

**Department of Health and Human Services
Agency for Toxic Substances and Disease Registry**

**Final Records of the Meeting of the
Oak Ridge Reservation Health Effects Subcommittee**

Oak Ridge, Tennessee

November 16-17, 2000

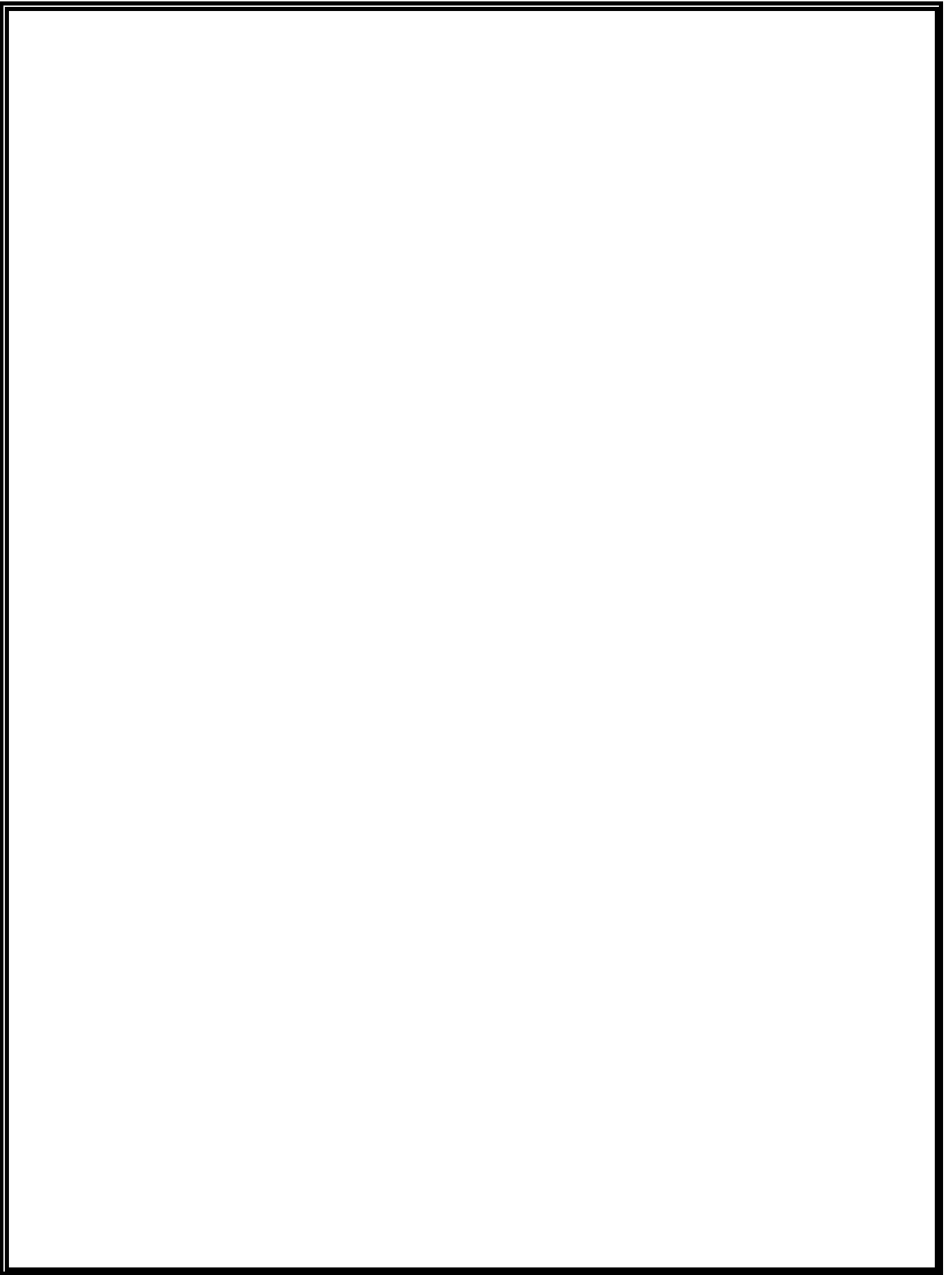


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Summary of the Meeting
Oak Ridge Reservation Health Effects Subcommittee
November 16-17, 2000

The first meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) was held on November 16-17, 2000 under the auspices of the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC). All but two members were present, plus all three state agency liaisons and several members of the public.

The members were thanked for their willingness to serve on this Subcommittee, which is a key component of ATSDR's outreach to the Oak Ridge community. It will provide advice and recommendations to ATSDR and CDC, particularly in prioritizing and determining how to evaluate health issues and community concerns, and to determine the public health responsibilities suggested. That advice will be taken seriously and responded to.

After the members and liaisons introduced themselves, **committee education** began. Presentations were heard and a video was presented on the Federal Advisory Committee Act (FACA), under which the ORRHES was chartered. The FACA was created to prevent advisory committees from being dominated by any one viewpoint or special interest. It is the only way that consensus advice can be provided to an agency, which must respond to the advice and recommendations. The basic FACA procedural guidelines were explained pertaining to the committee function, meetings, membership, Designated Federal Official (DFO), Chair, quorum (50% + 1), Member compensation, conflict of interest regulations and standards of ethical conduct. An overview of the Subcommittee's charter was also provided. It can have up to 30 members; 20 of whom are currently seated. They have overlapping 4-year terms and serve until replaced.

Agency presentations began with a letter read from National Institute for Occupational Safety and Health (**NIOSH**). It requested time on the second meeting's agenda to outline NIOSH's mission and research agenda at Oak Ridge, and its role in the Energy Employees' Occupational Illness Compensation Program. An overview of **ATSDR's** general mission was provided (to conduct public health assessments, establish and maintain toxicological databases, disseminate information on exposures, and provide medical education to health care providers on the health effects of environmental contamination). The Subcommittee's discussion questioned what interactions among chemicals ATSDR is exploring; why Oak Ridge was not yet assessed as a Superfund site, the area selection method for siting an environmental health clinic; whether ATSDR an use classified information; the relative danger of exposures to community versus workers; ATSDR's ability to examine cumulative impacts from low background originating from other than the ORNL; how a public health assessment is conducted; and how chemicals not listed or profiled are addressed.

Public comment was solicited several times in the meeting. Responders included a member of the former committee, the Oak Ridge Health Agreement Steering Panel (ORHASP), who described that work, and several former and present ORNL workers. The latter described their work and its then-unknown hazards. They: 1) asked how to find out what and how much they might have been exposed to; 2) hoped the ORRHES would help facilitate closure of the debate about health effects in Scarboro to reduce the community's anxiety, and to try to ensure that future studies do as little harm as possible.

The members noted that these speakers were both residents and workers, involving double exposures; and that beyond an understandable, well-done report, closure also involves the community's belief and confidence in the work done.

The **scope of the Subcommittee** was presented by the agency and discussed. In the ensuing discussion, the members asked the ORRHES' relationship to the other agencies formerly on the Public Health Workgroup; requested a listing of the recommendations made over time by the other Subcommittees, and the response to them; that recommendations pertaining to another agency be forwarded and that NIOSH have a liaison member; that a comprehensive survey of the ORNL community (asking if people are concerned about their health) useful for multiple research purposes should have been done; noted great community distrust of DoE and its contractors' data; suggested review of a 1994 survey of the 8-county area, the report of which cited about 3400 concerns; recommended that the ORRHES member appointment process be clearly conveyed to the community (which may hear that the "wrong people" were appointed); how to reach consensus; that emotions as well as numbers have to be dealt with, among the community and directed to both the scientists and perhaps the Subcommittee members as well. Expectations should not be raised and science's lack of all the answers must be acknowledged.

A **presentation of the Public Health Assessment (PHA) process** was provided. It will analyze and evaluate the information, data, and findings from previous studies and investigations on the radiological and chemical contaminants released from the Oak Ridge Reservation. With the Subcommittee, it will be decided what can be used in the public health assessment. The primary sources of information for the PHA were described (environmental and health data and expressed community concerns). The subsequent discussion noted that 1) how the Tennessee Cancer Registry data could be used; asked for examples of follow-up actions to PHAs done; how the ORRHES will relate to the PHA's development. Other significant questions asked were what to tell those members of the community who don't want any more surveys/research, but practical help, if ATSDR offers no medical treatment; whether the viewpoint of community members who do not want any more studies, but just care, was represented on the Subcommittee (yes); what the Subcommittee can conclude when disease causation is probably not provable, but only an association. It was concluded that the Subcommittee's must be made very clear, and caution exercised to avoid raising expectations, while at the same time doing everything

possible to refer people with needs that the ORRHES cannot meet to appropriate sources. The degree to which this Subcommittee can clarify the causes of risk and perhaps health outcomes also will help the community, or it will be seen as just another committee that said it would help and didn't.

A **presentation of ATSDR's needs assessment** was provided, which gauges the concerns, strengths, and resources in a community. Its steps were described. Knowledge (about subjects related to the site, such as about science or disease), 2) attitudes (that influence message delivery: trusting, suspicious, or overwhelmed by the situation), and 3) behaviors (that contribute to healthy or unhealthy lifestyles, such as children eating dirt) are explored, as are the community, social, and local political structures, accessibility and adequacy to health care, opinions of the local media, local social services available, and identification of key community leaders. ATSDR's specific plans for the Oak Ridge needs assessment were outlined. It will be done under a cooperative agreement with the Association of Occupational and Environmental Clinics. They have engaged George Washington University (GWU) to conduct the needs assessment. Their researchers will come to Oak Ridge to discuss their assessment plans with this Subcommittee. GWU's capabilities were praised by one committee member.

The Subcommittee's discussion addressed how ATSDR would reach everyone on this diverse community; what the agency/Subcommittee's response would be if a non-ORNL (i.e., industrial) entity was found to be a polluter; how long the assessment would take; ATSDR was requested to provide a completed needs assessment as an example; why ORISE would not be doing the Oak Ridge work; whether the needs assessment would address of the community's perceptions and fears; a suggestion was offered to use the same community as the SSAB; and an expectation expressed that the public would continue to be divided in opinion.

The **ORRHES guidance document** was presented in detail and discussed. A living document of five sections, Sections 1-3 provide the purpose and history of the Subcommittee, its organizational structure and roles, and provides process guidelines. ORRHES members provided input in writing prior to the meeting, and during the review, on 1) the described Subcommittee organization (specifically, the components of the organizational flow chart); 2) workgroups (the manner of community members participation – the importance of recognizing the people who work on a workgroup was stressed); 3) process guidelines (requiring a simple or super majority for a vote to pass);

In **public comment**, it was asked when the local people get the benefit of this committee, or would it produce more papers for the Reading Room? The destination of all this work must be defined, to indicate why the public should contribute; otherwise, the unions, at least, would not help. One disabled person related her decision not to participate on this committee because she would lose her disability benefits. She stressed that the citizens must be able to provide input and impact to the workgroup meetings. While she had little

hope for gains from this board, she challenged it to get something positive done to give the community a product useful to help the public's health. Another speaker stated that the assessments and studies had already been done, and the community can say by whom, of what, and where. He wished this committee would move to validate what is already known, because the community does not need 9 more years of being told what they already know. But another speaker testified to the independence of at least a few members of this committee and thought that a big step forward in Oak Ridge's process.

