

**NATIONAL CONVERSATION ON PUBLIC HEALTH AND CHEMICAL EXPOSURES
LEADERSHIP COUNCIL**

**Meeting No. 6 Summary
Omni Shoreham Hotel
2500 Calvert St. NW, Washington, DC
October 5, 2010**

Meeting Objectives:

- Review work group activities, including the publication of draft reports, public comment process, and next steps
- Learn about and discuss key themes from the *National Conversation on Public Health and Chemical Exposures* community conversations.
- Discuss the desired outcomes to highlight in the *National Conversation on Public Health and Chemical Exposures* action agenda, identifying areas of agreement and remaining issues
- Identify recommendations to consider as priorities for each desired outcome, including where recommendations can be integrated and which topics and issues need more discussion
- Plan next steps in preparing the action agenda

Upcoming Meeting	When and Where	Suggested Agenda Items
<i>National Conversation on Public Health and Chemical Exposures</i> Leadership Council (Leadership Council) calls	November 30 (for chapter review calls) <i>[in person meeting rescheduled to December 15]</i>	<ul style="list-style-type: none"> ○ Discuss draft action agenda ○ Discuss public comment process, Web dialogue and implementation process

I. Action Items

Action agenda Content	Who	Completed by
1. Design mechanism for Leadership Council members to share views about priority recommendations	NCEH staff and RESOLVE staff	ASAP

Process for Drafting the Action agenda¹	Who	Completed by
2. Complete first draft of action agenda based on Leadership Council feedback on priorities, work group reports, and other inputs	RESOLVE	Early to mid-November
3. Review draft action agenda and participate in chapter review calls	Leadership Council	November 30

¹ Dates adjusted from those proposed at the meeting to reflect Leadership Council discussion of need for additional time.

4. Revise action agenda	RESOLVE	Early December
5. Review second draft of action agenda	Leadership Council	December 15
6. Get public comments on draft action agenda (includes Web dialogue)	NCEH staff and RESOLVE staff	December 20–mid January
7. Final meeting to agree on action agenda	Leadership Council	March 11
Work Group Reports	Who	Completed by
8. Final work group reports posted to the www.resolv.org/nationalconversation Website.	NCEH staff and RESOLVE	November 5

II. Agreements Reached

- Dr. Chris Portier, NCEH/ATSDR director, offered to be the first recipient of the Leadership Council’s action agenda and to take responsibility for sharing the action agenda with other parties identified in the recommendations.

III. Meeting Summary²

Welcome, Introductions, Meeting Objectives and Agenda

Nsedu Witherspoon, Leadership Council co-chair, opened the meeting, thanking the organizers and those who traveled to attend. Ms. Witherspoon also welcomed Chris Portier, the new NCEH/ATSDR director. Dr. Portier thanked meeting attendees for their hard work and said that he looks forward to reviewing the Leadership Council’s synthesis of the six work groups’ diverse recommendations and using them to improve NCEH/ATSDR. Ms. Witherspoon thanked Dr. Portier for extending his support to the *National Conversation*.

Henry Anderson, Leadership Council co-chair, shared the objectives of the meeting, which were to review the draft outline for the action agenda and provide structure to guide the first draft.

Gail Bingham, meeting facilitator, reviewed the agenda, underscoring that the meeting will focus on obtaining direction from the Leadership Council about the contents of the action agenda. Staff will circulate the drafts of the action agenda to the Leadership Council and may schedule small group calls to review specific chapters before the next Leadership Council meeting.

Update on Work Group Reports

Ben Gerhardstein, NCEH/ATSDR, presented an update on work group reports. All the draft reports were completed on time. Mr. Gerhardstein said the reports were posted to [RESOLVE’s Website](http://www.resolv.org/nationalconversation)³ for a three-week public comment period that closed on September 27. (The comment period was originally two weeks but was extended after multiple requests for more time.) Public comments can be found on the [Web site](http://www.resolv.org/nationalconversation) where they will remain archived future reference. Work groups are using the comments to revise their reports, and RESOLVE will post the final work group reports on the Web site by November 5.

² Note: Unless explicitly noted, comments are those of individuals and not necessarily the views of the Leadership Council as a whole.

