

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

**Third Meeting of the
Oak Ridge Reservation Health Effects Subcommittee**

Draft

**OAK RIDGE, TENNESSEE
MARCH 19-20, 2001**

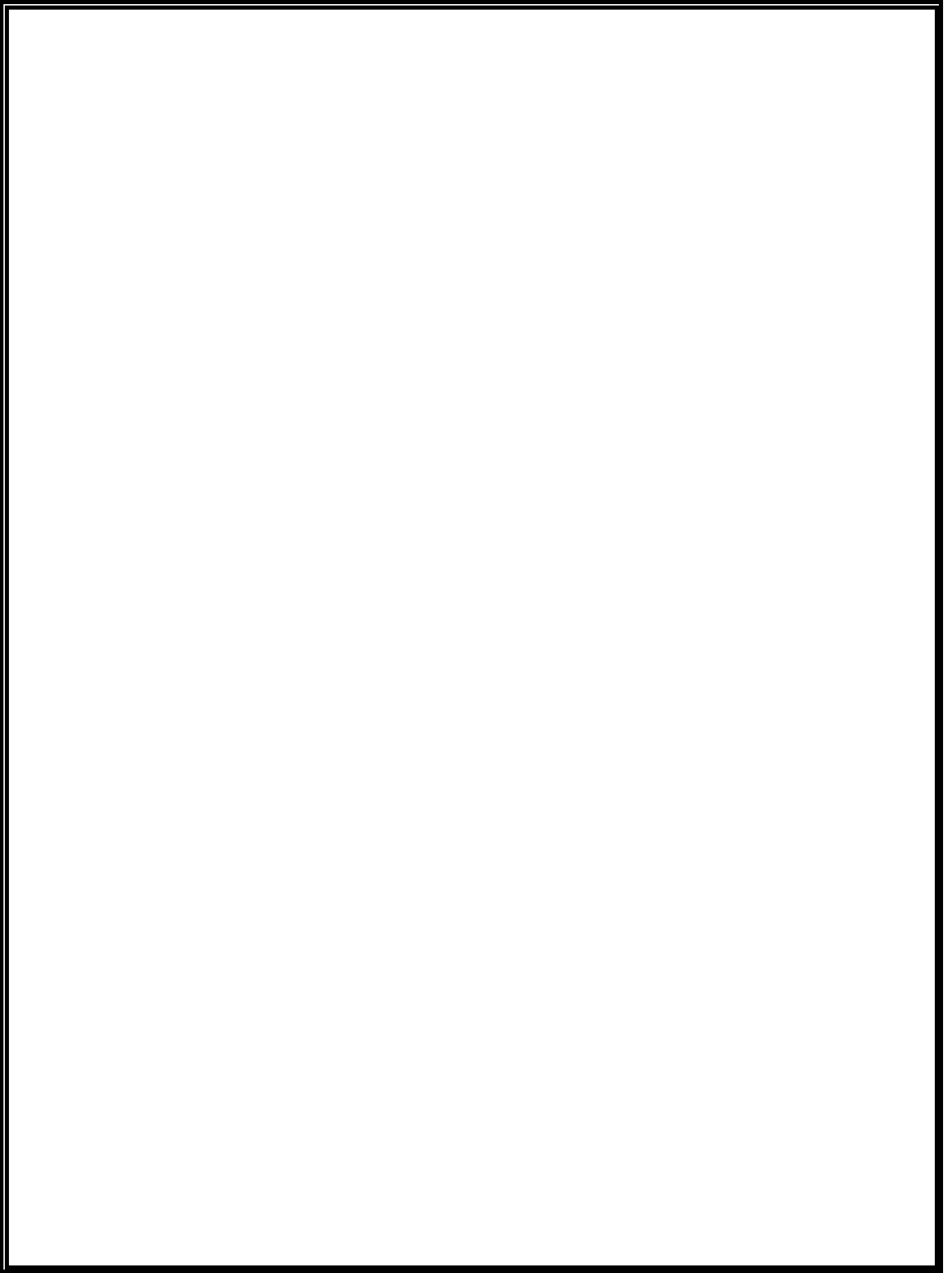


Table of Contents

Summary of the Minutes	1/7
------------------------------	-----

MINUTES OF THE MEETING

MARCH 19, 2001

Opening Discussion	2
Presentation on Roberts Rules of Order	2
Presentation of the Public Health Assessment, Steps 1 and 3	4
Public Comment	10
Presentation/Discussion of the Health Needs Assessment	11
Health Needs Assessment Workgroup Report	14
Public Comment	15

MARCH 20, 2001

Health Effects Subcommittee Evaluation Report	16
Findings: Cross-Cutting Issues	18
Recommendations on Cross-Cutting Issues	18
COSMOS Evaluation Findings	19
Public Comment	23
Presentation of the HHES Web Page	24
Workgroup Reports	24
Agenda Workgroup	24
Procedures and Guidelines Workgroup	26
Communications/Outreach Workgroup	27
Health Needs Assessment Workgroup	28
Unfinished Business	29
Report on EPA Sampling	29
Geographic area of interest/phone survey	30
Seating a DOE Liaison	30
New Business	31
Public Comment	32
Housekeeping/Closing Comments	32
Attachments:	33

Summary of the Minutes

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) convened the third meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) on March 19-20, 2001. All but two members were present. All the Subcommittee state and federal liaisons attended, as did agency staff were present from ATSDR, CDC, DOE, and the EPA, and several members of the public. Ms. La Freta Dalton, the Subcommittee's new Executive Secretary, was introduced.

Motions to approve the agenda and the minutes of the last meeting were approved. The Chair reported correspondence to the Subcommittee since the last meeting, and announced ATSDR's solicitation for a worker representative member. The action items from the previous meeting had all been completed.

A presentation was provided and the committee members participated in a demonstrative skit on **Roberts Rules of Order** to familiarize all with them. Use of these rules is a component of the Subcommittee bylaws. The main concern expressed about using Roberts Rules was that they be used appropriately, and not to stifle the process.

A presentation was provided of **Public Health Assessment** process, Steps 1 (evaluate site information) and 3 (determine the contaminants of concern – chemicals and radionuclides – and any completed pathways to the public offsite). ATSDR was beginning Steps 1 and 3 as of this meeting. Step 2, identifying health concerns, has been ongoing and will continue. Subsequent steps' work was outlined. ATSDR will use the report of the 1993 Tennessee dose reconstruction feasibility study, which: 1) described historical operations and releases of the X-10, Y-12, and K-25 plant facilities.; 2) identified available environmental data collected and analyzed over the years (by the state, EPA, TVA, and others); 3) identified complete exposure pathways; and 4) evaluated environmental exposure pathways. The findings of these four tasks were outlined .

The released contaminants identified included: 1) for X-10: uranium, argon, plutonium, and various fission products. Particular problems were the unfiltered stack and releases of iodine and fission products of the Radioactive Lanthanum (RaLa) process; 2) Y-12: uranium, mercury and magnesium 99; 3) the K-25 gas diffusion processes released uranium and magnesium 99, and the mid-1940s liquid thermal process had consistent mechanical problems.

The dose reconstruction dropped some contaminants from consideration due to their use of small quantities or in processes believed not to have been released offsite (radionuclides, lithium, benzene, and chloroform), or those of little or no toxicological impact, even in large quantities (Freon, acids and bases like fluorine and fluorine-type compounds).

The Oak Ridge Health Assessment Steering Panel (ORHASP) received a detailed dose reconstruction

analysis of the screening's identified four priority contaminants: I-131, cesium, mercury, and PCBs. They also reviewed a screening analyses for other contaminants screened out in Task 4 (uranium, arsenic, beryllium copper, lithium, other radioactive products). ORHASP recommended and reported on a more detailed analysis of asbestos and plutonium. They recommended further evaluation of I-131, mercury, cesium-137, PCBs, uranium, fluorine and various fluorides. The next steps in the Public Health Assessment process were outlined.

In discussion, the Subcommittee:

- Requested ATSDR to: consider the cumulative effect from coal burning; offsite releases of carbon tet from Y-12 which blew east; that the gasoline facility was originally on the ORR; check that the ORHASP comments on the dose reconstruction work were addressed; ensure the clear peer review status of anything given to the Subcommittee; and supply a list of peer reviewed documents about offsite effects from ORR exposures.
- ATSDR agreed to provide: an overview of the NTS I-131 and I-133 exposures inclusion in the analysis, and their effects, and to present the potential calculated impact of altering the initial assumptions about scrubber efficiencies.
- Comments were that: the report's comparison of PCBs to beryllium may be inappropriate; peer review of the ORHASP studies is needed; concern was raised about the porosity of the limestone bedrock below the ORR and the sparse documentation of buried waste; the relative importance was raised of the "significance" of early releases was raised, based on poor early disposal methods and the still-unknown effects of multiple combinations' synergism, which will skew the data.
- The roles of the Subcommittee and the Public Health Assessment in evaluating the health effects of the ORR were delineated (the latter will be one of the products of the former's advice given to ATSDR). A Public Health Assessment Workgroup was formed to provide that advice.

The presentation of the **Health Needs Assessment Workgroup** was altered by the Subcommittee's selection of a new course of action subsequent to the Workgroup's meeting with the project contractor, George Washington University. Two of the Principal Investigators (Drs. Parkin and Paranzino) reviewed the project's status. They particularly defined the work of: 1) the key informant interviews of groups and individuals (with open-ended questions about their experience of health problems); 2) the focus group interviews (to learn about sub-groups with health issues, identifying the information needed and how they want to receive it); and 3) the telephone survey of a representative sample of the general population. It was the latter that caused the alteration. Concern was expressed that the random digit dial method described would place most calls in Knox County, the least impacted but with most of the phone numbers. The Workgroup re-examined the ORR area map, consulted with experts and proposed that the geographic area of the survey be altered. The new area, including Blount county, will be redrawn and described in text.

The workgroup also suggested changing the term "key informant" to "key resource", and modifying the original plan of work to conduct the focus groups before the telephone survey. The Subcommittee

approved all these changes. A subgroup of volunteers was formed to help pilot-test the questions to be asked by GWU to ensure that the terminology is correct and that the questionnaire captures the information needed.

In discussion, the Subcommittee warned GWU that those interviewed might expect GWU to do something about those health issues, expectations that were dashed in the past. GWU will identify available health information resources for people to access, and ATSDR has funded the AOEC clinics to do some follow-up. Dr. Parkin in particular is committed to do science that is useful, and pledged to do all she can to provide ATSDR with information it can use to move forward on the community's behalf. The Subcommittee also noted that many of the agencies on the GWU resource/advocacy list are underfunded and cutting services. That will be determined in the data gathering phase, but the focus groups can use this opportunity to advise what services are desired. GWU will avoid telling people specifically where to go until Phase II, the implementation of the health plan. Phase I is only to research information and combine it in such a way as to guide services to the community.

ATSDR stated that the focus on community health education need not be primary; the health needs assessment is more to the community's interest and will be done first. And, while ATSDR cannot provide health care, they can recommend to other agencies. A suggestion was broached to invite HRSA to describe their criteria for placing a clinic in underserved areas. However, ATSDR warned that its past efforts to place HRSA clinics at Superfund site areas have yet to be successful in meeting their very strict criteria.

A report on the CDC/ATSDR **evaluation of the Health Effects Subcommittees** was provided by the contractor, COSMOS Corporation. An Evaluation Workgroup was formed of two representatives from each of the four Subcommittees and agency representatives. They developed four evaluation questions, for each of which COSMOS presented its findings. The questions and COSMOS recommendations were as follows:

1. *Are the Subcommittees effective in providing relevant and timely advice?*
Recommendations: Agency development of activity-specific plans identifying the issues on which they need consensus advice; the Subcommittees' establishment of procedures to help them determine when and on what issues they need to provide consensus advice; and both groups' collaboration to set goals and time lines and to develop procedures to promote accountability. Keeping a log to track Subcommittee advice was advised.
2. *How effective are CDC and ATSDR in using the advice?* Recommendations: Agencies should provide complete and detailed explanation of why a consensus recommendation is not implemented; agency need to determine whether priority is given to consensus advice (and if so, communicate such priorities to the Subcommittees); and 3) both Subcommittees and agencies should hold to a zero tolerance policy for personal attacks.
3. *What is the effect of the advisory process on the credibility of public health activities and research, and the public's trust in the federal government?* Recommendation: Joint exploration by agencies and Subcommittees of the Subcommittees' current lack of trust in the

federal agencies, and proposal of ways that trust can be enhanced. This stood out to both COSMOS and the Workgroup as a big issue.