The **process guideline discussion** continued. There was much discussion of enlisting the participation of an sick worker (and concern expressed that this would not be seen as a derogatory term). The wish was expressed to get whatever waivers are necessary, to allow such a person to be paid to participate without the risk of losing their benefits. However, this is outside of ATSDR's control and the Subcommittee's mandate. Since there is an outstanding invitation to participate to someone who self identified as a "sick worker," and since some members were selected because the ORHASP findings indicated them to be at high risk, the Subcommittee's patience until the next meeting to address this membership gap was requested. First, an interested person must be identified, and time is needed until the pending invitation is answered. A Subcommittee letter to request that person's participation was suggested by one member, to be forwarded through ATSDR since that agency cannot reveal his/her name. Another member wondered if the disabilities-benefits problem could be resolved by enlisting community members who were adversely affected just by living here.

After a brief presentation on the workgroups formed by the other subcommittees, it was agreed to form three **ORRHES workgroups** to address Guidelines and Procedures, the Program of Work and Agenda, and Communications and Outreach. The activity of the first was expected to be sporadic after an initial intense focus, and the second and third to be ongoing.

Committee planning included an ATSDR announcement that a permanent ATSDR storefront office would be open by January, to operate during normal business hours, five days a week. Alternate meeting sites than the YMCA were suggested. Eight action items were summarized, as were the next meeting's potential agenda items. The Chair agreed to appoint the Workgroup Chairs shortly, to allow them to begin work. The members tentatively agreed to meet on January 18-19, 2001.

The **closing comments** of the members to summarize their perception of the meeting were generally very positive, although the challenges were often acknowledged and some ambivalence was expressed. The critical importance of how to address the issues raised in the public comment periods was discussed, and the need for a process to ensure that feedback occurs.

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Motions passed during the November 2000 meeting:

1. The Procedures Workgroup, when appointed by the Chair, consider the Draft Operational Guidelines and the comments received, and recommend on them to the full Subcommittee.
2. Standing workgroups will be appointed by the Chair: 1) a Guidelines and Procedures Workgroup; 2) a Program of Work and Agenda workgroup; and 3) a Communications and Outreach Workgroup; and that 4) other ad hoc workgroups be appointed as needed.

Action Items Created at the November, 2000 Meeting:

1. ATSDR will provide a copy of the summary of the Oak Ridge Health Assessment Study Panel.
2. CDC and ATSDR will provide a listing of the recommendations made over time by the other Subcommittees, and what happened in response.
3. ATSDR will provide a completed needs assessment to the committee as an example.
4. Committee Management and CDC's Office of General Counsel will explore the regulations and procedures of what Subcommittee workgroups can and cannot do. Mr. Pereira will advise the Subcommittee within 30 days of the formal procedures found, if any.
5. ATSDR will try to provide copies of the independent investigation of the East Tennessee Technology Park study report provided by Norman Mulbennet (two bound volumes).
6. A PCB toxicological profile will be provided for Dr. Eklund and Mr. Akin.
7. Dr. Brooks will meeting with Ms. Bush on a compendium of Oak Ridge-related data.

**Department of Health and Human Services
Agency for Toxic Substances and Disease Registry**

**Minutes of the Meeting of the
Oak Ridge Reservation Health Effects Subcommittee
November 16-17, 2000**

NOVEMBER 16, 2000

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) convened the first meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) on November 16-17, 2000. The meeting, which was held at the YMCA of Oak Ridge, began at 9:00 a.m.

Members present were:

| | |
|-----------------------------------|-------------------------------|
| Alfred A. Brooks, Ph.D. | Ronald H. Lands, M.D. |
| Donald A. Creasia, Ph.D. | James F. Lewis |
| Kowetha A. Davidson, Ph.D., Chair | Lowell P. Malmquist, D.V.M. |
| Robert Eklund, M.D. | LC Manley |
| Edward L. Frome, Ph.D. | Therese McNally, B.S., B.S.N. |
| Karen H. Galloway | Donna Mims Mosby |
| Jeffrey P. Hill | William Pardue |
| David H. Johnson | Barbara Sonnenburg |
| Susan A. Kaplan | Charles A. Washington |
| Andrew J. Kuhaida, Ph.D. | |

Members absent were Robert Craig, Ph.D. and Karen Galloway.

All the liaisons to the Subcommittee attended:

Elmer Warren Akin, U.S. Environmental Protection Agency (EPA)
Brenda Vowell, R.N.C., Tennessee Department of Health
Chudi Nwangwa, Tennessee Department of Environmental Conservation (TDEC)

Agency staff present were:

ATSDR: Bert Cooper, Rita Ford, Jack Hanley, Sandy Isaacs, Yahya Muhammed, Therese Nesmith, Marilyn Palmer, Jerry Pereira, Robert Williams.

CDC/National Center for Environmental Health (NCEH): Arthur Robinson

CDC/ATSDR Headquarters:

Office of General Counsel: Kenya Ford, Paula Kocher
Committee Management Office: Helen Kuykendall

Department of Energy: Timothy Joseph

Others present over the course of the meeting included:

Gordon Blaylock, Oak Ridge National Laboratory and SENES, retired
W.H. Brooks, Oak Ridge resident
Walter Coin, Oak Ridge resident
Jan Connery, Environmental Research Group (ERG)
Edwin A. Farmer, Oak Ridge resident
J.W. Fouse PACE and community representative
Larry Gipson, ORNL retiree, Scarboro resident
Ronnie Griffin, Scarboro resident
Susan Gawarecki, Local Oversight Committee
Ann Henry: RN, Employee Occupational Health Services, Memphis Medical Center
Tim Joseph, Oak Ridge Operations Office point of contact
Bill Murray, A.B. Murray Consulting, LLC
Marie Murray, recorder
Norman Mulvenon: retired physicist, Chair of the Oak Ridge Local Oversight
Committee/Citizens Advisory Panel (ORRLOC -- CAP)
Arthur Nelson, Oak Ridge resident
Robert Peele, was associated with Oak Ridge Health Agreement Steering Panel
(ORHASP).
J.A. Sharkir-Ali, Oak Ridge NAACP
John Steward, PACE health and safety union representative
Janice Stokes, Oak Ridge resident
Debbie West, court reporter
Steve Wiley, Y-12 environmental studies health coordinator

Opening Comments

Rear Admiral (U.S. Public Health Service) Robert Williams, Director of ATSDR's Division of Health Assessment and Consultation, welcomed everyone on behalf of ATSDR and CDC. He did so on behalf of Ms. Loretta Bush, the Subcommittee's Executive Secretary and Designated Federal Official (DFO), who was injured in an auto accident on the previous day and was therefore unable to attend. Mr. Jerry Pereira, Chief of ATSDR's Community Involvement Branch, sat in for Ms. Bush.

Mr. Williams thanked the members for their willingness to serve on this Subcommittee, which is a key component of ATSDR's outreach to the Oak Ridge community. Its purpose is to provide advice and recommendations to ATSDR and CDC, particularly in prioritizing and determining how to evaluate health issues and community concerns, and to determine the public health responsibilities suggested. He assured the members that that advice will be taken seriously and responded to. If ATSDR is unable to respond, it will invite in those who can to do so.

Subcommittee Chair Dr. Kowetha Davidson then introduced herself. She has a Ph.D. in zoology, is on staff at the Oak Ridge National Laboratory, and is a member of the Oak Ridge Associated Universities (ORAU) Institutional Review Board. She defined her role on the committee as providing technical expertise as well as to serve as a liaison to the African American community.

Dr. Davidson also thanked the members for their willingness to serve on this FACA committee, and welcomed them, agency staff and members of the public to this meeting. This meeting's focus was to be on information and process about committees formed under the Federal Advisory Committee Act (FACA) and in particular about the ORRHES. She welcomed this community's opportunity to provide ideas and recommendations in partnership to ATSDR at the front end of their work in Oak Ridge; to bring solutions and ultimately closure to questions about the laboratory. She called for sensitivity to the people of the community and their environmental concerns, and maintenance of an atmosphere of fairness and respect in dealings among the members and with the community. She commented on the diversity of the Subcommittee's member, each providing something different and important to the committee as a whole. A strong unit could be formed to deal with and resolve the issues brought before them.

As Chair, she expressed her expectations of the Subcommittee members: 1) to exert every effort to work together, letting diversity work for rather than against the Subcommittee; 2) to subordinate personal goals/interests for the good of the process, considering the entire community; 3) to remain focused on the specific issues examined while listening to other concerns of the community as well as ATSDR's missions; 4) to develop a systematic approach to the Subcommittee's work; and 5) to bring closure to environmental issues problematic to the community for many years. The Y-12, X-10, and K-25 Areas are geographic units from which environmental contaminants may have been released. This Subcommittee will be focused on what the community was or are exposed to, at what levels, whether those levels are sufficient to cause public health concerns, and on what can be done.

Dr. Davidson concluded that "this is our Subcommittee," which has the means and opportunity to determine how the Subcommittee will function. The members should communicate with other members of the community about their environmental health concerns, because the Subcommittee can influence what goes into the ATSDR public health assessment.

Subcommittee Introductions

The Subcommittee members introduced themselves:

Alfred Brooks is a resident and land owner with a long-time interest in Oak Ridge. He belongs to many community groups, some of which address on-site environmental problems, so he had already reviewed a good deal of data.

Don Creasia is a retired X-10 worker. He is an environmental toxicologist with a specialty

in inhalation.

Bob Eklund is an emergency medicine practitioner. Treating his patients with chemical poisoning led to an interest in Oak Ridge, not just of the workers but also residents living around the Oak Ridge complex.

Ed Frome is a biostatistician in the Computer Science/Mathematics Division of Oak Ridge, and has worked at the lab since 1966. He was part of the ORAU epidemiologic health effects studies of Oak Ridge workers, and still works on beryllium.

Jeff Hill is an ORNL worker, a fisherman, and a new grandfather, therefore with a renewed interest in the environment and future. He has been the labor union environmental safety and health representative for the Atomic Trades and Labor Council.

David Johnson is a member of the Knox County Minority Health Coalition and has served on numerous community committees. He is interested in all minority communities and other disenfranchised individuals.

Susan Kaplan has worked in laboratories since age 16. She is a chemical engineer and independent business owner since 1987. She joined the Local Oversight Committee in 1995 and has been Vice Chair since 1996, and Chairs their Subcommittee on Economic Transition and Workforce Issues. She is an activist who began the Institute for Technology, Social, and Policy and Awareness.

Al Kuhaida is the mayor of Oak Ridge. He had a career in environmental management, first in assessment of uranium mines, waste storage, and recently in remediation on the ORR. HE is now semi-retired and is on several environmentally-related committees. He was born on the Ohio River near the West Virginia steel mills, which produced air and water pollution. He moved to Oak Ridge as teenager and recalled when the East Fork Poplar Creek occasionally ran in colors or with an oily scum. He fished and camped on the Clinch River and later discovered the cesium contamination of fish at that time. As a teenager, a “No Trespassing” sign was a challenge; and at least once he entered an area exposed to radiation.

Ron Lands grew up in Roane County until medical school and the Army, and settled in Oak Ridge 10 years ago. He is an oncologist and hematologist at the Methodist Medical Center.

James Lewis is a retired mechanical engineer who worked for the TVA. for 27 years. He was born and raised in Knoxville. As Vice President of the NAACP, he heard numerous community complaints about Oak Ridge pollution. He hoped the Subcommittee would make a special effort to ensure that the community is informed in an understandable way about lab issues.

