



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2008**

**Agency for Toxic Substances
and Disease Registry**

*Justification of
Estimates for
Appropriation Committees*

MESSAGE FROM THE DIRECTOR

We are pleased to present the FY 2008 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). This budget request includes the FY 2008 Annual Performance Plan and the FY 2006 Annual Performance Report as required by the Government Performance and Results Act of 1993.

ATSDR employs excellent science in taking responsive public health action and providing health information to prevent disease related to toxic substance exposures. ATSDR continues to prevent, determine, and mitigate health effects at sites with toxic exposures, and its successes in doing so across the nation illustrate how funding for ATSDR directly benefits Americans. Sample FY 2006 successes for ATSDR include the following:

- Helped thousands of returning residents in Mississippi and Louisiana re-enter their homes safely following Hurricanes Katrina and Rita;
- Advanced asthma research through a study in New York that found a link between exposures to particulate matter, sulfur dioxide, ozone, nitrous oxide, and other pollutants with asthma emergency department visits;
- Helped stop mercury exposures to preschool children at a Franklin Township, New Jersey, day-care center run for two years in a building once occupied by a medical instruments manufacturer; and
- Protected the health of people in Connecticut and Indiana living near chemical facilities that caught fire by helping to ensure safe cleanup and re-occupancy.


Under its Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) mandate, these examples illustrate ATSDR's continuing work in preventing and mitigating exposures and related health effects at sites across the nation.

As we go forward, ATSDR continues to engage in its core public health activities and to achieve savings from its management consolidation with the National Center for Environmental Health. Our core activities and management efficiencies improve ATSDR's accountability and help implement Office of Management and Budget recommendations successfully.

ATSDR monitors its performance through long-term performance measures that evaluate our success in mitigating exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances.

This FY 2008 Congressional Justification provides more detail of ATSDR's successes, highlights current efforts, and describes how the budget request will allow us to continue serving Americans productively through the upcoming fiscal year.

Sincerely,



Julie Louise Gerberding, M.D., M.P.H.

Director, Centers for Disease Control and Prevention, and
Administrator, Agency for Toxic Substances and Disease Registry



Howard Frumkin, M.D., Dr. P.H.

Director, National Center for Environmental Health/
Agency for Toxic Substances and Disease Registry

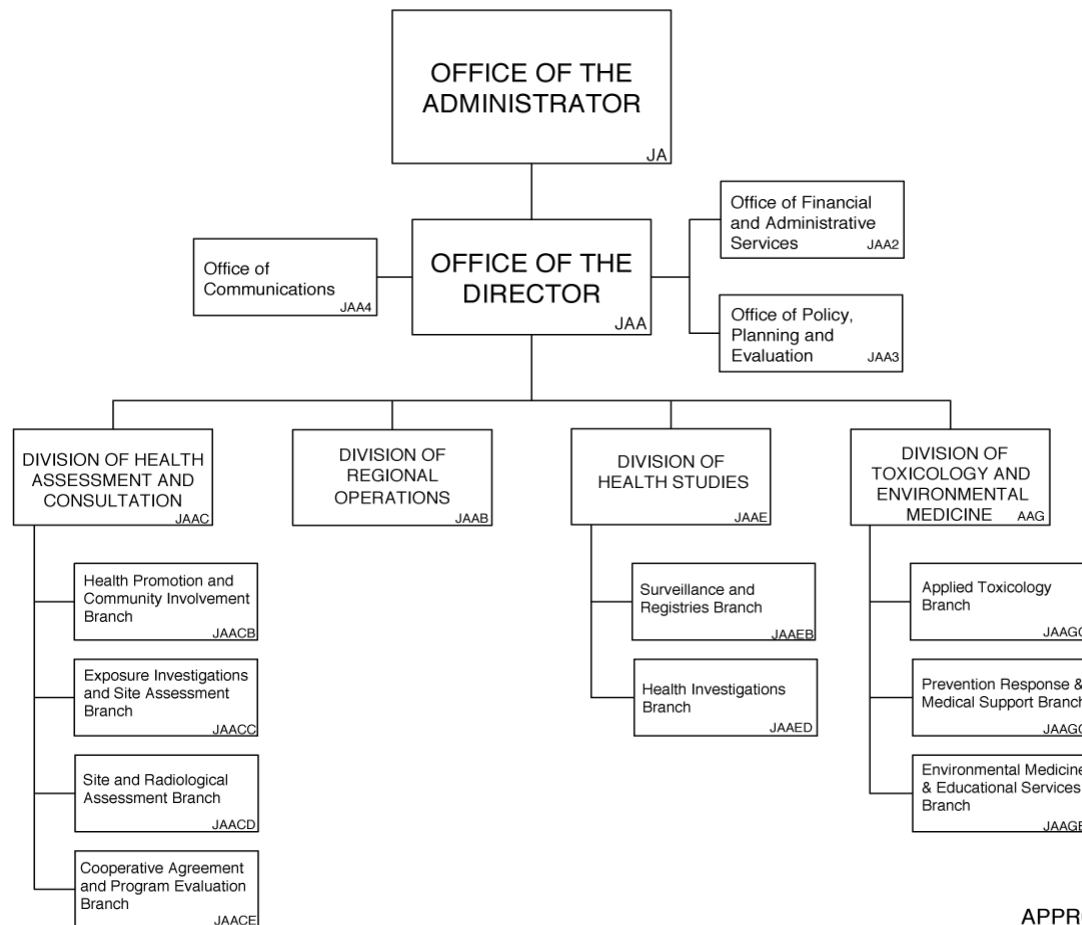
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ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (J)



APPROVED 9/25/2006

PERFORMANCE BUDGET OVERVIEW

STATEMENT OF MISSION

STATEMENT OF MISSION

The Agency for Toxic Substances and Disease Registry (ATSDR) is the nation's public health agency for chemical safety. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures to toxic substances and related disease.

The discovery of contamination in New York State's Love Canal during the 1970s first brought the problem of hazardous wastes to national attention. Similarly, the health threat from sudden chemical releases came into focus in December 1984, when a cloud of methyl isocyanate gas released from a Union Carbide facility in Bhopal, India, seriously injured or killed thousands of people.

Both events represent the kinds of issues at the core of ATSDR's congressional mandate. First organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, more commonly known as the Superfund law. In 1986, Congress passed the Superfund Amendments and Reauthorization Act (SARA). Through these and other pieces of legislation, Congress responded to the public's demand for a more complete accounting of toxic chemicals and releases. In addition, Congress was—and remains—concerned by other pathways of potential exposure, including food, water, air, and consumer goods.

Since the creation of ATSDR, thousands of hazardous sites have been identified around the country. The Superfund program remains responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR has also been at the forefront in protecting people from acute toxic exposures that occur from hazardous leaks and spills, environment-related poisonings, and natural and terrorism-related disasters.

Under its CERCLA mandate, ATSDR's work falls into four functional areas:

- Protecting the public from toxic exposures;
- Increasing knowledge about toxic substances;
- Delivering health education about toxic chemicals; and
- Maintaining health registries.

Through our work in these areas, ATSDR continues to prevent and mitigate exposures and related health effects at hazardous waste sites across the nation.

DISCUSSION OF ATSDR STRATEGIC PLAN

ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan and support the agency's congressional mandate. The agency's strategic goals, listed below, were developed with OMB during ATSDR's 2003 PART evaluation.

Goal 1: Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases.

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is successful in preventing ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. Therefore, ATSDR takes an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt ATSDR's public health and safety recommendations.

Goal 2: Determine human health effects associated with exposures to Superfund-related priority hazardous substances.

ATSDR works to determine the relationship between toxic exposures and disease. These efforts include various health studies, toxicological research, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling gaps in knowledge about effects from exposure to hazardous substances. ATSDR strives to fill critical data gaps associated with the 275 priority hazardous substances – those substances most often found to impact health at Superfund sites.

Goal 3: Mitigate the risks of human health effects at toxic waste sites with documented exposures.

A key indicator of the success of ATSDR's work with its partners is not only to identify exposures to toxic substances, but also to take action and follow-up to ensure that the effect of these risks on exposed individuals is minimal. CDC uses behavior change as a measurement of success but also focuses on more outcome-oriented measures, such as comparing morbidity/mortality rates, measuring the reduction of environmental exposures, performing biomarker tests, and monitoring the behavior change of relevant community members and/or health professionals.