4. *Is the advisory system helping to deliver appropriate prevention services?* Recommendation: NCEH and ATSDR should jointly assess the value of Subcommittee outreach activities. If supported, identify outreach as an expected activity in the next FACA charter and allocate resources to support it.
5. *Is the FACA-chartered Subcommittee process the best mechanism for obtaining public involvement?* Recommendation: Both agencies and Subcommittees should acknowledge from the beginning that the Subcommittees will eventually end, and plan early on for their discontinuance and for sustaining public involvement afterward.

Four cross-cutting issues were also explored: 1) adequacy of resources, 2) role of the Subcommittees in conducting community outreach; 3) composition of the Subcommittees and rotation of members; and 4) continuation of the Subcommittees. The findings were reported, which supported the following recommendations: joint review of the FACA charter by agency staff and Subcommittee members to reach agreement on their appropriate purpose and functions; provision of periodic training on the FACA charter; and consistent agency application of its provisions' implementation.

COSMOS' final finding was that this evaluation is a first step. The evaluation's findings suggest ways to improve effectiveness and accountability. Their final recommendation was that CDC and ATSDR, in collaboration with the Subcommittees, continue to evaluate and assess the effectiveness of the Health Effects Subcommittee advisory process. ATSDR is planning a meeting of the Subcommittee DFOs on May 17-18 to review these recommendations and the next steps.

The Subcommittee discussion with the COSMOS representatives included the following: agreement that time lines and implementation procedures are needed to gauge progress and success; that the most important things to discuss are why the members are involved and what they want out of this process, to find common goals; then to agree what the Subcommittee wants to accomplish and track it along a time line to assess progress (advice given, agencies' response). If the advice is not implemented, the members should ask why, to avoid a vague feeling of dissatisfaction about advice not taken. A Subcommittee discussion of its mission statement was advocated, and it was felt that communication between the Subcommittees would be helpful.

The Agenda Workgroup was asked to arrange a facilitated discussion of why the members participate individually, and the individual and collective goals and expectations of the Subcommittee; how those fit with ATSDR/CDC's missions; how to envision and track the ORRHES' progress and accomplishments, and what benchmarks to use to track progress.

A **presentation of the HHES Web page** was provided for the consideration of the ORRHES home page suggested by some members. Two members volunteered to help build the site, which is being coordinated through the Communications/Outreach Workgroup.

Workgroup reports were provided. The *Agenda Workgroup* provided a broad overview of its Program of Work for the next 2-3 years. The Subcommittee accepted this. The *Procedures and Guidelines Workgroup* reported on changes made to the bylaws document since the January meeting. The Workgroup made the Procedures and Guidelines an appendix of the bylaws, noted with an asterisk all the bylaws that cannot be changed (by law, agency rule or Subcommittee charter); consolidated all the workgroup information into one Article; provided for Subcommittee meeting by conference call if this is published in the Federal Register and open to the public; modified the general order of business according to Subcommittee recommendations (including the public comment period); and added a Section to specify a two-thirds affirmative vote on all major recommendations.

Committee discussion included the need to define what constitutes a “major recommendation” (this was remanded back to the Workgroup), and clarification about when a member can and cannot discuss Subcommittee matters with the media. The bylaws were accepted with two changes, 1) to allow non-members full participation (except voting) in discussion germane to the topic, by a simple majority vote of the Subcommittee, and 2) deleting “only” from Article 10, Section 13.

The *Communications/Outreach Workgroup* reported changes to its purpose and statement of work, which were accepted. A formal Workgroup response will be sent to a letter suggesting better ways to communicate with the public. The Workgroup will further consider an ORAU-proposed workshop for the Subcommittee on conflict resolution skills, understanding personality types, etc. One suggestion was to involve the community in this as well. A proposed ORRHES mission statement was distributed for the members’ consideration before the next meeting’s discussion. The *Health Needs Assessment Workgroup* requested other suggestions for the key informant or focus group lists. The key resources list was referred back to the Workgroup for further refinements. A conference call will be held on April 24th to review that list.

Unfinished business discussed included a *report on EPA sampling* in the Scarborough community, which was postponed when EPA staff were reassigned to address the Paducah issue. An Interagency Workgroup will prepare a work plan for sampling in Scarborough and offsite the entire Oak Ridge Reservation. A February meeting on this was held. The Subcommittee will be updated on the progress of this work. The *seating of a DOE liaison* with the Subcommittee was discussed. The perspectives offered included that while a bureaucracy may not be trustworthy, individuals can be trusted. There was general agreement that resolution of trust issues with DOE is needed. The main issue was whether such a formal liaison relationship would damage the ORRHES’ credibility.

Points cited in favor of seating a DOE liaison were that: 1) the public is unlikely to learn to trust DOE if the ORRHES will not even have them at the table; 2) DOE is a major player in all the issues of importance to the Subcommittee and will be here long after DHHS leaves; 3) the current staff are felt to be trustworthy and the best way to solve a problem is to talk about it, particularly since some mistrust may be based on simple misunderstanding; and 4) having DOE at the table will allow direct communication in both directions. The negative views were that: 1) a DOE presence would prevent

people from speaking about things they know occurred; 2) that some community perception will be that DOE's presence would fatally bias the Subcommittee's work; and 3) that seating DOE will not gain the ORRHES anything, but cost it the community's confidence. The discussion was tabled to the next meeting.

New business included announcement of the new ATSDR Oak Ridge office (at 197 South Tulane Avenue; hours are 12-7, Monday-Thursday; 7-3 on Friday; telephone is [865] 220-0295; or -0457 for fax). The office will be open on another evening, perhaps Tuesday. ATSDR was urged to adequately support this field office, which is still under-supplied. There was discussion of ORR tours (e.g., the ETTP, K-25, and X-10) by the members to provide a better understanding of the site and its environs. A plan to tour 1-2 sites (no preference) at the next meeting will be will be arranged with DOE. Finally, an impending ORISE presentation was reported.

Public comment was requested at regular intervals of the meeting. The responses included:

Dr. Bob Peele, an ORHASP member, commented on their work. He welcomed its review and agreed that the Subcommittee may want to address further contaminants of concern; addressed the differentiation and overlap of worker/resident contamination; commented that at certain times different isotopes were more important than others; and that mercury was both an air- and waterborne hazard, particularly in the contamination of the fish in Poplar Creek.

Mr. John Stewart reported that the PACE union is doing a medical surveillance survey which would help to identify the problems needing assessment. He stated clearly that Oak Ridge physicians are loath to define any problem as occupationally related. The workers need financial and medical help. The DOE worker compensation legislation will benefit only the few current and former workers who have one of the eleven specified types of cancer. It is of concern that this may now be the sole source of redress; this program may eliminate the previous option of litigation or compensation by other state or federal programs. The DOE-funded worker medical survey has been one positive step to date, providing a Catscan (able to detect lung cancer ~2 years before it appears) at the union hall, but only about 300 of the already-1000 persons requesting it can be scanned in the two weeks it is available.

Mr. Mike Napp asked several questions about the area included in the telephone survey, whether the members self-identified as having health effects from the ORR (they declined to do so), and what site contaminants would be addressed. The Chair explained the survey area selection and said the contaminant list would be provided to him.

Ms. Linda Lewis urged the Subcommittee members, rather than asking an organization for what it cannot provide, to proactively explore the areas of potential help (e.g., disseminating information about the R.W. Johnson Foundation funding to help cancer patients). She offered her help to the Subcommittee. She also suggested that something be facilitated on how the Subcommittee interacts and relates with DOE and others, as related to the concept of trust.

Mr. Bert Cooper, of ATSDR's Division of Health Assessment and Consultation, reported that the COSMOS recommendations are now before with the senior CDC/ATSDR managers, and anticipated that the recommendations will be well received. The DFO/Chair meeting also may lead to another national meeting such as was held in Salt Lake City. *Mr. Jerry Pereira* of ATSDR stated that Ms. Dalton and Dr. Davidson will maintain a tracking log for the ORRHES.

After attention to a few administrative details including the need to maintain a quorum in both the full Subcommittee and Workgroup meetings, the meeting adjourned.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

**OAK RIDGE RESERVATION HEALTH EFFECTS SUBCOMMITTEE
MINUTES OF THE MEETING
MARCH 19-20, 2001**

MARCH 19, 2001

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) convened the third meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) on March 19-20, 2001. The meeting, which was held at the Oak Ridge Mall, began at 12:00 p.m.

Members present were:

Alfred A. Brooks, Ph.D.	Susan A. Kaplan
Robert Craig, 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.	L.C. Manley
Edward L. Frome, Ph.D.	Donna Mims Mosby
Karen H. Galloway	William Pardue
Jeffrey P. Hill	Barbara Sonnenburg
David H. Johnson	Charles A. Washington

Members Therese McNally and Andrew J. Kuhaida were absent.

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; La Freta Dalton, Designated Federal Official and Executive Secretary of the Subcommittee; Michael Grayson; Jack Hanley; Sandy Isaacs; Karl Markiewicz; Bill Murray; Therese Nesmith; Marilyn Palmer; Jerry Pereira.

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

DOE/Oak Ridge Reservation: Timothy Joseph

EPA: Cheryl Walker-Smith

Others present over the course of the meeting included:

John Bajek?, Site Specific Advisory Committee	University
Gordon Blacock	Rebecca Parkin, George Washington University
J.W. Fouse, PACE	Robert Peele
Meg Gwaltney, COSMOS	Melanie Russo, Eastern Research Group
Ann Henry, Methodist Medical Center	John Stewart
Marie Murray, Recorder	John Stockwell, DHHS, PHS
Dwight Napp, SOCM	Thérèse Van Houton, COSMOS
Grace Paranzino, Hahnemann	

Opening Discussion

Mr. Jerry Pereira introduced Ms. La Freta Dalton, the new Executive Secretary of the Subcommittee. Dr. Brooks **moved to approve the agenda**, and was seconded by Mr. Manley. With all in favor, **the motion passed**.

Correspondence: Dr. Davidson reported receipt of a letter from Ms. Janice Stokes, Chair of Save Our Cumberland Mountains, expressing concern about the Subcommittee and the Health Assessment process. It was distributed to the Subcommittee members and is attached to this document (Attachment #1). Ms. Dalton announced that the nomination for a worker representative member was completed. The public solicitation for nominations was to begin on this day, and was distributed (Attachment #2). Dr. Davidson announced that the action items from the previous meeting had all been completed. Comments on the minutes of the last meeting were sent to the recorder and incorporated. With no objections, Dr. Davidson stated that she would sign them as approved. There was no objection.

Presentation on Roberts Rules of Order

Dr. Al Brooks referred to the Agenda Workgroup report and Introduction to Robert's Rules included in the members' packets. The rationale for using these rules is that they are recommended by the General Services Administration for Subcommittee work, and they are a complete set of tested, flexible rules for efficiently running a meeting. There are both formal and informal levels of application, from the most formal "committee of the whole," then a "quasi-committee of the whole," and then informally. The only real difference is the rule of how long a person can speak.

The main motions in order of precedence are 1) to make a main motion (for a specific action) which can be amended; 2) a motion to amend the original motion; 3) a motion to refer it to committee ("motion to refer/commit," which sends the whole topic including the amendment to a workgroup); 4) motion to call the question, which ends debate and requires a two-thirds vote because it changes the rights of the group; and 5) motion to adjourn.

Processing a debatable, amendable motion. When a motion is made (and described, if needed), it is seconded. Suggestions for minor changes or corrections are made if acceptable to the mover and are not considered to be debate. When finished, the Chair states the motion and requests discussion. This puts the question on the floor and makes it the property of the assembly; the maker cannot arbitrarily change it. When the Chair senses that discussion is finished, s/he asks if the members are ready to vote by voice, show of hands, or ballot, and the results are announced. Or, the Chair can ask if there is any exception to the motion (as done with the minutes on this day. If none is voiced, it is considered passed. There also is a *motion to suspend the rules*; if two-thirds of the members agree, all the rules are suspended.

