Department of Health and Human Services

Agency for Toxic Substances and Disease Registry

Second Meeting of the

Oak Ridge Reservation Health Effects Subcommittee

Oak Ridge, Tennessee

January 18-19, 2001

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Summary of the Meeting
Oak Ridge Reservation Health Effects Subcommittee
January 18-19, 2001

The second meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) was held on January 18-19, 2001, under the auspices of the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC). All but one member was present, as well as all three state agency liaisons, representatives of federal agencies, and several members of the public.

ATSDR's action items from the last meeting were all completed; one item by CDC/NCEH was pending. The November meeting Minutes will be approved at the next meeting. The agenda for the next meeting was requested in advance for member comments. Communications to the Subcommittee since the last meeting were outlined.

A presentation was provided by Dr. Katherine Kirkland, Executive Director of the **Association of Occupational and Environmental Clinics (AOEC)**, outlined the AOEC's history, membership, and processes. They focus on patient rights and use a public health model in their work. They are primarily funded by two cooperative agreements with ATSDR and NIOSH. They conduct research, health promotion, and education to improve the infrastructure, in order to address health concerns. They also consult, including clinical evaluations and collaborations with community members and medical practitioners.

Dr. Rebecca Parkin of **George Washington University**, the AOEC's contractor to conduct the Oak Ridge Reservation (ORR) Needs Assessment and Health Education Needs Assessment, presented her own and her two co-Principal Investigators' credentials, outlined the project work done to date, and discussed future site work with the Subcommittee.

In a multi-phased process requiring the subcommittee's input, GWU will conduct interviews with key informants to explore community concerns about the ORR's effects. They then will conduct seven (more if needed) focus groups on topics specific to those community concerns, and one group more general in scope. The resulting information will be used to develop a questionnaire for a telephone survey of a representative sample of the entire "community", however that is defined. Data from existing records also will be researched (vital statistics, reports, articles). Also with the Subcommittee's input, GWU will then explore how the answers obtained can best be interpreted for educational planning, to help the community make sound decisions about health questions. A summary of the documents already reviewed for this project was distributed.

The Subcommittee provided specific input to GWU in planning its work, which is detailed in the Minutes. This included a resolution to use as the geographic health effects study

area the counties of Anderson, Knox, Roane, Loudon, Meigs, Rhea, and Morgan; and the city of Oak Ridge. A Health Assessment Workgroup was formed to help define the descriptors to be used in forming the focus groups.

Public comment was solicited at regular intervals in the meeting. The responses included:

A recommendation that the members read the 1999 Oak Ridge Dose Reconstruction Study Report, which included an additional county (Blount) thought to be at risk from I-131 exposures. The report's listed chemical releases from the ORR also should be compared to ATSDR's toxicological profiles.

Still another comment urged the inclusion of Blount County in the study's geographic area; the use of the Internet to deploy educational materials; and the use of TV Access Channel 12 in Oak Ridge, as many elderly people watch that.

A request that the Subcommittee attend to the effects of depleted uranium (DU), and hydrogen fluoride leaks from the ORR.

A welcome for the committee's work, and expressed hope that something will be done to help the sick workers before they all die.

A recommendation to identify and separately seat the non-voting liaisons.

It was charged that the negative findings produced from public health activities at the Oak Ridge Reservation were based on faulty science, biased beliefs, and political influence.

A call was issued for research on the synergistic, multiplicative, additive, and concurrent effects of exposures, and on diagnosis and treatment to address the results of toxic exposures in a scientifically credible and rapid response mechanism. A multi-disciplinary team to develop recommendations on such protocols was requested.

DOE was asked about the likelihood of a health clinic being opened in Oak Ridge. Dr. Seligman reported DOE's consideration of convening an environmental workshop of pertinent agencies and organizations to combine information on offsite contamination. Congress must be convinced that such clinical care is needed, and he would be happy to do so. He also noted that Congressional mandate began the current medical monitoring of DOE workers; they could do the same with other agencies. Dr. Falk reiterated ATSDR's intent to help other PHS agencies to think "out of the box," to try to deliver such needed services within existing programs.

A statement of pride in some of the Subcommittee members, but not others, was made. The resignation of these "Judases," who formerly doubted any ill effects from Oak Ridge, was advised, or they would be exposed.

Comment noted an expected common perception that CDC has tracked environmental illnesses for a long time, and the frequent difficulty of participating in CDC's studies of such illnesses. Many physically disabled people cannot do so; they are in wheelchairs and/or have lost everything.

An e-mail sent to the EQAB was read. The writer threatened to mount an Internet campaign to deter anyone from moving to Oak Ridge unless the area's

environmental problems are addressed within one month.

Workgroup reports and draft statements of work were provided by the Agenda Workgroup, the Communications/Outreach Workgroup, and the Guidelines and Procedures Workgroup. The Subcommittee provided specific edits for refinement. Outstanding issues remaining to be addressed include the equivalence of the process document and the by-laws; the need (and -permissibility under FACA) of a Vice Chair position; designation of a Parliamentarian (and how much to adhere to Roberts' Rules of Order to run the meetings); and final Subcommittee agreement on a voting protocol.

A **round table discussion** was help with the management staff of ATSDR (Dr. Henry Falk, Assistant Administrator), NIOSH (Mr. Larry Elliott, Branch Chief) and DOE (Dr. Paul Seligman, Headquarters, and Ms. Leah Dever, Oak Ridge Operations).

ATSDR reported the imminent opening of a permanent office at Oak Ridge, to be staffed by Mr. Bill Murray. NIOSH's Acting Director will be informed of the ORRHES' desire to have a representative at each meeting; even if not, they expected to be attend to make presentations, or otherwise to respond to the Subcommittee's needs. DOE/Oak Ridge acknowledged that past mistakes, mismanagement, lack of good information to the community, etc., had contributed to the decline of trust in DOE. This independent study and Subcommittee were welcomed to further inform DOE of the communities' perspectives. DOE's response to the Subcommittee's communications was pledged. DOE/Headquarters' health-related work was described, as was the *Energy Employees Occupational Illness Comprehensive Program Act of 2000.* The Act addresses beryllium disease, radiation-induced cancer, and silicosis, among DOE workers and contractors. It provides for 1) compensation of $100,000 for confirmed beryllium disease (and medical care payment if sensitization is determined); 2) $150,000 and medical monitoring for silicosis; and 3) a compensation process for radiation-attributed cancer, which is now being developed. The DOE Office of Advocacy will help workers answer DOE contractor disputes of claims and to procure state compensation benefits for diseases not addressed by this Act. An amendment to the Act also allows an option for workers to choose a more a traditional compensation package (i.e., lost wages and medical benefits, training, and rehabilitation), rather than the lump sum payment. Congressional scrutiny and decision is pending.

In discussion, the Subcommittee asked when claims filing could begin; about workers' families who were exposed, the likelihood that recommended activities that ATSDR cannot do, will be done (Dr. Falk hoped the Subcommittee could advance previous ATSDR efforts to involve other federal health agencies whose programs may be able to respond; e.g., HRSA, HCFA); examples of DOE's new proactivity for workers; how DOE can ensure that safety and health is secure at all facilities; the need to validate the Scarboro soil study samples (progress toward an interagency meeting will be reported at the next ORRHES meeting); the need for better timing of study result releases and for

evaluation of the success of that information dissemination; a request for the definition of a "medically under-served" population; the committee's ability to recommend medical evaluations; the need for DOE, to rebuild its credibility regarding worker safety, DOE should consult OSHA as well as the NRC; and request that NIOSH provide information on what its research has accomplished for workers. The agencies were invited to return for further dialogue.

The steps of the **ATSDR public health assessment process** were described. The public health assessment analyzes and states the public health implications to off-site populations from releases of hazardous substances, after which a triage process determines the need for follow-up public health actions or studies. The assessment's seven steps, ranging from evaluation of site information to development of a public health action plan, were described. Also distributed were time lines outlining the various Oak Ridge facilities' major processes, the public health activities relating to them, and the studies ATSDR will examine to develop the public health assessment.

The Subcommittee's members discussed: the need to address the chemicals' synergistic effects; the need for periodic worker screening; the relationship between assessing health education needs and the public health assessment; the likelihood of ATSDR's independent testing or exposure investigation; what could be done if exposures cannot be linked to health outcomes data; how to get a baseline of the community's health; the public health assessment process' schedule; how existing environmental data fit in with the study; why ATSDR's assessment are needed after the dose reconstruction and other studies; the likely need to address differing opinions about what "plausible" health outcomes are; a request that the Communications/Outreach Workgroup suggest a strategy that ATSDR can use to communicate (and evaluate the communication) to the public the results of the assessments done; the source of ATSDR's numbers regarding the materials' effect; and the reliability of estimating synergistic effects.

Further discussion included inquiry of how the Subcommittee members may be affected by a recent class-action federal lawsuit filed on the impacts of the Oak Ridge Reservation on the public (it is unaffected). It was agreed to have future meetings on Mondays (noon to evening), and Tuesdays (8:00 a.m. to 4:30 p.m.). The tentative 2001 meeting schedule is: June 11-12; September 10-11; and December 3-4.

Unfinished business discussed included the Subcommittee's memberships composition; specifically, if representation of the community-selected criterion of a "self-identified sick worker" should still be solicited. One potential such nominee had declined. The CDC/ATSDR Committee Management Office will be asked if they would support an new solicitation announcement.

New business discussed included a request for a presentation on health effects that could be expected among children as well as adults; formation of the Health Needs Assessment

Workgroup; and further discussion of the focus groups' methodology. Concern was expressed that the Workgroup be able to advise on the descriptors for the focus groups before the next meeting. The Workgroup's recommendation will be sent to ATSDR, which will distribute it to the other members and liaisons for review/comment.

Final discussion noted that ATSDR will respond to each of the public comment and that the minutes will summarize the remarks. The Communications/Outreach Workgroup was asked to discuss how the Subcommittee could be even more responsive, and to recommend to ATSDR as to how the Subcommittee could best use its Website. The action items developed at this meeting were summarized and are appended to the Minutes. It was agreed to discontinue the verbatim transcript of the meetings, and to retain the audio and videotaping.

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

MINUTES OF THE MEETING OF THE OAK RIDGE RESERVATION HEALTH EFFECTS SUBCOMMITTEE January 18-19, 2001

JANUARY 18, 2001

The Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) convened the second meeting of the Oak Ridge Reservation Health Effects Subcommittee (ORRHES) on January 18-19, 2001. The meeting, which was held at the YMCA of Oak Ridge, began at 9:00 a.m.