Goal 4: Build and enhance effective partnerships.

ATSDR works through partnerships to build environmental public health capacity outside the agency as a means of protecting a greater number of people against exposures to hazardous substances. Ultimately, working with partners allows ATSDR to reach more people than it ever could alone. ATSDR monitors and evaluates its partners' performance on a quarterly basis and continues to improve training and information sharing to enhance performance.

For additional information on the link between ATSDR's budget and HHS strategic goal, please refer to the Budget by Strategic Goal Table in the FY 2008 HHS Annual Plan.

OVERVIEW OF PERFORMANCE

The following success stories illustrate how ATSDR's focus on the impact of its work is improving the effectiveness of ATSDR's efforts in public health as well as the agency's practice in measuring those efforts.

Goal 1: Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases.

Protecting Firefighters and Residents (Connecticut)

ATSDR helped EPA responders protect the health of residents who lived near a major chemical fire in Connecticut. ATSDR's specialist advised on necessary protection measures for nearby residents, re-occupancy, and health consequences to responders of a chemical found in firefighting pond water. The specialist also detected a serious and potentially harmful error in concentration calculations and worked on assessment and cleanup measures for asbestos, which the fire's five-mile long smoke plume deposited into residential properties. As a result, health of residents and responders was protected from exposure to particulates, asbestos, and methyl methacrylate.

Goal 2: Determine human health effects associated with exposures to Superfund-related priority hazardous substances.

Finding Answers to Troubling Questions (North Carolina)

ATSDR continues to answer lingering health questions at Marine Corps Base Camp Lejeune, North Carolina. Two decades have passed since contaminated drinking water wells were closed at the base, and for an uncertain period prior to that, some base families and personnel were exposed to volatile organic compounds (VOCs) in the water. ATSDR has been working on analyzing the extent of exposures. To compensate for the lack of information about the Camp's water distribution system operations for that period, ATSDR developed an innovative water model to assess likely past exposures. In part, the model development involved measuring flow rates and pressures at different locations along the water distribution system. The model will help identify the likely route, timeframe, and extent of exposure.

Protecting Children from Asthma (New York)

Findings from a study of two New York City boroughs, Bronx and Manhattan, may help people reduce exposure to ambient air pollutants and emergency department visits due to acute asthma. The study, conducted by the New York State Department of Health in cooperation with ATSDR, suggests that the criteria pollutants such as particulate matter, sulfur dioxide, ozone, and nitrous oxide had a statistically detectable impact on acute asthma emergency department visits in a community with a relatively high baseline rate of acute asthma exacerbations.

Battling Lung Problems (Idaho)

Thanks to a recent study and follow-up efforts by ATSDR and its state partners in Idaho, physicians and health professionals in Chubbuck and Pocatello will now be able to help their patients reduce their exposure to particulate matter and, consequently, lower their risk of lung disease. ATSDR provided health care professionals, identified by the Idaho Department of Health and Welfare, with information to help their patients. Health education materials were directed at the over 100 health professionals in Pocatello and Chubbuck area specializing in children, seniors, lung patients, and family practice. Each was provided with the findings of the study and advised of ways patients can reduce their exposure to particulate matter in the air.

Goal 3: Mitigate the risks of human health effects at toxic waste sites with documented exposures.

Stopping Exposures to Mercury at a Day Care Center (New Jersey)

ATSDR and New Jersey state health officials helped stop mercury exposures to children at a day care center in Franklin Township. For two years, the Kiddie Kollege Day Care Center operated in a building once occupied by a company that made thermometers and related instruments. The manufacturing involved elemental mercury. Following ATSDR's and the State's guidance, all children and staff were advised to evacuate, and the day-care operator immediately closed the center. ATSDR, working with state health officials, the CDC Environmental Health Lab, and the Mt. Sinai Pediatric Environmental Specialty Health Unit, then arranged for mercury testing and education. Sixty children and nine adults received tests, which the CDC laboratory processed in extraordinarily rapid fashion. ATSDR and its partners offered consultation and follow-up testing to all children and staff who required it.

Protecting Residents from Toxic Hazards (Indiana)

ATSDR worked with EPA to protect the health of some 5,000–8,000 residents evacuated during a fire at the AMACOR magnesium recycling facility in Anderson, Indiana. ATSDR helped determine where air-monitoring equipment needed to be located to be effective. The fire burned for about 48 hours, and roofing material was blown from the buildings and scattered around the surrounding residential community. The impacted area covered a two-

mile radius and affected approximately 1,300 residences. ATSDR and others developed a neighborhood clean-up clearance sampling protocol to help protect against residential exposures to asbestos-containing debris potentially left behind after the clean up.

Identifying and Educating Exposed Workers (Pennsylvania and around the U.S.)

ATSDR is working to protect the health of thousands of people who may have been exposed to asbestos from vermiculite-processing plants. In New York, ATSDR and the New York State Department of Health collaborated in getting past employees of a former vermiculite exfoliating facility in Weedsport to seek medical evaluation. ATSDR and NYSDOH prompted former workers and their families of the importance of medical evaluation because of their potential exposure. As a result of the evaluations, several people found that they had asbestos-related disease. In Pennsylvania, ATSDR found that some 60 to 120 workers at a New Castle plant were likely exposed to asbestos. In addition, the nearly 2,200 people who lived within a mile of the plant in 1990 may also have been exposed while the plant was in operation. Although little can be done about past exposures, education efforts can help lead those with established or potential asbestos exposures to reduce behaviors (e.g., cigarette smoking) known to increase the risk of developing asbestos-related disease.

Continuing Response to Hurricane Katrina (Louisiana, Mississippi)

Immediately following Hurricane Katrina, ATSDR staff deployed to the area to work with EPA in resolving public health issues. Specifically, ATSDR personnel delivered technical and other support to local and state officials. ATSDR personnel helped protect the health of survivors, evacuees, and response personnel; aided the rebuilding of New Orleans's environmental health infrastructure; aided EPA in the assessment of hazards, including the Murphy Oil site; surveyed rail lines for damaged or leaking chemical and freight cars; investigated EPA National Priorities List sites and industrial facilities to determine whether these facilities posed hazards as a result of hurricane damage; and delivered critical health guidance to returning residents on carbon monoxide, water sanitation, electrical hazards, etc.

PERFORMANCE APPROACH

ATSDR's performance approach is evident in its development of measures specifically designed to assess the agency's effectiveness. For instance, the PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as EPA. Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations to greater than 75 percent by 2006. This year, ATSDR exceeded this rate with a result of 80 percent. To improve the process' effectiveness, ATSDR now uses a database to track recommendations and periodically follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also enhancing the agency's effectiveness and efficiency.

In addition to tracking recommendations, ATSDR has also adopted a set of impact-driven measurements to assess its success in mitigating exposures at its most urgent and hazardous sites. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. For the past two years, however, the agency has reported performance data that documents the impact of its interventions in reducing the occurrence or risk of health effects.

The agency compares pre- and post-intervention morbidity/mortality rates, measures reductions in environmental exposures, performs biomarker tests, and measures community behavior changes. In FY 2006, ATSDR mitigated health risks or disease at 65 percent of its urgent and public health hazard sites, meeting its target of 65 percent and exceeding its FY 2004 baseline of 33 percent. These indicators will give ATSDR important new data to use in targeting its resources.

OVERVIEW OF BUDGET REQUEST

The FY 2008 Budget of \$75,004,000 for ATSDR represents an increase of \$99,000 above the FY 2007 Continuing Resolution level of \$74,905,000. The additional funding will be used for ATSDR's state cooperative agreement to develop environmental health capacity, provide health education, and conduct health outcome data reviews related to potential exposures to hazardous substances and toxic chemicals.

BUDGET EXHIBITS

APPROPRIATION LANGUAGE

ATSDR

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i), 111(c)(4), and 111(c)(14) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended; section 118(f) of the Superfund Amendments and Reauthorization Act of 1986, as amended; and section 3019 of the Solid Waste Disposal Act, as amended, \$75,004,000, of which up to \$1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of the Agency for Toxic Substances and Disease Registry: Provided, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited health care providers: Provided further, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: Provided further, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year 2008, and existing profiles may be updated as necessary.