Dr. Brooks outlined in order of precedence from lowest to highest, the motions likely to be used for most of the business of a small committee as this one: 1) Motion, 2) postpone indefinitely (if not supported); 3) amendment (the original motion can be changed once); 4) motion to commit or refer (the kinds of changes needed and a time table to report back can be specified); 5) postpone indefinitely or for a certain time; 6) extend or limit debate (if the allotted time for discussion expires (this requires a two-thirds vote because it changes the rights of the assembly); 7) previous question is in order (closes debate and calls for a vote); 8) table the motion (if left tabled through the next meeting, the motion expires); 9) call for the order of the day (a call to return to the agenda can be done by one person unless the committee votes it down and decides to stay off the agenda); 10) order of privilege (a very high priority, e.g., if a member cannot see or hear well enough to participate in the discussion); 11) motion to recess (not debatable, can be done to discuss an amendment for 5-10 minutes); and 12) motion to adjourn.

Another rule is the point of order, which is not a motion, but interrupts a discussion to ask the rules or to note that they are not being followed. Generally, Roberts Rules should not be abused if the Chair and the Parliamentarian attend to them. The latter can be hired or appointed by the Chair.

Committee discussion included:

- The *motion to reconsider* was used at last meeting. That, and the *motion to reconsider in place of the minutes* have a high priority, being intended to stop a possible mistake. If motion to reconsider a motion passes, the motion and vote cannot be effected until the next day. When recalled to the floor, it need not be seconded again; the previous second indicates that discussion is desired by more than one person. There is no time limit for reconsideration, which may not necessarily be done at the same meeting.
- The rules sometimes can appear to be intimidating or constraining, particularly in addressing the real-life process the Subcommittee will address. If more discussion is needed, substance was favored procedure.
- The most common mistake of meetings is to have discussion first, then to make a motion and vote. If a topic is on the floor for which there is no motion, it is left to the

Chair to decide what the topic is. The rules are generally agreed to by all and provide a reasoned process for member participation without limiting the Chair, who administers them with the Parliamentarian's help.

- If there are experts in the audience who could contribute, any person can request that that member of the audience be allowed to speak. This issue is actually a question of bylaws, but the ORRHES Chair has reserved the right to hear from an attendee who can contribute technical expertise (as opposed to the opinion expressed in the public comment period).
- Ms. Sonnenburg suggested, before voting on any issues discussed for some time, that the Chair ask if members of the audience would like to address the issue first, rather than waiting for the public comment period. Dr. Davidson agreed, if the comment is technical, but not if it would detract from the public comment period. Any member can move to suspend the rules for an audience comment. The Chair would allow that with no objection; if none, the person speaks.
- The main concern expressed about using Roberts Rules was that they not be used to stifle the process. If facilitation is needed, it should be arranged. The problem may not be the length of time for speaking, but helping to draw out someone who may feel intimidated.
- There are other rules of order (e.g, Sturges' rules), which Mr. Washington used in another group, that were adapted to a two-page summary. No repeated input is allowed until everyone has spoken. Roberts Rules also prohibits speaking again until anyone else who wants to speak and has not yet, does so.
- Mr. Pereira sensed discomfort by some members with using Roberts Rules and suggested using whatever the lowest common denominator is, just to help everyone stay on task and accomplish their work. Dr. Davidson agreed, and asked for the members' help to ensure that nothing hinders the members' opportunity to speak during the discussion.

Dr. Brooks solicited members as volunteers to conduct a skit which he had written to illustrate the use of Roberts Rules, which they did. Dr. Malmquist **moved to adopt Roberts Rules of Order for the ORRHES' procedures** and Dr. Creasia seconded the motion. Dr. Davidson noted that the bylaws already specify the use of Roberts Rules unless otherwise indicated, so Dr. Malmquist **withdrew the motion**.

Presentation of the Public Health Assessment, Steps 1 and 3

Mr. Jack Hanley reviewed the purpose of ATSDR's public health assessment: to identify off-site populations exposed to hazardous substances at levels of health concern, and to recommend follow-up public health actions or studies needed to evaluate and mitigate or prevent health effects. The process has seven steps: 1) evaluate site information; 2) identify health concerns; 3) determine contaminants of concern; 4) identify and evaluate exposure pathways; 5) determine public health implications; 6) determine conclusions and recommendations, and 7) develop a public health action plan.

As of this meeting day, ATSDR was beginning Steps 1 and 3. ATSDR has collected data on #2 in community meetings (which the George Washington University staff will document) and hopes to gather more through the Subcommittee.

The work done in Step 3 determines the contaminants of concern (site-specific chemicals and radionuclides that are further investigated for potential public health effects in steps 4 and 5). The contaminants used at the facility are identified, as well as any significant releases. A contaminant cannot be considered a health hazard until the pathway of exposure has been analyzed to indicate that they may have impacted off-site populations. Step 3 determines which contaminants may have done so, and Step 4 evaluates which exposure pathways may have been completed. This work will identify each contaminant's important pathways, across all media, and those contaminants with the greatest potential to impact off-site populations.

After that, Step 5 will determine the public health implications; and the Step 6, public health assessment document will communicate the completed pathways of the overall site and indicate what should be done to address these exposures. Finally, Step 7 will develop a public health action plan for subsequent work.

Steps 1 and 3 of the public health assessment process will begin by using the 1993 Tennessee dose reconstruction feasibility study, which was composed of four tasks: 1) describe historical operations and releases; 2) identify available environmental data; 3) identify complete exposure pathways; and 4) evaluate environmental exposure pathways. Mr. Hanley had sent to the committee members the prior week the documents from the dose reconstruction. Its Steps 3 and 4 are similar to ATSDR's public health assessment process.

Task 1. The objectives of the Task 1 feasibility study described the historical operations that used and released contaminants; and identified activities that have likely been associated with significant off-site releases of chemicals and radionuclides, that were used and released in quantities sufficient to cause harm even after dilution and dispersion to the environment. They also looked at any documentation of offsite releases or presence of contaminants in offsite environments.

The major categories of activities investigated and reported on in Task 1 were the historical operations of: 1) X-10, whose original mission was nuclear reactor development (>15 reactors), the nuclear materials separation process, and radionuclide production; 2) Y-12, whose original operations missions were weapons production, lithium separation and enrichment, zirconium production, disposal, and steam generation; 3) K-25, which was a gaseous diffusion plant that conducted atomic vapor laser isotope separation, operated a liquid thermal diffusion plant, the TSCA incinerator, the steam plant, the recirculating cooling water system, and waste disposal.

Task 2: The work of Task 2 was to identify available environmental data; provide an inventory (from the state, EPA, TVA, and others) of what was collected and analyzed for environmental data over the years (air, surface and drinking water, soil, etc.). The Task 2 objectives were to: 1) identify/evaluate available environmental monitoring and research data; and 2) develop abstracts on ~100 environmental monitoring and research projects.

A time line was distributed at the last meeting for the X-10, K-25, and Y-12 activities, demonstrating the materials by air, water, soil, etc. used and potentially released over time. For example, X-10's plutonium recovery operations, before routine treatment and monitoring systems were in place, released uranium, plutonium, and various fission products in the first few years. The reactor released uranium, argon, plutonium, and other fission products over 20 years' time. The stack also was unfiltered for the first five years, something the feasibility study recommended examining. The Thorex process had some short decay runs that produced fallout in the X-10 facility area. One of the more important processes was the Radioactive Lanthanum (RaLa) process, which released iodine and other fission products. More than half of all that work was done before filtering of the process began.

Y-12 conducted nine different processes, which released a large quantity of uranium that most likely went offsite. East Fork Poplar Creek received contaminated liquid effluent in the first year (1944). The major weapons production operations were of such magnitude that offsite releases are likely, primarily of uranium. Also important were the lithium separation/enrichment operations' release of mercury into the water and air, especially from 1956-1963. The K-25 gas diffusion processes released uranium and magnesium 99, and the liquid thermal process of the mid-1940s was plagued with many mechanical problems in the early years.

All of these processes were further evaluated in Task 4.

Task 3: Used the information collected in Tasks 1 and 2 to identify important contaminants at the facilities and important related pathways. Materials mailed the previous week included a list those contaminants (Table 1). Table 2 listed those not warranting further investigation because they either were used in small quantities or in processes not believed to be associated with offsite releases (radionuclides, lithium, benzene, and chloroform). The other group not warranting further investigation included contaminants of little or no toxicological impact, even in large quantities (Freon and other materials found to be dispersed in the environment, such as acids and bases like fluorine and fluorine-type compounds -- irritants associated only with acute exposure). Table 3 listed the contaminants used in the processes with high risk of offsite contamination, which were further explored in Tasks 3 and 4. In the dose reconstruction report, Table 3-5 assigned all the table 3 contaminants to pathways (Attachment #3).

Task 4: This Task's work evaluated the completed exposure pathways. Screening

analysis was done to: 1) identify important pathways for each contaminant within each media; 2) and identify, across all media, the ones important for each contaminant; and 3) identify contaminants with the greatest potential to impact offsite populations.

In the previously mentioned mailout, Table 4 listed the screening's identified highest priority contaminants and sources, recommending media and exposure routes: I-131 from X-10's RaLa process, conveyed through the milk pathway; 2) Cesium from the X-10 separation process, to White Oak Creek, the Clinch River, and surface water, to the fish, soil sediments; vegetables, dairy cows, and milk pathways; 3) mercury from Y-12; and 4) polychlorinated biphenols (PCBs) from K-25 and Y-12.

The Oak Ridge Health Assessment Steering Panel (ORHASP) received a detailed dose reconstruction analysis of these four priority contaminants. They also received additional screening analyses for other contaminants that were screened out in Task 4. The first cut of the latter did not produce any results indicating a potential for further dose reconstruction work. Additional screening was done due to concerns about historical accuracy of records (uranium) and because conclusive screening analysis was not done on uranium, arsenic, beryllium copper, lithium, other radioactive products. The ORHASP also recommended a more detailed analysis of asbestos and plutonium. A report was produced on the re-evaluation of those contaminants.

The initial list of contaminants of concern for further evaluation, based on the dose reconstruction study are: I-131, mercury, cesium-137, PCBs, uranium, fluorine and various fluorides. ATSDR will look at the latter due to the large quantities used on site and released. Re-screening of the other contaminants will be discussed at a future meeting.

The next steps in the Public Health Assessment process are to: 1) present and discuss information on contaminants that received additional screening (a Subcommittee workgroup to assist ATSDR could be helpful); and 2) present and discuss information on contaminants of concern for further evaluation (overview of available information and their assessment). In June, work will begin with review of the state reconstruction of I-131 releases and ATSDR's technical comments.

Mr. Hanley was thanked for an excellent report. The committee's discussion with him included the following:

- *Ms. Sonnenburg requested ATSDR's consideration of cumulative effect from coal burning that was done under the regulatory limit per ton, but amassed a huge tonnage over time that has never been totaled. She expected that Mr. Earl Lemming and Ms. Kaplan would have data that ATSDR could add to its own for at least a quick analysis. Mr. Hanley said that this could be discussed with the Subcommittee, but such cumulative comprehensive assessment is not typically what ATSDR does, being limited to Superfund sites. He also agreed to meet with the members to discuss specific areas of the report. Mr. Lewis said, if effects from another agency such as*

TVA are considered, they should be invited to provide their interpretation of those releases.