Members present were:
Alfred A. Brooks, Ph.D.
Robert Craig, Ph.D.
Donald A. Creasia, Ph.D.
Kowetha A. Davidson, Ph.D., Chair
Robert Eklund, M.D.
Edward L. Frome, Ph.D.
Karen H. Galloway
Jeffrey P. Hill
David H. Johnson
Susan A. Kaplan
Andrew J. Kuhaida, Ph.D.
Ronald H. Lands, M.D.
James F. Lewis
Lowell P. Malmquist, D.V.M.
L.C. Manley
Donna Mims Mosby
William Pardue
Barbara Sonnenburg
Charles A. Washington

Member Therese McNally was 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, Henry Falk, Michael Grayson, Jack Hanley, Sandy Isaacs, Karl Markiewicz, Bill Murray, Vincent Nathan, Therese Nesmith, Marilyn Palmer, Jerry Pereira (ORRHES Acting Executive Secretary and Acting Designated Federal Official [DFO] for Ms. Loretta Bush), Robert Williams.

CDC/National Center for Environmental Health (NCEH): Arthur Robinson, Henry Falk.
CDC/National Institute for Occupational Safety and Health (NIOSH): Larry Elliott

Department of Energy (DOE): Headquarters: Marsha Lawn, Paul Seligman.

Oak Ridge Reservation: Mary Margaret Brock, Bob Dempsey, Leah Dever, Brenda Holder, Timothy Joseph, Reba M. Rose.

Eastern Tennessee Health Office: Art Miller

Tennessee Department of Environmental Conservation: Robert Macklin, Renee Parker
Others present over the course of the meeting included:

Suzanne Baksash, epidemiologist
Fannie Ball, Oak Ridge
Glenn Bell, HE
Gordon Blaylock, SENES
Louise Boone, Oak Ridge
Romance Carrier, OR Health Liaison (HL)
Walter Coin, Oak Ridge
Donna Cragle, ORISE
Jan Connery, Eastern Research Group
LeRoy Desgranges, DOE worker
Susan Gawarecki, ORR LOC/CAP
Ann Henry, Methodist Medical Center
Katherine Kirkland, AOEC
Fay Martin, Oak Ridge
Marie Murray, Atlanta, GA (recorder)
Norman Mulvenon, LOC/CAP
Shayam Nair, Cadmus Group
Peter Osborne, Bechtel Jacobs
Rebecca Parkin, George Washington University
Jim Phelps, DOE Watch
Willow Reed, SENES
Melanie Russo, Eastern Research Group
J. A. Shaakir-Ali, NAACP
John Steward, PACE
Janice Stokes, SOCM/ORHL
John Stockwell
Debbie West, Nashville, TN (Court Reporter)
Torri Whitmore, Methodist Medical Center

Opening Comments

Chair Dr. Kowetha Davidson welcomed the attendees. She encouraged comment from members of the public during the public comment periods, or in discussion with the Subcommittee members during breaks or outside the formal meeting proceedings. She reported on:

ATSDR's action items from the last meeting were all completed.

The November meeting Minutes will be approved at the next meeting, and in future will be provided well enough in advance to allow comments to be returned before the following meeting. (The same was requested for the meeting agenda.)

Communications to the Subcommittee since the last meeting included:

Copies of the Oak Ridge Dose Reconstruction Study Summary Report.

A letter from Mr. Pereira outlining the non-FACA character of workgroups, allowing the Subcommittee to decide how they would function, and a calendar of potential future meeting dates. The members' comments on the latter and on their biographies were requested.

A letter from Dr. Kathy Teeson, commenting on the dose reconstruction study, which was available to the members.

Dr. Frome requested that TDEC's DOE Oversight Division report of December 1999 be made available to the Subcommittee. Ms. Sonnenburg asked if more than five Subcommittee meetings could be held per year. Mr. Pereira confirmed that, but expected that budget considerations make 3-4 meetings per year more likely.

AOEC Presentation

Dr. Katherine Kirkland, Executive Director of the Association of Occupational and Environmental Clinics (AOEC), outlined their history and involvement with the Oak Ridge project. Established in 1987, the AOEC is a multidisciplinary network of more than 60 occupational and environmental health medicine clinics and about 250 individual members. Their mission is to advance the expansion and development of clinical occupational and environmental health practice, research (mostly prevention and diagnostic), and education. Their focus is on patient rights, using the public health model. The AOEC is funded mostly through two cooperative agreements with ATSDR and CDC's National Institute for Occupational Safety and Health (NIOSH), and by membership dues.

The criteria for clinic membership include agreement to: 1) abide by an international code of ethics guiding clinic operations; 2) have a physician on staff who is certified by the Board of Occupational Health (there are <3000 occupational physicians in the U.S. and Canada and <2000 practicing). Within the patient-focused care, prevention is regarded as key; and labor, community and business input is invited. Dr. Kirkland noted that part of the reason the AOEC was formed was to fill the gap left by the absence of any nationally recognized Board certification in the field of environmental health. Occupational physicians with patients affected by environmental factors generally must address a low, chronic dose, as opposed to the high, toxic doses seen in an emergency room.

The AOEC's activities encompass health promotion and education to improve the infrastructure to address health concerns; consultations,[1] which include clinical evaluations and collaborations with community members and medical practitioners; research. They developed nine Pediatric Environmental Health Specialty Units (PEHSU) in the U.S. and one in Canada to fill the knowledge gaps of pediatricians and AOEC physicians about each other's areas. They are developing educational materials and are available by telephone to health care providers and community members. Callers can dial a toll-free Region 5 office number, in cooperation with George Washington University (GWU – toll-free at 1-866-622-2431); be referred to an AOEC office at 202-347-4976; or e-mail the organization at <aoec@aoec.org>. Their Web page links to other resources, provides the clinic listings, and the AOEC educational resource library listing (including selected presentations). They also are working with NIOSH to develop a comprehensive occupational and environmental exposure database, to hold coded data summaries of occupational exposures nationwide.

Clinics are selected for projects following certain steps. Upon receiving a Request For Proposal (RFP) from ATSDR, the AOEC will work with an area clinic. If one is not

[1] For example, under the ATSDR cooperative agreement, the AOEC has investigated homes and a school built on a former waste disposal site in New Orleans, conducting clinical evaluations to document any health outcomes. In Fort Valley, GA, they investigated skin problems related to arsenic exposure from a former pesticide manufacturing facility.

available, an RFP is issued to all AOEC member clinics. The responses are reviewed by at least three health care professionals for their ability to match the needed expertise (e.g., in Oak Ridge, to reach out to the community as well as to conduct clinical work). The Oak Ridge work will be a multi-phased project, beginning with a needs assessment to determine community concerns, which will then be incorporated into ATSDR's health assessment. Thereafter, GWU will meet with ATSDR and the ORRHES to discuss the possible next steps.

Presentation of the ORR Health Education Initiative

Dr. Rebecca Parkin, a faculty member of the GWU School of Public Health and Health Services, presented the Oak Ridge Reservation Health Education Initiative (ORRHEI) on behalf of her two research colleagues, Dr. Tee Guidotti and Dr. Grace Parazino, who were unable to attend. Both have worked on similar projects previously.

She presented the qualifications of the research team in detail, and described the goal of the ORRHEI: to facilitate the health decision-making of residents living near the Oak Ridge Reservation. The project purposes are to:

1. Develop new knowledge/insights about the Oak Ridge communities' current health concerns and needs (e.g., by reviewing existing documents and through dialogues with community residents).
2. Provide an effective summary of findings for the timely implementation of a community health education plan.
3. Develop a sound foundation for the needs assessment
4. Conduct the health education needs assessment.
5. Report the results to the community and sponsors.
6. Make recommendations for a community health education action plan.

The project is based on the underlying principles that effective program planning requires sound information, which is collected by a needs assessment. An effective project involves a comprehensive and collaborative approach, complementary methods, and community input from beginning to end. She described the methods to be used (and the related information needed from the Subcommittee), with each step building on the previous work: 1) interviews (who should be interviewed?); 2) focus groups (who should be polled; should any be prioritized?; how to identify and contact residents?); 3) a telephone survey to investigate pertinent issues (who to survey; address any priority areas?; how to identify and contact residents?). The latter will be conducted to a representative sample of the entire "community", however that is defined.

The fundamental questions requiring the Subcommittee's input include: 1) what are the most important questions to ask the community; 2) who needs to be asked these questions; 3) determining the community's answers; and 4) judging how the answers can best be interpreted for educational planning.

The community information needed includes its: 1) perceptions (about health effects, environmental hazards); 2) knowledge (what is known/not known about the site and any related effects); and 3) interpretations of risk (from potential and actual exposures). The data sources come from existing records (vital statistics and reports/article), the interview with key community informants, health officials, and health care providers, from the focus group discussions with residents, and from the telephone survey of current residents. The resulting information to be analyzed will be based on and help to prioritize the health concerns and educational needs of groups of people (not individuals).

GWU has already begun this work. They have reviewed existing reports, published articles and print media coverage; and have begun summarizing those recorded past concerns. However, not much more can be done without discussion with this Subcommittee. Dr. Parkin asked how best to obtain community input on the: 1) project design (defining "community" e.g, by geographic boundaries?; "resident", groups of concern, methods); 2) questions to be asked (priority issues); and 3) final report or product desired (goal, contents, type of report).

1. *How should "community" be defined? Geographic scope? Level of "community" groupings?* The subcommittee's responses were:
   This *depends on the pathway.* The *primary sources of transport are expected to be by water downstream from the Reservation through the Clinch River into the Watts Bar Reservoir.* The airborne transport by easterly and westerly winds went in the opposite direction of the valleys; *use the NOAA studies* of wind movement between ridges and valleys. The Watts Bar dam halted the transport, but perhaps its sediment should be considered.
   In view of less use of personal protective equipment (PPE) in the past; *1) consider transport home to families, 2) geographic communities such as Scarboro, and 3) those at a distance that dispersion modeling indicates could have been affected,* including through their vegetable gardens. A noted rise in allergies in individuals free of them before moving to the Oak Ridge area led to speculation about the role of steam plants' particulate emissions.
   Since at one time, <40% lived of Reservation workers lived in Oak Ridge (no longer true), *guide the constructs from area employers information.*
   Define the community as the 7-8 counties served by the Oversight Committee as a starting point, and include direct and indirect impact.
   Make use of the $14 million spent by the state, and *use the map in the Oak Ridge dose reconstruction project (Figure 1-1 map)* of locations of interest for the dose reconstruction and screening calculations. And, *superimpose a geologic map* to address, for example, rapid absorption of the porous limestone surface under K-12.