APPROPRIATIONS LANGUAGE ANALYSIS

PURCHASE AND LANGUAGE PROVISION	EXPLANATION
<i>"...of which up to \$1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of ATSDR..."</i>	CDC's appropriation includes language to provide funding for Individual Learning Accounts. The inclusion of language in the ATSDR appropriation allows this funding to be available to employees whose salaries are paid through this appropriation as well.

AMOUNTS AVAILABLE FOR OBLIGATION

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY AMOUNTS AVAILABLE FOR OBLIGATION ¹			
	FY 2006 Actual	FY 2007 CR	FY 2008 Budget
Appropriation:			
Annual	\$76,024,000	\$74,905,000	\$75,004,000
Interior, Environment, and Related Agencies Rescission	(\$361,874)	\$0	\$0
Government-wide Rescission	(\$756,620)	\$0	\$0
Subtotal, adjusted Appropriation	74,905,506	74,905,000	\$75,004,000
Unobligated balance start of year	\$0	\$0	\$0
Unobligated balance end of year	\$0	\$0	\$0
Unobligated balance lapsing	\$0	\$0	\$0
Total obligations	\$74,905,506	\$74,905,000	\$75,004,000

¹ Excludes the following amounts for reimbursements: FY 2006 - \$5,492,000; FY 2007 - \$5,639,000; and FY 2008 - \$5,826,000.

SUMMARY OF CHANGES

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF CHANGES (DOLLAR IN THOUSANDS)				
	2007 CR		Change from Base	
	FTE	Base Funding	FTE	Proposed Level
2008 Budget (Budget Authority)				
		Dollars		FTEs
2008 Budget (Budget Authority)		\$75,004		330
2007 CR (Budget Authority)		\$74,905		330
Net Change		\$99		0
Increases:				
1. President's Budget Adjustment	N/A	\$0	---	\$99
Total Increases	N/A	\$0	0	\$99
Decreases:				
1. None	N/A	\$0	---	\$0
Total Decreases	N/A	\$0	0	\$0
Built-In:				
1. January 2008 Pay Raise/Locality Pay	---	---	---	784
2. Annualization of FY 2007 Pay Increase	---	---	---	198
3. Two days Extra Pay	---	---	---	266
4. Within-Grade Increases	---	---	---	627
5. Rental Payments to GSA and Others	---	---	---	1
6. Inflation Costs on Other Objects	---	---	---	569
Total Built-In	330	\$74,905	0	\$2,445
1. Absorption of Current Services			0	(\$2,445)
Total	N/A	N/A	0	(\$2,445)
Total, Increases (Budget Authority)	N/A	N/A	0	\$2,544
Total, Decreases (Budget Authority)	N/A	N/A	0	(\$2,445)
NET CHANGE - INTERIOR, ENVIRONMENT, AND RELATED AGENCIES BUDGET AUTHORITY	330	\$74,905	0	\$99

BUDGET AUTHORITY BY OBJECT

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY OBJECT CLASSIFICATION - DIRECT OBLIGATIONS (DOLLARS IN THOUSANDS)			
	FY 2007 CR	FY 2008 Budget	FY 2008 +/- FY 2007
Direct Obligations			
Full-Time Permanent(11.1)	21,458	22,618	1160
Other than Full-Time Permanent (11.3)	1,077	1,135	58
Other Personnel Comp. (11.5)	928	978	50
Military Personnel (11.7)	3,453	3,644	191
Special Personal Service Comp. (11.8)	1	1	0
Total Personnel Compensation	26,917	28,376	1,459
Civilian personnel Benefits (12.1)	6,169	6,502	333
Military Personnel Benefits (12.2)	1,503	1,587	84
Benefits to Former Personnel (13.0)	0	0	0
SubTotal Pay Costs	34,589	36,465	1,876
Travel (21.0)	959	910	(49)
Transportation of Things (22.0)	70	66	(4)
Rental Payments to GSA (23.1)	26	24	(2)
Rental Payments to Others (23.2)	13	12	(1)
Communications, Utilities, and Misc. Charges (23.3)	12,054	11,444	(610)
Printing and Reproduction (24.0)	176	168	(8)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	2,340	2,222	(118)
Other Services (25.2)	5,566	5,285	(281)
Purchases from Government Accounts (25.3)	1,127	1,070	(57)
Operation and Maintenance of Facilities (25.4)	3	3	0
Research and Development Contracts (25.5)	223	220	(3)
Medical Services (25.6)	0	0	0
Operation and Maintenance of Equipment (25.7)	543	516	(27)
Subsistence and Support of Persons (25.8)	46	44	(2)
Subtotal Other Contractual Services	9,848	9,360	(488)
Supplies and Materials (26.0)	184	175	(9)
Equipment (31.0)	405	384	(21)
Land and Structures (32.0)	1,407	1,302	(105)
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	15,174	14,694	(480)
Insurance Claims and Indemnities (42.0)	0	0	0
Interest and Dividends (43.0)	0	0	0
Refunds (44.0)	0	0	0
Subtotal Non-Pay Costs	40,316	38,539	(1,777)
Total Budget Authority	74,905	75,004	99

SALARIES AND EXPENSES

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SALARIES AND EXPENSES (DOLLARS IN THOUSANDS)			
	FY 2007 CR	FY 2008 Budget	FY 2008 +/- FY 2007
Personnel Compensation:			
Full-Time Permanent(11.1)	21,458	22,618	1,160
Other than Full-Time Permanent (11.3)	1,077	1,135	58
Other Personnel Comp. (11.5)	928	978	50
Military Personnel (11.7)	3,453	3,644	191
Special Personal Service Comp. (11.8)	1	1	0
 Total Personnel Compensation	26,917	28,376	1,459
Civilian personnel Benefits (12.1)	6,169	6,502	333
Military Personnel Benefits (12.2)	1,503	1,587	84
Benefits to Former Personnel (13.0)	0	0	0
 SubTotal Pay Costs	34,589	36,465	1,876
Travel (21.0)	959	910	(49)
Transportation of Things (22.0)	70	66	(4)
Rental Payments to Others (23.2)	13	12	(1)
Communications, Utilities, and Misc. Charges (23.3)	12,054	11,444	(610)
Printing and Reproduction (24.0)	176	168	(8)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	2,083	1,977	(105)
Other Services (25.2)	5,566	5,285	(281)
Purchases from Government Accounts (25.3)	4	4	(0)
Operation and Maintenance of Facilities (25.4)	3	3	0
Medical Services (25.6)	0	0	0
Operation and Maintenance of Equipment (25.7)	543	516	(27)
Subsistence and Support of Persons (25.8)	46	44	(2)
 Subtotal Other Contractual Services	8,245	7,829	(415)
Supplies and Materials (26.0)	184	175	(9)
 Subtotal Non-Pay Costs	21,701	20,604	(1,096)
 Total Budget Authority	56,290	57,069	780

AUTHORIZING LEGISLATION

DOLLARS IN THOUSANDS	FY 2007 AMOUNT AUTHORIZED	FY 2007 CR	FY 2008 AMOUNT AUTHORIZED	FY 2008 BUDGET REQUEST
Agency for Toxic Substances and Disease Registry (ATSDR)	Indefinite	\$74,905	Indefinite	\$75,004
The Great Lakes Critical Programs Act of 1990, 33 U.S.C. § 1268 Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), 42 U.S.C § 9604(i) The Defense Environmental Restoration Program, 10 U.S.C. § 2704 The Resource Conservation and Recovery Act, as amended, 42 U.S.C § 321 et seq. The Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.				
<i>Total Appropriation</i>		<i>\$74,905</i>		<i>\$75,004</i>

APPROPRIATIONS HISTORY

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY APPROPRIATIONS HISTORY TABLE				
	Estimate	House Allowance	Senate Allowance	Appropriation
1997	58,000,000	60,200,000	60,200,000	64,000,000
1998	64,000,000	80,000,000	80,000,000	74,000,000
1999	64,000,000	74,000,000	74,000,000	76,000,000
2000	64,000,000	70,000,000	70,000,000	70,000,000
2001	64,000,000	70,000,000	75,000,000	75,000,000
2001 Rescission				(165,000)
2002	78,235,000	78,235,000	78,235,000	78,235,000
2002 Rescission				(32,000)
2003	77,388,000	88,688,000	81,000,000	82,800,000
2003 Rescission				(538,200)
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				(433,455)
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				(613,000)
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Rescission ¹				(361,874)
2006 Rescission				(756,620)
2007 ²	75,004,000	76,754,000	75,004,000	74,905,000
2008	75,004,000			

¹FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

²The FY 2007 appropriation amount listed is the FY 2007 estimated CR level.