- *Will the Nevada Test Site (NTS) I-131 and I-133 exposures were be included in the analysis?* (Eklund) Mr Hanley responded that ATSDR will provide an overview of this topic, as covered in the dose reconstruction study.
- *Are the Oak Ridge radionuclide releases much higher or similar to other sources?* (Frome) Most of the other radionuclides were <1% of the iodine; the report presents a relative risk to I-131. *Are the ORR iodine releases substantially larger than the Nevada Test Site (NTS)?* When the ORHASP document is reviewed, ATSDR can discuss the effect of those other sources on the area. *Were K-12 and X-10 monitoring data used to determine the workers' level of exposure on site; were their doses as high as people offsite might have received?* It is not certain that on-site monitoring was reviewed at this stage.
- *Will ATSDR examine the potential impact of changing the initial assumptions used in the calculations of scrubber efficiencies?* (Also, the NTS data are not in the summary, although they are in the report.) (Kaplan) Ms. Kaplan agreed to provide ATSDR with two related white papers she has written. ATSDR will present the feasibility study's findings and the technical reviewers' comments, then discuss next steps.
- *Recent studies indicate beryllium is highly toxic in small quantities; how did it rank in the Task 4 evaluation?* (Johnson) It was included as a carcinogenic chemical, and so was compared to PCBs, which posed the highest risk. Beryllium's relative risk was 0.4% of the risk of PCBs. Beryllium exposure mostly pertained to workers and involves sensitivity issues. But ATSDR could look into why that contaminant fell out of the process regarding offsite exposures. *Beryllium's major impact is on lung capacity, not a cancer issue; PCBs may not be the proper comparison.* (Kaplan/Davidson)
- *ATSDR should consider that the gasoline facility was originally on the ORR, and consider offsite releases of carbon tet from Y-12 which blew east.* (Brooks)
- *Did ATSDR review Dr. Kathleen Teeson's list and consider her concerns?* (Sonnenburg). Yes; fluorine was one, which ATSDR added. Copies of that correspondence will be provided.
- *Who is doing, and at what stage is, the document review? Are the documents considered acceptable?* The ORHASP membership was similar to this Subcommittee, and they reviewed everything. ATSDR will check their minutes to ensure that the questions raised were documented and addressed.
- *How did they/are we looking at the X-10's major processes that may still delivering an effect?* (Hill) *There were cesium releases from the dam in 1985,* (Kaplan) *and a flood in 1964 along with regular releases.* (Bob Peele). The dose reconstruction focused on historical exposures. The radioiodine is long gone, but radioactive products such as cesium were also released to White Oak Creek. In the last ten years, a lot of work has been done on the Clinch River and Watts Barr Reservoir

environments, and ATSDR is involved in that work. Step 3 will combine the dose reconstruction's historical data with the data collected in the past 20 years (e.g., state, EPA) and combine that into one evaluation. The published health assessment will include both historical and current exposures offsite.

- *A peer review of the ORHASP studies is needed.* They had informal reviews, and it is not clear that a number of controversial points were corrected (e.g., higher and lower levels that suggest some study and evaluation). The “peer review” done is only a compilation of every comment received. (Brooks)
- *There are levels of peer review. Please ensure that anything given to the Subcommittee has its peer review status clear, and please supply a list of any peer reviewed documents about offsite effects from ORR exposures (e.g. worker studies published in the literature).* (Frome) The unpublished documents reviewed by the state and EPA could be supplied, and all the Public Health Assessments are peer reviewed by a panel of neutral scientists. Any subsequent health assessments (from protocols on) will also be peer reviewed. All comments received from the public are included in the public health assessment with a response. The technical comments are not included, but are publically available.
- *Has the porosity of the limestone bedrock below K-25, Y-12, and X-10 been quantified?* (Eklund) Ms. Kaplan thought she had that data in two papers, one on equity regarding buried waste. In many cases, DOE does itself not know what is buried. The sites where most of the releases are occurring is where the remediation is being done. Mr. Hanley stated that X-10 waste is moving offsite in surface water, and DOE is monitoring where it enters the Clinch River (permits monitored by EPA and TDEC) ATSDR will look at those data. They will not look at the burial sites, but if such documents are found, they will provide them.
- *Clarification of “peer review” is needed, which differs from “peer input” on documents. “Peer review” requires independence and expertise, and must be responded to in a publicly available document.* (Akin) Mr. Akin added that little of the latter was done; the Subcommittee will have to decide what it wants. EPA uses mostly peer input and comment by peers; but it may not be independent and does not require formal response.
- *How do we capture all these concerns to address them formally by the experts generating the documents, rather than piecemeal?* (Lewis) Dr. Davidson hoped to establish a Public Health Assessment Workgroup to establish priorities with ATSDR and report/recommend back to the Subcommittee on the process.
- The problems of the buried waste include little documentation on low-level waste, and that the X-10 records on high-level waste were destroyed on 1984. Some were reconstructed, but in general that is not an accurate inventory. That makes more important the good records of the outflows off the reservation. This is a complex subject that would take several months to study thoroughly. (Brooks)
- *What does “significant” mean?* (Washington) Mr. Washington stated that the ORR scientists, aware of the materials' toxicity, at some point began recording what was

buried, but not necessarily how much. The surface and ground water at Oak Ridge interchange. As a manufacturing plant, Y-12 in the past used many chemicals (benzene, carbon tet, xylene, toluene, all good solvents and all carcinogenic). Some bomb components are still produced, even at a 20-25% production level; and past shifts ran the plant 24/7, with releases emitted in huge quantities. There often were no special precautions taken with toxic materials; and, while the effect of one or two contaminants may be known, the long-term synergistic effects of multiple combinations are not. Those must be determined, because they will skew the data. However, Dr. Brooks disagreed about the lack of waste disposal standards, based on his experience as a Y-12 chemist during the war. He said he had worked in some industries he considered far more dangerous.

- *Is there any time boundary, or where is the disconnect, for this Subcommittee's function to evaluate the health effects of the ORR versus that of the public health assessment?* (Akin) ATSDR will develop the public health assessment with advice from the Subcommittee; it is not an investigative body that develops its own documents. The ultimate product of this Subcommittee will be the public health and community needs assessments. The time frame includes past and current exposures, and those in future as much as possible, based on present knowledge (no new operation could be considered). However, Mr. Washington noted that the past is germane to the future. Workers in boots walked through mercury in the Y-12 process using it; and the vapor pressure imbued it into the walls; on a hot day, you can see it dripping. The problem is so great that there is an international committee examining it.

Dr. Craig **moved to form a Public Health Assessment Workgroup**. All were in favor and none opposed. **The motion passed**. Workgroup volunteers were: Johnson, Craig, Brooks, Manley, Washington, Lewis, and Kaplan.

Public Comment

Dr. Bob Peele was an ORHASP member, and he offered several comments. The 1993 screening was a quick process done in only eight weeks. Because of that time limit, they only screened for relative (not maximum) risk, to avoid having to address pathway attenuation. The results were grouped by radiation and non-radiation, and the most important elements were chosen (iodine, mercury and PCBs); nothing else measured approached their levels. The more recent screening (Volume 6) did a still-conservative calculation of the maximum interval and plausible importance of absolute risk.

The Subcommittee may want to add more contaminants of concern; and he agreed that all the work should be reviewed. He thought that I-131 may be the more important ORR release. That was the biggest analysis, which was reviewed, and the comments were incorporated by Chem Risk. Everyone wished for better peer review. It was not done as well as it could have been, but is still very professional work.

Radiation. The workers' contaminants may sometimes be of concern to the public. They could inhale the iodine and residents with backyard cows would be affected through the milk pathway. That risk was neither understood nor monitored until the late 1950s. The Hoffman report details how this can be estimated, as well as adding in the NTS fallout. The estimates are comparable for sites equidistant to the ORR, with the ORNL releases more important closer the lab and the fallout more important further away. The fallout study results were delineated by county, but the real range of the fallout remains unknown.

The cesium in the Clinch river was the longest-lasting isotope, with a 30-year half-life. The report considered all of them; at certain times different ones were more important than the others. Regarding the scrubber, only one measurement was made, but the iodine released was well measured.

Chemicals. The mercury was discharged to protect the workers, but crossed the hills impelled by big fans and exposed residents. The biggest problem was from fish exposed in Poplar Creek. No one measured mercury in the fish, nor in sediment until 1985, which they tried to correlate to DOE plants in other areas to estimate the fish mercury content. Nearly everyone who ate those fish had a higher dose than the minimum risk level.

Dr. Davidson asked if Dr. Peele could participate in the workgroup. He declined to be a member, but might attend from time to time.

Presentation/Discussion of the Health Needs Assessment

Mr. James Lewis reported the workgroup's discussion of the questions raised to George Washington University at the January meeting: clarifications on how the focus groups worked, the telephone survey, key informants, and GWU's overall program. They provided these questions to ATSDR, who advanced them to GWU. They in turn met with the workgroup, which suggested two potential enhancements.

Two of the Principal Investigators, Dr. Rebecca Parkin of GWU, and Dr. Grace Paranzino, of Hahnemann University, defined the workgroup input as invaluable, and presented a proposal in response. Dr. Parkin reviewed the project's status: 1) the study proposal is almost done, as is 2) the document review; 3) two site visits have been done to date, and additional comments from community received on 4) the key resource interviews. The workgroup provided input to 5) the phone survey and 6) the focus groups, which all lead to 7) the final report.

Steps 4-6 involve interviews of individuals (key informants/phone survey) and groups (focus groups), which require Institutional Review Board (IRB) human subjects study review and approval. GWU granted that; and approvals are pending at Hahnemann University.

The key informant interviews of groups will include health officials, health care providers, and community members. There will be 25-30 members per group and 10-15 minutes

spent per (confidential) interview. The questions will be open-ended (e.g., asking their experience of health problems). Then, to help develop a health education program, the project's purpose, *the phone survey* component will identify health issues and information needs and finalize the focus groups and question guides. The survey will be of the general population. They will be accessed by random digit dialing to households, the protocol to obtain a final sample of respondents representative of the general population. Staff of the GWU Medical Center for Survey Research will do the survey. About 400 interviews (again, confidential) are planned, at 10-15 minutes per interview using closed-ended questions.

The focus groups are to gain knowledge about sub-groups who have health issues and need health information; to clarify the health issues; and to identify the information they need and how they want to receive it. Up to eight groups are planned, composed of up to 12 people per group with similar characteristics. The group discussions will be moderated by project staff and last 1-2 hours; open-ended questions will be used to allow as much interaction as possible. Confidentiality is maintained in the final report.

Steps 5 and 6 were the modifications made after the meeting with the workgroup. Per Ms. Mosby's suggestion, the term "key informant" will be changed to "key resource."

Committee discussion with Drs. Parkin and Paranzino included:

- *Why are only adults eligible (age 21)?* (Frome) Household phone answering patterns of previous studies were reviewed to ensure a good representative sample of the population. This will be continually adjusted as the survey goes on; the interviewer will ask for a particular type of person to be the respondent.
- *What is the opening language?* (Frome) That approved by the IRB identifies the interviewer as from GWU, explains why they are calling, and gets their informed consent. They will be asked about broad health issues in general to capture the breadth of health concerns, what they would like to know, and how they get their health information (e.g., the Web, newspaper, etc., to see how to design the educational program). However, the interview instrument is not yet set up.
- Dr. Brooks said the new version of step 5 answers all his concerns about statistics; which he now withdrew.
- *Be aware; they might expect GWU to do something about those health issues. In view of such dashed expectations in the past, they may not want to participate unless they believe the interviewer credibly needs this information and/or can help.* (Washington) GWU will identify available health information resources for people to access; and ATSDR has set aside some funding for the AOEC clinics to do some follow-up (but what that will be is not yet known). A risk management tool kit can be applied in any of the interviews/focus groups. The concerns or wishes expressed will be documented and passed on to the Subcommittee and ATSDR.
- *Great concern was expressed that the random digit dial method described would place most calls in Knox County, the least impacted, but with most of the phone numbers.* If the criteria are changed, (e.g., to a specific phone exchange for a portion

of a county) GWU could refine the survey further.

- *How will you balance the representation in the groups, or reflect the primary focus of the most affected group; where will the groups be held; and are they open to the public?* (Lewis) The process will be refined as it proceeds; each part informs the next component. For example, the phone survey might indicate worry about one particular health concern in one geographic area, so all the counties need not be represented. The groups are not open to public; they have only 12 people to be able get all the information desired in the time allotted. The strategy might also rest on who the partners are (e.g., if asthma is a concern, physicians seeing asthma patients might suggest participants).
- *Many of the agencies on the GWU advocacy list are underfunded and cutting services.* (Galloway) The resources will be determined in the data gathering phase, and the focus groups can use this opportunity to advise what services are desired. But GWU would avoid telling people specifically where to go until Phase II, the implementation of the health plan. Phase I is only to research information and combine it in such as way as to guide services to the community.
- *Some physicians will not diagnose contamination-related illness, or the individual may not make the connection to self-identify.* (Eklund) GWU will focus on providers already known to see people who may be so affected. But the community representatives will also be solicited for such concerns that may not have been presented to a health care provider. Dr. Parkin expressed her own personal commitment not to do science that just sits on the shelf and is not useful. She will do all she can to ensure something comes of it, and will give that to the agencies to run with the ball. She also noted that the health education information is not just for residents, but could also be useful to health care providers who need more information about occupational illnesses.
- Ms. Kaplan asked who decided the community health education focus, and why? The community wants clinical evaluation, not education. The perception may be that this is just another government-funded educational study. The Subcommittee needs a mission statement to advise what it does; people want to be helped, and she was unsure this would do it. Dr. Davidson responded that the ORRHES mission statement is in its charter. Ms. Dalton stated that ATSDR's Congressional mandate is to examine site-related contaminants and any effects on the public. They cannot provide health care, but they can recommend to other agencies. Ms. Kaplan asked if there is there some flexibility between diagnosis and treatment.