   Identify exposures in the community that may not be in workplace. Dr. Parkin noted that GWU will not do exposure assessments in Phase I, or seek retirees who

may have moved elsewhere; they will only identify community concerns. Workers can be included in that, if recommended by the Subcommittee, but this was not the focus of the initial proposal submitted. Guidance will be needed on how much time/work GWU should devote to this aspect. Related issues are of staff available, not funding, and properly scoping the work to produce answers in specific period of time. Future phases could include further work.
Be sure to note if the *phone survey or focus groups show no community concern.*

Dr. Brooks **moved that the geographic scope for health effects studies include the Oversight Committee's represented 7-8 county area: Anderson, Knox, Roane, Loudon, Meigs,Rhea, and Morgan; and the city of Oak Ridge.** Mr. Craig seconded the motion. This spurred discussion of whether or not to include Blount county, as was done by the dose reconstruction project. Dr. Brooks noted Blount's absence of downstream waterways and felt that it was too far for potential airborne exposures. Dr. Sham Nayad, who had participated in the dose reconstruction, reported that they had considered airborne dispersion to a 50 km area, which included Blount county, and the Watts Bar River area. Dr. Davidson called for a **vote, in which a majority carried the motion to include the seven counties.**

2. *How should "community" be defined; how finely should the 7-county area be defined?* The answer would alter the selection participants in the focus groups and the phone survey (i.e., to pursue targeted pictures of selected areas, or a random sample). The Subcommittee responded:
Use the dose reconstruction data in the first cut, surveying the counties randomly; then focus on specific areas. Dr. Parkin responded that the eight focus groups are planned to address specific topics, with one being a general population group (needed to determine community knowledge) and the other seven areas being discretionary. The focus groups' data will be used to develop the phone survey questions.
Oak Ridge, Anderson and Roane counties have groups already meeting; follow up with their Chairs, and consult with the counties' Health Councils, which have already done diagnostic work.
The Scarboro community has already been addressed by multiple studies, producing much data already on those concerns.
Special consideration in forming focus groups should be given to seniors, and perhaps an intergenerational group. For seniors, telephone interviews may be required.

Mr. Pereira thought it may be important to use the same logistical treatment in a standard approach in each county, since the community's expectations will rise with all of this work, posing implications to the project's credibility. He suggested that the Communications/Outreach Workgroup address this; or, Dr. Davidson suggested, a

separate group could address only this. However, Dr. Brooks disagreed. He noted that the geographic area chosen includes several communities of interest, 15-20 miles adjacent to the Reservation, which have expressed concerns about airborne, waterborne, and close-in soil contamination. Since little interest has been expressed historically by the more distant counties, this suggests the address of certain groups, rather than allocating equal time to all the counties. Dr. Parkin clarified that the focus group individuals will reflect targeted areas of concern, as long as geographic parity can be maintained in all the groups.

Dr. Parkin answered several questions from the Subcommittee:

What is the work time line? The time line for the completion of the needs assessment, originally May, can be flexible, depending on the design. The GWU Institutional Review Board (IRB) must approve the instruments to be used and normally requires 2-3 weeks to do so for each piece of the work. Therefore, the time line can be extended 1-2 months, but not for example, 6-12 months.

What is the focus groups' purpose? They are intended to gather the information that, for logistical reasons, GWU cannot collect in a door-to-door survey. That data will help to define key questions with which to survey the overall population; and the latter can inform the design of educational programs to help community members make effective health decisions. The focus group moderators listen for themes (e.g., the issues that worry these particular types of people) as opposed to specific concerns (e.g., heart disease or cancer).

How will you collect information already gathered in past? GWU hopes to find them in the project's discovery phase, which also will solicit such information from community leaders. Dr. Parkin welcomed all suggestions, and provide a tabled list of the documents being reviewed (Attachment #1), which is continuously updated.

How will you select focus group participants? Various methods; for example, if teachers are desired, their meetings will be attended to invite their participation.

Does the recommendation on the seven focus groups go straight to GWU, or through the Subcommittee? ATSDR will forward that information to GWU, after the Workgroup channels it through the Subcommittee to the agency; but that need not be delayed to March.

Mr. Hill **moved that the Communications/Outreach Workgroup explore what issues the focus groups should address, and return with a recommendation to the full committee.** Ms. Sonnenburg seconded the motion, asking for the Workgroup's recommendation prior to the March meeting. Ms. Kaplan, the Workgroup Chair, urged all the members to participate in this work. Upon a **vote, the motion passed, with 15 in favor and 3 opposed.** Ms. Kaplan called for a clear mission statement for the Workgroup, and noted that questions had already arisen about sick workers as well as community residents. Dr. Brooks noted that the Communications/Outreach Workgroup's task would also indicate the scope of the survey. Mr. Pereira stated that if more than eight

focus groups are needed, they will be formed. The importance of this initial step calls for inclusiveness to ensure the end result is not flawed. Dr. Kirkland noted that the AOEC focuses on both environmental and occupational health effects, so workers could be the subject of one focus group. The AOEC will report their final findings to the community, not ATSDR. While the Subcommittee's mandate does not involve addressing worker issues, recommendations on those could go to NIOSH or DOE.

Public Comment

Dr. John Stockwell recommended the1999 Oak Ridge Dose Reconstruction Study Report as reading material to the members. He specifically pointed out the isopleths ("risk contours") provided in Volume 7 (page 24), which indicated areas that the contractor (Chem Risk) thought to be at risk for I-131-caused cancer. That area included Blount County, which had three times the risk of Morgan county.

Mr. Jim Phelps related that he was part of the staff that "covered up" incidents at Oak Ridge. He stated that the concentration of depleted uranium (DU) in bones and the lymphatic system has affected Gulf War veterans, knowledge held but not released by Oak Ridge scientists. Rather, they suggested using urine tests to detect DU, which is an inadequate diagnostic method. DU and fluorides act similarly to the capacity of beryllium oxide in lungs and lymph nodes to shut down lung immune defenses, causing calcification and death. He equated fluoride to the toxicity of rat poison, and stated that hydrogen fluoride leaks are known to have occurred. The oil well and power systems blown up by Allied forces in the Gulf War also contained the same materials as used at Oak Ridge, and the exploded nerve gases also released fluorides. Finally, Mr. Phelps challenged the committee to uncover such important information and to report it accurately.

Dr. Faye Martin expressed her pleasure that the committee is in place, and hoped that something could be done to help the sick workers before they all die.

Ms. Janice Stokes considered iron-clad adherence to Robert Rules to be counter-productive, and recommended that the liaisons from the EPA, Health Department, and TDEC be identified and separately seated to allow the public to know who they are.

Workgroup Reports

After the lunch break, the workgroups reported on their activity.

Agenda Workgroup. Aside from working on this meeting's agenda with ATSDR, Dr. Brooks outlined and distributed a draft Program of Work (Attachment #2) to facilitate development of future agendas. Comments by ATSDR, the Subcommittee and the researchers were invited. It is meant to be a living document to be refined over time with input, the progress of the public health assessment process, and other work.

Communications and Outreach Workgroup. Ms. Kaplan reported the Workgroup's meeting on January 9, and distributed its draft Purpose and Statement of Work. (Attachment #3).

The Subcommittee members' feedback included:

Identifying new members is not a Workgroup role, although groups with potentially interested individuals could be identified for ATSDR to contact. Mr. Pereira outlined the member solicitation process. The Communications/Outreach Workgroup was invited to participate in publicizing member vacancies, or in suggesting the type of person who should be selected. ATSDR then conducts a rigorous selection process involving the multiple criteria discussed at the last meeting.

Dr. Brooks **moved to refer the draft back to the Workgroup for rewording (e.g., to** "attracting" or "advertising for," rather than "identifying" new members). The motion was seconded, and with 16 in favor and one opposed it **passed**.

Ms. Sonnenburg **moved to approve the balance of the report**, was seconded by Mr. Pardue, and the motion **passed unanimously.**

Guidelines and Procedures Workgroup. Mr. Pardue reported that the Guidelines and Procedures Workgroup's draft Statement of Work (Attachment #4) was not approved by the whole Workgroup due to the press of time. He first provided the draft, to no comments, and reviewed the development of the Subcommittee's guiding documents to date.

A draft of the "ORRHES Purpose, History, Structure, and Process," that was developed by the Eastern Research Group (ERG) and discussed/modified at the last meeting, was reviewed by the Guidelines and Procedures Workgroup in November. They met again on December 12, reviewed the ORRHES members' comments on the ERG document, discussed alternate approaches, and asked ERG's Dr. Jan Connery to prepare revised documents. Those revisions were discussed on December 28, and minor adjustments were made. The Workgroup members agreed that the process document and by laws should have equal standing and be considered together. Dr. Brooks revised the documents, which Dr. Connery finalized, and they were sent to the members on January 9, 2001. Their purpose is to: 1) provide structure and consistency, 2) promote a free and open exchange of information, 3) develop defensible and understandable output, 4) allow maximum public input, and 5) provide consistency with FACA.

Topics still requiring refinement and discussed were:

1. *Equivalence of the Process document and the by-laws.* Committee discussion included:

Avoid confusion by prioritizing the guiding documents for the Subcommittee's operation (e.g., 1) FACA regulations; 2) by-laws; 3) procedures document to inform the by-laws' described process).

Include the process document by reference, giving it equal weight.
Recombine the two documents, structured to be clear that the two sections are independent (i.e., FACA requirements and by-laws). Refer back to the Workgroup and redraft.
Dr. Brooks moved to change the Procedures document's appendix to become Chapter 6. The motion was seconded by Mr. Johnson and all agreed.

2. *Need for a Vice Chair.* Mr. Hanley was still checking as to whether a Vice Chair could serve, and asked what that position's role would involve. The Workgroup agreed to discuss this and advise ATSDR. Mr. Pardue suggested text such as "The Vice Chair acts and performs in the absence of the Chair and performs other duties as decided by the Chair." Mr. Robinson advised the Subcommittee that, two years earlier, CDC's Committee Management had determined that the Idaho Subcommittee could not have a Vice Chair, and that the DFO would so serve in the absence of the Chair.

Dr. Brooks **moved to refer this back to the Workgroup subject to the response of the ATSDR Legal Department.** The motion was seconded and unanimously **passed**.