NARRATIVE BY ACTIVITY

NARRATIVE BY ACTIVITY

AUTHORIZING LEGISLATION

The Great Lakes Critical Programs Act of 1990, 33 U.S.C. § 1268 Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), 42 U.S.C § 9604(i) The Defense Environmental Restoration Program, 10 U.S.C. § 2704 The Resource Conservation and Recovery Act, as amended, 42 U.S.C § 321 et seq. The Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

	FY 2006 Actual	FY 2007 CR	FY 2008 Budget	FY 2008 +/- FY 2007
BA	\$74,905	\$74,905	\$75,004	\$99

STATEMENT OF THE BUDGET

The FY 2008 Budget of \$75,004,000 for ATSDR represents an increase of \$99,000 above the FY 2007 Continuing Resolution level of \$74,905,000. The additional funding will be used for ATSDR's state cooperative agreement to develop environmental health capacity, provide health education, and conduct health outcome data reviews related to potential exposures to hazardous substances and toxic chemicals.

PROGRAM DESCRIPTION

ATSDR is the nation's public health agency for chemical safety. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures and related disease.

Created in 1980 by CERCLA, commonly known as the Superfund law, ATSDR leads federal public health efforts at Superfund and other sites with known or potential toxic exposures. In FY 2006, ATSDR served over 3.2 million people in 346 communities.

ATSDR shares common concerns with other federal agencies, such as the Environmental Protection Agency (EPA), the National Institute of Occupational Health and Safety (NIOSH), and the Chemical Safety and Hazard Investigation Board (CSHIB). What distinguishes ATSDR is its unique focus. In the area of toxic substances, other federal agencies' efforts address substances in the environment and/or the workplace. ATSDR concentrates almost exclusively on the *human health effects* of substances in the environment. A non-regulatory agency, ATSDR often serves in an advisory capacity to other agencies, delivering authoritative scientific expertise on the human health effects of hazardous environmental exposures. ATSDR's programs are also distinctive in their emphasis on both community involvement and environmental justice.

In support of its strategic goals, ATSDR conducts a variety of activities, including the following:

- *Exposure Investigations* to collect and analyze site information and perform biological tests, and when appropriate, determine whether people have been exposed to hazardous substances.
- *Public Health Assessments (PHAs)* to review information about hazardous substances found at a waste site. PHAs evaluate whether people living or working at the site or nearby may be exposed to harmful levels of these substances. These assessments may also recommend that EPA or other agencies take certain actions to protect public health such as conducting blood tests for children or remediating a waste site. ATSDR conducts a PHA for each site proposed for the NPL and for other sites in response to petitions from communities.
- *Health Consultations* to provide guidance on specific, health-related questions about hazardous wastes in communities. More limited in scope than PHAs, health consultations may be written or oral, and may contain recommendations.
- *Toxicological Profiles* to summarize, interpret, and evaluate available data and possible health effects of hazardous substances found at NPL sites. To date, 289 toxicological profiles have been published or are under development. Of these, 274 profiles have been published as final, eight are being revised on the basis of public comments, and seven are out for public comment. The *ToxProfiles* are regularly updated and are used by health and scientific professionals worldwide.
- *Health Education* to provide information and training to affected communities and medical professionals about ways to assess, control, or prevent exposure to hazardous substances in the environment.

- *Health Studies* to help determine whether exposures to hazardous substances can lead to increased risk for various health problems, such as cancer, birth defects, auto-immune or neurological disorders, respiratory diseases, and other illnesses. ATSDR conducts its own health studies and supports others through agreements with state health departments and universities.
- *Health Registries* to document exposures to toxic substances and health effects potentially associated with such exposures. Registries can help scientists understand the extent of exposures and provide data that can be used to demonstrate or disprove links between exposures and health outcomes.
- In addition, ATSDR helps protect public health during emergencies by providing resources, staff, and technical assistance when needed anywhere in the United States.

RATIONALE FOR THE BUDGET

The FY 2008 Budget of \$75,004,000 for ATSDR represents an increase of \$99,000 above the FY 2007 Continuing Resolution level of \$74,905,000. The additional funding will be used for ATSDR's state cooperative agreement to develop environmental health capacity, provide health education, and conduct health outcome data reviews related to potential exposures to hazardous substances and toxic chemicals.

PERFORMANCE ANALYSIS

PART Results

Since ATSDR's PART Audit in 2003, ATSDR has taken a number of steps to achieve efficiencies and to improve program performance. For example:

- In FY 2005, the National Center for Environmental Health (NCEH) and ATSDR completed a consolidation of their respective Offices of the Director and a consolidation of their external advisory boards. NCEH/ATSDR's new board, the Board of Scientific Counselors (BSC), composed of subject matter experts, were charged with providing peer review evaluation of all agency programs. Since 2004, the BSC has completed five program reviews and plans to complete approximately three reviews annually.
- ATSDR's consolidation with NCEH to improve administrative efficiencies within the two agencies.
- ATSDR continues to track and report on project performance and has instituted a new policy requiring partners to report impacts of interventions and to align these activities with ATSDR's long-term goals and measures. The Agency has developed performance-tracking and measurement systems in accordance with CDC's budgeting and performance software database. ATSDR also tracks performance and budget information through internal project and performance databases.
- ATSDR instituted new evaluations for interventions at sites with the most urgent public health hazards. As a result, ATSDR has been able to collaborate with state partners and the Environmental Protection Agency (EPA) to achieve important public health outcomes.

Current Activities

- ATSDR plays a significant role in planning for and responding to natural and man-made large-scale public health emergencies. Located in EPA regional offices, regional ATSDR staff work with EPA and state partners on a daily basis to ensure immediate access to local expertise in planning for and responding to chemical emergencies. An example from FY 2006 is ATSDR's extensive response to the public health emergency that followed Hurricane Katrina.
- ATSDR continues its efforts in mitigating and preventing health risks at sites by providing PHAs, Health Consultations, technical assistance, and other services that aid officials in making appropriate public health decisions. The agency is also reviewing ways to improve its ability to provide more timely assistance by greatly accelerating the agency's reporting of exposure and risk evaluations.
- ATSDR continues to study Multiple Sclerosis/Amyotrophic Lateral Sclerosis (MS/ALS) prevalence in Oregon and Massachusetts. The Agency is also conducting case-control MS studies in Ohio, Massachusetts, Missouri, and Texas, and is conducting pilot projects in Georgia, South Carolina, and Minnesota to help determine the feasibility of creating a national ALS registry. Pilot projects to determine the feasibility of developing the MS registry are currently being conducted in New York and Arizona.
- ATSDR remains focused on determining the relationship between toxic exposures and disease. Through the development of its toxicological profiles, health studies, disease tracking projects, and surveillance studies, the Agency improves the science base for environmental public health decision-making by filling the gaps in knowledge about human health effects from exposure to hazardous substances.

- ATSDR is helping protect Americans from exposures to asbestos fibers and resulting health effects. Over 200 facilities around the country received and processed vermiculite ore from Libby, Montana, which is known to have contained asbestos. ATSDR's National Asbestos Exposure Review continues to investigate these sites and is helping local agencies to educate those who may have been exposed to the asbestos, particularly plant workers and their families, about preventing and coping with asbestos-related disease. ATSDR is also conducting the National Asbestos Health Program, which offers screening of exposed persons at vermiculite sites in New Jersey and California.
- Over 71,000 registrants in the World Trade Center Health Registry, launched in September 2003, will be interviewed periodically over the next 20 years to track the long-term health effects of exposures during the event. The first follow-up interviews were conducted in November 2006. Data collected from participants on health outcomes will be analyzed and reported in quarterly newsletters and peer reviewed publications.

