EPA 300-R-01-002
February 2001
http://es.epa.gov/oeca/main/ej/nejacpub.html

ENVIRONMENTAL JUSTICE AND COMMUNITY-BASED HEALTH MODEL DISCUSSION AND RECOMMENDATIONS REPORT

Prepared by the

National Environmental Justice Advisory Council

A Federal Advisory Committee to the U.S. Environmental Protection Agency

Tips for the Reader

The references referred to in this report are coded as follows:
Roman numerals "I-IV" refer to the transcripts of the NEJAC sessions conducted on December 23-26, 2000. The transcript from December 24th (II) is a in appendix III.E. Each report page contains four transcript pages.

Roman numeral "V" refers to "A Synopsis of Stakeholder Representatives' Views Regarding Community-Based Health Research Models Report, May 15, 2000 and is in appendix III.C.

Roman numeral "VI" refers to the "Indigenous Peoples Subcommittee, *Recommendations Concerning the Environmental Health and Research Needs Within Indian Country and Alaska Native Villages*, August 14, 2000 and is in appendix III.D.

Roman numeral "VII" refers to the written recommendations submitted by the Southwest Network for Environmental and Economic Justice, during public comment, May 23, 2000 and is in appendix III.E.

"HRS" refers to the synopsis of the May25, 2000 NEJAC Health and Research Subcommittee meeting and is in appendix III.B.

The number following the roman numeral refers to the specific page of the document referenced.

Documents "I-VI" and "HRS" can also be found at EPA's website at:
http://www.epa.gov/oeca/main/ej/nejacpub.html

"VII" is not available in electronic format.

Disclaimer

This report and recommendations have been written as a part of the activities of the National Environmental Justice Advisory Council, a public advisory committee providing external policy information and advice to the Administrator and other officials of the United States Environmental Protection Agency (EPA). The Council is structured to provide balanced, expert assessment of issues related to environmental justice.

This report has not been reviewed for approval by the EPA and, hence, its contents and recommendations do not necessarily represent the views and polices of the EPA, nor of other agencies in the Executive Branch of the federal government, nor does mention of trade names or commercial products constitute a recommendation for use.

EPA

NATIONAL ENVIRONMENTAL JUSTICE ADVISORY COUNCIL

February 8, 2001

Administrator Christine Todd Whitman
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, DC 20004

Dear Administrator Whitman,

Please find attached a copy of the report entitled "***Environmental Justice and Community-Based Health Model Discussion: A Report on the Public Meeting Convened by the National Environmental Justice Advisory Council,*** *May 23 - 26, 2000.*"

EPA, through its Office of Environmental Justice, asked the National Environmental Justice Advisory Council (NEJAC) to provide advice and recommendations on the following questions:

(1) What strategies and areas of research[1] should be pursued to achieve more effective, integrated community-based health assessment, intervention, and prevention efforts?

(2) How should these strategies be developed, implemented and evaluated so as to ensure substantial participation, integration and collaboration among federal agencies, in partnership with: impacted communities; public health, medical and environmental professionals; academic institutions; state, tribal and local governments; and the private sector?

(3) How can consideration of socioeconomic status and cultural factors: (a) contribute to health disparities and cumulative and disproportionate environmental effects; and (b) be incorporated into community health assessments?

In short, this report reflects the advice and recommendations that resulted from pre-meeting preparation (i.e., interviews) and on-site discussions and public comments. The breath of the discussions were exemplified by individuals and/or organizations that either provided comments, suggestions or recommendations on what EPA could and/or should consider in addressing these health-related issues. As a whole, it sets forth a number of policy recommendations for consideration by EPA and other federal, state and local agencies to consider.

[1]Research in this context encompasses a broad range of studies that may include basic science, applied research, and data collection. These may be carried out by: federal, state, tribal or local governments; universities; communities; industry; and/or individuals.

These recommendations are listed under five (5) key recommendations that were identified to be the dominant themes surfaced repeatedly among the stakeholders in both interviews and public testimony. It is recognized that to accomplish these goals, EPA will need to take the lead and/or work in companion with other federal agencies in a collaborative manner. Consequently, NEJAC recommends that the ***Administrator***:

- Promote Better Understanding of "Community-Based Participatory Research Models" - - EPA and other federal agencies need to better understand the approach and usefulness of "community-based participatory research models" and the importance of including prevention and intervention components in these projects.

- Place Greater Emphasis on Translating Current and Future Scientific Knowledge Into Positive Action - - EPA and other federal agencies may fail to act on a problem because of an inability to "prove" a casual relationship. Having said that, greater emphasis needs to be placed on translating current and future scientific knowledge into more positive action at the policy and community level (i.e., what can the government do to help, even though the exact science is not readily available or known).

- Promote More Effective Interagency Collaboration and Cooperation - - EPA and other federal agencies should establish more extensive formal and informal interagency mechanisms to help assure that the necessary expertise and other resources are brought to bear on eliminating health disparities and disproportionate exposures. Part of this process would better define responsibilities and available resources for dealing with specific problems and issues.

- Include Socioeconomic and Cultural Factors in Health Assessments - - EPA and other federal agencies need to examine the impact and significance of socioeconomic and cultural factors on health disparities. Then, as appropriate, include these factors in health assessment, intervention, and prevention strategies.

- Respond to Urgent Needs of Medically Underserved Communities - - EPA and other federal agencies need to further examine the most significant needs of medically underserved communities. The mechanisms established to address these concerns should be brought to bear to eliminate or reduce disparities in health care access and improving environmental health education.

The process for developing this report included the formation of a multi-stakeholder recommendations Working Group that attempted to capture and compile the presentations and discussions that occurred during the NEJAC meeting. Also, attached is a list of the names and affiliations of all those who served on this Working Group.

We are pleased to present this report to you for your review, consideration, response and action.

Sincerely,

Peggy Shepard
Acting, Chair, NEJAC

NEJAC MAY 2000 MEETING REPORT
ENVIRONMENTAL JUSTICE AND COMMUNITY-BASED HEALTH MODEL DISCUSSION

Table of Contents

I. BACKGROUND 1
I.A Meeting Issues 3
I.B Broad Recommendations 6
II. RECOMMENDATIONS 7
II.A Promote better understanding of the approach and usefulness of "community-based participatory research models" and the importance of including prevention and intervention components in these models 7
II.A.1 Background 7
II.A.1.a Participation 8
II.A.1.b Using community knowledge 9
II.A.1.c Building capability 10
II.A.1.d Intervention/Prevention 11
II.A.1.e Barriers 11
II.A.1.f Lack of agreed upon definitions 13
II.A.2 Recommendations (Promote better understanding of the approach and usefulness of "community-based participatory research models"...) 13
II.B Translating Current and Future Scientific Knowledge Into Positive Action 16
II.B.1 Background 16
II.B.2 Recommendations (Translating Current and Future Scientific Knowledge Into Positive Action) 17
II.C More Effective Interagency Collaboration and Cooperation 21
II.C.1 Background 21
II.C.2 Recommendations (More Effective Interagency Collaboration and Cooperation) 22
II.D Including Socioeconomic and Cultural Factors in Health Assessments 24
II.D.1 Background 24
II.D.2 Recommendations (Including Socioeconomic and Cultural Factors in Health Assessments) 27
II.E Responding to the Urgent Needs of Medically Underserved Communities 28
II.E.1 Background 28
II.E.2 Recommendations (Responding to the Urgent Needs of Medically Underserved Communities) 28

III. Appendices 33

III.A Recommendations Work Group 33

III.B May 2000 NEJAC HEALTH AND RESEARCH SUBCOMMITTEE Meeting Synopsis (HRS) 35

III.C A Synopsis of Stakeholder Representatives' Views Regarding Community-Based Health Research Models Report, May 15, 2000 (V) 39

III.D Indigenous Peoples Subcommittee, *Recommendations Concerning the Environmental Health and Research Needs Within Indian Country and Alaska Native Villages,* August 14, 2000 (VI). 69

III.E Written Recommendations submitted by the Southwest Network for Environmental and Economic Justice, May 23, 2000 (VII) 83

III.F Transcript - May 25, 2000 NEJAC Meeting (II). 85

NEJAC MAY MEETING REPORT INTRODUCTION

I. BACKGROUND

According to the 1997 Strategic Plan, the mission of the U.S. Environmental Protection Agency (EPA) is to protect human health and to safeguard the natural environment–air, water, and land–upon which all life depends. Although the EPA has made significant progress in achieving healthier, sustainable environments, the Strategic Plan states that "environmental programs during the past two decades may not always have benefitted all communities or all populations equally. Many minority, low-income, and Native American communities have raised concerns that they suffer a disproportionate burden of health due to the siting of multiple pollution sources in their communities. Environmental programs do not adequately address these disproportionate exposures to pesticides, lead or other toxic chemicals at home and on the job." Specifically, the Strategic Plan emphasizes the following:

- Approximately 126 million people live in areas of non-attainment for pollutants which have health-based standards.
- Contaminated water poses a special risk to children, the elderly[1], women of childbearing age and sub-populations who fish for food or sport.
- Almost 1 million children under the age of six still have elevated blood lead levels.
- 20 to 30 million Americans have asthma, leading to the death of approximately 4,000 people per year. There are high incidences of asthma among children, especially those from low-income and minority communities.
- 10 million children annually may become ill from contaminated air in schools[1].

Protecting the health of all communities presents a formidable challenge for the EPA. However, this responsibility does not rest solely with the EPA, but is shared with other Federal departments and agencies as well as state and local governments.

In January 2000, the U.S. Surgeon General issued the publication, "Healthy People 2010–Understanding and Improving Health." One of the goals of Healthy People 2010 is to eliminate health disparities among different segments of the population, including differences that occur by race or ethnicity, education or income. Some examples of these health disparities include:

- The infant mortality rate among African-Americans is still more than double that of whites.
- Heart disease death rates are more than 40 percent higher for African-Americans than for

[1] EPA's 2000 Strategic Plan

whites.

- The death rate for all cancers is 30 percent higher for African-Americans than for whites. For prostate cancer, it is more than double that for whites.

- African-American women have a higher death rate from breast cancer despite having a mammography screening rate that is higher than that for white women.

- The Hispanic cancer experience also differs from that of the non-Hispanic white population, with Hispanics having higher rates of cervical, esophageal, gallbladder, and stomach cancers. New cases of female breast and lung cancers are increasing among Hispanics, who are diagnosed at later stages and have lower survival rates than whites.

- In New York City, African American, Hispanic, and low-income populations have been found to have hospitalization and death rates from asthma 3 to 5 times higher than those for all New York City residents.

- Death from asthma is two to six times more likely to occur among African Americans and Hispanics than among whites.

- Although childhood lead poisoning occurred in all population groups, the risk was higher for persons having low income, living in older housing, and belonging to certain racial and ethic groups. For example, among non-Hispanic black children living in homes built before 1946, 22 percent had elevated blood lead levels.

- Hispanics have higher rates of high blood pressure than non-Hispanic whites.

- American Indians and Alaska Natives have an infant death rate almost double that for whites.

- The rate of diabetes for American Indians and Alaska Natives is more than twice that for whites.

- In 1996, a disproportionate number of Hispanics and Asian and Pacific Islanders lived in areas that failed to meet these standards compared with whites, African Americans, and American Indians or Alaska Natives.

The Healthy People 2010 report identifies environmental quality as a leading health indicator. It reveals that an estimated 25 percent of preventable illnesses worldwide can be attributed to poor environmental quality. In the U.S., air pollution is estimated to be associated with 50,000 premature deaths and $40 to $50 billion in health related costs annually.

Other entities recognized that such disturbing statistics needed to be addressed by government public health agencies in a more coordinated and focused approach. For example, in 1999, the Institute

of Medicine issued its report, *Toward Environmental Justice: Research, Education and Health Policy Needs*. The report's four major recommendations called for the following:

(1) A coordinated effort among federal, state, and local public health agencies is needed to improve the collection and coordination of environmental health information and to better link it to specific populations and communities of concern;

(2) Public health research related to environmental justice should engender three principles: improve the science base, involve the affected populations, and communicate the results to all stakeholders;

(3) Environmental justice, in general, and specific environmental hazards, in particular, should be the focus of educational efforts to improve the understanding of these issues between community residents and health professionals, including medical, nursing, and public health practitioners; and

(4) In instances in which the science is incomplete with respect to environmental health and justice issues, policymakers are urged to exercise caution on behalf of the affected communities, particularly those that have the least access to medical, political, and economic resources, taking reasonable precautions to safeguard against or minimize adverse health outcomes.

Federal agencies have also heard, poignant testimony from the residents of adversely affected communities, who suffer the illnesses enumerated above. These health concerns have been expressed by the public in numerous meetings, conferences and forums conducted on the subject of environmental justice during the past decade. One such meeting was the 1994 "Interagency Symposium on Health Research and Needs to Ensure Environmental Justice" (Crystal City, Virginia, February 10-12, 1994), which brought together for the first time significant numbers of community residents and representatives from Federal agencies to dialogue around public health issues related to environmental justice.

In light of the above, the Office of Environmental Justice asked the National Environmental Justice Advisory Council (NEJAC) to hold a meeting focusing on strategies to ensure disease prevention and health improvement in communities, particularly minority and low-income communities. To that end, the NEJAC convened an issue-oriented, focused public meeting in Atlanta, Georgia (May 23-26, 2000).

The NEJAC is the EPA's formal advisory committee on matters of environmental justice. Its charter provides that the NEJAC is to provide independent advice to the Administrator on areas which may include the direction, criteria, scope and adequacy of the Agency's scientific research and demonstration projects relating to environmental justice.

I.A Meeting Issues

The meeting focused on Federal efforts to secure disease prevention and health improvement in communities where health disparities may result from, or be exacerbated by, disproportionate effects of environmental pollutants. The following questions were considered:

(1) What strategies and areas of research should be pursued to achieve more effective, integrated community-based health assessment, intervention, and prevention efforts?

(2) How should these strategies be developed, implemented and evaluated so as to ensure substantial participation, integration and collaboration among Federal agencies, in partnership with: impacted communities; public health, medical and environmental professionals; academic institutions; state, tribal and local governments; and the private sector?

(3) How can consideration of socioeconomic vulnerabilities: (a) contribute to better understanding of health disparities and cumulative and disproportionate environmental effects; and (b) be incorporated into community health assessments?

Prior to the May NEJAC meeting, 21stakeholders who represented academia (8); industry/business (1); Federal agencies (6), state health and environmental agencies (3); and community groups and tribal entities (3) were interviewed. These stakeholders had all participated in community-based activity, including funding research projects, conducting assessment, intervention, evaluation, and/or prevention activities with communities, or by working directly in and with communities. The pre-meeting report, which summarizes the interviews is Appendix III.C, "A Synopsis of Stakeholder Representatives' Views Regarding Community-Based Health Research Models Report," and was disseminated at the May 2000 NEJAC meeting.

A number of general themes resulted from the stakeholder interviews as well as the meeting and are briefly discussed below:

In general, stakeholders agreed that there is a need to:

(1) develop an integrated model to address community-based health needs and that participation, assessment, intervention/prevention should be the critical components of a community-based health research model. (II - 234[2]; II - 275-6; V - 6; V - 10);

---

[2]**Note: The following reports were used as references (document and page number) for this report:**

I Transcript -Tuesday, May 23, 2000, NEJAC meeting

II - Transcript - Wednesday, May 24, 2000, NEJAC meeting

III - Transcript - Health and Research and Waste and Facility Siting Joint Subcommittee Meeting, Thursday, May 25, 2000

IV Transcript - Friday, May 26, 2000, NEJAC meeting

V - A Synopsis of Stakeholder Representatives' Views Regarding Community-Based Health Research Models Report, May 15, 2000

VI - Indigenous Peoples Subcommittee, *Recommendations Concerning the Environmental Health and Research Needs Within Indian Country and Alaska Native Villages*, August14, 2000

VII - Written recommendations submitted by the Southwest Network for Environmental and

(2) create partnerships among stakeholders groups and that activities conducted in the community must involve the community as an equal partner. (V - 5; V - 7; II - 274; II - 58; II - 229);

(3) have Federal agencies learn to become partners with each other, as this would be more conducive to successful partnering with communities and other stakeholders. (II - 47; II - 53; II - 72; II - 109; II - 229; II - 267; II - 261; V - 14);

(4) whenever possible and appropriate, include state, local, and tribal governments in collaborative efforts to address human health and environmental justice issues, particularly with respect to data collection and monitoring. (VI-6, 7, 9)

(5) implement intervention and prevention programs, where the need exists, even though a direct causal relationship between exposure and health effects is not currently proven. (II - 182; II - 140); and

(6) consider socioeconomic, cultural, and traditional practices as factors when assessing and addressing community health concerns, since there is ample evidence of the association between these factors and health effects. (V - 12; II - 104; II - 187-8; I - 194; II - 197; II - 257; II - 194).

The stakeholders also identified barriers to both determination of causal relationships and to successful community-based health research models. Barriers to the determination of causal relationships included:

(1) the absence of human exposure and health surveillance information;

(2) the lack of health data to better elucidate socioeconomic and racial factors;

(3) that analyzing health impacts "one chemical at a time" precludes an understanding of cumulative environmental and human health effects;

(4) lack of awareness of community cultural values;

(5) not knowing how to peer review participatory research;

(6) need to establish funding mechanisms for community-based participatory health research; and

---

Economic Justice, May 23, 2000
HRS - HEALTH AND RESEARCH SUBCOMMITTEE Meeting Synopsis, May 25, 2000
Some references are repeated in more than one section, because of applicability in both places; these are indicated by •• when repeated.

(7) communication problems. (I - 37-8; I - 57; II - 55-6; II - 117-8; II - 280; II - 133-4; II - 291-2; II - 241; II - 251-3; IV - 188)

The recommendations appearing in this report reflect the advice and recommendations that resulted from: 1) the pre-meeting interviews; 2) panels, public comments, and discussion occurring during the May NEJAC meeting; 3) almost three months of conference calls and correspondence among the thirteen members of the "Recommendations Work Group" (listed in appendix III.A) working with EPA and some other Federal agency staff; and 4) a review round of a draft and conference call, followed by a ballot round by the NEJAC Council.

On November 22, 2000, President Clinton signed legislation that should help the Government follow many recommendations contained in this report. The Health Care Fairness Act is meant to improve the ability to deal with disparities in health based on race and ethnicity. The Act allocates more than $150 million to a new National Center for Research on Minority Health and Health Disparities within the National Institutes of Health. The legislation gives the Center four primary functions:

1) The Director of the Center will participate with other Institute and Center Directors to determine policy and initiatives at NIH dealing with health disparity research;

2) The Center will act as a catalyst for strategic planning for the entire NIH and the Director will be the primary federal official with responsibility for monitoring all minority health research conducted or supported by NIH;

3) The Director of the Center has the authority to make peer-reviewed grants in areas of promising research, which are not addressed by the existing centers and institutes at NIH; and

4) Establish a new program to support research excellence at those academic health centers which have demonstrated a historic commitment to studying and addressing diseases which disproportionately affect Americans in racial and ethnic minorities.

The legislation also allocates resources in increasing medical training for minorities.

I.B Broad Recommendations

Based upon the meeting, the NEJAC has developed 5 broad recommendations (below) as well as a number of more detailed sub-recommendations that will be forwarded to the Administrator:

(1) EPA and other Federal agencies need to promote better understanding of the approach and usefulness of "community-based participatory research models" and the importance of including prevention and intervention components in these models;

(2) EPA and other Federal agencies may fail to act on a problem because of an inability to "prove" a casual relationship to health disparities. Greater emphasis needs to be placed on translating current scientific knowledge into positive action at the policy and community level (i.e., what can the government do to help, even though we don't have absolute proof);

(3) EPA and other Federal agencies should establish more extensive formal and informal interagency mechanisms to help assure that the necessary expertise and other resources are brought to bear on eliminating health disparities and disproportionate exposures. This process should better define responsibilities and available resources for dealing with specific problems and issues;

(4) EPA and other Federal agencies need to examine the impact and significance of socioeconomic factors, cultural and traditional values and practices on health disparities. Then, as appropriate, include these factors in developing health assessment, intervention, and prevention strategies; and

(5) EPA and other Federal agencies need to further examine the most significant needs of medically underserved communities. The mechanisms established in (3) above should then be used to eliminate or reduce disparities in access to health care and improving environmental health education.

II. RECOMMENDATIONS

Five (5) key recommendations surfaced repeatedly in the pre-meeting interviews and the panel discussions, public comments and the Health and Research Subcommittee meeting at the May NEJAC Meeting. This section contains background information on each of the recommendations and identifies related sub-recommendations.

II.A Promote better understanding of the approach and usefulness of "community-based participatory research models" and the importance of including prevention and intervention components in these models

II.A.1 Background

A longstanding area of discussion (and disagreement) has been the concept of "community-based health research." A major goal of this meeting was to get input as to how to best define and implement community-based health research.

The resulting dialogue has been divided into six parts for purposes of developing recommendations: (1) participation; (2) using community knowledge; (3) building capability; (4) intervention; (5) barriers; and (6) lack of agreed upon definitions.

II.A.1.a Participation - A major issue has been whether or not community participation was necessary to conduct successful community-based research and at what level that participation should occur.

- *There was almost unanimous agreement on the part of stakeholders that the community, or a community-based organization was the most critical component for a successful partnership.* (V - 5)

- *"...I don't think any of those (research projects) targeted to under-served communities can be done without partnership with that community. I think we have lots of evidence over the last 20 or 30 years that community-based research interventions don't work as well as community-based participatory research interventions...and so I think that partnership is essential..."* (Jon Kerner, II - 274)

- *"doing work in Harlem without ever having formed a partnership yet with anybody in the community. That wasn't the way to do it, and I learned that pretty rapidly..."* (Patrick Kinney, II - 58)

- *"....we need to keep improving the way we deal with communities and the way we generally develop our partnerships..."* (Henry Falk, II - 229)

Within the issue of participation, three sub-issues emerged:

(1) Should industry be a partner in community-based participatory health research?

- *A few representatives.....felt that industry/business should be included in the partnership, in order to achieve success.....one stakeholder from academia was very vocal* ***against*** *bringing industry to the partnership.....In contrast, a stakeholder from the state health/environmental agency stated that "...industry plays a key role as a stakeholder in this process...industry is not explicitly included in the process...they should not be considered a barrier, but they should be included in the partnership...."* (V - 5)

(2) There is a need to establish accountability and trust among the partners.

- *"...partnerships will work if accountability and structure are incorporated into the process...."* (V - 5)

- *According to one Federal stakeholder, "...trust is a critical element in any partnership...if you outline what you are going to do, do what you say will do and say what you cannot do, that will go a long way toward establishing trust and credibility...."* (V - 5)

(3) There's a concern about the lag time in communication of research or assessment results to the

community.

- *"... we have a lag time between the translation of the science and its use in community education and prevention. A big issue for us. I would also hope that the Health and Research Subcommittee would kind of take a look at that issue and give us some of their concerns and some suggestions."* (Michael Sage, II - 252)

II.A.1.b Using community knowledge - One of the most significant arguments for partnering with the community is using the knowledge and abilities of the community.

- *"....some of the best ideas for doing research really arise from the community because they are in a much better position than the researchers are to understand what the real issues are."* (Patrick Kinney, II - 59)

- *.....partnering with communities to document environmental hazards and better data collection from communities will help to identify areas of need and help to improve methods on providing healthcare.* (Rueben Warren, HRS)

- *"...Providing a mechanism for meaningful community involvement from the initial stages of the risk assessment throughout the entire study, developing an understanding of the background health status of the community, including various sub-populations, along with more thorough exposure pathway information and multiple exposure sources, we feel, can improve this so-called risk assessment process, and such information can be gathered through the community. The bottom line is that we the people who are on the front line being affected every day must be included in the processes of assessment, intervention, and certainly prevention..."* (Mildred McClain, II - 346)

- *"...But, again, we have some data gaps. ...We did a physical inventory -- physical inventory with our community members walking the streets to document and list everything that was in this quarter mile radius....."* (Carlos Porras, II - 99-100)

- *"...the community has to be at the table -- and particularly the impacted, the most impacted community -- has to be at the table because they are the experts. They may not have PhDs, but they are experts in what needs to happen as it relates to resolving and remediating and preventing and addressing these problems..."* (Robert Bullard, II - 49)

- *Make regulatory decisions and develop Federal policies affecting the health of AI/AN communities in consultation with Federally recognized tribes. To the extent possible, such decisions should be based not only on science, but also should address and incorporate the traditional knowledge of the AI/AN community. For example, limitations on the consumption of traditional foods due to pollution danger may trigger unique social, economic, and health problems within AI/AN communities.* (VI - 9)

II.A.1.c Building capability - A lot of discussion occurred around building capability in the communities; the capability to participate in the health assessment as well as any intervention efforts.

- *The foundation for this model would be developed with education, training or outreach to the community, to ensure that everyone is "...on the same page...."* (V - 6)

- *Henry Falk, Assistant Administrator, ATSDR, stated that whatever efforts take place, they need to be sustainable. Types of partnerships that need to be created might need to be broader – to include education, etc.* (HRS)

- *".....from the community's perspective there's some obvious advantages.....in terms of getting good science and data that they can use for policy advocacy. It also can bring funding in that it can help train young people and also provide education to the wider community.* (Patrick Kinney, II - 60)

- *Promote the Federal policy of tribal self-determination and self-sufficiency by building environmental protection and environmental health capabilities of Federally recognized tribes so that they can participate fully and effectively in the protection of the human health and environmental of AI/AN communities.* (VI - 4)

Part of building community capability is the process of creating and sustaining trust and understanding among the partners.

- *The overwhelming majority of the stakeholders agreed that establishing trust and credibility is time and resource intensive, and that this should be recognized and acknowledged by all stakeholders.* (V - 5)

- *"...There are three key aspects of successful work between researchers and a community, and they are respect, equity, and empowerment.* (Pat Wood, II 118)

Also discussed was the need to provide the time and resources to establish partnerships.

- *".....Again, I'd like to emphasize the importance of pilot funding. Small scale funding to form partnerships to generate initial data can be extremely effective, and we've had a lot of success with small-scale studies....These partnerships take time to develop and they gradually develop over time.* (Patrick Kinney, II - 63)

Mentioned frequently was the need to sustain the community capability.

- *"There also has to be ongoing funding, dependable long-term funding."* (Patrick Kinney, II - 63)
- *"....whatever efforts take place they need to be sustainable."* (Henry Falk, HRS)

II.A.1.d Intervention/Prevention - A number of stakeholders stressed the need for the community to be significantly involved in all intervention/prevention efforts.

- *"...The community-based prevention and intervention research projects are designed to expand our knowledge and understanding of the potential causes and solutions for environmental related disorders and enhance the capability of the communities to participate in the development of research approaches and intervention strategies.* (Charles Wells, II-234)

- *"...I don't think you can implement an intervention without community-based efforts. If you're really going to implement...interventions, ultimately they come down to community-based efforts, truly."* (Michael Sage, II-275-6)

II.A.1.e Barriers - There was a lot of discussion relating to the barriers that currently inhibit the productivity of community-based participatory research projects. The most frequently mentioned barrier was the lack of awareness/consideration of cultural issues:

- *"...We also have a real lack of understanding of a lot of the cultural issues. When we actually end up getting involved directly in community-based efforts, we have lots bridges to gap in understanding cultural issues when we do go out into the field because oftentimes we do our work in Atlanta and miss the perception of the cultural issues in the community."* (Michael Sage, II-253)

- *"... if you want to work with our community, you must understand our culture, you must understand our religion, you must respect that -- and I'll go on to that in a little bit. These principles were things that we, as the academics, were taught by the community."* (David Carpenter, II - 117)

- *"I think ATSDR needs is to be a little more understanding of the culture of the community that they're going into. One of the health studies or assessments that they did in the community is they came, they started knocking on doors, and told the people they were interviewing, we'll give you $10 for your interview. The community started calling me and they were very upset because they felt that, you know, here they had family that was sick and dying, they had people that were -- that the families had died and they felt, well, what are they offering me $10 for? Is this what my family is worth to them, $10? So, you know, that is -- that was a slap in the face to offer them that. You know, $10 or any kind of money. They would have done it for free.....So here's another cultural thing. In the Mexican community -- and this is the old people that I have seen and I have heard -- is when a*

person is dying, "oh, did you hear so and so has been suffering so much, she's got cancer. I wonder what sin she committed that she is suffering so much and God is punishing her." (Rose Augustine, II - 280)

- *"....if you want to work with our community, you must understand our culture, you must understand our religion, you must respect that...."* (David Carpenter, II - 117)

- *".....its respect for culture, for tradition. It's respect for religion."* (David Carpenter, II - 118)

A barrier raised by a number of stakeholders was how to peer review technical products of the community-based participatory health research:

- *"....how do peer reviewers see community participation in research, truly...and from a community's perspective what are the things that community -- and I think this panel addressed some of it -- but what kind of community review is necessary on researchers and what are the criteria, so to speak, that each bring to the table in looking at each other. I ask this because I know that there are fundamental problems in the scientific community with true community input and there are fundamental problems in the community with the role that academics have played historically there.* (Michael Gelobter, II-133-4)

- *"...Who are your peers? I mean, if they're community-based partners, you need community-based folks doing the review. And we know that. But then getting a common understanding between reviewers about what's good science and what's good community-based research is also a challenge."* (Jon Kerner, II-291-2)

- *"It's very difficult science to get through peer review, and this is one of the challenges we face in the research community."* (Jon Kerner, II-241)

A third significant barrier mentioned involves how agencies are funded and how those funding mechanisms limit the ability to target monies for community-based participatory health research.

- *"...Some of the barriers I see in working with us is (that) our funding is very disease-specific and very issue-specific, meaning our funding comes from Congress targeted to asthma. That boxes then into just dealing with asthma. Funding comes for lead; it then boxes it into dealing with lead. I see that as a barrier in working with communities because it doesn't give us much leeway in working other issues that are often of more concern to communities...." " We have a lack of direct community access.....Most of our programs are run through state health departments and local health departments and we have very few efforts that are really actually direct community-based efforts.....aligning our scientific expertise with community-based efforts has been a barrier for us."* (Michael Sage, II 251-2)

- *They further stated that "...until the funding process changes, the research needed to do work in communities needs to go through academic institutions...."* (V - 5)

Another barrier is *the lack of a thorough understanding among Federal agency staff and managers of Federal Indian law and policies, tribal culture, and the unique governmental structure of Federally recognized Indian tribes, including Alaska Native villages.* (VI-10)

II.A.1.f Lack of agreed upon definitions - The lack of agreement upon definitions was an issue that was a constant part of this meeting, since its initial conception. These definitions include "community-based participatory health research" as well as each of the individual words (i.e., community; community-based; participatory; and research).

- *A number of stakeholders discussed the definition of 'community'. Some non-community stakeholders pointed out that there should be a mechanism to define community.....a stakeholder from the Federal Government stated that, "...leadership in communities must be defined by communities...we should not try to define community leadership, let them (the community) identify leaders...."*
  (V - 5)

II.A.2 Recommendations (Promote better understanding of the approach and usefulness of "community-based participatory research models" and the importance of including prevention and intervention components in these models)

The Administrator should work through the Domestic Policy Council to establish an Interagency Task Force on Community-Based Participatory Health Research to provide better understanding of the principles of community-based participatory health research and to examine how to increase support, both moral and financial, for such research efforts. This Task Force should also deal with interagency cooperation (see "C" below).