3. Life of the Workgroups. The life of a workgroup is up to the Chair and the Subcommittee, according to its task. It is not covered by FACA because it does not decide policy.

4. *Designation of a Parliamentarian.* Since the Chair is too busy running the meeting to interpret Roberts Rules, Dr. Brooks volunteered to serve as Parliamentarian. The Subcommittee discussion included:

Concern was expressed that all the members be familiar with Roberts Rules, to ensure that no one is intimidated from fully discussing any topic. A rigid adherence to the Rules, as occurred earlier in the day, and their use to cut off communication was opposed.
But is was also noted that Roberts Rules are very flexible. Votes can suspend the Rules or limit the debate; most address the use of motions to conduct work, not to enforce decorum.
Mr. Johnson **moved to refer the item back to the Workgroup for further research based on this discussion, recommending on which Roberts Rules are likely to be applied and how. On Mr. Robinson's suggestion, the consensus process will also be considered.** The motion was seconded by Mr. Kuhaida and unanimously **passed.**

5. Agenda inclusion of the public comment period and adjournment. Dr. Brooks **moved to include the public comment period and adjournment in the agenda.** The motion unanimously **passed**, and this was referred back to the Workgroup for inclusion.

6. *Specification of agency liaison relationships to this committee.* The question discussed at the last meeting of having a DOE liaison present to participate in the Subcommittee's discussions (as opposed to a resource person), was reviewed by the Workgroup, which recommended having that liaison. The Subcommittee's opinions were divided:

> This may be perceived by the public as bending to DOE intimidation. Since it is in DOE's interest to always be present, they need not be added to the table.
> On the other hand, the Subcommittee could be seen as failing if it bends to that perceptual pressure and does not take advantage of that liaison relationship.
> Altering the guidelines' Figure 2 already had been proposed to show DOE's working relationship. CDC and ATSDR involvement has also been perceived as "tainting" the process; the committee should structure itself to optimize its work.
> DOE is a major player which should be actively involved. They could provide the Subcommittee with information about which it is unaware (and therefore cannot ask for it). Having them at the table also can ensure that everything is above-board.
> Ms. Mosby **moved to accept Figure 2, altered to show all the non-voting liaison relationships with the Subcommittee, including that of DOE.** Mr. Pardue seconded the motion. Eleven voted in favor and seven were opposed, which led to the following discussion.

Discussion of Subcommittee Voting Protocol

Ms. Sonnenburg noted that the by-laws suggest that a super majority (2/3 vote) be used. She felt that, since this last discussion addressed a very controversial issue, 2/3 should be required, but noted that the by-laws had not yet been approved. In view of that, Dr. Davidson felt that this vote should follow the simple majority required by Roberts Rules. Dr. Brooks **moved to table the discussion to the next meeting and the Subcommittee's agreement on what constitutes an affirmative vote.** The motion was seconded by Ms. Sonnenburg. With 14 in favor and two opposed, **the original motion was tabled to the next meeting.** Dr. Eklund requested a copy of Roberts Rules for each committee member. (Mr Hanley provided an abbreviated Robert Rules pamphlet issued by the League of Women's Voters to the committee members later in the meeting.) Mr. Akin asked that the Figure be clear that the liaisons are nonvoting members. Dr. Eklund **moved to designate the liaison agencies and their nonvoting status on the table name plates.** Mr. Washington seconded the motion, which **passed** with 14 in favor and one opposed.

Round Table Discussion With Agency Management Staff

A round table discussion was held with the Subcommittee by agency management representatives: Dr. Paul Seligman of DOE; Dr. Henry Falk and Dr. Robert Williams of ATSDR; and Mr. Larry Elliott of NIOSH.

ATSDR Comments

Dr. Henry Falk, Assistant Surgeon General and ATSDR Assistant Administrator, is a pediatrician and environmental epidemiologist. He was the Director of CDC's National Center for Environmental Health, and has been for the last 18 months ATSDR's Assistant Administrator (the CDC Director is also ATSDR's Administrator). Working at 500-1000 sites/year, ATSDR's work is complex and its service is occasionally hard to define. Their most important work is related to the sites of the National Priority List (NPL) and those of the Departments of Energy, Defense, and Interior; NASA, and others.

Dr. Falk appreciated the member's service, and looked forward to its help in pulling together the work at Oak Ridge and in evaluating the public health work and research done. He hoped the Subcommittee would also help facilitate the necessary cross-agency discussions, since ATSDR deals with communities near the sites rather than the workers (NIOSH addresses worker issues). He reported that Mr. Bill Murray, recently retired from a long history with the Public Health Service, had been hired by ATSDR to staff its Oak Ridge office, which is soon to open.

ATSDR's activities will include: 1) the needs assessment, to help clarify issues and focus agency work; and 2) the public health assessment, in which the Division of Health Assessments and Consultations evaluates all pathways in a global fashion to indicate the public health activities needed. ATSDR's wide range of activities address the very disparate characteristics of all the sites. Its multidisciplinary staff includes environmental scientists and engineers, epidemiologists, health educators, toxicologists, community program specialists (e.g., health education, physician education), etc.

NIOSH Comments

Mr. Larry Elliott, Chief of NIOSH's Health-Related Energy Research Branch (HERB), conveyed the greeting of NIOSH's Acting Director, Dr. Larry Fine. CDC's only Institute, NIOSH is also its occupational research agency. Their established research agenda of studies across the DOE complex includes work at Oak Ridge's three sites. The research agenda, with study summaries, has been published in a program book. It will be updated shortly and will be provided to the committee and public. NIOSH also has a service support mission at various DOE sites.

The NIOSH "worker days" held on sites have proven effective in maintaining communication and interaction with both organized and unorganized labor. While NIOSH's interaction with the Subcommittees differs from that of ATSDR and NCEH, since their responsibility is directly to the workers, the Subcommittee's comments on worker issues will be welcome. As required by FACA, NIOSH will respond to the committee's consensus advice, which they look forward to receiving. And, while NIOSH does not do medical screening of workers (DOE does that), a NIOSH screening specialist coordinates with DOE's work as able. Finally, Mr. Elliott noted that the Energy Employees Occupational Illness Comprehensive Program Act of 2000, to be described further subsequently, was

passed to compensate DOE workforces. Its provisions include a NIOSH role in addressing future compensation claims.

DOE, Oak Ridge Operations Comments

Ms. Leah Dever, Manager of DOE's Oak Ridge Operations Office, welcomed the members and also appreciated their time and effort in this work. Having worked with previous FACA groups, she could testify to ATSDR's serious reception of the public's input, and the tailoring of work to public issues. She hoped that all the communities' concerns can be evaluated and addressed, to move forward to the future.

In DOE's missions, Oak Ridge is a microcosm of DOE work. It conducts defense work at Y-12, refurbishing weapons to replace in the stockpile; manufacturing; scientific work at the Oak Ridge National Laboratory (ORNL – e.g., source neutron work to be developed in next few years); environmental, nuclear physics, etc., laboratory work; and cleanup work (e.g., at K-25, now the East Tennessee Technology Park – ETTP). Since it must be ensured that the work is done safely, securely, and reliably, ATSDR's work is well aligned with DOE's.

Ms. Dever expressed the DOE's support this Subcommittee's work, whose diversity makes it DOE's "healthy eyes and ears" to the community as a whole. She asked Mr. Tim Joseph to be her designated representative to this committee.

She also acknowledged that past mistakes, mismanagement, lack of good information to the community, etc., had contributed to the decline of trust in DOE. For that reason, she welcomed the independent nature of this study process. It enables this committee to be open with each other and to further inform DOE of the communities' perspectives. She pledged that DOE will respond to the Subcommittee's communications. She requested the opportunity to work together with its members, and anticipated excellent results from this work.

DOE, Headquarters Comments

Dr. Paul Seligman, Deputy Assistant Secretary for Health Studies, Office of Environmental Safety and Health, explained that his office conducts/monitors all programs and studies pertaining to the weapons program. Among those are the studies of Japanese A-bomb survivors and health effects studies in the Marshall Islands and at Chernobyl. Domestically, under interagency Memoranda of Understanding (MOU), their largest program supports CDC and ATSDR studies of the impact of weapons production upon surrounding communities and site workers. They also support medical monitoring and surveillance programs such as: 1) a pilot program to identify former DOE workers with significant exposure and to screen them for occupational illnesses. At Oak Ridge, the first 5-year cycle is in completion, focusing on construction workers at the Gaseous Diffusion Plant (GDP) and K-25. DOE is considering extending this to all former DOE workers/sites. And 2) the beryllium monitoring program of exposed Rocky Flats and Y-12 workers was extended nationally two years ago to all DOE facilities that used beryllium. Other programs

collect occupational surveillance data on current injuries/illness. His introduced his office's program manager, Ms. Marsha Lawn, who attended this meeting (telephone 301-903-3721; e-mail at <marsha.lawn@eh.doe.gov>).

Dr. Seligman expressed his great expectations of this committee to serve as a unified voice for the community, or at least to help develop some consensus of what should be done.

Dr. Seligman then outlined the *Energy Employees Occupational Illness Comprehensive Program Act of 2000,* distributing a summary of the bill (Attachment #5) and a copy of the President's related December 7th Executive Order. The first major government entitlement program in decades, this is a billion-dollar-plus program to compensate exposed DOE workers. It was strongly supported by his Deputy Assistant Secretary, Dr. Michaels, who has met with Oak Ridge residents.

The Act addresses three diseases (beryllium disease, radiation-induced cancer, and silicosis), two groups of people (DOE workers and contractors), and establishes one operational process. It provides for 1) compensation of $100,000 for confirmed beryllium disease (and medical care payment if sensitization is determined); 2) $150,000 and medical monitoring for silicosis; and 3) the compensation process for radiation-attributed cancer, which is now being developed.

The covered groups include a special exposure cohort (GDP employees, K-25, Portsmouth, Paducah, and Amchitka) who worked for a year or more at sites with potential exposures, and who wore dosimeters or should have been badged. Another process will determine if other groups should be included. In the second group, equal compensation is provided for uranium miners and millers.

The DOE Office of Advocacy will work to counter DOE contractor disputes of claims related to diseases not covered by the Act. They also will assist former DOE employees to get state compensation benefits through a physician panel to determine if toxic DOE work-related exposures contributed to the disease in question. This direct DOE/state process should ensure smooth processing of those claims. The Department of Labor will ultimately run the Claims program. The DHHS is charged to develop guidelines and criteria to help identify radiation-related cancer and to explore whether other groups can be included. DOE will manage the assistance/advocacy program.