³ www.resolv.org/nationalconversation

Adam Brush, NCEH/ATSDR, reviewed the number and type of comments received. Mr. Brush also shared that NCEH/ATSDR staff is tracking the 356 individual comments to record how work groups consider them in revising their reports. Mr. Brush invited Leadership Council members to contact him with any questions.

Mr. Gerhardstein informed the Leadership Council that the process for reviewing the action agenda will include a Web dialogue and a more traditional public comment process, similar to the one used for the work group documents. He asked for feedback on the public comment process so that staff can make any necessary adjustments to better solicit and collect public comment on the action agenda.

During the conversation, the group discussed announcing the public comment period earlier for the action agenda. One Leadership Council member suggested expanding communications through other associations and member networks. Another member asked if the Centers for Disease Control and Prevention's (CDC) Board of Scientific Counselors will review and comment on the action agenda. Staff shared that the Board's members have been briefed throughout the *National Conversation* process and that the intent is to consult them about the recommendations in the action agenda.

Results of Community Conversations

Mr. Gerhardstein reviewed the Draft Community Conversation Results Synthesis Report that summarized the community conversations. Staff will post the final report to the *National Conversation* Web site.⁴ Staff designed the community conversations and Web dialogues to gather meaningful input and strengthen public participation in shaping a vision of a system that uses and manages chemicals in ways that are safe and healthy for all people. Staff developed a Community Conversation Toolkit to assist community leaders such as PTAs, health departments, and libraries. The toolkit includes a discussion guide, facilitation guide, and mechanism for summarizing the conversation. Mr. Gerhardstein reported that 52 community conversations were convened by diverse groups throughout the country. CDC/ATSDR, working with the National Environmental Health Association (NEHA), provided mini-grants to offset the costs of convening 24 community conversations. Leadership Council members can find summaries of the community conversations on the [NEHA Web site](#). Input from community conversations has helped to identify gaps in work group reports. Staff will use this input to prioritize recommendations in the action agenda.

Mr. Gerhardstein shared the major themes identified in the Community Conversation Results Synthesis Report, including empowering communities to protect themselves and providing education (both public education and healthcare professional education), environmental justice, personal health, prevention and accountability, and research and monitoring. Mr. Gerhardstein elaborated on each theme and shared his sense that, overall, people are concerned about their personal health and safety and confused by the available information. They hope for policy-level improvements and have a sense of shared responsibility with regard to protecting their health.

A Leadership Council member expressed appreciation for the enthusiasm generated by the *National Conversation* and suggested that this energy and the community conversation structures could and should be continued. Leadership Council members asked questions regarding the community conversations and made the following points:

- The Leadership Council is responsible for including input from community conversations in the action agenda.

⁴ www.atsdr.cdc.gov/nationalconversation

- Members discussed the possibility of a central Web site for *National Conversation* work products and public comments. Although staff members agreed a central resource would be valuable, they acknowledged challenges related to editorial control of content on government Web sites.
- Non-governmental organizations convened many of the community conversations. Work group members convened others.
- Legislative staff and other government representatives participated in community conversations or are tracking *National Conversation* progress.

Leadership Council members also identified several themes from the community conversations that were not covered in the work group reports. If the Leadership Council determines that these missing themes are significant, they could be included in the action agenda recommendations. Several Leadership Council members and staff noted a common theme in community conversations feedback: the *National Conversation* should address how people are affected in their daily lives. Leadership Council members identified the following themes to be considered for the action agenda:

- Information about what is in consumer products
- Personal health and safety and what can be done to reduce exposures
- Improvement of risk assessment and identification of safer alternatives
- Improvement of data collection

Action agenda—The Big Picture

Ms. Bingham presented an annotated table of contents for the action agenda. She noted that it includes seven chapters based on the themes in the work group reports that are roughly the same as those in a draft discussed on the July 27 conference call:

1. Prevent harmful exposures from occurring
2. Achieve more complete scientific understanding of chemicals and their health effects
3. Improve monitoring of chemical exposures and health outcomes
4. Promote health and wellness in environmentally burdened communities
5. Strengthen the capacity of the public health and health provider work force to address the needs of people exposed to harmful chemicals
6. Strengthen the public's ability to make health-protective decisions
7. Reduce harm from chemical emergencies through prevention, planning, and coordination