Peter Malmquist is a veterinarian, retired since 1999, who has lived in Roane county since 1962. He volunteers with the county commissions, church boards, and a member and Chair of the county Board of Health. He lives on the Clinch River, and he has some concern about downstream pollution.

LC Manley is a retired ORNL lab technician who has lived in Oak Ridge (Scarboro) since 1958. He hoped to bring to closure some of the negative reports about his community concerning mercury and airborne exposures. If there is no problem, the

negative publicity of the recent past must be corrected.

Therese McNally grew up in Oak Ridge; her father was a Y-12 physicist. She also played everywhere as a child and agreed that the site fences were irrelevant.

Donna Mosby is a lay person and community activist with a particular interest in the issues affecting children. She was concerned about the divisions in the community over these issues, particularly in Scarboro.

Bill Pardue is a retired nuclear industry worker (not in Oak Ridge) with an expertise in facilities design and the handling of toxic materials. He has been on the Oak Ridge Site-Specific Advisory Board (SSAB) for 5 years as well as on the Governor's Panel to Evaluate Toxic Substances in the K-25 Incinerator.

Barbara Sonnenburg lives on Watts Bar Lake, and represents Meigs County. She is a representative of the LOC Board and is on the Tennessee Air Pollution Control Board. As the representative, she had heard much testimony about health concerns. She was an elected representative on the Memphis School Board and on the City Council for 16 years. As the latter's Chair, she began a local Hazmat response team, the first in the country to bring together the first responders, representatives of the chemical industry, railroads, trucks, etc. She formed the same template on the national level.

Charles A. Washington, Sr. worked at ORNL for 27 years, and in that time worked with every element on the periodic chart. He knew of site emissions to the closest community, which was minority, and which was not informed. He was present to find out what/how much was emitted, the meteorological conditions of the time, and what effects would have resulted in Scarboro. He was President of the National Organization of Black Chemical Engineers, President of the Inventors's Forum, a member of the SSAB. He is a strong proponent of environmental justice, which addresses the economic and social effects of plant activities. He stated that lakes and streams within 100 miles of the lab were contaminated, and that "low levels matter." He hoped to put some definition to these issues in the course of the Subcommittee's work.

Of the absent members, Robert Craig is an oncologist and environmental scientist, who is a members of the East Tennessee Economic Council and Oak Ridge Chamber of Commerce for 2001. Ms. Karen Galloway is a secretary at Battelle/ORNL. She was born and raised downstream of the ORNL.

The Subcommittee liaisons also introduced themselves:

Brenda Vowell is a nurse and has worked Tennessee Department of Health for 30 years. She has lived most of her life in Anderson County, and is currently Director of Quality Management for the 15-county area surrounding Knox county. She has worked in the mercury studies and most recently participated in coordinating CDC's examinations of children in the Scarboro community.

Chudi Nwangwa is a chemist and the liaison for the Tennessee Department of Environmental Conservation. He has worked for the TDEC Oversight Office in Oak

Ridge for 10 years.

Elmer W. Akin is the liaison for the EPA. His training is in toxicology and he is the Region IV Senior Risk assessor. As a regulatory agency with cleanup authority over Superfund sites, EPA conducts risk assessments but does not do health studies. They are very interested in CDC/ATSDR's health studies relevant to Superfund Sites.

Presentation on the FACA

Ms. Helen Kuykendahl, of the CDC/ATSDR Committee Management Office, outlined the history, procedures, and membership aspects of federal; advisory committees. Since 1794, when George Washington enlisted an advisory committee to investigate the Whiskey Rebellion, such committees have been used to obtain outside expertise not available within the federal government. They have addressed a wide variety of subjects, such as labor laws, government housing, vaccines, etc.; most recently, the Three Mile Island and Space Shuttle Challenger events.

The Federal Advisory Committee Act (FACA) was enacted by Public Law 92-463 in October 1992. It defines a FACA as “any committee, board, commission, council, conference, panel, task force, or other similar group, or any Subcommittee or other subgroup thereof for the purpose of obtaining advice or recommendations on issues or policies which are within the scope of his or her responsibilities.” The FACA was created to prevent advisory committees from being dominated by any one viewpoint or special interest. It is the only way that consensus advice can be provided to an agency, which must respond to the advice and recommendations.

In 1997, the General Services Administration (GSA) assumed responsibility for FACA and further defined committee guidelines. Each agency is required to have a committee management officer; the agency is accountable to GSA, and GSA accountable to Congress.

Ms. Kuykendahl explained that the Oak Ridge Reservation is a Subcommittee of the Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DoE) sites. It is an umbrella committee consisting of the Subcommittees at the Savannah River Site, Hanford, Fernald, Idaho National Engineering and Environmental Laboratory (INEEL), and now Oak Ridge, DoE sites.

She outlined the basic FACA guidelines, which provide strict procedures in establishing and operating an advisory committee. (Further information on FACA is available at the GSA Website: [www. policyworks.gov](http://www.policyworks.gov)).

- The committee's function is only advisory.
- The FACA And Government in the Sunshine Act require open access to committee meetings. The meetings planned are Published in the Federal Register and must be open to the public unless closed with prior permission.

- Membership must be fairly balanced in terms of the points of view represented and the functions to be performed, composed of equitable geographic, ethnic and gender representation (as long as the effectiveness of the committee is not impaired). The members are selected without discrimination based on age, sex, ethnicity, gender, sexual orientation, disability, or cultural, religious, or socioeconomic status.
- Members cannot serve continuously as a member of any single advisory committee for more than 4 years, serve on more than one committee within an agency at the same time, or serve concurrently with another person from the same organizations in the same city without a DHHS waiver.
- Each committee must have a Designated Federal Official (DFO), who is Ms. Loretta Bush for the ORRHES. She supervises the day to day operations of the committee, provides direction, control, and assistance to ensure that the committee operates as required. She ensures: that the committee fulfills its mission, calls or approves the calling of committee meetings and the final meeting agenda, that the meeting notices are published in the Federal Register 15 calendar days in advance, attends each meeting, ensures that detailed minutes are kept of each meeting, and ensures new member orientation.
- The Committee Chair, Dr. Kowetha Davidson, is responsible to preside at meetings and ensure that all rules of order are maintained (Roberts Rules of Order are suggested). She manages the committee with the DFO, ensures that public comment periods are held, and certifies the accuracy of the meeting minutes.
- DHHS policies require federal advisory committees to hold meetings with the advance approval of the DFO, who must approve the agenda. A quorum (50% + 1) must be present to vote. The advice given by the committee must be within the scope of its charter (for the ORRHES, these are public health activities at the Oak Ridge Reservation).
- Members are compensated at \$250/day of Subcommittee meetings, but not for time spent in preparing for meetings. The members' roles involve them as private citizens engaged as temporary special government employees.¹ They represent only their personal opinion or view, not that of any organization.
- Special government employees must comply with government conflict of interest regulations and standards of ethical conduct for employees of the Executive Branch. They must protect confidential information and procurement integrity, file an annual confidential financial disclosure form, and recuse themselves from participating in any meeting to provide advice that would affect their financial interests.

Discussion. Further clarification provided in discussion included: 1) The committee's scope addresses health issues inside and outside the site fence line, all of which interest

¹ A temporary government employee works with or without pay either full-time or intermittently for no more than 130 days in an 365 consecutive days.

ATSDR. However, any worker issues directly involved would be addressed by the National Institute for Occupational Safety and Health (NIOSH); and 2) FACA requires detailed minutes. Any transcripts done in addition are also publicly available. Both minutes and transcript will be distributed to the members, certified by the Chair, and placed in the DoE reading room, as well as made available for public distribution and use.

Overview of the Subcommittee Charter

Ms. Marilyn Palmer, of the ATSDR Committee Management Office, provided an overview of the Subcommittee's charter. The ORRHES can have up to 30 members; 20 are currently seated. The members are technical experts knowledgeable about the site area's concerns, represent diverse community viewpoints. Consultants and nonvoting liaisons are involved as needed. The members have overlapping 4-year terms and serve until replaced. The meetings are determined by ATSDR's needs and are announced through outreach to the public, which the members were asked to assist. The minutes repose at the ATSDR archives and in the DoE Reading Room. Aside from the \$250/day, the members are paid a per diem and travel expenses. The charter must be renewed every two years (current expiration is July 2, 2002). Ms. Palmer provided her contact information and e-mail address (myr4@cdc.gov).

Ethics Video and Discussion

Ms. Paula Kocher, Senior Coordinating Attorney for CDC's Office of General Counsel (OGC), introduced a video tape developed by the U.S. Office of Government Ethics that discusses the general rules and ethical aspects of serving on FACA committees. It explains the seven rules applicable to FACA members as special government employees, which address: 1) conflict of financial interest, appearances of same, use of..., acceptance of gifts, outside activities in which the members may or may not engage while a member, restrictions on seeking employment while a member, and post-employment restrictions. There were no questions from the members after the video.

Letter from NIOSH to the ORRHES

Dr. Davidson read a letter from Mr. Larry Elliott of the NIOSH Health Effects Research Branch. He conveyed his congratulations on the ORRHES' first meeting, which he was unable to attend. However, he requested agenda time at the second meeting to outline NIOSH's mission and research agenda at Oak Ridge, and its role in the Energy Employees' Occupational Illness Compensation Program.

Overview Presentation of ATSDR

Mr. Williams is also the Public Health Service's Chief Engineer, advising on public health engineering matters to the Surgeon General and >1100 PHS engineers. As Director of the Division of Health Assessment and Consultation, he ensures that public health assessments are conducted at every site listed on the National Priority List (NPL) nationally.

He explained that ATSDR's mission is to conduct public health assessments, establish and maintain toxicological databases, disseminate information on exposures, and provide medical education to health care providers on the health effects of environmental contamination. ATSDR has about 500 employees and an annual budget of \$80-90 million. Most staff are in Atlanta, although some are assigned to each of the EPA regions. The agency was created by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA – the Superfund) Act), in response to the events at Love Canal and the barrel fire in Elizabethtown, NJ. In 1986, ATSDR's responsibilities were expanded by the Superfund Amendments and Reauthorization Act (SARA). This made ATSDR the lead public health agency under Superfund to identify the extent/nature of health hazards at NPL sites, help prevent further exposures/illness, and establish/expand the knowledge of health effects related to exposures. This work is done with state and local health departments and other federal agencies, particularly EPA and CDC. He shared an organizational chart showing its placement under the DHHS.

Public Health Assessment Activities. ATSDR's primary goals are to: 1) identify people at health risk from exposures, 2) evaluate the relationship between hazardous substances and adverse human health outcomes, and 3) to intervene to prevent or mitigate the adverse health outcomes from such exposures. Their activities are either site- or substance-specific in four main areas:

- *Public health consultations* respond to narrow or specific health questions. They normally provide a rapid response (verbal or written), with a recommendation on what to do about that concern.
- *Public health assessments* are used to triage sites: who's been exposed, to what, and what more rigorous activities might be needed. It examines environmental, medical, and community population information to decide a course of action. It examines exposure pathways (how a contaminant is released and then proceeds through air, water, or soil to reach/affect people.). This could result in a public health assessment recommendations such as health education, medical monitoring, exposure investigations, health studies, research, exposure/disease registries, toxicological profiles, health surveillance, and health advisories. A public health assessment would be used by the health department, EPA, etc., to help inform decisions about sites to protect their communities and workers around or in the sites.
- *Exposure investigations:* collect a limited amount of data to better define the exposures in a community (e.g., blood and urine samples to get snapshot of current health status. They do not indicate past or future events or effects. Unfortunately, there are few tools available to detect exposures.
- *Health investigations* look for any association between an exposure to a contaminant/hazardous substance and an health outcome. These could result in other activities such as a disease registry, medical monitoring, etc.