On January 11, 2001, the final set of amendments attached to the Bill was submitted to Congress by the administration. One significant addition provides an option for workers to choose a more a traditional compensation package (i.e., lost wages and medical benefits, training, and rehabilitation), rather than the lump sum payment. Whether Congress will pass this or not is unknown, but the October 2000 original legislation had bipartisan support, led by Senators Thomson (TN) and McConnell (KY).

Discussion. The Subcommittee thanked all these representatives for attending. The following discussion included:

Without defined eligibility criteria, when will people be able to file claims? Seligman: The filing process is being set up. While the law is fairly specific on eligibility criteria, work on radiation-induced cancer and silica disease is underway, but people can call in now to be included on their database.

What about workers' families who were exposed? Seligman: The current legislation has no provisions for spouses or dependents, although it does address survivor benefits.

If this committee recommends activities ATSDR cannot do, what is the likelihood they will be acted upon? Falk: ATSDR hopes that the Subcommittee process can at least leverage and facilitate a dialogue with other appropriate agencies to ensure the communities' voices are heard, and the Subcommittee's combined voice carries more weight than that of individuals.

What local examples are there of the reversal of the former DOE policy that encouraged its contractors to oppose such claims? Seligman: A Field Operations Directive was issued on the previous day to formalize that reversal of DOE policy. And specifically, his staff has a workers' compensation expert (Ms. Kate Kipman) who works directly on the claims, and to date has procured compensation for 20-30 individuals who were already in the system. But every case is different. Ms. Sonnenburg asked for a copy of the new policy, and wished news like this would be headlined in the local newspaper.

The lay public has trouble separating the issues by on- or off-site and by the multiple agency mandates. The ORRHES is primarily to address offsite issues, but onsite questions need to be answered. To whom do we refer these people? Elliott: NIOSH welcomes consensus advice/recommendations to the NIOSH Director at any time, about issues relating to workers, including interaction between the Subcommittee and the agency. While NIOSH would like to have a representative at every meeting, resource limitations prevent that in addition to addressing their prime constituency, workers. Dr. Davidson asked NIOSH to try to allocate the resources needed to allow attendance at every meeting, in order to answer the questions sure to arise. Mr. Elliott agreed to convey that to Acting NIOSH Director Dr. Larry Fine.

Seligman: DOE also hopes to always have someone present at meetings who can call headquarters to seek the answer needed. Mr. Tim Joseph had also providing the Subcommittee with a description of DOE's programs and contact persons.

With the now-multiple (130) contractors at Oak Ridge, as opposed to the previous single major contractor, how can DOE ensure that safety and health is secure at all facilities? For example, a recent avoidable accident at Y-12 injured workers; and one at K-25 exposed (unaware) workers to fluorine. Dever: About 550 federal employees oversee the contractors' work. The Reservation has three major

contractors: BWXT (at Y-12), UT/Battelle (at ORNL), and Bechtel/Jacobs (cleanup). While no one can be omnipresent, a cadre of facility representatives are on site daily to act as her "eyes and ears" and promote worker safety. The site also is strongly promoting the contractors' implementation of a fully integrated safety management system, to plan work with universal understanding of its hazards, to design safety features, and to arrange feedback. The Reservation also has a zero accident philosophy of doing everything safely, couched in the understanding that accidents are preventable. The onsite safety statistics show improvement, which she attributes to better safety consciousness.

The TDEC monitoring program/sampling plan that was to follow the Scarboro soil study is undone because no interagency meeting has been scheduled. The credibility of the soil study remains under a cloud; it should be simple to validate a few samples. Mr. Joseph reported the agencies' awaiting EPA's response. Mr. Stockwell reported that Marina Redfield, of the Oak Ridge Energy Remedial Section, is planning a February meeting around President's Day, depending on DOE's availability to attend. EPA, TDEC, and ATSDR also will be invited. No completion date can be estimated until the agencies meet. Dr. Davidson requested a progress report on this meeting on sampling strategy.

Could Mr. Bill Murray, as a former NIOSH employee and now with ATSDR, serve as an informal NIOSH representative? Falk/Elliott: Mr. Murray certainly has the occupational expertise, but the Subcommittee needs to deal directly with those in the agencies currently working. The Agency Coordinating Committee and Energy Oversight Committee also meet quarterly enable an interagency dialogue. Questions on NIOSH work or the compensation program should be directed to Mr. Elliott; and NIOSH is certain to request agenda .

EPA is the regulatory agency outside the fence, but OSHA is inside, and they are not represented here. Falk/Dever: DOE is the regulator inside the DOE fence. OSHA takes over when, for example, a facility is turned over to a community or private owner. Seligman: Congress gave DOE that responsibility in the Atomic Energy Act.

The timing of information released by the various agencies working in this community is occasionally downright odd. The absence of effective communication of past efforts' results, their evaluation, and coordination, continually confuses the community. How will you address that? Falk: The Subcommittee can facilitate this (e.g., the last discussion resulted in an action item for the agencies to report back at the March meeting). Seligman: Communicating study results has often been ineffective in the past, and evaluation of that communication must be improved. But since the agencies' work is done on different schedules, timing the information releases cannot always be controlled, although coordination can be pursued.

What constitutes a "medically under-served" population? Dr. Williams, Director of ATSDR's Division of Health Assessment and Consultation, promised to provide the DHHS definition.
Can the committee recommend, as done at Hanford, on medical evaluations? Williams: Some medical activities are DOE-related, rather than ATSDR's work. Dever: DOE has received communications that it is high time the other workers were addressed as are PACE members and the construction trades. This is being taken seriously.
DOE's roles of management and worker safety are opposing, leading to a credibility problem. To proactively build trust, DOE should consult OSHA. Dever: External versus internal regulation is a continuing source of concern. OSHA only governs industrial safety side, and the Reservation uses its rules, but the Nuclear Regulatory Commission (NRC) governs nuclear safety. DOE has invited OSHA to advise at some small pilot sites. The Defense Nuclear Facility Safety Board also was created about 8 years ago to regularly to advise DOE on improvements. Although they cannot fine DOE, their advice is strong on nuclear issues, and is attended to by the agency.
Can NIOSH provide information on what it has accomplished for workers with its research, nationwide but particularly at Oak Ridge? And what is heard from the workers on Worker Days that should also concern the ORRHES? Elliott: I will provide that information, although the latter may be somewhat restricted by security concerns.

Dr. Davidson thanked the agency representatives for attending, and assured them that the Subcommittee would like them to return, singly if not in a group.

Public Comment

Ms. Janice Stokes submitted a letter (Attachment #6) on her organization and its concerns about the Oak Ridge area. She asked the committee to familiarize itself with the offsite contamination that had occurred in the last 50 years. She recommended that the Subcommittee read the 1990 report that listed Oak Ridge's released chemicals, and compare that to ATSDR's toxicological profiles. She felt that the negative findings produced from public health activities at the Oak Ridge Reservation were based on faulty science, biased beliefs, and political influence. The ORNL's own audit identified weakness in their industrial hygiene records, exposure data and occupational history, the very data on which the epidemiologists based their studies. The bodies of many Oak Ridge residents who never worked onsite have toxins that could only have come from the Reservation. Research is needed on the synergistic, multiplicative, additive, and concurrent effects of exposures. Diagnosis and treatment is needed to address the results of toxic exposures in a scientifically credible and rapid response mechanism. She requested a multi-disciplinary team to develop recommendations on such protocols. Finally, she asked Dr. Seligman about the likelihood of a health clinic being opened in Oak Ridge.

Dr. Seligman reported DOE's plan, if able with the new administration, to assemble an environmental workshop of all those agencies and organizations who have worked on Oak Ridge matters to combine information on offsite contamination. If the community is ever to have compensation, remediation, or benefits, the case must be made to Congress, and he would be happy to do so. The Compensation Bill resulted from the Secretary's strong support and DOE's strong case that their sick workers required address.

Dr. Falk stated that, while ATSDR's mandate does not allow medical treatment or the establishment of clinics, they have been trying to act as a catalyst to the health care delivery agencies to find services to address health care needs. For example, to address the health issues related to vermiculite mining in Libby, Montana, ATSDR invited DHHS agencies (e.g., the Health Resources and Services Administration – HRSA, and the Health Care Finance Administration – HCFA) to a community meeting to explore those issues as related to existing programs, and to encourage those agencies to think "out of the box." Dr. Seligman added that the Congressional Act that directed DOE to do medical monitoring of its workforce led to the current worker program. Congress could do the same to direct other agencies' work on site issues.

Dr. Davidson stated that some of Ms. Stokes' issues would be discussed as the committee decided on its recommendations to ATSDR (e.g., on the public health assessment). She hoped to actively involve the community through their participation on the ORRHES Workgroups that will recommend to the full committee, as well as through the public comments at the full ORRHES meetings and in private discussions with the members.

Ms. Fannie Ball thanked the agency managers for attending. She stated that, while she was proud of some of the Subcommittee members, she could not say the same of others. Without naming anyone, she related her grief in the past to hear some members discount that there are people sick from Oak Ridge effects. She asked, if they disbelieved then, why they believed now. She credited Dr. Michaels for listening to the community in his roundtable discussion, and producing a real response. She hoped to be alive to see the results of ATSDR's work. Finally, she stated her wish to see the departure from this committee of the "Judases" now on it. She hoped they would voluntarily resign; if not, she swore to expose them.

With no further comment, the meeting adjourned at 6:20 p.m.

JANUARY 19, 2001

The Subcommittee reconvened at 9:00 a.m. on the following day. Dr. Davidson summarized the previous day's discussions.

ATSDR Public Health Assessment Process

Mr. Jack Hanley, who leads the public health Assessment at the Oak Ridge Reservation, described ATSDR's public health assessment process. The public health assessment was delayed pending the completion of Tennessee's dose reconstruction to avoid duplicating its work.

A public health assessment is an analysis and statement of the public health implications to off-site populations from releases of hazardous substances, after which a triage process determines the need for follow-up public health actions or studies. The resulting document helps federal and state agencies and citizens to decide the follow-up public health activities needed. Of its seven steps in identifying a completed exposure pathway, the third and fourth are potentially the major drivers of the Oak Ridge assessment.

1. *Evaluate site information*: The Subcommittee will help in developing site-specific information as ATSDR collects data on: background information, community health concerns demographics, uses of land and natural resources, environmental data, and environmental pathways (the physical characteristics that affect contaminant transport offsite).