Dr. John Stockwell stated that ATSDR's Memoranda of Understanding (MOU) with other agencies could provide such health care. For example, the Health Resources and Services Administration (HRSA) provides environmental medicine/consultation, but he did not know if those clinics are in the Knoxville area. He provided a copy of the MOU to Ms. Dalton to share with the board. She reported that when such issues are raised at other sites, ATSDR has tried to facilitate a discussion with HRSA to address them.

- *Address health needs and concerns first, then health education.* (Brooks) They

cannot be discussed until first an assessment is done of what people's health issues are. GWU will not asking about health issues only in the framework of health education.

Health Needs Assessment Workgroup Report

Mr. Lewis began the Health Needs Assessment Workgroup report by expressing his irritation that the scope of the survey had suddenly changed with new information. The workgroup will now have begin anew. He called for communications to be improved, specifically stating that the people who walk out of this room and do not get involved [with the workgroup] in the interim, should not come back to complain and want to change it all later.

The workgroup had intended to address: 1) identifying as close to eight focus groups as possible for the Subcommittee to vote on this day; 2) to identify key informants; 3) to explain the logic of shifting the phone survey to be done before the focus groups; and 4) to discuss utilizing either the Workgroup or the Subcommittee in developing a pilot program to review the questions to be asked.

Dr. Parkin reported GWU's amenability to the latter. While they cannot be too detailed to avoid hazarding the credibility of the study, they could interview the Workgroup or Subcommittee as they would interview the residents, with the proviso that they would not divulge the questions. This could help in some areas, such as making sure the terminology is correct, and a pilot test questionnaire could ensure it captures the information needed.

Ms. Mosby preferred to select most of the 7-11 participants in this pilot from the Subcommittee, which would provide a better balance. She also noted that those who participate in the pilot test would no longer be involved in the survey (except as key resources). However, further involvement in either the phone survey or the focus groups was unlikely.

Dr. Brooks moved that the Subcommittee recommend to ATSDR that the Subcommittee members participate in a pilot test with George Washington University to determine the appropriateness of the survey questions. Ms. Sonnenburg seconded the motion. Ms. Mosby offered friendly amendment that the number involved be "a minimum of 7 and maximum of 11," to Dr. Brooks' agreement. **Dr. Brooks moved that the Subcommittee recommend to ATSDR that a minimum of 7 and a maximum of 11 Subcommittee members participate in a pilot test with George Washington University to determine the appropriateness of the survey questions.** The vote was 16 in favor and none opposed. **The motion carried.**

Dr. Brooks moved that the Needs Assessment Workgroup choose the 7-11 members, the majority wishing to participate to be selected from the Workgroup and the balance from the Subcommittee. Ms. Sonnenburg again seconded the

motion. A voice vote showed all in favor and none opposed. **The motion passed.** The Pilot Test Workgroup volunteers were: Vowell, Sonnenburg, Johnson, Galloway, Brooks, Creasia, Hill, Malmquist, Kaplan, Lewis, and Mosby.

Dr. Brooks then moved that the Subcommittee accept the Workgroup's recommendation to do the phone survey before the focus groups, as explained in the modified submission from GWU (Attachment #4) and the presentation made today. Dr. Malmquist seconded the motion. In an amendment, Ms. Mosby **moved that the Subcommittee accept the Workgroup's recommendation to identify George Washington University's Step 4 as the Key Resource Group, Step 5 to be the Phone Survey, and Step 6 to be the Focus Groups.** In a voice vote, all were in favor and none were opposed. **The vote passed.**

Mr. Lewis pointed out that the chart of suggested characteristics of focus groups had been distributed (Attachment #5), as had that of the key resource groups/individuals (Attachment #6). Dr. Paranzino noted that if the population is redefined, as per the preceding discussion, these focus group suggestions might change. Mr. Lewis agreed; this should be considered as a first cut.

Public Comment

Mr. Pereira hoped that GWU would be able to counter a potential bias to the process, by gaining the participation of those most likely to have been exposed but feeling "surveyed to death." He also stated that nothing is cast in stone that education must be the point of emphasis. The needs assessment could be and should be, and the health education component can follow.

Mr. John Stewart, the PACE union health representative for 400 active workers and 14,000 past workers, spoke. The PACE union is doing a medical surveillance survey. He invited the GWU and ATSDR to attend the meeting hall to find out what problems need assessing; they see it every day. Just the previous week, he had helped a worker with six weeks to live from multiple cancers to finalize his affairs; or he tries to find physicians to help the workers. He stated clearly, "Oak Ridge physicians do not, do not, help the workers;" they go elsewhere for treatment. (He later clarified that those doctors do not necessarily refuse to treat; but they are loath to define any problem as occupationally related). DOE studies have cost \$156 million in the last ten years, and they are going to do another one. They asked the union's participation in a survey to "help the workers," that produced a stack of paper 10' tall but not a dime to help the workers. He felt there to be no need to ask what people think are health concerns; they can be seen. Many have hearing loss, the first sense lost by test animals exposed to methyl mercury. The workers feel like "a bunch of test animals." They only go to the union now; they are the only ones trying to help. He stated that what his members need is financial and medical help. Mr. Hill shared Mr. Stewart's concerns and frustrations about people with health concerns that he cannot help. But he was willing to stick with it and asked him to help any way he can.

Mr. Mike Napp asked several questions:

- *Why were Blount and Merriwell counties not included in the survey?* Dr. Davidson explained the rationale for the selection of the seven counties in the Oversight Committee domain, and Knox County because many workers live there.
- *How many of the Subcommittee members have health ORR-related effects?* Dr. Davidson objected that the Subcommittee members were not present to self-identify. None did. Mr. Napp accepted that, but noted that “we” had nominated people with offsite contaminants in their bodies who consider themselves to be ill as a result.
- *ORHASP report identified four contaminants; did EPA identify others, and will this Subcommittee address that?* Dr. Davidson reported that as having been discussed earlier, and that the list of contaminants of concern would be provided to him.

Ms. Linda Lewis acknowledged the importance of discussions about scope, direction, charter, mission, etc.. but defined being proactive rather than reactive as more important. Quoting a song (“don’t depend on the train from Washington, it’s a 100 years overdue”), she advised the Subcommittee not to ask an organization for what it cannot provide. For example, disseminating information about the R.W. Johnson Foundation funding to help cancer patients would be more useful. She urged the Subcommittee to be proactive, find what takes care of the problems to be addressed, and working with that. She has immune disorders, and worked at the Oak Ridge National Laboratory (ORNL) for decades. But her focus is not whether it caused her illness; her focus is to get well and to be a victor, not a victim. She provided her phone number at work (524-8461) and offered her help to the Subcommittee.

With no further comment, the meeting adjourned at 6:57 p.m.

MARCH 20, 2001

Health Effects Subcommittee Evaluation Report

When the member reconvened at 8:30 a.m. the following morning, Ms. Margaret Gwaltney and Dr. Thérèse Van Houton reported on their firm’s (COSMOS) evaluation of the Health Effects Subcommittees’ process.

Three of the Health Effects Subcommittees were formed in 1995: in January at Hanford (HHES), in September at Savannah River (SRSHES) and in December at the Idaho National Engineering and Environmental Laboratory (INEELHES). The Fernald Subcommittee (FHES) was formed in June 1996, and Oak Ridge’s in November 2000. The HHES and ORRHES are administered by ATSDR; the rest by NCEH (except for ~6 months in which NIOSH administered the FHES before withdrawing from active participation with that process). The overall charter allows for six Subcommittees. The FHES may be discontinued, although that has not been finally decided

At a national meeting in December 1998 of all the Health Effects Subcommittees, an

evaluation was first discussed. All the Subcommittees selected two representatives, as did NCEH, NIOSH, and ATSDR, to an Evaluation Workgroup. They developed a stakeholder map to show the relationships of each to the other.

The rationale for the evaluation was to: 1) identify underlying assumptions and expectations within and between groups, and differences with and between the advisory committees as well as the agencies; 2) identify features of the advisory system that affect (facilitate/hinder) the process for reaching and using consensus advice; and 3) develop recommendations that address facts as well as perceptions.

The methods of the evaluation were designed and conducted collaboratively with the Evaluation Workgroup. The evaluation was done in design and implementation phases. The Workgroup identified five evaluation questions and four crosscutting issues. They met by conference calls every two weeks and in person four times through the process. COSMOS joined the work in October 1999, the Workgroup began in January 1999, and the final report was submitted to CDC in January 2001. COSMOS met with each Subcommittee and spoke with as many members as possible (>70). From an initial list of ~100 questions which was categorized, the Workgroup developed a final list of five:

1. Are the Subcommittees effective in providing relevant and timely advice?
2. How effective are CDC and ATSDR in using the advice?
3. What is the effect of the advisory process on the credibility of public health activities and research, and the public's trust in the federal government?
4. Is the advisory system helping to deliver appropriate prevention services?
5. Is the FACA-chartered Subcommittee process the best mechanism for obtaining public involvement?

The four cross-cutting issues were: 1) adequacy of resources, 2) role of the Subcommittees in conducting community outreach; 3) composition of the Subcommittees and rotation of members; and 4) continuation of the Subcommittees.

The surveys were completed by 44 Subcommittee members and 14 agency staff. Semi-structured interviews were conducted with 33 agency staff, 26 community members from the Subcommittee sites, DOE staff, and the four Chairs. The Subcommittee minutes and other documents were also reviewed. All the surveys and interviews were reported anonymously. One question was whether they believed they were exposed to radiation or chemicals, with no specificity about whether that was onsite to a worker and/or offsite to a population. This question was intended to assess their perspective, since many members felt strongly that they had been affected by the site, and others did not. The majority of the Fernald (60%) and Savannah River (80%) members believed they or their family were exposed to radiation or chemicals, versus a minority of Hanford (47%) and Idaho (33%) members. A chart was shared outlining the characteristics of the Subcommittee members.

Findings: Cross-Cutting Issues

1. *Adequacy of resources:* 1) The Subcommittee members believe that more resources are needed for workgroup activities and community outreach; 2) Subcommittee members are concerned that resources are not available to implement consensus advice; 3) Subcommittee members do not understand the role of DOE in funding recommended research and public health activities; and 4) the agencies report that responding to requests for information and presentations is resource-intensive.

2. *Subcommittee role in conducting outreach:* 1) The Subcommittee members value outreach activities as a way to increase broad participation in the advisory process, identify community concerns, and communicate results of the agencies' work. However, 2) it is not clear whether outreach is an appropriate Subcommittee function; it is not identified in the charter.

3. *Membership composition and rotation:* 1) Some Subcommittees members and agency staff are concerned about over-representation of activists (defined as "people with an absolute, immovable agenda") and under-representation of average citizens; 2) many Health Effects Subcommittees members and some agency staff oppose rotation because it results in loss of institutional memory and it is difficult to recruit members; 3) the agencies differ in extent to which they have enforced rotation requirements: while ATSDR enforced them, NCEH was more relaxed.

4. *Criteria for continuing or discontinuing Subcommittees:* 1) In general, agency staff focus on whether the agencies had completed their work at the site; while 2) the Subcommittee members focused on whether all community concerns had been addressed.

5. *Interpreting the purpose/scope of the advisory process:* Two interpretations emerged: a narrow one, that advice should be limited to current or proposed agency research or public health activities; or a broad one (also in the FACA charter), that in addition, Subcommittees should focus on community concerns, recommend new studies and initiatives, and conduct community outreach and education.

Recommendations on Cross-Cutting Issues

1. Agency staff and Subcommittee members should jointly read the FACA charter and reach agreement on the appropriate purpose and functions of the Subcommittees.
2. The Subcommittees members, Chairs, and DFOs should receive periodic training on the FACA charter.
3. Agencies should be consistent in implementing the provisions of the FACA charter (e.g., member rotation). They should also meet periodically with the Chairs and DFOs to ensure that site-specific procedures adhere to the charter.