- • *Rueben Warren, Agency for Toxic Substance and Disease Registry stated that partnering with communities to document environmental hazards and better data collection from communities will help to identify areas of need and help to improve methods on providing healthcare.* (HRS)

- *"...I personally would like to recommend that the NEJAC work to help enact or enforce existing policies that will make it mandatory for every agency that needs to be involved to foster partnerships with communities to develop corrective measures through a joint effort with any and all agency resources, such as DHHS, because there's so many different entities that come up under that Department of Health and Human Services, such as HRSA."* (Charlotte Keyes, II - 414)

The Interagency-Community Task Force on Community-Based Participatory Research should:

a. Develop a consensus definition of "community-based participatory health research." Recognizing the efforts that the National Institute of Environmental Health Sciences has made in community-based research, we recommend that their definition be used as a workbase.

b. Educate partners about appreciating and adapting to the "culture" of the community as well as appreciate and make use of the inherent capabilities within the communities.

- *"...I believe that there should be a remedial education project designed and developed with agency representatives from federal, state, and local communities with them in mind, involving community representation in the design of that educational project....."* (Donnell Wilkins, II - 471)

c. Implement strategies to learn to work with as well as improve the quality, understandability, and timeliness of communications with the community.

- *"We, as the CDC, need to spend a lot of time and effort on all the issues of communication, health communication, strategies, communication between communities and us, communication between the agencies. We need much more effort there, and I would recommend some focus on that."* (Michael Sage, II - 253)

- *"ORD needs to have a greater focus on getting information out to communities rather than just focus on research...* (HRS)

d. Always include a component for intervention and prevention in the community.

- *Expand and extend the funding of prevention/intervention partnerships "pilots" with impacted community organizations, grassroots groups, and minority academic institutions as th elead agencies.* (VII - 4)

- *Explore public/private (community, government, HMOs, etc.) health promotion and prevention/intervention models to address environmental health problems (i.e. childhood asthma).* (VII - 4)

e. There needs to be an examination of how existing funds can be redefined so it can be used for community-based participatory health research.

- *"...Some of the recommendations that I would make is that we need to encourage broad based -- I'm not using the word "funding" here as the focus -- but broad based funding for CDC and state and local departments, meaning funding that will allow us to deal with real public health concerns, real issues that people have, and not necessarily the narrow-focused funding that we have. We need to encourage -- once*

we have that broad based funding, we need to commit to program-specific projects to address environmental justice concerns, which we really have an inability to do at this time. (Michael Sage, II - 253)

- *"...Go back to funding the CUP grants that were established years ago that provided the Community University Partnerships....."* (Robert Bullard, II - 69)

- *Regulatory agencies responsible of protecting people's health and environment need to secure funding to impacted communities to hire consultants to do health assessments/surveys and /or studies.* (VII - 4)

- *Explore models that utilize creative ways of financing prevention programs (i.e. fines and penalties levied against companies for violations can be designate(d) to community programs instead of going to general fund.* (VII - 4)

f. Provide substantial grant funding not only to institutions, but prioritize funding to well-established community organizations as the grant administrator to improve sustainability. The period of funding should be at least four years.

- *"I think that if you are a funding agency and you are trying to decide whether you should give out two-year grants at $250,000 a year or four-year grants at $50,000 to $100,000, I would go for the four-year grants....It's that ongoing consistent funding that's really most important."* (Patrick Kinney, II - 63)

- *Design environmental justice health research, education, and prevention/intervention RFPs/RFAs that call for partnerships research in which the community-based organization is an equal partner in the research endeavor.* (VII - 4)

g. Examine new approaches to funding these projects.

- *"I think that you might want to give some consideration to the idea with multiple sources from different Federal agencies to fund centers that are focused on specifically community-based participatory research, probably centers which are jointly run by community groups or research or clinical-oriented – you know, health care organizations."* (Patrick Kinney, II - 64)

h. Implement a process by which granting institutions verify community participation beginning with the research proposal throughout the duration of the funding cycle.

- *"...It is incumbent upon funding agencies to verify partnerships, to insure that it is not some inequitable, patched together, kind of network. This effort requires the evaluation*

of whether a partnership described on paper, on a grant application, actually exists and will survive post-funding.... " (V - 6)

i. Reexamine how Federal environmental missions and resources are divided among agencies; especially as related to Indian country and Native Alaskan villages.

- *Because Federal environmental missions and resources are divided among and in some cases overlap between various agencies, coordinate and pool available technical and financial resources to provide environmental health-related services to Federally recognized tribes equitably, efficiently, and effectively. Towards this end, the Bureau of Indian Affairs, Environmental Protection Agency, Department of Housing and Urban Development, and the Indian Health Service should appraise the usefulness and implementation of the national MOU, previously discussed , and take appropriate steps to enhance and better promote interagency coordination and collaboration pertaining to the protection of health and the environment within Indian country and Alaska Native villages. The MOU 2000 may serve as a model for better implementing these efforts at regional and local Indian country and Alaska Native village levels.* (VI - 8)

j. Modify the standard peer review process to be more reflective of community-based participatory research products.

- *Expand pool of people of color and community-based organization leaders on review panels for research grants with compensation.* (VII - 4)

- *Expand definition of "experts" to include impacted residents.* (VII - 4)

II.B Translating Current and Future Scientific Knowledge Into Positive Action

II.B.1 Background

The transformation of laboratory-based (i.e., controlled) research to policy action is imperative. Today, there is likely both science and data held within various Federal agencies that is not being shared in a timely way and may result in both duplication of effort as well as less than optimum decisions.

- *"...I do believe that we need to address what is already existing in agencies and research the tools and resources that exist and encourage the continuance of interagency interaction between those entities. I believe that the answers that we're looking for already exist and there needs to be a push and a demand from this body to dig deeper into making certain that agencies are speaking with each other, sharing resources, and are talking to one another."* (Donnell Wilkins, II-472)

- *"scientific knowledge is not power unless it's applied."* (Jon Kerner, II - 244)

This section brings forth recommendations extracted primarily from the many public comments and panelists during the meeting that emphasized the need to use research as a tool for policy and service to the community. Many comments suggested that there has been a significant delay experienced in getting results to the community.

- *"...We have a lag time between the translation of science and its use in community education and prevention. A big issue for us. I would also hope that the Health and Research Subcommittee would kind of take a look at that issue and give us some of their concerns there and some suggestions."* (Michael Sage, II - 254)

II.B.2 Recommendations (Translating Current and Future Scientific Knowledge Into Positive Action)

The EPA Administrator should take a lead role in developing partnerships and collaborative projects among the traditional research-based entities (e.g., societies, association, universities) and more service-based institutions (e.g., Federal, state, local and tribal governments) in a goal to expand the channels for policy development and research dissemination and diffusion. Specifically, the Administrator should:

a. Ensure that EPA's research agendas are developed with consultation from various stakeholders groups by consulting with communities, Federally recognized tribes, and other stakeholders in the designing, planning, and implementing of environmental health research projects.

- *"As a community leader, I understand that the advisory panels or councils are the entities that lead the Agency to develop policies. The problem we are having is that these panels or councils do not have the appropriate community representation seated in the table, participating in the decision process. It's not a matter of communities acting as peer reviewers is a big part of the process. Communities are not properly represented in those panels."* (Ramos, II - 145)

b. Develop guidelines that emphasize the need to resolve existing problems, not just the need for further research.

- *"So it's not a matter of having the facts, having the science, having the data; it's a matter of whether or not we have the resolve and commitment to end this problem."* (Robert Bullard, II - 45-48)

- *Integrate environmental justice principles into the health research and health education programs, especially programs that service low-income and people of color communities.* (VII - 3)

c. Develop more mission-directed research or methods to ensure that the returns on the research investment can be applied to current policy and technical issues.

- *"One of the things that we recognized was that it was not only good enough for us to actually look at collecting this type of data with this new approach, but to also begin to use the data to help influence change, change that would make a lasting and significant impact in the quality of the lives in the communities which we serve. To that end, we have taken the data not only to be placed on shelves, but really taken it to the policymakers and presented it to them as we forged our demands for change in terms of the policies that impacted our air quality."* (Cecil Corbin-Mark, II - 315)

- *Design study to access possible regressive and discriminatory impact of health care practices on low-income and people of color.* (VII - 3)

- *Develop tools to identify and access impacts of environmental policies on low-income and people of color.* (VII - 3)

- *Design health research plans to include domestic, cross-border and international links.* (VII - 3)

d. Recruit citizens to participate in the design and execution of the research to be performed, and that communication during all phases of the research be open and reciprocal. Specifically, all collaborative research projects should have the following basic principles:

(1) Based on shared interest in the research that will be performed and provide each participant with meaningful (i.e., value-added) results.

(2) Establish a set of explicit outcome goals and procedures before collaboration begins.

(3) Establish a high level of trust and communication between participants.

- *"As a community leader, I understand that the advisory panels or councils are the entities that lead the agency to develop policies. The problem we are having is that these panels or councils do not have the appropriate community representation seated in the table, participating in the decision process. It's not a matter of communities acting as peer reviewers is a big part of the process. Communities are not properly represented in those panels."* (Ramos, II - 145, VI - 6)

(4) Ensure that environmental health research data is reported back to tribal governments and communities promptly and in an understandable manner.

e. Where there are existing data gaps based on incomplete scientific data, commit sufficient resources to finding answers to these research questions that promise to lie at the heart of future policy decisions. However, in the light of existing data gaps, steps should be taken to address the current conditions of communities of concern.

- *"I think there's still value to research. However, I think we should take certain precautionary steps applying the precautionary principle to certain public policies where we reached those limits of science. It's important for us to stop and intervene in those problems that are happening in the community and understand that there is another principle out there that we from the environmental justice movement put forward. That's self-determination."* (Carlos Porras, II - 140)

- *"There's lots of information we don't have, lots of areas we don't have information on. But it's not just enough to say, "Well, we just don't know that." We have to pursue a strategy to talk about intervening and preventing environmental health hazards and environmental degradation."* (Robert Bullard, II - 55-56)

- *Document successful community-based research models and assess their applicability and generalizability to larger population.* (VII - 4)

f. Direct additional funding and resources to communities that deal with these problems environmental health problems on a daily basis.

- *"We've been hearing this for years that lead poisoning is a problem. We have statistics and facts that lead poisoning and asthma is a problem. We know this for a fact. We can do something about this, but it's not getting back to the community, to the problem. How can we change this? This is what I'm coming here to find out, what can we actually do and stop talking about doing? What can we do to get this information and funding and resources to the community, to the people who are actually involved with these problems."* (Bill Burns, I - 83)

g. Whenever feasible, EPA should develop procedures that allow communities to conduct health surveys on their own communities and, to the extent possible, act as peer reviewers for certain studies.

- *"One of the things that we've done is that basically this health survey was conducted by actually the community, the affected community."* (Robert Bullard, II - 59).

- *"...Who are your peers? I mean, if they're community-based partners, you need community-based folks doing the review. And we know that. But then getting a common understanding between reviewers about what's good science and what's good community-based research is also a challenge."* (Jon Kerner, II-291-2)

h. *Request that the Indian Health Service make its annual data on health status readily available to each Federally recognized tribe and other Federal agencies.* (VI - 9)

i. Ensure that EPA sponsored research is driven in terms of how can research impact policy.

- *"I would say that be driven in terms of how can research impact policy. That may be a dirty word, but policy can drive a lot of this stuff. In many cases the only science involved in why Black and Latino children are being lead poisoned -- the only science is political science."* (Robert Bullard, II - 70)

j. *Support innovative and sustainable technologies within Indian country and Alaska Native villages (e.g., waterless toilets, solar energy systems, and constructed wetlands).* (VI - 8)

k. Develop a nationwide, baseline tracking of priority diseases - asthma and chronic respiratory diseases; birth defects; developmental disorders; cancers, especially childhood cancers; and neurological diseases, such as Alzheimer's, multiple sclerosis and Parkinson's - and priority exposures, such as PCBs and dioxin; heavy metals, such as mercury and lead; pesticides; water and air contaminants. A tracking system specifically targeting school children should be part of this effort.

- *"...We agreed to prepare a resolution for approval, recommending that EPA establish and effective national facility registry system for all operating facilities that emit hazardous chemicals, and make the information accessible and understandable to the public."* (Marinelle Payton, IV - 188)

- *America's Environmental Health Gap: Why the Nation Needs a Nationwide Health Tracking Network,* The Pew Environmental Health Commission, September 2000 (http://pewenvirohealth.jhsph.edu/html/reports/pewpressrelease.pdf)

- *Every public school in the United States should have a disease registry to identify health care needs of children* (VII - 3)

l. Develop an Agency strategy to discuss intervening and preventing environmental hazards and environmental degradation in disproportionately impacted communities.

- *"We have to pursue a strategy to talk about intervening and preventing environmental health hazards and environmental degradation."* (Robert Bullard, II - 55-56) *EPA must translate research into intervention.*

- *"We define translational research as a conversion of finding from basic, clinical or epidemiological environmental science research into information, resources or tools that can be applied by health care providers and community residents to improve public health outcome in at-risk populations."* (Charles Wells, II - 233)

- *Regulatory agencies should emphasis precaution and prevention instead of just regulatory action.* (VII - 3)

m. Emphasize that the scientific approach should be in balance with the recognition that the community must play an increasingly active role in decisions about research and public health intervention.

- *"...You don't necessarily have to uncover all things that need to be uncovered in research to do something about it because essentially more research often leads to more unanswered questions. So, from my own personal standpoint it is necessary to implement intervention programs, those that we may call mitigation programs."* (Hilary Inyang, II - 182)

n. Complete the development of the "Cumulative Risk Framework" and then a Cumulative Risk Guideline, to be used by the Agency in assessing potential EJ communities.

- *"Today I'd like to talk about a process that EPA has to ultimately establish some guidelines for doing cumulative risk assessments. We have other guidelines in the agency; we have guidelines for cancer assessment, guidelines for exposure assessment. The guidelines for cumulative risk assessment will be another of these sets of documents that kind of outlines to the agency what it should and should not be doing when we're doing these sorts of scientific endeavors."* (Michael Callahan II - 200)

II.C More Effective Interagency Collaboration and Cooperation

II.C.1 Background

More and more, as we look at solving the myriad of problems facing our most beleaguered communities, we find that no one agency can possibly deal with the range of issues that need confronting:

- "... *A lot of energies are targeted at EPA, but EPA cannot do it all. That means that we have to have interagency cooperation and collaboration. We have to work across the board to talk about how to get all these folks to the table. So this is very good when we talk about having it at the various agencies. Not just the Federal government, but also state agencies, local health departments, state health departments, and county health departments, et cetera, work on these issues.*" (Robert Bullard, II - 53)

- "*.....that this research that happens needs to be multi-disciplinary, multi-agency; that the Federal agencies do need to work together in focusing on these environmental justice communities, these sites, where a lot of work has been done and continues to be done.*" (Katsi Cook, II - 109)

- "*...We need to work with other agencies to come up with holistic solutions. You know, oftentimes people do what they think they can do in terms of government agencies, but people in communities just see that as a very narrow kind of solution. We really need to think of holistically how to help people and how we can fit into maybe broader solutions that will help people.*" (Henry Falk II - 216)

- "*I think that there is in fact a stovepiping across Federal agencies. It is not uncommon for people to believe that environmental justice is an issue for EPA and the other agencies, when they sit at the table, are doing us a favor...Well, in fact, the environment is a factor for every agency. Health is a factor for every agency.*" (Hal Zenick, II - 267)

- "*We need to work together to build a unified system to support community needs.*" (HRS)

- *An academician stated that these agencies have tunnel vision, and should attempt to develop an integrated plan to attack health disparities.* (V - 14)

II.C.2 Recommendations (More Effective Interagency Collaboration and Cooperation)

The Administrator should request that the Interagency Task Force, recommended in (A) earlier in this document, determine how they can work together to better serve beleaguered EJ communities and eliminate health disparities. Some of the issues may be able to be dealt with through the Interagency Work Group EJ Action Agenda.

- "*The aim of the EJ Action Agenda is to bring together the resources of 11 Federal agencies to help environmentally and economically distressed communities. Together, 11 Federal agencies and departments, identified 15 environmental justice demonstration projects. The anticipated result will be to use Federal resources in a targeted way to improve life in 15 minority and low-income communities that suffer disproportionate environmental impacts.*

Based on our experience with these pilot projects, we'll try to add more projects and broaden agency participation in the future." (Michael McCabe, II 153)

a. *Direct the Interagency Working Group on Environmental Justice, in collaboration with Federally recognized tribes, to use its Roundtable on Environmental Justice in Indian Country as a model or vehicle for identifying possible strategies to address unmet environmental health and research needs in Indian country and Alaska Native villages promptly, effectively, and equitably.* (VI-4)

b. Either the IWG or the proposed Interagency Task Force should determine how to properly involve the Department of Education, as a partner, in solving those issues identified with school children and schools.

- *"So when we talk about childhood lead poisoning, it is not only a health problem, it's an environmental problem because lead is an environmental issue, and it's an educational problem -- we're talking about learning disabilities. So when we're talking about solving the problem of lead poisoning, we just can't be going to the EPA. The Department of Education needs to be involved, the Department of Housing and Urban Development needs to be involved."* (Robert Bullard II - 53)

- *We are also looking at children that are attending schools on contaminated sites. There tends to be more -- it looks like there's more and more of a trend toward locating schools on contaminated sites. These children need to be studied because hopefully this won't continue very long and we won't have the opportunity to study these children right now. We believe that the environmental exposure in air and soil should be looked at.* (Mark Mitchell II-451)

c. The IWG should work to ensure that the Department of Transportation is engaged and has access to assistance from environmental/health related agencies in dealing with transportation related issues that may be causing disparities.

- *"....I suggest to you that there are other issues, and there are other major issues. These issues include geographic location and infrastructure of the community, the condition of roadways -- and I'm so pleased that we have a representative from the Department of Transportation here today."* (Michael Rathsom, II - 261)

d. The proposed Interagency Task Force should develop a mechanism to establish responsibilities and measure accountability for the agencies that should be engaged in eliminating health disparities.

- *"We need to bring the all these agencies that are supposed to be at the table..... Where is the accountability of all these agencies that should be at the table today?... We need to have them at the table now."* (Rose Augustine, II - 72)

Recommendations **II.A.2 - e, g, and i** above, are also appropriate for "More Effective Interagency Collaboration and Cooperation."

II.D Including Socioeconomic and Cultural Factors in Health Assessments

II.D.1 Background

The overwhelming consensus in pre-meeting interviews was that all socioeconomic and cultural factors (SES) are important in addressing community health concerns.

- *"...for more than 800 years..... people have known that higher rates of death, illness, and disability have tended to concentrate in the poorest members of the community."* (Walter Handy, II - 196)

These factors include social, behavioral, economic, cultural, political issues and traditional values and practices. It is the general consensus of stakeholders that ample evidence exists of a relationship between socioeconomic and /or cultural factors and health impacts and are important contributors to health disparities. (V - 12)

A number of stakeholders spoke to the types of socioeconomic and cultural factors that should be considered:

- *... socioeconomic conditions and health, absolute and relative poverty, standard of living, access to healthy foods, position at work (occupational environment), are all factors relevant to health...* (V - 12)

- *...consideration and attention need to be directed at the role of other factors, such as psychological stressors (i.e., job security, safety issues, housing, etc.), class, outside stressors, environmental stressors, economic and racial segregation and others, may play in relation to health disparities.* (Samara Swanston, II-187-8)

- *"...if you are talking about environmental justice, you must discuss issues of class in relation to race, gender, and other factors. This should include informed social scientist' input, not just physical science..."* (Samara Swanston, II-194)

- *"The vulnerabilities and susceptibilities of children to these environmental attacks."* (Carlos Porras, II-104)

- *"The measures most commonly used to evaluate socioeconomic status are income, education and occupational prestige. These measures are limited in that they do not capture significant components of social stratification than can influence health status. Other measures of socioeconomic status include the conditions in which an individual lives, intergenerational transfers of wealth since inheritance of wealth occurs less frequently among minorities, and a consideration of socioeconomic status in this country must also include race because socioeconomic status is transformed by racism."* (Samara Swanston, II-187-8)

- *"Social support and coping style may also offer keys to examining the more difficult social contexts of health status."* (Walter Handy, II-197)

- *Social and cultural disruption of traditional Native societies, lack of education and economic opportunities, and high levels of unemployment and poverty. These all put Indian people at higher risk. Disparities in health are aggravated by a disparity of resources, especially the gap in health care spending for Indian people compared to other Americans."* (Michael Rathsom, II-257)

- *Cultural barriers, as well as language barriers, need to be included in socioeconomic status. Race, gender, location of residence, location of workplace and cultural distinction are measures that need to be included in SES because SES does not mean the same thing in communities of color than it does in white communities."* (Samara Swanston, II-194)

There is a considerable body of evidence, that socioeconomic factors are linked to observed health disparities. Some specific examples where sited by a panel member:

- *"most people are aware of the many studies demonstrating that even after adjustment for insurance and clinical status, similarly situated minorities are less likely to receive coronary angioplasty bypass surgery, angioplasty, hemodialysis, kidney transplants, intensive care for pneumonia, and other aggressive disease treatment. Racism even directly affects health status since in several studies an association has been established between reported racial discrimination and hypertension. So, income, education and occupational prestige measures do not measure the same thing in our community. SES affects or influences health care. According to cancer experts, socioeconomic status plays a role in the use of different screening tests and higher SES is correlated with greater use of screening tests, more aggressive therapy and a greater chance for cancer survival. Socioeconomic status plays a role in obesity, leading to diabetes. Diabetes, for example, was virtually nonexistent among Native Americans until many Native Americans were forced to change their traditional diet due to the effects of pollution and also forced*

relocations away from reservations. Now Native Americans have the highest diabetes rate in the United States." (Samara Swanston, II-194)

Several stakeholders observed the need to examine each community individually, because the potential difference in socioeconomic and cultural factors affecting health outcomes are significant.

- *"SES does not have the same meaning in communities of color as it does in other communities."* (V - 12)

- *American Indians/Alaska Natives (AI/AN) are particularly susceptible to health impacts from pollution due to their traditional and cultural uses of natural resources and, in fact, AI/AN "have greater exposure risks than the general population as a result of their dietary practices and unique cultures that embrace the environment." Fishing, hunting, and gathering often are part of a spiritual, cultural, social, and economic lifestyle, and the survival of many AI/ANs depends on subsistence hunting, fishing, and gathering. In some instances, the right to engage in these activities is legally protected by treaty. Additionally, many AI/ANs also use water, plants, and animals in their traditional and religious practices and ceremonies. As a result, contamination of the water, soil, plants, and animals and the subsequent accumulation of these contaminants in the people through ingestion and contact not only endangers the health of AI/ANs, but also threatens the well-being of their future generations and undermines the cultural survival of tribes and Alaska Native villages.* (VI - 3-4)

Throughout the interviews and meeting, there were many calls for more and better research and data:

- *These are data gaps, very real data gaps."* (Carlos Porras, II-104)

- *I think that an overall conclusion of this committee is not only the fact that there is a need for greater research, particularly research that understands and links the relationship between environmental causes of disease and health disparities in minority low income communities, but that this kind of research needs to be done in a different way."* (Charles Lee, II- 34)

- *.....although health data is collected by race and ethnicity, there are no indicators of social class on the birth certificate, no information on income, health insurance, etc. This makes it difficult to determine the impact of race versus socioeconomic status when examining health effects.* (V - 11)

A social scientist (Roger Kasperson, Executive Director of the Stockholm Environment Institute and EPA Science Advisory Board member) gives us a more focused definition for vulnerability. Social science looks at vulnerability as being made up of four things:

(1) susceptibility or sensitivity (which is a different or more pronounced dose-response);

(2) differential exposure (including historical exposure, body burden, background exposure, etc.);

(3) differential preparedness to withstand the insult of the stressor; and (4) differential ability to recover from the effects of the stressor. He said that in the social science literature, "vulnerability" was linked to what kind of coping systems and resources a community has.

II.D.2 Recommendations (Including Socioeconomic and Cultural Factors in Health Assessments)

The EPA Administrator should support EPA and other Federal agencies efforts to include socioeconomic and cultural factors when doing health assessments, as well as intervention and prevention programs. These efforts should include the following:

a. Consider how socioeconomic and cultural factors may affect the nature of intervention/prevention options <u>and</u> how these factors impact the acceptability of those options to the community.

- *Such options should be based not only on science, but also should address and incorporate the traditional knowledge of a community. For example, limitations on the consumption of traditional foods due to pollution danger may trigger unique social, economic, and health problems within AI/AN communities.* (VI-9)

- *Design methodologies to access community impacts)environmental, human health, socioeconomic, cultural, etc.) existing burdens (multiple and cumulative impacts), and "vulnerable" populations (low-income, children, elderly, workers, women, etc.)* (VII-4)

b. Establish an interagency committee to foster and coordinate research and data collection on the impact of socioeconomic and cultural factors on health disparities.

- *"...the ability to effectively ensure healthy communities is absolutely dependent upon us being able to take a more integrated approach to looking at the dynamics between those factors. I think that there is in fact a stove piping across Federal agencies. It is not uncommon for people to believe that environmental justice is an issue for EPA and the other agencies, when they sit at the table, are doing us a favor...Well, in fact, the environment is a factor for every agency. Health is a factor for every agency."* (Hal Zenick, II-267)

c. Agencies need to train and/or hire additional social scientists and assign them to work on community-based assessments.

- *....scientists from the social sciences (sociology, psychology, behavioral sciences, anthropology, psychometrics, etc.) should be included in research activities. The community model would benefit from social science. They have a great deal to offer in the area of social behavior, psychological stress etc.* (V - 8)

d. As part of examining prevention/intervention strategies, social support mechanisms and strategies for helping the community to cope, should be included.

- *.....identify effective coping strategies and social support mechanisms among other community residents.* (Walter Handy, II-197)

e. *Ensure that agency staff and managers have a thorough understanding of Federal Indian law and policies, tribal culture, and the unique governmental structure of Federally recognized Indian tribes, including Alaska Native villages. This is particularly important for those people directly working on these issues.* (VI - 13)

II.E Responding to the Urgent Needs of Medically Underserved Communities

II.E.1 Background

The primary object of this theme is to recommend to the Administrator methods for linking members of a community (i.e., individuals directly affected by adverse environmental conditions), with researchers, policy makers, health care providers and educators in an objective to find solutions for their existing health-related problems.

Development of community-based strategies to address environmental health problems requires approaches that are not typically familiar to the research and medical communities. The distinctive needs of individual communities and their inhabitants are rarely considered in identifying environmental health problems and devising appropriate medical intervention.

II.E.2 Recommendations (Responding to the Urgent Needs of Medically Underserved Communities)

These recommendations are designed to encourage EPA and the member agencies of the proposed Interagency Task Force on Community-Based Participatory Health Research to aggressively participate in the development of new modes of communication and to ensure that community organizations actively participant with policy makers, researchers and health care providers in

developing responses and setting priorities for intervention and mitigation strategies. Specifically, the Administrator should:

a. Encourage the development of high-quality, audience-appropriate information and support services for specific health problems (e.g., asthma) and health-related decisions for all segments of the population, especially under served persons.

b. Encourage the development of more community health centers, as authorized by the Public Health Service Act of 1975, to provide comprehensive primary medical care and preventive health services.

- *"We also need health facilities. We need health care for these people who doctors are still pondering what their ailments are; they're treating them for whatever they could possibly come up with a name for."* (David Baker, II-429)

- *Health care should be a right regardless of income status everyone should have access to adequate, quality and accessible health care.* (VII - 4)

c. Participate in more comprehensive community-based programs that provide more hands on tactics (e.g, home visits).

- *"I would suggest that one of the things that we might want to consider is how do we begin to combine our expertise that when we look at a community we can begin to understand what are some of the things that in a community partnership we can begin to treat, even if it's the symptoms, that begin to improve the health of the community as we try and understand what those triggers are. There's a variety of approaches. One of the things I would offer in terms of whether this is realistic is perhaps we can center on a limited number of communities over the next three to four years, develop -- I hate the word, but develop a swat team type of mentality. Can we go in with a group of experts working with the community and local folks, do the diagnostic, try and determine where can we influence, persuade, implement some changes in the conditions in that community, and then step back and make some assessment of have we been successful, what were the barriers, and I think critically when I have to go back to my agency and talk about this -- it is, and what are the constraints."* (Hal Zenick, II-271)

d. ••Develop a nationwide, baseline tracking of priority diseases - asthma and chronic respiratory diseases; birth defects; developmental disorders; cancers, especially childhood cancers; and neurological diseases, such as Alzheimer's, multiple sclerosis and Parkinson's - and priority exposures, such as PCBs and dioxin; heavy metals, such as mercury and lead; pesticides; water and air contaminants.

- *"...We agreed to prepare a resolution for approval, recommending that EPA establish and effective national facility registry system for all operating facilities that emit hazardous chemicals, and make the information accessible and understandable to the public."* (Marinelle Payton, IV-188)

- *America's Environmental Health Gap: Why the Nation Needs a Nationwide Health Tracking Network,* The Pew Environmental Health Commission, September 2000 (http://pewenvirohealth.jhsph.edu/html/reports/pewpressrelease.pdf)

e. Participate in research in identifying and interpreting national trends and issues relative to the health status of persons disproportionately effected by environmental hazards.

f. Develop, promote and participate in efforts to improve the management, operational effectiveness, and efficiency of health care systems and facilities in minority and low-income communities.

g. *Stress the importance of facilitating and assisting Indian tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State and local programs in operating comprehensive health programs.* (VI - 8)

h. *Support legislative initiatives, including but not limited to the reauthorization of the Indian Health Care Improvement Act, that will eliminate inequities in Federal funding to address the alarmingly high levels of unmet environmental and health needs of AI/ANs, regardless of where they live.* (VI - 8)

i. *Assert a leadership role among Federal agencies in developing new financing mechanisms and leveraging all available resources to fund and implement environmental health-related projects and research in Indian country and Alaska Native villages.* (VI - 8)

j. Establish a Pollution Victims Compensation Fund designed to do the following:
(a) pay the health care costs of pollution victims; (b) provide technical assistance to community in holding responsible corporations accountable for containing and cleaning up uncontrolled toxic sites; (c) provide tax incentives to industries to retool production processes to reduce toxic discharges; and (d) retain job placement and worker transition costs associated with displacement created by production process changes motivated by pollution prevention efforts. (Jackie Ward, I - 135)

k. Support educational efforts directed at health professionals to be better trained on environmental justice issues. Specifically, medical students and residents should be better trained in environmental and occupational medicine. These individuals should attend toxic health training courses and become aware of how to treat environmentally related diseases as they relate to short-term and long-term exposure.

- *"The third bullet is one I've mentioned and I think that without this commitment we're not going to make very much progress. And that is, I believe it is absolutely essential that the public health and the medical community, which is a major powerful player in this country, recognizes that environmental conditions are a major etiological factor in health status."* (Hal Zenick, II-267)

- *"I also recommend that existing and new physicians, nurses, and other medical professionals go through toxic health training to become aware on how to service the needs of these environmental diseases as they relate to short-term and long-term exposure."* (Charlottee Keys, II-415)

- *All health care workers should receive training on environmental health.* (VII - 3)

l. Develop initiatives that focus on addressing environmental primary health care needs through utilizing existing assessments and medical and financial support that you already have to address intervention and prevention.