Ms. Bingham also reviewed proposed criteria for selecting which work group recommendations may be included in the action agenda, also discussed previously. The Leadership Council discussion clarified that not all criteria must be met for the members to decide a recommendation is important, but rather the more of these criteria that are present, the stronger a recommendation would potentially be. The suggested criteria include recommendations that:

- Are specific and actionable
- Can be completed in three years or less
- Are a significant measurable step toward long-term change
- Maximize public health
- Reduce disparities in public health outcomes by promoting equity, justice, and the protection of vulnerable populations
- Foster increased efficiency
- Are consistent with recommendations put forward by one or more work groups and with themes from partner forums, Web dialogues, community conversations, and other *National Conversation* venues

- Have the support of the Leadership Council from the sector implicated

Ms. Bingham reminded Leadership Council members that the staff framed the titles and descriptions of the chapters around desired outcomes to convey the action-oriented approach being taken. She added that each chapter could have the following tiered structure for recommendations: 1) a small number of high-impact recommendations that can be implemented in the short term by specific actors, 2) recommendations that may take longer, and 3) other general concepts without specific actions.

Following the presentation, Leadership Council members discussed the proposed chapters and criteria for selecting recommendations. During the discussion about the order of action agenda chapters and prioritization of content within those chapters, Leadership Council members made the following comments. (Points made during the afternoon's discussion of each chapter are included later in the summary.)

Chapter Order and Topics

- Switch the order of Chapter 2 and 3. One member noted that potential health effects relative to exposure should be discussed after potential exposure. Another member noted that this approach should define the risk of exposure and then identify ways to mitigate that risk.
- Chapter topics work in general; the introduction should identify the themes that cut across chapters.

Chapter 1

- Shift the focus of Chapter 1 toward primary prevention. Recommendations SU9, SU10, and SU11 support this shift.
- Use the traditionally accepted definitions for “primary,” “secondary” and “tertiary prevention” (perhaps use other terms for the work group’s concepts).
- Explain and address acute and industrial exposures differently from chronic exposures.
- Outline the scientific basis for applying a primary prevention approach to avoid repetition and confusion.
- Prioritize this chapter to highlight prevention.
- Avoid language that presumes health outcomes from chemical exposures.

Chapter 2

- Ensure public health surveillance also is clearly addressed.
- Be clear about what is already being done and can be built upon.

Chapter 3

- Revise the chapter title language from “monitoring of health outcomes” to “monitoring of public health status.”
- Include a recommendation for monitoring chemical emergencies.

Chapter 4

- This chapter references the content of several recommendations from the *National Conversation on Public Health and Chemical Exposures* Education and Communication Work Group (Education and Communication Work Group) such as Recommendation 1, and they should be included under this chapter.
- A member questioned whether the recommendations that address consumer products belong in the chapter discussing health promotion and wellness in environmentally burdened communities. One suggestion was to move these recommendations to Chapter 2 or 6; another was to move them to Chapter 4.

Chapter 6

- This chapter's focus should be broadened to include increasing the public's ability to engage effectively in decision making. The Education and Communication Work Group was concerned with personal health decisions, access to information, education, and effective participation in environmental health decision-making processes.
- Note that the goal is informed decision making.
- Chapter 6 should be moved closer to the front of the action agenda. One member suggested it should precede Chapter 5.