COSMOS' criteria for recommendations were that they should: 1) address at least one of

the issues concerns covered by the evaluation; 2) be based on data collected and observations made; 3) be feasible – stakeholders must be able to implement the recommendation with the available resources; and 4) there must be a plausible connection between implementation of the recommendation and an improvement in the advisory process.

COSMOS Evaluation Findings

Question 1. Are the Subcommittees effective in providing relevant and timely advice?

Findings: In general, yes. Not all consensus advice relates to public health activities or research; some relates to administrative matters. (It was interesting that some Subcommittees provided more consensus advice on administrative issues than otherwise.) The Subcommittees define consensus advice differently and use different procedures for reaching consensus advice (e.g., show of hands or not by formal votes). Not all advice is based on consensus (it could be individual or from workgroups, but if recognized as valuable by the agencies it would be followed even without a full Subcommittee recommendation). Most advice is not a response to an agency's explicit request for consensus advice; the advice is offered in the course of presentations or discussion. Only one Subcommittee (HHES) keeps a formal log or inventory of consensus advice.

Recommendations

1. The Agencies should develop activity-specific plans that identify the issues on which they need consensus advice.
2. Subcommittees should establish procedures to help them determine when and on what issues they need to provide consensus advice.
3. Agencies and Subcommittees should collaborate on setting goals and time lines and develop procedures that promote accountability. Most of the Subcommittees' focus was on a fast start and moving ahead, without a strategic plan of what is desired to be accomplished over time. Keeping a log to track advice over time would help.

Question 2: How effective are CDC and ATSDR in using the advice?

The factors influencing agency decision-making related to consensus recommendations include the availability of resources; the agency mission; scientific soundness; and Congressional mandates (e.g., the medical monitoring program on which the HHES and ATSDR worked for years cannot be funded).

Findings: The agencies appear to respond to both consensus advice and informal advice. The majority of the advice acted on is advice related to the agencies' current work. Subcommittee members say that sometimes they do not receive sufficient information on why some advice is not implemented. Subcommittee members who disagree with agency findings have been confrontational and disrespectful of the agency representatives.

Recommendations

1. The agency's explanation of why a consensus recommendation is not implemented should be as complete and detailed as possible.
2. The agencies need to determine whether they intentionally accord priority to consensus advice related to current work, and if so, they should communicate any such priorities to the Subcommittees.
3. Subcommittees and agencies should have a zero tolerance policy for personal attacks.

Question 3. What is the effect of the advisory process on the credibility of public health activities and research, and the public's trust in the federal government?

Findings. Most Subcommittee members believe that research credibility has increased. For about a third, trust in the government had increased, but for about a fifth it had decreased. (For the balance, the trust level had not changed; they never trusted the government. No one responded that they had always trusted the agencies and still did, or that it had increased). Subcommittee members report that some members find it difficult to accept findings that do not support their beliefs regarding health effects.

Recommendation. The agencies and Subcommittees should jointly explore the reasons for the Subcommittees' current lack of trust in the federal agencies, and propose ways that trust can be enhanced.

Dr. Van Houton and Ms. Gwaltney agreed that this process will not work as well in the absence of trust. From the limited scope of this survey, this stood out to them as a finding, and the Workgroup agreed that this was a large issue. Mr. Lewis asked for a definition of "trust," but Dr. Van Houton responded that this is self-defined. It was the hoped-for outcome of the DHHS research process from the beginning, when DHHS was assigned this work because DOE's credibility was not trusted. The question for COSMOS was only to assess the change.

Question 4. Is the advisory system helping to deliver appropriate prevention services?

Findings. There were differences of opinion of whether "outreach" is a legitimate function of the Subcommittee. Many on the Subcommittees believe that outreach is needed to improve prevention services. But confusion exists among agency staff about the appropriateness of Subcommittee outreach activities.

Recommendation

NCEH and ATSDR should assess the value of the Subcommittees' outreach activities and, if indicated, 1) identify outreach as an expected activity in the next FACA charter and 2) allocate resources to support the Subcommittees' outreach activities.

Ms. Kaplan expressed her belief that outreach is a prime function of this Subcommittee and reported heated related discussions in the Communication/Outreach Workgroup about this already. Admittedly, having the public involved with all their emotions can slow an agenda, but she felt that this is a legitimate issue that needs to be addressed.

Question 5: *Is the FACA-chartered Subcommittee process the best mechanism for obtaining public involvement?*

Findings. Most agency staff and Subcommittee members agree on the importance of public involvement, and more Subcommittee members than agency staff believe that FACA is the most appropriate mechanism for obtaining it. (Some agency staff were frankly worn out by this process and were unsure that FACA was the most appropriate method to get public involvement, noting that there are other ways to do so, such as community meetings, workgroups, etc. But in 1995, there was strong feeling to have the FACA process, and that there was value in having the agency consistently meet with the communities). Agency staff and Subcommittee members have different criteria for discontinuing a Subcommittee.

Recommendation. The agencies and Subcommittees should acknowledge from the beginning that the Subcommittees will eventually end, and plan early on for their discontinuance and for sustaining public involvement afterward.

Final Finding: This evaluation is a first step. The evaluation's findings suggest ways to improve effectiveness and accountability.

Final Recommendation: CDC and ATSDR, in collaboration with the Subcommittees, should continue to evaluate and assess the effectiveness of the Health Effects Subcommittee advisory process.

Subcommittee discussion with the COSMOS representatives included the following:

- Dr. Davidson thanked the COSMOS representatives for a truly enlightening presentation.
- All parties should read the FACA charter together to reach agreement on the narrow or broad interpretation of the committee's function. If they begin with different interpretations, it is likely they will proceed in different directions.
- Mr. Lewis agreed that without time lines and implementing procedures, the Subcommittee cannot gauge progress and success. A method should be agreed upon from the start.
- *What are the 3-4 most important things this Subcommittee should resolve at this time to avoid future trouble?* (Brooks) Discuss why the members are involved and what they want out of this process, find the common goals; then agree what the Subcommittee wants to accomplish and track it along a time line to assess progress (advice given, agencies' response). If the advice is not implemented, ask why, to

- avoid a vague feeling of dissatisfaction that the advice is not being taken.
- *We need a thorough discussion of our mission statement during the agenda so we know how to proceed.* (Sonnenburg) Ms. Sonnenburg noted that ATSDR's mission includes health education, which immediately seemed to be the thrust of their work at Oak Ridge (e.g., the GWU contract).
 - *Agreed; perspectives are different. Some have an agenda, such as what is right for this community, and ATSDR's scope does not meet that, other agencies, foundations, etc. need to be found to do so. Putting that in a bureaucratic jangle of rules and regulations is a formula for conflict.* (Kaplan) Such conflicts will compromise the individual member's and the Subcommittee's effectiveness. Discussion of this was encouraged.
 - *Please elaborate about the FHES' situation.* (Akin) NCEH finished their work and turned the Subcommittee's lead over to NIOSH, which was still working on site. Shortly thereafter, NIOSH decided that their mission to serve the workers was better pursued than through a public FACA vehicle and they returned it to NCEH. But the Subcommittee feels that there are still unanswered concerns, and they are working on another structure to take the FHES' place.
 - *Has any group developed a program with logic and process, decision models, etc., to develop and give consensus advice?* (Lewis) Each committee developed operational guidelines, but encountered some problems when the agency's committee management found conflicts with their charter. They exist, but are not well used. There was no training or tool kit provided, except for the joint 1998 meeting. But bringing all the members to one place was very costly, limiting how often that can be done. (Dr. Davidson noted that the ORRHES' procedures and guidelines became its by-laws, so there should be no conflict with committee management.)
 - *Why would the Subcommittees frustrate themselves by recommending on things the agency cannot do? Someone isn't doing their job.* (Frome) Some refusals were unanticipated; for example, the Hanford Medical Monitoring Program's funding was denied at the DOE and Congressional level, not below. *Why won't Congress fund it?* (Kaplan) The HHES would like to know that too. The Subcommittee should work with its colleagues at ATSDR to learn all they know of it.
 - *We should consider communication between the Subcommittees; it would most likely be helpful.* (Pardue)
 - *Were there individual recommendations for the Subcommittees different from the overview?* (Davidson) The blinded data specific to the Subcommittee was included in their report, but no separate recommendations. The evaluation was of the entire advisory process, not each Subcommittee.
 - *How do we build on this information?* ATSDR is planning a meeting of the Subcommittee DFOs on May 17-18 to review these recommendations and take them to the next step.
 - *What agency funded this very well done study, and was it a competitive proposal?* (Pardue) NCEH's budget funded it, and it was guided by the Workgroup. COSMOS

- has a Task Order contract with DHHS that was competitively awarded.
- *What was the agencies' response to the report?* (Lewis) After incorporation of the Workgroup members' comments provided in December, COSMOS turned in the report to CDC/ATSDR in January and briefed agency staff and upper management. They received it positively.
 - *Which, a broad or narrow interpretation, would benefit this Subcommittee most?* (Johnson) COSMOS could not say; that needs to be resolved by the Subcommittees and the agencies together. Both views exist in both arenas, although the agencies generally more reflect the narrow interpretation.

Dr. Davidson recommended a facilitated discussion of why the members participate individually, and the individual and collective goals and expectations of the Subcommittee; how those fit with ATSDR/CDC; how to envision and track the ORRHES' progress and accomplishments, and what benchmark to use to track progress. She asked the Agenda Workgroup to work on that. She also wished for an evaluation of the ORRHES, hopefully by the September meeting but not later than the December meeting.

Ms. Kaplan recommended Ms. Linda Lewis as the facilitator and Ms. Dalton responded that ATSDR will consider that. Dr. Eklund noted that several times the workgroups were referred to as Subcommittees, which is confusing, and asked that they be consistently referred to as Workgroups.

Public Comment

Mr. Bert Cooper, of ATSDR's Division of Health Assessment and Consultation, complimented COSMOS on their presentation. He stated that their recommendations are now before the senior managers at CDC and ATSDR, and anticipated that the recommendations will be well received. The DFO/Chair meeting also may lead to another national meeting such as was held in Salt Lake City.

Ms. Linda Lewis suggested that something be facilitated on how the Subcommittee interacts and relates with DOE and others, as related to the concept of trust, and expressed her enjoyment of the opportunity to interact with the Subcommittee on the previous evening. She cited Steven Covey's "Seven Habits of Highly Effective People", and its list of five things to propel people through life with a purpose and to create one's own destiny: live, love, learn, laugh, and leave a legacy. She advised again that the Subcommittee knock on the doors that can open, not those that will not.

Mr. William Carter, of ATSDR's Division of Health Education and Promotion (DHEP) and the AOEC technical project officer for site work, reported having been present at many sites where HRSA and ATSDR were raised. He advised against raising unrealistic expectations. HRSA places clinics in communities that are medically underserved, and their book of guidelines and criteria to do so are extensive. So far, ATSDR has not found a single community that fits their criteria. He suggested that the Subcommittee consider

inviting HRSA to the meeting to explain those criteria. He added that the needs assessment is being done by one of the DHEP Branches, whose staff will return in future to discuss the Phase II work.

Mr. Jerry Pereira stated that Ms. Dalton, in collaboration with Dr. Davidson, will maintain the same log as HHES'. He agreed that the agency should ask for consensus recommendations for milestones and goal-oriented tasks. And, regarding outreach, he stated ATSDR's good-faith effort to have the community well represented by the Subcommittee's membership. One area in which the outreach could begin could be to develop a fact sheet with ATSDR.

Presentation of the HHES Web Page

Ms. La Freta Dalton projected the title page of the HHES Website for the consideration of the ORRHES home page suggested by some members. The HHES site posts its brochure; committee roster and brief biographies in English and Spanish; meeting agendas and presentations; Frequently Asked Questions; minutes (downloadable in html or pdf files) and other Subcommittee materials; links to other agencies, citizen and tribal groups; and links to other studies done (for example, the Hanford Thyroid Disease Study); maps of the Hanford site itself and its relationship to surrounding communities; and a What's New section with sub-topics below.

Drs. Frome and Brooks volunteered to help built the site, which is being coordinated through the Communications/Outreach Workgroup, and distributed a one-page summary of what might be included on a Website. Dr. Frome expected that many maps of Oak Ridge already exist that can be linked to. He asked who would support the work. Ms. Dalton thought that ERG would most likely conduct the needed conference calls, but first a map of the site's content has to be done. ERG will help develop it and it will placed on the CDC server. Ms. Kaplan asked for volunteers for the Communication and Outreach workgroup. Volunteers were Hill, Creasia, Brooks, Frome, Sonnenburg, and Kaplan. Dr. Davidson confirmed that a Subcommittee member can serve on multiple workgroups; they are expected to know their own limitations.