Toxicological Profiles. From lists of hazardous substances, ATSDR develops

toxicological profiles (“tox profiles”), now totaling about 200 of 275 identified chemicals of concern at sites (e.g., lead, benzene, arsenic, cyanide, etc.). They initiate substance-specific research to fill data gaps. In a manner easily understood by anyone, the tox profiles summarize information to explain how the material could affect individuals/communities. While the agency also can do hazardous substance research to fill data gaps, they do not conduct lab analyses; instead, they work with partners such as CDC, academic institutions, etc.

Health education/health promotion activities are conducted with medical and other health care professionals, to help them diagnose and treat patients with symptoms related to exposures. Case studies, published in environmental medicine journals to train in the diagnosis, treatment, and tracking of progress after exposure, also provided Continuing Medical Education (CME) credits. To date, the agency has addressed only 33 substances in this medical education activity.

Community health education is done after it has been determined what a community needs and/or wants to know. A responsive, program is developed to convey that, which can also involve experts external to ATSDR. *Health promotion* activity blends health education; risk communication; environmental, medical, and promotional activities, to give the community information and access or referral to other services to promote health and prevent disease.

Among their partners are the Association of Occupational and Environmental Clinics (AOEC), which have technical laboratory abilities. The AOEC is setting up pediatric environmental health specialty units to provide pediatricians knowledgeable in environmental health in every EPA region. ATSDR is also working with NACCHO to build/ensure the capacity of local health agencies to continue work on these issues after the federal agencies leave.

Discussion. In response to Subcommittee questions, Mr. Williams explained the following points:

- *What interactions among chemicals is ATSDR exploring?* Work is beginning on mixtures of contaminants and within different media, using a pharmacokinetic model to predict what effects may occur in people. While the listed chemicals are only 275 of the thousands used, they are those most prominent at sites, and the list is routinely reviewed to see if others should be added.
- *Why was Oak Ridge not assessed, as is required of every Superfund site?* Since the Oak Ridge Health Assessment Steering Panel (ORHASP) study and the state’s dose reconstruction work was underway, ATSDR delayed beginning the public health assessment to avoid potential duplication of work. Congress agreed to this plan, as long as ATSDR addressed the most important NPL work within a year.
- *How is an area chosen for an environmental health clinic; and areas being considered now; and is this an ongoing process?* The AOEC is a private

organization of health clinics located predominantly at university settings throughout the U.S. ATSDR's cooperative agreement with the AOEC enables them to refer people to those clinics. They are also implementing the pediatric environmental health specialty units in each EPA regions. And, while ATSDR does not set up clinics, the Health Resources and Services Administration (HRSA) Does. They could be invited to explain that process.

- *Can ATSDR apply information on classified materials and their production?* ATSDR staff with clearances can review such records, but that information has to be declassified before it can be used. And, since ATSDR is not a regulatory agency, it cannot require companies to record and report malfunctions leading to releases, in order to relate that to environmental aspects such as wind, temperature, etc. and evaluate potential community exposures. But that is the type of information they seek and use, and they can strongly recommend in support other agencies' appropriate address of such issues (e.g., EPA). If ATSDR's Division of Toxicology can identify the chemicals used in a plant, they can work to model/duplicate those processes to explore synergistic effects.
- It was noted that the Resource Conservation and Recovery Act of 1984 (RCRA) requires active facilities to address releases. This could be discussed in the Subcommittee.
- *Complex mixtures have been of interest for some time, but are hard to study. What combinations Does ATSDR study and in what ratios?* The outcomes change with each variation. Experts could be invited to discuss with the Subcommittee what is doable.
- Mr. Washington recalled reports by many old site chemists that 2-3 boxcars of mercury were released, but Scarborough residents were never warned of air releases or about using produce from their vegetable gardens. He had heard that the Savannah River study had indicated that metal mercury can be released under the right conditions, and that the synergistic effects could be more damaging than thought.
- *Could any exposures (e.g., to multiple materials) have put the community in more danger than workers and vice versa?* Since workers might have had more shielding from protective equipment, it is possible that the community could have greater effects. That will be examined. Mr. Akin stated that regulatory levels for the public are higher to provide greater protection, since workers are presumed to be healthy adults.
- *Can ATSDR look at cumulative impacts from low background (e.g., TVA's present 2 tall stacks used to be 8 small ones and their emissions are fairly well known. Since their primary purpose was to supply power to ORNL, those cumulative impacts should be considered. ATSDR's predominant work will focus Oak Ridge releases' potential affect on the communities, but other such materials that could have impacted the public health will be addressed as possible in the toxicological discussion, as well as those to workers. Mr. Akin explained an*

epidemiological study's use of control and test communities to compare health outcomes, which could manifest effects from the synergism resulting from different exposure sources. A pure research study would have to factor in each contaminant specifically, a very different task.

- The relationship of the pediatric clinics to the U.S. clinics of the National Institute of Environmental and Health Sciences (NIEHS), which study health impacts, was inquired by Ms. Kaplan. Mr. Williams was unaware of NIEHS clinics, but was interested to know more about that.
- *Are the elements of the public health assessment conducted simultaneously (yes), and how were the 275 chemicals selected?* They were selected by EPA and ATSDR, according to the frequency with which they were found at sites, whether their exposure pathway was complete, etc. The two agencies created an algorithm considering a number of factors to prioritize and decide which to profile.
- *If not on the list/profiled, how is this material addressed?* ATSDR and EPA would do a limited toxicological profile on a chemical in a smaller, focused document.

Public Comment

Mr. Robert Peale is an Oak Ridge resident and was a member of the former committee, the Oak Ridge Health Agreement Steering Panel. They oversaw a DoE-financed study started prior to the HEW study that was grandfathered to be conducted by the state of Tennessee. They produced 7 reports through three contractors (ChemRisk, SENES/Oak Ridge, and Tchonka? Research/Atlanta) which detailed histories of contaminants, pathways, and likely risk. They tried to do the highest priority work. Comments received expressed a wish that other work was included, such as on-site exposures. He hoped that this Subcommittee and others will make the best use of this work, at least its summary, which might help indicate where something might be found. He expressed his and other ORHASP members' willingness to help the Subcommittee.

Mr. Ephraim Farmer was 38-year K-25 worker, now retired for 10 years. He worked with many different chemicals without knowing what they were or what they would do. Many were still not even labeled when he left. He asked how to find out what and how much he might have been exposed to, and whether the mercury project was completed. He also noted that two decades of radiation monitoring never found anything. But the radiation counters of the researchers from Pittsburgh alarmed constantly and people kept being moved out of areas, including in a lunchroom used to cook/serve food for 20 years. He has been diagnosed with asbestosis and berylliosis, and wondered about other conditions as well. Dr. Davidson invited him to return to the next meeting, when Mr. Larry Elliott of NIOSH would address occupational exposure issues. She was also confident that the Subcommittee would be addressing mercury exposures as they help ATSDR develop their health assessment. Ms. Kaplan told him of a report from a DOE Headquarters Oversight Office to DOE/EH, which discusses worker areas and exposures; and the ORHASP report, although fairly controversial, included a tremendous amount of research. She is preparing a white paper on off-site releases and risk, and is summarizing the EH report.

Mr. Larry Gibson, a 35-year employee at ORNL, 10 of those in the coal program, testing compounds, chemicals, etc. He hoped this committee would help facilitate closure of the debate about health effects in Scarboro. Testing has been done of the soil, the children, etc. but no subsequent closure resulted. It is greatly needed to reduce the community's anxiety, and any further tests must be very careful on how they are conducted and reported to avoid further damage to the reputation of the Scarboro community. He would prefer reference to the "greater Oak Ridge area," stressing, for example, that Poplar Creek Does not run through the Scarboro community; it runs by Scarboro Road. He lamented that no tangible good had resulted from the millions spent; in fact, he felt that more harm had been done. He asked the Subcommittee to try to ensure that future studies do as little harm as possible. Dr. Davidson expected that this Subcommittee would remain sensitive to the concerns of the entire Oak Ridge area and make every effort to be fair. She reiterated that the opportunity to give input to the front end of the ATSDR public health assessment can influence what it addresses and concludes.

Mr. Lewis commented that meaningful communication needs to be facilitated between community leaders, residents, and the Subcommittee to avoid domination by an interested few. Dr. Frome and Mr. Hill noted that these public comments were from people who are both residents and workers. The workers of decades past probably were less protected from exposures and were more highly exposed, so exploring effects with workers exposed to high levels of contaminants seemed logical.

Dr. Brooks observed the amount of distress in this area about the data, the reports issued, and the issuing organizations. Closure involves more than an understandable, well-done report, but also the community's faith that they have received factual information worthy of confidence. It takes constant work with the community to explain what these complex problems mean to them as individuals. The casual issuances of reports has been done for over 20 years now, with unsatisfactory results.

Ms. Kaplan commented the importance of the point that, although flawed, worker protection and compensation at least exists, but nothing similar for Oak Ridge residents. Among the questions to be dealt with is how to address the residents not being attended to?

Scope of the Subcommittee

After lunch, Mr. Jerry Pereira stated his expectation that the agency's work will be greatly assisted by the institutional memory, technical knowledge, and commitment of the Subcommittee. He presented for Ms. Bush the aspects of communications to the Oak Ridge National Laboratory and the Subcommittee.

He emphasized the importance that everyone be aware that the science is insufficient to provide all the answers; this is critical to credibility. The ORRHES will be successful if after reviewing whatever documents are produced through this process, they can have

confidence in the findings. He advised conducting regular reality checks along the way to ensure that communication remains clear to produce a credible, coherent result that all can understand.

To provide a forum for that, the Oak Ridge Reservation Public Health Workgroup was formed in 1998, with representation from 7 federal and 2 state/local agencies. A series of meetings were held with community members and stakeholders in April, June, and September 1999. The process of developing a plan is critical to ensure that communication is maintained. The ORRHES was officially established on December 28, 1999, as the fifth Subcommittee of the Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DoE) sites. Its members were selected from the pool of nominees by ATSDR and CDC in a multi-tiered process based on the selection criteria developed with input from the three Public Health Workgroup meetings: 1) the members must be balanced in terms of points of view and function to be performed, provide equitable geographic, ethnic and gender representation as required by law, and be nominated from the community.

The purpose of the ORRHES is to provide advice and recommendations concerning public health activities and research conducted by ATSDR and CDC at the Oak Ridge Reservation site. It provides advice on the selection, design, scope, prioritization, and adequacy of ATSDR's public health activities for the Oak Ridge Reservation. It will provide critical input to the public health assessment process, community needs assessment process, and any recommendation for follow-up public health activities. However, recommending on activities of any other federal, state, or local agency are not within its charter.

ATSDR is committed to take a proactive approach in establishing and maintaining good communication among all parties: the ORRHES; community members; federal, state, and local agencies; and other identified stakeholders. Mr. Pereira added that the community should not need to be present to remain updated on the work being done, but should be able to remain informed. Whether by Internet, media, outreach to the community, or other venue, ATSDR will support that process.