Other Comments

- The recommendations vary in specificity. Some lay out long-term aspirational goals; others include more specific actions.
- Writers should consider drafting an introduction or conclusion that addresses themes and additional topics not addressed in the individual chapters.
- Seek opportunities to link ideas and recommendations from multiple work groups within the same action agenda chapter.
- In response to footnote No. 3 of the Annotated Action Agenda Table of Contents, one participant suggested that the idea of "providing long-term monitoring for health effects following acute exposures" might fit in more than one chapter.
- A recommendation to encourage TSCA reform will be stronger if it provides specifics about what those reforms should be.
- The action agenda should be clear about specific actions that can improve existing data collection initiatives.
- Build on the growing acceptance of terms and practices such as precaution, substitution, etc.
- Leadership Council members discussed the use of "primary," "secondary," and "tertiary" terminology in the action agenda. The *National Conversation on Public Health and Chemical Exposures Policies and Practices Work Group* (Policies and Practices Work Group) used these terms in its report, and one member explained that the group conceived of these in relationship to time (prevention of future harm, policies and practices to control current exposures and addressing the legacy problems of the past), which differs from traditional public health definitions. Some expressed unease with the idea of altering the accepted public health understanding of these terms in the action agenda. One member suggested that the action agenda use language such as "what we are doing now," "what we can do better," and "what we can do differently" instead of "primary," "secondary," and "tertiary" when discussing environmental health. Several Leadership Council members agreed that language should be consistent throughout the entire action agenda. Another member suggested that "tertiary" is a term the public will perceive as being far removed from action, and should be avoided.
- A Policies and Practices Work Group member clarified that the work group conceived of Recommendation 5 with the end consumer in mind.
- The Leadership Council should craft the action agenda to include measures of success.

Criteria for Recommendations

A member expressed concern that the proposed 3-year timeframe for completing a recommendation may not be possible, as fundamental change may take longer. An alternative could be to highlight long-term recommendations, and nest interim recommendation steps within that context. Some members suggested that the appropriate language for recommendation timelines may be "instituted" instead of "completed." This wording indicates that the actors

started work on a recommendation within a three-year timeframe, for example, and the action agenda then would define a specific timeline for completion of that task. The Leadership Council agreed that recommendations do not need to comply with all of the criteria to be included in the action agenda. It was suggested, however, that the Leadership Council should prioritize those recommendations that comply with more criteria.

Leadership Council members also made the following comments on the proposed criteria:

- The action agenda should identify recommendations that are easier to implement.
- Recommendations should be explicit about timeline, actors, and implementation.
- The Leadership Council should have the latitude to integrate recommendations, add ideas from other inputs and members' expertise, and modify or improve upon the recommendations put forward by the work groups as necessary.
- Support of the Leadership Council, which includes federal agency representatives, does not commit those agencies to support or enact recommendations.

Public Comment

Mary Lamielle, executive director of the National Center for Environmental Health Strategies, read a prepared statement as public comment to the Leadership Council. Ms. Lamielle's complete statement is attached to this summary as Appendix B.

Work Group Recommendations and Initial Priorities for Action agenda

The Leadership Council discussed concepts and recommendations for the action agenda, as well as potential audience(s).

The group also discussed implementation of the action agenda. The chairs suggested considering developing an implementation plan, which could include meeting with principal recipients of the action agenda recommendations. One member questioned what type of reply the Leadership Council should expect from agencies. During the discussion, members made the following comments:

General Comments

- Action agenda must be engaging. The 9/11 Commission report is a model to consider.
- Be humble. The *National Conversation* is already underway. Consider language that suggests the report is joining that ongoing conversation.
- To the extent that ideas are already under discussion (i.e., aren't new), consider how this action agenda can foster action and not just be another report.
- Be bold in stating that the problems are real and haven't been solved. Discuss how we arrived at the current state.
- Be specific about potential paths forward and specific actions needed. Don't just say that reform is needed; explain how to enact change.
- Some Leadership Council members emphasized that the action agenda should not recommend or mandate impossible actions.
- Recommendations are not consistent in the level of detail. Some articulate general principles without measurable outcomes, while others are very specific and identify actors.
- Work group reports do not include the phrase "environmental justice." This theme was important during community conversations and public comment and needs a place in the action agenda. Consider referring to the Department of Justice, U.S. Environmental Protection Agency, and Interagency Task Force activities.

Final document

- The Policies and Practices Work Group report includes 10 foundational principles (pages 16–17 of the Policies and Practices Work Group report), which writers could use as a framework for the action agenda. Writers could combine these principles to create a structure that includes recommendations captured under each principle.
- The work groups' contributions to the action agenda should be acknowledged. If the action agenda is printed, it should include acknowledgements for work group members. If the action agenda is available electronically, staff can append the acknowledgements.
- Leadership Council members agreed that writers should draw on work group reports to support the action agenda. Writers should identify and flag gaps for exploration with the Leadership Council at the next meeting.