- *".. I also recommend that we stop talking about environmental diseases and begin to focus on addressing environmental primary health care needs through utilizing existing assessment and use the medical and financial support that you already have to address intervention and prevention through medical testing and medical referrals and prevent diseases through not using funds to place communities at risk close to poison sites and in workplaces that poison humans to death."* (Charlottee Keys, II-415)

m. Work with state, local and tribal health officials, community representatives, and other Federal agencies to improve health and environmental surveillance and monitoring activities in minority and low-income populations disproportionately impacted by high and adverse environmental exposures.

n. Expand the existing relationship with the Agency for Toxic Substances Disease Registry (ATSDR) to providing funding for health care facilities at national priority list sites and at Federal facilities where environmental contamination is effecting the public health.

o. *"Therefore, we also recommend that this committee recommend to EPA -- that NEJAC recommend to EPA that they expand their relationship with the Agency for Toxic Substances Disease Registry and provide funding for health care facilities at national priority list sites and at Federal facilities where radiation and all kinds of other chemicals used by the military in warfare have been stored and are now killing people who are associated with that facility."* (Marvin Crafter, I-64-65)

p. Establish a program to prevent the future siting of schools on contaminated property and increase efforts to examine existing schools sited on contaminated sites or located in heavily polluted areas.

- *"We have five schools less than a mile from these facilities on the west end. If we go to the east end, we have six, a high school, junior high, and K through 5 and nurseries. And they even live closer than that.* (Mr. Mouton III - 26)

- *"We are also looking at children that are attending schools on contaminated sites. There tends to be more -- it looks like there's more and more of a trend toward locating schools on contaminated sites. These children need to be studied because hopefully this won't continue very long and we won't have the opportunity to study these children right now. We believe that the environmental exposure in air and soil should be looked at."* (Mark Mitchell II - 451)

- *We are leveraging an EPA study and hope to do personal exposure research on the students in a school district in Houston which is downwind of some major source. We hope to get a handle there in a good statistically sound peer-reviewed way of the kinds of exacerbation of asthma that could result from exposure to air toxics.* (Ray Campion II - 129)

III. Appendices

III.A Recommendations Work Group

Rose M. Augustine
President, Tucsonans for A Clean Environment

Henry Falk
Assistant Administrator, Agency for Toxic Substances and Disease Registry

Jon F. Kerner
Assistant Deputy Director, Division of Cancer Control and Population Sciences
National Cancer Institute, National Institutes of Health

Lillian Mood RN
Community Liaison, South Carolina Department of Health and Environmental Control

Marinelle Payton
Chair, Dept. of Public Health
Jackson State, School of Allied Health Sciences

Carlos Porras
Communities for a Better Environment

William Sanders
EPA, Director, Office of Pollution Prevention and Toxics

Michael Sage
National Center for Environmental Health
Centers for Disease Control and Prevention National

Peggy M Shepard
Executive Director, West Harlem Environmental Action Inc

Jane Stahl
Deputy Assistant Commissioner, Connecticut Department of Environmental Protection

Charles Wells
Office of the Director, National Institute of Environmental Health Sciences

Pat Wood
Senior Manager, Federal Regulatory Affairs
Georgia Pacific Corporation

Hal Zenick
EPA, Associate Director, National Health and Environmental Effects Research Laboratory

III.B May 2000 NEJAC HEALTH AND RESEARCH SUBCOMMITTEE Meeting Synopsis

The Health and Research Subcommittee of the National Environmental Justice Advisory Council (NEJAC) conducted a one-day meeting on Thursday, May 25, 2000, during a four-day meeting of the NEJAC in Atlanta, Georgia. Members of the Health and Research Subcommittee engaged in dialogue with representatives of an Interagency Forum (Theme: "Healthcare: Establishing Partnerships with Minorities, Tribal, and Low-Income Communities"):

- William H. Sanders III, Director, Office of Pollution Prevention and Toxics, (OPPT) U.S. Environmental Protection Agency (EPA), began the Interagency Forum discussion with opening remarks on some initial observations he made regarding the panel session the day before. He observed that we are trying to fit the problem into the existing scientific structure, rather than fit the science with the problem and we need to better manage public expectations. Government is too slow and we take too long to do something. We need to improve the conditions that affect public health and not just study and move before the dead bodies show up. If we proceed with the status quo (random samples, court challenge, and peer review), it would take a long time before anything will get done. Rather than talking about research, look at action - one area is looking beyond compliance and to work with industry to get them to be cleaner in the first place, e.g., OPPT's voluntary programs.

- Henry Falk, Assistant Administrator, Agency for Toxic Substances and Disease Registry (ATSDR), stated that whatever efforts take place, they need to be sustainable. Types of partnerships that need to be created might need to be broader - to include education, etc. Try to organize recommendations in different levels: 1) Community levels: include universities, and local and state health departments; collect data on diseases; 2) Federal level: agencies need to work together better; and 3) Systemic level: think broadly and look for a systemic solution to the problem. ATSDR's priority areas of research include documentation of environmental hazards; better data on disease frequency related to the environment. Improve methods in working with diverse groups to collect information.

- Richard Gragg, Associate Director, Environmental Sciences Institute, Center for Environmental Justice and Equity, Florida A&M University, stated that communities have a distrust of federal and local government. Universities can often play the intermediary role, the role of educator for communities, facilitate between federal and state agencies, and look at problems in different ways, e.g., is health only physical health, or does it encompass more than that? He suggested that we need an inventory of communities and a framework for assessment.

- John Kerner, Assistant Deputy Director, Research Dissemination and Diffusion, Division of Cancer Control and Population Sciences, National Cancer Institute (NCI), National Institute of Health, stated that science is only a tool, the question should be how can we best apply science to the Environmental Justice situation? We need: 1) a better relationship between university healthcare institutions and communities and to build links between the research and service delivery agencies, so that once the problems have been identified, there are resources to solve the issue; 2) good needs assessment at the community level (NCI is trying to develop tools to look at data at the county level, looking at unequal burdens between communities, and look at environmental and other factors); 3) What is the best prevention or intervention solution that Science tells us? 4) What infrastructure is available to take that intervention to the community?

- Rebecca Lee-Pethel, National Center for Environmental Health (NCEH), Center for Disease Control, stated that Promotoras de Salud (health promoter) is a good concept and that some states have adopted its use for communities. NCEH is looking at communities that have used this program and how it can benefit others.

- Francisco Tomei, Agency for Toxic Substances and Disease Registry, noted that federal agencies are involved in many activities and services. We need to work together to build a unified system to support community needs.

- Reuben Warren, Agency for Toxic Substances and Disease Registry stated that partnering with communities to document environmental hazards and better data collection from communities will help to identify areas of need and help to improve methods on providing healthcare.

- Charles Wells, Director, Environmental Health Sciences, National Institute of Environmental Health

Sciences (NIEHS), National Institute of Health, stated that NIEHS has been sponsoring community-based grants for partnering communities and academic. More grants structured toward healthcare are needed.

- Jeannine Willis, Minority Health Office, Health Resource Services Administration (HRSA), Department of Health and Human Resources noted that HRSA and ATSDR have training partnerships so that primary healthcare providers can be trained to recognize symptoms from environmental hazards.

- Harold Zenick, Acting Deputy Assistant Administrator for Science, Office of Research and Development (ORD), U.S. Environmental Protection Agency. ORD addresses this issue in three ways: 1) providing grants to community; 2) intramural taskforce: when Agency priorities links to Environmental Justice communities, there=s opportunity to work with communities; 3) building stronger relationships with Regions. ORD needs to have a greater focus on getting information out to communities rather than just focus on research and should have a multi-media approach to identify source of contamination. Children are a central theme for ORD's exposure work. Also forming an interagency group would be most beneficial to look at human exposure

Summary of the Subcommittee Meeting

During the one-day meeting, members of the subcommittee discussed the following issues.

- As a result of discussions by the subcommittee at the December 1999 NEJAC meeting, the subcommittee had an Interagency Forum to discuss building collaborations between agencies and communities to address healthcare issues. The Interagency Forum discussions included the role of each agency, priority areas of research, and a strategic plan to consider the next steps toward improving public health; implementation, development, and evaluation of future community-based health assessment; and pollution prevention and intervention issues in minority and low-income communities.

- Also, members of the subcommittee and invited guests discussed at length a resolution to request that NEJAC establish a work group within the subcommittee to focus on the development of a strategic, Interagency Public Health Work Group.

- In response to continued concerns expressed during public comment periods of the NEJAC, members of the subcommittee discussed a resolution recommending that the next NEJAC meeting focus on the issue of environmental justice arising from federal facilities in environmental compliance and remediation. In addition, it was agreed that the subcommittee include in the resolution that EPA prepare and submit for signature by President Clinton an Executive Order requiring that all federal agencies ensure compliance with EPA or state standards, whichever stricter, regarding site remediation, pollution control and abatement at all federal facilities, active or inactive, and further authorize EPA to monitor and enforce federal agency compliance with all environmental laws and standards.

- Members of the subcommittee voted and established a Health and Research Subcommittee Work Group on Federal Facilities. The subcommittee will invite members of other subcommittees of the NEJAC, environmental justice community representatives, and EPA Federal Facility Enforcement Office and ATSDR's Office of Federal Facilities to participate in the Work Group.
- Members of the subcommittee also agreed to prepare for consideration by the NEJAC a proposed resolution to make recommendations to EPA for improvement of community right-to-know laws.

- Members of the Community Health Assessment Work Group of the subcommittee presented a report on their evaluation of the Decision Tree Model for Community-driven Environmental Health Assessment. Dr. Marinelle Payton, Harvard Medical School and Chair of the Health and Research Subcommittee, provided an overview of the Decision Tree Framework and plans for its future development in the coming year that will include incorporating the recommendations made by the Work Group.

- Members of the subcommittee agreed to prepare for consideration by the Executive Council of the NEJAC a proposed resolution to make recommendations to EPA for the future development of the decision tree model as a priority for EPA.

- As a result of the request by Mr. Damu Smith, GreenPeace, to Dr. Marinelle Payton, for the subcommittee to consider the Mossville Dioxin Exposure Assessment Study in Mossville, LA, the subcommittee had a joint session with the Waste and Facility Siting Subcommittee. The Joint session consisted of representatives from Mossville Environmental Action Now, GreenPeace, Louisiana Department of Health and Hospitals, ATSDR, and EPA Region 6. The purpose of the discussion was to consider the next steps of the exposure assessment study, to determine how to facilitate community participation, and how to utilize the information learned from this study to impact the nation.

- Federal and state representatives agreed to work with the community to formulate a plan to further investigate the dioxin exposure assessment study in Mossville, LA and neighboring communities.

Significant Action Items and Proposed Resolutions

Following is a list of significant action items the members adopted during the subcommittee meeting:

✓ Voted to establish an Interagency Work Group on Public Health which will include Health and Research Subcommittee members and invited representatives of the Interagency Forum to focus on developing a strategic plan to implement an integrated, collaborative, community-based public health agenda.

✓ Develop a resolution that recommends to the Executive Council of the NEJAC that the next NEJAC meeting focus on the issue of environmental justice arising from federal facilities in environmental compliance and remediation. In addition, the resolution recommends EPA prepare and submit for signature by President Clinton an Executive Order requiring that all federal agencies ensure compliance with EPA or state standards, whichever stricter, regarding site remediation, pollution control and abatement of all federal facilities, active or inactive, and further authorize EPA to monitor and enforce federal agency compliance with all environmental laws and standards.

✓ Adopt the recommendations from the Work Group on Community Environmental Health Assessment. The recommendations include (1) proposing a resolution to NEJAC that recommends that EPA support the Decision Tree Model as a priority issue, and (2) extending the terms of the workgroup and the Chair of the Subcommittee to maintain continuity of the development of the Decision Tree.

✓ Voted to establish a Work Group on Federal Facilities. The subcommittee agreed to invite members of other subcommittees of the NEJAC, environmental justice community representatives, and EPA Federal Facility Enforcement Office and ATSDR's Office of Federal Facilities to participate in the Work Group.

✓ Develop a resolution that the NEJAC recommends that EPA include criteria in the agency permitting processes to protect communities with comparatively poor health from additional pollution-releasing facilities.

✓ Develop a resolution that the NEJAC recommends that EPA should establish an effective national facility registration system for all operating facilities that emit toxic chemicals and make information accessible and understandable to the public.

✓ Develop a resolution that the NEJAC recommends that EPA support formation of a NEJAC Work Group on the Mossville Dioxin Exposure Assessment Study.

Synopsis of Stakeholder Representatives' Views Regarding Community-Based Health Research Models

A Preliminary Report
Prepared for the U.S. Environmental Protection Agency
Office of Environmental Justice
By

Adrienne L. Hollis, Ph.D.
Florida A&M University
Institute of Public Health

Table of Contents

Introduction 1

Purpose of NEJAC Meeting 3

Purpose of Stakeholder Interviews 4

Description of Stakeholders and Interview Process 4

Results - Themes and Accompanying Comments 5-15

1. Developing Effective Partnerships 5
2. Intervention and Prevention Activities 6
3. Community-Based Research 7
4. Current Models of Community-Based Research 10
5. Barriers and Data Gaps and Their Relationship to Health Effects 11
6. Socioeconomic Vulnerabilities and Cultural Factors 12
7. Effective Risk Communication 13
8. Sustainability 14
9. Federal Agencies as Partners 14
10. Other Stakeholder Comments 15

Appendices

A. List of Stakeholder Interviewees 16
B. List of Interview Questions 19
C. Models of Community-Based Research 23

SUMMARY OF STAKEHOLDER INTERVIEWS

Introduction

Protecting the health of all communities represents a formidable challenge for the Environmental Protection Agency (EPA). According to the 1997 Strategic Plan, the mission of the U.S. Environmental Protection Agency is to protect human health and to safeguard the natural environment–air, water, and land–upon which life depends for all Americans. EPA must carry out this mission consistent with Executive Order 12898 on environmental justice, and existing protective environmental laws.

The Surgeon General of the Department of Health and Human Services issued in January 2000 the publication, "Healthy People 2010–Understanding and Improving Health." The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population, including differences that occur by race or ethnicity, education or income. These disparities are especially apparent in minority, low-income, and/or indigenous communities. Many of these same communities bear a disproportionate exposure to environmental pollutants that may underlie and/or contribute to these disparities. When such exposures are combined with other social and physical living conditions present in these environments, the potential for health disparities is magnified even further.

The Office of Environmental Justice requested the National Environmental Justice Advisory Council (NEJAC) to focus its attention on federal efforts to secure disease prevention and health improvement in communities where health disparities exist that may result from, or be exacerbated by, disproportionate effects of environmental pollutants and certain socioeconomic or cultural factors. This report presents the results of interviews with twenty-one (21) stakeholders drawn from government, academia, industry and community organizations.

The stakeholders interviewed here, though from a variety of backgrounds, shared some common beliefs and expectations. Everyone supported the need for developing an integrated model to address community-based health needs. They believed that assessment, intervention and prevention are three major components of a community-based health model. Most emphasized the need for an evaluation component to that model. This is a dynamic model, which requires concerted efforts not just by EPA but by many other federal departments and agencies. Responding appropriately to the multi-agency public health concerns of communities requires a multi-faceted response. Moreover, it was noted that a static definition of health is a barrier to disease prevention and health improvement. Health is not merely an outcome, but a proactive process that lead to an outcome.

A central theme which emerged from the interviews was a need for partnerships. There was strong focus on the issue of working with communities. All stakeholders were emphatic that actions be conducted in the community with having the community as an equal partner. In fact, there was unanimous agreement that the community, or a community-based organization, is the most critical component of a successful partnership. This theme is a critical element to the success of a community-based public health model. Going beyond the notion of research done "in or to" a community to research that "works with" a community is viewed as a critical link for translating assessment efforts into needed intervention and prevention activities.

There was strong support on the part of all interviewees for the concept of community-based health research models. Given the central role of community-based organizations, community-based

research is, thus, an absolutely essential element of any successful federal effort to achieving an integrated community model that includes health assessment, intervention and prevention. Interviewees were able to identify many such successful partnerships. They point to the support of such partnership models by federal agencies, in particular, the National Institute for Environmental Health Sciences. There was general consensus that an evaluation of existing models would provide valuable information, as well as specific tools which can be adapted for specific projects.

There also existed uniformity of opinion that federal agencies must learn to better partner with each other. Currently, there is a prevailing impression among all stakeholders that federal agencies are working in an isolated manner. This was seen as a requisite condition for better partnerships with community and other stakeholders. A number of federal agencies were identified as potential partners in a community-based health research model. These included not only EPA and public health agencies but also agencies such as the Department of Transportation, Department of Energy, Department of Housing and Urban Development, Department of Agriculture, Department of Labor and others.

Special attention should be given to overcoming specific barriers to success of such community-based health research models. One such barrier is the need to capacity building for community- based organizations. Another is recognition of the time-intensive nature of a partnership building process. There are many issues related to communications, cultural sensitivity and trust that must be overcome. Thought should be given to these issues in project design.

While it was agreed that there exists gaps in information to determine a direct causal relationship between environmental pollution and health effects, it was also the consensus that the inability to show a direct causal relationship should not hinder prevention and intervention activities. Barriers to determining direct causal relationships include the absence of human exposure and health surveillance information. Another is the lack of health data to better elucidate socioeconomic and racial factors. Lastly, analysis of health impacts "one chemical at a time" precludes an understanding of cumulative environmental and human health effects.

Socioeconomic and cultural factors are important in addressing community health concerns. It was the general consensus that ample evidence exists of a relationship between socioeconomic and/or cultural factors and health effects. This raised the question of the type of scientific disciplines needed to fully understand the cumulative effects of environmental impacts on minority, low-income, and/or indigenous populations. Input should be obtained from social scientists as well as physical scientists.

Interestingly, the majority of the comments and views presented in the report parallel the recommendations contained in the 1994 Federal Interagency Symposium on Health Research and Needs to Ensure Environmental Justice and the 1999 Institute of Medicine Report entitled, *Towards Environmental Justice: Research, Education, and Health Policy Needs.* This suggests that most people have similar concerns and recognize similar gaps in current strategies and activities. The majority of the stakeholders look forward to the discussions at the upcoming NEJAC meeting. They also expressed considerable excitement at the possibilities for stronger partnering and collaboration efforts.

Purpose of the National Environmental Justice Advisory Council (NEJAC) Meeting

The charter of the NEJAC directs that entity to provide independent advice to the Environmental Protection Agency's (EPA) Administrator on areas which may include, the direction, criteria, scope, and adequacy of the EPA's scientific research and demonstration projects, relating to environmental justice. To that end, EPA's Office of Environmental Justice (OEJ) has requested the NEJAC hold an issue-oriented, focused public meeting in Atlanta, Georgia. That meeting will be held May 23nd through 26th, 2000.

The NEJAC meeting will focus on federal efforts to secure disease prevention and health improvement in communities where health disparities exist that may result from, or be exacerbated by, disproportionate effects of environmental pollutants and certain socioeconomic and cultural factors. The meeting will center around three important questions, provided below.

(1) What strategies and areas of research (research in this context encompasses a broad range of studies that may include basic science, applied research, and data collection. These may be carried out by the following: federal, state, tribal or local governments; universities; communities; industry; and/or individuals) should be pursued to achieve more effective, integrated community-based health assessment, intervention, and prevention efforts?

(2) How should these strategies be developed, implemented and evaluated so as to insure substantial participation, integration and collaboration among federal agencies, in partnership with the following: impacted communities; public health, medical and environmental professionals; academic institutions; state, tribal and local governments; and the private sector?

(3) How can consideration of socioeconomic vulnerabilities: a) contribute to a better understanding of health disparities and cumulative and disproportionate environmental effects; and b) be incorporated into community health assessments?

Purpose of the Stakeholder Representatives Interview

In order to have an intensive, focused meeting, the OEJ determined that conducting preliminary interviews of stakeholders would lead to the elucidation of particular issues, which would then serve as the starting point for discussions at the NEJAC meeting. To that end, a number of individuals, representatives from academia; industry/business; federal, state and local governments; community groups; and tribal entities were interviewed. Specific questions were designed by OEJ, with input from the reporter, Dr. Adrienne Hollis. During the summary of the questionnaires, a number of recurring issues and recommendations emerged. Those have been categorized into themes, for use in focusing the NEJAC meeting.

Description of Stakeholder Interviewees

Twenty-one interviews were conducted with stakeholders representing the federal government (6), state health and environmental agencies (3), academic institutions (8), and community organizations (3). In addition, there was one representative from industry/business. These individuals have been involved in some form of community-based activity, including funding research projects, conducting assessment, intervention, evaluation, and/or prevention activities with communities, or by working directly in and with communities. They each bring a wealth of knowledge and expertise to this process. A list of the stakeholders interviewed is provided in Appendix A, and the list of questions utilized during the interview process is provided in Appendix B.

In addition, a draft copy of the initial results of the questionnaire was shared with members of the May 2000 NEJAC Meeting Planning Committee. Their comments and recommendations are also incorporated into this document.

Themes and Accompanying Comments

(1) Developing Effective Partnerships

Who Should Partner in a Community-Based Health Research Model?
There was almost unanimous agreement on the part of stakeholders that the community, or community-based organization was the most critical component for a successful partnership. One community stakeholder, who suggested that academia and community partnerships were the most critical, explained that *"...communities alone will not have the credibility or capacity to address health issues in a way that would lead to policy change, but these partnerships can help communities push a public health agenda...."* They further stated that *"...until the funding process changes, the research needed to do work in communities needs to go through academic institutions...."* A number of stakeholders discussed the definition of 'community'. Some non-community stakeholders pointed out that there should be a mechanism to define community. One stakeholder from a state health/environmental office stated that the community should include *"...people from affected community and folks who are not necessarily affected by an event...pollutants do not know barriers, and may eventually affect other areas..."*. A representative from academia stated that *"...we are also community organizations, we employ from and live in the community...academicians are part of the community...."* A stakeholder from the federal government stated that *"...leadership in communities must be defined by communities...we should not try to define community leadership, let them (the community) identify leaders...."* Other entities that were identified by the majority of the stakeholder representatives as a necessary component included; academic research institutions, federal, state, and local government, health care providers, local environmental and health departments, and funding agencies.

A few representatives (one each from academia and a state health/environmental office, and two from government) felt that industry/business should be included in the partnership, in order to achieve success. Interestingly, one stakeholder from academia was very vocal **against** bringing industry to the partnership. This particular stakeholder stated *"...industry has always done something with an ill intent. They are not to be trusted, and most people are not convinced that they [industry] have the interest of the people at heart...."* In contrast, a stakeholder from the state health/environmental agency stated that *"...industry plays a key role as a stakeholder in this process...industry is not explicitly included in the process...they should not be considered a barrier, but they should be included in the partnership...."*

Critical Elements for Success
When asked what elements were needed for a successful partnership, it was the general opinion of the stakeholders that trust and credibility MUST be established among the partners. As one stakeholder explained *"...trust from the community and from the stakeholders is one of the critical elements for success...."* A second stakeholder from academia stated that *"...partnerships will work if accountability and structure are incorporated into the process...."* The overwhelming majority of the stakeholders agreed that establishing trust and credibility is time and resource intensive, and that this should be recognized and acknowledged by all stakeholders. According to one federal stakeholder, *"...trust is a critical element in any partnership...if you outline what you are going to do, do what you say will do and say what you cannot do, that will go a long way toward establishing trust and credibility...."*

A stakeholder from academia stated that the foundation for this model would be developed with education, training or outreach to the community, to ensure that everyone is *"...on the same page...."* A second stakeholder from academia stated that *"...It is incumbent upon funding agencies to verify*

partnerships, to insure that it is not some inequitable, patched together, kind of network. This effort requires the evaluation of whether a partnership described on paper, on a grant application, actually exists and will survive post-funding...."

(2) Intervention and Prevention Activities

When Should Intervention and Prevention Activities Occur?
Intervention and prevention, two of the components of a community-based health model, generated a great deal of discussion. One federal stakeholder suggested that after assessment is complete, the partners should analyze whether intervention is needed. The partners should first discuss what is meant by intervention, then decide what is needed.

A stakeholder from the community and a representative from the NEJAC May 2000 Planning Committee, both discussed the importance of the "Precautionary Principle", which involves taking appropriate measures to protect public health. Although other stakeholders did not use the term "precautionary principle" in their discussions, most, if not all, felt that in the presence of or threat of adverse health effects, there was no need to wait before initiating intervention/prevention activities. These activities should be a major element of the way business is conducted when dealing with environmental issues. One community stakeholder stated that both intervention and prevention activities must be conducted with the community, not on the community in order to be successful. They further stated that the community believes that any research conducted must include an intervention component. In addition, when dealing with federal agencies in these activities, there should be some protocol or guideline on interaction with the community. For example, when ATSDR conducts public health assessments and health consultations, and when EPA conducts risk assessments, there should be a methodology in place for working with communities.

According to a number of stakeholders, prevention is often placed last, both in design and in thinking, when addressing environmental issues. As one federal stakeholder stated, "*...Individuals who are adept at prevention activities have been trained to look upon it as a 'final step' in the process....*" That stakeholder provide the example of EPA's role in public health, which is for the most part, according to the stakeholder, not health related. Their strongest work is in the area of prevention, looking at enforcement of environmental guidelines and laws. Along those same lines, the National Institute for Environmental Health Sciences (NIEHS) has been attempting to address the prevention portion of the model (along with assessment), and has recently begun looking at prevention efforts.

A number of stakeholders felt that intervention was an area needs more attention. An example provided by a state stakeholder, is the issue of asthma. There is a lack of activity in addressing the incidence of asthma, particularly in children. A second example involves lead exposure and toxicity. A number of stakeholders suggest that appropriate intervention and prevention efforts have not been applied to this issue. In addition, it was suggested that intervention and prevention may not be that different. After a partnership has assessed a problem, they should analyze whether intervention is needed, and then decide on an appropriate intervention.

Barriers to Effective Intervention and Prevention
According to input from a number of members of the NEJAC May 2000 Planning Committee, a major barrier to effective intervention and prevention activities stems from the perception that city, state, county, tribal agencies, and/or municipalities are supportive of the activities of the polluting industry or business. This is true even when dealing with federal facilities. Their interest may be directed more towards economic interests than the health of the community. According to the

Committee members, pollution prevention and enforcement activities should be a major emphasis of these entities when dealing with industry/business.

One stakeholder from a state environmental health office stated that a major barrier is the lack of action on the part of the EPA. He discussed the issue of lead contamination in communities as a major example. He felt that this was an established issue that has had virtually no intervention. He further stated that in order for intervention and prevention activities to work, the federal government could not go directly to communities, the state and local health and environmental regulator entities must be involved.

(3) Community-Based Research

What is Community-Based Research?
Initial discussion surrounded the definition of community-based research. The consensus is that the model has to be **participatory**, with the community as an equal partner, in order to be community-based. It was suggested by a member of the NEJAC May 2000 Planning Committee that the name be changed to "community-based participatory research," to differentiate it from research done "in or to" a community. According to a number of stakeholders, in this model (participatory research), the community has a leadership role in activities planned by the partnership. This is an issue that both NIEHS, through its environmental justice partnership grants, and ATSDR, through the Minority Health Association Foundation grants, have been attempting to address.

Most stakeholders (with the majority from academia and the federal government) stated that research in the community-based health research model should be more broadly designed. The definition of this research should be qualitative, rather than quantitative. Assessment of this model has to be rigorous and detailed, and must include what may be non-conventional methodology, including the use of biomarkers. When discussing risk assessment, EPA must be open to incorporating unconventional data into that model. The design of the model should be done by the partnership with all stakeholder.

A representative from the NEJAC May 2000 Planning Committee stated that it was important to note that there are other types of research, besides participatory, which should not be overlooked, because of the value of the data obtained. No additional details, however, were provided.

In addition, a community representative on the NEJAC May 2000 Planning Committee suggested that there should be some protocol or guideline developed which would allow the community to participate in "agency" research, with the term 'agency' inclusive of academic institutions and other entities conducting research. A stakeholder from academia suggested that efforts be made to promote opportunities to increase technical proficiency or empower local communities to conduct small scale studies, using valid methodologies, such as accepted analytical methods for environmental sampling. Funds should be provided which would allow communities to work with researchers who can train and bring communities 'up to speed' on sampling and research methods. Competition for funding between community organizations, academic institutions, and other organizations to work with a specific community, should be eliminated.

Quality and Quantity of Data Produced
The general consensus of the majority of the stakeholders was that data obtained through community-based efforts are useful. The concern is that because of the size of the population, there may not be statistical significance, which is a concern when using data to generate policy. One stakeholder from academia stated that there is tension between the desire for rigorous study design and the reality of

actually conducting that research in the community. According to another stakeholder, a great deal of data are produced, but there is concern about the internal validity of the design.

One stakeholder suggested that efforts should be made to increase technical proficiency or empower local communities to do small scale studies, using valid methodologies and accepted analytical methods for environmental sampling. This should improve the quality of any data produced.

Data Gaps in Community-Based Efforts
One stakeholder from academia stated that data should be gathered on different levels. For example, data is needed on issues surrounding residential and occupational segregation, racial and economic segregation, gender, schedules of exposure, and links between exposure to hazardous substances in hospitals, to name a few.

In addition to the stakeholders mentioned previously, scientists from the social sciences (sociology, psychology, behavioral sciences, anthropology, psychometrics, etc.) should be included in research activities. The community model would benefit from social science. They have a great deal to offer in the area of social behavior, psychological stress etc.

When dealing with the issue of research, there needs to be some guidelines on how rigorous the research and science needs to be in order to be relevant to policy development. While it is agreed that there should not be tradeoffs between scientific rigor and policy relevance, there needs to be consideration for the value of this type of research. While the data may not meet the certain standards required for scientific rigor, the data can be important in its own right. The question becomes: 'How much research is needed before actions are taken, particularly around issues of health disparities?'

Assessment, Intervention, and Prevention in the Community-Based Research Model
Although all stakeholders agreed with the inclusion of these components in a community-based model, a few stakeholders have suggested that communities have had enough "assessment." Those stakeholders, representatives of community, academia and state health/environmental entities, stated that we are very good at assessment, but need to focus on intervention and prevention activities. In contrast, one federal stakeholder stated that assessment was the element most in need of improvement. It was almost unanimous that communities play a major role in assessment, intervention and prevention. In addition, one federal stakeholder stated that "*...the assessment describes what is or what exists, and what has been done concerning particular issues. ...*" One stakeholder from academia stated that assessment is core, in terms of what kind of data is required. Assessment is also important because community and scientists' perceptions needed to be discussed.

Evaluation in Community-Based Research
A fourth component, in addition to assessment, intervention and prevention, has been suggested by a number of stakeholders, including representatives from the federal government, academia, state health/environmental agencies, and community groups. According to these stakeholders, evaluation should be a major part of any health model. One stakeholder from academia also pointed out that evaluation is also a barrier to implementation of the model, as very few stakeholders are trained to conduct evaluation. Rigorous evaluation is needed throughout the research project, to prevent delayed intervention in some communities. One stakeholder stated that, in the past, evaluation had been conducted via a traditional approach, which does not recognize social assets (i.e., how we build models or pilot projects that leave the community more empowered). This would require quantitative evaluation. The type of evaluation needed is foreign to researchers, because it *is* qualitative and formative in nature. One stakeholder stated that all partners must feel comfortable with the tools of evaluation, and that training in evaluation should be required for everyone, including the funding

agency. A number of stakeholders discussed the need for input from individuals in the social and behavioral sciences, as they would have expertise in evaluation.

One federal stakeholder opined that evaluation is different from assessment. Evaluation is inherent with value, assessment describes what is or what exists concerning particular issues, as well as what has been done. It was also suggested that in addition to the evaluation conducted by the partners, outside evaluation would provide invaluable insight and feedback on the activities conducted.

A community stakeholder stated *"...when people think about evaluation, it is intimidating. We should embrace it. It is usually one way, from the funding agency...it needs to come back the other way - what is the agency internally doing to evaluate how it does its work...."*

(4) Current Models of Community-Based Research

General Comments

The prevalent opinion among stakeholders interviewed, including those from the scientific community, is that there are successful models of community-based research. Several interviewees took note of the following community-based research models. It is beyond the scope of an interview process to describe each in sufficient detail and accuracy. Most suggested that someone should compile the results of those activities, detailing the types of community interactions and the models used. A description of some of these projects can be found in Appendix C.

