
8 school and see if there isn't some way I could write
9 up a couple of paragraphs and get it cleared to give
10 a -- more firm answer than if I looked at it in the
11 past and something jumped out at me I would've moved
12 on it to see if there's something more concrete.
13 And even if it's a preliminary answer but actually
14 having looked at the data not several months ago
15 but, you know, more recently.

16 **MS. FRESHWATER:** I've been asking to prioritize
17 this --

18 **MR. ASHEY:** Lori, I think that this --

19 **MS. FRESHWATER:** I'm going to be quiet.

20 **MR. ASHEY:** -- your concern would be a good
21 question for the Department of the Navy. So
22 Melissa, if we could ask this additional question of
23 the Department of the Navy. One, why is there an
24 NFA for this grammar school when it is situated on
25 top of and next to a plume, two contamination

1 plumes? And two, why did they build it there when
2 clearly --

3 **MS. FRESHWATER:** It's new.

4 **MR. ASHEY:** -- there's a contamination right
5 there?

6 **MR. ENSMINGER:** When Morris released the water
7 model --

8 **MS. LANGMANN:** And this is the reason.

9 **MR. ENSMINGER:** -- when Morris Maslia released
10 the water model for Tarawa Terrace in 2007, when we
11 had that first hearing, yeah 2007, the poisoned
12 patriots hearing, he put out a notifica -- ATSDR put
13 out a notification that they thought that there was
14 a vapor intrusion problem with that building. And
15 you remember all the crap you guys got back from
16 that, the pushback? And so this one has been
17 addressed before and they're going along with the
18 same old story that no further action required and
19 they got that huge plume under there.

20 **MR. McNEIL:** Can I get a follow-up for the
21 Department of the Navy whether or not the parents of
22 that school have signed an informed consent that
23 they know their kids are going to school at a
24 location that is built on top of two or three -- it
25 looks like two large plumes and one small plume. My

1 guess is those kids go out and play --

2 **MS. FRESHWATER:** I've been there. I went
3 there, drove there and looked and the playground and
4 the parking and everything is right there, right on
5 that plume.

6 **MR. McNEIL:** Yeah, do -- are the parents of
7 those -- are the Marine Corps and Navy parents
8 informed that their children are --

9 **MR. PARTAIN:** Informed that they're smack down
10 over a plume as a form of remediation.

11 **MR. McNEIL:** Right.

12 **MS. LANGMANN:** There's -- yeah, it looks --

13 **MR. ENSMINGER:** They don't realize --

14 **MS. LANGMANN:** -- where the -- and what I was
15 talking about earlier with the boundaries of the
16 plume, you have to make a decision for a cutoff
17 point for what you're saying is the end of that
18 plume. They don't just go to zero. So in this case
19 -- and this data is potentially a couple years old
20 because we did stop our data extraction process but
21 the no further action is located, because it's not
22 located within a hundred feet of the shallow
23 monitoring well, the VOC concentration is above the
24 state standard. So that's the reason that they're
25 doing no further action is that there may be VOC

1 still in the groundwater nearby but they're below
2 state, they're below the state numbers and so they
3 don't believe that the location warrants further
4 action. So there's -- they are --

5 **MS. FRESHWATER:** That's a lot of believing,
6 isn't it, when we're talking about a six-year-old
7 child? This is a lot believing and talk and
8 boundaries and uncertainty.

9 **MS. LANGMANN:** Well we'll be looking at the
10 groundwater data, the shallow groundwater data
11 ourself (sic) and whatever and/or air and soil gas
12 data there are in our comparison values, the numbers
13 that we use are sometimes -- sometimes they're the
14 same as EPA, like we'll use a reference
15 concentration instead of our minimal risk level. We
16 don't have a minimum risk level for a specific
17 contaminant but our contaminants are -- and our
18 screening numbers are health based so they're not
19 North Carolina groundwater standards.

20 **MS. FRESHWATER:** Well so the VA might not want
21 to talk about neurobehavioral issues and
22 contamination and all these things but -- and it
23 being long term, but children's brains being exposed
24 to these chemicals absolutely there is science and
25 there are some amazingly smart scientists sitting

1 around me right now who could go into this, these
2 children should not be exposed to any levels of
3 these chemicals at all.

4 **MR. ENSMINGER:** Well those SSTs that were --
5 they were originally LP gas tanks that could be
6 filled by a train car because they were right by the
7 railroad tracks and ran right along Lejeune
8 Boulevard. After they quit using them for gas, they
9 went back to all electrical appliances in the
10 housing, they started using them for liquid shop
11 waste. They were bringing it over from the shops on
12 main side and they were putting it in those tanks
13 and then trains with cars would come in and vacuum -
14 - suck it out and they were leaking. So I guaran-
15 damn-tee you that's where those plumes came from,
16 right there.

17 **DR. RAGIN:** I just want to mention, since a lot
18 of the information Danielle is presenting is
19 preliminary, I just spoke with Chris and perhaps we
20 should schedule another in-person technical meeting
21 so we can capture everyone's concerns. And we can
22 schedule that in the near future.

23 **MR. ENSMINGER:** Okay.

24 **MS. FRESHWATER:** Thank you.