Audience

The group discussed potential audiences for action agenda recommendations. Leadership Council members identified two approaches to drafting the action agenda: identifying audiences and drafting recommendations for their attention, or discussing important recommendations and assigning individual recommendations to specific audiences. One Leadership Council member noted that the intended audience determines how the Leadership Council frames the entire document and how explicit recommendations may be. One Leadership Council member emphasized that the action agenda needs to be actionable, directing actions to persons in positions to act and then holding those actors accountable. Furthermore, the Leadership Council could suggest organizational options and principles that the actor could adopt to comply with the recommendation. Dr. Portier agreed to be the first recipient of the Leadership Council's action agenda and to take responsibility to pass the action agenda to other parties identified in recommendations.

One member spoke in favor of using language in the action agenda that is readable by the general public *and* public health experts to ensure that it is a valuable contribution to public health. Several members agreed that the action agenda should be meaningful to the public without being compromised technically. One member suggested using cross-cutting themes and acknowledging the extent of public engagement in the *National Conversation* as methods to gain public traction. Another member suggested that the 9/11 Commission report is a model example.

Chapter 1

Leadership Council members supported listing Policies and Practices Work Group recommendations PP1, PP3, PP4, PP6, and PP13 in this chapter. Writers should refer to the Work Group's report to identify each recommendation's actor(s.) One Leadership Council member noted that the Policies and Practices Work Group's recommendations fall into categories, such as prevention and safer chemicals, and asked if the recommendations selected for inclusion in the action agenda should be representative of these categories. Another Leadership Council member suggested including more information in this chapter from the Policies and Practices Work Group report on developing safer alternatives. Another member expressed concern for clear language around "safer" alternatives. Writers should define "safer" to emphasize the importance of science.

Drawing on the themes from the community conversations, a member suggested that the *National Conversation* frame scalable prevention starting with the home and then moving to local, regional, and national scales. Another Leadership Council member agreed, noting that this framework acknowledges the public's loss of trust in government while still being actionable through specific recommendations to improve public health.

Other specific suggestions included the following:

- Adding recommendation PP9, a recommendation supporting government agricultural subsidies for organic farming in low-income communities.
- Recommending TSCA reform. One member suggested that the TSCA recommendation target Congress, which was the actor identified in the Policies and Practices Work Group report. Another noted that the Leadership Council should discuss what the reforms should be.
- Reversing the second and third bullets in the annotated action agenda and adding detail so that they are more specific and actionable.
- Considering the implications and competitive issues that could arise from different standards for domestically and internationally produced goods.
- Emphasizing the prevention of harmful exposure in the home.

Chapter 2

- Some participants recognized that the issue of the environmental fate and transport of chemicals was not covered in the work group reports. Which work group this issue would fall under is unclear; Policies and Practices and Scientific Understanding were both mentioned. One member suggested it was a scientific understanding issue, given that it should be viewed in the context of fate and transport both inside and outside the body.
 - Another participant suggested writers frame this chapter to emphasize toxic exposure.
- When discussing the recommendations listed in this chapter of the annotated action agenda, Leadership Council members identified exposure assessment measurement and intervention research as a potential area of focus. The following are possible related recommendations:
 - Recommendation that supports and acknowledges Expocast™ and other similar work. Recommendation acknowledging and expanding ToxCast™ and other initiatives aiming to improve toxicity science. One participant noted that the Leadership Council could recommend maximizing investments in current programs and identifying synergies between these initiatives. The participant pointed out that efforts to minimize exposures will reduce the need for biomonitoring.
- One Leadership Council member suggested shortening recommendation SU4 so that it states, "Identify and improve scientific knowledge of adverse health effects."

Chapter 3

- When discussing revisions to this chapter of the annotated action agenda, Leadership Council members suggested:
 - Separating the bullets on public health surveillance and chemical exposure surveillance.
 - Expanding the second bullet into two separate bullets to distinguish between chemical use and exposure.
 - Emphasizing localized (by industry or region) data collection about what is in people's bodies in biomonitoring initiatives.
 - Identify gaps in technology for alternative biomonitoring surveys.
- During the discussion, Leadership Council members discussed additional recommendations that writers could add to this chapter:
 - Revise the chemical approval process to require industry to identify and test biomonitoring lab techniques prior to the approval of new chemicals. (The monitoring work group report may have a recommendation that writers could reference.)

