

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
National Center for Environmental Health/  
Agency for Toxic Substances and Disease Registry**



**Board of Scientific Counselors Teleconference Meeting  
August 11, 2014**

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**Record of the Proceedings**

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## Executive Summary

The U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) convened a teleconference meeting of the Board of Scientific Counselors (BSC) on August 11, 2014 beginning at 2:00 p.m. EST.

In accordance with Federal Advisory Committee Act rules and regulations, the Designated Federal Official (DFO) verified that the voting members and Federal Expert members constituted a quorum for the BSC to conduct its business over the course of the teleconference meeting. The BSC voting members were reminded of their individual responsibility to identify potential conflicts of interest with any of the items on the August 11, 2014 published agenda and recuse themselves from participating in or voting on these matters. None of the BSC voting members disclosed any conflicts of interest for the public record.

The NCEH/ATSDR Acting Director covered the following topics in the NCEH/ATSDR's Office of Director's report to the BSC.

- The recent vacancy of the NCEH/ATSDR Associate Director for Science and the BSC DFO.
- CDC's strategic plan to accelerate improvements in its agency-wide laboratory safety practices in response to two laboratory incidents that occurred in June and July 2014.
- Activation of the CDC Emergency Operations Center to respond to an unprecedented ebola virus outbreak in Guinea, Liberia, Sierra Leone and Nigeria.
- CDC's scientific meeting with an expert panel in July 2014 to propose next steps for the Camp Lejeune Cancer Incidence Study.
- CDC's release of Funding Opportunity Announcements in August-September 2014 to invest >\$61 million in four major environmental health programs: asthma control, childhood lead poisoning prevention, biomonitoring, and environmental public health tracking.
- CDC's ongoing progress on the search for a permanent NCEH/ATSDR Director.

The BSC Chair presented an overview of the draft proposal for a new Lead Subcommittee to the BSC by summarizing the proposed structure, scope, duties and deliverables. The BSC and NCEH/ATSDR extensively discussed, revised and clarified sections of the draft proposal.

**The Chair's call for a vote resulted in the unanimous approval of two motions by the 10 BSC voting members who were in attendance.**

- The BSC approved the formal establishment of the new Lead Subcommittee to the BSC.
- The BSC accepted the draft proposal as the formal charge for the Subcommittee with revisions suggested by the members.
- Next steps to establish the Subcommittee were highlighted.

The BSC discussed its outstanding business items, including an update on the Fracking Workgroup and scheduling of the next BSC meeting.

The public comment session resulted in a request for the BSC and NCEH/ATSDR to consider three important issues in their ongoing efforts to formally establish and charge the new Lead Subcommittee.

- Ensure that the Subcommittee reflects expertise and specialized knowledge in lead and serves as a credible resource for practitioners in the field and the broader lead community.
- Ensure that an expert in adolescent medicine is represented on the Subcommittee since adolescents are a unique population from children <6 years of age and adults.
- Include an additional deliverable for the Subcommittee in order for practitioners in the field to make progress in primary prevention by identifying lead sources with adequate funding: “Propose recommendations for insurance companies to cover environmental risks and investigations.”



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**BOARD OF SCIENTIFIC COUNSELORS  
August 11, 2014  
Atlanta, Georgia**

**Minutes of the Teleconference Meeting**

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) convened a teleconference meeting of the Board of Scientific Counselors (BSC) on August 11, 2014.

The BSC's charter is set forth as follows. The BSC shall provide advice and guidance to the Secretary of HHS, Director of CDC, and Director of NCEH/ATSDR regarding program goals, objectives, strategies and priorities in fulfillment of the agencies' mission to protect and promote persons' health. The BSC shall provide advice and guidance to assist NCEH/ATSDR in ensuring scientific quality, timeliness, utility and dissemination of results. The BSC shall provide guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents to fulfill its mission to protect America's health.

**Opening Session**

**William Cibulas, PhD, MS, CAPT USPHS**

Senior Advisor for Public Health & Acting Associate Director for Science  
Deputy Director, NCEH/ATSDR Office of Science  
BSC Designated Federal Official

Dr. Cibulas conducted a roll call and opened the floor for introductions to determine the BSC voting members, Federal Expert members and NCEH/ATSDR staff who were in attendance. He announced that the BSC teleconference meeting was open to the public and all comments made during the proceedings would be a matter of public record. He reminded the BSC voting

members of their individual responsibility to identify potential conflicts of interest with any of the items on the August 11, 2014 published agenda and recuse themselves from participating in or voting on these matters.