25 **MR. ORRIS:** So this is Chris Orris and I did

1 attend the meeting yesterday and one of the -- one
2 of the big takeaways that I had from this meeting
3 was the amount of plumes and the vast expanse of
4 these plumes covering this and in terms of square
5 footage on this base. And the Department of the
6 Navy has for a long time played games with
7 residential, industrial, where these things are.
8 What people don't realize about Camp Lejeune is this
9 is a modern city. It is a modern city full of
10 spouses, children, civilian contractors. They have
11 Taco Bells, they have Wendy's, they have Starbucks,
12 they have H&R Block, for crying out loud, there.
13 And when we are discussing a contamination site, you
14 know, it's one thing to say, you know, this is
15 something that, you know, it is an active military
16 base where we have people who have agreed to go into
17 harm's way, it's something completely different when
18 you highlight areas like this plume and you bring
19 into account how many of our children, how many
20 civilians are exposed to all these different areas
21 of this base. And frankly it's disingenuous when
22 you look at the Camp Lejeune website and all they
23 say is, you know, the historic toxic water situation
24 is under control and you do not advise your
25 residents and you do not state just how extensive

1 the contamination is and what the risks really are.
2 And as Mike has said numerous times, this is a
3 dynamic changing plume and the dangers of exposure
4 can change from day to month to year and --

5 **MR. ENSMINGER:** Well I'm interested to see what
6 the levels of the contaminates, what contaminates
7 they are, what levels they are and what kind of land
8 use restrictions were put on that area because, I
9 mean, if somebody built that school and they knew
10 that plume was there and they knew it --

11 **MS. FRESHWATER:** They did.

12 **MR. ENSMINGER:** -- they've known it for years
13 because --

14 **MS. FRESHWATER:** They did.

15 **MR. ENSMINGER:** -- there's monitoring wells all
16 over, it's a damn pin cushion in there. I would
17 have to see what the contaminants are, what the
18 levels are, and what kind of land use restrictions
19 because that's law. And you can't build something
20 like that over top of a plume like that. So let's
21 just hold our fire till we see what the facts are.

22 **DR. RAGIN:** Thanks, Jerry.

23 **MS. FRESHWATER:** There's pregnant teachers, as
24 Chris is always so great to point out, women the
25 most sensitive, so...

1 **DR. RAGIN:** Thanks for the discussion --

2 **MS. FRESHWATER:** Sorry.

3 **DR. RAGIN:** Danielle -- do you have one?

4 **MR. ASHEY:** Danielle, can you go back to the
5 first slide for a minute, please? The main side
6 slide.

7 **MS. LANGMANN:** Let me get it on the screen.
8 Keep turning it doing that thing.

9 **MR. ASHEY:** Okay. Zoom in on the area of
10 ground that we were talking about yesterday. There
11 you go. Zoom out just a hair. Okay. Melissa, this
12 is a good example of what I was talking about
13 earlier with respect to plumes not acting the way
14 they should. If I understood you correctly,
15 Danielle, the groundwater is -- it should be heading
16 to the one two o'clock position. The groundwater
17 goes to the northeast, that's what she told me
18 yesterday.

19 **MS. LANGMANN:** That was in Camp Geiger.

20 **MR. ENSMINGER:** No. That's Geiger, that's on
21 the other side of New River --

22 **MS. LANGMANN:** Yeah. And the groundwater here,
23 I believe, should be going towards the --

24 **MR. ASHEY:** There it is, it should be going
25 toward -- it's going towards the river.

1 **MS. LANGMANN:** Towards the water. I think
2 there's a stream over here and there's large water
3 over here so you would assume the plume would go
4 that way. There was a -- there was a well here and
5 a well up here which is probably why things moved.

6 **MR. ASHEY:** So the wells --

7 **MS. LANGMANN:** What the pumping --

8 **MR. ASHEY:** -- were pulling -- the wells aren't
9 there anymore but the wells were pulling that plume
10 and making it as big as it is. That's the problem.

11 **MR. ENSMINGER:** Well, they weren't pulling that
12 one.

13 **MR. ASHEY:** That's the problem. And you've got
14 -- now go up a little further to where those vapor
15 intrusion systems are located. Right. Those blue
16 buildings you said have vapor monitoring systems or
17 vapor mitigation systems in them, right?

18 **MS. LANGMANN:** Yes.

19 **MR. ASHEY:** Okay. There's no plume on the
20 lower part of those buildings so, I mean, there's no
21 plume there. So obviously the plume is much bigger
22 than what's depicted by whoever drew that plume map.

23 **MR. ENSMINGER:** Well the last indication I had
24 was that that's the POL -- that is a combination of
25 plume. That's got VOCs and POL petroleum in it.

1 And the last indication I had it was moved across
2 Holcomb Boulevard and was over in the parking lot of
3 the commissary and the exchange which is over there,
4 that big white and green building there.

5 **MR. TEMPLETON:** Mike, you're talking about that
6 area, right? You're talking about --

7 **MR. ASHEY:** Those blue colored buildings --

8 **MR. TEMPLETON:** This building.

9 **MR. ASHEY:** -- has -- have a vapor monitoring
10 mitigation system set up.

11 **MR. TEMPLETON:** I've seen these plumes before
12 and I think that this is a plume here, it just isn't
13 outlined here yet 'cause it's draft --

14 **MR. ASHEY:** There's stuff like this all over
15 the base where there's plume maps drawn by whoever
16 your contractors are and yet there are some
17 groundwater samples far outside of where the edges
18 of those plumes are with positive hits and yet those
19 plume maps are not being depicted correctly.

20 **MR. ENSMINGER:** Can you move that out toward
21 the main gate?

22 **MS. LANGMANN:** Can I what?

23 **MR. ENSMINGER:** Can you move the map, a little
24 more. Wait a minute, wait a minute.

25 **MS. LANGMANN:** This way? I can let you --

1 **MS. FRESHWATER:** Is that Hospital Point right
2 there, John? Is that Hospital Point?

3 **MR. McNEIL:** I believe it's Hadnot.

4 **MS. FRESHWATER:** Hadnot. Where's -- is
5 Paradise Point anywhere on there?

6 **MR. PARTAIN:** Yeah, it's in the bottom left.

7 **MS. FRESHWATER:** Where -- is that Paradise
8 Point down there with the green?

9 **MR. PARTAIN:** Paradise Point would be off of
10 Hospital Point.

11 **MR. ENSMINGER:** Right here (indicating).

12 **MS. LANGMANN:** Right there?

13 **MR. ENSMINGER:** This building -- there's a
14 building right here.

15 **MS. FRESHWATER:** Why are there red buildings in
16 Paradise Point though?