- Increase support for state or regionally based biomonitoring initiatives. States could collect the same data as CDC, allowing states to compare and contrast with national samples. The action agenda should caution that some technical, scientific, and confidentiality or privacy issues may have more localized biomonitoring.
- Several Leadership Council members supported adding Monitoring Recommendation 8 to this chapter. Another noted an Education and Communication Work Group recommendation related to biomonitoring.

Chapter 4

- During the discussion, Leadership Council members suggested prioritizing recommendations EC1, SU5, SU8 (EC1 addresses the second and third bullet points from this chapter of the annotated action agenda). One member also suggested that writers emphasize the importance of practicing prevention and environmentally sound practices. Another member suggested emphasizing prevention in environmentally burdened communities, including increasing access to health care and addressing legacy issues.
- Leadership Council members also suggested adding additional recommendations to this chapter. During the discussion, members proposed additional recommendations:
 - SC1, which calls for an executive order.
 - A call to revise the ATSDR mission and mandate to make ATSDR more responsive to community groups.
 - Support for specialists and physicians with specialized knowledge to help others and maximizing the use of localized expertise.
 - A recommendation from the Monitoring Work Group regarding oversampling and participatory designs in studies.
- Leadership Council members identified a gap in this chapter: engagement with the business community.

Chapter 5

- Leadership Council members discussed gaps this chapter should address. During the discussion members suggested the following revisions:
 - Discuss building and supporting the “pipeline” for environmental public health professionals. This idea may overlap with Chapter 6 and the discussion regarding public education. Another member suggested that writers should place this theme in Chapter 5 and that recommendation EC8 could support it. Several members acknowledged the importance of increasing training capacity for professionals in both public service and industry.
 - Refer to Pediatric Environmental Health Specialty Units, which encourage environmental health on a national basis.
 - Address international biomonitoring and reporting initiatives.
- Leadership Council members also suggested adding additional recommendations to this chapter including CE5, CE8, CE9, and CE12. During the discussion, members also proposed additional recommendations:
 - Support and increase the technical capacity within environmental justice, labor, and NGO groups.
 - Increase funding for poison control centers. Financial stresses on states have resulted in the consolidation and closure of many poison control centers.
 - Improve the central repository and network for poison control centers to help identify environmental exposures linked with health outcomes. This will help

increase capacity to monitor poison control centers and emergency rooms and will be a valuable tool for local or national emergencies.

- One participant noted potential privacy concerns with biomonitoring and reporting.

Chapter 6

- Leadership Council member supported including recommendations CE12, EC2, PP5, and PP6 in this chapter
- One Leadership Council member suggested an additional recommendation to make public health databases available to the public
 - One participant acknowledged that a bullet discussing databases and accessible online portals is missing from this chapter in the annotated action agenda. Many work groups have discussed this concept, and writers should reference it here. Another member suggested looking at the public health tracking network. Another member suggested referencing the National Health Outcomes Database.
- One participant suggested prioritizing recommendation EC2 in this chapter.
- One participant emphasized that education and training recommendations need to include support for institutions for people of color.

Chapter 7

- One Leadership Council member suggested an additional recommendation to reinvest in EPA's program on local emergency planning committees to help build capacity at the local level for chemical emergency response.
- A Leadership Council member supported placing recommendation CE9 in this chapter.

Process for Drafting the Action Agenda and Next Steps

Ms. Bingham discussed the next steps in drafting the action agenda. Ms. Bingham shared that the final action agenda will be complete by January 21. Staff will complete and distribute a first draft of the action agenda to Leadership Council members by the end of October. Ms. Bingham asked Leadership Council members to reserve time in early November to review this draft and email comments to staff. Members noted that the APHA conference is scheduled during this time. Several participants proposed that a group of Leadership Council members could meet in person at the APHA conference to discuss the draft action agenda. Pending need for additional review, conversation, and availability, staff may schedule additional small group conference calls to help refine the draft. Staff will circulate a second draft to all Leadership Council members in mid-November that incorporates Leadership Council feedback. The Leadership Council will revise and agree on the second draft during the November 30 meeting. Staff will consider public input from a traditional public comment period and a Web dialogue, both scheduled for December, in revising this draft.