The majority of these examples incorporate environmental justice principles into the partnership activities, but this is not true for all examples. A general suggestion, made by a stakeholder representative from federal government was to examine the results of grants funded in the past. These grant programs include Environmental Justice Community University Partnerships for Communications (NIEHS), Community-Based Intervention/Prevention Strategies (NIEHS), Environmental Justice Pollution Prevention Grants (EPA), Environmental Justice Community-University Partnerships (EPA), and the Environmental Justice Small Grants (EPA).

It should also be noted that there was general consensus that an evaluation of models currently in use would provide valuable information, as well as provide a number of tools which can be adapted for specific projects.

Critical Elements for Success of the Model

Critical elements for success, as identified by the majority of the stakeholders, include respect, equity and empowerment. According to one stakeholder, *"...respect deals with the fact that culture and community concerns deserve equal merit from the partners. Equity involves sharing the wealth with the community, and empowerment involves being committed to the principle of making the community self sufficient...."*

A number of stakeholders also identified 'having an open mind', and 'stepping outside of the box' is also critical to the success of the project. According to the stakeholders, this involves a willingness to conduct activities differently, to see value in collaboration with other partners. An additional element identified as important to the success of the model, is capacity within each component to work together.

One government stakeholder stated that current risk assessment methodologies are not designed to address non-chemical stressors. They (risk assessments) are not epidemiological studies. Consideration should be taken in addressing this issue.

Barriers to the Success of the Model
Special attention should be given to specific identifiable barriers to the success of the model. One such barrier, identified by state health/environment, community, and academic stakeholders, is the lack of capacity-building for community based organizations, to enable them to partner with scientists and health care providers. A second barrier is the time intensive activities needed in the initial stages of the partnership development. The consensus among the stakeholders that the time-intensive nature of the partnership could be a barrier, from a funding perspective as well as a commitment (by stakeholders) perspective. An additional barrier is the complexity of the model design. The more complex the model, the more difficult it is to plan, implement and evaluate. This is true for any model. Other barriers identified by numerous stakeholders included resources, such as computer equipment, and economic issues (including simple issues such as travel of community members to partnership meetings).

One stakeholder from academia discussed institutional barriers, related to tribal council changes and cultural sensitivities as a major impediment to the success of the model.

A community member stated that the barriers around relationship are not as important when community capacity is built-in. The focus becomes more on prevention and dealing with the current exposure than trying to figure out what happened in the past.

(5) Barriers and Data Gaps and their Relationship to Health Effects

While it is agreed that there are a number of barriers and data gaps in current research activities directed toward addressing health effects, it is also the consensus of the majority of the stakeholders that the inability to show a causal relationship between exposure and effect should not hinder prevention and intervention activities. One of the barriers identified time and again, is the continual effort to determine past exposure and health effect. It has been suggested that efforts should focus on dealing with current exposure instead.

One federal stakeholder stated that the work started in the 1985 Secretary's Task Force on Black and Minority Health Report, which identified both the current state of the health of people of color and the data gaps, is the place to start. That stakeholder also stated that the Institute of Medicine Report on Environmental Justice would prove invaluable. Other resources mentioned include the National Medical Association, the Hispanic Health Association, and organizations for Asian and Native Americans.

When asked what the three greatest barriers to determining the relationship between exposure and health effects, one federal stakeholder stated that little is known about the latency period between exposure and health effect. There is also the perception that health and environment are not related. The environment has not been associated with adverse health effects in the past. A number of stakeholders from academia stated that the type of exposure is important, and that it is difficult to determine, given the latency period, what the exposure was.

Another barrier identified is the issue of an absence of sufficient human exposure and health surveillance information, beyond that provided through the Toxic Release Inventory (TRI) or emissions data. In addition, although health data is collected by race and ethnicity, there are no indicators of social class on the birth certificate, no information on income, health insurance, etc. This makes it difficult to determine the impact of race versus socioeconomic status when examining health effects. One federal stakeholder identified the definition of 'health' as a barrier. He stated that

health is not an outcome, it is a process which leads to an outcome. That outcome must be defined by an individual group.

One community stakeholder stated that one barrier is the procedure used which only analyzes one chemical at a time, instead of studying synergistic effects. In addition, they stated that little information is available on new chemicals, and transient exposures (the effects of exposure at different times in our life...past and current exposure). An additional barrier mentioned is poor health record keeping, where people receive services from different clinics, with no uniform way to keep track. In addition, the lack of a universal health plan was identified by the community stakeholder as a barrier.

(6) Socioeconomic Vulnerabilities and Cultural Factors

The overwhelming consensus is that all socioeconomic and cultural factors are important in addressing community health concerns. According to one stakeholder, risk factors are socioeconomic and behavioral, so interventions must be the same. These factors include social, behavioral, economic, cultural, and political issues. It is the general consensus of stakeholders that ample evidence exists of a relationship between socioeconomic and /or cultural factors and health impacts. A federal stakeholder stated that "*...you cannot assume that issues around race and ethnicity are the same as those surrounding socioeconomic concerns...holding demographics constant, race and ethnicity continue to be significant, holding race constant, demographics and ethnicity are significant and so on....*"

According to one academician, socioeconomic conditions and health, absolute and relative poverty, standard of living, access to healthy foods, position at work (occupational environment), are all factors relevant to health. They continued by stating that "*...culture includes behavioral differences, cultural disparities, such as language barriers, culture mixed with racism, etc.,....*"

Interviewees recognized socioeconomic vulnerabilities and cultural factors as being important contributors to health disparities. Consideration and attention need to be directed at the role of other factors, such as psychological stressors (i.e., job security, safety issues, housing, etc.), class, outside stressors, environmental stressors, economic and racial segregation and others, may play in relation to health disparities.

One stakeholder from academia stated "*...if you are talking about environmental justice, you must discuss issues of class in relation to race, gender, and other factors. This should include informed social scientist' input, not just physical science...*"

(7) Effective Risk Communication

It was the general opinion of most stakeholders that in order for a partnership to be successful and for community-based research to be effective, all stakeholders should be able to communicate with each other. One federal stakeholder stated that "*...we have to find a way to talk to communities about what we can and cannot do in a better way. This should be different from the risk assessor coming in and calculating risk, or saying that they cannot calculate it...scientists and policy makers have to be more helpful to communities, or they will lose credibility....*" According to one federal stakeholder, "*...the key is communication, we do not talk each other's language (i.e., toxicology, chemistry, etc., tend to resolve problems, but need to learn to listen better...they fail the community as scientists....*" A number of stakeholders stated that communication was especially important when a representative from the medical profession is speaking with lay people about health issues or an academician is

speaking about research in scientific terms, or when a risk assessor or health assessor is speaking in technical terms.

Quite a number of stakeholder representatives stated that, in order to avoid confusion and misunderstandings later in the partnership, expectations and limitations of *EACH* entity should be identified in the initial stages of development. As one stakeholder stated "*...communication, good up-front understanding of the capabilities and limitations are essential....*" In addition, the community's (or any other stakeholders') perception of risk should be taken into account when determining or communicating risk.

A stakeholder from academia suggested that all partners receive some training in effective risk communication before activities are initiated. In addition, cultural competency is important when attempting a risk communication effort. An example of this was presented by a federal stakeholder. In efforts to address pollution at the United States and Mexican border, a number of documents were developed, for different educational levels. This major risk communication effort was very successful. According to that same stakeholder, the goal of risk communication is understanding, not consensus. A second stakeholder from academia stated that we need to be conscious of how risk is communicated. The meetings where information is provided should be continuous consensus building sessions. There needs to be growth and updating of activities occurring since the last meeting. The connection and partnership should be one in which the lines of communication should have already been open, there should be no surprises.

All stakeholders must agree, as a part of their initial standards of conduct, to accept the information provided, even though it may not be the particular results/conclusions they were expecting. If trust and credibility have been established, this will occur as a normal part of the partnership interactions.

(8) Sustainability

Sustainability of the Community-based Health Model

This particular topic, sustainability, is related to a number of issues. Most stakeholders identified the need for the community-based health model must be sustainable. It must contain certain strategies for building capacity, so that activities continue, even after the funding period ends. To that end, resources are an integral part of sustainability. Both sustainability of the partnership (the model) and of the planned intervention were identified as resource intensive activities.

Sustainability of the Activities

As mentioned earlier, the initial activities, where trust and credibility are established, are time intensive. Most stakeholders, the majority from academia, believe that funding entities must take into consideration the fact that this effort will be time and resource intensive, particularly when placing time limits on grants. For example, a one year funding period is not feasible for establishing a partnership and initiating activities. Funds should be set aside to create partnerships for projects that are beneficial to everyone, that do not cost billions of dollars, and that will allow stakeholders (academia, community, etc.) to work together, instead of competing for limited funds.

As one NEJAC May 2000 Planning Committee member stated, there should be some way to determine, other than the ending of the funding period, when it is time to end a project. In some cases, if the research goes further than the allotted time, it will impact agencies and entities that were thought to be out of reach. This type of success would only be due to the sustained efforts of the partners involved.

(9) Federal Agencies as Partners

Role of Federal Agencies in Partnerships
Most stakeholders stated that before federal agencies can partner with communities and other organizations, they must first learn to work together. Currently, the prevailing thought among stakeholders is that federal agencies are each "doing their own thing", addressing their agenda, although there are some agencies that are attempting to establish a more coordinated working relationship with others. For example, the National Institutes of Health is trying to create a cross-initiative around health disparities.

A number of federal agencies were identified as potential partners in a community based model. Most stakeholders agree that the appropriate federal agencies would simply depend on the issue(s) which need to be addressed through the model. Some agencies identified include EPA , ATSDR, CDC, DHHS, DOE, USDA, FDA, OSHA, DOT, HUD. Other agencies should be willing and waiting to participate, as the need arises and they are identified by the partnership.

Also, as partners in this process, federal agencies should realize the time it takes to form partnerships, and be willing to provide funds to conduct appropriate activities.

The Role of Federal Agencies in Addressing Health Disparities
According to one academician, the current problem federal agencies face when addressing health disparities stems from the idea that their role is stove-piped. For example, one agency may be studying asthma, another may be concentrating on genetics, while a third may be focused on surveillance. He further stated that these agencies have tunnel vision, and should attempt to develop an integrated plan to attack health disparities. They should also move toward a more integrated effort for exposure data gathering. A second stakeholder from academia stated that they have been encouraged by the explosion of interest of federal agencies in addressing health disparities. The level of interest and willingness to fund projects by NIEHS, the National Institute on Aging, the National Cancer Institute, CDC and others has been good.

One federal stakeholder opined that a second role of federal agencies is assurance and policy development, as outlined in the IOM report. The policy development is at the federal, state, and local level. A second stakeholder stated that state and federal government are involved in monitoring health, and that a good contact person for information on this effort would be Dr. Diane Rowley from the CDC.

OTHER STAKEHOLDER COMMENTS

Some important stakeholder comments were not included in the main part of the document, as they did not lend themselves to any particular theme. They are nonetheless, important. Those comments are provided here.

One comment from a federal stakeholder was "...we know what to do, we don't have the courage to do it. It is not an issue of health, but an issue of liability. Whose responsibility is it? That is a whole set of issues that do not get resolved. This is an overwhelming issue. There are so many unanswered questions...when in doubt, we should err on the side of public health. We don't have to wait for illness or risk factors before doing something. That is almost unethical. Why wait for the dead bodies...."

A representative from academia stated that "*...it is wonderful that attention is being paid to the importance of developing community based models. This activity needs real resources, lip service and not following through will cause more problems and distress...*"

A comment that was made by a stakeholder from the community and academia, is that a mechanism be provided to educate youth so that they may continue the work started by these individuals.

APPENDIX A

ENVIRONMENTAL JUSTICE STAKEHOLDER INTERVIEWEE LIST

STAKEHOLDER INTERVIEWEE LIST

1. Mr. Michael Callahan	EPA Office of Research and Development
2. Dr. David Carpenter	School of Public Health, University of Albany, SUNY
3. Mr. Cecil Corbin Mark	WHEACT
4. Ms. Carolyn Covey-Morris	SOCMA, VP Government Relations and Public Affairs (Industry/Business)
5. Dr. Allen Dearry	National Institute of Environmental Health Sciences
6. Ms. Paula Goode	EPA Office of Children's Health
7. Dr. Richard Gragg	Environmental Sciences Institute, Florida A&M University
8. Dr. Walter Handy	Cincinnati Health Department
9. Dr. Cynthia Harris	Institute of Public Health, Florida A&M University
10. Dr. Bruce Kennedy	Health and Social Behavior, Harvard University School
11. Dr. Patrick Kinney	Columbia University School of Public Health
12. Dr. Nancy Krieger	Harvard School of Public Health
13. Dr. Paula Lantz	University of Michigan
14. Ms. Yin Ling Leung	Asian Reproduction Rights
15. Dr. Andrew McBride	North Carolina Department of Health
16. Dr. Karen Medville	Arizona State University, West. American Indian Environmental Health Sciences Program
17. Dr. Ngozi Oleru	Environmental Health Department, Seattle Health Department
18. Dr. Bill Sanders	EPA OPPT/OPPTS
19. Ms. Samara Swanston	The Watch Person Project
20. Dr. Reuben Warren	The Agency for Toxic Substances and Disease Registry
21. Dr. Hal Zenick	EPA's Office of Research and Development

OTHER PLANNED INTERVIEWEES

22. Ms. Katsi Cook	Akwasasne Nation (could not be interviewed due to scheduling conflicts)
23. Mr. Michael Sage	National Center for Environmental Health, Centers for Disease Control and Prevention (could not be interviewed due to scheduling conflicts)

24. Another Industry Representative – Several unsuccessful attempts were made to find an additional industry representative.

APPENDIX B

CONVENER'S QUESTIONS FOR STAKEHOLDER REPRESENTATIVES

CONVENER'S QUESTIONS

The EPA seeks advice and recommendations from the National Environmental Justice Advisory Council (NEJAC) on Federal efforts to improve the health status of communities. In particular, EPA asks the NEJAC to focus on communities where health disparities exist and in which those disparities are associated with: environmental stressors; and certain socioeconomic and/or cultural factors.

(1) Community-Based Public Health Model

The Agency is considering how programs/projects/activities that will address community-based health concerns can be designed and implemented with the direct involvement of all stakeholders (community, industry, local government/tribal entities, academic institutions, and State and Federal agencies). It has been suggested that this integrated, community-based model should include three components: assessment, intervention, and prevention. In the questions below, the phrase "community-based health model," includes these three components and substantial stakeholder involvement.

(1) Do you think that this model is a viable one for addressing community health concerns?

(b) Are there barriers to implementation of this community-based health model, in general, and with your agency or organization or community, including tribal groups, in particular?

(2) Design, Implementation and Evaluation of the Community-Based Health Model

(1) How should each of the components (e.g., assessment, intervention, and prevention) of this community-based health model be designed, implemented, and evaluated?

(2) Who should design, implement, and evaluate each or all of these components?

(3) What research would be most useful in the area of community-based health design, implementation, and evaluation (e.g., methodology, data, etc.)?

(3) Examples of Community-Based Health Efforts in Action/Practice

(1) Can you give an example of a community-based health model in action/practice and how it was conducted?

(2) What methodology did it follow?

(3) Was this program successful, and, if so, why?

(4) What was the result(s) of these efforts?
(i) Did significant actions result (e.g., abatement, new policies, or research) or changes in stakeholder relationships?
(ii) Which stakeholders were involved in affecting these actions?
(iii) What did each stakeholder bring to the process?
(iv) Would increased involvement by any particular stakeholder group have made the effort more successful?

(4) Critical Elements for Success

(1) What specific elements (e.g., policies, activities, and methodologies/approaches) of each component are required for the success of this community-based health model?

(2) For each component, which elements are most in need of improvement?

(3) What specific research would help bring about these improvements?

(5) Environmental Justice

(1) Were environmental justice concerns incorporated into the actions described above?

(2) How in particular where these concerns integrated and/or addressed?

(6) Partnerships

(1) Which partnerships are most critical to the success of a community-based health model, and why?

(2) Are you aware of examples of successful partnerships among stakeholders, including appropriate Federal agencies? Why were these partnerships successful?

(3) Which Federal Agencies should partner in community-based health efforts, and in which specific component(s)?

(4) What can be done to promote the formation and use of partnerships among stakeholders, in general?

(5) What research would be most useful in this area?

(7) Federal Agency's Role

(1) What is the current role of Federal agencies in addressing health disparities in communities?

(2) What should be the role of Federal agencies in addressing health disparities in communities?

(8) Quality and Quantity of Data Produced Through Community-Based Efforts

(1) Are data produced through community-based health assessments/research useable when drawing conclusions, testing hypotheses, and/or making policy recommendations?

(2) What types of data gaps are most frequently associated with community-based efforts?

(3) What research would be most useful to address data gaps?

(9) Consideration of Socioeconomic and/or Cultural Factors in Addressing Community Health Concerns through Assessment, Intervention, and Prevention

(1) Are specific socioeconomic and/or cultural factors relevant to addressing community health concerns? Which ones?

(2) Is there a scientific basis or relationship between socioeconomic and/or cultural factors and health impacts? If so, which ones?

(3) What research would be most useful in addressing these issues?

(10) Relationship Between Exposure and Health Effect

(1) What are the three greatest barriers to determining the relationship between exposure and health effects?

(2) What role have community-based efforts played in resolving issues of exposure and health effect? Can you provide examples?

(3) What areas of research or data collection would be most useful in these areas?

(11) What other suggestions would you like to make?

APPENDIX C

Models of Community-Based Research

THE AKWESASNE FIRST ENVIRONMENT RESTORATION INITIATIVE (Principal Investigator: Mary Arquette)

OBJECTIVES:

- Develop partnerships among community members, health care providers, and research scientists.
- Design community-based strategies for environmental health education, outreach, and training in the Akwesasne Mohawk community, which is adjacent to a Superfund site with a history of major environmental contamination.

METHODS:

- An initial needs assessment examining health risks, perception of risks, and communication of risks will be conducted using focus groups.
- Develop educational materials with Mohawk language content and symbolism.
- Produce an air of "Good Health" show on Akwesasne Mohawk Radio.
- Conduct environmental health fairs at local schools.

- Implement training workshops for clinicians and traditional practitioners wit a focus on toxic exposures.
- Establish focus groups and workshops to ensure community input into health research needs.

LOCATION:
The Mohawk Nation at Akwesasne (ST. Regis Mohawk Tribe), located in the Great Lakes Basin-St. Lawrence River watershed, is exposed to hazards resulting from the rapid transition from an agricultural to an industrial environment. PCBs have been found in fish, which provide a protein staple in the Mohawk diet and in human breast milk.

DINE COLLEGE - URANIUM EDUCATION IN THE NAVAJO NATION (Principal Investigator: Mark C. Bauer)

OBJECTIVES:
- Establish collaboration among the Navajo community, Navajo Community College, local primary care physicians, the Centra0 Consolidated School District, the University of New Mexico Center for Health Promotion for Rural American Indians, and scientists with expertise in radiation health issues.
- Conduct qualitative and quantitative research with the Navajo community concerning knowledge and behavior about radiation.
- Produce culturally appropriate educational materials about cancer, birth defects, and radiation.
- Conduct community programs and training sessions leading to greater awareness regarding radiation dangers.

METHODS:
- Establish a radiation education center for the Navajos in geographic areas affected by uranium mining.
- Assess community-identified concerns, priorities, values, goals, and strategies for education on radiation issues.
- Develop culturally appropriate education and communication materials based on the preliminary community assessment.
- Provide in-depth training of community leaders and health care providers.
- Develop and implement education, training, and organizing strategies for grassroots community members.
- Perform community-based evaluation of project's effectiveness to determine its progress in attaining community-defining goals.

LOCATIONS:
- The Navajo Nation in NM, AZ, and UT contains >225,000 people, only half of whom have graduated from high school. Uranium mines operated from 1940 - 1980. Radioactive uranium tailings were freely dumped. Lung cancer, silicosis, renal toxicity, and other disorders occur at a high rate.

ASIAN AND PACIFIC ISLANDERS FOR PRODUCTIVE HEALTH (Principal Investigator: Yin L. Leung)

OBJECTIVES:
- Create a core group of Southeast Asian girl leaders that are knowledgeable and skilled in educating other community people about environmental hazards and reproductive health.
- Improve reproductive health services through joint work with family planning clinics that serve these communities.

- Build capacity between two project sites so communities will recognize their common environmental justice and reproductive problems.
- Seeks to redress the environmental impact Southeast Asians experienced because of the Vietnam War, to eliminate current exposures issues today and to improve communities reproductive and overall health and well-being.

METHODS:

- Recruit and train a core of Southeast Asians girls on basic issues of environmental justice and reproductive health to become community trainers.
- Use participatory action research, a systematic investigation with the collaboration of those affected by the issue being studied, fro purposes of education and taking action or affecting social change, to improve the health and environment of these communities.

LOCATIONS:

- Long Beach, California
- Richmond and Oakland, California
  Following the Vietnam War, refugees from Southeast Asia settled in the United States. Exposed to numerous chemicals during the war, they arrived with little money and no job or language skills, settling in poor and environmentally hazardous areas. Due to lack of education and jobs skills they work primarily in menial jobs putting them at additional risk of exposure both at work and at home.

URBAN APPALACHIAN COUNCIL LOWER PRICE HILL ENVIRONMENTAL LEADERSHIP COALITION (Principal Investigator: Pauletta Hansel)

OBJECTIVES:

- Promote neighborhood leadership that has the information, skills, and resources for successful approaches to environmental pollution, risk communication, and public health service.
- Identify and implement changes to procedures used to address the unique environmental quality and health status problems of historically under served communities affects by environmental pollution.
- Develop a long-term working relationship among residents and community organizations in Lower Price Hill, the University of Cincinnati, and the Cincinnati Health Department.

METHODS:

- Design and conduct a survey of the community regarding health concerns and environment pollution.
- Develop education and training modules to maintain effective communication between the Lower Price Hill Environmental Leadership Coalition and the community.
- Develop evaluation materials to be used to determine effectiveness of the project.

LOCATIONS:

- Lower Price Hill, located in Cincinnati, Ohio, is an urban Appalachian community. Residents are predominantly low-income Caucasians; 71% have not completed high school, compared to 28% for the city, as a whole; unemployment is >20%; 90% of concentrations of lead have been found in playgrounds. Children exhibit learning disabilities at twice the rate of children from other neighborhoods and are five times more likely to suffer from acute respiratory infections.

THE SOUTHERN CALIFORNIA ENVIRONMENTAL HEALTH PROJECT (Principal Investigator: Carlos Porras)

OBJECTIVES:

- Institute a collaboration among community representatives, local health care providers, and university researchers.
- Educate community members and health care providers and promote adoption of pollution prevention measures.
- Establish a community-based strategy for reducing community and worker exposure to environmental pollutants.

METHODS:

- Identify leaders in the targeted community, involving 8 cities, and in the medical community.
- Analyze existing environmental data in the targeted community to identify data gaps.
- Identify priority community health issues through surveys and focus groups.
- Educate residents, workers, and medical providers.
- Develop and implement a pilot program that offers solutions to identified environmental health problems.
- Develop and implement exposure reduction strategies, with an emphasis on pollution prevention measures.

LOCATION:

- South East Los Angeles includes a number of pollution sources, e.g., highly industrialized tracts where chemicals are released, severe urban smog, occupational exposures, and lead poisoning. This zip code area is the dirtiest subregion within the State of California. The area is home to a low-income population, approximately 87% Hispanic/Latino.

RURAL COALITION - THE COMMUNITY-RESPONSIVE PARTNERS FOR ENVIRONMENTAL HEALTH (Principal Investigator: Lorette Picciano-Hanson)

OBJECTIVES:

- Develop a partnership among members of a National Advisory Board of community representatives, local health care providers, and environmental health scientists.
- Implement a partnership model in two communities which will develop specific collaborative projects to achieve measurable results in identifying, preventing, and mitigating exposures.
- Build competency in environmental health assessment and community training.

METHODS:

- Help train the targeted communities to define the problem, analyze the causes, research the solutions, and develop community strategies to solve the problem.
- Train community members to conduct exposure assessment, focusing on development of skills in analysis, record keeping, and attention to detail and protocols.
- Train health care providers in occupational and environmental medicine.
- Empower community to reduce exposure to hazards through education and training.

LOCATIONS:

- Sumter County, AL. Contains the largest toxic waste dump in the U.S. Seventy percent African-American.
- El Paso, TX. Farmworker community in West, TX.

CLARK UNIVERSITY--NUCLEAR RISK MANAGEMENT FOR NATIVE COMMUNITIES (NRMNC) (Principal Investigator: Dianne P. Quigley)

OBJECTIVES:

- Establish collaboration among investigators at Clark University in Worcester, MA and Native American community and health care organizations in Oklahoma and Nevada.
- Increase awareness in Native American communities exposed to radiation contamination from DOE sites.
- Enable these communities to resolve health concerns related to radiation contamination in their environment.

METHODS:

- Identify priority community health research and information needs.
- Develop a "train the trainers" program via collaboration among scientists, community representatives, and health care providers.
- Implement community and health care education modules.
- Design and implement a plan for risk management and prevention activities.
- Share relevant materials and strategies with other Native American communities.

LOCATIONS:

- Western Shoshone Nation near the Nevada Test Site.
- Cherokee Nation at Sequoyah Fuels, OK, a uranium processing facility in operation for 23 years.

LAOTIAN ORGANIZING PROJECT OF THE ASIAN PACIFIC ENVIRONMENTAL NETWORK, RICHMOND LAOTIAN ENVIRONMENTAL JUSTICE COLLABORATION (Principal Investigator: Peggy K. Saika)

OBJECTIVES:

- Develop a model of research, outreach, education, and communication that addresses the immediate environmental health needs of the communities population.
- Build community capacity to understand environmental health issues.
- Develop appropriate tools to reach this limited-English-speaking population.

METHODS:

- Representatives from the main Laotian tribal groups will participate in recruitment and training of community organizers.
- Design needs assessment strategy and implement community outreach and publicity activities.
- Develop a training curriculum for 39 community advocates to carry out the needs assessment.
- Train community advocates on environmental hazards including location of toxic sites relative to where Laotians live and garden, consumption of fish, occupational health and safety issues, and determine understanding of lead hazards and knowledge of available interventions.

LOCATION:

- Richmond, CA. Over 350 industrial facilities encircle Richmond, including waste incinerators, oil refineries, pesticide and fertilizer plants, and other chemical manufacturers. Laotians in the area have the highest percentage of contaminants from urban gardens and fish. Few are English literate.

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE ENVIRONMENTAL JUSTICE YOUTH PROJECT (Principal Investigator:

Barbara Sattler)

OBJECTIVES:

- Increase awareness and understanding of urban environmental health issues.
- Organize a city-wide Environmental Justice Youth Conference (EJYC).
- Develop a comprehensive health assessment plan to be used by non-expert community residents.
- Initiate an environmental health awareness program focused on asthma.

METHODS:

- Characterize the distribution of air pollutants and evaluate the contributions of hazardous particles emitted from major sources, including incinerators and diesel emissions.
- Train students in environmental health research via participation in data collection and analysis.
- Introduce students to the complexity of environmental regulatory and policy decisions as they evaluate research results.
- In conjunction with Adolescent Clinics, the EJYC will help develop an awareness program for teens on environmentally related respiratory problems with a focus on asthma.

LOCATION:

- Baltimore, MD. A wide array of environmental insults, including: poor air quality; aging industry with variable environmental controls; older housing stock with lead contamination; diesel powered buses; significant rodent and pest problems; inadequate delivery of basic services. Inner-city Baltimore HS students, mostly African-American, constitute EJYC.

WEST HARLEM ENVIRONMENTAL JUSTICE PARTNERSHIP: EXPANDING THE COMMUNITY RESEARCH AGENDA (Principal Investigator: Peggy M. Shepard)

OBJECTIVES:

- Inform and empower predominantly low income people of color about the disproportionate levels of pollutants to which they are exposed.
- Establish effective communication linkages between community residents, environmental health researchers, and health care providers who live and work in West Harlem.
- Develop environmental health leadership around identified hazards through education and training provided by environmental health researchers and health educators.
- Document and evaluate the efficacy of the proposed project to enhance awareness and understanding of environmental health concerns that impact Northern Manhattan communities.

METHODS:

- Hold public forums at which environmental issues that impact neighborhoods will be addressed.
- Provide training sessions for health care providers on environmental health awareness.
- Recruit, train, and certify twenty residents from each community on environmental health concepts and issues, including environmental justice, Develop leadership training manual and informational pamphlets for use in training sessions and during planned presentations.

LOCATIONS:

- Cental Harlem, population of 115,000, 85% African-American, 10% Latino, 41% unemployed.

- West Harlem, population 107,000, 39% African-American, 36% Latino, 19% Caucasian; 73% new arrivals are from Dominican Republic.
- Washington Heights, population 190,000, 18% African-American, 67% Latino (mostly Dominican), 15% Caucasian. There are a wide variety of outdoor and indoor environmental exposures affecting residents of these areas, including particulate matter and carbon monoxide generated by truck and bus traffic, sulfates and nitrates from a sewage treatment plant, lead paint, and allergenic debris from roaches and rodents.

UNIVERSITY OF MASSACHUSETTS--LOWELL SOUTHEAST ASIAN ENVIRONMENTAL JUSTICE PARTNERSHIP (Principal Investigator: Linda Silka)

OBJECTIVES:
- Increase community awareness of basic environmental health concepts, issues, and resources.
- Ensure the community has an ongoing role in identifying and defining problems and environmental risk.
- Ensure health providers and environmental health scientists are aware of environmental risks and concerns of community residents.

METHODS:
- Develop a working partnership among the Southeast Asian groups in Lowell that will provide a culturally organized focus for identification of environmental health problems with the community.
- Develop a culturally appropriate media presentation, including geographic information systems, to serve as a stimulus to assess environmental health priority concerns as perceived by the community.
- Begin a process of solving identified problems and focus on how to sustain community activism.

LOCATION:
- Lowell, MA contains a Superfund site and 97 additional confirmed and suspected hazardous waste sites. It ranks fourth in the state in rate of reported toxic released and has a long history of industrial contamination. The county is fourth in the nation in hazardous waste generation and ninth in industrial air emission from incinerators. Many of the residents are Southeast Asian, mostly Cambodian and Laotian.

SILICONE VALLEY TOXICS COALITION --SILICONE VALLEY ENVIRONMENTAL HEALTH & JUSTICE PROJECT (Principal Investigator: Theodore G. Smith)

OBJECTIVES:
- Enable low-income minority communities to identify and effectively address toxic chemical hazards where they live, work, and play.
- Improve the health of the community and workers by increasing knowledge of and reducing exposure to hazardous chemicals.
- Promote pollution prevention and improved health and safety practices within the high tech electronics industry and the related service sectors.

METHODS:

- Produce educational materials, conduct educational outreach including cultural programming and conduct a public awareness media campaign.

- Develop and implement a training program for community members and medical care providers.
- Promote institutional change and policy development to reduce and prevent toxic exposures.
- Develop and sustain partnership of community, scientists, and health professionals, recruit members and develop leaders for community-based organizations and develop the organizational capacity and funding to sustain the project over time.

LOCATION:

- Santa Clara County, CA
  The area known as Silicone Valley is home to the electronics industry and contains 29 Superfund sites. A large percentage of the is comprised of people of color, the majority of whom live near the sites and work in the industries that contribute to the contamination.

UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL--SOUTHEAST HALIFAX ENVIRONMENTAL REAWAKENING (Principal Investigator: Stephen B. Wing)

OBJECTIVES:

- Expand environmental health knowledge of Halifax County citizens and health professionals.
- Increase local participation in prevention and remediation of environmental health problems.
- Improve environmental health in the rural South by supporting grassroots leadership and community empowerment.
- Develop education and organizing material for use in other areas; provide outreach to communicate in ten eastern North Carolina counties; offer training in rural environmental health and environmental justice issues to public health students.

METHODS:

- Present collaboratively developing training materials and workshops on environmental health issues to community members.
- Provide quantitative analysis of the racial and socioeconomic characteristics of areas that host intensive livestock operations.

LOCATIONS:

- Tillery, Halifax County, NC
- Counties comprising the Black Belt in Eastern NC.
  Intensive hog operations have rapidly increased in this area over the last decade. NC now ranks second in the country in hog production. Ground water pollution is a particular threat to poor rural residents who depend on shallow wells.

III.D Indigenous Peoples Subcommittee, *Recommendations Concerning the Environmental Health and Research Needs Within Indian Country and Alaska Native Villages,* August 14, 2000

INDIGENOUS PEOPLES SUBCOMMITTEE

OF THE

NATIONAL ENVIRONMENTAL JUSTICE ADVISORY COUNCIL

Recommendations Concerning the Environmental Health and Research Needs Within Indian Country and Alaska Native Villages

August 14, 2000

BACKGROUND

Indian tribal governments possess a unique political and legal status in the United States. Tribes have long been recognized as separate sovereigns possessing broad inherent authority over their members and territories, however, tribes also are subject to applicable federal law. As governments, the relationship between federally recognized tribes and the federal government is described as "government-to-government" and, in 1994, President Clinton directed each federal agency to operate within this relationship[1] and to maintain it through meaningful consultation and coordination with tribes.[2] Moreover, the federal government owes a special obligation, known as the trust responsibility, toward federally recognized Indian tribes to protect their status as self-governing entities and their property rights. The trust responsibility is based on treaties, statutes, executive orders, and the historical relations between the federal government and tribes. Significantly, it is this trust responsibility that distinguishes federally recognized tribes from all other ethnic and minority groups.

There are some 556 federally recognized tribal governments in the United States, including 223 Alaska Native villages.[3] At the time of the 1990 census, about 1.9 million American Indians/Alaska Natives ("AI/ANs") lived in the United States.[4] In 1993, the Bureau of Indian Affairs estimated that 1.2 million AI/ANs lived within Indian country on lands reserved for their tribes as permanent homelands.[5] "Indian country," which includes reservations, dependent Indian communities, and Indian allotments, comprises approximately 53 million acres of land, much of which is found in remote areas of the nation.[6] The remaining AI/ANs live in urban areas and comprise a growing segment of the Native population.

Commonly cited statistics all seem to agree that AI/AN's economic wealth, public health, and education are the worst of any group in the nation. Poverty and unemployment rates among AI/ANs are the highest for any ethnic group in the country, and education, per capita income, and home ownership are among the lowest.[7] One out of every three AI/ANs lives below the poverty line; approximately 90,000 AI/AN families are homeless or underhoused; and one out of every five AI/AN households lacks adequate plumbing.[8] The statistics are even more disheartening for Alaska Native villages. Only 40% of Alaska Native families have basic sanitation services such as piped drinking water and flush toilets, and more than half of these systems are rudimentary at best.[9] Climate poses a significant challenge to the use of conventional sanitation systems in these communities, which are typically far removed from urban areas. And, the lack of economic development in most Alaska Native villages makes it impossible for these subsistence-based families to pay the cost of bringing in appropriate and sustainable sanitation services.[10]

Health care data on AI/ANs is scarce and unreliable. Significantly, the health status of AI/ANs is far below the health status of the general population in this country, and unmet AI/AN health needs are alarmingly high. This disparity in health status is reflected clearly in the death rates for AI/ANs. For example, AI/ANs have the highest suicide rate (70% higher than the rate for the general population) and the lowest life expectancy of any population in this hemisphere except Haitians.[11] Compared to death rates for all other races in the United States, AI/ANs have a death rate for diabetes mellitus that

is 249% higher; a death rate for pneumonia and influenza that is 71% higher; a death rate for tuberculosis that is 533% higher; and a death rate from alcoholism that is 627% higher.[12]

AI/ANs also have a unique set of cancer problems ranging from inadequate screening to under-diagnosis and -reporting of cancer to lack of access to quality health care and new cancer treatments. For example, the leading cause of death for AIs is lung cancer, and AN women have the highest cancer and lung cancer mortality rates of any major racial female group.[13] Recently, the Association of American Indian Physicians reported that cancer is the third leading cause of death for all AI/ANs of all ages; the second leading cause of death for all AI/ANs over age 45; and the leading cause of death for AN women. The Association also reported that, in most parts of the country, AI/ANs have poorer survival rates from cancer than do whites, African Americans, Hispanics, and Asians.[14]

AI/ANs are particularly susceptible to health impacts from pollution due to their traditional and cultural uses of natural resources and, in fact, AI/AN "have greater exposure risks than the general population as a result of their dietary practices and unique cultures that embrace the environment."[15] Fishing, hunting, and gathering often are part of a spiritual, cultural, social, and economic lifestyle, and the survival of many AI/ANs depends on subsistence hunting, fishing, and gathering. In some instances, the right to engage in these activities is legally protected by treaty. Additionally, many AI/ANs also use water, plants, and animals in their traditional and religious practices and ceremonies. As a result, contamination of the water, soil, plants, and animals and the subsequent accumulation of these contaminants in the people through ingestion and contact[16] not only endangers the health of AI/ANs, but also threatens the well-being of their future generations[17] and undermines the cultural survival of tribes and Alaska Native villages.

Significantly, where such traditional, cultural, and subsistence activities are involved, federal and state environmental standards used to protect the general non-Indian/non-Native population may not afford tribes and Alaska Native villages adequate protection from environmental harm.[18] Although several of the major federal environmental laws have been amended to allow federally recognized tribes to assume primacy for certain programs,[19] to date, only a few tribes have Environmental Protection Agency- approved or -promulgated environmental programs.[20] Thus, it is the strong view of the Indigenous Peoples Subcommittee ("IPS") that federally recognized tribes and AI/ANs suffer a disproportionate burden of health consequences due to their exposure to pollutants and hazardous substances in the environment. This is particularly so for AI/AN infants and children.[21]

RECOMMENDATIONS

In developing recommendations for the Environmental Protection Agency on how it can better assess, understand, and address the environmental health research issues and concerns within Indian country and Alaska Native villages, the IPS identified the following questions:

- What are the primary environmental health concerns within Indian country and Alaska Native villages?

- What are the existing environmental health research needs within Indian country and Alaska Native villages?

- What is needed to provide for an effective environmental health program and research agenda within Indian country and Alaska Native villages?

- What role should the Environmental Protection Agency have in developing and supporting an environmental health program and research agenda within Indian country and Alaska Native villages?

- What agencies or organizations need to be involved in creating and implementing an effective environmental health research agenda within Indian country and Alaska Native villages?

Although the IPS was not able to formulate answers for all of these questions, the following observations and recommendations flow from the IPS' examination of these issues.

A. INFRASTRUCTURE

The health and environment of many AI/AN communities are adversely affected by critical infrastructure deficiencies involving essential functions such as the provision of safe drinking water, the safe treatment of wastewater and solid waste, and effective and equitable environmental regulation and enforcement. In simple terms, AI/ANs suffer a disproportionately high incidence of illness, injury, and disease directly attributable to the inadequacy or absence of proper facilities or environmental regulatory programs. These deficiencies flow principally from inadequate technical and financial assistance, including a continuing lack of such resources for designing, developing, and implementing environmental health research programs for Indian country and Alaska Native villages.

Although the Environmental Protection Agency leads federal efforts in protecting the environment within Indian country and Alaska Native villages, the Indian Health Service is the principal federal health care provider and health advocate for AI/ANs. The provision of these health-related services arise from the trust responsibility and special government-to-government relationship between the federal government and federally recognized Indian tribes. Currently, the Indian Health Service is funded and staffed at only 34% of the level of need. The IPS believes that this level of funding is shameful and utterly inadequate to meet the environmental and general health needs of Indian country and Alaska Native villages.

The fact that AI/AN communities persist as some of the most impoverished areas of the nation, coupled with the trust responsibility owed by the United States to federally recognized tribal governments, should compel the federal government to meet and fund essential environmental and health needs in Indian country and Alaska Native villages fully and immediately. Accordingly, with respect to infrastructure, the IPS recommends that the Administrator of the Environmental Protection Agency take the following actions:

1. Support legislative initiatives, including but not limited to the reauthorization of the Indian Health Care Improvement Act, that will eliminate inequities in federal funding to address the alarmingly high levels of unmet environmental and health needs of AI/ANs, regardless of where they live.

2. Promote the federal policy of tribal self-determination and self-sufficiency by building the environmental protection and environmental health capabilities of federally recognized tribes so that they can participate fully and effectively in the protection of the human health and environment of AI/AN communities.

3. Direct the Interagency Working Group on Environmental Justice, in collaboration with federally recognized tribes, to use its Roundtable on Environmental Justice in Indian Country as a model or vehicle for identifying possible strategies to address unmet environmental health and research needs in Indian country and Alaska Native villages promptly, effectively, and equitably.

4. Assert a leadership role among federal agencies in developing new financing mechanisms and leveraging all available resources to fund and implement environmental health-related projects and research in Indian country and Alaska Native villages.

5. Support innovative and sustainable technologies within Indian country and Alaska Native villages (*e.g.*, waterless toilets, solar energy systems, and constructed wetlands).

6. In collaboration with other federal agencies, ensure adequate priority funding and technical assistance for the design, construction, and operation of safe drinking water, sanitation, and wastewater facilities to protect all AI/AN communities whose health is imminently threatened by the absence or inadequacy of such facilities.

B. ENVIRONMENTAL HEALTH RESEARCH / DATA

Unfortunately, the overall status of environmental health within Indian country and Alaska Native villages is unknown. It also appears that there is no cohesive body of baseline data on environmental health issues affecting AI/AN communities, nor any ongoing, over-arching, collaborative effort by any entity to develop one. In a few areas such as solid waste disposal and cleanup, a federal, multi-agency workgroup is being used to help tribes bring their solid waste disposal sites into compliance with federal law. However, such collaborative efforts by federal agencies are the exception, not the rule. Moreover, in other critical areas, federal agency action to assess specific environmental health conditions in AI/AN communities, such as conducting a complete inventory of hazardous waste sites within Indian country and Alaska Native villages or determining contamination levels in subsistence foods, appears to be minimal if occurring at all.

Identifying the various environmental exposures affecting each AI/AN community should be an ongoing task, undertaken in consultation with federally recognized tribes. Specifically, data about the susceptibilities of AI/AN communities to various environmental agents is needed to help these

communities understand and ameliorate some of their excess and disproportionate risk of exposure. In sum, a coordinated effort among federal, tribal, and state governments is needed to improve the collection and dissemination of environmental health information within Indian country and Alaska Native villages and to link it effectively with specific communities of concern. Toward that end, the IPS recommends that the Administrator of the Environmental Protection Agency take the following actions in collaboration with other appropriate federal agencies:

1. Support regional meetings and a national summit of federal agencies, federally recognized tribes, and concerned tribal organizations to discuss the environmental health needs of AI/AN and design a comprehensive environmental health research agenda to address those needs.

2. Consult with federally recognized tribes and involve members of AI/AN communities in designing, planning, and implementing specific environmental health research that reflects not only the traditional and cultural practices of such communities, but also their needs and concerns.

3. Ensure that environmental health research data is reported back to tribal governments and AI/AN communities promptly and in an understandable manner.

4. Preserve the confidentiality of the individuals who contribute to environmental health research data, protect such data from release under the Freedom of Information Act to the greatest extent permitted under federal law, and ensure that federally recognized tribal governments and AI/AN communities understand fully that some data may be made public.

5. Identify the benefit of the research to the tribal government before, during, and after the completion of the environmental health research.

6. Ensure that researchers obtain all approvals from the appropriate tribal government and/or its delegated review board before conducting any environmental health research.

7. Review available baseline environmental health data for Indian country and Native Alaska villages and take prompt steps to remedy all data insufficiencies.

8. Retain and store environmental and health data on each federally recognized tribal government and provide a means for each tribe to access easily the information applicable to its members and territory.

9. Request that the Indian Health Service make its annual data on health status readily available to each federally recognized tribe and other federal agencies.

10. In consultation with federally recognized tribes and with the involvement of concerned tribal organizations, conduct environmental research, studies, and monitoring programs to determine the effects on, and ways to mitigate the effects on the health of AI/AN

communities due to exposure to environmental hazards, including but not limited to persistent organic pollutants and persistent bioaccumulative and toxic pollutants, nuclear resource development, uranium and other mine tailing deposits, petroleum contamination, and contamination of the water source and/or food chain. This is critical where the health of such communities is particularly susceptible to environmental harm because they are known to rely on subsistence hunting, fishing, and gathering.

11. Where appropriate, include state and local governments in collaborative efforts to collect environmental and health data relevant to Indian country and Alaska Native villages. For example, state environmental protection agencies may have access to monitoring information on off-reservation facilities that may be causing or contributing to adverse health consequences in AI/AN communities located nearby, down-stream, and/or down-wind.

C. COLLABORATION AND COORDINATION

Through its Policy for the Administration of Environmental Programs on Indian Reservations ("Indian Policy"), dated November 8, 1984, the Environmental Protection Agency vowed to give special consideration to tribal interests in making policy, to recognize tribal governments as the primary decision makers for environmental matters on reservations, to encourage cooperation between tribal, state, and local governments in resolving common environmental concerns, and to work with other federal agencies that have related responsibilities to help tribes assume environmental program responsibilities.

In several instances, there has been a reduction or even elimination of financial and technical resources from federal programs serving Indian country and Alaska Native villages. Accordingly, interagency collaboration and coordination are crucial for ensuring that limited federal financial and technical resources are used effectively and efficiently to address tribal environmental and health issues. This is increasingly important as tribes strive to build their own environmental and public health programs.

Some efforts at interagency collaboration have occurred. For example, in June 1991, the Bureau of Indian Affairs, the Environmental Protection Agency, the Department of Housing and Urban Development, and the Indian Health Service signed a Memorandum of Understanding ("MOU"), which recognizes that each agency has responsibilities and interests regarding the protection of human health and the environment as it relates to pollution control and prevention within Indian country and Alaska Native villages. This national MOU identifies areas of mutual interest, encourages coordination to promote the most effective and integrated use of the agencies' resources, and expressly anticipates that regional and area offices of the signatory agencies may want to develop more specific MOUs. Despite the MOU's laudable goals, the IPS has been unable to determine the full extent of its use and overall success or failure during the last nine years. However, the IPS has learned that tribal leaders and participating federal agencies at the 1999 EPA/Tribal Leaders' Summit in Denver, Colorado concluded that a regional MOU should be developed to address environmental protection issues within Indian country. In early 2000, a new regional MOU ("MOU 2000") was developed and executed by a broader group of federal agencies that work on tribal environmental issues within the Environmental Protection

Agency's Region 8 geographic area. Signatories to the MOU 2000 hope that it will serve as "a demonstration initiative to develop and test new approaches to cooperation and coordination that may have national application."[22]

Presidential Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," dated February 11, 1994, calls upon all federal agencies to focus on the environmental and human health conditions in minority and low-income communities and in AI/AN communities. To coordinate the efforts of federal agencies to implement this directive, the Executive Order created an Interagency Working Group on Environmental Justice ("IWG"). During the last year, the IWG developed the "Integrated Federal Interagency Environmental Justice Action Agenda." The Agenda seeks to encourage greater collaboration and coordination among federal agencies to address environmental and public health concerns by demonstrating, through a set of projects, the benefits of having federal agencies collaborate to achieve environmental justice. The IWG conducted one of these projects, "Environmental Justice in Indian Country: A Roundtable to Address Conceptual, Political, and Statutory Issues," in Albuquerque, New Mexico on May 3-4, 2000. The Roundtable provided an opportunity for dialogue between federal agencies, tribal representatives, tribal organizations, and other interested parties on conceptual, political, and statutory issues of environmental justice in Indian country. A final report on the results of the Roundtable is expected to be available in Fall 2000. The IPS hopes that this effort will serve as a foundation for continuing efforts to build sustainable partnerships promoting health and environmental justice within Indian country and Alaska Native villages.

In sum, although the MOU and IWG are worthy efforts in principle, as a practical and general matter, the federal environmental and public health programs, projects, and activities now serving Indian country and Alaska Native villages are not coordinated effectively between the federal agencies. With this in mind, the IPS recommends that the Administrator of the Environmental Protection Agency take the following actions in collaboration with other appropriate federal agencies:

1. Because federal environmental missions and resources are divided among and in some cases overlap between various agencies, coordinate and pool available technical and financial resources to provide environmental health-related services to federally recognized tribes equitably, efficiently, and effectively. Towards this end, the Bureau of Indian Affairs, Environmental Protection Agency, Department of Housing and Urban Development, and the Indian Health Service should appraise the usefulness and implementation of the national MOU, *previously discussed*, and take appropriate steps to enhance and better promote interagency coordination and collaboration pertaining to the protection of health and the environment within Indian country and Alaska Native villages. The MOU 2000 may serve as a model for better implementing these efforts at regional and local Indian country and Alaska Native village levels. Additionally, interested tribes should be considered appropriate parties to similar regional MOUs addressing the protection of health and the environment on their particular reservations.

2. Make regulatory decisions and develop federal policies affecting the health of AI/AN communities in consultation with federally recognized tribes. To the greatest extent possible, such decisions should be based not only science, but also should address and

incorporate the traditional knowledge of the AI/AN community. For example, limitations on the consumption of traditional foods due to pollution danger may trigger unique social, economic, and health problems within AI/AN communities.

3. Be proactive in helping federally recognized tribes identify financial and technical resources throughout the federal government to address their environmental concerns and related health needs. By marshaling all available resources, federal agencies can promote "one-stop" shopping for tribal environmental and health-related programs and transcend traditional agency boundaries.

4. Use all available means to increase access by federally recognized tribes and AI/AN communities to federal environmental and health-related programs, services, financial and technical resources, and data bases, including but not limited to the use of publications, training and technical assistance, and Internet postings.

5. In consultation with federally recognized tribes, develop a federally-funded, comprehensive, interagency program on environmental health that will address fully the environmental justice needs within Indian country and Alaska Native villages.

6. Expand current agency definitions of "environmental health" to incorporate an active federal health role in tribal environmental programs, including pollution prevention, mitigation, and remediation within Indian country and Alaska Native villages. This recommendation is particularly relevant to the Indian Health Service's current view of "environmental health."

7. Whenever possible and appropriate, include state and local governments in collaborative efforts to address human health and environmental justice issues within Indian country and Alaska Native villages. Because pollution does not respect jurisdictional boundaries, collaborative efforts in the human health and environmental justice arena similarly should eclipse political differences. Additionally, states must be swayed to incorporate environmental justice principles and goals into their laws, policies, and practices.

8. Encourage states to increase and promote access by federally recognized tribes and AI/AN communities to all available state environmental and health-related programs, services, resources, and data bases, including but not limited to creating a resource inventory of state benefits that are available to tribes and AI/AN communities. For example, a state should be strongly encouraged to make available to tribes and AI/ANs those state financial and technical resources and services otherwise available to non-Native citizens and communities within that state.

D. TRAINING AND EDUCATION

To fulfill the federal government's trust responsibility owed to federally recognized tribes and to understand the protocol for working with tribes on a government-to-government basis in all matters

that may affect tribal interests, it is critical that federal agency staff and managers be trained in federal Indian law, the history of federal Indian policies and legislation, and tribal culture and government. Although the Environmental Protection Agency has made significant strides through its "Working Effectively with Tribal Governments" training course, the training of staff and managers has been inconsistent throughout the agency. For example, while some program offices have trained a majority of their staff for work with tribal governments, other offices have made only cursory efforts. Training and education on environmental justice and environmental hazards within Indian country and Alaska Native villages also is needed at the federal and tribal governmental levels and within AI/AN communities. Finally, in most cases, state governments also should be included in these efforts to promote a better understanding by state officials of these issues and principles.

Based on the foregoing considerations, the IPS recommends that the Administrator of the Environmental Protection Agency take the following actions concerning training and education in collaboration with other appropriate federal agencies:

1. Ensure that agency staff and managers have a thorough understanding of federal Indian law and policies, tribal culture, and the unique governmental structure of federally recognized Indian tribes, including Alaska Native villages. This is particularly important for those people directly working on these issues.

2. Incorporate training into each environmental health research project so that, upon completion, trained personnel will remain in the AI/AN community to promote and monitor the environmental health of the community members on a long term and continuing basis.

3. Focus education efforts on environmental justice and the cause, effect, and remediation of specific environmental hazards. These efforts also should strive to improve the understanding of these issues among AI/AN communities and health professionals serving these communities, including but not limited to medical, nursing, and public health practitioners.

4. Increase the number of professionals specializing in environmental health issues confronting AI/AN communities. Because persons who have been exposed to certain hazardous substances such as lead, mercury, pesticides, TCE, and PCBs are at risk for developing permanent disabilities or diseases such as intelligence and behavioral impairments, endocrine disruptions, and cancer, the Indian Health Service, in particular, should be strongly encouraged to focus on preventing these exposures among AI/ANs, monitoring and educating AI/ANs whose health is at risk due to pollution and hazardous substance exposure, and providing equitable and fair medical treatment and long-term assistance to affected AIANs.

5. Assist tribes in developing tools, processes, and technical resources to assess better the overall justness of economic development projects proposed for their lands, including but not limited to identifying potential impacts on human health and the environment and on pollution prevention initiatives.

1. See Executive Memorandum on Government-to-Government Relations with Native American Tribal Governments (April 29, 1994).

2. See Executive Order No. 13084 (May 14, 1998).

3. "Federally recognized" means that these tribes and groups have a special legal relationship with the United States. Additionally, a number of tribes and indigenous groups do not have federally recognized status, although some of these tribes are state-recognized or are in the process of seeking federal recognition.

4. AI/ANs are among the fastest growing ethnic/minority populations in the nation. The 1990 census showed a 37.9% increase over the population of AI/ANs in the 1980 census. For additional facts and general information, see the Bureau of Indian Affairs' homepage at <http://www.doi.gov/bia/aitoday/q_and_a.html>.

5. For additional facts and general information, see the Bureau of Indian Affairs' homepage at <http://www.doi.gov/bia/aitoday/q_and_a.html>.

6. The term "Indian country" is defined by federal law as including "(a) all land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights of way running through the reservation, (b) all dependent Indian communities . . . and (c) all Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same." See 18 U.S.C. § 1151.

7. See, e.g., "National Gambling Impact Study Commission Report, Chapter 6, titled *Native American Tribal Gambling*, at page 6-5 (June 18, 1999).

8. Id.

9. See, e.g., The Forgotten America -- Alaska's Rural Sanitation Problem, a Video Produced by The Media Support Center for the Alaska Department of Environmental Conservation.

10. Id.

11. See, e.g., Wallwork Winik, Lyric, "There's A New Generation with a Different Attitude," Parade Magazine at 6-7 (July 18, 1999).

12. Proposed IHCA Amendments of 2000, Section 2(h), prepared by the National Steering Committee for the Reauthorization of the Indian Health Care Improvement Act, P.L. 94-437 (October 6, 1999), and based on data used by the Indian Health Service for the FY 2001 budget development.

13. See National Cancer Institute, National Institute of Health, HHS, Office of Special Populations Research Web Site, "The Cancer Burden," at <http://ospr.nci.nih.gov.burden.htm>.

14. K. Marie Porterfield, "American Indian Cancer Statistics Under Reported," Indian Country Today at C-1 (July 26, 2000).

15. See "Focus on American Indian and Alaska Native Populations," published by the Agency for Toxic Substances and Disease Registry, at pages 1-2.

16. For example, tribes near the Hanford Nuclear Reservation have been working with the Agency for Toxic Substances and Disease Registry to design health assessments focusing on exposure effects from food consumption and other activities. These tribes want to learn if the Hanford releases affect native food items and local materials used in tribal products like storage and cooking baskets, mats, and clothing. See "Focus on American Indian and Alaska Native Populations," published by the Agency for Toxic Substances and Disease Registry, at page 5. Tribes located in coastal northern California are concerned about the pesticide exposure of some 300 traditional basketmakers who gather their own materials from the forests and roadsides. Because a disproportionate number of American Indian residents in Humboldt County, California have been diagnosed with cancer, tribes believe studies are needed to determine the exact cause of such cases. See Chuck Striplen, Mutzun Oholone Tribe, "Native Subsistence in a Toxic Environment: A Tribal Viewpoint," at page 14, EPA's OPPTS Tribal News (Fall/Winter 1999-2000).

17. A number of studies have shown that children are uniquely susceptible to pollution and contaminants. For example, since 1992, the Agency for Toxic Substances and Disease Registry has funded research in the Great Lakes states focusing on the health effects of high risk populations, including American Indians, from persistent toxic substances found in fish. One study found that newborns born to mothers who consumed only 2.3 PCB-contaminated Great Lakes fish meals per month scored lower on the Neonatal Behavioral Assessment Scale. See "Focus on American Indian and Alaska Native Populations," published by the Agency for Toxic Substances and Disease Registry, at pages 2-3. Additionally, in Oklahoma, Indian children also suffer harm from their environment. The Tar Creek Superfund Site, a former lead and zinc mine, occupies 40 square miles within the boundaries of the former Quapaw Indian Reservation. Both the Quapaw Tribe's powwow grounds and campgrounds are contaminated from mine tailings, and the Environmental Protection Agency Region 6 reports that approximately 25% of the Quapaw children have elevated blood lead levels compared with a statewide average of 2%. See "U.S. Environmental Protection Agency Region 6 Environmental Justice Update," at page 7 (May 2000).

18. See, e.g., City of Albuquerque v. Browner, 97 F.3d 415 (10th Cir. 1996), cert. denied, 118 S. Ct. 410 (1997) (upholding the Environmental Protection Agency's approval of the Pueblo of Isleta's water quality standards that were more stringent than the state water quality standards, and which included a ceremonial use standard).

19. Since 1986, the Safe Drinking Water Act, Clean Water Act, and Clean Air Act have been amended to afford tribes substantially the same opportunities as states to assume responsibility for certain programs or purposes.

20. For example, the Environmental Protection Agency recently reported that, as of July 13, 2000, only 15 tribes have Environmental Protection Agency-approved or -promulgated water quality standards and no tribes are authorized to administer the National Pollutant Discharge Elimination System or to establish Total Maximum Daily Loads. See 65 Fed. Reg. 43,585 (July 13, 2000).

21. For example, a New York State Department of Health study of lactating women and their infants linked breast feeding and infant exposure to hazardous substances. This study compared PCB levels in the breast milk of Mohawk women who gave birth between 1986 and 1992 with a control group. The study found that although the PCB concentrations in the breast milk of Mohawk mothers decreased over time, their infants had urine PCB levels ten times higher than that of their mothers. See "Focus on American Indian and Alaska Native Populations," published by the Agency for Toxic Substances and Disease Registry, at pages 3-4. See also Winona Laduke, All Our Relations, Native Struggles for Land and Life, at 11-23 (1999).

22. See MOU 2000 at Section I.

III.E Written Recommendations submitted by the Southwest Network for Environmental and Economic Justice, May 23, 2000

PC-11

Southwest Network for Environmental and Economic Justice

P.O. Box 7399 • Albuquerque, New Mexico 87194 • (505) 242-0416 • FAX (505) 242-5609

Staff
Richard Moore, Coordinator
Rosa Cruz-Samudio
Joaquin Lujan
Ruth Contreras
Omar Osiris
Ebony Madyun

Coordinating Council Representatives
Arizona:
Teresa Leal
Nogales

California:
Rosa Acosta
Richmond
Gordon Mar
San Francisco

New Mexico:
Daniel Fuentes
Sunland Park

Texas:
Viola Casares
San Antonio
Rev. R. T. Conley
Dallas

Youth:
Carmela Cordero
Coahuila, MX

Native American Representatives:
Carlesta Tilousi
Havasupai Tribe
José Matus
Yaqui Tribe

Mexico:
Elizabeth Robles
Coahuila
Carmen Valadez
Baja California

Throughout the southwest, people of color are organizing to create healthy communities. This is a very difficult challenge since our neighbors, families, and co-workers are either physically, spiritually or mentally unhealthy due to the disproportionate amount of environmental hazards they must live, work and play in day in and day out. The Southwest Network for Environmental and Economic Justice is here to testify about the national health crisis in low-income, working class and people of color communities. The Southwest Network for Environmental and Economic Justice is composed of over 70 grassroots organizations, trade unions, native and student groups throughout the southwestern United States and Mexico.

For too many years, our communities have been treated as expendable members of society. Our friends and families have been slowly dying due to toxic exposure from various sources. Many of us must learn to live with the knowledge and pain that one of our loved ones is slowly being killed by cancer; or having to wake up in the middle of night to make sure our children are breathing since so many of them have asthma; or we must deal with uniformed or uncaring educational and health care institutions that do not know how to deal with our lead poisoned children.

Historically low-income, working class and communities of color have lived in neighborhoods that are disproportinatly impacted by environmental hazards. Our communities are zoned to accept dirty industry, toxic dumping, incineration, and military bases. For example, in East Austin, Texas, a traditional Latino/a and African American neighborhood is zoned for heavy industry and other unwanted land-uses. In Richmond, California, African American communities are surrounded by dozens of industrial facilities that handle toxic materials. In the City of Los Angeles, an estimated 50% of Latinos/as and 71% of African Americans, reside in areas with the most polluted air, while only 34% of Whites live in highly polluted areas.[1] For over a decade it has been clear that working class, low-income and communities of color have been systematically exposed to hazardous chemicals and wastes.

The disproportionate siting of polluting industries and hazardous waste dumps in communities of color, and the continued exposure of people of color to extreme health and safety hazards in the workplace, have contributed to the poisoning of our people, water, land and air.

• In California more than 43,700 children ages 1-5 live in critical lead risk "hot spots" with the highest percentage of older housing, poverty and people of color. About 11 percent of African American children and 4 percent of Chicano/a children nationwide have lead poisoning, compared to 2.3 percent of white children.[2] We all know that lead is a highly toxic heavy metal that can cause permanent neurological and behavioral problems and that it affects virtually every system in the body (CDC 1991). However our children continue to be poisoned since local, state and national programs and policies have failed to prevent, and treat children.

Southwest Network for Environmental and Economic Justice

P.O. Box 7399 • Albuquerque, New Mexico 87194 • (505) 242-0416 • FAX (505) 242-5609

SOUTHWEST NETWORK For Environmental and Economic Justice

Staff
Richard Moore, Coordinator
Rosa Cruz-Samudio
Joaquin Lujan
Ruth Contreras
Omar Osiris
Ebony Madyun

Coordinating Council Representatives
Arizona:
Teresa Leal
Nogales

California:
Rosa Acosta
Richmond
Gordon Mar
San Francisco

New Mexico:
Daniel Fuentes
Sunland Park

Texas:
Viola Casares
San Antonio
Rev. R. T. Conley
Dallas

Youth:
Canneia Cordero
Coahuila, MX

Native American Representatives:
Carietta Tilousi
Havasupai Tribe
José Matus
Yaqui Tribe

Mexico:
Elizabeth Robles
Coahuila
Carmen Valadez
Baja California

Recommendations to NEJAC
May 23, 2000
Atlanta, Georgia

A. What strategies and areas should be pursued by federal agencies to achieve more effective, integrated community-based health assessment, intervention, and prevention efforts?

• All health care workers should receive training on environmental health.

• Every public school in the United States should have a disease registry to identify health care needs of children.