17 **MR. ENSMINGER:** This little building right,
18 what's the number of that building?

19 **MS. LANGMANN:** That looks like environmental --

20 **MR. PARTAIN:** 712.

21 **MR. ENSMINGER:** Well just to give everybody a -
22 -

23 **THE COURT REPORTER:** Jerry, could you use your
24 microphone, please?

25 **MR. McNEIL:** Not just hold it Jerry, talk into

1 it. Don't point with the microphone.

2 **MR. ENSMINGER:** Point your arrow on that red
3 dot. 712, right there it is. That building is one
4 of the original buildings built in Camp Lejeune in
5 the early '40s. From the day it was built until
6 sometime in the 1970s it has been the insect vector
7 control building; in other words, the base
8 exterminators.

9 **MS. FRESHWATER:** DDT.

10 **MR. PARTAIN:** Lodrane.

11 **MR. ENSMINGER:** Lodrane.

12 **MR. PARTAIN:** Lindane.

13 **MS. FRESHWATER:** Yep.

14 **MR. ENSMINGER:** Lorispan, I mean, you name it.
15 Chilordane, some wicked stuff. Well in the '70s
16 they moved the insect vector guys down there to
17 Parachute Tower Road where the game warden shack was
18 in a building back in there where they had the Navy
19 --

20 **MS. FRESHWATER:** Research laboratory.

21 **MR. ENSMINGER:** -- research laboratory --

22 **MS. FRESHWATER:** Where they had radioactive
23 dogs.

24 **MR. ENSMINGER:** -- where they had radioactive
25 beagles.

1 **MS. FRESHWATER:** Yeah.

2 **MR. ENSMINGER:** And they turned that into the
3 staff NCO wives' club daycare center. It had been
4 the exterminator's building for over three decades.

5 **MS. FRESHWATER:** So in the back, you see the
6 area in the back of that building?

7 **MR. ENSMINGER:** That's where the --

8 **MS. FRESHWATER:** That was where the kids --
9 that's where their -- that's where -- no, in the
10 back of 712 there was a playground.

11 **MR. ENSMINGER:** Yeah.

12 **MS. FRESHWATER:** Yeah.

13 **MR. PARTAIN:** Yeah. And they shut it all down
14 in '82.

15 **MS. FRESHWATER:** '82, they shut it down, right?
16 Yeah?

17 **DR. RAGIN:** We need to actually close the
18 session, this lively discussion. We do want to have
19 time to take questions from the audience.

20 So Danielle, do you have any closing comments
21 that you want to make?

22 **MS. LANGMANN:** I had some more slides but I
23 don't have to go through them. We're basically
24 continuing to work, continuing to add information to
25 this, looking at buildings and moving forward. And

1 any information about different areas of the base
2 that you're concerned about just, you know, let us
3 know and we could go in our maps, eventually we'll
4 have all the data in there too and we'll take a
5 look.

6 **MR. PARTAIN:** Will this information eventually
7 be made to the public, available to the public as
8 far as the maps?

9 **MS. LANGMANN:** The maps, we can work -- we were
10 saying like when we do the interactive maps and we
11 start really exploring the data we can work with the
12 CAP to say which maps we could put in. We'll be
13 looking at like thousands and thousands of maps.
14 Which ones we actually put in documents that get
15 publicly released, I want to make sure that we --
16 we're telling the story that we feel we -- what maps
17 we feel we need in there to tell our story of what
18 we find. But also if there's other maps and other
19 areas that you're interested in, we could definitely
20 include them in the documents too. But that's
21 something we could work on together 'cause the
22 actual interactive part of it is not available.
23 Okay, thank you. I'll work with --

24 **MS. FRESHWATER:** One more question, sorry.

25 **DR. RAGIN:** I'll work with Mike and Jerry and

1 you to schedule another in-person technical meeting,
2 and we'll commit to having that sooner rather than
3 later.

4 **MS. FRESHWATER:** Thank you.

5 **DR. RAGIN:** We just want to make sure we have
6 time to take questions from the audience that
7 traveled so far for the meeting.

8 **MS. FRESHWATER:** Just one quick question.

9 **DR. RAGIN:** One quick --

10 **MR. McNEIL:** When is that map going to be
11 available to the public or to the CAP, the GIS?

12 **MS. LANGMANN:** The way it is now to interact
13 with it, it won't be.

14 **MR. McNEIL:** When will any version of it be
15 available to the CAP to look at?

16 **MS. LANGMANN:** During our next technical
17 meeting after we pull in -- I'd like to at least
18 pull in the data and do some explorations with some
19 of the folks in GIS who are good at spatial and
20 temporally looking at plumes 'cause some of those
21 plumes may have been from the 1970s and if they had
22 given me a 1990 map or a 2000 map it would've been
23 bigger. So I don't know a lot about the plumes that
24 I showed on there. But once I can pull in the
25 information, the actual monitoring data, myself,

1 then we want to have a meeting with the CAP and then
2 we can explore the data again together at that time.

3 **MS. FRESHWATER:** I just want to say thank you
4 for your work and I apologize, sometimes I do get
5 emotional but it's all -- it's really never personal
6 or directed at anyone in the room.

7 **MR. ENSMINGER:** I think you might be able to
8 find some of those maps in the administrative
9 record.

10 **MR. PARTAIN:** Okay. Also the chapter -- was it
11 chapter D, fate and transport, chapter D?

12 **MR. ENSMINGER:** Yeah. The fate and transport
13 model from the water modeling has it, has plumes.

14 **MR. McNEIL:** Okay.

15 **DR. RAGIN:** And John, we can get that for you.

16 **HEALTH STUDY UPDATES**

17 **CANCER INCIDENCE**

18 **DR. RAGIN:** So we're going to move on to the
19 health study updates. Dr. Bove.