Significant Accomplishments

- *Protecting Firefighters and Residents* — ATSDR helped EPA responders protect the health of residents who lived near a major chemical fire in Connecticut. ATSDR's specialist advised on necessary protection measures for nearby residents, reoccupancy, and health consequences to responders of a chemical found in firefighting pond water. The specialist also caught a serious and potentially harmful error in concentration calculations and worked on assessment and cleanup measures for asbestos, which the fire's five-mile long smoke plume deposited into residential properties. As a result, health of residents and responders was protected from exposure to particulates, asbestos, and methyl methacrylate.
- *Preventing current and future hazardous exposures* — New legislation in New Jersey will soon prevent schools and day care centers from being built on contaminated property, following ATSDR's work with state health officials to protect children from mercury exposures at a day care center. The Kiddie Kollege Day Care Center in Franklin Township, New Jersey, was housed in a building once occupied by a company that made thermometers and related instruments. The manufacturing involved elemental mercury. Following ATSDR's and the State's guidance, all children and staff were advised to evacuate, and the day-care operator immediately closed the center. ATSDR, working with state health officials, the CDC Environmental Health Lab, and the Mt. Sinai Pediatric Environmental Specialty Health Unit, then arranged for mercury testing and education. Sixty children and nine adults received tests, which the CDC laboratory processed in extraordinarily rapid fashion. Repeat testing was offered to families and staff until all mercury levels were considered to be in an acceptable range.
- *Battling Lung Problems* — Thanks to a recent study and follow-up efforts by ATSDR and its state partner in Idaho, physicians and health professionals in Chubbuck and Pocatello will now be able to help their patients reduce their exposure to particulate matter and, consequently, lower their risk of lung disease. ATSDR provided health care professionals identified by the Idaho Department of Health and Welfare with information to help their patients. Health education materials were directed at the over 100 health professionals in Pocatello and Chubbuck areas specializing in children, seniors, lung patients, and family practice. Each was provided with the findings of the study and advised of ways patients can reduce their exposure to particulate matter in the air.
- *Finding Answers to Troubling Questions* — An ATSDR innovation is helping to answer lingering health questions at Marine Corps Base Camp Lejeune, North Carolina. Two decades have passed since contaminated drinking water wells were closed at the base, and for an uncertain period before that, some base families and personnel were exposed to volatile organic compounds (VOCs) in the water. ATSDR has been working on analyzing the extent of exposures. To compensate for the lack of information about the Camp's water distribution system operations for that period, ATSDR developed an innovative water model to assess likely past exposures. In part, the model development involved measuring flow rates and pressures at different locations along the water distribution system. The model will help identify the likely route, timeframe, and extent of exposure.
- *Identifying and Educating Exposed Workers* — ATSDR is working to protect the health of thousands of people who may have been exposed to asbestos from vermiculite-processing plants. In New York, ATSDR and the New York State Department of Health collaborated in getting past employees of a former vermiculite exfoliating facility in Weedsport to seek medical evaluation. ATSDR and NYSDOH prompted former workers and their families of the importance of medical evaluation because of their potential exposure. As a result of the evaluations, several people found that they had asbestos-related disease. In Pennsylvania, ATSDR found that some 60 to 120 workers at a New Castle plant were likely exposed to asbestos. In addition, the nearly 2,200 people who lived within a mile of the plant in 1990 may also have been exposed while the plant was in operation. Although little can be done about past exposures, education efforts can help lead those

- with established or potential asbestos exposures to reduce behaviors (e.g., cigarette smoking) known to increase the risk of developing asbestos-related disease.
- *Responding to Hurricane Katrina* — Immediately following Hurricane Katrina, ATSDR staff deployed to the area to work with EPA in resolving public health issues. Specifically, ATSDR personnel:
 - Helped assess and reopen approximately 200 schools in Jefferson Parish;
 - Delivered technical support to local and state officials on environmental health issues (e.g., infection control, potable water, waste water, food services, sleeping areas) to protect the health of survivors, evacuees, and response personnel.
 - Helped assess safety of environmental chemical exposures;
 - Helped rebuild the New Orleans Environmental Health Department's functionality;
 - Aided EPA during abatement of chemical spills in Mississippi; and
 - Worked with EPA, the Coast Guard, and other responders to avert widespread hazardous exposures for thousands of people. For example, ATSDR staff helped:
 - Search for, collect, or remediate potential industrial and residential hazards, such as dislodged or leaking fuel tanks, chlorine and propane cylinders, hospital biohazards, and 55-gallon chemical drums the storms floated from barges to front lawns;
 - Survey rail lines for damaged or leaking chemical and freight cars;
 - Investigate industrial facilities, including a chemical plant, to determine whether these facilities posed hazards as a result of hurricane damage;
 - Deliver critical health guidance to returning residents on carbon monoxide, water sanitation, electrical hazards, and other topics; and
 - Evaluate NPL sites in the area for hazards following the storms.
 - *Protecting Children from Asthma* — Findings from a study of two New York City boroughs, Bronx and Manhattan, may help people reduce exposure to ambient air pollutants and emergency department visits due to acute asthma. The study conducted by the New York State Department of Health in cooperation with ATSDR, suggests that the criteria pollutants such as particulate matter, sulphur dioxide, ozone, and nitrous oxide had statistically detectable impact on acute asthma emergency department visits in a community with a relatively high baseline rate of acute asthma exacerbations.
 - *What You Don't Know* — ATSDR helped uncover critical new health information for some former workers at the Stauffer Chemical Company plant in Tarpon Springs, Florida. The plant produced elemental phosphorous and had approximately 2,500 employees from 1941 to 1981. Workers were exposed to mixture of respiratory irritants including toxic chemicals, gases, and other substances, including asbestos. ATSDR evaluated the health of 36 former workers who volunteered for testing. The evaluation revealed that a number of the workers had medically significant conditions, some of which were undetected previously. In identifying this information, ATSDR helped the workers protect their own health and advanced environmental medicine in the community.
 - *Protecting Thousands of Residents from Asbestos Debris* — ATSDR worked with EPA to protect the health of some 5,000 – 8,000 residents evacuated during a fire at the AMACOR magnesium recycling facility in Anderson, Indiana. ATSDR helped determine where air-monitoring equipment needed to be located to be effective. The fire burned for about 48 hours, and roofing material was blown from the buildings and scattered around the surrounding residential community. The impacted area covered a two-mile radius and affected approximately 1,300 residences. ATSDR and others developed a neighborhood clean-up clearance sampling protocol to help protect against residential exposures to asbestos-containing debris potentially left behind after the clean up.

OUTPUT TABLE

OUTPUT TABLE	FY 2006 ACTUAL	FY 2007 CR	FY 2008 BUDGET	FY 2008 +/- FY 2007
Cooperative Agreements	31	31	31	0
Sites Evaluated/Chemical Release Responses	742	730	730	0
Public Health Assessments/Health Consults (includes chemical specific health consults)	527	526	526	0
Technical Assists	10,429	7,062	7,162	100
Exposure Investigations	8	8	9	1
Emergency Responses and Exercises	58	58	58	0
Health Studies	45	43	45	2
Surveillance (# of states) and Registries (# of registries by exposure type)	17	11	11	0
Hazardous Substances Emergency Event Surveillance (states and events)	14 states/ 8,062 events	14 states/ 8,062 events	14 states/ 8,062 events	0
Great Lakes Research Projects (grants)	5	5	5	0
Minority Health Professions Foundation (studies)	7	5	5	0
Toxicological Profiles	13	13	13	0
Information Dissemination	6,859,883	7,000,000	7,400,000	400,000
Pediatric Environmental Health Specialty Units	11	11	11	0
Health Professionals Trained	60,970	63,600	63,600	0
Community Members Educated	142,943	133,000	133,000	0

PERFORMANCE DETAIL

EFFECTS OF CONTINUING RESOLUTION AND PERFORMANCE TARGETS

Given the uncertainty of final FY 2007 appropriation levels at the time ATSDR developed the performance targets for the FY 2008 Congressional Justification, the FY 2007 targets were not modified to reflect differences between the President's Budget and the Continuing Resolution funding levels. Enacted funding may require modifications of the FY 2007 performance targets. Performance measures that may be affected significantly are footnoted throughout the Performance Detail section.

SUMMARY OF PERFORMANCE TARGETS AND REPORTING PERFORMANCE MEASURES

The table below provides a summary of ATSDR's performance measures.