2. *Identify Community Health Concerns.* ATSDR will identify the community members actively involved in these issues, as well as involve the overall community in the public health assessment process. GWU's work and the input of the Subcommittee will help this process. A section of the public health assessment will list the concerns collected; another section (Public Health Implications) will address those concerns. Communications will be maintained with the community and all involved parties throughout the process.

3. *Determine Contaminants of Concern.* This is the first major screening assessment of the public health assessment process. The contaminants used at the facilities will be identified, and any which involved significant releases which may have contributed significantly to off-site health hazards. None of the contaminants are considered a health hazard until the pathway analysis is complete.

4. *Identify and Evaluate Exposure Pathways*. The Subcommittee's input on exposure pathways is expected to be significantly helpful. Each site has unique characteristics that affect the impact of the exposure pathway. This is a complex process in which, first, each of the five elements of an exposure pathway are identified (a. contaminant source, b. environmental media that transports it to a human; c) exposure point, the d) route of exposure [ingestion, inhalation, etc.], and e) the receptor population). The pathways are then categorized as completed or potential in either the past, present, or future, which determines whether the pathway can be eliminated. If any one of the five elements is missing, a potential pathway is determined; if all are present it is deemed complete. A toxicological investigation is then done to assess the potential implications. Pathway analysis enables the health assessor to focus on completed pathways.

5. *Determine Public Health Implications.* The pathway analysis provides a systematic methodology with which to identify receptors, and lays the foundation for evaluating the public health implications. The latter is done in three areas: toxicology, health outcome data, and community health concerns.

A. The toxicological evaluation estimates media-specific exposures, compares exposure estimates with health guidelines; determines exposure-related health effects; and evaluates other factors that influence adverse health outcomes.

B. Health outcome data is evaluated for all identified plausible health outcomes associated with the contaminants that are determined to be of public health concern.

C. Community health concerns are evaluated using environmental data, exposure pathways analysis, toxicological evaluation, and health outcome data evaluation. These help determine whether the outcome is plausible. If not, other data and information are explored to explain the likelihood of the outcome. Finally, other issues related to environmental and other concerns are addressed.

6. *Determine Conclusions.* A public health hazard category will be assigned to the site, the health implications from completed exposure pathways identified, and plausible community health concerns will be defined. Missing or insufficient information will also be described to outline the study's limitations. The public health hazard categories are: a) urgent; b) present hazard; c) indeterminate; d) none apparent; and e) no public health hazard.

The public health assessment document usually has three types of recommendations: to protect public health, to list follow-up public health activities, and to recommend on further characterization of the site to gather additional environmental information.

7. *Develop a Public Health Action Plan.* The public health action plan identifies actions undertaken or planned, and the agencies conducting/to conduct them. At Oak Ridge, with the Subcommittee's assistance, ATSDR will analyze and evaluate the information, data, and findings from previous studies and investigations on the radiological and chemical contaminants released from the Oak Ridge Reservation.[2] The dose reconstruction feasibility study also will help to identify contaminants of concern.

Mr. Hanley distributed time lines (Attachment #7) outlining the major processes at the various Oak Ridge facilities, the public health activities relating to them, and the studies that ATSDR will examine to develop the public health assessment. For example, the past environmental and health assessments that addressed specific materials will be reviewed by ATSDR to develop an overall picture.

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[2] At the last meeting, a summary of the public health activities at Oak Ridge in the last 15-20 years was distributed.

***Discussion*.** The Subcommittee's discussion with Mr. Hanley included the following:

Has ATSDR done any work to address the synergistic effects of multiple combinations of chemicals? Oak Ridge uses all the 92 elements on the periodic chart. An ATSDR toxicologist could attend to discuss this. But synergism is very complex; involving not only chemicals but their ratios and periods of exposure. The pathway analysis will identify the chemicals that people were exposed to off-site, and document those effects. If there is insufficient information (including the state of the science) to determine the latter, the report will state that. As a toxicologist, Dr. Davidson added that all chemicals do not act synergistically. It depends on the chemical and the combination: some are inhibitory, some are additive, some are not; and some have no interaction.

Only K-25 has medical screening, not Y-12 or ORNL; can periodic screening be done here as by Hanford's Medical Monitoring Program? That could be an ORRHES recommendation subsequent to the study, such as the Libby, MN, program discussed by Dr. Falk. That was based on exposure to asbestos; the same has been done for beryllium workers. Once the exposure information is in place, it supports any recommendation for follow-up work.

Mr. Lewis thanked ATSDR for the time lines provided, which gives the lay person a better idea of what occurred at Oak Ridge. He stated that the ORRHES should identify the public health impact on off-site populations, including sick workers.

What is the relationship between assessing health education needs and the public health assessment? The concerns documented in the needs assessment will be included in the public health assessment. ATSDR's public health assessment process focuses on exposure; GWU's focuses on community needs and concerns. ATSDR will use GWU's collected detailed demographic information and needs assessment information to determine how to channel the results of the public health assessment out to the public.

Once the pathways are identified, can ATSDR do an independent test of the water from the 10 Mile Area's water supplier, about which there is some community concern? Some testing can be done, if indicated to demonstrate an identified exposure or to fill a data gap. But that kind of testing is governed by EPA and state regulations. The water utilities test on their own, with state oversight.

What if exposures cannot be linked to health outcomes data? If information is insufficient to identify an effect, that will be documented. But if a concentration is found of a chemical linked to effects (e.g., mercury to the kidney), ATSDR will look for an information source to explore whether those effects exist in the community (e.g., a cancer registry). This is a sort of screening process. If a comparison of exposures and outcomes indicates a link, doing an analytic epidemiologic study (comparing outcomes of an exposed versus unexposed group) could be recommended. Some advocate first identifying illnesses in the community/workers, and then working backwards to link that to a site contaminant source. But Mr. Hanley compared this to drawing a bulls-eye after the fact .

Is there a way to get a baseline of the community's health before beginning, since both higher cancer incidence and better health than the national average have been asserted for the area? This is possible; there are some indicators to do that. Someone could attend to explain for the Subcommittee that process and its limitations, as well as describe what was done at other sites and follow-up with those epidemiologists. But Mr. Hanley cautioned that this raises people's expectations despite its limitations. Both Anderson and Roane counties have looked at those indicators already; ATSDR plans to use and could present that information and others. The problem is that one cannot just relate that information to the site; it can only be stated what is found. Mr. Pardue commented that publicly stating the latter could be of value, since many such statements are circulating.

A summary of the baseline and its limitations is of interest. Is there a schedule for the public health assessment process and its completion? There is none written down yet, but this can be developed with this Subcommittee and its Agenda Workgroup.

Will ATSDR do exposure investigations such as done at Watts Bar for the fish exposure pathway? Where would that fit in the public health assessment process? And how do existing environmental data fit (e.g., the soil analyses done). Any indicated exposure investigation would follow the public health assessment, but if deemed critical, it would not be delayed. Some of the soil information was used in the state screening process that ATSDR will evaluate, and then again in the more detailed pathway analyses. Dr. Brooks recommended that ATSDR consult the state Health Department's Statistical Profiles of Tennessee (SPOT) for its county-based health data that can be variously delineated (e.g., age, gender, etc.). He also advised caution in reviewing the wording of material that may be provided (e.g., GWU's listed "health effects of brain/kidney damage," should instead state "potential" health effects).

A Subcommittee vote was taken on the geography to be addressed in identifying and evaluating exposure pathways. If that seems exceeded, is the process flexible enough to follow it? Yes, but what was voted upon is a reasonable starting point.

There already are dose reconstruction and health effects outcomes documents; what's wrong with them? Why does ATSDR need to go beyond them to do more? To review those and all the other material, and to put all this in context before any further studies are done, as well as for ATSDR to interpret those materials and use them ourselves.

Inevitably, the public health assessment process won't satisfy everyone. For example, evaluating health outcome data for "plausible" health outcomes based on the scientific data will not match what some community members perceive as plausible. That will need to be addressed. Agreed. The report will not leave that as an unanswered question. ATSDR will answer by explaining that the data are insufficient. Mr. Pereira suggested the Communications/Outreach Workgroup work

with ATSDR to discuss how to convey to the community from the beginning the uncertainties in all this work, as early as possible and incrementally throughout the work.

Agreed! It is incredible, with the amount of money spent and work done, that the lessons learned have been so lacking that the understanding of all this is still so low. Something is seriously wrong with how study results are communicated. This is the difference between doing research and public health. For the latter, the information provided must be adequate to allow a person to decide on subsequent actions. This has to be checked on periodically.

Dr. Davidson suggested the Communications/Outreach Workgroup advise the Subcommittee on a communications strategy that ATSDR can use to communicate to the public the results of the assessments (needs and public health), and to evaluate if that communication is effective.

People hear what they want to hear. Getting information out to the community is no easy task, and doing both communications (ensuring information is accurate and understandable) and outreach (to get them to commit to the success of the program) is huge. Re-thinking the process of combining both tasks (including identifying the focus groups' topics) was suggested.

Ms. Galloway asked what would happen if a person were exposed to a material but evidenced effects not known to be related to that material. Will a database record be kept of that effect for comparison to others at other places and times? Some of these materials are new enough that all the effects may not be known. Most of this process is "weight of evidence" decision making. The public health assessment report will document that concern and explain why/why not there is a plausible link, and describe other plausible causes. If there is a resource to address that, the person can be so referred.

Where does ATSDR get the numbers regarding the materials' effect? The American conference of Governmental Industrial Hygienists' (ACGIH) standards can be converted to 24-hour exposures, and estimated doses can be compared to EPA reference doses as well as ATSDR's own minimum risk levels.

What is the reliability of estimated synergistic effects, since only 10-15 have been examined? Information can be provided on how ATSDR approaches the toxicological issues related to synergism. Dr. Davidson stated that not all chemicals have a large database on their characteristics and effects; but some inferences are possible from the data of other similar materials.

Public Comment

Dr. Fay Martin was pleased to hear that synergism would be discussed, but as a toxicologist, she quoted the truism that "all substances are poisons... it is the concentration which poses the effect."

Subcommittee Discussion

Ms. Sonnenburg asked why, if Watts Bar is safe for PCBs, the state had not taken down the warning signs. Mr. Hanley acknowledged that it was probably poorly communicated in the pre-meetings why PCBs and mercury, and not other contaminants, were addressed. That should be explained in the media.

Mr. Hill advised that the data collection process should include the worker screening programs (PACE and the Building Trades), and the database on prevalent medical conditions. Mr. Hanley commented that presentations on that material could be arranged. It provides perspective, although not related to the public health assessment.