20 **DR. BOVE:** Yeah. We're actually asking,
21 requesting that the annual plan of work we have with
22 the Navy be changed because we want to add some
23 people to the study that we -- we didn't have any
24 previous mortality study but we didn't analyze the
25 data. I'm talking about New River during some Navy

1 personnel and also Marines and Navy and civilian
2 workers who were there in '86 and '87. We had data,
3 we didn't use it at the time for the mortality
4 study, we focused instead on the period where the
5 contamination was the heaviest, that's what we
6 published.

7 **MR. ENSMINGER:** What about Geiger? You said
8 New River but not Camp Geiger.

9 **DR. BOVE:** Yeah. Camp Geiger I don't -- I
10 think we'd only have like a few people, a handful.
11 So for some reason we didn't get that DMDC data for
12 Geiger or at least they couldn't identify the units.

13 **MR. ENSMINGER:** Well it was a lot of -- largely
14 a moving short-term population.

15 **DR. BOVE:** I'm not sure, you know. We did have
16 trouble figuring out which units were stationed
17 where and they had to do all that research back
18 then. But -- and then the New River cohort's not
19 big, it's about 20,000. So it's --

20 **MR. ENSMINGER:** Well they shared the same water
21 system so...

22 **DR. BOVE:** Right. I mean, the reason for
23 bringing New River is not necessarily because their
24 water was contaminated but because they used the
25 rest of the base just like other --

1 **MR. ENSMINGER:** Well they had high TTHMs too.

2 **DR. BOVE:** They had THMs, yeah. They didn't
3 have the TCM. All right. So anyway, so we want to
4 expand that and then given that there have been
5 delays in this project due to the months we were on
6 shutdown of the agency plus issues around
7 maintaining data security system, we have over
8 500,000 people with their social security numbers
9 and there are more restrictions now about how you
10 take care of that kind of information and make sure
11 nothing happens to it. So the project was delayed.
12 But that means that previously we were gonna just
13 get 2016 -- up to 2016 data, now we can get 2017.
14 So what that means though is that probably the -- I
15 won't -- we won't finish this, the contract anyway
16 until the end of next year. We were supposed to
17 finish sometime the middle of next year but it will
18 be extended at least another six months because of
19 that. But the good news is that we'll have more
20 data to look at, more recent data. So we're making
21 this request to the Navy, they have some comments
22 we've responded to them and we're going to have this
23 negotiation about it. We're not talking about a
24 huge amount of money additional here. And again, I
25 think it's important that we get 2017 data. So

1 that's where we're at right this minute is that
2 we're working with our contractor to get the -- we
3 actually have gotten the locator firm that's going
4 to tell us who's alive and who's dead through that
5 process. And we're also working with the national
6 death index which will give us cause of death up to
7 2017. So we're moving ahead on those fronts. It's
8 still -- we still have to work out -- there's a very
9 elaborate application effort that you have to go
10 through for even the national death index, so we're
11 working on that.

12 Let's see, what else can I say? Oh, we had a
13 webinar with the registries, the cancer registries
14 last week. We had a pretty good attendance, a lot
15 of questions about the logistics of when the
16 matching will occur and so that was good. And we're
17 going to have a workshop at the annual convention of
18 the, it's called the North American Association of
19 Central Cancer Registries. It's the organization of
20 all the state cancer registries and we're going to
21 be there in June and have a workshop and meet the
22 registries as well. So we're to have this ongoing
23 back and -- communication with the registries, so
24 that's good.

25 **MR. ENSMINGER:** How many participants do you

1 have?

2 **DR. BOVE:** Yeah. So on the -- what registries
3 that are on board right now are we have 45 cancer --
4 state cancer registries, two cancer registries, two
5 states that should be coming in soon. They have to
6 -- they're very slow but we expect that so we'll
7 have at least 47. One state cancer registry does
8 not have staffing that can do this so we're working
9 out some arrangement where we can do the matching
10 for them. It's -- there's complications with state
11 law. It's Illinois that's the state, they have
12 state laws that prohibit non-staff from doing this,
13 so we have to figure out a way but we're going to
14 try to get the Illinois to this, so that will bring
15 us up to 48 states plus the District of Columbia and
16 Puerto Rico, PAC islands, the VA registry. And we
17 still have to apply through the DOD's registry but
18 that will be happening shortly. So we're in great
19 shape. Only two states really cannot participate
20 because of state laws.

21 **MR. ENSMINGER:** Well I mean, this is -- but
22 most people don't understand but when the VA did
23 their Gulf War study, they also included cancers in
24 that, they only got 28 states to participate.

25 **DR. BOVE:** Not only that, but they didn't get

1 personal identifying information.

2 **MR. ENSMINGER:** Yeah.

3 **MS. FRESHWATER:** That's really impressive and
4 thank you.

5 **DR. BOVE:** No one -- no one's done this before.
6 Yeah. So this is new.

7 **MS. FRESHWATER:** I want everyone listening to
8 know how impressive this is.

9 **DR. BOVE:** So just to real quick for the
10 audience then, we're going to be looking at cancers
11 and also cause of death. The cause of death, we
12 have data up to 2008, we'll now have data up to
13 2017. For cancers we'd be looking at data from 1996
14 to 2017 when we compare Lejeune to Pendleton. We'll
15 get cancer data before that when we -- when we just
16 evaluate Lejeune itself and compare residential
17 exposure. So we'll have a lot of good data here.
18 The cohort is huge, the total number of people in it
19 is over 500 -- about 536,000 so it's a big -- that
20 includes Pendleton, by the way, so about half of
21 that is Pendleton and half of it's Lejeune, roughly.
22 But it's a large group.

23 **MR. ENSMINGER:** Explain why you're using
24 Pendleton.