Leadership Council members discussed alternate opportunities to provide input to staff in drafting the action agenda. One member suggested a straw ranking process to comment on and rank recommendations. Ms. Bingham proposed that the staff design a mechanism to collect and add Leadership Council members' information and views regarding priority recommendations.

Henry Anderson, Leadership Council co-chair, added that work groups were revising and finalizing their draft reports based on public comments. When discussing ownership of documents, one Leadership Council member acknowledged that work groups own their reports, and the Leadership Council owns the cross-cutting document. Work group chairs for the

Chemical Emergencies, Education and Communication, Scientific Understanding, Monitoring, and Policies and Practices work groups shared scheduling information for their next work group calls to discuss public comments. The chair for the Scientific Understanding Work Group informed the Council that his work group will be adding an additional recommendation to their work group report.

Appendix A: Participation

* Denotes participation via conference call

Members Present:

- George Alexeeff, California Environmental Protection Agency*
- Henry "Andy" Anderson, Wisconsin Division of Public Health
- Tina Bahadori, American Chemistry Council
- John Balbus, National Institute of Environmental Health Sciences
- John Bresland, U.S. Chemical Safety and Hazard Investigation Board
- Ken Cook, Environmental Working Group
- Lisa Conti, Florida Department of Health*
- MaryAnn Danello, Consumer Product Safety Commission*
- Henry Falk, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, U.S. Centers for Disease Control and Prevention
- Daniel Goldstein, Monsanto
- Jesse Goodman, U.S. Food and Drug Administration
- Rick Hackman, Procter & Gamble*
- Richard Jackson, School of Public Health, University of California Los Angeles *
- Jim Jones, U.S. Environmental Protection Agency*
- Franklin Mirer, Hunter College, City University of New York
- Robert Peoples, American Chemical Society, Green Chemistry Institute
- Susan Polan, American Public Health Association
- Kathleen Rest, Union of Concerned Scientists
- Robert Rickard, DuPont
- Roger Rivera, National Hispanic Environmental Council
- Jennifer Sass, Natural Resources Defense Council
- Gail Shibley, Oregon Department of Human Services
- Peggy Shepard, WE ACT for Environmental Justice*
- Rosemary Sokas, U.S. Occupational Safety and Health and Administration
- Martha Stanbury, Michigan Department of Community Health
- Andrea Kidd Taylor, School of Community Health and Policy, Morgan State University
- Kevin Teichman, U.S. Environmental Protection Agency
- Nsedu Witherspoon, Children's Environmental Health Network (Co-chair)

Regrets:

- Scott Becker, Association of Public Health Laboratories
- Linda Birnbaum, National Institute of Environmental Health Sciences and National Toxicology Program
- Stacy Bohlen, National Indian Health Board
- Lois Gibbs, Center for Health, Environment and Justice
- Paul Jarris, Association of State and Territorial Health Officials
- Elise Miller, Collaborative on Health and the Environment

- Robert Pestronk, National Association of County and City Health Officials
- John Peterson Myers, Environmental Health Sciences
- Alan Roberson, American Water Works Association
- David Wegman, University of Massachusetts Lowell

Facilitation and Staff Team Members Present:

- Gail Bingham, RESOLVE
- Adam Brush, NCEH/ATSDR
- Kim DeFeo, NCEH/ATSDR*
- Abby Dilley, RESOLVE*
- Julie Fishman, NCEH/ATSDR*
- Ben Gerhardstein, NCEH/ATSDR
- Jason Gershowitz, RESOLVE
- Dana Goodson, RESOLVE
- Kathy Grant, RESOLVE
- Jay Nielsen, NCEH/ATSDR*
- Montrece Ransom, NCEH/ATSDR*
- Jenny Van Skiver, NCEH/ATSDR*

Others Present:

- Alan Bookman, New Jersey Department of Environmental Protection*
- Heather Bowman, KCPS*
- Jacqueline Ferrante, Consumer Product Safety Commission*
- Mary Lamielle, National Center for Environmental Health Strategies*
- Tim Landry
- Christopher Portier, NCEH/ATSDR
- Pat Rizzuto, Bureau of National Affairs
- Debbie Smegal, U.S. Environmental Protection Agency*
- Kerry Williams, Association of State and Territorial Health Officials

Appendix B: Public Comment

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October 5, 2010

Public Comment:
Leadership Council
National Conversation on Public Health and Chemical Exposures

Good Afternoon.