Mr. Pereira stated that the Oak Ridge ATSDR office, staffed by Bill Murray, will have direct communication to the logistical support in Atlanta for whatever is recommended for communication/outreach (e.g., for publishing/layout of a newsletter, etc.), as well as the use of a Website. He encouraged the Subcommittee to "think out of the box" beyond paper outreach (e.g., to perhaps have a public availability session the day before the meeting).

Dr. Brooks commented that several groups doing community outreach had found that there is no one answer to doing that and building trust. In his experience, outreach is a long-term intensive effort to present a point to the public. He recommended letters to the editor as an effective format of communication and outreach.

Mr. Kuhaida reported that a class-action federal lawsuit was filed in the last week on the impacts of the Oak Ridge Reservation on the public. He asked what the legal implications this might entail to the Subcommittee's work, the public health assessment, etc. (e.g., should the members be cautious in their statements?). Mr. Pereira expected none. As an independent government agency, ATSDR is often at sites involving litigation, but stays clear of that in its mandated work. Mr. Hanley added that, as the members work as special government employees, their comments are protected. The Justice Department would intervene to block any use of that as evidence in a case.

Housekeeping Issues

Mr. Malmquist **moved to begin the next meeting at noon on the morning of Monday, March 19th and to end at 4 p.m. on Tuesday the 20th.** With all in favor, the **motion passed**, and the members adjourned for lunch.

Unfinished Business

Subcommittee Composition. Mr. Hanley reviewed the steps taken to select the current Subcommittee membership. In 1998, CDC, ATSDR, and DOE met in Oak Ridge and other sites to discuss the launch of a process to set a coherent, national research agenda across agencies. Based on the information collected, the need for a Subcommittee in Oak Ridge was identified, which ATSDR was charged to lead. An Oak Ridge Reservation Public Health Workgroup was formed of seven federal and two state/local agencies. Meetings were held in April, June, and September 1999 with community members and

stakeholders. The interest in having a group with members representative of the community and without conflicts of interest, to provide consensus advice to the agencies, was expressed.

Subcommittee membership criteria were provided by the community: 1) local health care providers, 2) organized labor, 3) local government, 4) technical experts, 5) lay community members, 6) Chamber of Commerce/business community; 7) Scarboro; and 8) surrounding communities; 9) community health advocates; 10) workers with high risk of exposure; 11) workers or local citizens self-Identified as having health concerns; 12) retirees, and 13) civic organizations. Using these criteria, members were selected by ATSDR and CDC from the nominees submitted, in a process observed by community members. An additional criterion developed by ATSDR addressed individuals with potential high risk of off-site exposures based on the dose reconstruction reports.

One nominee was a worker with high risk of exposure and who self-identified as having health outcomes, who decided not to join (and reiterated that when asked again recently), so one seat can be filled. Although other present members fulfill that category, ATSDR decided to try to fill this position one more time. ATSDR knows of another candidate. Although not a worker, s/he meets the additional criterion of being potentially at risk of off-site exposures based on the dose reconstruction reports. One consideration is that, although the FACA charter allows up to 30 members, that is an unwieldy number for effective committee function. Mr. Washington knew of a likely candidate, and agreed to check on that person's interest and to advise ATSDR. However, he also thought that adding other members should re-open the process to other people. Mr. Pereira recalled the last meeting's lengthy discussion about including a sick worker, the one representation lacking on the Subcommittee. If the ATSDR pool of nominees doesn't meet that criterion, they could re-open the process, unless that is no longer of interest to the present members. Dr. Brooks expanded this from a "sick worker" to one who blames an illness on their occupational exposure, and suggested ATSDR just fill it by following the same process as previously used.

Mr. Pereira agreed to ask the CDC/ATSDR committee management office if they would support an announcement to seek a worker as a new member with health concerns attributable to the Oak Ridge Reservation exposures. He will advise the Subcommittee, and if so, when the nominations would formally be opened.

New Business

Health Effects Presentation. Dr. Eklund asked for a presentation on health effects expected to be seen among children as well as adults.

Activity of the Communications/Outreach Workgroup; focus group scope decision. Dr. Brooks **moved that the Subcommittee reconsider the motion passed on the previous day, assigning the work on focus groups to the Education and Outreach**

Workgroup. He suggested, instead, forming a long-standing workgroup to follow the health assessment and the work with GWU, since the focus groups leads naturally to the next stage. Dr. Davidson allowed that, if subsequent work is assigned to a different group, the work flow would be discontinuous. Mr. Lewis agreed that outreach, education, and communication entail different work and should not be addressed by a single group. He thought the first effort would be Outreach to draw the community in to the Subcommittee's work.

Mr. Pereira distinguished between health education and communication. Health education is product-driven (e.g., children eating dirt that contains lead); but communication is a process of conveying information. Optimally, they are done in concert, but communication can be done alone. Education would cover GWU's needs assessment for educational purposes. Dr. Brooks agreed that, with tasks continually assigned, the workgroup's burden will be too large. He advocated a separate workgroup for the GWU effort and another for the health assessment as well.

Ms. Kaplan reported her initially-considered strategy of just sending some thoughts to the entire Subcommittee and interested members of the public. She felt, though, that this work should not be limited to just this small Subcommittee. There is no way for four people to do all that had been assigned, unless she could draft other people to contribute. Additionally, all the work could not be done in meetings; that would be too slow a process; but the initial work could be done by e-mail. On Mr. Hill's question, Mr. Pereira confirmed that a sit-down meeting is paid as a half-day of FACA work, but 10 minutes to send an e-mail would not be. He also reminded the members that an ATSDR staffer must attend workgroup meetings.

Upon a **vote** to reconsider assigning the focus groups to the Communications/Outreach Workgroup, 16 were in favor, none opposed, and one abstained. **The motion passed.**

Dr. Brooks then **moved to re-vote on Mr. Hill's original motion.** Ms. Mosby stated that, as a member of the Workgroup, she had voted against it, favoring instead a separate workgroup to handle this task. Mr. Lewis agreed. Upon a **vote**, none were in favor; 14 were opposed. With no abstentions, **the original motion failed.**

Mr. Malmquist then **moved to form a new workgroup to work on the health needs assessment, with the first task be to address the composition of the focus groups.** The motion was seconded by Ms. Mosby. The **vote** was 16 in favor and none opposed, with one abstention. **The motion passed.**

The volunteers for the Health Needs Assessment Workgroup were: Brooks, Lewis, Mosby, Sonnenburg, Washington, Lands, Craig, Vowell, and Johnson.

Clarification/Description of Focus Groups Methodology. Upon a question, Dr. Parkin clarified that the focus group methodologies would assemble 6-12 people to discuss a topic of concern in qualitative (not quantitative) research, guided by a list of questions, with a moderator to ensure the questions are covered with in the time allotted, and with a note-taker. Typically, the issues of concern are identified that the group can address comfortably even though in a disparate groups. Difficulty arises if the groups are too mixed, so a random selection process is usually used. Another issue identified on the previous day was the ability of participants to attend the group. No record is kept of who participated or who said what. Group characteristics might be reported (e.g., general themes, concerns, perspectives, etc.). In this project, the focus groups are intended to collect a richer understanding of community concerns before structuring the instrument for the phone survey. Seven workgroups will be formed for seven counties; for example, one could have one nurse from each county if that could be managed geographically. GWU will identify the individuals after the Subcommittee identifies the groups of interest with appropriate descriptors. But GWU will also need help to know how to identify them (e.g., Scarboro or Watts Bar residents, or sick workers). Dr. Parkin offered to meet with the Workgroup, ideally at its first meeting; and in future could also meet by conference call.

Concern was expressed that the Workgroup be able to do this without delaying to the next meeting. Dr. Davidson expected the workgroups to meet and formulate their recommendation and send it to ATSDR. The agency in turn will send out the Subcommittee members and liaisons for their review and comment. However, GWU cannot act on anything until the Subcommittee approves it.

Public Comment.
After a short break, public comment was solicited.

Ms. Romance Carrier, of the Oak Ridge Health Liaison, was discomfited by the references to a "self-identified sick worker." She asked what was different about that category, thinking that it sounded as if it questioned the legitimacy of the identification. Dr. Davidson responded that ATSDR would respond in writing to the comments, which Ms. Carrier appreciated. She continued that she was happy to read that CDC will begin to track environmental illnesses, something she suspected that many people assumed it had done for years. She herself had participated in a CDC study at Emory University with Dr. Frumpkin. She stressed the difficulty of doing so; she could not have managed it if not for her husband. Many physically disabled people cannot do so; they are in wheelchairs and/or have lost everything.

Dr. Frome asked to read a comment from the public, sent to the Environmental Quality Advisory Board on September 2 from <*andyh987@aol.com*>. Andy urged the board to "face the facts" that no one wants to move to Oak Ridge because of the environmental problems; he himself is ready to move. He stated that the real estate values are too high, and that those moving in don't know the problems. He charged that is DOE stalling any

action until the affected workers die. He challenged the EQAB to address these issues within one month, or he would start an Internet campaign to deter anyone from moving to Oak Ridge. Dr. Frome e-mailed him back asking him to come to this meeting and express those concerns, or offered to read his message if he could not. Mr. Craig asked if the e-mail could be distributed. Mr. Pereira was unsure, since it was not sent directly to the ORRHES. However, Mr. Kuhaida thought that possible, since Tennessee's open meeting law would release the e-mail after being sent to the EQAB.

Dr. Davidson also read comments received the previous day in writing from *Ms. J. Shaakir-Ali*. She urged that Blount County be included in the study's geographic area; the use of the Internet to deploy educational materials; and the use of TV Access Channel 12 in Oak Ridge, as many elderly people watch that.

Closing Discussion

Outreach. Ms. Sonnenburg personally thanked Ms. Carrier for coming to talk with the Subcommittee. She hoped to find a way for the committee to be more welcoming and responsive to those who take the trouble to come and address it. Dr. Davidson noted the charge to the Outreach/Communication Workgroup to discuss how to be more responsive; and noted that ATSDR will respond to each person's comments and that the minutes will include a summary of each person's remarks.

Website. Mr. Pereira invited the Subcommittee's recommendation to ATSDR as to how they would like to use its Website. He offered to provide as a model the site of the Hanford Health Effects Subcommittee. The Outreach/Communication Workgroup was asked to consider this question.

Roberts Rules. Mr. Malmquist requested that Dr. Brooks give a short presentation on Roberts Rules at the next meeting, and provide that information before the meeting.