Discussion. The ensuing discussion with Mr. Pereira included the following points:

- *What is the relationship of the ORRHES to the other agencies that were on the Public Health Workgroup?* ATSDR will invite any other agency to address any issue becoming an agenda item that requires another agency's input.
- *Is there a listing of the recommendations made over time by the other Subcommittees, and the response to them?* CDC and ATSDR will arrange that.
- *Will you forward recommendations pertaining to another agency? (Yes) NIOSH should have a liaison member.* That will be raised with Mr. Elliott at the next meeting.
- *There seem to be different points of view on the Subcommittee and in the*

community; has anyone surveyed the ORNL community asking if people are concerned about their health? Not scientifically, but the needs assessment will explore this. Most communities have people knowing of many ill people; those disturbed that their property values might be affected; and those undecided without further information on which side they belong. For all of them, trust is earned incrementally. Losing it even once will send you back to square one, and take twice as long to regain it, if you even can. For that reason, ATSDR staff is urged never to deviate from communication based on a solid strategy and consistency in delivering what is promised.

- Ms. Kaplan noted great distrust of DoE and its contractors' data. If a committee such as the ORHASP discovers discrepancies, some community members will see a conspiracy, but others will see this as part of the scientific process. It is a challenge to deal with that.
- Mr. Brooks suggested review of a 1994 survey of the 8-county area, the report of which cited about 3400 concerns. He also expected that some will say the wrong people were appointed to the ORRHES. The appointment process must be conveyed to reach the people hearing those opinions.
- *With Oak Ridge's history and the magnitude of composition of this committee, a) once it's bonded, do you think this will serve to support trust; and b) how can consensus be reached?* Although no one expects universal agreement, everyone should leave satisfied that their opinion has been voiced and heard. Continuing engagement and communication with the agency staff until that satisfaction is reached was urged. And, reasonable people can disagree. An evenly-divided committee indicates insufficient information, but ATSDR will not ignore advice given in a minority report if a division persists. But hammering the issues out to minimize disagreement, and discuss why the difference of opinion exists, is greatly preferred.
- Several of the members addressed the trust issue, noting a lack of trust over the "knowns" and the "unknowns." Scientists often seem arrogant in how they interpret the latter when reported by the community, perhaps perceiving it as "unscientific." Emotions as well as numbers have to be dealt with. People are afraid. Many of the scientists have taken a lot of abuse, and the Subcommittee members may have to as well. The degree of trust depends on the area being addressed; the information needs of the community have to be addressed in a targeted fashion. Expectations should not be raised; the lack of knowledge base in some areas of science must be acknowledged.

Presentation of the Public Health Assessment Process

Mr. Jack Hanley, an environmental scientist in the Division of Health Assessment and Consultation, discussed the public health assessment process. As background, he related the ORNL's addition to the NPL in 1989. In 1990, ATSDR and DoE signed a Memorandum of Understanding (MOU) making ATSDR responsible to conduct public

health activities and follow-up at NPL sites. ATSDR planned to use the dose reconstruction and other studies underway in their public health assessment. In 1992, they began their public health activities with a focus on current exposures, specifically in East Fork Poplar Creek and Watt's Bar Reservoir. That work was completed in January 2000, and will be presented in detail at subsequent meetings. ATSDR is now ready to begin the public health assessment with this Subcommittee's help.

Public health assessment is defined as "an evaluation of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other recommendations, and identify studies or action needed to evaluate and mitigate or prevent human health effects." Basically, it is an analysis and statement of the public health implications posed by the release of hazardous substances into the environment. Its purpose is to assess the public health impact on off-site populations from releases of hazardous substances, and determine the need for public health actions or studies. It can trigger several possible recommendations (e.g., medical monitoring). One future challenge could be to explain why some activity that the public might desire is not done.

The Oak Ridge Reservation is a very complex site with numerous public health issues and environmental concerns addressed by various agencies over the years in separate approaches. In the end, the public health assessment will identify and characterize exposures of off-site populations. It will identify people exposed at levels of health concern, identify increased rates of health outcomes, address community health concerns, and recommend follow-up public health actions or studies.

in the Oak Ridge public health assessment, ATSDR will analyze and evaluate the information, data, and findings from previous studies and investigations on the radiological and chemical contaminants released from the Oak Ridge Reservation. They will be reviewed one by one with the Subcommittee for their strengths and weaknesses, and to determine what can be used in the public health assessment.

The primary sources of information for the public health assessment will be environmental and health data and the expressed community concerns. Environmental data is used to identify and characterize exposure to releases of hazardous substances in off-site populations. A pathway analysis is used to determine if people have been exposed to material causing health effects. This evaluation helps narrow down the contaminants of concern and enable a focus on the most important exposures.

Past exposures will be explored by reviewing the dose reconstruction and the CDC mercury studies' data. The health data (e.g., cancer and birth defects registries) will be used as possible to identify excess health outcomes associated with contaminants of concern. The limitations of using this type of information will be discussed, but there is some potentially available (the Tennessee Cancer Registry and clinical data from CDC's

Scarboro investigation).

Expressed community concerns help to help prioritize public health issues and focus work to address specific health concerns. These are collected in public meetings, availability sessions, in the conduct of a community needs assessment, in previous surveys conducted, etc. The Subcommittee will be another primary route to collect the community's concerns and to communicate back to them.

Assessing and characterizing the exposures will be tough choices. Assistance from the Subcommittee will be needed to make the right decisions down the line. Mr. Hanley compared the public health assessment process to assembling a puzzle until the picture is clear. Remaining gaps are likely, but ATSDR will work with the Subcommittee, other agencies and organizations, to try to resolve those.

Discussion: The subsequent discussion with Mr. Hanley included the following points:

- *The cancer registry only specifies a number of cancers per county; how can that health data be associated to contaminant outcomes?* This is part of the limitations that will be explained. But sub-county data levels such as census tracts can be accessed, but registries are still problematic small areas need to be addressed.
- *Can you give examples of follow-up actions?* ATSDR finished a consultation on the Watt's Bar Reservoir contaminants in the late 1990s, indicating only PCBs in fish as of concern. This was also concluded by two other DoE assessments with oversight from EPA and the TDEC. A subsequent consultation determined a high risk (1:1000) of cancer to those eating a lot of those fish. About 116 persons at moderate- to high risk were found, and their blood serums were compared to CDC's national range levels. (Ms. Sonnenburg commented that with only 1-2 people finally affected, the Watts Bar residents want those advisories changed now; but that is a state decision. ATSDR suggested methods to minimize exposure from fish and turtles to minimize the risk.) In another example for education, a national expert from Chicago was brought to Spring City to address about 40 people about the risks. Physician education was done on the ORNL cyanide issues, and medical monitoring work has been done at other sites. The exposure is key, guiding the focus on what needs to be looked for, and how to mitigate any further exposures and potential outcomes.
- Oak Ridge-specific surveys have been done by the Tennessee Health Department (telephone surveys), and focus groups, and random and two door-to-door surveys were also done in Scarboro. An ORHASP region-wide telephone study done by the University of Tennessee staff, perhaps one of the encompassing survey of all of Oak Ridge and surrounding areas previously questioned, was to be addressed on the following day.
- *What is the relationship of the ORRHES and the development of the public health assessment? Are we a peer review group, or consultants, or to sanction the final report? Will the public health assessment be done before this*

- committee is done?* Mr. Hanley expected to go through this evolving process step by step with the full involvement of the Subcommittee (e.g., to review the studies that have been done and advise whether they may have missed a pathway unique to this community). The health assessment should be completed in this committee's tenure, because it will help to implement the resulting recommendations.
- *If ATSDR offers no medical treatment, what do we tell those members of the community who don't want any more surveys/research, but practical help?* Ideally, this process will identify who might have been exposed and potential ensuing health problems, which will help to direct people to their physicians based on their exposures, help to educate physicians about the patient's higher risk, suggested screening and treatment, etc. The outcome might be so specialized as to enable referral to the specialty clinics. When asked if that would allow referral for screening, as done by the PACE and Building Trades programs, Mr. Hanley was unsure. He hoped to have an answer by the next meeting. One certainty was that the exposure must have occurred to focus on particular screens. And, while ATSDR Does not do medical care, they can offer referrals, screening, education, discussion of insurance options, referral to proper local agency, etc.
 - *What is expected to be found from the survey? Small numbers of cancers?* Further discussion of model, data, limitations of the science involved, etc., is needed before jumping to such a question. For example, the registry only begins in 1990 and Does not go back to previous years. Once the pathway analysis identifies a risk, and a cohort potentially affected, one of the Subcommittee recommendations could be to locate that cohort for follow-up.
 - *Some in this frustrated community, with a history of being sampled and studied, are unlikely to cooperate fully. How can that be addressed?* ATSDR hopes not to re-interview unless that is unavoidable, but rather to use the information already there; to carefully explain what is being done, assembling the pieces to provide clarity and focus on the issues needing to be addressed. ATSDR also will rely on the Subcommittee, if it agrees a study is needed, to communicate with the community and convey what ATSDR needs to do to be successful in doing that.
 - Dr. Frome asked directly if the viewpoint of not wanting just more studies, but also care, was represented on this Subcommittee? Mr. Hill and Ms. Kaplan said yes. He stated that uninsured people probably won't care if their illness is related to ORNL or not, except that a link might allow for some emotional or financial relief. Mr. Hanley responded that one individual who did not accept membership on this committee probably was in that category.
 - Mr. Akin raised the proof of causation for discussion. An association might be provable, but probably not causation. What can this Subcommittee conclude without one or both of those? Most cancers are not associated with any known genetic or environmental exposure, and for example, a PCB's 1:1000 link to cancer cannot be shown epidemiologically. The Subcommittee will have to deal with such issues.
 - Ms. Kaplan noted the science-based public accountability reflected in the new

compensation bill before Congress. But the only relevant data available are on radiation; what is being done to develop similar information on chemicals? If the bottom line is a minimum level of health care, people should be able to access a clinic, state their exposures, and get care.

- Frustration at the delineation of work in surveys that only tell part of the story at a time was expressed. A comprehensive survey whose data could be shared was preferred.
- The scope of this committee must be made very clear. Great care must be exercised to avoid raising expectations, while at the same time doing everything possible to refer people with needs that the ORRHES cannot meet to appropriate sources. The degree to which this Subcommittee can clarify the causes of risk and perhaps health outcomes also will help the community, or it will be seen as just another committee that said it would help and didn't.

Public Comment. Mr. Peele appreciated the interesting and important points of the discussions. He expressed his hope the Subcommittee would neither exaggerate nor disregard risk in its work, but rather “just play it straight.”

Closing Discussion.

Each member provided an assessment of the day's meeting:

Mr. Kuhaida and Mr. Lewis came with interest and a willingness to listen. The meeting's organization was helpful in conveying what the committee members need to know. The afternoon's touching on the issues was not only interesting, but indicates that the members can differ and still move ahead.

Dr. Lands, a clinician, felt the need to learn the “language” clearly well known by the experts on the Subcommittee.

Dr. Malmquist expressed the hope that the Subcommittee could help the area to address its problems, but had no illusion that they could heal all of society's ills.

Mr. Manley appreciated the information provided. He was unsure that all the ideas raised could be brought together, but hoped they could. With such a diverse group, he expected that to be difficult.