SUMMARY OF TARGETS AND RESULTS							
FY	Total Targets	Results Reported		Targets			
		Number	%	Met	Not Met		% Met
					Total	Improved	
2003 ¹	5	5	100%	4	1	0	80%
2004	6	6	100%	5	1	0	83%
2005	7	7	100%	6.5	.5	0	93%
2006	9	8	89%	8	0	0	100%
2007	6	N/A	N/A	N/A	N/A	N/A	N/A
2008	6	N/A	N/A	N/A	N/A	N/A	N/A

¹ FY 2003 data have been revised based on updated information.

PROGRAM ASSESSMENT RATING TOOL (PART) SUMMARY TABLE

(DOLLARS IN MILLIONS)				
FY 2003 PART	FY 2007 CR	FY 2008 Budget	FY 2008 +/- FY 2007	Narrative Rating
Agency for Toxic Substances and Disease Registry	\$74.9	\$75.0	\$0.1	Adequate

DETAIL OF PERFORMANCE ANALYSIS

EFFICIENCY GOAL: PROMOTE EFFECTIVE AND EFFICIENT ATSDR MANAGEMENT.			
Efficiency Measure	FY	Target	Result
1. By 2006, achieve a 20% cost savings and reduce the number of committee members from 28 to 16 as a result of the consolidation of the Advisory Committee to the Director, NCEH and the Board of Scientific Counselors, ATSDR. [E]	2006	20%/16 members	35%/16 (Exceeded)
	2005	10%/21 members	35%/19 (Exceeded)
	2003	N/A	\$225,765 and 28 members (Baseline)
2. Number of FTE providing program support through the Office of the Director per \$1 million in total program budget. [E]	2008	.64	10/2008
	2007	.65	10/2007
	2006	.66	.55 (Exceeded)
	2005	N/A	.67
	2003	Baseline	.86
Data Source: <u>Measure 1</u> - ATSDR's Office of Science maintains the financial records associated with the Board of Scientific Counselors (BSC) member costs. <u>Measure 2</u> - NCEH ATSDR Project Profile Database.			
Data Validation: <u>Measure 1</u> - The BSC member cost report is reviewed by Committee Management and is provided to GSA annually. <u>Measure 2</u> - Project Profile maps NCEH/ATSDR goals/measures and FTE's to budget.			
Cross Reference: <u>Measure 1</u> - HHS-8, HP-8.12,  -1, 3; <u>Measure 2</u> - HHS-8, HP-8.12,  -1, 3, PART			

Efficiency Measure 1:


ATSDR's Board of Scientific Counselors and the National Center for Environmental Health's Advisory Committee merged in December 2004. This consolidation decreased the total number of board members and has resulted in a cost savings in FY 2005. As results have been reported for FY 2006, this measure will be retired and will be replaced with the new measure listed in the table above.

Efficiency Measure 2:

ATSDR has taken a number of steps to become more efficient and productive, including reducing the size of the Office of the Director (OD) by decreasing the number of the office's program-support FTEs per million dollars. Further steps are being taken throughout the organization, including the following:

- ATSDR restructured its divisions, reducing the total from five down to four. Reducing the number of divisions and branches reduced the number of necessary management staff, making ATSDR more efficient and cost effective.
- ATSDR is reducing the number of Public Health Assessments it provides, opting instead for less-costly technical assists. It is also reducing documentation requirements to improve productivity. In addition, ATSDR has automated its productivity reports, reducing the number of staff hours required to produce them by 1,600 percent.
- The ATSDR Records Center has begun archiving and distributing the vast majority of its documents in an electronic rather than printed format. These steps have produced efficiencies and cost savings in staff time, paper, binding materials, equipment, and mailing.

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.				
Measure	FY	Target	Result	
1. Increase EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposure. [O]		a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations:	a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations:	
	2008	>83%	12/2009	
	2007	>82%	12/2008	
	2006	>80%	12/2007	
	2005	>78%	91% (Exceeded)	
	2004	>75%	83% (Exceeded)	
	2003	N/A	84%	
	2002	N/A	73%	
	2001	N/A	71%	
			b) Provide public health assessments:	b) Provide public health assessments:
	2006	60	96 (Exceeded)	
	2005	80	111 (Exceeded)	
	2004	136	139 (Exceeded)	
	2003	147	149 (Exceeded)	
	2002	110	178 (Exceeded)	
			c) Provide public health consultations and technical assists:	c) Provide public health consultations and technical assists:
	2006	1,300	4,089 (Exceeded)	
	2005	1,100	2,089 (Exceeded)	
	2004	2,000	1,582 (Unmet)	
	2003	2,000	1,678 (Unmet)	
	2002	1,746	1,811 (Exceeded)	
			d) Provide exposure investigations:	d) Provide exposure investigations:
	2006	15	8 (Unmet)	
	2005	15	24 (Exceeded)	
	2004	30	15 (Unmet)	
	2003	30	19 (Unmet)	
	2002	12	19 (Exceeded)	
			e) Cooperative Agreement partners will complete at least 80% of productivity goals:	e) Cooperative Agreement partners will complete at least 80% of productivity goals:
	2006	80%	79% (Unmet)	
	2005	80%	65% (Unmet)	
	2004	80%	34% (Unmet)	
	2003	75%	41% (Unmet)	
2002	70%	70% (Met)		

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.			
Measure	FY	Target	Result
		f) FY 2002 through FY 2006: Report number of communities/residents served.	f) FY 2002 through FY 2006: Report number of communities/residents served.
	2006	N/A	346 communities/3.2 M people (Met)
	2005	N/A	551 communities / 1.0 M people (Met)
	2004	N/A	693 communities/ 968K people (Met)
	2003	N/A	633 communities/ 1.5M people (Met)
	2002	N/A	591 communities/ 1.7M people (Met)
Data Source: ATSDR's HazDat information system is used to track and report on the above performance measures and targets.			
Data Validation: An ongoing quality assurance/quality control process (QA/QC) is used to ensure quality and data accuracy for all documents entered into the system. In addition, system-generated reports are reviewed and monitored for accuracy on an ongoing basis.			
Cross Reference: HHS-1, HP-8.12, 8.26,  -4, PART			

Goal 1, Performance Measure 1

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is able to prevent ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and take appropriate actions. This measure reports the percentage of ATSDR's total urgent and public health hazard recommendations that have been accepted.

a) Ensuring Adoption of Recommendations Helps Prevent Exposures — ATSDR tracks the adoption rate of its recommendations to EPA, state regulatory agencies, or private organizations. Since FY 2004, ATSDR's Division of Regional Operations followed up on the status of 723 cease and reduce and further site characterization recommendations for the urgent, public health hazard, and indeterminate categories. The purpose of this follow-up activity is to ensure EPA and state environmental agencies adopt these recommendations to prevent ongoing exposures and further characterize sources of environmental contamination. In FY 2005, 97 of 107 recommendations were adopted.

b-d) Public Health Activities — ATSDR works in partnership with EPA regional representatives and state cooperative agreement partners to conduct site-specific health activities. These activities include public health assessments, health consultations, exposure investigations, community involvement activities, health education, follow-up health investigations/studies, and related programs.

Although ATSDR did not meet its FY 2006 target of 15 exposure investigations, an additional 21 exposure investigations were underway in FY 2006. Staffing attrition has contributed to the inability to meet this target. These targets will be retired after data are reported for FY 2006 and, thereafter, will be reflected in ATSDR's output table.

e) Measuring Partner Productivity — ATSDR continues to work with its partners on defining and implementing productivity improvements. Although ATSDR just missed meeting this target, the cooperative agreement partners have increased their productivity improvement results from 34 percent in FY 2004 to 79 percent in FY 2006. Partner reorganization, lengthy state review processes, and other state-wide reporting requests have hindered several programs. Also, three new partners joined the program in April 2006 and were not included in the totals.

Partner productivity goals and targets are tracked internally by ATSDR management. As results for FY 2006 have been reported, this target will be retired and no longer reported externally.

f) Serving Americans — This target reports the number of communities and residents served by ATSDR and its cooperative agreement partners. As results for FY 2006 have been reported, this target will be retired. Data will be reflected in the Performance Analysis narrative from this point forward.