Workgroup Reports

Agenda Workgroup.

Dr. Brooks provided an advance notice of the June meeting agenda, and the Agenda Workgroup's program of work (Attachment #7). The Agenda Workgroup provides input to Dr. Davidson, who advances it on to ATSDR. They return a draft agenda for Workgroup review and then ATSDR prepares/distributes the final agenda. The Workgroup meets twice to review the members' or Chair's agenda suggestions and then again to review the draft agenda to send to ATSDR. There might be interim communication if the Chair suggest special topics. Dr. Brooks suggested that the meeting start/top times be firm; otherwise the agenda can be flexible. There were no comments offered on this process.

A broad overview of what the Workgroup may do in a Program of Work for the next 2-3 years was provided to the Subcommittee. Input is still needed from ATSDR on the public health assessment and health education needs assessment components. Dr. Brooks **moved that the program of work be adopted as submitted, recognizing that it is a living document subject to change, for the use of the Workgroup in delineating its future plans.** The motion was seconded.

Dr. Frome offered an amendment to add to the motion to **Put the program of work on the Website when set up, and with last update date.** The amendment was seconded. **All were in favor** of the amendment

Further discussion on the main motion included:

- Dr. Creasia wondered about the utility of the agenda, since it is a draft until the day of the meeting and can be changed at any time. Ms. Dalton responded that this is done to allow some flexibility if something important arises that needs to be addressed. The draft is published to let the community know when something that they are interested in will be addressed; and often, it is not changed.
- Ms. Sonnenburg and Mr. Hill realized that the Workgroup had discussed this plan, but had not adopted it. Dr. Brooks agreed that it was not voted upon. The Workgroup discussed the need for a program of work, and this was circulated. He expected this document to be modified relatively frequently in the next few weeks and offered it to serve as a base so that the discussion would not need to be renewed each time.
- Ms. Sonnenburg noted that the Chair had asked the Agenda Workgroup to discuss its purpose and program of work. She **moved to table the main motion to the next meeting, to consider it as a working document at the next meeting.** Mr. Johnson seconded the motion. In discussion, Dr. Eklund opposed the postponement, since this is a living document. Adopting it would remove it from draft status and allow work on only the sections to be modified. Dr. Davidson commented that the advantage of postponing would be to first allow the facilitated discussion of the Subcommittee's overall goals and purpose.

A **vote on the motion to table** revealed three in favor: and 11 opposed. **The motion failed.** A **vote on the main motion** to adopt the program of work revealed 14 in favor and none opposed. **The motion passed.**

Procedures and Guidelines Workgroup.

Dr. Davidson reported on changes made to the Bylaws document since the January meeting (Attachment #8). The Workgroup recommended that:

1. Since the bylaws are now a self-contained document of itself, that the procedures and guidelines be an appendix to it.
2. All bylaws derived from FACA requirements, GSA rules, or the Subcommittee charter will be identified by an asterisk and footnoted to indicate they cannot be changed.
3. Information on workgroups was consolidated under one article (Article IX).

4. Changes were made to indicate that the Subcommittee can meet by conference call if published in the Federal Register and open to the public.
5. The general order of business was modified according to Subcommittee recommendations (including the public comment period).
6. Article X, Section 6 was added to specify that all major recommendations require a two-thirds affirmative vote at the meeting to indicate consensus.

Committee discussion and Dr. Davidson responses to questions included:

- *What constitutes a “major recommendation”?* What is not one, for example, is an action item to have the ATSDR provide materials. If it is disputed, and is not advice to ATSDR, a simple majority vote decides.
- *Is the conference call an option for a regularly scheduled Subcommittee meeting, or limited topics?* It is for emergency situations.
- *When can and cannot a member discuss Subcommittee matters with the media?* Ms. Kaplan had written a letter to the editor and sent it in courtesy to Ms. Dalton, although it concerned a matter discussed and voted on in the meeting. Ms. Dalton responded that when she considered this issue, she felt that it needed to be addressed within the Subcommittee itself. Dr. Davidson stated that the letter’s subject matter had been brought to a Workgroup, not the Subcommittee, and should not be discussed with the media until the overall Subcommittee is finished with addressing it. Members will disagree, but to do so in public will be self-defeating. The Subcommittee cannot restrain individual members, but it is left up to the members to be careful to not confuse the public about where the Subcommittee’s opinion lies as opposed to that of an individual. The Subcommittee as a whole will be issuing information to the public.
- Ms. Kaplan moved to amend Article 10, Item 13 (regarding observers’ comments only at specific times) to modify the first sentence to state “...unless the Subcommittee allows an observer to speak.” Dr. Davidson favored that if the comment were a technical one, but did not want to confuse the public of when the formal public comment period is. However, Ms. Sonnenburg supported the motion. If an issue has been discussed and the members are ready to vote, relevant public input should be allowed before the vote is taken. Ms. Lewis also advised flexibility in working with the public, but Mr. Johnson commented that keeping the agenda on time could be a challenge, given enough interruptions.

Other comments included:

Accept the bylaws first, then make changes.

Delete “expertise” since many issues the Subcommittee addresses will deal with emotion and perception. The public should be able to comment on anything as long as it is germane to the issue.

There should be sufficient control to allow germane comments, but perhaps this should be in the section about solicitation of experts instead (Article 4, Section 5), to allow comment by a “technical expert or a person with information germane to the topic”.

That is acceptable, but also amend #13, and leave out the word “only;” retain that observers may speak in the public comment period.

A **vote** was taken to rewrite **Article 4, Section 5: “Non-members may be granted the privilege of full participation (except voting) in the discussion germane to the topic by a simple majority vote of the Subcommittee.”**

- Ms. Mosby thought the Bylaws are addressing too much; such details should be on the procedures and policies, which are easier to revise. But, since the Workgroup had already addressed this and time was pressing, Dr. Davison called for a vote. Eleven were in favor and four opposed. **The motion passed.** Similarly, a vote to **amend Article 10, Section 13, to delete the word “only”** revealed 13 in favor and two opposed. **The motion passed.**

Dr. Frome **moved to add that the Bylaws be posted on the ORRHES Website, when available, with links when appropriate.** The motion was seconded and **unanimously adopted.**

Dr. Brooks **moved to adopt the bylaws as changed by the previous motions.** The vote was 13 in favor: and two opposed. **The motion carried.**

Communications/Outreach Workgroup

Ms. Kaplan pointed out the changes to the Communications/Outreach Workgroup’s purpose and statement of work (correct copy 2/12/01, Attachment #9). Mr. Hill **moved to adopt the amended documents.** The motion was seconded; with 13 in favor and none opposed, **the motion carried.** Ms. Kaplan pointed out that the proposed communications strategy would replace “MP” with “Designated Federal Official” and delete the parenthetical example (e.g.,...). **The amended communications strategy was adopted** with 12 in favor and none opposed.

Ms. Kaplan reported several more items:

- She noted that the article “Inconclusive By Design” and ATSDR’s related comments were distributed. She appreciated that ATSDR had taken some action to address the issues raised in that paper.
- She reported having received a personal e-mail letter from Peggy Atkins suggesting ways to better communicate with the public. Ms. Kaplan responded, and asked her permission to forward it to the workgroup/committee. Dr. Davidson suggested that the Workgroup also provide a formal response.
- Ann Rigell, of the Oak Ridge Associated Universities, proposed a workshop for the Subcommittee on conflict resolution skills, understanding personality types, etc. Mr. Washington asked why. The members were chosen to reflect the wide, outspoken, honest different views of the public. Consensus need not be achieved on every item discussed; that is why votes are taken; and minority opinions can be included if desired in the final document.

However, Mr. Johnson raised the members' implicit mission to educate the community as well. It will be a major job to rebuild credibility with the community; they should be involved in such a workshop as well.

Dr. Davidson noted that this could be a way to learn a mechanism to help draw out the quieter members. She found agreement to refer this back to the Workgroup for a recommendation at the next meeting.

Ms. Kaplan distributed for the members' consideration a proposed mission statement for the ORRHES date 3/17/01, in anticipation of the next meeting's discussion. She clarified for Mr. Manley that non-Cold War worker residents refers to the residents who are not covered by programs in place to address the workers needs.

Health Needs Assessment Workgroup

Ms. Mosby raised the need to redefine the Workgroup's work, as discussed on the previous day, and return with that for discussion in June. She requested any other suggestions for the key informant list or the focus group list (Attachments 4/5). However, Dr. Malmquist requested immediate action. The Workgroup had reviewed a map and outlined the areas they suggested should be covered by the telephone survey. It reduced the potential population from 700,000 to 200,000. Ms. Sonnenburg **moved to adopt the map as the area for the phone survey**, to allow discussion. Dr. Malmquist seconded the motion. The Subcommittee took a short break to allow all the members to review the map. On reconvening, Dr. Malmquist volunteered to re-draft and form a boundary in document form to follow the outline on the map.

Committee discussion included:

- Mr. Pardue supported this as a sound and good approach. The areas should include everyone who have a technical justification for being included. He had been uncomfortable with his vote to drop Blount County since that decision was made, because it has many resident workers as well.
- Mr. Hill agreed, and wished for community comment before the vote.
- Dr. Creasia asked that a summary of the rationale be part of the record with the map.
- Mr. Manley asked what contaminants were considered. Dr. Malmquist identified iodine and wind flow (the reason part of Blount and Knox counties were included) and for liquid flow, all the areas to the Watts Bar Dam.
- Mr. Lewis stated that the Group used the pathways identified by Mr. Hanley as potential exposures and consulted with experts, and supported Mr. Pardue's comment. He also felt more comfortable with the area now.

On a another Workgroup matter, Dr. Brooks **moved that the Subcommittee approve the Workgroup's list of key resources to send to ATSDR, to be advanced to George Washington University for compilation by GWU, with additional input.** Ms. Sonnenburg commented that this was Dr. Brooks' own list, and that there was no need to vote on a list this day. Mr. Lewis suggested slowing down and not rushing. Dr. Davidson

agreed that an emergency meeting could be held if needed. Mr. Lewis asked Dr. Parkin to clarify the groups of people suggested. She identified the three categories as health care providers and community members knowledgeable of health matters, and health officials at any level, for the focus groups. Physicians and Health department personnel could also be covered in the key resource interview phase. On a vote, three were in favor and 11 were opposed. **The motion failed.**

Dr. Davidson referred the list back to the Healths Needs Assessment Workgroup for further refinements, and expected to call an emergency meeting after April 23. **The Subcommittee agreed to hold a conference call at noon on April 24th to review the list.** A meeting site for those who can meet will be selected and conference call arrangements will be made.

Ms. Theresa Nesmith of ATSDR noted that the names on the list generated will be part of the public record. For that reason, at least twice as many names as needed would be required to preserve confidentiality. If only a few are listed, everyone will know who is chosen.

Unfinished Business

Report on EPA Sampling. Ms. Cheryl Walker-Smith, Remedial Project Manager, reported on the status of media sampling done by EPA in Scarborough. It was put on hold due to EPA's priority of working with the Department of Justice on the Paducah issue. An Interagency Workgroup was established to address not only sampling in the Scarborough community, but to prepare a work plan for sampling offsite for the entire Oak Ridge Reservation. A meeting to do so was held on February 22, 2001, with participation by DOE, TDEC, the Tennessee Health Department, ATSDR, and EPA. EPA would like the ORRHES to review the sampling plan.

The committee's comments included:

- *How long do you think it would have taken to do the Scarborough work?* (Lewis) Man hours were not the issue; it was that the one person assigned to Scarborough was reassigned to Paducah. It might only take 2-3 days. The EPA also has had comments about focusing so much of its work only on Scarborough.
- *When will you start?* (Manley) That has not been decided; a work plan has not even been drafted yet. EPA has to do that first. EPA will keep this Subcommittee updated when activities are planned.
- *Are there plans to meet again before our June meeting?* (Davidson) Yes, but no date has been set. The ORRHES will be notified if it occurs before the June meeting, so that they can schedule a progress report.