25 **DR. BOVE:** Right, okay. We're using Pendleton

1 because it's a similar Marine base but there was no
2 contaminated drinking water so that's -- that's why
3 we're using Pendleton. So it's a comparison
4 population that we can use. But we also compare
5 within Lejeune. For example, some people live at --
6 lived in areas where there was a lot of
7 contamination, some people did not. So from -- if
8 you look at residential exposure anyway there are
9 differences within Lejeune itself. Although we're
10 assuming, and that's why we compare Lejeune to
11 Pendleton, we assume that everybody at Lejeune had
12 some exposure because even if you didn't live in a
13 residence on base that received contaminated water,
14 you did visit the main side, you did train, you
15 drank the water buffalos that were served --
16 provided by Hadnot Point water, so on and so forth.
17 So everyone was exposed (indiscernible) --

18 **MR. ENSMINGER:** Who was the clown that tried to
19 say that more Marines, because they were in North
20 Carolina which is a tobacco state, smoked more
21 because they were at Camp Lejeune than they did at
22 Camp Pendleton? Who was the idiot that said that?

23 **DR. BOVE:** I can't remember who it was. We
24 don't have smoking information but we have ways of
25 evaluating whether smoking had --

1 **MR. ENSMINGER:** No matter, it's just an idea
2 of, people get an idea of what levels these people
3 will stoop to try to exonerate themselves from their
4 guilt. They tried to say that North Carolina
5 because it grew tobacco, more Marines smoked there
6 than they did in Camp Pendleton. Just a crock of
7 crap.

8 **DR. BOVE:** But just to make the point, we can
9 look at some of these so-called biases and rule them
10 out, so we'll be doing that.

11 **DR. RAGIN:** Any questions for Dr. Bove? So we
12 can move on to taking questions from the audience.

13 **MS. FRESHWATER:** Microphone.

14 **DR. RAGIN:** Microphone.

15 **MR. ORRIS:** So really quickly, before we move
16 to the audience I do have one item that I want to
17 discuss that hasn't been raised yet. And in my
18 hands here, I'm sure many people in the community
19 received their Department of the Navy denial letter
20 from the Department of the Navy for your federal
21 tort claim. And I'm not sure how many people are
22 aware of my situation, I was born at the base in
23 1974. I was born at the base; my family lived in
24 Tarawa Terrace. I was diagnosed with a congenital
25 heart defect when I was 36 years old as it was

1 almost killing me. I was given a lethal diagnosis
2 and the choice to undertake a massive open heart
3 surgery that is usually done to children before the
4 age of five. In my denial letter the Department of
5 the Navy has said that I must have sued before I
6 turned 10 years old for a condition that I wasn't
7 diagnosed with for an additional 26 years, for a
8 condition that to this date no federal government
9 agency provides any assistance to any child born of
10 a congenital heart defect, and I want to point out
11 the irony of that situation. If I was born anywhere
12 else in the world I would have legal rights and I
13 would have legal remedies available to me. All of
14 my compatriots that were born with congenital heart
15 defects have lost all their legal rights simply
16 because one of their parents served this country.
17 That is a ridiculous and utterly lack of basic
18 rights that we give to everybody else in this
19 country. And one thing I want to point out here is
20 that the government says I cannot sue because of
21 being more than ten years since the last act. And I
22 think that everybody can see from the map that we
23 just saw that there hasn't been a last act. This is
24 an ongoing contamination and that is something that
25 is just absolutely wrong. And I certainly hope that

1 more people contact their senators and their
2 congressional representatives to help correct this
3 injustice.

4 **DR. RAGIN:** Thank you, Chris. We'll capture
5 your comments for the record.

6 **QUESTIONS FROM THE AUDIENCE**

7 **DR. RAGIN:** We have the first audience member,
8 do you have a question?

9 **MS. FRESHWATER:** Jerry.

10 **MR. ENSMINGER:** Huh?

11 **MS. FRESHWATER:** We're ready to take his
12 question.

13 **DR. RAGIN:** Questions from the audience
14 members.

15 **MR. ENSMINGER:** I think I've answered it.

16 **DR. RAGIN:** Oh, you answered his question. We
17 have one over here.

18 **MR. LEMON:** I'd like to see if they can cover
19 some of my area of Courthouse Bay. I was on Camp
20 Lejeune from --

21 **MR. ENSMINGER:** What about it?

22 **MR. LEMON:** -- I was stationed at Courthouse Bay
23 for three months in basic -- where I was doing my
24 basic training as a heavy equipment op -- and this
25 would be to see the level of contamination that was

1 taking place on Courthouse Bay. As a veteran I'm
2 finding it difficult to even just be seen for the
3 illness that I'm being faced with. They tell me
4 that I have to go on scheduled appointment that has
5 been set. I'm going to that appointment trying to
6 address the issues that's facing me and they want to
7 address something that doesn't -- that's not related
8 to the contamination of the water. How do I know
9 that I'm not, I mean, that I've been exposed to
10 these different diseases when I'm not even -- I
11 haven't even been evaluated?

12 **MR. ENSMINGER:** Well, is the -- where -- I
13 don't mean to interrupt you, what happened to the
14 VA? Is there anybody on the phone for the VA?

15 **DR. HASTINGS:** Yeah, this is Pat. I'm
16 listening and taking notes.

17 **MR. ENSMINGER:** Oh, okay. I wanted to make
18 sure somebody's hearing these folks when they're
19 bringing this stuff up. All right, thank you.

20 **MR. LEMON:** I've been given the runaround just
21 trying to acquire my records from the time that I
22 entered into the military until the time I was
23 exposed. Now I'm having to once again apply for
24 receiving those records. It's just delayed,
25 delayed, denied, denied. That's basically what I'm

1 being faced with. I came here looking for some
2 answers.

3 **DR. HASTINGS:** This is Pat. So you simply want
4 an evaluation to see if you have any problems
5 related to being on Camp Lejeune, you don't have any
6 medical problems that is showing up right now?