Ms. McNally hoped to learn enough to be helpful, and to impact the future of this wonderful community.

Ms. Kaplan was just thrilled to have gotten to this point, after 5 years of work, and was gratified to be moving forward.

Mr. Pardue compared this meeting to that of another FACA on which he serves, which was contentious in both subject and group. He appreciated and was very encouraged by this group's civility and honesty.

Ms. Sonnenburg was impressed with knowledge of the Subcommittee members. She thought that much could be accomplished, and was interested to see how often they would meet, the kind of workgroups set up and their activity. She expressed concern that meeting only 3-4 times a year would prevent accomplishing much.

Mr. Washington was encouraged that everyone seemed to believe that science works and provides some truth to what is being done. If disagreement arose, he expected it to be on the depth of the science, not the methods to get there. Ultimately, the community and the Subcommittee just want to know if contaminants were emitted with potential to cause illness to the public or damage to the environment. Overall, many believe that possible, and he hoped to get to the root of many sick workers' health problems. He was also impressed at the expressed concern about synergistic effects, which have differing impacts between people. He believed that the committee could get to the bottom of what Oak Ridge has faced for over 50 years, and expected the effects to be shown as ranging over 100 miles from the site. The final question will be, what can be done about all this?

Mr. Johnson also appreciated the discussions and was glad they touched on community capacity building.

Mr. Hill hoped to learn, and felt he was doing so already.

Mr. Nwangwa appreciated the Subcommittee's work.

Dr. Frome related the overriding factor for him that trust is important within the group and with the community. He agreed that first step from a scientific point of view would be to determine if hazardous substances affected community health.

Dr. Eklund was ready to be educated, and hoped this process would result in clarification for the community. He also was glad at the absence of contention, anger and righteousness; but rather the offering of information.

Mr. Creasia appreciated the ATSDR presentations in to provide him direction on what he was supposed to do.

Ms. Vowell stated that this was a learning process for her as well. She was amazed at the knowledge represented on the committee and appreciated hearing it. From a public health standpoint, she expected challenges to getting the answers desired.

Mr. Akin welcomed the good groundwork laid for this process, including the Subcommittee's operational guidelines. He related EPA's experience, in conducting community relations, to never underestimate the speed with which lay people become knowledgeable in addressing technical issues; and appreciated this day's experience as another example of where diversity works.

Dr. Brooks said that he is normally unimpressed with first meetings, but he was impressed with this committee's member selection and its chairing. His only disappointment was that ill workers are not represented, but it appeared to him that the members had enough understanding of and compassion for the ill worker problem. He hoped that their needs as well as others could be met. While this will be a big effort, he had heard it said that this is the last hope for Oak Ridge to reach a reasonable understanding of its problems. If this Subcommittee cannot do it, he did not expect the community to achieve a resolution.

Mr. Pereira reported his good impression of the reception to much of what he had said, some of which was deliberately controversial to gauge the members' response. He felt that the committee was off to a good start.

Mr. Robinson commended this committee for an exceptional day's work, and the staff for

facilitating that. He appreciated Mr .Manley's expression of doubt but hope. As a Designated Federal Official for the Idaho Subcommittee, he expected that the members would have to struggle to learn how to work with one another, but nothing is worth having without a struggle.

Dr. Davidson appreciated the members' different experiences, and expressed her confidence that they could work together. She accepted that arguments may happen, as long as they occur in an atmosphere of dialogue and respect for each other.

With no further comment, the meeting adjourned at 4:17 p.m., followed by a social meeting at the Oak Ridge Museum.

NOVEMBER 17, 2000

The meeting resumed on the following morning at 8:30 a.m., with introductions of those present and a summary of the previous day by the Chair.

Presentation of ATSDR Needs Assessment

Ms. Theresa Nesmith, of ATSDR's Division of Health Education and Promotion, outlined her agency's process of conducting a community needs assessment. Based on the science of community health, the process assesses the concerns, strengths, and resources in a community. By identifying those, it also can serve as an empowerment tool (e.g., that information can be used to address traffic patterns, apply for grants, etc.).

A needs assessment involves several steps, to: assess community needs and resources, define problems and/or identify resources. A program is designed in response, which is pretested (e.g. to a focus group in the community) to ensure its appropriateness, and then a follow-up is done based on the pretest results. When final, the program is implemented, monitored, and evaluated. Part of the process is the definition of what the "community" is, by the persons in the area.

Information is collected through interviews with community members or leaders, literature and computer searches, focus groups, telephone surveys, attendance at formal and informal community meetings, from census data, and school and occupational records. Part of the information collected is used to indicate routes of communication back to the community (e.g., company picnics, sending information in children's school take-home folders).

Ms. Nesmith outlined the areas of investigation: 1) knowledge (about subjects related to the site, such as about science or disease), 2) attitudes (that influence message delivery: trusting, suspicious, or overwhelmed by the situation), and 3) behaviors (that contribute to healthy or unhealthy lifestyles, such as children eating dirt). Also explored are the community, social, and local political structures, accessibility and adequacy to health care,

opinions of the local media, local social services available, and identification of key community leaders (to get information out and facilitate community access).

The data from all these areas are very important in developing health information about a community. This provides a snapshot of the community; helps to target health education efforts by indicating what information needs to be delivered and how; and helps to uncover what else has occurred/is occurring in the community (e.g., people feeling they've been overly studied already). It enables the agency and community to determine the priorities for health education; issues other than environmental ones may need to be addressed first. Importantly, the needs assessment helps to develop relationships, prevents mistakes being made based on assumptions, promotes successful educational strategies, and serves as a decision-making tool.

As an example, she presented a community in which ATSDR is working in Colorado. The community, which is Hispanic and African-American, is concerned about arsenic contamination in the soil, in particular about children's ingestion. The source of the contamination is unclear. ATSDR is planning a health assessment and study, and EPA is doing soil sampling.

The needs assessment there indicated mistrust of government; strong family, religious and community ties, and cultural practices around soil ingestion (e.g., grandparents making mud pies with kids; pottery brought in from Mexico). Many of the families are long-time residents, and gardening is very popular. English is a second language; there are few healthcare facilities or schools in the area.

ATSDR plans to: 1) address community concerns about government by working with community representatives to develop/implement health education, and have them review all communications to be sent to the community residents; 2) inform family daycare providers about the issues of soil ingestion; 3) discuss dirt ingestion with the community (e.g., explaining why that is being explored first) and provide alternatives (e.g., get soil from elsewhere as opposed to their own yards); 4) focus on homes with preschool children and grandparents; 5) provide information about safe gardening (soil amendment and washing vegetables that do not take up arsenic through their roots, etc.); 6) work closely with religious and community leaders (send information to them, hold meetings at churches, etc.); 7) provide information in Spanish and English through newsletters; and 8) work with area health care providers and schools to educate about the health issues of concern.

The steps in the process at Oak Ridge site involve a cooperative agreement with the AOEC. They identified George Washington University (GWU) to conduct the needs assessment, which is now in the early stages. The GWU researchers will come to Oak Ridge to discuss their assessment plans with this Subcommittee. The needs assessment plan will be revised as necessary, and the process will begin with data collection. GWU will continually validate the process over the course of its work. Once the report is

developed, it will be presented to the community and Subcommittee members.

Discussion. The Subcommittee's discussion with Ms. Nesmith included the following points:

- *How will ATSDR begin to reach everyone in this diverse community?* The process involves referrals, with community members identifying others to be interviewed. Mr. Pereira added that a Subcommittee Community Outreach Workgroup could help as well.
- *If it turns out that the arsenic came from a company, what would the agency/Subcommittee's response be?* ATSDR would refer this to the EPA as the regulatory authority. Mr. Hanley added that ATSDR can identify an exposure and source, inform the community, and educate on how the exposure can be minimized. Given certain criteria, an analytical epidemiology health study can be done, to define and measure exposure, determine health outcomes and measure them, and using statistics to investigate any association between exposure and outcomes). The needs and exposure assessments identify the contaminant and source; the health study is a possible next recommendation. Mr. Akin noted that EPA Does most of the work of finding the source in their exposure investigations' air, soil, and water sampling.
- *If done well, the health assessment will be valuable, but if not, it won't help. How long will it take?* ATSDR is also doing an assessment around the Savannah River Site (SRS), which is more similar in complexity to Oak Ridge. The planning up to the present point of going out into the Oak Ridge community to interview has taken about 8 months.
- ATSDR was asked to provide a completed needs assessment as an example and to ensure that the surveys are statistically valid and that the sampling method and survey reflects the needs of the community. The concept of a pre-test was well received, and doing this in various community neighborhoods was advised, to ensure the survey will meet needs. Finally, the need was cited for a way to validate that a person claiming to be a "community leader" actually is, even if they head up an organization (e.g., ATSDR should examine the meeting rosters to see if only three people actually come).
- *Who is conducting the SRS needs assessment?* The Association of Environmental Health Nurses (AAOHN) and the Oak Ridge Institutes of Science and Research (ORISE).
- *Why isn't ORISE doing the Oak Ridge work? They would probably have a shorter learning curve than GWU will need?* When this work was funded last year, ATSDR requested and received proposals to work at SRS and Oak Ridge. The cooperative agreement signed with the AOEC included their identification of their partners, partly to avoid appearance of too much government interference in the selection process. They chose GWU, which will be able to explain fully the work already done at Oak Ridge when they come to meet with the committee. But they also will be looking to the committee for information, as would any contractor. This

will be a two-way process. Dr. Brooks found GWU to be an excellent choice, and even expected that they may know more about the work in the trenches at Oak Ridge than ORISE.

- *Will the needs assessment address of the community's perceptions and fears (e.g., an unreasonable fear of radiation)?* Yes, a component of the “knowledge” assessment is determining if the present community information is accurate about exposure or diseases, explores fear of government/agencies, etc. Experts who are also good risk communicators can help to allay some fears.
- Mr. Washington reported that gold mining is again underway in the Denver area, which may affect a number of deep wells. He also commented that a study is valid if it measures what it is supposed to; and is reliable if it consistently Does so. He advised using the same community as the SSAB (the five counties closest to the ORNL, plus two more since lakes/streams within 100 miles have been contaminated). He also observed that many local groups that have done work lack credibility as well. While he did not believe that DoE deliberately tells people to stack the deck, some (not just scientists, but workers) believe that they want it done; do it; and have been rewarded for it. That is one reason why people don't believe the data. There are also members of the general public who refuse to believe that a threshold of danger has been passed for a contaminant. He expected that the public would continue being divided.

ORRHES Guidance Document Presentation/Discussion

After a short break, Ms. Jan Connery, of the Environmental Research Group (ERG) engaged in a thorough review with the Subcommittee of a draft operational guidance document developed by Dr. Davidson, ERG, and ATSDR staff. She suggested forming a Procedures workgroup to incorporate the comments received so far into another draft to be returned to the Subcommittee. This is a living document of five sections; Sections 1-3 provide the purpose and history of the Subcommittee (the latter is charted on Attachment #2); Section 4 addresses its organizational structure and roles (charted on Attachment #3), and Section 5 provides process guidelines. Sections 4 and 5 are appended to these minutes as Attachment #4, rather than reported here for the reader's review, since much of the information in the guidance replicates that already provided in this meeting and reported in this document.