Registries. Mr. Akin suggested addressing the public misperception that ATSDR will track everything as part of its disease registry. The latter's cost and limited activity (diseases related to 3-4 contaminants) should be made known. Mr. Hanley recalled media reports that a commission funded by the Pew Charitable Trust (<health-track.org>) recently recommended to President Bush that CDC set up a tracking system.

Action Items. Dr. Connery summarized the action items she had noted in the course of the meeting. These are listed appended to this report in Attachment #8, along with the meeting recorder's list of the meeting's motions and action items.

Meeting Dates: In discussing future meeting dates, the Subcommittee considered that the second Tuesday is the CAB's meeting day; that two Monday nights per month are City Council meetings; and that June 5 is election day. **The members agreed on the**

following tentative schedule of meetings, on Mondays (noon to evening), and Tuesdays (8-4:30 p.m.), on the following dates: June 11-12; September 10-11; and December 3-4.

Meeting Records: ATSDR will continue the video- and audio-taping of meetings, and FACA requires detailed minutes which will be available on the Website. When asked about continuing the verbatim transcript, Mr. Malmquist **moved to discontinue the verbatim transcript.** Ms. Sonnenburg seconded the motion, which **passed** unanimously.

Meeting Location: The Agenda Committee and ATSDR are investigated other locations (e.g. the Mall) for future meetings.

Finally, the members were asked to provide changes to their biographies (which will be made public) to Marilyn Palmer, and to sign the meeting roster before leaving. With Dr. Davidson's thanks, the meeting then adjourned at 3:50 p.m.

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

_____

Kowetha A. Davison, Ph.D., Chair

_____

Date

ATTACHMENTS:

1. Review of AOEC document regarding Oak Ridge Reservation and Reported Health Effects
2. Agenda Workgroup report
3. Communications/Outreach Workgroup report
4. Guidelines and Procedures Workgroup report
5. DOE Information: Energy Employees Occupational Illness Compensation Program Act of 2000
6. Memorandum from Save Our Cumberland Mountains, Roane County Chapter/Oak Ridge Health Liaison
7. ATSDR information: time lines of Oak Ridge Reservation facility histories
8. Motions passed and action items listed at the January meeting.

Attachment #8

Motions passed and Action Items Listed by the Meeting Recorder

Motions passed during the January 2001 meeting:

- Include in the geographic scope for health effects studies the Oversight Committee's represented 7-8 county area: Anderson, Knox, Roane, Loudon, Meigs, Rhea, and Morgan; and the city of Oak Ridge.
- The Communications/Outreach Workgroup was asked explore what issues the focus groups should address, and return with a recommendation to the full committee.
- The Communications/Outreach Workgroup will reword its
- draft report (e.g., to "attracting" or "advertising for," rather than "identifying" new members). The balance of the report was approved.
- The Procedures document's appendix was changed to become Chapter 6.
- The Guidelines and Procedures Workgroup will review the issue of the Vice Chair after the CDC/ATSDR Legal Department responds, and will discuss the relationship of the process documents and by-laws.
- The Guidelines and Procedures Workgroup will discuss the use of Roberts Rules of Order, including which are likely to be applied and how. The consensus process will also be considered.
- The Guidelines and Procedures Workgroup will include the public comment period and adjournment in the agenda.
- A vote was taken to accept Figure 2, which was altered to show all the non-voting liaison relationships with the Subcommittee, including that of DOE. The vote was 11 in favor and 7 against. (See the next bullet)
- The Guidelines and Procedures document will not address voting protocol until what constitutes an affirmative vote is agreed upon by the Subcommittee.
- The liaison agencies and their nonvoting status will be designated on their table name plates.
- The next meeting will begin at noon on the morning of Tuesday, March 19th and to end at 4 p.m. on Tuesday the 20th.
- The previous day's motion, assigning the work on focus groups to the Education and Outreach Workgroup was withdrawn. A new workgroup to address the health needs assessment was formed, with its first task to be addressing the composition of the focus groups.
- The tentative schedule of meetings is to be held on Mondays (noon to evening), and Tuesdays (8-4:30 p.m.), on the following dates: June 11-12; September 10-11; and December 3-4.
- The verbatim meeting transcript will be discontinued; the audio and video taping and note taking to generate Minutes documents will continue.

January 2001 Meeting Action Items, as noted by the Meeting Recorder

Day 1:

1. ATSDR will make copies available of the 12/99 TDEC report on the DOE Oversight Project.
2. NIOSH/Mr. Elliott will convey to NIOSH's Acting Director, Dr. Larry Fine, the committee's desire to have a NIOSH representative at every meeting.
3. ATSDR will provide comments on the Workgroup's Program of ORRHES Work.
4. A progress report was requested on the interagency meeting regarding the Scarboro soil sampling analysis and a general sampling strategy.
5. Ms. Vowell will provide a definition of what constitutes a "medically under-served" population to ATSDR for distribution to the Subcommittee.
6. NIOSH will provide a listing of the accomplishments for workers that stem from their research, as well as the concerns expressed by the workers. A program booklet and other information on present and past studies will be provided.

Day 2:

7. The Subcommittee requested a baseline report on the community's health. ATSDR could present the results of previous community health status reports (e.g., Anderson and Roane counties) and on the implications of making statements based on such information.
8. The Communications/Outreach Workgroup was asked to develop advice to the Subcommittee on a communications strategy that ATSDR can use to communicate the results of the needs and public health assessments to the public, and to evaluate if that communication is effective.
9. ATSDR was asked to provide information on how they approach the toxicological issues related to synergism.
10. Mr. Pereira will ask ATSDR management, and should be able to advise next week, if the agency will support an announcement to seek a worker as a new member; and if so, when the nominations will be formally opened.
11. The Health Needs Assessment Workgroup's first task will be to address the descriptors with which to form the GWU focus groups. Workgroup volunteers were: Brooks, Lewis, Mosby, Sonnenburg, Washington, Lands, Craig, Vowell, Johnson.
12. The Agenda Workgroup will consider a short presentation on Roberts Rules by Al Brooks at the next meeting.
13. The Communications/Outreach Workgroup was asked to consider how best the ORRHES can use the ATSDR Website as a resource.

ACTION ITEMS, "PARKING LOT" ISSUES, AND DECISIONS [INCOMPLETE LIST]
As Noted by the Meeting Planner, Eastern Research Group
OAK RIDGE RESERVATION SUBCOMMITTEE
JANUARY 18-19, 2001

- ATSDR will send a copy of the minutes of the first meeting to Al Brooks.
- ATSDR will send copies of the 2000 TN Dept. of Environment and Conservation DOE Oversight Division, *Status Report to the Public* to the subcommittee members.
- GWU will provide a list of the documents they are reviewing to all members of subcommittee via ATSDR. [DONE]
- ATSDR will get information on whether it is possible under FACA to have a vice-chair to the G&P work group within a week or so.
- ATSDR will distribute the letter from Save our Cumberland Mountains to all members of the subcommittee and to all panelists who were present on the first day.
- Brenda Vowell will get information on medically under-served communities to subcommittee members via ATSDR.
- The Needs Assessment Work Group will develop recommendations for the descriptors for the seven focus groups that are not the general focus groups. ATSDR will distribute these recommendations to all subcommittee members prior to the next meeting.
- The Communications and Outreach Work Group will reconsider and revise the first bullet of their purpose statement.
- The Procedures and By-Laws Work Group will consider and recommendation a resolution of 1) the relationship of the process document and by-laws, 2) vice chair (subject to information from ATSDR).
- The P&G Work Group will determine and clarify what aspects of Roberts Rules will apply to the subcommittee and how they will be used.
- The P&G Work Group will add public comment period and adjournment to the list of agenda items in the by-laws.
- ATSDR will check and get back to Bill Pardue/subcommittee on work that has already been done on and limitations of comparing health effects rate in people in the Oak Ridge area to the general population.

- ATSDR will get copies of *Community Diagnosis Status Report for Anderson County* etc. to subcommittee members.

- ATSDR will look into developing a list of steps for the needs assessment comparable to the seven steps for the public health assessment process.

- ATSDR will work with the Agenda Work Group to develop a schedule for the public health assessment.

- The Communication and Outreach Work Group will work on: (1) a communication strategy for ATSDR and CDC to communicate to subcommittee members and the public regarding work on and results of the needs assessment and public health assessment; and (2) a strategy for evaluating whether communication by the subcommittee has been effective within the community.

- Jerry Pereira will check with ATSDR management about making an announcement of a vacancy on the subcommittee for a member who is self-identified as having health impacts as a result of exposure at work.

- ATSDR will respond in writing to questions asked by public commenters (if the commenters have provided their names and addresses).

- Al Brooks will give a brief presentation at the next meeting on Roberts Rules of Order.

- ATSDR will information on the URL for the Hanford web site to Al Brooks.

- ATSDR will create name tags and placards for the liaison members that indicate the affiliation of the liaison members and that there are liaison members (rather than voting members).

- THREE ITEMS ADDED BY RECORDER RE NIOSH

- ATSDR will provide comments on the program of work as soon as feasible.

- A progress report was requested for the next meeting on the sampling strategy.

"PARKING LOT" ISSUES

- Al Brooks: wants clarification on issue of who will decide what will be the scope of the focus groups.
- Al Brooks would like subcommittee to consider the issue of how health effects are reported – issue that needs assessment draft materials indicate certain things are heath effects that are not.
- Split duties of outreach work group.
- Dr. Eklund's point.

DECISIONS [INCOMPLETE LIST]

- Decided to keep agenda as is rather than shift the agency section to 3:30 p.m. from 4 p.m. 17 yes/1 abstention.
- For a new work group for the health needs assessment and the first task will be to develop input to GWU regarding the seven focus groups that are not the general focus group. Members are Ron Lands, Barbara Sonnenburg, James Lewis, Donna Mosby, Bob Craig, Brenda Vowell, Charles Washington, Dave Johnson, Al Brooks.
- Decided to refer first bullet of communications and outreach group statement back to the group for further refinement. Approved the rest of the statement.
- Refer the issue of 1) the relationship of the process document and by-laws, 2) vice chair (subject to information from ATSDR) back to the Procedures and By-laws Work Group.
- P&G work should further determine and clarify what aspects of Roberts Rules will apply to the subcommittee and how they will be used.
- Public comment period and adjournment should be included items in the agenda items in the by-laws.
- Decision to table motion of adding DOE as a liaison until by-laws are adopted.
- Placards of liaisons shall be displayed to indicate agency affiliation and a designation that they are nonvoting.