7 **MR. LEMON:** Not that I've been seen for. I
8 mean, when I go in and try to basically address the
9 issues that I'm having with my lower back, I'm
10 having issues, I'm not sure -- I'm not a medical
11 doctor so I can't say whether it was my kidney on my
12 lower left side or what's going on. I'm now
13 experiencing sharp pains even in walking and nobody
14 when I go to the VA, I went to go see a doctor that
15 was assigned to me, and when I went in there trying
16 to address my concerns she wanted to just only talk
17 about my diabetes. So I'm just saying that with the
18 VA everything it seems to be -- somebody's just not
19 being responsible here.

20 **DR. HASTINGS:** Okay. Your diabetes may be
21 something that the physician's concerned about but I
22 know that you're concerned about the back pain and
23 pains when you're walking which I certainly would be
24 also. There are two avenues that I would take here.
25 One, I would write down your concerns so you've got

1 them, you know, written down and you can say to the
2 doctor, I know you want to talk about my diabetes
3 and I know that's important but what I really need
4 to know today is about my back pain, I want to have
5 that investigated. Sometimes it also helps talking
6 to the veterans' assistance officer who helps the
7 veterans as patients in the VA system. That person
8 can also help. You can also say, I was on Camp
9 Lejeune and I'd like to just, you know, have you
10 look at those things that could be presumptions,
11 could be the 15 conditions. Most of those can be
12 diagnosed with a good physical exam, a couple of
13 blood tests and a urine and a chest x-ray. Just
14 because you have diabetes and knowing that you were
15 on Camp Lejeune during the period of time that was
16 concerning, I'd probably also just ask for an EKG
17 just as part of that good physical. But I'd write
18 down, you know, that I know my diabetes is important
19 but my back, I have these symptoms, these are the
20 things that I want to have investigated.

21 **MR. LEMON:** Well once again, I've tried to
22 address that and once again, I just get an
23 explanation as to well that wasn't, you know,
24 there's no relation to the contamination, when I
25 haven't even been examined.

1 **DR. HASTINGS:** Okay. The -- if you have
2 problems communicating with that physician, you can
3 also say I'd like to have another physician. You
4 can talk to the patient representative, the veteran
5 representative about having another primary care
6 provider because sometimes it is tough to talk to
7 different providers. They, you know, may -- you may
8 not communicate well with them so if you need to
9 have a new provider. With the pains with walking
10 and lower back problems, there are many things it
11 could be. It could be a disk issue, it could be a
12 nerve issue, you know, it could be related to other
13 medical conditions. It sounds like you need a very
14 good physical exam. I would write down what your
15 concerns are and if this person has, you know,
16 trouble focusing on the needs you have I'd probably
17 look at saying I'd like to see another provider.

18 **DR. RAGIN:** Thank you, Pat. We have another
19 question.

20 **THE COURT REPORTER:** Dr. Ragin, do we want
21 their names in the record?

22 **DR. RAGIN:** Yeah. I'm going to get -- that's
23 what I was getting.

24 **THE COURT REPORTER:** Oh, okay, thank you.

25 **MR. BAKER:** Yeah. I got a lot of things here

1 so I'm going to try to get through this pretty
2 quick. I'm a vet. I was at Lejeune for about nine
3 years --

4 **DR. RAGIN:** Excuse me, can you say your name?

5 **MR. BAKER:** Darrel -- Darrel Baker. I was at
6 Lejeune for about nine years and I started at the
7 main area of 22 in division (inaudible). Then I
8 went to Mag 26, the warehouse. I mean, I worked in
9 aviation supply and then I -- I lived in TT2 and I
10 lived in TT1. And I left Mag 26 and came back to
11 supply battalion in the main area and, of course,
12 going to D.C. I went to the barracks up there then I
13 came back to French Creek. Now all those areas I
14 know I was affected, okay, but one of the things I
15 can also see signs in my wife. First of all she
16 became a lot -- she was very agitated and she also
17 had a miscarriage, her friend had miscarriages. And
18 one of my concerns about this is we have these
19 categories but, you know, there's more than just
20 these listed categories because has anybody thought
21 of the chemicals in addition to drinking drinking
22 water but the chemicals that we were around? And
23 when I was in aviation supply there were all kind of
24 chemicals in this warehouse and these are chemicals
25 that you get on your uniform and then you're

1 drinking the water. And then has anybody thought of
2 the chemicals that we were exposed to? Because all
3 of these are five-gallon green cans were all
4 leaking. And see all that on your uniform, we took
5 our uniforms home, our wives did the laundry and
6 everything, they became affected.

7 I also have a child, my wife and I we've been
8 divorced for about 20 years or so -- I'm way over
9 that but I also have a child that was affected with
10 a learning disorder. Slow learner -- okay, he's a
11 slow learner. Okay, now I'm affected because I deal
12 with neurological situations. That's a broad base
13 category but I'm bipolar, one, okay. And I've also
14 been diagnosed as having intermittent explosive
15 disorder. And when it comes to the VA I look at
16 accountability because you have this thing about
17 going to the crisis line. Now I went to the -- I
18 was told, it's in my medical treatment record, to go
19 to the VA crisis line. But last year I was arrested
20 by federal authorities for making a call to a line
21 that has no guidelines. You're telling all the
22 veterans to go there and I was arrested two and a
23 half months after the call then I was locked up in
24 prison for two and a half months. The VA went
25 completely to the sideline. They call the -- the

1 crisis line called the VA to find out where I worked
2 then they called my job. In fact, I do work for the
3 federal government and the HHS that was resolved
4 that tried to do all this, he listened to 15 of my
5 medical calls and then used them in court. Now
6 there's no rights that we have or anything. I'm
7 subject to five years in prison. Now there are
8 things that the judges don't know. The judges are
9 really the ones on the side but they didn't want to
10 follow through with this. But we're being directed
11 to go to this crisis line and the Army guy's already
12 aware of some of this and they're, you know, some of
13 you guys are taking steps. But my whole life has
14 had to be in a shamble. Now this is the thing, the
15 judge told me to stay off the crisis line. When I
16 go back to the VA hospital, the representative tells
17 me to go back to the crisis line. There's therapy
18 that's been recommended and I've had the therapy
19 outside. I had to be evaluated by a person outside
20 the VA who made some sense and then the judge made
21 sense. So we've been telling vets with these
22 situations -- or at least the VA has -- to go to the
23 crisis line. And I find it strange that when I was
24 released the President was saying, you know, about
25 the veterans crisis line and things like that. It's

1 not a therapeutic line, it's a police line.