Dr. Cibulas confirmed that the 14 voting and non-voting members in attendance constituted a quorum for the BSC to conduct its business on August 11, 2014. He called the proceedings to order at 2:00 p.m. EST and welcomed the participants to the BSC teleconference meeting. None of the BSC voting members disclosed any conflicts of interest for the public record.

## NCEH/ATSDR Office of the Director's Report

### **Robin Ikeda, MD, MPH, USPHS RADM**

Acting Director, NCEH/ATSDR

Deputy Director, Office of Noncommunicable Diseases, Injury and Environmental Health  
Centers for Disease Control and Prevention

Dr. Ikeda covered the following topics in the NCEH/ATSDR Office of the Director's report to the BSC. Dr. Vikas ("Vik") Kapil accepted a new position as the Chief Medical Officer in the CDC Center for Global Health and is no longer the NCEH/ATSDR Associate Director for Science or the BSC Designated Federal Official (DFO). Dr. Cibulas is serving in an acting capacity for these positions until Dr. Kapil's permanent replacement has been appointed.

CDC is responding to two laboratory incidents that occurred in June and July 2014. CDC laboratory staff potentially was exposed to anthrax and a laboratory specimen contaminated with the H5N1 influenza virus was inadvertently shipped from CDC. The NCEH Laboratory was not directly involved in either of these two incidents, but all parts of CDC are taking responsibility for addressing these problems and strengthening an agency-wide culture of safety.

Dr. Thomas Frieden, Director of CDC, acknowledged gaps in CDC's laboratory safety practices during a Congressional hearing in July 2014 and made a commitment to rapidly improve this area. Most notably, a new Laboratory Safety Director has been appointed who will oversee and monitor the implementation of recommendations made by a new cross-agency workgroup to accelerate improvements in laboratory safety. A new external Laboratory Safety Workgroup also has been established as part of the existing Advisory Committee to the CDC Director.

The CDC Emergency Operations Center was activated to respond to an ebola virus outbreak in Guinea, Liberia, Sierra Leone and Nigeria. The unprecedented outbreak involves West Africa, local countries and urban areas, but CDC has no offices in this part of the African continent. CDC deployed 35 staff and will soon deploy 20 additional staff to the field.

CDC hosted a two-day scientific meeting with an expert panel in July 2014 to propose next steps for the Camp Lejeune Cancer Incidence Study. The expert panel recommended follow-up with state cancer registries and the development of a draft protocol with various options for the study. CDC will provide the BSC with regular updates as progress is made on the study.

CDC will release Funding Opportunity Announcements (FOAs) in August-September 2014 for four major environmental health (EH) programs: asthma control, childhood lead poisoning

prevention, biomonitoring, and environmental public health tracking. CDC's award of the four FOAs will represent an investment of >\$61 million to address EH issues.

CDC supported two panels to review the paperwork of and conduct telephone interviews with applicants for the NCEH/ATSDR Director position. These activities resulted in the panels recommending applicants who should be invited for in-person interviews with Drs. Frieden, Ikeda and Ileana Arias, Principal Deputy Director for CDC/ATSDR.

## Overview of the Proposed Lead Subcommittee to the BSC

### **Daniel Kass, MSPH, BSC Chair**

Deputy Commissioner, Division of Environmental Health  
New York City Department of Health and Mental Hygiene

Mr. Kass explained that the purpose of the teleconference meeting was for the BSC to review, discuss and formally vote on the draft proposal to establish a new Lead Subcommittee to the BSC. The draft proposal was distributed to the BSC in advance of the meeting, but Mr. Kass summarized the structure, scope, duties and deliverables of the Subcommittee to guide the discussion.

#### **Structure**

- NCEH/ATSDR leadership shall appoint nominees to the Subcommittee based on their adherence to eligibility and ethics requirements. Subcommittee members shall serve two-year terms, but the BSC and NCEH/ATSDR will explore the possibility of extending these terms at their discretion.
- At least one BSC voting member shall serve on the Subcommittee at all times in accordance with the rules and regulations of the Federal Advisory Committee Act (FACA).
- The Subcommittee shall convene at least two teleconference meetings annually, but the BSC may recommend an in-person meeting based on the availability of NCEH/ATSDR resources.

#### **Scope**

- The Subcommittee shall continue and expand on activities that previously were conducted by the CDC Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP). ACCLPP was disbanded in October 2013.
- The Subcommittee shall serve as a group of experts that would be convened separately from the BSC to review changes in the knowledge, science and practice related to lead poisoning prevention (LPP) of children and adults.
- The Subcommittee shall be charged with completing specific tasks, achieving key objectives, and regularly reporting its findings and outcomes to the BSC. The BSC shall review, discuss and vote on the Subcommittee's recommendations for NCEH/ATSDR's consideration and formal action.
- Similar to its parent committee, the Subcommittee also shall be subject to all FACA rules and regulations.