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.				
Measure	FY	Target	Result	
1. Fill data needs related to the 275 priority hazardous substances.		a) Fill data needs related to the 275 priority hazardous substances:	a) Fill data needs related to the 275 priority hazardous substances:	
	2008	18	12/2008	
	2007	18	12/2007	
	2006	18	18 (Met)	
	2005	15	15 (Met)	
	2004	10	10 (Met)	
	2003	6	8 (Exceeded)	
	2002	6	6 (Met)	
	2001	9	9 (Met)	
			b) Publish toxicological profiles (finals):	b) Publish toxicological profiles (finals):
	2006	6	7 (Exceeded)	
	2005	6	8 (Exceeded)	
	2004	13	14 (Exceeded)	
	2003	13	13 (Met)	
	2002	12	12 (Met)	
	2. Annually, conduct studies to determine the health impact of hazardous exposures.		a) Determine the link between the prevalence of multiple sclerosis near hazardous waste sites:	a) Determine the link between the prevalence of multiple sclerosis near hazardous waste sites:
2006		Develop remaining reports	Met	
2005		Complete final reports	Met	
2004		Collect data for studies	Met	
2003		Finalize protocols for 5 new studies	5 (Met)	
2002		Complete 3 ongoing studies	3 (Met)	
			b) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:	b) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:
2006		Develop draft of final report	Met	
2005		Begin data analysis	Met	
2004		Publish Results	Met	
2003		Increase assistance	Met	
2002		Assist 6 states to analyze data	6 (Met)	
3. Fill data needs for human health effects/risks relating to hazardous exposures.	2008	Fill 35 data needs	12/2008	
	2007	Fill 30 data needs	12/2007	
	2006	Determine Baseline	Met	

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.

Data Source: Measure 1 a-b — Data needs are listed in the Federal Register. ATSDR fills the data needs through U.S. Environmental Protection Agency regulatory mechanism (test rules), private sector volunteerism, and the direct use of CERCLA funds. Additional data needs are filled through collaboration with the National Toxicology Program (NTP), by ATSDR's Great Lakes Human Health Effects Research Program, and other agency programs. Also, data needs can be filled through reevaluation of new or existing data (non-ATSDR sponsored) that becomes evident during the toxicological profile update process. Toxicological Profiles that are under development are also listed in the Federal Register along with the release dates. Measure 2 a-b - The Division of Health Studies (DHS) tracks the status of health studies using its internal strategic plan report. Measure 3 - The Division of Health Studies will establish a baseline in FY 2006 for the percent of data needs filled.

Data Validation: Measure 1 a-b — ATSDR's Division of Toxicology manually monitors and tracks the research being performed to meet the data needs and the numbers of profiles under development and published. The Division reports on its progress towards meeting these targets through quarterly strategic planning reviews with the Office of the Director. Measure 2 a-b - DHS monitors the progress of its health studies through strategic plan reviews that are conducted on a quarterly basis. Measure 3 — DHS will validate the data needs filled on the basis of established criteria and will track and report status during strategic planning reviews.

Cross Reference: Measure 1 — HHS-1, 4, 5, HP-8.12, -4, PART, 500-3, Measure 2 - HHS-1, 4, HP-8.12, 8.26, 500-3, Measure 3 - HHS-1, 4, HP-8.12, 8.26, 500-3

Goal 2, Performance Measure 1:

ATSDR works to determine the relationship between toxic exposures and disease. ATSDR strives to identify and fill critical data gaps associated with the 275 priority hazardous substances, that is, those substances most often found at NPL sites. For instance, ATSDR has identified a need to determine the effects on the nervous system development in fetuses whose mothers may be exposed to trichloroethylene in their drinking water. ATSDR also prepares and publishes a series of Toxicological Profiles (ToxProfiles). Each profile provides a comprehensive evaluation, summary, and interpretations of available toxicologic and epidemiologic information on a substance.

- a) ATSDR fills substance-specific data needs using internal resources within the Division of Toxicology and Environmental Medicine and through university-based research, interagency collaborations, and industry testing. This target reflects the number of data needs filled each fiscal year.
- b) This target records the number of final toxicological profiles. As results have been reported for FY 2006, this measure will be retired, and hereafter, will be reflected in ATSDR's output table.

Goal 2, Performance Measure 2:

ATSDR also works to determine the relationship between toxic exposures and disease through health studies, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling the gaps in knowledge about effects from exposure to hazardous substances. As results have been reported for FY 2006, this measure will be retired. The measure is being replaced by Performance Measure 3 (below).

- a) ATSDR has published a scientific manuscript with results of the Multiple Sclerosis (MS) study conducted in Ohio, Missouri, and Texas documenting regional differences in prevalence of MS.
- b) ATSDR continues to evaluate lung disease progression by re-screening persons who had past exposure during packaging and/or processing asbestos-contaminated vermiculite ore mined in Libby, Montana. The University of Cincinnati developed a protocol and received an award from ATSDR to study participants in the Marysville, Ohio area. The University has located the majority of the original 513 cohorts from a study conducted in 1980. ATSDR released the preliminary results of the study's radiographic findings at the Annual Thoracic Society meeting in May 2005. The analysis has been completed and a final report has been submitted for publication as a scientific manuscript.

Goal 2, Performance Measure 3:

This new measure has been developed to communicate more effectively the Agency's commitment and overall progress towards filling the gaps in knowledge about effects from exposure to hazardous substances. It replaces the sub-measure regarding number of health studies formerly covered within performance measure two. ATSDR's Division of Health Studies (DHS) fills data needs through site-specific or broader research studies. Data needs are those questions or concerns about exposure to hazardous substances and adverse health outcomes posed by communities, stakeholders, and as identified through DHS's research agenda.

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.			
Measure	FY	Target	Result
1. Document the reduced occurrence or risk of health effects by selecting for each urgent or public health hazard site the best or most appropriate measure(s) for that site. [O]		Percentage of sites where human health risks or disease have been mitigated, on the basis of the following select measures: <ul style="list-style-type: none"> • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals 	Percentage of sites where human health risks or disease have been mitigated, on the basis of the following select measures: <ul style="list-style-type: none"> • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals
	2008	73%	12/2008
	2007	70%	12/2007
	2006	65%	65% (Met)
	2005	50%	54% (Exceeded)
	2004	Develop Baseline	33% (Baseline)
2. Provide services to mitigate the risks of health effects from exposure to hazards from disasters.	2008	Deploy staff as requested to emergency events in a timely manner 100% of the time.	12/2008
	2007	Deploy staff as requested to emergency events in a timely manner 100% of the time.	12/2007
	2006	Deploy staff as requested to emergency events in a timely manner 100% of the time.	Met
Data Source: <u>Measure 1</u> — ATSDR tracks the completion of this measure using its Goal 3 PART Sites database. <u>Measure 2</u> – The Divisions of Toxicology and Regional Operations track requests for emergency assistance and document the Agency's responses.			
Data Validation: <u>Measure 1</u> — The completion of these measures is validated by the Division of Health Assessment and Consultation's Technical Project Officers and/or State Site Leads. The leads report follow-up information on an ongoing basis to DHAC and the Office of Policy, Planning, and Evaluation (OPPE). OPPE maintains the database and monitors performance measure progress on an ongoing basis. <u>Measure 2</u> - The data is validated through the Agency's performance review process.			
Cross Reference: <u>Measure 1</u> — HHS-1, 5, HP-8.12, PART; <u>Measure 2</u> — HHS-1, 2, HP-8.12, 500-4			


Goal 3, Performance Measure 1:

This measure captures the agency's impact on human health in communities exposed or potentially exposed to toxic substances. This measure ensures that ATSDR and its partners follow up on the implementation of its recommendations and provides evidence of reduced occurrence or risk of health effects as a result of ATSDR's interventions at its most urgent and hazardous sites. For each site, an ATSDR committee selects the most appropriate measure(s) from among the following: comparing morbidity/mortality rates, reduction of environmental exposures, biomarker tests, and behavior change of community members and/or health professionals.

In FY 2006, ATSDR continued to meet monthly to review and select pre- and post-measures to assess the impact of its interventions at its urgent and public health hazard sites. Since FY 2004, ATSDR has completed measurement at 64 of 99 sites.

Goal 3, Performance Measure 2:

ATSDR responds to disasters by deploying expert personnel to affected sites and by providing technical and coordination assistance to other agencies. All ATSDR emergency response staff are to be ready to deploy to sites within six hours of notification and to report to the CDC Emergency Operations Center within 20 minutes of an emergency request. In addition, ATSDR builds and maintains its response readiness by participating in national and regional planning sessions and emergency exercises.