2 Now I used to have a routine. I'd call the
3 hospital, the hospital called the crisis line,
4 crisis line calls back to the -- they notify the
5 hospital and they'll let me know. I have in my
6 phone records a lot of things that did contradict it
7 so I'm not going to get in here with a lot of the
8 legal parts of this because it was really a frame up
9 of what happened, as I've been told.

10 Okay. So what do we do, you know, as far as
11 dealing with things? Now when we get to the veteran
12 doctors, they don't ask any questions about Camp
13 Lejeune. It's like they're prohibited from doing
14 so. I've had prostate cancer, I have kidney
15 disease. I had that in my 30s, and I've also went
16 through addiction. But with the way the VA tries to
17 twist this, they tried to say well the addiction the
18 bipolar is the part, you got your bipolar because
19 of, you know, the chemicals and things, this
20 addiction. But I had evaluated that assessed this
21 whole thing different. And it seems like we're just
22 fighting uphill and uphill with this as far as the
23 tort claim, with the prostate cancer. You know, I
24 had the radiation treatment. Well this, you know,
25 my PSA shot up to a 10 and it was at a three and it

1 was climbing and climbing. But the VA states well
2 it was a three or four, we don't have to let you
3 know, we don't have to monitor it. So you know,
4 I've really been through hell in dealing with the
5 VA, you know, all the trust and all that. I know
6 when living, even when I was at Camp Lejeune there
7 was no environmental concerns, there was no history
8 of nothing. I remember in TT2 the chemicals how
9 they used to paint, you know, didn't anybody move
10 out, they just used to paint. I mean, they used to
11 use all these oil based paints and, I mean, just
12 that's one thing. And I think in TT1 they went to
13 like water based paint, what have you.

14 But my concern is that, you know, the doctors
15 there are not -- at the VA they're not allowed to
16 ask questions. They don't ask you no questions
17 about Camp Lejeune. They don't even know the
18 symptoms of Camp Lejeune. And on the neurological
19 side, you know, being bipolar one, it actually took
20 an incident where I didn't know what was going on, I
21 was going to the VA, the VA they didn't know
22 nothing. They put me on all these medications and
23 then I didn't know what the word manic was 'cause I
24 was reaching for help. And the day that I had made
25 a specific call to the crisis line I was even asking

1 for a doctor, you know. And I used them just like I
2 had -- in my phone records I have a whole lot of
3 stuff, but this is just an idea of this crisis line
4 and the things that you go through. These are all
5 the medications I've been on. I've got pages of
6 medications coming from the VA but nobody really is
7 able to hit the hammer on the nail and I'm not
8 treated for intermittent explosive disorder. Now my
9 VA doctor is telling me maybe you should get another
10 doctor, you know. And I've been asking for a
11 certain type of therapy that I had that works.

12 So these are things that I'm wondering why is
13 it the VA doesn't have any accountability. When I
14 got in this situation they sent me to the crisis
15 line then they wanted me to go back to it.

16 **DR. RAGIN:** So can we have some time for Pat,
17 Andrea, or Gail to respond?

18 **DR. HASTINGS:** In looking at this, there are a
19 number of things. I'm going to talk first about the
20 crisis line and then go through some of the medical
21 issues. The crisis line is an important part of the
22 VA. If someone is in crisis, you know, suicidal,
23 has, you know, concerns with self-harm, we want to
24 have a way to get them into the system as quickly as
25 possible and that phone line is meant for that. Now

1 if the judge has told you you can't use that line,
2 it makes it a little bit difficult if it's a court
3 order. I don't know if it was a court order or just
4 advice from the judge. But my -- if you are
5 considering self-harm and you do not have a
6 therapist that you can call or someone that you can
7 call at that point in time I would say the crisis
8 line would be important to you. But again, if it's
9 a court order I would probably talk to whoever your
10 advocate is about that.

11 In regards to the problems that you're having
12 with your medical issues, you can talk to your
13 doctor, saying okay -- and I'm assuming you've seen
14 specialists for the prostate cancer since you had
15 radiation and some other things. I would ask your
16 doctor to have a follow-up examination, a follow-up
17 visit with your specialist in regards to those
18 specific things.

19 Now going to the environmental concerns.
20 Absolutely at one time we used many things, you
21 know, paints, solvents, things that we recognize now
22 can be problems. I would -- and it sounds like
23 you've probably put in a claim in the past for a
24 number of these things. I would look at, depending
25 on what your claim has been, I would put in another

1 claim if there are new things that have come up.
2 There are experts at the hospital that do have
3 environmental training. They're called the
4 environmental health clinicians and they can help
5 your doctors sort out some of those things as a
6 consult. We also have the work related illness
7 injury study center that they can also consult with
8 and ask about some of the environmental concerns
9 that you're addressing.

10 But the three things I would do, I would talk
11 to whoever your advocate is, your lawyer, in regards
12 to the crisis line. And if it's a court order I
13 would ask them to find an alternative for you.
14 There are civilian alternatives that you can use if
15 you've been ordered by the court not to call it. If
16 it was simply a suggestion, if you are in trouble I
17 would say the crisis line is a way to get help
18 quickly. I would ask for a referral to specialists
19 to follow up on some of the problems you have. I
20 would make a list of your concerns about
21 environmental exposures and ask your doctor to talk
22 with one of the specialists about those and make
23 probably two appointments; one to, you know, say
24 these are my concerns and another to do the follow
25 up.