### **Duties**

- The Subcommittee shall include 8 to 10 members who will provide advice and guidance to the BSC on public health policies, practices and state-of-the-science relevant to LPP. The Subcommittee shall bring to bear important perspectives on LPP and reflect expertise from a broad range of disciplines, including:
  - Lead screening of pediatric, adolescent and adult populations
  - Diagnosis, medical management and prevention of lead exposure and its consequences
  - Detection, reduction and prevention of environmental lead hazards
  - Laboratory issues
  - Surveillance and epidemiology
  - Risk assessment

### **Deliverables/Outcomes**

- The Subcommittee shall focus on completing five deliverables and outcomes to fulfill its charge.
  1. Identify appropriate science and primary prevention strategies to control or eliminate sources of lead for at-risk children in communities.
  2. Provide expert advice and guidance related to improvement of follow-up services to children exposed to lead, such as risk assessments and home inspections.
  3. Provide input on exposure assessment science and practice.
  4. Evaluate and recommend interventions and best practices that mitigate exposure to lead.
  5. Propose recommendations for NCEH/ATSDR practice and roles to promote lead poisoning prevention.

## **BSC Discussion of the Draft Proposal**

The BSC's comments, suggestions and feedback on the draft proposal to establish a new Lead Subcommittee are outlined below.

### **Duties**

The BSC agreed that the Subcommittee should report its findings and recommendations directly to the full BSC membership.

- BSC meeting agendas should include an update by the Subcommittee as a standing item to achieve this goal.
- The BSC member who will serve as a liaison should advise the Subcommittee on the best mechanism for ongoing communication with the BSC, but any Subcommittee member would be eligible to present updates and report other findings to the BSC.

The BSC was in favor of including "occupational lead exposure" as an additional area of expertise for the Subcommittee.

- Dr. John Decker, the BSC *ex-officio* member for the National Institute for Occupational Safety and Health (NIOSH), confirmed that NIOSH would welcome the opportunity to

provide support and expertise to the Subcommittee on the occupational safety and health aspects of lead poisoning. For example, NIOSH could advise the Subcommittee on occupational lead exposures that adult workers “take home” to their children and other family members. NIOSH also could advise the Subcommittee on broader, non-paint sources of lead exposure. NIOSH’s other areas of expertise that could benefit the Subcommittee include its development of new medical management guidelines for blood lead levels (BLLs) and ongoing support of the Adult Blood Lead Epidemiology and Surveillance Program.

### **Structure**

The BSC agreed that the following sentence should be clarified: “Nominees to the subcommittee will be provided to the BSC and NCEH/ATSDR for their review.”

- Dr. Cibulas explained that unlike the BSC, final approval of Subcommittee members is not required at the level of the Office of the HHS Secretary. The BSC Chair, DFO and full membership will propose, discuss and agree on appropriate candidates based on their areas of expertise as outlined in the Description of Duties. Input also will be solicited from NCEH/ATSDR program staff. BSC members and external experts will be eligible for consideration. The BSC’s discussion will result in nominations of 8 to 10 candidates. The list of nominees will be forwarded to NCEH/ATSDR leadership for the vetting and final approval process.

### **Deliverables/Outcomes**

The BSC raised the possibility of adding a new charge: “6) Identify important lead poisoning prevention issues that have been overlooked in the past, propose innovative strategies to fill these gaps, and develop indicators to measure success in these new areas.”

- Dr. Sharunda Buchanan, Director of the NCEH Division of Emergency and Environmental Health Services, reported that guidance documents, recommendations and other input by the former ACCLPP are still available on the CDC.gov/nceh website. The Subcommittee can utilize these materials as a resource, but its scope will be broader than the previous focus on childhood LPP activities, such as exposure assessments and community services. NCEH will continue to present regular updates on its childhood LPP activities during BSC meetings.
- Dr. Lynn Wilder, Associate Director for Science in the ATSDR Division of Community Health Investigations, explained that ATSDR does not have a lead program. Instead, ATSDR makes every effort to ensure that its LPP activities are consistent across all sites. Moreover, ATSDR has increased its focus on primary prevention due to CDC’s replacement of the “BLL of concern  $\geq 10$   $\mu\text{g}/\text{dL}$ ” with a “reference value BLL (RVBLL)  $\geq 5$   $\mu\text{g}/\text{dL}$ .” Dr. Wilder noted that the Subcommittee’s focus on updated values for non-occupational lead exposure among adult pregnant women and women of childbearing age at ATSDR sites would be extremely valuable for ATSDR’s site-specific activities.