My name is Mary Lamielle. I'm executive director of the National Center for Environmental Health Strategies.

I'm a member of the Education and Communication Work Group. I've been involved more peripherally with a task group of the Scientific Understanding Work Group.

I posted comments on the Scientific Understanding and Policies and Practices Work Group Reports during the most recent web comment period and sponsored a Community Conversation whose participants included professionals disabled by chemical sensitivities/intolerances.

I had hoped to attend today's meeting because I represent an issue and a population whose needs are not being addressed and who are NOT represented by anyone on the Leadership Council, as far as I'm aware. Unfortunately I found out on Saturday that the Omni Shoreham was not accessible for me due to the routine use of pesticides.

Up to 6% of the American population is disabled by chemical sensitivities/intolerances with 15-30% of Americans reporting reactions to everyday exposures.

For over 25 years I have assisted tens of thousands of individuals and worked to effect policies and programs that address the needs of the public and people sick or disabled by chemical exposures. I worked to secure the first Congressional directed funds for research nearly 20 years ago.

While there have been a number of significant federal policies that address chemical sensitivities, the research agencies have failed to step up to the plate to support the work necessary to address these issues. Those disabled by chemical sensitivities have been forced to live devastating lives at enormous expense, with significant loss of health and productivity.

I give my enthusiastic support for Scientific Understanding Work Group Recommendations 7, 6, and 4 and strongly recommend that the details of these recommendations be included in the action agenda put forth by the Leadership Council.

I support **Recommendation 7 Improve understanding of individual susceptibility to chemical exposures**. These comprehensive research recommendations to improve understanding of individual susceptibility and chemical intolerance through improved data collection and research are essential to advance the science necessary to address the health and disability needs of these individuals and prevent future illness and disability. The Quick Environmental Exposure and Sensitivity Inventory (QEESI) and the Environmental Medical Unit (EMU) may also play a role in identifying chronic medical conditions in children such as autism, ADHD, and asthma.

I also support **Recommendation 6 on gene-environment interactions** and **Recommendation 4 on the adverse health effects from indoor air pollution**. Indoor environmental quality is one area that has been examined in the context of chemical sensitivities/intolerances. The U. S. Access Board contracted with the National Institute of Building Sciences in a multidirectional project and issued the "Indoor Environmental Quality Project Report" (www.access-board.gov/research/ieg).

I thought that the concepts in the Policies and Practices Work Group Report were impressive, but I was disappointed to find too few specifics. I have a similar concern about the Education and Communication Work Group Report.

With regard to Policies and Practices **RECOMMENDATION #5** and the discussion of product labeling, pesticides and fragrances are two exposure categories that need research to identify chemicals in the mixtures and product labeling to protect the public health.

I would like to recommend that the Leadership Council include an action agenda item that promulgates the CDC Fragrance-Free Policy, pages 9-10 in the agency's Indoor Environmental Quality Policy, June 2009 across federal agencies and for the public.

I would like to recommend that the list of vulnerable or at risk populations referenced in the various reports include "children, the elderly, pregnant women, those with chronic illness, and people already sick or injured by chemical exposures including those with chemical sensitivities."

I was pleased to see that the Policies and Practices Work Group didn't use the word "green" but words like "safe", "safer alternatives", etc. I think that the word "green" should be removed from other work group reports in favor of descriptors that capture the specific meaning-- most notably in the Serving Communities Work Group Report.

Many months ago members of the Education Work Group were asked to describe themselves in 6 words. My response: "the voice of long neglected populations." I hope that the Leadership Council's Action agenda will ensure that we are no longer "neglected" by including specific research recommendations, notably 7 as well as 6 and 4, by recommending specific policy initiatives such as the CDC Fragrance-Free Policy, and by including educational initiatives for the public, patients, and the medical and public health communities not presently in the report.

I'd be pleased to answer any questions now or by phone or e-mail.

Final document

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