Discussion: ORRHES members provided input in writing prior to this meeting (which was discussed) and during the review itself, as follows:

Organization

- *Why is DoE not on the organizational chart?* This was a conscious decision, since the MOU requires DoE to provide ATSDR/CDC with any information needed, and many communities want to avoid any DoE influence on the agency's or Subcommittee's activities. Including them on the chart might infer that DoE has some influence over the recommendations or studies, which they do not.

- *Won't DoE provide the data and fund the work?* Mr. Bert Cooper of ATSDR confirmed that most of the data used will be DoE's, but ATSDR will also look for other sources (e.g., EPA data) to validate it. ATSDR's sampling capacity is very limited. And, although DoE Does fund the work, the MOU specifies ATSDR's independent execution of DoE-funded studies. The intent was to correct the lack of credibility of DoE's self-conducted studies.
- Dr. Frome suggested placing community groups and unions on the chart as well.

Work Groups

- *How does conflict of interest relate to workgroup members? How are community members selected to participate in a workgroup, and can they be co-chaired?* Mr. Hanley reported that conflict of interest is not applicable to community members, only to Subcommittee members, because they will deliberate and recommend to ATSDR. Community members are not paid for their work. Mr. Hanley will check with CDC's Office of General Counsel for the formal regulations relating to workgroups (e.g., whether non-Subcommittee members can vote in the workgroup, which the Subcommittee members thought should be all right). Mr. Pereira stated that the Subcommittee can invite members of the public to participate in a sanctioned ORRHES workgroup. He agreed to check on the co-Chair, but suspected this should be a Subcommittee member, since a citizen has no responsibility to either the workgroup or the Subcommittee. Ms. Kuykendahl, of CDC's Committee Management Office, agreed to check and report back on the workgroups. Since they are not subject to FACA, their requirements could differ.
- The Subcommittee members felt the member of the public should be able to vote on workgroup questions to check for consensus. Dr. Brooks stressed the need for open workgroups, and of acknowledging those who consistently participate as a workgroup member. Ms. Sandy Isaacs appreciated that advice and requested more on what works best at Oak Ridge. While only the Subcommittee can vote and provide consensus recommendations to the agencies, the workgroups can help this group explore and settle issues. The only legal limitation on the workgroup is that there must be a DHHS staffer present.
- Ms. Connery summarized that flexibility and openness are to be desired on the workgroups, and that perhaps semantics are related to the workgroup's "consensus".

Process Guidelines

- Mr. Pereira noted that, in order to not violate FACA, the Agenda Workgroup can form and disband at the will of the Chair, rotating members.
- **Dr. Brooks moved that the Procedures Workgroup, when appointed by the Chair, consider the Draft Operational Guidelines and the comments received, and recommend on them to the full Subcommittee.** The motion was seconded and, with 12 in favor and one opposed, **the motion passed.**
- With note that a simple majority is a long way from consensus, the Subcommittee

discussed whether to require a super majority (i.e., two-thirds) to pass a vote on a motion (the process is charted in Attachment #5). Alternatively, Dr. Davidson suggested referring the question to a workgroup for further discussion and then returned to the Subcommittee. Straw votes could be taken during Subcommittee discussion to assess where the members stand, which would also help to ensure all sides are represented in any workgroup created. It was agreed to add a box to show referral to the workgroup for further discussion.

- Dr. Brooks noted that Robert's Rules considers calling for an end to discussion an infringement on members' rights, and requires the super majority to pass a motion. Ms. Connery noted that the guidelines borrowed from Roberts Rules in some respects, this being one, and that consensus is not always possible.

Public Comment

Mr. Peele suggested a procedure that, if workgroups come to any kind of agreement, this be put in the public record; and 2) if the group has approved a recommendation, that should be reportable in any media interview of a member. He stressed the importance of handling workgroups sensitively, something not done early in the SSAB's work, leading to "disastrous" results. People working on a workgroup must be recognized. They resolved this by letting anyone who wished to sit at the table and participate; the workgroup produced letters to the agencies and those present signed them. Finally, he suggested a dotted line on the organizational chart to show DoE's relationship. Since individual DoE scientists might have high credibility, hearing about their work from that individual who did it might be helpful.

Mr. John Steward posed several pointed questions. He began by noting that Dr. David Michaels, Assistant Deputy Secretary to DoE Secretary Richardson, had observed that DoE spent \$27 million in the last year studying workers. He observed that this committee seems ready to do so again, with the needs assessment. He asked when the local people get the benefit of this committee? Will this be more production of papers to be placed in the Reading Room? He called for a start in defining the destination of all this work, to indicate why the public should contribute. He stated that the union's help in previous work had been provided before, but would not be this time. They want some results; they want to know why people are dying.

Ms. Janice Stokes said that she had considered, but could not, participate on this committee due to her disability. It looked to her like a well-oiled machine. While she respect the knowledge present, she felt it to be heavily weighted to the DoE perspective. She asked where the common citizens were on this board, suspecting that they were absent partly by choice and partly by protest. Not only workers but also off-site residents had been damaged by documented contamination, carried by wind, water, and soil. She and citizen's groups had asked ATSDR, CDC, and DOE for 9 years to provide Oak Ridge with something tangible to hold on to about the work and making a living, and to address unusual cancers and other diseases in concert with the health department. Many people

see the Subcommittee as a way to keep Oak Ridge economically viable. Unless the members can help the people, they will not have credibility, and will have wasted the taxpayers' money. The citizens must be able to provide input and impact to the workgroup meetings. While she had little hope for gains from this board, she challenged it to get something positive done to give the community a product useful to help the public's health.

Mr. J.W. Fowlkes stated that the assessments and studies had already been done, and the community can say by whom, of what, and where. He wished this committee would move to validate what is already known, because the community does not need 9 more years of people from GWU to tell them what they already know.

Dr. Frome asked Ms. Stokes if she was one of those in the community who would not trust this Subcommittee's findings. She responded that while she had learned not to trust much after 9 years of ATSDR's condescension, the ORRHES could earn her trust if it does a good job (e.g., establishes a clinic to screen people for toxic exposures, inviting public involvement in the meetings). The experience of the past 9 years has made doubters of her and the community that anything but inconclusive studies will be done.

Dr. Frome responded that he is an ORNL employee, but both he and his wife also have medical problems and the members represent themselves and the community. He was involved in the worker studies and had never seen any hint of DoE interference. Ms. Stokes believed him, and recognized independent representation on this board. If they can do anything solid, it will be appreciated. Mr. Pardue stated that public participation in the ORRHES' activities is of concern to the members, and asked her to attend.

Mr. Steward knew that several committee members are independent members of this committee (e.g., Mr. Washington and Ms. Kaplan), and found that to be a big step forward in Oak Ridge's process. Ms. Sonnenburg asked that the speakers from the public to leave their phone numbers so the committee members could talk to them further.

Ms. Kaplan wondered if Ms. Stokes was not on the committee because she would lose her disability benefits if she is paid to participate. She confirmed that. Ms. Kaplan stated that a person to represent those who are ill is needed on this committee and suggested a waiver be procured for her. She also asked if GWU could act as an impartial observer for a local outfit to do the work to ensure the data aren't corrupted, rather than wasting 3-6 months getting set up. She commented further that \$500,000 had already been paid to a group in Washington who issued a report the community found to be not worth it.

Continuation of Process Guideline Discussion

- Ms. Sonnenburg suggested that the Workgroup on Organizational Structure consider setting a time in advance of the next meeting by which the workgroup would submit its recommendations.
- Ms. Sonnenburg moved that the Subcommittee recommend to ATSDR that they

consider getting a waiver for Ms. Stokes to serve on this Subcommittee. Frome seconded. However, Mr. Pereira reported that ATSDR had explored this with the Social Security Administration, and providing such a waiver is not within the jurisdiction of DHHS. However, such a person could serve on the committee without pay. Mr. Hanley added that one nominee's attorney advised her not to participate, and there is an outstanding invitation to participate to someone who self identified as a "sick worker." In addition, some members are here because the ORHASP findings indicate them to be at high risk.

Mr. Hill stated, as the union health and safety representative and one who works on compensation issues (SSI, worker's compensation, disability), that any disabled person would risk all their benefits if they accepted payment for participating on this committee. They really do need to listen to their attorneys. Ms. Sonnenburg: withdrew her motion. However, Ms. Kaplan still wanted to take this question to the upper agency levels, finding it logical that the SSA office to which ATSDR refers such questions will tell them that they cannot participate. With that, the committee adjourned for lunch.

Discussion of Workgroups

Mr. Pereira presented an overview of the workgroups formed by the other Subcommittees and outlined what they address.

The Hanford Subcommittee (HHES) has four workgroups, addressing: 1) Public Health Activities (focuses on issues affecting the public health and is developing an exposure registry and medical monitoring program with ATSDR); 2) Health Studies (focuses on related health effects research, considers the development of new health research proposals, and advises ATSDR and CDC); 3) Public Health Assessment (focuses on ATSDR's Hanford site assessment); and 4) Outreach (develops procedures to keep the public informed of the HHES' communication activities).

The INEELHES has five workgroups: 1) Agenda (develops meeting agendas in cooperation between the members, the DFO, and CDC); 2) Education; 3) Membership, (recommends the criteria to use in seeking a replacement for a vacancy or additional membership position); 4) Procedures (develops definitions, action guides, and rules to facilitate the deliberations and decisions of the Subcommittee. These can be modified as necessary by consensus and acceptance by the INEELHES and CDC for the Subcommittee's operation); and 5) Public Communications (develops and monitors public involvement activities and proposes a public communication plan for INEELHES consideration/approval, to outline the role of public participation in the Subcommittee's work). Mr. Robinson added that these can be flexible; some of them have been combined.

The ORRHES had already considered three workgroups to address the Agenda (developing and prioritizing agenda items/issues to present to the Subcommittee);

Procedures (finalizing the guidelines document), and Education (recommending to the Subcommittee requests from members/workgroups to invite interested individuals, community members, or technical experts to participate directly in a discussion or to make a presentation).

Mr. Pereira asked that no one be invited to join the workgroups until those related questions are resolved (which he committed to do within 30 days). Further discussion of the Subcommittee included the following points:

- The Agenda and Education workgroup seem to overlap in procuring assigned speakers, and should be combined. Education also overlaps with Outreach.
- Forming workgroups to seek out the information the needs assessment would require was suggested, but Dr. Davidson advised patience until GWU can present their plans for the Subcommittee's input. The CDC and ATSDR staff agreed. Mr. Robinson thought that the information needs would become apparent over time, and advised against forcing a framework based on ATSDR's. Mr. Pereira also noted that much of the institutional knowledge was available through this committee's members.

Dr. Brooks moved that standing workgroups be appointed by the Chair: 1) a Guidelines and Procedures Workgroup; 2) a Program of Work and Agenda workgroup; and 3) a Communications and Outreach Workgroup; and that 4) other ad hoc workgroups be appointed as needed. Dr. Malmquist seconded the motion. Dr. Brooks explained that the first would be limited in scope, only occasionally needing to meet for work; the second would plan out what would be done, when, and receive suggestions from members, and work with the Chair to assemble program of work and agenda; the third would communicate to the Subcommittee members, and carry out outreach to the public, and the last would allow others to address specific issues.