• Expand and extend the funding of prevention/intervention partnerships "pilots" with impacted community organizations, grassroots groups, and minority academic institutions as the lead agencies.

• Utilize existing data, health statistics, and known health effects to efforts to begin addressing health needs and designing prevention/intervention strategies in communities of color and low-income communities.

• Regulatory agencies should emphasis precaution and prevention instead of just regulatory action.

• Develop plans to address occupational health and safety of workers of color who suffer disparate risks and are adversely affected by environmental hazards in the workplace.

• Design study to assess possible regressive and discriminatory impact of health care practices on low-income and people of color.

• Develop tools to identify and assess the impacts of environmental policies on low-income and people of color communities.

• Integrate environmental justice principles into the health research and health education programs, especially programs that service low-income and people of color communities.

• Design methodologies to assess community impacts (environmental, human health, socioeconomic, cultural, etc.) existing risk burdens (multiple and cumulative impacts), and "vulnerable" populations (low-income, children, elderly, workers, women, etc.)

• Design health research plans to include domestic, cross-border and international links.

III.F Transcript - May 25, 2000 NEJAC Meeting (II)

NATIONAL ENVIRONMENTAL JUSTICE ADVISORY COUNCIL

----------x

In the matter of the:

FIFTEENTH MEETING OF THE
NATIONAL ENVIRONMENTAL JUSTICE
ADVISORY COUNCIL

----------x

VOLUME II

Wednesday, May 24, 2000

Omni Hotel at CNN Center
Atlanta, Georgia

The Fifteenth Meeting of the NATIONAL ENVIRONMENTAL JUSTICE ADVISORY COUNCIL convened, pursuant to notice, at 8:00 A.m. on Wednesday, May 24, 2000.

APPEARANCES:

NEJAC Advisory Council Members:
MR. HAYWOOD TURRENTINE, Chairperson
MR. CHARLES LEE, DFO
MR. DON J. ARAGON
MS. ROSE MARIE AUGUSTINE
MR. LUKE W. COLE
MR. FERNANDO CUEVAS, SR.
MR. ARNOLDO GARCIA
MR. MICHEL GELOBTER
MR. TOM GOLDTOOTH
MS. JENNIFER HILL-KELLY
MS. ANNABELLE JARAMILLO
MS. VERNICE MILLER-TRAVIS
MR. HAROLD MITCHELL
MR. CARLOS M. PADIN
MS. MARINELLE PAYTON
MS. ROSA HILDA RAMOS
MS. PEGGY SHEPARD
MS. JANE STAHL
MR. GERALD TORRES
MR. ROBERT VARNEY
MS. JANA L. WALKER
MR. DAMON P. WHITEHEAD
MR. TSEMING YANG
MS. PAT HILL WOOD

Also Present:
MS. SYLVIA LOWRANCE
MR. JOHN HANKINSON
MR. W. MICHAEL McCABE
MR. BARRY E. HILL

APPEARANCES (Cont.):
DR. PATRICK KINNEY
MR. RICHARD MOORE
DR. ROBERT BULLARD
MR. CARLOS PORRAS
DR. DAVID CARPENTER
MS. KATSI COOK
DR. RAYMOND J. CAMPION
MS. SAMARA SWANSTON, J.D.
DR. BRUCE KENNEDY
DR. WALTER S. HANDY
MR. MICHAEL A. CALLAHAN
MS. HILARY I. INYANG
DR. WILLA F. FISHER
MR. JERRY CLIFFORD
MR. HENRY A. ANDERSON
DR. HENRY FALK
DR. CHARLES WELLS
DR. JON KERNER
MR. MICHAEL SAGE
MR. MICHEAL RATHSAM
DR. HAL ZENICK
RABBI DAN SCHWARTZ

Public Comment Period Presenters:
MS. MABLE B. ANDERSON
MR. KARL FULLER
MR. CECIL CORBIN-MARK
MR. MICHAEL J. LYTHCOTT
MR. LIONEL A. DYSON
MS. DAISY CARTER
MR. GARY GRANT
MR. OMAR FREILLA

APPEARANCES (Cont.):
DR. MILDREN McCLAIN
MS. BEVERLY WRIGHT
DR. GRACE HEWELL
MS. JARIBU HILL
MR. JAMES B. HILL, JR.
MS. MILDREN COLEN
MS. CAITLIN WADDICK
MR. STANLEY CARESS
MS. PAT HARTMAN
MS. PAT COSTNER
MR. DAMU SMITH
MS. CHARLOTTE KEYS
MR. IAN ZABARTE
MS. MICHELLE XENOS
MR. DAVID BAKER
MS. NATALIE McSWAIN LEVERETTE
MS. NAN FREELAND
MS. CONNIE TUCKER
MR. EDGAR E. MOSS
MS. USHA LITTLE
MS. HAZEL JOHNSON
DR. MARK MITCHELL
MS. MaVYNNE OSHUN BETSCH
MS. ELIZABETH CROWE
MR. JAMES MacDONALD
MS. DONNEL WILKINS
MS. DORIS BRADSHAW

CONTENTS

PAGE

WELCOME BY:
MS. SYLVIA LOWRANCE 11
MR. JOHN HANKINSON 12
MR. BARRY HILL 18
MR. HAYWOOD TURRENTINE 25

OVERVIEW OF FOCUSED MEETING ISSUE 33

PANEL 1 - OVERVIEW
MR. ROBERT BULLARD 37
MR. PATRICK KINNEY 50
MR. RICHARD MOORE 66

PANEL 2 - LESSONS FROM THE FIELD
MR. CARLOS PORRAS 189
MS. KATSI COOK 97
DR. DAVID CARPENTER 104
DR. RAY CAMPION 112

PRESENTATION BY
MR. W. MICHAEL McCABE 138
DEPUTY ADMINISTRATOR, EPA

PANEL 3 - SOCIOECONOMIC VULNERABILITY
MS. SAMARA SWANSTON, J.D. 175
DR. WALTER S. HANDY 183
MR. MICHAEL A. CALLAHAN 191

CONTENTS (Cont.)

PAGE

PANEL 4 - KEY FEDERAL INITIATIVES
DR. HENRY 11 211
DR. CHARLES WELLS 217
DR. JON KERNER 224
MR. MICHAEL SAGE 233
MR. MICHEAL RATHSAM 240
DR. HAL ZENICK 249

EVENING SESSION -- PUBLIC COMMENT PERIOD

PRESENTATIONS BY:

MS. MABLE B. ANDERSON 283
VILLAGE CREEK HUMAN AND ENVIRONMENTAL JUSTICE SOCIETY

MR. KARL FULLER 290
PECHANGA ENVIRONMENTAL PROGRAM

MR. CECIL CORBIN-MARK 295
WEST HARLEM ENVIRONMENTAL ACTION

MR. MICHAEL J. LYTHCOTT 299
CITIZENS AGAINST TOXIC EXPOSURE

MR. LIONEL A. DYSON 303
PUBLIC INTEREST LAW CENTER OF PHILADELPHIA

MS. DAISY CARTER 308
PROJECT AWARE

CONTENTS (Cont.)

PAGE

MR. GARY GRANT 314
CONCERNED CITIZENS OF TILLERY

MR. OMAR FREILLA 318
NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE

DR. MILDREN McCLAIN 325
PEOPLE OF COLOR AND DISENFRANCHISED COMMUNITIES ENVIRONMENTAL HEALTH NETWORK

MS. BEVERLY WRIGHT 329
WAMPANOAG TRIBE OF GAY HEAD AQUINNAH

DR. GRACE HEWELL 338
HEALTH POLICY GROUP

MS. JARIBU HILL 347
CENTER FOR CONSTITUTIONAL RIGHTS

MR. JAMES B. HILL, JR. 329
NAACP - OAK RIDGE, TENNESSEE BRANCH AND THE SCARBORO COMMUNITY ENVIRONMENTAL JUSTICE COUNCIL

MS. MILDREN COLEN 365
PRIVATE CITIZEN

MS. CAITLIN WADDICK 383
CITY PLANNING PROGRAM, GEORGIA INSTITUTE OF TECHNOLOGY

CONTENTS (Cont.)

PAGE

MS. PAT HARTMAN 386
CONCERNED CITIZENS OF MOSSVILLE

MS. PAT COSTNER 390
GREENPEACE INTERNATIONAL

MS. CHARLOTTE KEYS 393
JESUS PEOPLE AGAINST POLLUTION

MR. IAN ZABARTE 396
WESTERN SHOSHONE GOVERNMENT

MS. MICHELLE XENOS 399
SHUDAHAI NETWORK

MR. DAVID BAKER 403
COMMUNITY AGAINST POLLUTION

MS. NATALIE McSWAIN LEVERETTE 403
P.E.A.C.E.

MS. NAN FREELAND 409
NORTH CAROLINA ENVIRONMENTAL JUSTICE NETWORK

MS. CONNIE TUCKER 413
SOUTHERN ORGANIZING COMMITTEE FOR ECONOMIC AND SOCIAL JUSTICE

MR. EDGAR E. MOSS 417
McINTOSH ENVIRONMENTAL AND ECONOMIC TASKFORCE, INC.

CONTENTS (Cont.) PAGE

MS. USHA LITTLE 418
NORTH AMERICAN ENVIRONMENTAL PROTECTION COALITION

MS. HAZEL JOHNSON 424
PEOPLE FOR COMMUNITY RECOVERY

DR. MARK MITCHELL 427
CONNECTICUT COALITION FOR ENVIRONMENTAL JUSTICE

MS. MaVYNNE OSHUN BETSCH 431
A.L. LEWIS HISTORICAL SOCIETY

MR. DAMU SMITH 435
GREENPEACE

MS. ELIZABETH CROWE 438
CHEMICAL WEAPONS WORKING GROUP

MR. JAMES MacDONALD 442
PITTSBURG UNIFIED SCHOOL DISTRICT

MS. DONNEL WILKINS 447
DETROITERS WORKING FOR ENVIRONMENTAL JUSTICE and MICHIGAN ENVIRONMENTAL JUSTICE COALITION

PROCEEDINGS

(8:20 a.m.)

MR. TURRENTINE: Good morning. Welcome to the Fifteenth Meeting of the National Environmental Justice Advisory Council. I'm Haywood Turrentine.

We're getting an echo. Can we check the sound system? We're getting quite an echo.

Members of the Council, let me know if we're not getting this echo any longer and you can hear me.

(Pause.)

Are we okay?

I'm Haywood Turrentine, Chairman of the National Environmental Justice Advisory Council, and we are, as usual, running a couple of minutes late but I think we'll get caught up. We might have to make some adjustments on the breaks in order to do that, but our goal is to cover the material that we have to cover and do the things that we have to do in a timely fashion.

Without further on my part, I would ask Barry Hill, the Director of the Office of Environmental Justice, to introduce the first presenter this morning.

Barry.

MR. HILL: My name is Barry Hill, and I'm the Director of the Office of Environmental Justice. I am pleased to present Sylvia Lowrance who is the Principal Deputy Assistant Administrator of the Office of Enforcement and Compliance, which is the home of the Office of Environmental Justice.

Sylvia is an incredibly strong supporter of environmental justice and the various initiatives of our office. So, please, Sylvia, we're happy to see you here and let me turn it over to you.

WELCOME BY

MS. SYLVIA LOWRANCE

MS. LOWRANCE: Thank you very much, Barry.

On behalf of the USEPA I'd like to welcome the NEJAC and all the participants in this meeting. This meeting to me marks a tremendously important milestone in the development of the NEJAC and its work with the USEPA.

Many people have worked very hard to put this meeting together, both the planners and all of the participants, the members of the NEJAC, our USEPA staff in headquarters, our regions and particularly in our host region, Region 4. I want to

thank everyone who has worked so hard to pull this together.

I think it is a very important meeting. Those of you who have worked with me over the years know that one of the things that I believe is so essential as we deal with the public health problems in our community is to have better science on the health and environmental problems that we face in our communities.

It has been in many ways a missing link that as members of communities, and from my perspective as an enforcer of environmental law and a regulator, that we've all had a void in terms of health research that we can all use to do our job.

I'm very excited about the program that we have planned today. I'm very excited about the work that it can help us start, and in some cases redirect. And I look forward to hearing the presentations and commit to you that we at EPA will be following up on the work that is going to be done here over the next several days.

It is my pleasure to turn the podium over to our host region and the Regional Administrator of Region 4. For those of you that have not had the extreme pleasure of working with John Hankinson, our Regional Administrator, he is an outstanding

1 regional administrator, an excellent public servant, an ardent
2 environmentalist, and a joy to work with.
3 So, John, I'd like to turn it over to you.
4 WELCOME BY
5 MR. JOHN HANKINSON
6 MR. HANKINSON: Thank you very much, Sylvia.
7 It's appropriate that our major topic is talking about health this
8 morning and I'm not healthy. I think it's from standing in the rain
9 cooking hamburgers with our South African delegation on
10 Sunday. I think I caught a cold. But I enjoyed it very much and
11 would do it all over again anyway. We needed the rain and we
12 certainly enjoyed the fellowship.
13 We are very exited in Region 4 to be the host of this meeting
14 which has the largest enrollment of any NEJAC meeting that's
15 been held in the country. I think it's both a tribute to the
16 investment of energy of the communities and the agencies in
17 environmental justice and the importance of the issues that we're
18 going to talk about here today.
19 I'm particularly proud of my Region 4 staff who've worked
20 very hard on environmental justice over the years that I've been

1 here, but more focused on this meeting there's been a lot of effort
2 that's gone on both with our environmental justice staff with our
3 international affairs staff to host this very unique meeting where
4 we've had a week of very fine activities with the South African
5 Environmental Justice Delegation who have brought real energy
6 and perspective to our work here.
7 I'd just like to take a moment to recognize some of the folks
8 on my staff. Connie Raines is our Environmental Justice Program
9 Manager. Brian Holtzclaw, the Cross-Divisional Team Leader on
10 Environmental Justice. Carlton Waterhouse in EAD. Al Korgi in
11 our International Affairs Office. And, of course, Cynthia Peurifoy.
12 Thank you for all your hard work.
13 If you guys could stand up and wave, that would be good. If
14 you're here. You're probably outside working somewhere.
15 There's Connie over there.
16 (Applause.)
17 MR. HANKINSON: In 1996 we dramatically reorganized our
18 regional office to be able to better serve the communities in the
19 environmental justice area and to do the other very important
20 work that I think we're still working very hard on, which is to make

1 sure environmental justice is not just about a community place,
2 which is very important, but also it's about a way we go about our
3 business at the Environmental Protection Agency.
4 In other words, it's ingrained into all of the activities, across
5 all the program media, and we all work very hard to bring all the
6 expertise to work on environmental justice.
7 We've also had significant help in planning and implementing
8 this meeting. Connie Tucker, who was an excellent tour guide
9 yesterday on our bus tour to Anniston and is operating with I think
10 a broken ankle -- she's trying to get around and doing a very good
11 job of it -- even with a broken ankle, Connie's hard to keep up
12 with. I'll just say that.
13 And Dr. McClain, Dr. Holmes and Dr. Bullard also have been
14 very instrumental in providing leadership here in our program.
15 I think it would be remiss of me not mention what I consider
16 to be the twin towers of environmental justice activities here in the
17 region. Dick Green, the Director of our Waste Division, who has
18 really worked tirelessly to transform the activities of his staff into
19 being more responsive to the community interests and to make
20 sure we are bringing up front the interests of the communities in

1 addressing waste issues, and Phyllis Harris, our regional counsel
2 and Director of our Environmental Accountability Division in which
3 our environmental justice program is housed. Phyllis, likewise
4 has been tireless in trying to incorporate environmental justice
5 into all our of our activities at Region 4.
6 I'm very much looking forward to this discussion of an issue
7 that's at the heart of the issues that we deal with every day
8 working with you in the communities related to health and the
9 science of health and how that needs to be incorporated into the
10 decisions we make every day that affect the communities that we
11 all live in.
12 I join Sylvia in saying that it's extremely important that we
13 have the best science possible to make the judgments that we
14 have before us, and it's important that we don't have the science
15 just off in the corner somewhere but that the science is out here
16 and available to be understood and discussed by all the people
17 whose health is directly affected by the judgments that flow from
18 that science.
19 Finally, I'd also like to add -- Reverend Vivian (phonetic) who
20 is a true hero of the civil rights movement in this area and was

with us on the bus tour yesterday, stressed that it's not just environmental justice but it's also economic justice that's also at the heart of the work that we do.

I'm very proud to be part of an administration which this week has proposed some significant support and investment in areas of our communities that need economic assistance as well in redeveloping our communities. We need to work with all the other agencies and all the other programs that deal not just with the environmental issues but with all the issues that go into making our communities healthy here in the southeast.

Thank you all for coming. I look forward to the activities of this week, and I wouldn't miss an opportunity to invite you Thursday night over to one of our favorite barbecue and blues dives here not far from where we are, called Daddy-D's. The best ribs in the South, they say. You all can judge for yourselves. We're going to have our blues band, the Nonessentials, over there performing and you'll see more about this out on the tables as we invite all of you to join us.

Thanks very much.

MR. TURRENTINE: Thank you, John.

(Applause.)

MR. TURRENTINE: And thanks to Sylvia for being here. And also welcome the members of this 15th gathering of the NEJAC.

John, I now realize why I was attributing you to Region 3, Region 2 and Region 4. Because of the wonderful staff you have assembled here, and the hard work that they do. And we certainly thank you. We thank you all for hosting us and making this opportunity for us.

At this point I'd like to introduce the next presenter, a person who is largely responsible for the focused NEJAC meetings that we now hold. Those of you who were with us at the last NEJAC meeting noticed that we focused on permitting issues and now we're focused on health issues today during this session.

It was largely Barry Hill who met with me, and he met with Charles Lee, and he said, "Haywood, how can we made NEJAC more effective in what we do?" One of the areas that we decided to embark on was having NEJAC meetings focus on a specific topic or area.

I appreciate the leadership and the work that Barry has done

in that regard, and without further, we present Barry Hill. Barry.

WELCOME BY

MR. BARRY HILL

MR. HILL: Thanks, Haywood.

I have a Powerpoint presentation so I'm going to make use of this podium and the laptop.

Good morning, everyone, and welcome to the NEJAC meeting on public health. It is appropriate for this meeting to be held in Atlanta, which is the home of the Centers for Disease Control and the ATSDR.

We are gathered here to examine the notion of a community-based health research model. This is indeed a milestone since I believe that having such a meeting on this issue a couple of years ago would have been unheard of. So this meeting is intended to be not only informative but also inspirational.

I'd like to take this opportunity to put this meeting in perspective. As you all already know, the mission of EPA is to protect human health and to safeguard the natural environment, the air, the water, and land upon which all life depends. Thus, the issue of protecting the public health is incredibly important to the

agency.

Now, the agency has made great strides with respect to safeguarding the natural environment. However, it has not been as successful in protecting human health. That is why the agency, through the Office of Environmental Justice, has asked the NEJAC to hold this public meeting on this issue. The agency is seeking your advice and recommendations as a multi-stakeholder advisory committee on how to better address the public health issue.

Now, the underlying question of this meeting is remarkably simple and straightforward: whether there is a direct correlation between the environment and the public health.

Many people would say, of course, of course there is a direct correlation. But when asked to demonstrate the connection, the communities, the scientists, the public health officials are hard-pressed because the answer is quite complicated. In sum, the science is not there.

The questions, however, are the following.

If not now, when will the sound science be there?

Are we making any great strides in this direction?

1 How far do we have to go to satisfy not only the scientists
2 and public health officials, but also the concerned public?
3 What must federal, state and local government agencies do
4 to focus their attention and considerable resources in answering
5 that underlying question?
6 How can communities be more involved in answering that
7 question by using and by developing community-based health
8 research models?
9 How can industry be of assistance in using its considerable
10 resources to participate in the dialogue involving that question?
11 These and other questions will be posed over the next
12 couple of days at this meeting.
13 But let me go back for a moment to the underlying question
14 of this meeting. Is it a new question? Is it a question that has
15 been recently posed by the public, by public health officials, by an
16 environmental group, by community activists, by an EPA official?
17 I'll answer those questions indirectly by using the following
18 quote. "It was once said that, for it is obvious that nothing in the
19 world is so necessary for use as water, seeing that any living
20 creature can, if deprived of grain or fruit or meat or fish, or any

1 one of them, support life by using of the foodstuffs. But without
2 water, no animal, nor any proper food can be produced, kept in
3 good condition or prepared. Consequently, we must take great
4 care and pains in searching for springs and selecting them,
5 keeping in view the health of mankind, keeping in view the health
6 of mankind.
7 "Springs should be tested and proved in advance in the
8 following ways. If they run free and open, inspect and observe
9 the physique of the people who dwell in the vicinity before
10 beginning to conduct the water. And if their frames are strong,
11 their complexion fresh, legs sound, and eyes clear, the spring
12 deserves complete approval."
13 In other words, look at the people who live near the water,
14 who drink the water. If their frames are strong, their complexion
15 fresh, their legs sound, their eyes clear, the spring deserves
16 complete approval.
17 Those words were not uttered recently by an EPA official or
18 public health officials armed with studies backed by extensive
19 scientific analysis. They were uttered over 2,000 years ago by a
20 Roman architect and engineer who flourished in the first century

1 B.C. He is the author of the oldest and most influential work on
2 architecture in existence. His name is Marcus Vitruvius, the Ten
3 Books of Architecture.
4 Now, this is almost 3,000 years ago. Those words made clear
5 that there is an old axiom which goes as follows: "Protecting the
6 environment will have a positive impact on the health of the public
7 and the various species that inhabit the earth."
8 The corollary is also true, "A contaminated environment will
9 have a negative impact on the health of the public."
10 Now, the question, however, just moving to the year 2000, is
11 whether the residents of minority and/or low income communities,
12 like the community we visited yesterday in Anniston, Alabama –
13 whether or not they deserve clean air, clean land, and clean soil,
14 like all other Americans.
15 Aren't they also entitled to fall within the sweet embrace of the
16 protective environmental laws of this country?
17 Shouldn't the health of the residents of those communities be
18 the focus of concern of the federal government because they are
19 exposed disproportionately to environment harms and risks?
20 Now, Donna Shalala, the Secretary of the Department of

1 Health and Human Services, and Dr. David Satcher, the U.S.
2 Surgeon General, have responded with a resounding yes to each
3 of those questions.
4 Let me take a moment to talk about Healthy People 2010:
5 Objectives For Improving Health. In that document the Secretary
6 and the Surgeon General who happened to have grown up in
7 Anniston, Alabama, stated that this initiative is designed to achieve
8 two overarching goals: to improve the quality of life and increase
9 the years of healthy life of all Americans of all ages.
10 Secondly, to eliminate health disparities among different
11 segments of the population. Similarities -- or differences -- I'm
12 sorry -- that occur by race or ethnicity and education and income
13 -- this is the focus of the environment justice movement -- minority
14 and/or low income communities.
15 Let me give you some information that appeared in that report.
16 With respect to health disparities among racial and ethnic groups,
17 the report points out the following:
18 The infant mortality rate among African-American is still more
19 than double that of whites.
20 Heart disease death rates are more than 40 percent higher for

1 African-Americans than for whites.
2 The death rate for all cancers is 30 percent higher for African-
3 Americans than for whites.
4 For prostate cancer, it is more than double that for whites.
5 African-American women have a higher death rate from breast
6 cancer despite having a mammography screening rate that is
7 higher than that for white women.
8 Although constituting only 11 percent of the total population,
9 Hispanics accounted for 20 percent of the new cases of TB.
10 Hispanics have higher rates of high blood pressure and
11 obesity than non-Hispanic whites.
12 American Indians and Alaska Natives have an infant death
13 rate almost double that for whites.
14 And the rate of diabetes for American Indians and Alaska
15 Natives is more than twice that for whites.
16 But why? Why? Why do we have such startling and
17 disturbing statistics? Is it related to the physical environment which
18 includes the air, water and soil? Is it related to the social
19 environment which includes housing, transportation, urban
20 development, access to health care? Or do we simply concede

1 that the physical and social environments play major roles in the
2 health of individuals and communities without demonstrating
3 conclusively that there is a direct correlation?
4 With respect to health disparities because of income and
5 education, the report points out that disparities in income and
6 education levels are associated with differences in the occurrence
7 of illnesses and death, including heart disease, diabetes, obesity,
8 elevated blood lead levels, and low birth weight.
9 Are the poor expendable? Are minorities and low income
10 people expendable as a practical matter? What do these statistics
11 say?
12 The report also points out these leading health indicators.
13 Tobacco use, mental health, injury and violence. But
14 environmental quality is one of the leading health indicators.
15 Now, what does the report say about environmental quality?
16 The report stated that an estimated 25 percent of preventable
17 illnesses worldwide can be attributed to poor environmental quality.
18 In the U.S. alone, air pollution is estimated to be associated with
19 50,000 – 50,000 – premature deaths, and an estimate $40 to $50
20 billion in health related costs annually.

1 Forty to fifty billion a year and 50,000 premature deaths.
2 Now, in spite of the mountain of statistics that were included
3 in that particular report, neither the Secretary nor the Surgeon
4 General concluded in that report that there was a direct correlation
5 between the environment and the public health because sound
6 science is not there.
7 The report simply stated that in the United States ensuring
8 clean water, safe food and effective waste management has
9 contributed greatly to a declining threat for many infections.
10 However, there is still more that can be done.
11 Now, many people inside and outside of government are, as
12 Chris Rock, the comedian, says, "Tired, tired, tired, tired." They
13 are tired of not having an answer to the underlying question of this
14 meeting.
15 Now, if Vitruvius was alive today – he apparently reached his
16 conclusion about 3,000 years ago that there is a direct correlation
17 – but if he was alive today, he would probably say something like
18 what we say in the African-American community when something
19 is so patently obvious, "that even Ray Charles can see that."
20 (Laughter.)

1 MR. HILL: Now, although answering conclusively the
2 underlying question is really beyond the breadth and the scope of
3 this meeting, on behalf of the agency we look forward to receiving
4 the NEJAC's advice and recommendations to nudge us just a little
5 bit closer in answering that question.
6 I, for one, look forward to a productive meeting, and a robust
7 discussion. And I thank you all for coming. Thank you.
8 (Applause.)
9 PRESENTATION BY
10 MR. HAYWOOD TURRENTINE
11 MR. TURRENTINE: I want to thank Barry for the presentation.
12 I think it's quite inspiring to look at this whole issue of public health
13 and the public health model with the background that he has just
14 provided us.
15 Again, Barry, thank you so very much for that presentation.
16 Barry is prone for Powerpoint presentations and I think we have all
17 been served well this morning as a result of him having given us
18 that report in that format. So, again, thank you.
19 I indicated at the onset that I thought we would catch up along
20 the way, and as I look at my watch, it's about five minutes of 9:00

and this segment of the program is supposed to conclude at 9:00. So, really, I'm back in control and I can determine whether or not we stay on schedule or whether I talk too long and we move ahead off schedule.

Since I do have that control, I'm going to make sure that we are on schedule, that we stay on schedule, at least when I've got control of the situation.

With that – and I'm giving Charles a chance to get ready because I'm going to conclude my remarks by again saying to each of you, welcome, buckle your seat belts, fasten your seat belts because what you are now about to embark on is a journey that's going to be rapid-paced with an awful lot of information and I hope at the end of the process we are all better for the ride.

Charles Lee will now review the agenda – oh, I'm sorry, Charles will go into an overview of the topics for this particular meeting. Charles.

(Pause.)

MR. TURRENTINE: We still have time to get into that by 9 o'clock.

What I'd like to do at this point – and Charles brought it to my

attention – in the haste to get on schedule I neglected to have the Council introduce themselves. I would ask that each Council member would give his name, his affiliation and the subcommittee that you are working on. Starting to my far right.

Would the technical people make sure that the microphones are on.

MR. ANDERSON: I am Henry Anderson. I'm here representing the EPA's Science Advisory Board.

MR. TURRENTINE: Hold on one moment. We're having problems. We're getting feedback from the microphones.

MR. ANDERSON: I am Henry Anderson. I'm Chief Medical Officer with the Wisconsin Division of Public Health and I'm here representing the EPA's Science Advisory Board.

MR. TURRENTINE: Henry, hold on a moment.

(Pause.) You know, I did indicate where I have control. I have no control over this. (Laughter.)

MR. TURRENTINE: Okay, let's try a reversal. Can we start on this side and see what happens.

(Pause.

MR. TURRENTINE: We might end up with an early morning

break.

MR. YANG: Thanks, Haywood. I'm Tseming Yang. I'm a professor at Vermont Law School. I serve also on the International Subcommittee.

MR. WHITEHEAD: I'm Damon Whitehead. I'm with Earth Conservation Corps and I serve on the Air and Water Subcommittee.

MS. WALKER: My name is Jana Walker. I'm an attorney in private practice in New Mexico, and I serve on the Indigenous Peoples Subcommittee.

MR. VARNEY: My name is Bob Varney. I'm Commissioner of the New Hampshire Department of Environmental Services and I serve on the Enforcement Subcommittee.

MS. RAMOS: Hello. I'm Rosa Hilda Ramos. I'm a housewife, a mother, a community leader and an environmental activist. Our organization is a grassroots environmental organization, COCA, which means bogeyman in English – in Puerto Rico.

MR. PADIN: Good morning. My name is Carlos Padin, Dean of the School of Environmental Affairs, Universidad Metropolitana in Puerto Rico, and this is my first time in the NEJAC. Thank you for

the opportunity to work in this group.

MS. PAYTON: Good morning. I'm Marinelle Payton. I am Chair of the Health and Research Subcommittee and also an occupational environmental medicine physician at Harvard School of Public Health in Boston, Mass. I am pleased to be a part of the group and very happy to be here. Thank you.

MS. SHEPARD: Good morning. I'm Peggy Shepard, Director of West Harlem Environmental Action, and I serve on the Health and Research Subcommittee.

MR. LEE: I'm Charles Lee, Office of Environmental Justice.

MR. MITCHELL: Good morning. My name is Harold Mitchell. I serve on the Waste and Facility Siting Subcommittee, and this is my first meeting here on the NEJAC. I'm looking forward to this experience.

MS. MILLER-TRAVIS: My name is Vernice Miller-Travis. I'm the Chair of the Waste and Facility Siting Subcommittee of the NEJAC and currently the Executive Director of the Partnership for Sustainable Brownfields Redevelopment based in Baltimore, Maryland, soon to be with the Ford Foundation in New York.