Geographic area of interest/phone survey: Mr. Pardue moved that the Subcommittee formally accept the map for the telephone survey area, including Blount County. Mr. Washington seconded the motion, and a vote showed 14 in favor

and two opposed. **The motion carried.**

Seating a DOE Liaison. The Subcommittee held a discussion of the question of seating a DOE liaison, which was raised at the last meeting. The Subcommittee's comments included:

- Neutral view: The Subcommittee needs facilitation to help examine the trust issue with DOE (Lewis); I cannot trust the bureaucracy, but there are individuals who can be trusted. The issue is, will it hurt the ORRHES' credibility? (Kaplan)
- Positive view:
 - EPA, ATSDR, and CDC have all been mistrusted as well. Trust needs to be developed. The Subcommittee cannot ask the public to trust DOE if it doesn't even trust them to sit at the table. DOE is a major player in all the issues of importance to the Subcommittee and will be here long after DHHS leaves. They should be seated. (Brooks)
 - The current staff are trustworthy; the best way to solve a problem is to talk about it. (Pardue)
 - There are many kinds of trust; for example, to be open, honest, do the right thing, answer questions, or push the envelope on what Congress allows. Perhaps these cannot all be achieved, but they need to be teased out. Some mistrust is due to misunderstanding. DOE should be seated to address what can be addressed. (Akin)
 - DOE has acted proactively to individuals' benefit (e.g., to procure needed data from Union Carbide). (Frome)
 - Mr. Joseph has attended every meeting, and could give direct input and be more available to the Subcommittee seated at the table. (Davidson)
- Negative view:
 - Trust comes from behaving/acting as say you will. DOE has begun to come around, but not enough for the community to forget past grievances. Due to that past history and lingering doubt, they should not be seated. (Eklund)
 - With them formally present, people will not speak honestly about things they know occurred. (Washington)
 - Tim Joseph does a fine job of supporting the Subcommittee. But there will be those in the community who will never believe the results of the Subcommittee's work as long as DOE is at the table. The support needed can be obtained without them on the Subcommittee. (Craig)
 - The issue is not so much the Subcommittee's mistrust, but the community's. If it does not gain the ORRHES anything, but costs it the community's confidence, DOE should not be seated. Community input was requested. (Hill)

Dr. Brooks **moved the Subcommittee make a minor recommendation of seating the DOE liaison to ATSDR**, in which the majority voted in favor and the minority were opposed. Several member objected that this was not a minor decision. Ms. Sonnenburg

moved to table the motion to seat a DOE liaison to the ORRHES to the next meeting, and suggested that the Procedures and Guidelines Workgroup develop a definition in writing of what constitutes a major and minor recommendation. The motion was seconded, and in a voice vote, those in favor carried the motion over two opposed. **Vote to table carried.**

New Business. Mr. Bill Murray, ATSDR's liaison in Oak Ridge, provided the phone and address of the ATSDR office: (865) 220-0295; (-0457 for fax), at 197 South Tulane Avenue. The hours are 12-7, Monday-Thursday; and 7-3 on Friday. The office could be open another evening from Tuesday to Thursday as well. Mr. Lewis liked that idea, since the Subcommittee had been criticized for holding meetings during "office hours."

Mr. Murray asked for a preference on hours (11-7 or 12-8), and what other evening than Monday the office should be open. Dr. Davidson noted that most Workgroup meetings are on Tuesdays. Dr. Brooks felt there was no need to expand the hours without support services. He lamented that the copier is inadequate to produce materials for meeting such as this or even workgroups; there is no supply support; chairs, tables, shelf space, and reading materials are missing; and the computer system is not up to par. He recommended that ATSDR look at how it is supporting its office. Dr. Brooks **moved that ATSDR in a timely manner upgrade the field office's resources available for the Subcommittee and public's use.** Mr. Pardue seconded the motion. Dr. Frome asked that the general resources include good maps, and Mr. Murray welcomed all suggestions of needed material. On a vote, 14 were in favor and none were opposed. **The motion passed.**

Mr. Murray then suggested that the members take some off-site tours of the ORR area at each of the next three meetings (June, September, December). Mr. Joseph had offered to facilitate a "windshield tour" to make the members familiar with the geographic area.

Committee comment included:

- It would be better to read about it than to just drive by. Get a pass and bus through. (Hill) It is very easy to get on the reservation; a pass only requires name, affiliation, and purpose. (Galloway) Mr. Joseph agreed; only Y-12 is a challenge to enter.
- Dr. Brooks thought the tour could take only two hours, as done for GWU. But Mr. Murray responded that they did not need the same degree of understanding about the site. A tour of the ETTP, K-25, and X-10 could be done, but he preferred the logistics of a separate tour to taking 2-3 hours out of the meeting time.
- Dr. Davidson suggested that Mr. Murray work on a plan for a tour of 1-2 sites (no preference) at the next meeting.
- Finally, Mr. Murray reported that having received a memo from the Oak Ridge Institute for Science and Education that they would present the first "State of ORISE" report in Pollard Auditorium, Thursday, March 22, at 5:30 p.m. They will present ORISE's past activities and future plans.

Public Comment was solicited to no response. Dr. Davidson reiterated that call several times in the next half-hour.

Mr. Pardue asked Mr. Stewart if the recent legislation passed to compensate workers helped at all. Mr. Stewart figured that it would help about 50, out of the 181,000 current and former workers, who have one of the 11 specified types of cancer, including berylliosis and silicosis. Mr. Hill reported ongoing discussion about this, which takes effect in July. The worker advocacy group at DOE Headquarters has received different answers about whether this is the sole source and only opportunity for redress. That is of concern, because it appears that this program would eliminate the previous option of litigation or compensation by other state or federal programs.

Mr. Lewis asked if there is any avenue for the worker's voice other than NIOSH. Mr. Stewart said that the DOE-funded worker medical survey is the most positive thing to date, demonstrating the need. It will provide a Catscan at the union hall; there already is a backlog on that of 1000 people. They can do 140 scans a week; and only have it for two weeks. The Catscan is able to detect a lung cancer about two years before it appears.

Ms. Kaplan commented that the Workers' Compensation Act does not mean that everything is settled. The Radiation Exposure Act was passed in 1990 to compensate workers exposed from 1941-1971, but many workers or their surviving families have not yet received any compensation. Without Congressional appropriation of the necessary funding, the legislation is meaningless.

Housekeeping/Closing Comments

Participation in the workgroups has been very low, Dr. Davidson noted. The Bylaws require a quorum of workgroup members to do a workgroup's business. She asked members unable to participate, to remove their name from the roster to allow the quorum to be accomplished. She asked that the Chair be notified if a member cannot attend a particular meeting; a conference line could allow dial-in participation.

Quorum. She also reminded the members that a quorum must be maintained while the Subcommittee is in session and discussion. *Copying Materials.* Copying charges are very high at the mall. Dr. Davidson asked that materials be provided before Ms. Palmer leaves Atlanta, which will also allow them to be put in the meeting folders in agenda order. She advised the members, on Ms. Mosby's question, to check with Mr. Murray on how to deal with copying and purchasing materials for the Workgroups.

Consultant fees: Ms. Palmer reported having worked with the Personnel Department to arrange for consultant fee payments to be caught up after this meeting. She asked the members to call her if that had not occurred after a few more weeks.

Workgroup meeting schedules Ms. Dalton asked the members to let Mr. Murray know when workgroup meetings are scheduled so that he can attend as the ATSDR representative, as required by FACA.

With no further comment, the meeting adjourned at 3:54 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:

1. Letter from Ms. Janice Stokes
2. Public solicitation for nominations
3. Table 3-5 assigned all the table 3 contaminants to pathways
4. Telephone survey modified submission from GWU
5. Characteristics of focus groups

6. Key resource groups/individuals list
7. Agenda Workgroup Program of Work and advance copy, June meeting agenda
8. Changes made to the Bylaws document
9. Changes to the Communications/Outreach Workgroup Purpose and Statement of Work (correct copy 2/12/01)
10. Motions Passed, ORRHES March 19-20, 2001 Meeting
11. Action items list

Attachment #10
Motions Passed, ORRHES March 19-20, 2001 Meeting

Dr. Craig moved to form a Public Health Assessment Workgroup. Workgroup volunteers were: Johnson, Craig, Brooks, Manley, Washington, Lewis, and Kaplan.

Dr. Brooks moved that the Subcommittee recommend to ATSDR that a minimum of 7 and maximum of 11 Subcommittee members participate in a pilot test with George Washington University to determine the appropriateness of the survey questions.

Dr. Brooks moved that the Needs Assessment Workgroup choose the 7-11 members, the majority wishing to participate to be selected from the Workgroup and the balance from the Subcommittee. Workgroup volunteers were: Vowell, Sonnenburg, Johnson, Galloway, Brooks, Creasia, Hill, Malmquist, Kaplan, Lewis, and Mosby.

Ms. Mosby moved that the Subcommittee accept the Workgroup's recommendation to identify George Washington University's Step 4 as the Key Resource Group, Step 5 to be the Telephone Survey and Step 6 to be the Focus Groups.

Dr. Brooks moved that the program of work be adopted as submitted, recognizing that it is a living document subject to change, for the use of the Workgroup in delineating its future plans. Dr. Frome offered an amendment to add to the motion to put the program of work on the Website when set up, and with last update date.

Ms. Kaplan moved to rewrite the Bylaws' Article 4, Section 5: "Non-members may be granted the privilege of full participation (except voting) in the discussion germane to the topic by a simple majority vote of the Subcommittee."

Ms. Kaplan moved to amend Article 10, Section 13, to delete the word "only".

Dr. Frome moved to add that the Bylaws will be posted on the ORRHES Website, when available, with links when appropriate.

Dr. Brooks moved to adopt the bylaws as changed by the previous motions.

Mr. Hill moved to adopt the amended documents of the Communications/Outreach Workgroup's purpose and statement of work (correct copy 2/12/01). Similarly, Ms. Kaplan moved to accept the amended communications strategy.

Mr. Pardue moved that the Subcommittee formally accept the map for the telephone survey area, which includes Blount County.

Ms. Sonnenburg moved to table the motion to seat a DOE liaison to the ORRHES to the next meeting, and suggested that the Procedures and Guidelines Workgroup develop a definition in writing of what constitutes a major and minor recommendation.

Dr. Brooks moved that ATSDR in a timely manner upgrade the field office's resources available for the Subcommittee and public's use.

Attachment #11

OAK RIDGE HEALTH EFFECTS SUBCOMMITTEE MARCH, 2001 ACTION ITEMS LIST

1. ATSDR will report on the dose reconstruction feasibility study report's consideration of the potential cumulative effect from other radiation sources (e.g., NTS).
2. ATSDR will present the findings of the technical review of the dose reconstruction feasibility study (and if those comments were addressed), and then discuss next steps; and will provide copies of correspondence with Dr. Kathleen Teeson regarding fluorine.
3. Dr. Frome asked that the peer review status be specified for any material provided to the Subcommittee.
4. The Public Health Assessment Workgroup will discuss with ATSDR, in developing the plans for the public health assessment, concerns expressed about peer review, limestone/water contaminant transport, carbon tet, depleted uranium, and other issues raised.
5. HRSA could be invited to describe what they can do in terms of opening an area clinic.
6. The Agenda Workgroup was asked to explore facilitation for a Subcommittee discussion about why the individual members are participating, their goals and expectations (individually and collectively); how those fit with ATSDR/CDC's work; how the Subcommittee interacts and relates with DOE and others as relates to the concept of trust; and how to envision and track (with what benchmarks) the ORRHES' progress and accomplishments.
7. Dr. Davidson would like an evaluation of the Subcommittee, hopefully by the September meeting but not later than the December meeting.
8. The DHEP Branch doing the Needs Assessment will return in future to discuss the Phase II work.
9. Several things were asked to be placed on the Website, when implemented.
10. The Agenda Workgroup will discuss its purpose and program of work. The updated working document will be held as the primary material to be used for discussion at the next meeting.
11. Ms. Kaplan's proposed mission statement (3/17/01) for the ORRHES was provided for the members' consideration in anticipation of the next meeting's discussion.
12. The Health Needs Assessment Workgroup will re-draft and form a boundary in document form to follow the telephone survey that was outlined on the map during this meeting.
13. ATSDR will send the action items list to the members.
14. A conference call will be held at noon on April 24th to review the key informants list. A meeting site for those who can meet will be selected; and conference call arrangements will be advised.