Mr. Kass pointed out that the discussion demonstrated the BSC’s interest in establishing the new Subcommittee to broadly address lead poisoning, lead exposure, and efforts to reduce or prevent these hazards. He called for votes for the BSC to formalize these issues.

Chair's call for a vote	Motion properly made by Dr. Rebecca Head for the BSC to establish the new Lead Subcommittee to the BSC Motion seconded by Dr. Michael Kleinman
Outcome of vote	<b>Motion unanimously passed by 10 BSC voting members</b>
Next steps	The following persons will be considered as nominees to the Subcommittee: <ul style="list-style-type: none"> <li>• Dr. Michael Kleinman (BSC member)</li> <li>• Dr. Matthew Strickland (BSC member)</li> <li>• Dr. Walter Alarcon (NIOSH staff)</li> <li>• Dr. Jennifer Lowry (Director, Mid-America Pediatric Environmental Health Specialty Unit)</li> </ul> The BSC members will propose additional nominees to the Subcommittee along with their biographical sketches via e-mail to Mr. Kass ( <a href="mailto:dkass@health.nyc.gov">dkass@health.nyc.gov</a> ) and Dr. Cibulas ( <a href="mailto:wic1@cdc.gov">wic1@cdc.gov</a> ).

Chair's call for a vote	Motion properly made by Dr. Rebecca Head for the BSC to accept the revised draft proposal as the formal charge for the new Lead Subcommittee to the BSC Motion seconded by Dr. Hillary Carpenter
BSC Discussion	Revise the formal charge based on the BSC's discussion: <ul style="list-style-type: none"> <li>• Replace the first sentence in the Structure section with the following text to more accurately reflect Dr. Cibulas' clarification: "The BSC and NCEH/ATSDR program staff will propose, discuss and agree on potential nominees to the Subcommittee. The final list of nominees will be forwarded to NCEH/ATSDR leadership for approval."</li> <li>• Include "occupational lead exposure" as an additional area of expertise in the Description of Duties section</li> <li>• Replace "children" with "children and adults" in items 1 and 2 in the Deliverables/Outcomes section</li> </ul>
Outcome of vote	<b>Motion unanimously passed by 10 BSC voting members</b>
Next steps	The Subcommittee's formal charge will be revised based on the BSC's comments and suggestions.

**BSC Business Session**

Mr. Kass opened the floor for the BSC's discussion on any outstanding business items.

**Topic 1: Update on the Fracking Workgroup**

Dr. Cibulas reminded the participants that the BSC voted to approve the establishment of a new Fracking Workgroup during the May 2014 meeting. To initiate this effort, he emphasized that the BSC would need to draft and vote on a formal charge and NCEH/ATSDR would need to identify staff to support the workgroup.

Dr. Kristina Thayer, the BSC *ex-officio* member for the National Institute of Environmental Health Sciences, is the Fracking Workgroup Chair. She announced that the first workgroup teleconference scheduled for September 2014 would be postponed due to the need to resolve these procedural issues. Mr. Kass and Dr. Thayer agreed to communicate via e-mail to begin drafting the workgroup charge.

Dr. Thayer announced that a “Fracking with Health” Symposium would be held on Washington, DC on October 2-3, 2014. She planned to circulate the notice of the symposium to the BSC members.

## Topic 2: Next BSC Meeting

Ms. Sandra Malcom, Executive Coordinator for the BSC, reported that a tentative date has been scheduled for the next meeting based on the availability of some BSC members. However, NCEH/ATSDR is still determining the availability of other members. She expected to circulate the date of the next BSC meeting in the near future.

## Public Comment Session

### Dr. Jennifer Lowry

Director, Mid-America Pediatric Environmental Health Specialty Unit (PEHSU)

Dr. Lowry reported that ATSDR and the U.S. Environmental Protection Agency fund PEHSUs to provide environmental education and consultation on pediatric environmental exposures to healthcare professionals and families. PEHSUs now play a larger role in filling significant gaps in lead knowledge and expertise after two major developments occurred. CDC’s LPP funding to state and local health departments ended on September 1, 2012. CDC replaced the BLL of concern  $\geq 10$   $\mu\text{g}/\text{dL}$  with a lower RVBLL  $\geq 5$   $\mu\text{g}/\text{dL}$ .