In discussion, two opinions were expressed: 1) that the members needed to get more guidance from ATSDR about what is expected of them, so forming workgroups was premature; and 2) that most of the information dissemination on the agenda was complete, and it was preferred to move forward. Since the first two issues (agenda and guidelines) are critical to the agenda for the next meeting, it was agreed to vote on all the workgroups as moved. Dr. Davidson called for a vote on the motion. With 16 in favor and one opposed, **the motion carried.**

Volunteers signed up for the workgroups as follows:

- **Guidelines and Procedures Workgroup:** Davidson (who suggested sending the draft to Ms. Connery for incorporation of comments and distribution), Pardue, Johnson, Manley, Brooks.
- **Program of Work and Agenda Workgroup:** Hill, Eklund, Creasia, Sonnenburg, Malmquist, Brooks.
- **Communications and Outreach Workgroup** to develop methods for internal and

external communication: Kaplan, McNally, Lewis, Creasia, Mosby, Brooks, Frome, Washington.

Public Comment.

Mr. Robinson referred to a comment by Mr. Lewis which suggested that close contact with the University of Tennessee might be negative. He related that CDC had contracted with them to conduct a door-to-door survey in Scarboro, which was done by students from the UT College of Social Work. He stated that they did a creditable job and turned in the data, which CDC tabulated and analyzed. He added that this also was a good opportunity to involve the community.

Mr. Lewis did not debate that, clarifying that his quarrel was with the approach taken. Each agency focuses on their own particular sphere of interest, but communities frequently have issues that will not be addressed in an all-inclusive survey. In his opinion, the overall impact of that method did not satisfy the needs of the community, and made subsequent work more difficult.

Committee Planning Discussion

Mr. Pereira announced that by January 1, 2001, ATSDR will have a permanent storefront office. It will be open for normal hours of operation, five days a week, in Oak Ridge at Tulane and Wilson, across from the Bank of America.

Meeting Site. He then asked the members their opinion of the YMCA as an ORRHES meeting site. While the location was found to be fine in general, it is long distance for some of the members to call home, and there is only one phone; and it is difficult to make a left out of the parking lot in the evening. Alternate sites suggested were the mall, which also has multiple eating places, or the Hazmat facility at the old **Aubrey Springs** shopping center.

Action Items. Mr. Pereira: summarized this meeting's action items for ATSDR to do:

1. ATSDR will provide a copy of the ORHASP studies' summaries.
2. CDC and ATSDR will provide a listing of the recommendations made over time by the other Subcommittee s/cs, and what happened in response.
3. ATSDR will provide an example of a completed needs assessment to the Subcommittee.
4. CDC/ATSDR Committee Management and the Office of General Counsel will explore the regulations and procedures of what Subcommittee workgroups can and cannot do. Mr. Pereira will advise the members within 30 days of any formal procedures found.
5. The Procedures Workgroup will consider the draft operational guidelines and the comments received earlier and at this meeting (including the revision of Figure #2), and recommend on them to the full Subcommittee. A new draft will be provided with the initial member changes and the Workgroup's changes redlined.

6. ATSDR will try to provide copies of the independent East Tennessee Technical Park investigation study report provided by Norman Mulvenon (two bound volumes).
7. A PCB toxicological profile for will be provided to Dr. Eklund and Mr. Akin.
8. Dr. Brooks will meet with Ms. Bush on a compendium of Oak Ridge-related data.

Mr. Robinson advised that these action items always be clear at the end of the meeting so that ATSDR can address them. He noted in particular that action items are created by consensus; everything else is an individual request. He also suggested that at least an outline of the next agenda be created before disbanding.

Next Agenda. Dr. Davidson summarized the next meeting's potential agenda items: 1) a NIOSH report by Mr. Larry Elliott; 2) provision of more detail from ATSDR on the public health assessment; 3) GWU presentation/discussion of the needs assessment; and 4) reports of the Standing Committees. In addition, it was reported that Dr. Henry Falk, ATSDR's Administrator, may attend; as well as Dr. Paul Seligman, Deputy Assistant Secretary for Environmental Safety and Health and Director of the Office of Health Studies. Mr. Tim Joseph added that Dr. Leah Dever, the DoE/Oak Ridge Operations Manager, is also interested in attending to welcome the committee.

Mr. Brooks suggested that the Chair appoint the Workgroup Chairs, and she agreed.

Future Meetings. The members tentatively agreed to meet on January 18-19, 2001, when almost all can attend. Dr. Eklund cannot meet on Tuesdays, nor Ms. Kaplan on Wednesdays. Ms. Sonnenburg will be abroad at the end of January. Mr. Lewis suggested attention to the timing of presentations related to public participation (e.g., have Drs. Falk and Seligman present when the public could participate). Mr. Cooper also suggested the Agenda Workgroup's consideration of the other Subcommittees' schedule, which may involve a full day plus an evening session, and then ending at noon on the second day.

Mr. Hill asked how soon the workgroups could begin meeting, and Dr. Davidson said any time. An ATSDR staff member must attend, but could do so by conference call which ATSDR can set up with a toll-free dial-in. Dr. Brooks asked what the full time staff person in the Oak Ridge office would do. Mr. Pereira listed meeting attendance in the area (other local groups, workgroups, and the Subcommittee), staffing the office, providing publications and computer access, providing drop-in consultations, etc. The office also will have a small conference room that could host workgroup meetings.

Mr. Pardue said that the Guidelines and Procedures Workgroup would probably will have to meet the first week in December, in order to provide the draft guidelines to Subcommittee before the January meeting. Dr. Davidson committed to appoint the Workgroup Chairs by the next Friday. Mr. Pereira suggested that those Chairs then contact him or Ms. Bush and they will begin to set up the meeting times and places. Ms.

Sonnenburg suggested an ATSDR staffer be in Oak Ridge for 2 days in December, and scheduling all the workgroup meetings on those days.

Ms. Kaplan asked how the Subcommittee could address enlisting a sick worker as a member, to surmount the difficulties to date. Mr. Pereira responded that the first order of action would be to identify such a person. Since there is one such invitation pending, Dr. Davidson suggested holding on that action item until the next meeting to give that person an opportunity to respond to the formal invitation. Mr. Lewis suggested the Subcommittee write a letter to request that person's participation. Since ATSDR cannot reveal his/her name, it could be sent through the agency.

Dr. Eklund proposed also pursuing Ms. Stokes or someone else in parallel with checking on that pending invitation; if 2 rather than 1 new members result, that would be fine too. He also suggested seeking support from a congressman to overcome the disability payment/Subcommittee service problem. But before the Subcommittee does anything like that, Mr. Pereira reiterated his suggestion that her interest in being a member be ascertained first. Mr. Hanley added that, if the invitee declines, member nominations would be re-opened.

Dr. Brooks strongly felt that sick workers should be represented, and recommended ascertaining as soon as possible (e.g., within 10 days) if the outstanding offer will be accepted. If not, another person not so constrained should be found. Mr. Akin wanted to ensure that "sick worker" is not an offensive term. Ms. McNally agreed; the label of "sick worker" also worried her. Since health exists in a continuum, and unless that term was volunteered by a group of individuals, she would not agree with it. She also wondered if the disabilities-benefits problem could be resolved by enlisting community members who were adversely affected just by living in the Oak Ridge area.

Mr. Pereira reported a suggestion voiced at the break that the Subcommittee invite representatives of SSI, Workers Compensation, etc. to discuss what is allowed or not. Mr. Hill's suggestion of parallel solicitations also could be done, with the same formal nomination process to ensue. Dr. Davidson referred this to the Agenda Workgroup.

However, Mr. Hill was loathe to address SSI, workers compensation, long- and short-term disability, and litigation issues, because they do not pertain to the ORRHES charter. Dr. Davidson noted that people can self-nominate; the Subcommittee does not have to notify ATSDR of a nomination to fit a category. But the Outreach Workgroup could ask community members about their interest in being on the Subcommittee.

Closing Comments

Dr. Davidson requested a one-sentence meeting assessment from the members, most of whom responded in one word: interesting (Dr. Kuhaida); still learning (Dr. Lands and Mr. Lewis); great day (Mr. Manley); eye-opening (Ms. McNally); the Subcommittee has its

work cut out for it, but hoped they could all be friends (Ms. Kaplan); the tasks are challenging, but he hoped something positive could be accomplished (Mr. Pardue); challenging (Ms. Sonnenburg); fantastic (Mr. Washington); invigorating (Mr. Johnson); “Did I mention I’m a grandfather?” and his rising interest (Mr. Hill); good job (Mr. Nwangwa); good meeting (Dr. Frome); worthwhile (Dr. Eklund); still ambivalent (Dr. Creasia); still learning and interested (Ms. Vowell); very good (Mr. Akin); predicted a storm at the next meeting (Dr. Brooks).

Mr. Lewis was impressed with the comments offered by Mr. Farmer on the previous day. He stressed the critical importance of how such issues are addressed, particularly to people who can only come once or twice. Their issues, telephone numbers, and names need to be recorded. As Mr. Pereira had done, the Subcommittee needs to make a commitment to the public. If it is to be a go-between or liaison, a process must be in place to ensure that feedback occurs.

Dr. Davidson reported having spoken with Mr. Farmer outside of the meeting and reiterated the invitation that he return when Mr. Elliott attends the January meeting. She suggested that follow-up with the public be discussed by the in the Communications/Outreach Workgroup.

Mr. Henley noted that all the material sent to the Subcommittee members also was sent to the mailing list (100+ people), with a form to fill out if they want to continue to receive this material. Mr. Pereira appreciated what had emerged as a passion and interest in doing a good job. He applauded the good groundwork done at this meeting.

Dr. Davidson thanked the Subcommittee members for the past two days’ work. She had learned a lot, expected to continue to do so, and hoped to continue to improve as Chair. She thanked the members of the community for their comments, which will be taken under advisement. Finally, she noted that Ms. Bush’s address is on the committee list for those who wanted to communicate with her. With no further comment, the meeting adjourned at 4:00 p.m.

I hereby certify that, to the best of my knowledge, the foregoing Minutes are accurate and complete.

Kowetha A. Davidson, Ph.D., Chair

Date

Attachments

Attachment #1
Motions and Action Items, 11/2000 Meeting

Motions passed during the November 2000 ORRHES meeting:

12. The Procedures Workgroup, when appointed by the Chair, consider the Draft Operational Guidelines and the comments received, and recommend on them to the full Subcommittee.
13. Standing workgroups will be appointed by the Chair: 1) a Guidelines and Procedures Workgroup; 2) a Program of Work and Agenda workgroup; and 3) a Communications and Outreach Workgroup; and that 4) other ad hoc workgroups be appointed as needed.

Action Items Created at the November, 2000 ORRHES Meeting:

1. ATSDR will provide a copy of the summary of the Oak Ridge Health Assessment Study Panel.
2. CDC and ATSDR will provide a listing of the recommendations made over time by the other Subcommittees, and what happened in response.
3. ATSDR will provide a completed needs assessment to the committee as an example.
4. Committee Management and CDC's Office of General Counsel will explore the regulations and procedures of what Subcommittee workgroups can and cannot do. Mr. Pereira will advise the Subcommittee within 30 days of the formal procedures found, if any.
5. ATSDR will try to provide copies of the independent investigation of the East Tennessee Technology Park study report provided by Norman Mulvenon (two bound volumes).
6. A PCB toxicological profile will be provided for Dr. Eklund and Mr. Akin.
7. Dr. Brooks will meeting with Ms. Bush on a compendium of Oak Ridge-related data.