MS. JARAMILLO: I am Annabelle Jaramillo. I'm from the

1 Governor's Office, State of Oregon, and I'm on the Air and Water
2 Subcommittee.
3 MS. HILL-KELLY: Good morning. I'm Jennifer Hill-Kelly. I am
4 a member of the Oneida Nation in Wisconsin. I serve on the
5 Indigenous Peoples Subcommittee.
6 MS. WOOD: I'm Pat Wood with the Environmental Affairs
7 Program with Georgia Pacific Corporation, and I serve on the Waste
8 and Facility Siting Subcommittee.
9 MR. GOLDTOOTH: Good morning. My name is Tom
10 Goldtooth. I'm the National Director of the Indigenous
11 Environmental Network which is a Native non-governmental
12 organization, a grassroots organization. I also Chair the Indigenous
13 Peoples Subcommittee.
14 MR. GELOBTER: Good morning. My name is Michel Gelobter.
15 I'm an assistant professor at Rutgers University, Newark Campus in
16 the graduate department of Public Administration, and the academic
17 director of the Community University Consortium for Regional
18 Environmental Justice which spans New York, New Jersey and
19 Puerto Rico universities and community-based organizations in
20 those three areas. And I'm also the Chair of the Air and Water

1 Subcommittee.
2 MR. GARCIA: Good morning. My name is Arnoldo Garcia. I
3 work for the Urban Habitat Program out of the San Francisco Bay
4 area, and I Chair the International Subcommittee.
5 MR. CUEVAS: Good morning. My name is Fernando Cuevas.
6 I'm the Vice President of Farm Labor Organizing Committee, Farm
7 Worker Union. I am also the co-chair of the Farm Worker Network
8 for Environmental and Economical Justice, and I'm also part of the
9 International Subcommittee.
10 MR. COLE: Good morning. My name is Luke Cole. I'm an
11 environmental justice attorney and Director of California Rural Legal
12 Assistance Foundation's Center on Race, Poverty and the
13 Environment in San Francisco. I'm Chair of the Enforcement
14 Subcommittee and as I embark on my fourth year on the NEJAC I
15 want to extend a special welcome to the new members, and we look
16 forward to working with you this year. Thanks.
17 MS. AUGUSTINE: Good morning. My name is Rose
18 Augustine and I'm from Tucson, Arizona. I sit on the Health and
19 Research Subcommittee. I am President of Tucsonans for a Clean
20 Environment. We're involved with a Superfund site, a military toxic

1 site in Tucson. I'm also a member of the EJANC which is now
2 fighting a beryllium plant. I'm also a member of the Southwest
3 Network for Environmental and Economic Justice. I am co-chair on
4 the EPA Accountability Campaign on that committee.
5 MR. ANDERSON: Good morning. The last shot here. I am
6 Henry Anderson. I'm Chief with the Wisconsin Division of Public
7 Health and I'm here representing the USEPA's Science Advisory
8 Board.
9 MR. TURRENTINE: Thank you. From the Council, welcome
10 all of the new members of the Council. Charles Lee.
11 OVERVIEW OF FOCUSED MEETING ISSUE
12 MR. LEE: Good morning. I, too, want to welcome everyone –
13 MR. TURRENTINE: Volume.
14 MR. LEE: Is that better now?
15 PARTICIPANT: Yes.
16 MR. LEE: Okay. Once again, I, too, want to welcome the
17 members of the NEJAC and everyone who participated in putting
18 together this meeting, the members of the audience, and the
19 panelists who are going to be participating with us today.
20 I want to start by making note of a few people and then going

1 through the evolution of the process that led to the series of
2 questions that we wanted the NEJAC to focus on in terms of this
3 issue of public health disease prevention and health improvement
4 in environmental justice communities.
5 First of all, I want to make sure we take note of the fact that we
6 have with us participating with us in this meeting two members of
7 the Science Advisory Board of the EPA. Dr. Anderson is one of
8 them. He's introduced himself. And two members of the Children's
9 Health Protection Advisory Committee.
10 This is part of a process where we're trying to do more
11 integration and cross-fertilization of the working different federal
12 advisory committees. Certainly when we talk about issues of public
13 health in environmental justice it is very much related to the work of
14 the Science Advisory Board and Children's Health Protection.
15 So, these are two, and they've been working with us, and will
16 continue to work with us, as we have planned this meeting, as we
17 discuss the issues today, and as we continue into the future in terms
18 of implementing the kinds of recommendations that come forth from
19 this meeting.
20 This meeting was put together through a very broad process

1 that included members of the NEJAC, included representatives of
2 a number of EPA offices, including the Office of Research and
3 Development and the Office of Pesticides, Pollution Prevention and
4 Toxic Substances. It included other federal agencies including the
5 key public health agencies like the Agency for Toxic Substances
6 and Disease Registry, the National Institute for Environmental
7 Health Sciences, the National Center for Environmental Health, and
8 other agencies.
9 We went through a process of trying to figure out how to get at
10 the underlying question that Barry posed in terms of a correlation
11 between environmental polluting and disease, particularly in people
12 of color and low income communities.
13 In that process what we realized was that there was a lot to
14 build upon, that health is a central question, if not the central
15 question, in environmental justice and for communities that are
16 arguably suffering from environmental injustice.
17 This is something that we realized was a great resource to be
18 built upon in terms of making progress on this question of the
19 relationship between environmental polluting and disease. So,
20 therefore, we decided to focus on that and build upon that body of

1 knowledge and experience that has been accumulating over many
2 years around this issue.
3 I want to say that prior to coming to EPA one of the things that
4 I did was to serve as a member of the National Academy of
5 Sciences Institute of Medicine Committee on Environmental Justice
6 research, education and health policy needs. Last year, in April of
7 1999, the Institute of Medicine published its report towards
8 environmental justice, research, education and health policy needs.
9 That has been included in the background materials for this
10 meeting and served as one of the important elements in terms of the
11 preparation of this meeting.
12 I think there are a number of recommendations which I will not
13 go into specifically because of time, but I think that an overall
14 conclusion of this committee is not only the fact that there is a need
15 for greater research, particularly research that understands and links
16 the relationship between environmental causes of disease and
17 health disparities in minority low income communities, but that this
18 kind of research needs to be done in a different way.
19 It needs to be done in a way that builds upon – is sensitive to
20 and builds upon the efforts that are taking place in environmental

1 justice communities to address these issues.
2 Certainly that I think begins to help frame the basis for
3 understanding the idea of what exactly can be, the kinds of
4 strategies and areas of research that can achieve more effective
5 and integrated community-based health assessment intervention
6 and preventions efforts. This needs to be done in collaboration, in
7 partnership, with those communities and all stakeholders are
8 involved.
9 Then it needs to address and look at the kind of interactions
10 between the social and physical environment that are contributors
11 to disease and ill health in environmental justice communities.
12 Lastly, what can the federal government do in terms of
13 implementing strategies that ensure the substantial participation,
14 integration and collaboration among all federal agencies across the
15 board in partnership with all the impacted communities and other
16 stakeholder groups.
17 These comprised the gamut of the issues that we would like the
18 NEJAC to address. In coming up with this agenda, the Planning
19 Committee – which I want to really give my own personal thanks to
20 in terms of the hard work they put into helping us try to understand

1 this – we realized that to address issues of public health and
2 environmental justice is an awesome task – I mean, it is a huge
3 area – and we need to figure out a way in which we can make some
4 real progress in a very strategic sense.
5 What we've heard and we realize is that there are great
6 resources there in terms of community-based efforts to address
7 environmental justice health issues, and this is where we want to
8 start. That's why we decided to focus in this area in terms of
9 environmental justice and community-based public health models.
10 We have an agenda that includes a set of panels that would
11 address the issues that I enumerated earlier.
12 I want to at this point bring up the first panel which includes Dr.
13 Robert Bullard, Dr. Patrick Kinney and Richard Moore to present an
14 overview about the question of to what extent might integrated
15 community-based public health contribute to disease prevention and
16 health improvement in environmental justice communities.
17 As they are getting set, let me give you a little bit of
18 background. We wanted to begin our dialogue today with a panel
19 that gives an overview, a historical overview, of how health issues
20 in environmental justice communities has evolved and how this has

1 evolved in terms of a holistic integrated view of what constitutes
2 disease prevention and health improvement.
3 We will have three presentations. One will be from a social
4 science perspective to address what might constitute the elements
5 of a unified community-based public health model that includes
6 assessment, intervention and prevention strategies.
7 The second will be an environmental science perspective
8 examining the way that this model has enhanced the work of the
9 university-based environmental science program.
10 The third will be a community perspective to ensure an
11 understanding of solution-oriented approaches to environmental
12 health challenges which confront EJ communities.
13 So with that, I would just turn it over to Bob. I want to thank him
14 personally for starting this off today. Thank you.
15 PANEL 1
16 COMMUNITY BASED PUBLIC HEALTH – OVERVIEW
17 PRESENTATION BY DR. ROBERT BULLARD
18 DR. BULLARD: Good morning. My name is Robert Bullard
19 and I am a sociologist and I direct the Environmental Justice
20 Resource Center at Clark Atlanta University. For the past 20 years

1 I've been working on environmental and economic justice and
2 health issues as they impact communities of color. I had the
3 pleasure of serving on the first NEJAC when it was formed back in
4 '93.
5 The presentation that I was asked to give is basically an
6 overview of issues of how can we integrate community health and
7 community intervention and prevention strategies into the work that
8 we do, whether it impacts on housing, transportation, the issue of
9 occupational health and safety, et cetera.
10 So what I've done is prepared a presentation that gives that
11 context: healthy people, healthy homes, healthy communities – an
12 environmental justice framework.
13 (Pause.)
14 DR. BULLARD: This is not my equipment.
15 Okay, if we talk about defining the environment and the way
16 that the environmental justice movement had really broadened the
17 definition to make sure that we're talking about basically where
18 people live, work, play, go to school, worship, as well as the physical
19 and natural world. So when we're talking about environmental
20 justice and we talk about health and we talk about economic justice,

1 all these things are intertwined. So when we talk about developing
2 strategies and policies, we have to make sure that all those things
3 are involved.
4 When we look at this whole question of environmental justice
5 principle, we're saying that this principle embraces the concept that
6 all communities are entitled to equal protection of environmental
7 laws, health laws, housing laws, transportation laws, civil rights
8 laws, regulations, policies, et cetera. So when we talk about health,
9 we're really talking about this whole question of we want to make
10 sure that health is more than just talking about physical health.
11 Health matters, and in environmental justice race and class
12 also matter. All communities are not created equal. There's some
13 that are more equal than others. And if a communities happens to
14 be poor, working class or community of color or lives on the wrong
15 sides of the tracks, it receives less protection, it has less access to
16 health care, medical services, and therefore we're talking about
17 these inequities that have to be addressed and they have to be
18 addressed in that full array of strategies.
19 The environmental justice movement has always included
20 community health as a central theme in its struggle. When we talk

1 about health, as I said before, health is more than the absence of
2 disease. A healthy community cannot be a community that is
3 bombarded with drugs, toxics. And we know that there are very few
4 poppy fields and marijuana bushes grown in the ghetto or the barrio;
5 this stuff is imported. So when we talk about toxic waste and we
6 talk about health, all these things are important. Poverty is also
7 hazardous to our health.
8 When we talk about changing this paradigm, this dominant
9 paradigm that we have in front of us, the dominant paradigm
10 basically in terms of environmental protection institutionalizes
11 unequal protection. It trades human health for profits. The burden
12 of proof is placed on the victims – prove to me that Company
13 X/Chemical Y is making you sick. The burden of proof is on the
14 victim.
15 It also legitimates human exposure to dangerous chemicals
16 whether we're talking about farm workers and pesticides or we're
17 talking about children who are living in houses that still have lead.
18 The fact is that the children have to prove that they've been lead
19 poisoned.
20 So when we talk about this whole question of economic

1 vulnerability and exploitation, communities that do not have an
2 economic infrastructure are offered dangerous risky technologies
3 and economic development.
4 This paradigm also creates a whole industry around risk
5 analysis, risk assessment, as opposed to pollution prevention,
6 disease prevention and what we call the whole question of the
7 dominant paradigm being flipped on its head. The precautionary
8 principle. If there is suspect of harm, act.
9 When we talk about this whole question of problems and
10 health, childhood lead poisoning is still the number one
11 environmental threat to our children. There is a residual that's left
12 over. It is not because we don't have the facts. The problem is,
13 having the facts is not enough. Whose children are being poisoned,
14 whose children are being impacted?
15 So when we talk about childhood lead poisoning, it is not only
16 a health problem, it's an environmental problem because lead is an
17 environmental issue, and it's an educational problem – we're talking
18 about learning disabilities. So when we're talking about solving the
19 problem of lead poisoning, we just can't be going to the EPA. The
20 Department of Education needs to be involved, the Department of

1 Housing and Urban Development needs to be involved.
2 As an economic problem, there is a direct correlation between
3 learning ability and learning ability. So when we talk about people's
4 mental capacities being diminished, we're talking about their
5 livelihood and their mental capacity being impacted and how much
6 money they will be likely to make in the rest of their lives.
7 And it's also an equity problem because this lead poisoning still
8 disproportionately impacts children of color and low income children.
9 I said before, having the facts is not enough. You have to have
10 the resolve and the commitment by those entities that can solve
11 these problems. We have thirty years of documentation on lead
12 poisoning but we still have lead in housing, we still have children
13 that are being poisoned. So it's not a matter of having the facts,
14 having the science, having the data; it's a matter of whether or not
15 we have the resolve and commitment to end this problem.
16 We talk about this whole question as tradeoffs. Some people
17 were saying, well, communities of color and environmental justice
18 communities are not willing to trade off. Well, we've been trading
19 off, hell, for many years.
20 So it's not a matter of trading our health for a low-paying job or

1 even the promise of a job. In some cases we don't even get the job,
2 we get the promise, and we know you can't live off promises. So
3 when we're talking about this fourth question of health and jobs,
4 whether they be farm workers and pesticides, or whether it be
5 workers in factories, or whether it be communities that are near
6 facilities that are impacting them – and, once again, the community
7 has to prove that their health is impacted.
8 In this whole question of environment justice, EPA has its own
9 definition and we also have our definition. But understanding that
10 definitions don't mean anything unless they are actually put into
11 practice and implemented as it relates to their operationalization.
12 When we talk about the whole question of environmental justice
13 and the major elements, it includes equal enforcement of
14 environmental laws and health laws and all these laws and
15 regulations that we have on the books. We have some great laws.
16 It's just that they're not applied in some cases vigorously and in
17 other cases they're not applied equally across the board. In other
18 cases they are not even enforced.
19 So when we talk about this whole question of environmental
20 justice and enforcement, we're also talking about this whole

1 question of eliminating disparities, health disparities, environmental
2 disparities, economic disparities, et cetera, that impact health,
3 community health.
4 So when we talk about this whole question of health and
5 community-driven research and community-driven intervention and
6 prevention strategies, the community has to be at the table – and
7 particularly the impacted, the most impacted community – has to be
8 at the table because they are the experts. They may not have
9 Ph.D.s but they are experts in what needs to happen as it relates to
10 resolving and remediating and preventing and addressing these
11 problems.
12 When we talk about environmental inequities, we know that
13 there are inequities that result from people making money off of sick
14 people. We have a health care system that is for profit and that if
15 everybody was well – well, I won't go into that.
16 When we talk about this issue of inequities and enforcemental
17 inequities, we know that all the nasty stuff, the locally unwanted land uses,
18 the lulus, are not randomly distributed. So what that means is that the
19 impacts are not randomly distributed. And that means that the health
20 effects are not randomly distributed.

1 So if you take that to its logical extension, that means we need
2 targeted enforcement, targeted strategies to deal with intervention and
3 prevention and targeted resource and funding. That means that we're not
4 going to give everybody the same amount of money because everybody's
5 not going to get the same amount of the issues and the problems.
6 Health inequities exist across the board. I'm not going to go into all
7 the things in terms of the disparities that Barry dealt with earlier this
8 morning. But there's all kinds of available health data, and when you go
9 to a certain department and ask about health data, they say, "We don't
10 know."
11 When we first came to the EPA years ago and said, who lives around
12 these facilities, who is impacted, what are their health data, EPA would tell
13 us, we're not a health agency; go see CDC or ATSDR.
14 We say, well, who lives there? What's the racial and ethnic
15 composition? Well, we don't collect that data; nobody asked us to collect
16 that data.
17 We're saying that kind of information needs to be available and needs
18 to be available intergenerational, longitudinal, because these things don't
19 just happen overnight; sometimes it takes 20 years, 25 years, for the
20 results to show up, whether it's cancer or whatever other health problems.
21 When we talk about waste, we know that everybody produces waste,

1 everything sitting around this table produces waste. But everybody around
2 this table and everybody in the audience does not have to live where the
3 waste is disposed.
4 So when we talk about this whole question of waste generation and
5 waste production and the impact of all these things on communities and
6 the health of communities, lowered property values, the stigma of being
7 located next to a dump, and your community is considered a dumping
8 ground and once you get one dump you get another dump because it's
9 cost effective, because you say, oh, you've got one, one more won't make
10 that much difference -- and you've got five, so why not just shoot for six.
11 So when we talk about these issues we're talking about the impact.
12 The legacy has left us with lots of things. I think what the
13 communities are struggling with now to turn those negatives into pluses --
14 that's how Brownfield Urban Redevelopment, or Brownfield
15 Redevelopment, came into effect -- but I think Brownfields also must be
16 driven in terms of clean-up, in terms of protection of public health and the
17 protection of the community and ensuring that the community's vision is
18 put on these things. So Brownfields also involves health.
19 When we talk about this paradigm shift we're talking about things that
20 happened. We don't expect the government to respond out of good will
21 and altruism. And there are good people in government, but I think most

1 of the things that we've been able to achieve in the environmental justice
2 movement with government have been triggered by outside -- I would say
3 "agitation," but I won't -- outside pressure -- I won't say "pressure" -- by
4 outside support and nudging.
5 (Laughter.)
6 DR. BULLARD: When we talk about the response of the EPA, the
7 EPA has responded. A lot of energies are targeted at EPA, but EPA
8 cannot do it all. That means that we have to have interagency cooperation
9 and collaboration. We have to work across the board to talk about how to
10 get all these folks to the table. So this is very good when we talk about
11 having it at the various agencies. Not just the federal government, but
12 also state agencies, local health departments, state health departments,
13 and county health departments, et cetera, work on these issues.
14 So when we talk about how we did it or how things are moving, in
15 1994 we had the Health Symposium that was sponsored by seven federal
16 agencies that brought over a thousand people, health scientists, impacted
17 communities, academicians, and grassroots groups to Washington, D.C.
18 to this Health Symposium to talk about enforcemental health and
19 environmental justice research needs.
20 There are some excellent recommendations in that report. Those
21 recommendations need to be implemented. It's been six years; it needs

1 to be implemented. They need to move forward.
2 When we talk about research and we talk about documentation, it
3 make a difference to have a National Academy basically saying what we
4 said -- ten years ago. So the IRM study, it's okay. I give it a D-minus.
5 When we talk about health threats, the threats are real. Some
6 community's health has been imperiled so much that they've had to be
7 moved. Anniston, Alabama; relocation. In Pensacola, Florida; relocation.
8 So the idea is that sometimes it gets so bad and people do not want
9 to leave their community, people do not want to be disrupted, picked up,
10 pushed away, loss of community -- but sometimes it gets so bad in terms
11 of health-wise that you've got to get them away from danger and harm's
12 way.
13 The law and the legal mandates -- it's real. This stuff is real. It has
14 moved forward past the President. All communities are not created equal,
15 as I said before. Sometimes our communities -- communities of color and
16 low income communities -- it takes a long time for us to make enough
17 noise to get cleaned up.
18 This is a photograph of the Ag Street landfill community marching in
19 front of HUD saying we want to get the hell out of Dodge; we're sitting on
20 top of a toxic waste dump, our health is in peril, our property values have
21 lowered, and we want out.

1 This is in Alaska. Military toxins in Alaska. Beautiful land. People
2 want to put stuff where they don't need to be. People say no. People win.
3 Note the poison. Uranium enrichment plant in Center Springs, Louisiana.
4 People are saying no. We are winning.
5 Converging issues -- and I'm going through this rapidly -- suburban
6 sprawl. Everybody's buzzword is "sprawl" now. We've even got a new
7 book coming out -- not a commercial -- but the idea is that there are a lot
8 of issues that environmental justice encompasses, including community
9 health. The impact of traffic congestion and the impact of air pollution, and
10 the impact of the loss of greenfields and green space, and the old question
11 of sprawl and how sprawl basically is killing a lot of our urban poor areas
12 and the fact that we're knocking down trees and we're exploring the whole
13 idea of what it's doing to us.
14 And we even got NASA scientists now discovering that suburban
15 sprawl and deforestation -- this is the Atlanta metro area -- it's creating a
16 problem in terms -- it's even affecting mother nature; it's affecting the
17 weather. It's creating lots of pollution problems and heat island problems
18 and dirty air. This is Atlanta, my friends. This photograph was taken from
19 Delta Air Lines on a clear day.
20 If we talk about the major source of pollution in this region, we're
21 talking about cars. It's us. We're talking about the issue of gridlock.

1 We're paying a price not only in money and lost gas, but we're paying a
2 price in terms of our health, paying a price in terms of asthma, what the
3 level of ozone is doing to us. It's creating problems. It is sending us to the
4 emergency room. It's creating problems in terms of families having to take
5 off work because of going to the emergency room, having to lose pay.
6 So, this ain't no sexy issue; it's about life and death. If you talk about
7 bad air days, we are at the top in terms of bad air days. We talk about
8 asthma, it's an epidemic.
9 It is not something that is just Atlanta; it's also L.A. It's also New
10 York. It's also Chicago. So when we talk about this community
11 intervention strategy, pollution prevention, disease prevention, and having
12 the community at the forefront of this stuff, we're talking about an
13 integrative model. We're talking about devising communications strategies
14 and risk communications strategies that communities can basically be the
15 benefactors, and carry the message.
16 The messenger is very important. It's not just about a message. The
17 messenger is very important. We have to diversify decisionmakers and
18 the decisions, and we have to talk about this whole question of data.
19 Gathering the information, taking that information and using it and taking
20 it to the next level.
21 And we have to talk about gaps. We have lots of gaps and we have

1 to plan for those gaps. There's lots of information we don't have, lots of
2 areas we don't have information on. But it's not just enough to say, "well,
3 we just don't know that." We have to pursue a strategy to talk about
4 intervening and preventing environmental health hazards and
5 environmental degradation.
6 That's the end of my talk. Anybody who wants to know -- and I will
7 give you a copy of this. I didn't have time to print out a copy, but I will print
8 out a copy and give it to NEJAC for the record.
9 But the idea is that environmental justice and health are intertwined,
10 they've always been. And when we somehow compartmentalize the two
11 as separate entities, we lose. That's why it's very important that this
12 NEJAC is focused on health and community health and the role that
13 communities can play in solving and resolving these problems.
14 Thank you very much.
15 (Applause.)
16 MR. LEE: We're going to hear from Patrick Kinney next and then
17 Richard Moore. Then, afterwards, we will open it up for dialogue.
18 PRESENTATION DR. PATRICK KINNEY
19 DR. KINNEY: It's nice to be here and to have a microphone that
20 works. I come with apologies from Joe Graziano from Columbia who has
21 been dealing with a serious family health issue and isn't traveling. I'm

1 happy that I could help him out and represent the perspective from the
2 Columbia School of Public Health, the Division of Environmental Health
3 Sciences, where I'm a researcher and tell you a little bit about the history
4 of our growing involvement in community-based participatory research
5 over the last five years or so.
6 Joe Graziano was instrumental in starting the program at Columbia
7 five or six years ago when he first applied for an NIEHS Environmental
8 Health Center grant developmental center. And it was that funding that he
9 was able to get which was for a study focused specifically on studying
10 environmental health problems in the underprivileged communities of
11 northern Manhattan in New York City which really stimulated all the work
12 that's happened since that time.
13 There's been quite a lot of interesting work that's developed out of
14 that initial work that Joe did. In that initial draft that Joe put together, one
15 of the first things he did in putting that together was reach out to West
16 Harlem Environmental Action and got to know Peggy Shepard and Cecil
17 Corbin-Mark and brought them in. The partnership between our
18 department and WHEA has been instrumental in our ability to actually
19 accomplish some of the outcomes that we have over the last few years.
20 Dr. Graziano has provided a very supportive research environment
21 for people that are sort of new to the community-based research field,

1 such as myself five years ago when I came to Columbia. I had been
2 working at New York University before that, and actually it took me a
3 couple of years to really change my mindset and to understand the
4 participatory nature of community-based research.
5 My first effort when I was still at NYU to try to do some research on
6 Harlem involved sort of a classic case of putting in a proposal, mentioning
7 doing work in Harlem without ever having formed a partnership yet with
8 anybody in the community. That wasn't the way to do it, and I learned that
9 pretty rapidly.
10 We got to know John Ford and then when I got to Columbia I got to
11 know Peggy Shepard and learned that we really need to start from the
12 beginning when we develop research proposals to really bring the
13 community representatives into the process. In fact, as has been said
14 already, some of the best ideas – probably from a scientific as well as a
15 community perspective some of the best ideas for doing research really
16 arise from the community because they are in a much better position than
17 the researchers are to understand what the real issues are.
18 Now, having said that, I also wanted to acknowledge NIHS. It's clear
19 that their leadership has been instrumental starting in around 1992, as far
20 as I can tell, when they initiated two programs. One is the Environmental
21 Justice Research Community Outreach and Education Program which has

1 been ongoing ever since that time. It has been a very important factor in
2 providing the community-based research infrastructure that currently exists
3 in the United States.
4 The other thing that they did at that same time was solicit proposals
5 for environmental health centers that focused specifically on community-
6 based problems. And that's the program that Dr. Graziano applied to back
7 at that time and was successful in getting the grant.
8 Those two initiatives I think showed a lot of leadership and I think,
9 again, have really been the most important mechanisms that I think should
10 be looked at very carefully as models for how this can go forward into the
11 future. I'll come back to that in a few minutes.
12 A couple of comments about the process of developing community-
13 based research. One is that – and it's a fairly simple thing – is that there
14 has to be something in it both for the researchers and the community.
15 I think clearly from the community's perspective there's some obvious
16 advantages that I've heard Peggy Shepard and Cecil talk about in terms
17 of getting good science and data that they can use for policy advocacy.
18 It also can bring funding in that it can help train young people and also
19 provide education to the wider community.
20 From a scientific perspective the value to me coming in as a
21 researcher is that, again, I get to study – I get to understand the really

1 important problems that are facing – some of the most important
2 environmental health problems and really understand them from a
3 community perspective. And I get data that I can use and publish, which
4 advances my own career.
5 So you have to sort of recognize that from a scientific perspective
6 there has to be something there for the researchers as well, and there
7 certainly has been in this partnership.
8 The problems that are faced – the environmental health problems
9 that currently exist in New York City are ones which are striking, which are,
10 you know, incredibly important, and which require more study.
11 I was shocked when I came to Columbia five years ago that there
12 really wasn't much research going on. In fact, in northern Manhattan
13 where Harlem is located, in parts of Harlem where asthma rates – the
14 hospitalization and mortality rates are among the – actually, the very
15 highest in the nation, there were no air quality monitors at all in that entire
16 community five years ago, except for a little bit of monitoring that was
17 going on based on community complaints regarding the North River
18 sewage treatment plant. But that was really focused specifically on the
19 treatment plant. There was no community-based monitoring going on.
20 So there was a real need for a more air quality exposure assessment,
21 as well as health studies, and it provided a really fertile environment for

1 more scientific research as well as a good opportunity to promote
2 environmental health.
3 So from a scientific perspective, all the elements were there in terms
4 of real problems that needed to be studied and a lack of current data. I've
5 enjoyed and have had the opportunity over the last few years to help fill
6 some of those gaps in terms of the data on exposure assessment.
7 The studies we have done over the last five years or so have
8 gradually developed, initially from very small pilot studies with a little bit of
9 funding from the center that Dr. Graziano heads – and that was a very
10 effective mechanism providing seed funding, something on the order of
11 $20,000 to $25,000 for small studies to do exposure assessment.
12 Those have gradually developed – with that pilot data, developed into
13 larger funded projects from other sources, including NIHS. Also funding
14 from the new Mickey Leland National Urban Air Toxics Research Center
15 which we'll hear from later.
16 And then most recently, Dr. Ricky Pereira has been successful in
17 getting a Center for Children's Environmental Health centered at Columbia
18 and focused on not only doing exposure assessment, but also linking that
19 to health outcomes.
20 So I think we've started sort of gradually looking at exposure. We
21 began to understand some of the disparities in exposure. And now, with

1 the Children's Health Center, we're really bringing that exposure
2 assessment to bear to study health outcomes, and particularly health
3 outcomes in children in northern Manhattan and in the south Bronx.
4 I think that model, sort of starting gradually from exposure
5 assessment and working towards larger epidemiologic studies, is a good
6 model that could be replicated.
7 Finally, I wanted to make a couple of comments about what I see as
8 useful mechanisms for promoting sort of strategies for more of this kind of
9 research.
10 Again, I'd like to emphasize the importance of pilot funding. Small
11 scale funding to form partnerships to generate initial data can be extremely
12 effective, and we've had a lot of success with small scale studies.
13 There also has to be ongoing funding, dependable long-term funding.
14 These partnerships take time to develop and they gradually develop over
15 time. I think that if you are a funding agency and you are trying to decide
16 whether you should give out two-year grants at $250,000 a year or four-
17 year grants at $50,000 to $100,000, I would go for the four-year grants.
18 I think a little money over a longer time is better than throwing a lot of
19 money at something for just a short period of time because it takes time
20 for things to develop. It's that ongoing consistent funding that's really most
21 important.

1 There has to be a rigorous review process, but it also has to be
2 simple to navigate. Some of the funding mechanisms are fairly difficult
3 and there is the hurdle that has to be overcome and just tackling the
4 application process can be quite daunting for community people who aren't
5 used to that.
6 And I think some rigorous but yet streamlined methodologies for
7 getting the funding will be an important development in future funding for
8 this sort of work.
9 I also think that it might be worth looking at the NIHS Environmental
10 Centers Program as a model for this kind of ongoing research. The
11 Centers Program at NIHS provides long-term stable funding – provides a
12 mechanism for funding innovative research at the pilot level, as I've said
13 already.
14 I think that you might want to give some consideration to the idea with
15 multiple sources from different federal agencies to fund centers that are
16 focused on specifically community-based participatory research, probably
17 centers which are jointly run by community groups or research or clinical-
18 oriented -- you know, health care organizations. In New York City, for
19 example, Harlem Hospital or a university like Columbia.
20 And community groups as well. There has to be sort of an equal
21 partnership. It shouldn't just be university-based or just hospital-based.

1 I think that could be a useful mechanism.
2 Finally, I think what I really see missing from a university perspective
3 is that we don't have training money for students, for undergraduate and
4 graduate students, that's focused specifically on this problem. We can do
5 a lot of research, but in order to bring in graduate students who can focus
6 on this and to train especially students from the community, we need to
7 bring in money because it's expensive to get people through some of
8 these universities.
9 If there can be funding mechanisms that make more money available
10 to train young people to go into careers focused on community-based
11 environmental health problems, I think that would be really beneficial.
12 I think that's pretty much all I wanted to say. Thank you for your time.
13 (Applause.)
14 MR. LEE: Thank you, Pat. Richard is not here yet? He's on his way.
15 Okay.
16 Well, in the meantime, we can just -- we wanted to create a lot of time
17 for dialogue. This is something that the members of the NEJAC said that
18 it was something they really wanted to look forward to. So why don't we
19 just open this up at this point. Vernice.
20 MS. MILLER-TRAVIS: Thank you, Dr. Bullard and Dr. Kinney for
21 putting in context what is some of the work that's going on.