Dr. Lowry asked the BSC and NCEH/ATSDR to consider three important issues in their ongoing efforts to establish the new Lead Subcommittee. First, the Subcommittee should not be heavily weighted with BSC members. Due to the loss of CDC funding, multiple health departments across the country are no longer able to support physicians, nurses or other healthcare professionals with expertise and specialized knowledge in lead. Similar to the former ACCLPP, the Subcommittee also should serve as a credible resource for practitioners in the field and the broader lead community.

PEHSUs are now consulting with physicians with no experience in the medical management of lead-exposed children. For example, questions to PEHSUs have ranged from whether children with a BLL 7  $\mu\text{g}/\text{dL}$  should be chelated or if medical attention is needed for children with a BLL 25  $\mu\text{g}/\text{dL}$ . ACCLPP documents on the CDC.gov website do not provide practitioners in the field with sufficient guidance on actions to take related to children with specific BLLs. To fill this gap, the PEHSUs developed and distributed a lead medical management document for healthcare professionals.

Second, an expert in adolescent medicine should be nominated to the Subcommittee because adolescents are a unique population from children <6 years of age and adults. Most notably, a *Morbidity and Mortality Weekly Report* article described an increase in lead poisoning diagnoses among teens due to target shooting and the use of indoor firing ranges. However, no RVBLL has been established for adolescents to date due to the ongoing development of their brains.

Third, an additional deliverable/outcome of the Subcommittee should be included: “Propose recommendations for insurance companies to cover environmental risks and investigations.” Practitioners in the field will be unable to make progress on primary prevention without funding to identify lead sources.

### Closing Session

Mr. Kass thanked the BSC members for continuing to contribute their valuable time and expertise to address important EH issues for the nation. He also thanked the NCEH/ATSDR staff for continuing to provide outstanding support for the BSC meetings.

With no further discussion or business brought before the BSC, Mr. Kass adjourned the teleconference meeting at 3:25 p.m. EST on August 11, 2014.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daniel Kass, MSPH  
Chair, NCEH/ATSDR  
Board of Scientific Counselors



## Participants' Directory

### BSC Members Present

Mr. Daniel Kass, Chair  
Dr. Lisa Alvarez-Cohen  
Dr. Hillary Carpenter  
Dr. Julia Gohlke  
Dr. Rebecca Head  
Dr. Michael Kleinman  
Mr. Sanjay Ranchod  
Dr. Matthew Strickland  
Dr. Phillip Williams  
Dr. Robert Wright

### BSC Members Absent

Mr. Himanshu Jani  
Dr. Ewa King  
Dr. Shannon Márquez  
Dr. Melissa Perry  
Dr. Kenneth Ramos  
Dr. Sacoby Wilson

### BSC Federal Expert Members Present

Dr. John Decker  
National Institute for Occupational Safety and Health

Dr. Lynn Flowers  
(Alternate for Dr. Hal Zenick)  
U.S. Environmental Protection Agency

Dr. Bonnie Richter  
U.S. Department of Energy

Dr. Kristina Thayer  
National Toxicology Program, National Institute of Environmental Health Sciences

### BSC Federal Expert Member Absent

Dr. Hal Zenick  
U.S. Environmental Protection Agency

### Designated Federal Official

Dr. William Cibulas  
Senior Advisor for Public Health &  
Acting Associate Director for Science,  
NCEH/ATSDR

### CDC/NCEH/ATSDR

#### Representatives

Sharunda Buchanan  
Sascha Chaney  
Demetria Gardner  
Robin Ikeda  
Sandra Malcom  
Helen Rogers  
Lynn Wilder  
Alan Yarbrough

### Members of the Public

Zachary Laris  
American Academy of Pediatrics  
Department of Federal Affairs

Jennifer Lowry  
Mid-America Pediatric Environmental Health  
Specialty Unit



## Glossary of Acronyms

ACCLPP	Advisory Committee on Childhood Lead Poisoning Prevention
BLLs	Blood Lead Levels
BSC	Board of Scientific Counselors
CDC	Centers for Disease Control and Prevention
EH	Environmental Health
FACA	Federal Advisory Committee Act
FOAs	Funding Opportunity Announcements
HHS	U.S. Department of Health and Human Services
LPP	Lead Poisoning Prevention
NCEH/ATSDR	National Center for Environmental Health/ Agency for Toxic Substances and Disease Registry
NIOSH	National Institute for Occupational Safety and Health
PEHSU	Pediatric Environmental Health Specialty Unit
RVBLLs	Reference Value Blood Lead Levels