1 **MR. BAKER:** Okay, I want to say something right
2 quick before I go. The judge didn't order me to do
3 it, he was saying that as a suggestion not to use it
4 --

5 **MS. FRESHWATER:** Can I -- can we put them in
6 touch so that they can talk about this kind of --
7 it's a personal thing that you need help with?

8 **MR. BAKER:** Yeah, I mean, it's something that
9 deals with everything because see what I'm saying is
10 this: I'm getting to the essence of the way the
11 disconnect works because see and my therapy is in my
12 medical records. So they send a lot -- see every
13 veteran that goes to the mental health part, they're
14 told to use the crisis line.

15 **MS. FRESHWATER:** Right, I understand completely
16 and I just want to get you follow-up help and also
17 allow anyone else to ask their question. I want to
18 try and put you in touch with someone that can
19 follow up with you in person as opposed to just
20 doing it this way.

21 **MR. BAKER:** Yeah, I understand that.

22 **MS. FRESHWATER:** And getting kind of generic
23 advice.

24 **MR. BAKER:** I understand but I'm just saying
25 that there's such a disconnect that we go there --

1 we go there openly but all of a sudden we're getting
2 nowhere, that's what I'm getting at.

3 **MS. FRESHWATER:** Right, I understand.

4 **DR. REH:** All right?

5 **DR. HASTINGS:** And this is Pat. I have time
6 for probably one more. I apologize but at 1:00
7 o'clock I've got to be in another meeting and so --

8 **DR. REH:** We have, it looks like, one more.

9 **DR. HASTINGS:** Okay, perfect.

10 **DR. REH:** Yes, sir.

11 **MR. BOYD:** I'll be brief. My name is Ronnie
12 Boyd and my concern is the -- the listed conditions
13 have associative conditions also that seem to come
14 with them before you actually mature into the
15 disease that they're listed on the -- in the
16 paperwork. Now my concern is that I have gone
17 through idiopathic pulmonary fibrosis. I have had -
18 -

19 **DR. HASTINGS:** I'm sorry, I didn't hear that,
20 it came through kind of muddled. Can you say it
21 again?

22 **MR. BOYD:** I've gone through idiopathic
23 pulmonary fibrosis.

24 **DR. HASTINGS:** Okay.

25 **MR. BOYD:** I had a biopsy and I had bone marrow

1 biopsy because I now have a condition of
2 leukocytosis. And my concern is that none of these
3 diseases supposedly have matured into one of the
4 ones that are listed but yet they are all part of
5 the condition and the underlying condition that I
6 have also where they indicated it on a letter that I
7 have where I'm headed towards MDS which is itself
8 headed towards, you know, possibly having leukemia.

9 **DR. HASTINGS:** Right. But the myelodysplastic
10 syndrome should, you know, and leukemia, you know,
11 you're doing the right thing by being monitored and
12 you're correct that those are not listed. However,
13 if these are causing you disability you can put in a
14 claim and can be evaluated on the basis of the
15 disability. It doesn't mean, you know, that you
16 have to wait until you have leukemia. If you have
17 say, bone pain because of this leukocytosis and
18 your, you know, your bone marrow churning out all of
19 these -- these white cells and sometimes people can
20 get bone pain. If you've got trouble breathing and
21 you can't walk up the stairs or have other problems,
22 you certainly can turn in a claim for those issues.
23 They do not have to be, you know, a presumptive.
24 You can turn in a claim for any disability that you
25 feel your military service has had an impact on or

1 has caused.

2 **MR. BOYD:** Okay. And I appreciate your
3 comments. And I do have -- that's my situation
4 exactly and I recently did turn in a claim and am
5 waiting to find out, you know, the results of it.
6 But also at the same time there's a bit of a
7 verbiage that's used where they say my condition or
8 whatever is less likely than not, you know, to you
9 know, be a result of my service. And you know, that
10 kind of verbal, you know, is just, you know, kind of
11 flippant. So that's really all I have to say.
12 Thank you.

13 **THE COURT REPORTER:** Could I get your name?

14 **DR. HASTINGS:** Okay. I'm glad you turned in a
15 claim. After you find out about this, Jerry
16 Ensminger and Mike Partain who I worked with before
17 often get feedback from the veterans. If you give
18 them feedback they'll probably let me know and I can
19 just check on things.

20 **MR. BOYD:** Thank you, ma'am. Appreciate it.

21 **DR. HASTINGS:** Mike and Jerry, that's okay with
22 you?

23 **DR. REH:** They have left but we'll make sure we
24 get the information to them.

25 **DR. HASTINGS:** Okay. I'd appreciate it. Thank

1 you.

2 **DR. REH:** Okay. With that, it concludes the
3 meeting.

4 **DR. RAGIN:** The next CAP?

5 **DR. REH:** We're going to -- it's in June, I
6 don't have the exact date. No, I'm sorry, it's not.

7 **DR. HASTINGS:** Can I ask one last question
8 before I have to run also?

9 **DR. REH:** Yes.

10 **DR. HASTINGS:** Mr. Boyd, do you spell your name
11 B-o-y-d?

12 **MR. BOYD:** Yes.

13 **DR. HASTINGS:** Okay. Thank you so much.

14 **MR. BOYD:** You're welcome. Thank you.

15 **DR. REH:** Okay. Thank you, everyone.

16 (Meeting adjourned 12:53 p.m.)

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CERTIFICATE OF COURT REPORTER

STATE OF GEORGIA

COUNTY OF FULTON

I, Steven Ray Green, Certified Merit Master Court Reporter, do hereby certify that I reported the above and foregoing on the day of April 24, 2019; and it is a true and accurate transcript of the proceedings captioned herein.

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

WITNESS my hand and official seal this the 20th day of May, 2019.

Steven Ray Green, CCR

STEVEN RAY GREEN, CCR, CVR-CM, PNSC

CERTIFIED MERIT COURT REPORTER

CERTIFICATE NUMBER: A-2102

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