GOAL 4: BUILD AND ENHANCE EFFECTIVE PARTNERSHIPS.				
Measure	FY	Target	Result	
1. Leverage academic, industry, and other partners to fill priority data gaps. [E]		a) Enhance ATSDR's partnership base:	a) Enhance ATSDR's partnership base:	
	2006	Evaluate partners' performance	Met	
	2005	Evaluate partners' performance	Met	
	2004	Establish 3 new partnerships	Unmet	
	2003	Establish 3 new partnerships	Met	
	2002	Establish partnership priorities and goals	Met	
		b) Solicit partners to fill priority data gaps through the Voluntary Research Program:	b) Solicit partners to fill priority data gaps through the Voluntary Research Program:	
	2006	1	2 (Exceeded)	
	2005	2	0 (Unmet)	
	2004	2	2 (Met)	
	2003	2	2 (Met)	
	Data Source: This measure is a qualitative measure that is reported on the NCEH/ATSDR OPPE internal strategic plan.			
	Data Validation: The OPPE reports its progress on this measure during its quarterly strategic plan reviews.			
Cross Reference: HHS-1, 4, 8, HP-8.12,  -1, 3, 500-3				

Goal 4, Performance Measure 1:

a) ATSDR monitors and evaluates its partners' performance on a quarterly basis. In FY 2005, ATSDR significantly improved its guidance and evaluation methods for 1043 Cooperative Agreement Program partnerships. In FY 2006, ATSDR implemented the new guidance and evaluation methods and successfully piloted its new "Outcome" form. ATSDR's cooperative agreement partners use the form to document the impacts of their work on the people they serve. The goal is to have all health assessment teams using the form to document site-specific actions and outcomes in FY 2007.

b) ATSDR fills substance-specific data needs through interagency collaborations, university-based research, and industry testing. Demonstrating the value of private-sector partnerships, this highly effective program not only helps the agency achieve its goal of filling data gaps, but it has also saved ATSDR roughly \$10 million filled by the Halogenated Solvents Industry Alliance, Inc., under ATSDR's Voluntary Research Program in research costs. During FY 2006, ATSDR was able to meet its target of filling 18 data needs (within Goal 2), with two data needs through the voluntary research program (Refer to Goal 2, Measure 1).

As results for FY 2006 have been reported, this measure will be retired from ATSDR's performance plan.

CHANGES AND IMPROVEMENTS OVER PREVIOUS YEARS

In 2003, the Office of Management and Budget (OMB) evaluated ATSDR's planning efforts using its Program Assessment Ratings Tool (PART). The PART audit led to revised goals and measures, which ATSDR is now aggressively implementing. While further measure refinements will continue in annual plans for FY 2008 and beyond, the agency is already realizing improved results and will be reassessed by OMB for the 2007 PART process.

New Measure Improves Tracking and Effectiveness — The PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as the EPA. Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations. To improve the process's effectiveness, ATSDR now uses a database to track recommendations and follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also improving the agency's effectiveness and efficiency. Based on the number of FY 2005 recommendations that have been adopted to date (excluding 20 recommendations pending a decision), 91 percent of the recommendations have been adopted.

Improving Measurement and Impacts at Sites with Documented Exposures — ATSDR has always strived to mitigate the risks associated with exposures. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. In FY 2003, ATSDR changed its focus. The agency now measures the impact of its interventions at its most urgent and hazardous sites by comparing pre- and post-intervention morbidity/mortality rates, measuring reductions in environmental exposures, performing biomarker tests, and measuring community behavior changes. These indicators will give ATSDR important new data to use in targeting its resources.

Linking Strategy, Budget, and Performance — ATSDR has made significant progress in integrating its performance planning and measurement with budget decision-making, and it has tied its budget request to its goals and measures. ATSDR now links its budget with agency goals even more powerfully by extending reporting to the level of performance measures. Since FY 2003, the agency has been able to calculate the human resources and financial costs associated with each performance measure. Each office/division met with the Office of the Director and the Office of Policy, Planning, and Evaluation (responsible for GPRA) to discuss its annual performance. On the basis of these discussions, ATSDR cut or reduced funding for certain programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals.

Systematic Peer-Review of Programs — In FY 2004, NCEH/ATSDR began performing program peer reviews for research and public health programs. The agency's Board of Scientific Counselors (BSC), made up of subject matter experts external to the agency, are to conduct approximately three program reviews each year. These reviews evaluate program accomplishments, assess the quality of the agency's science, evaluate program impact and direction, and make recommendations on continuing, improving, and modifying the program. The first such review was conducted for the National Exposure Registry (NER) program. A second review was conducted for the Hazardous Substances Emergency Events Surveillance (HSEES) program. Since the release of the NER review report, ATSDR has convened a panel to develop and implement changes. ATSDR agreed to an action plan and provided its response back to the BSC. Implementation of the plan for addressing BSC's concerns began in FY 2006. The HSEES peer review report has been reviewed and approved by the BSC Program Peer Review Subcommittee. ATSDR's written response to the report is currently under review and awaiting internal clearance. The BSC also reviewed the Division of Toxicology and Environmental Medicine program and released its report in April 2006. A new review of ATSDR's site-specific activities was initiated in November 2006.

Achieving Efficiency in the Management of Human Capital — ATSDR has achieved greater administrative efficiency through its administrative merger with NCEH. The consolidation became effective January 2, 2004. ATSDR and NCEH now share a common Office of the Director. The administrative consolidation achieved cost savings by shifting redundant OD staff positions to front-line public health positions in the divisions (e.g., public health analysts and scientists) and through staff retirements. Additionally, NCEH/ATSDR negotiated an efficiency measure with OMB during NCEH's PART review in 2005. NCEH/ATSDR's efficiency measure is to report the "Number of FTE providing program support through the Office of the Director per \$1 million in total program budget."

SUPPLEMENTAL MATERIAL

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

**FY 2008 BUDGET SUBMISSION
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)**

	FY 2006 Actual	FY 2007 CR	FY 2008 Budget
Agency for Toxic Substances and Disease Registry	330	330	330

DETAIL OF POSITIONS

FY 2008 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PROGRAM ADMINISTRATION DETAIL OF POSITIONS			
	FY 2006 Actual	FY 2007 CR	FY 2008 Budget
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
<i>Subtotal</i>	-	-	-
Total-Executive Level Salary	-	-	-
<i>Total - SES</i>	-	-	-
Total - SES Salary	-	-	-
GS-15	18	18	18
GS-14	86	86	86
GS-13	70	70	70
GS-12	40	40	40
GS-11	10	10	10
GS-10	1	1	1
GS-9	13	13	13
GS-8	2	2	2
GS-7	15	15	15
GS-6	3	3	3
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<i>Subtotal</i>	<i>258</i>	<i>258</i>	<i>258</i>
Total - GS Salary	\$22,880,983	\$23,384,364	\$24,085,895
Average GS Grade	12.6	12.6	12.5
Average GS Salary	88,686	90,637	93,356
Average Special Pay Categories			
Average Comm. Corps Salary ¹	98,298	101,346	103,575
Average Wage Grade Salary	0	0	0

¹ Includes special pay and allowances.

SUMMARY OF FULL COST

**FY 2008 BUDGET SUBMISSION
AGENCY FOR TOXIC SUBSTANCE AND DISEASE REGISTRY
SUMMARY OF FULL COST
(DOLLAR IN MILLIONS)**

Performance Program Area	FY 2006	FY 2007	FY 2008
ATSDR	\$74.9	\$74.9	\$75.0
Goal 1	\$30.7	\$30.7	\$30.8
<i>Measure 1</i>	\$30.7	\$30.7	\$30.8
Goal 2	\$39.0	\$39.0	\$39.0
<i>Measure 1</i>	\$26.2	\$26.2	\$26.3
<i>Measure 2</i>	\$12.7	\$12.7	\$12.8
<i>Measure 3</i>	N/A	N/A	N/A
Goal 3	\$5.2	\$5.2	\$5.3
<i>Measure 1</i>	\$2.2	\$2.2	\$2.3
<i>Measure 2</i>	\$3.0	\$3.0	\$3.0
Goal 4	N/A	N/A	N/A
<i>Measure 1</i>	N/A	N/A	N/A

N/A signifies retired goals and measures or measures not reported in a fiscal years.