1 I just wanted to add a little to Pat's presentation about the partnership
2 with the community-based organizations in West Harlem and our
3 institutions and simply place in context for the audience that this
4 partnership has been a really extraordinary partnership, but so that you
5 know how long it took us in that community to do this work.
6 We started conceptualizing and capturing what the problems were in
7 terms of exposure and health outcomes in our community in 1985 and
8 1986. The first investment of dollars to actually bring forward some pilot
9 research, as Pat said, was roughly about in 1994. Am I right, Peggy?
10 And so, for that period of time, for roughly nine years, we organized,
11 we mobilized, we talked to our elected officials, we talked to EPA, we
12 talked to everyone who would listen. No one would respond.
13 That happens to lots of communities. Our community is not unique
14 in that response. And so, the funding that is now available is really useful.
15 A lot of communities are being supported, a lot of tremendous partnerships
16 are being formed.
17 But you need to know that in our community on the local level we
18 organized and we struggled about these issues alone in the wilderness for
19 ten years before somebody came to the table to join us in that partnership.
20 It should not take ten years before people recognize that people are
21 dying. We have the highest asthma mortality rate in the nation, where

1 people die from asthma in our community. As Pat said, nobody studied
2 it. Nobody looked at it. Nobody said, this is a horrific situation. And the
3 asthma rates are so high that they drive the national average – in that one
4 community.
5 It should not take ten years before people validate that our lives were
6 so beneficial that we needed to have research and we needed to have
7 partnerships and we needed the federal government to stand up and say
8 one excess death is too many, but thousands of excess deaths is a crime.
9 And that's what happened in our community.
10 So I just wanted people to know that this is an extraordinary
11 partnership, but it was ten years of organizing before anybody came to the
12 table to join us in that effort.
13 MR. LEE: Bob, do you want to –
14 DR. BULLARD: Yes. I think there also should be some clarification
15 in terms of how NIHS came to the table on environmental justice. This is
16 not something that NIHS basically thought up or that dropped out of the
17 sky. It took grassroots groups, environmental justice academicians and
18 leaders to basically work with NIHS to develop that community partnership
19 and environmental justice grant program.
20 It has always taken external pressure to get these agencies to
21 recognize that this type of research is legitimate, but also there should be

1 other partners that are involved in the research endeavor, rather than
2 having the same good ole boys coming to the table doing the same thing
3 just because funds are there and just because this is a sexy issue.
4 MR. LEE: Rosa Hilda.
5 MS. RAMOS: I would like to ask Dr. Kinney and Dr. Bullard if you
6 see an opportunity for funding through this supplementary environmental
7 project provision. Have you tried that?
8 DR. BULLARD: I know there is one in Puerto Rico. We had a project
9 in Atlanta that dealt with the Chatahoochee River, the pollution. There
10 was a court case and then there was a settlement. In the settlement there
11 was supposed to be an environmental justice component in the SEP.
12 However, I'm not so sure that it's really an environmental justice
13 component other than on paper.
14 I think there are opportunities to divert funds out of those fines and
15 programs back into communities, and communities need to have their
16 plan. When SEPs are developed they need to have their plan, and they
17 need to have their experts and their planners and their team to make sure
18 that it's a real environmental justice component in those traditional SEPs.
19 MS. RAMOS: I just want to make you aware that EPA is
20 contemplating developing like a bank of proposals from communities to
21 obtain funds from supplementary environmental projects. So I would

1 encourage both of you to consider this alternatively seriously. Thank you.
2 DR. KINNEY: I'd like to make a comment. I think it's taken a long
3 time to get the attention of scientists, as Vernice has said. You know, in
4 New York it took ten years to get the attention of a university to get
5 involved in some of these problems.
6 I think more broadly it's taking a very long time to sort of get the
7 larger scientific community to understand and to value the outcomes of
8 this kind of research. But I think that's starting to happen. I get a sense
9 -- again, I know NIEHS – I appreciate the comment from Dr. Bullard that
10 they weren't the originators of this idea, but I think the work they've done
11 has been very helpful in spreading the word to the scientific community
12 that this kind of research actually produces good science and science that
13 can't be done in any other way.
14 I hear Dr. Olden at NIEHS starting to spread that message, not just
15 within NIEHS which pretty much gets it now, but to the broader NIH
16 community. I think we all ought to try to support that. And it's going to
17 take some more time because, you know, the ideas are not quite
18 understood yet by the broader scientific community. But I think it's
19 happening, and I think that's very encouraging.
20 DR. BULLARD: There's three words of recommendation that I would
21 offer to the NEJAC: Fund CUP grants.

1 Go back to funding the CUP grants that were established years ago
2 that provided the Community University Partnerships. I know there was
3 an evaluation that was done of the CUP grants and I know everything was
4 not perfect, but I do think that we need to go back to that concept, the
5 community-university concept and community-university partnership
6 concept, in EPA because that's how we got started. That's how NEJAC
7 was basically put on the table by folks who were working in universities –
8 a small number – and community groups who were saying we need these
9 kinds of support.
10 I would say that research also needs to be driven in terms of how can
11 research impact policy. That may be a dirty word, but policy can drive a
12 lot of this stuff. In many cases the only science involved in why Black and
13 Latino children are being lead poisoned – the only science is political
14 science.
15 So when we talk about science and lead poisoning we're talking
16 political science. Who gets what, when, where and why, and why our kids
17 are still being poisoned when it is preventable. So let's talk about policy
18 also in terms of impacts.
19 MR. LEE: Thank you. Is that you, Rose Marie?
20 MS. AUGUSTINE: From a community perspective I would like to say
21 that I read a publication that was – that came out from ATSDR by Frank

1 Bove and for the first time I saw a cost -- this study was done on a very
2 small percentage of communities that were represented.
3 I saw for the first time the cost of low productivity and the cost of
4 illnesses in, like I said, in a very small percentage of communities that
5 were studied. The cost of medical care in these communities.
6 When we look at the ATSDR's TCE subregistry, we're looking at just
7 a very small representation of communities there, there's not that many
8 communities. But there is a problem in these communities.
9 When you talk about the Superfund sites, there is a very small
10 representation of communities there because not everybody lives in a
11 superfund site. And then you look and you do tours, the toxic tours, and
12 you see these communities and the people are sick and dying -- and we're
13 talking about thousands of communities, we are talking about a sick and
14 dying nation. A nation that has so much illness that we have no idea just
15 how much these communities are suffering, the lost productivity -- the
16 government always likes to look at dollar signs, well, maybe that's what we
17 should start looking into.
18 You know, how much is it costing? Medical care right now is
19 enormous. Illnesses are a big money-making business. But in
20 communities like ours that don't have clinics, we need to start looking at
21 grants to provide clinics to the communities that don't have adequate

1 health care, don't have clinics.
2 Some of them don't even have hospitals close by. Maybe they go to
3 a doctor, but they can't afford to buy medication, so what good is it to go
4 to a doctor? They don't have the money for treatment, so they just wait
5 and die. I've seen this a lot in my community.
6 So we need to start looking at what kind of health care we can bring
7 to them. We need to stop the pollution that's killing the people. It's a very
8 real problem.
9 We need to bring the all these agencies that are supposed to be at
10 the table, these interagencies. Where are they? All we see here is EPA.
11 The Department of Labor. Right now we're really concerned about
12 from welfare to deathfare where employees are being trained to work in
13 dangerous situations and they have no alternative; otherwise they lose all
14 their compensation that they get from welfare. And these are -- who is on
15 welfare? It's usually women, women of color, single parents, who will
16 leave children who are orphaned when they die -- when they get sick and
17 die.
18 HUD, lead contamination. The Department of Defense. We saw a
19 lot of people coming here yesterday to do presentations, but where is the
20 Department of Defense?
21 Where is the accountability of all these agencies that should be at the

1 table today? I know that they're going to be at the table maybe in
2 December. We need to have them at the table now. We need some
3 accountability from these agencies.
4 MR. LEE: Thank you, Rose Marie.
5 Richard is here now, so we can ask that you hold your questions and
6 allow him to make his presentation.
7 PRESENTATION BY RICHARD MOORE
8 MR. MOORE: Good morning, Mr. Chair. I apologize for being late.
9 I was told by the Environmental Protection Agency, actually, that I was to
10 be here at 10:00. So, to me I was here early.
11 (Laughter.)
12 MR. MOORE: With respect to the brothers on the panel, I apologize
13 because I actually really wanted to hear -- but I don't want to leave the
14 impression -- the real bottom line is I don't want to leave the impression
15 that the community comes in late because -- you know, without going into
16 it, you know I'm kind of upset, to be real honest with you, and usually it
17 takes me about ten minutes to get excited and now I've come in excited.
18 So it's going to take me about two minutes to settle down for a minute
19 and then get re-excited.
20 (Laughter.)
21 MR. MOORE: Good morning, sisters and brothers. It's good to see

1 everybody this morning.
2 I think yesterday was an opportunity, and last night the presentations
3 from our sisters and brothers and from networks with the South African
4 delegation, was very significant. I thank our hosts at Spelman University
5 and Clark Atlanta for the activities on Monday, the reception Monday
6 evening, and the tour yesterday and all that's been with community last
7 night.
8 I think basically within the few minutes that I've been offered to
9 express some opinions, I wanted to start off with us getting an opportunity
10 to understand -- and I know many of you on this advisory committee do
11 understand -- and I won't say all of you because I don't want to be
12 disrespectful because I don't think it's all of you -- so we're going to start
13 off from that premise.
14 So we're going to take a few minutes and then we're going to kind of
15 work our way up from the bottom, which is where the environmental justice
16 is, and then we're going to do a little community-based health research
17 and we're going to take it from there, and then we're going to have a few
18 minutes at the last for discussion.
19 Mr. Chairperson, I'm going to do all that within 12 minutes. Okay?
20 (Laughter.)
21 MR. MOORE: And everybody knows that I've always kept with the

1 timeframe, so I'm going to do that also this morning.
2 There's several points that we need to understand when we begin to
3 engage the question of health and environmental justice.
4 One of those is the reality -- is the reality -- that health is an
5 environmental justice issue. So, please, when it comes to our integrity
6 and all that goes with all that, don't attempt to separate for us the question
7 of health and environmental justice.
8 Health is an environmental justice issue. It's inclusive of all the
9 issues that we're involved in with respect to environment.
10 So if you look at then the reality of where many of us come from,
11 there's probably four or five primary assaults that we receive in
12 communities. So if you take a look at industry, then -- then, if we look at
13 industry and the impact from industry in our communities from a health
14 standpoint, then we're talking about cancer clusters, we're talking about
15 children being born without arms, children being born without legs.
16 If you use the example of McFarland, California, if you look at
17 pesticides for example, and I think our brother Fernando from the Farm
18 Labor Organizing Committee would be and the rest of us that understand
19 that -- so you could take McFarland, California or you could move all
20 around to El Paso, Texas, Anthony, New Mexico. You could take a swing
21 into the southeast. You could take a swing throughout this country. And

1 then we could go to Puerto Rico and several other places and deal with
2 the health impact of pesticides and what that means to our sisters and
3 brothers that are not only working in the field but living in the field and the
4 same time then many of the communities that are surrounding the fields
5 where pesticides are being sprayed.
6 So then we're told when we deal with the question of health that
7 we've been eating too much chili, too many tortillas -- whether it's red chili,
8 green chili, whether it's beans or whatever it is -- that we're being poisoned
9 -- that we're being poisoned and the reason we're being poisoned is
10 because of the food we eat.
11 Now, I wanted to say that you early because then in fact there should
12 be a disclaimer. Whether it's African-Americans, whether it's Latinos,
13 whoever it may be, that please don't lay on the table to us any more -- so
14 we would hope that you wouldn't do it -- but I know our sisters and
15 brothers on the Council that come from the same places that we come
16 from would know that if a damn -- excuse me, I said I was going to get
17 excited early and it usually takes me two or three minutes -- I apologize,
18 Mr. Chair; I'm going to try to keep my language down.
19 The reality of the situation is that we're being poisoned, our people
20 are being born without fingers, without arms, children, adults, and whoever
21 it may be, and that the integrity of communities is being put on the line

1 because we're told it's because of the food we eat. So we deal with
2 industry, okay?
3 When you deal with agribusiness, then you see it. That's what we
4 said. If you're dealing with the question of agribusiness, then if pesticides
5 are being sprayed, it's industry that's responsible, even in my community
6 where we have been drinking poisoned contaminated water for over 25
7 years, but we just happened to be a Mexican community, 80 or 90 percent.
8 So then we're expendable people.
9 It's like throwing the TV away or throwing the VCR away, or whatever
10 it is. These are just a bunch of people, expendable people. Let's work
11 them, let's starve them, let's poison them. Let's do everything that's
12 possible and then they'll just be replaced by all the other people that are
13 in line to either live in this community or to work in these facilities, or
14 whatever it may be.
15 So it's industry. It's agribusiness. It's military. And then it's county,
16 and state government. State government and federal government. We've
17 got landfills in our community. We've got slaughterhouses in our
18 community. We've got dog food companies in our community. We've got
19 industry. We've got petrochemicals in our community. We've got Intel.
20 We've got -- and you go on with it in the name of environmental injustice
21 and the real name is economic injustice, environmental racism, economic

1 racism. And then in fact we're told that it's because we didn't care.
2 I'm going to try and keep it short. I'm trying now. It's taking -- you
3 know how it is, if you're dealing with 500 years of history and expected to
4 try to deal with it. I know brother Tom will understand what I'm saying; if
5 we're expected to deal with 500 years of history in ten minutes, then we're
6 supposed to do 100 years -- if it's five minutes, that's a hundred years a
7 minute. No? And then if we're given ten minutes to be able to do it, then
8 in fact -- good morning, brother. I didn't see you there. I apologize. I'm
9 moving very fast. It's great to see you again.
10 I'm not trying to be discourteous to the chair, to the Council, or to the
11 sisters and brothers that are out here understanding in many cases what
12 I'm talking about because many of them live the conditions in the work
13 place and the community that we're dealing with.
14 I'm going to do community-based research, I'm working my way up
15 towards that. Okay?
16 (Laughter.)
17 MR. MOORE: So, look now, if what we said is that there is no reason
18 -- justifiable reason -- why we should be living, working, insulted, or
19 whatever, based on where we come from, it ain't never been about us --
20 it ain't never been about us that we didn't care about a job.
21 You know, even in New Mexico they tell us, well, it's an

1 environmental versus a job question. Now, I'd say to you that if we've got
2 80 percent unemployment in many of our communities, then why in fact
3 is it a job versus the environment question? Okay? We never said we
4 didn't want a job. We never said we didn't want to feed our families.
5 The reality of the situation is we're going to do it like other people do
6 it, with the same integrity, with the same of everything that goes along with
7 that. So we want good jobs, we want sustainable jobs, we want good
8 communities because we're pretty proud of many of our communities.
9 We want to live in our communities. It's not about the question of
10 moving or do we want to move or do we want to get run out, or whatever
11 it may be.
12 So, okay, that's the short version. Okay? You know I also have to
13 mention when it comes to sustainability and the question of health that as
14 we're sitting here today -- and many of you are aware of this -- that our
15 sisters and brothers in Puerto Rico were run off, arrested, and still being
16 arrested today in Puerto Rico -- still being arrested -- now, this is a health
17 care issue I'm dealing with, okay? It's about community-based health
18 research.
19 The military -- the U.S. military, okay? -- invades the island of
20 Vieques in the name of bombing. Now, who lived there? Who was there
21 before the military got there? Who was there while the military was there?

1 And so we're today discussing -- we could go on. It could be
2 Texarcana, Texas. It could be West Dallas. It could be Tucson, Arizona.
3 It could be Richmond, California. It could be Vieques, Puerto Rico. It
4 could be whatever, but we're here discussing real issues, no?
5 So let's not together misunderstand what the reality of our situations
6 are. Now I'm doing it, Mr. Chairperson -- okay?
7 You know the other thing that's pretty incredible that's happening?
8 How you doing, sister, I haven't seen you for a while. Accept my
9 apologies in speaking to the Chair.
10 You know, we've been doing research in communities as it relates to
11 health issues for many, many years. Because even if you look at my own
12 neighborhood, in my neighborhood we house the sewage plant, used to
13 house the only slaughterhouse -- I'm talking about 100,000 head of cattle
14 that were housed in my neighborhood. So do you understand what the
15 smell that goes along with that means?
16 We live downhill -- I'm talking about mosquitoes. We're talking about
17 health. I'm talking about smell. We live downhill from the airport. Well, if
18 that was just the case, then it would be just downhill from the airport.
19 Now, in Albuquerque, New Mexico then who else, if you landed at
20 that airport, is there? Sandia National Labs, Kirkland Air Force Base.
21 Explosions. Bombs. Underground testing. And all of that that goes with

1 that.
2 Our water was contaminated -- contaminated -- with nitroglycerine.
3 But yet they said to us that it was our fault. Well, does that sound familiar
4 in New York or South Carolina or North Carolina, wherever it may be?
5 If we wake up in the morning and our children have blue baby
6 syndrome -- what that means is the oxygen is being sucked out of our
7 young sisters and brothers because our children are drinking from bottles
8 and so on -- formula -- and then they turn bright blue -- that's why it's
9 called blue baby syndrome -- and then they die or they suffocate to death.
10 Well, there was a health survey that was done. Just like there was
11 one done in many communities that our sisters and brothers come from.
12 So what happened? Now, we're going to be real -- and I'm going to keep
13 it -- I'm going to move, Mr. Chair -- I'm going to tell you something.
14 None of us wanted to wake up this morning in a bad mood. None of
15 us wanted to do that. But some of us went to bed last night with a bad
16 mood, and the day before that, and then woke up. Now, look, here is the
17 reason why -- part of it. Okay?
18 We're being told that it's because of the food that we eat. If you've
19 got -- if you've got to live and work in the conditions that we are in many
20 cases living and working in -- now, I don't want to be disrespectful to
21 anybody and I'm going to mention Los Alamos, New Mexico and then I

1 want to do some of the research stuff for the last few minutes -- now, this
2 is very unfortunate, and we heard part of the testimony yesterday -- if a
3 white community -- I'm sorry, I'm sorry, I'm sorry -- I don't want to hurt
4 anybody's feelings.
5 But if it was a question of hurt feelings, then we wouldn't even be
6 here talking about it today. If you look at Los Alamos, New Mexico, the
7 fires. There were five fires going on in New Mexico. Let's not forget that.
8 You may only know about one of them.
9 The government, in the name of everything that -- including the
10 Environmental Protection Agency -- rushed to Los Alamos not for the first
11 time, but for several times, because they had understood that there was
12 a cancer cluster in Los Alamos, New Mexico before the fires happened.
13 So ATSDR, CBDB, PPPP (sic) -- everybody was rushing to Los
14 Alamos, New Mexico. Nobody wants to have cancer. It's not a moment
15 that you celebrate.
16 But the unfortunate reality is that within Los Alamos, before the fires,
17 every government agency and institution in the name of whatever it might
18 be, rushed there.
19 Now, you tell me, for example, whether the same rushness (sic) --
20 okay? -- and I know I'm using words that are not in the dictionary, but it
21 don't matter to me, okay? Because it's what the word means -- rushness.

1 Okay? Every government agency, institution, whatever it is, then rushed
2 to Los Alamos, New Mexico.
3 Now, you accept this for whatever it may be. Those folks in Los
4 Alamos – with all respect to them in the world – nobody wanted to see the
5 260 houses burn. But you tell me what government institution in the name
6 of health, or whatever it may be, rushed to Texarcana, Texas, rushed to
7 Tucson, Arizona, rushed to Dallas, Texas, rushed to – I mean, you go on
8 and on – Richmond, California – you could go on and on. And what
9 government institution then, when our sisters and brothers were poisoned
10 and are still poisoned today, rushed to go there? Okay?
11 Community-based, Mr. Chairperson, we are getting tired. Okay? I'm
12 going to tell you, tired. That's the way we say it. Because if we did
13 surveys, like I said, in my neighborhood, how do you know that this
14 problem is coming from the sewage plant or the pig farm, or whatever it
15 may be? Because we have been doing research for many, many years.
16 We got a nose. No? We've got a nose. No? And I'm not being
17 disrespectful to any sister or brother that comes from an academic
18 institution. As a matter of fact, we're proud of our sisters and brothers
19 because we had to march on the damn streets to even get them in the
20 university in the first place. Then we're talking about jobs and we're talking
21 about all that that goes along with it.

1 But we didn't never not want a job. I'm sorry. I'm sorry. We really
2 are not concerned about employment nor are we concerned about
3 environment because we're really much more concerned about
4 employment and unemployment and child care and health care and all
5 those things that go along with it.
6 Now it would be interesting – we have been told before that we were
7 too busy when it came to environmental issues, that we were too busy
8 being worried about health care and all the other things – and now what
9 are we supposed to be told now? Now we don't care about health care.
10 Okay, here we go. You know what I was actually really trying to do
11 was to come in less excited and work my way up to some things that I
12 know that many of you are familiar with. So I'm going to close now. I'm
13 going to close. Unhappidly (sic) I'm going to close – unhappidly, that's
14 another one, huh? Unhappidly I'm going to close.
15 The reason I say that is because I may be given injustice in the name
16 of justice to all the years – the years upon years upon years – that we
17 walked streets and we asked our sisters and brothers, it was by accident,
18 "Do you have cancer here? Do you have cancer? Do you have a cancer
19 cluster? What kind of cancer do you have?"
20 And then we'd walk in Tucson, Arizona. Patsy Oliver, a sister that we
21 lost. Ernie Witt. We could go on down the line ahd on down the line. And

1 then they insult our integrity, that our research is not based or grounded
2 in anything.
3 If you've got 50 people on a street that have cancer, then don't come
4 back to us – whatever that cancer may be – don't come back to us and tell
5 us that our research is illegitimate. Is illegitimate. Because if you've got
6 a cancer cluster, anywhere in this country in a white middle class
7 community, in an upper middle class community – and, please, again,
8 understand that it's not a question of being anti-white, so please I don't
9 want to hear later on that Richard was over there talking about white folks
10 'cause that's not where this is coming from. I'm just giving you the basis
11 of the reality of where we come from.
12 So we walk the streets, we do health surveys, we do whatever. And
13 then it comes back to us in the name of ATSDR, or whoever, the defender
14 of industry in this country – I'm sorry, I don't mean to insult any of my
15 sisters and brothers from a healthy institution, or whatever – and then the
16 government institutions that are supposed to be keeping the mission equal
17 as far as we're concerned – equal – we never said we were a special
18 interest group; we never wished cancer upon your community, and we
19 didn't wish cancer upon our community. None of that came anyplace.
20 So then, if the fact of the reality is that they've got institutions – now,
21 I shouldn't be shaking my leg around that because you see me come in

1 with a cane – but I was carrying the cane for two reasons. One, because
2 my leg hurts. And, two, if anybody gets too damned nasty, I'm going to
3 put this cane around their neck – I'm sorry. I'm sorry.
4 (Laughter.)
5 MR. MOORE: Barry, I didn't mean to say that. Okay?
6 (Laughter.)
7 MR. MOORE: You know, it's got like a little hook here. And so that's
8 like "Get your ass on over here."
9 (Laughter.)
10 MR. MOORE: Just in case – just in case – we've missed the reality.
11 Because it ain't going to be like that no more. Now I'm going to close. I'm
12 going to close.
13 With all respect to you all – you all because we do "you all" and
14 "yens" and all those things that go along with it – and to our sisters and
15 brothers that are out here, please understand that I'm not here today – or,
16 we're not here today – or whether it was yesterday, today or tomorrow –
17 to insult you folks, our sisters and brothers whatever color they may be
18 that work for ATSDR, CDC – whatever it may be.
19 But what we're telling you is, we ain't going to put up with it no more.
20 We're tired of our research as we walk the streets and as we see and
21 identify and develop the realities of the kinds of cancers and other

1 illnesses in our communities and our workplaces -- we're tired of coming
2 to meetings and testifying and testifying and testifying and ain't nothing
3 being done about it.
4 We're tired -- in fact, we're tired. Tired. Just in case you didn't get it,
5 tired. We're tired of conference calls, of telephone calls, of meetings, of
6 testimony, or whatever it may be, because if there is a health crisis in this
7 country and if those health institutions, along with the other institutions,
8 can move to Los Alamos, New Mexico, or wherever, then you come to our
9 community because we're talking about a health care emergency in this
10 country. Okay?
11 Unfortunately, if it was in another somebody's community, then it
12 would be a health care crisis and you'd send in the National Guard and the
13 military, whatever, and all those kinds of things. If it was in our
14 communities it wouldn't happen that way.
15 What we're saying is we don't want to be treated differently; we don't
16 want to be treated unequally. Here would have said that was a special
17 interest group. How does a special interest group -- how can we be a
18 special interest group? If our folk are being poisoned in the workplace,
19 poisoned in the community, if our women, if our sisters, are being exposed
20 to toxics, have health care related problems, they go to work and whatever
21 -- how we going to be a special interest group? So we want to be treated

1 like other people are treated.
2 And then, if other people are being treated unjustly, then don't run us
3 as a special interest group, as those people of color and indigenous
4 people -- those people of color in fact just want a little bit of help. We don't
5 want no damn -- we're not asking you to do nothing for us in our whole life
6 and we ain't asking nobody to do nothing for us right now.
7 We want to be treated just like everybody else. And if they are
8 protected, then we want protection, whether it be in the community or
9 whether it be in the workplace.
10 Thank you, sisters and brothers.
11 (Applause.)
12 MR. MOORE: You know, I have to be honest with you, as we close
13 -- as I close, as we close -- I have to be honest in you in disclosing. What
14 I said was that we're a little tired. So now I have to apologize to you
15 because we're not a little tired; we're damned tired. We're getting ready
16 to get pissed off. And we don't want to be disrespectful to you about it, but
17 we ain't going to put up with it no more.
18 Now, in closing, just in case we didn't get it --
19 (Laughter.)
20 MR. MOORE: -- then, we're going to march, we're going to organize,
21 we're going to protest, we're going to demonstrate. We're going to occupy.

1 We're going to do anything that's necessary to make sure that our sisters
2 and brothers receive the kind of justice that this whole country is supposed
3 to be about promoting.
4 (Applause.)
5 MR. MOORE: So I'm telling you that. Now I'm going to -- now, if we
6 have a misunderstanding -- lastly -- lastly -- if we have a
7 misunderstanding, let's not leave here with one because what I said is that
8 we ain't going to keep coming to meetings like this. Okay? We ain't going
9 to do it.
10 Now, some will and some won't. But what I mean by that is, with all
11 respect to you all, is that -- what I said was, Mr. Chairperson, that we're a
12 little tired. So don't confuse -- don't confuse -- the tiredness with the lack
13 of commitment, the morality questions and all that go with it because we're
14 going to build some of the strongest community-based organizations in
15 this country.
16 We are going to link those organizations and our sisters and brothers
17 from academic institutions and from churches and from government -- we
18 are going to build them one of the strongest movements in the name of
19 environmental and economic justice not only in this country but throughout
20 the world. That's what was significant about our sisters and brothers
21 coming from South Africa, because it's not a separate situation.

1 If we take out of what is in our community and think that, in the name
2 of whatever it might be, that we're going to dump it in somebody else's
3 community, we're wrong about that.
4 Now I'm going to seriously close because I want to be respectful to
5 you all, to our sisters and brothers, and to today's activities.
6 So we're gotten many recommendations. Don't insult us when we put
7 little pins up on maps and we walk the streets and then tell us that it's
8 illegitimate -- first of all, the word is not a word that we have any respect
9 for, okay? -- that our research is illegitimate.
10 What I started to say is that we've got degrees, unfortunately. We've
11 got degrees in injustice. Okay? Whether it's economical or environmental
12 injustice.
13 So when it comes to research, then don't think that on our day off we
14 just enjoy going to the dump or the pig farm or the slaughterhouse or the
15 nuclear storage facility, or whatever. Okay?
16 When we put those pins on the map and folk from U.S. Government
17 institutions, agencies, come and say, "That's not good research," okay?
18 That's not good research.
19 When we identify, go door to door and identify various kinds of
20 cancer, whatever it might be, don't come back to us and tell us that that's
21 not legitimate research.

1 When we drive by the sewage plant or the slaughterhouse or the dog
2 food company, or whatever, and we've two nostrils in our noses, like
3 everyone else, and somebody tries to tell us that smell is not coming from
4 the – that smell that you're talking about is no coming from the sewage
5 facility.
6 As my son said, and I am now closing – my son said, you know,
7 Pops, in the name of NAFTA or SHAFTA, excuse me, I don't want to be
8 disrespectful – you know, because it's very difficult for us to not only talk
9 about what's taking place in our community but what's taking place in the
10 world, whether it's health care, whatever that may be.
11 And you know, he said one day, you know, Pops, I've been born and
12 raised in this community and we go to school and the National Guard
13 came in – the National Guard came into our community – the National
14 Guard – okay? – came in our community in Mountain View – in the
15 community of Mountain View in Albuquerque, New Mexico – the National
16 Guard. We had been drinking contaminated water for over 25 years, but
17 we're expendable people. No? We're just a bunch of Mexicans, whatever
18 it may be.
19 You know, it's like working in the – it's like when our children are
20 being born without brains and then trying to compare it to green chili and
21 red chili and tortillas and beans. Okay? We're tired of it.

1 Thank you all for the time to be here this morning. I really honestly
2 can't apologize to you for being late because I was told to be here at 10:00
3 okay? And I was ten minutes early. Just to be clear for the record, Mr.
4 Chair, because we started by saying that those community folk don't care.
5 So with respect to you and our sisters and brothers out here today,
6 keep up the good work. Those of you that are working in agencies –
7 agencies – raise hell. Yes, you don't want to lose your job, and we don't
8 want to lose ours either. Okay? But what we're saying is, that if you know
9 about it, if you know what's happening, then you've got a responsibility too.
10 I'm sorry.
11 You know, when I came through this door of this hotel I said I'm not
12 looking for a consultant job; I'm not an environmental justice consultant.
13 Hundreds of them out there. Never seen them marching up and down the
14 street.
15 (Applause.)
16 MR. MOORE: Never seen them. But all of the sudden they're
17 environmental justice consultants. They're there to speak in our names
18 and say what's best for us. Huh?
19 So, with all respect to you, sisters and brothers, whether you work in
20 a workplace – and if that workplace is the DOE or the DOD, or whatever
21 it might be – the EPA – tell them you ain't going to put up with it no more.

1 Okay? Because if you know, like we know, what's happening to us, and
2 if you don't step forward, then you've got to look in the mirror at yourself
3 the morning. Okay? And it ain't a good looking mirror, sisters and
4 brothers. Okay? It's not.
5 Lastly – again – thank you to the delegation from South Africa.
6 Sisters and brothers, it's great to have you here. The same "chevron"
7 facility – I'm not supposed to name names – the same "chevron" facility
8 that we visited in South Africa that was poisoning our sisters and brothers
9 is that same "chevron" facility that is poisoning our sisters and brothers in
10 Richmond, California. We know you don't forget it and I can guarantee
11 you that we have not forgotten it either.
12 Thank you all for the opportunity to have these few minutes. Charles
13 – Mr. Charles Lee – the Chair, Barry, Sister, and you all, I apologize if I
14 was rambling, but I ain't rambling. Okay? I've never been a rambler. I've
15 been pissed off when we've been organizing. Okay? That's where I'm at.
16 Thank you for your time and with all respect to our sisters and
17 brothers here, keep up the good work, don't put up with it. If this one ain't
18 going right, then you tell them that this one ain't going right either and we
19 ain't going to put up with this no more.
20 Thank you all for time you allowed me to speak.
21 (Applause.)

1 MR. LEE: Thank you, Richard. I think that we wanted someone to
2 talk to us about the – with a sense of passion and urgency that this issue
3 conveys. I think you got that message very clearly to us.
4 I think we need to be moving on because the next panel is – we're
5 actually running about 20 minutes behind time. So I want to close and just
6 kind of point out a few things that are probably important for the NEJAC to
7 think about based on these couple of presentations.
8 It's been said that doing science from the point of view of community-
9 based research is a way of doing science that would achieve results that
10 can't be achieved in any other way.
11 I really think that is very true, and the answer why that would be the
12 case would be very instrumental in getting us closer to understanding the
13 relationships between environmental polluting and disease in those
14 communities. I think part of the reason for this overview is to try to bring
15 us to a better understanding of that.
16 The second is that if you think – that this is an important model to
17 achieve the results that we're striving for, how can a community-based
18 health model be replicated across many, many communities across the
19 country.
20 So those are the two questions that I think are outstanding questions
21 based upon this panel. I'm sorry we're not going to have time to really get

into that, but I wanted to leave with those two questions.

The next panel -- and I would ask if they would come forward -- I want to first of all ask everyone to thank our three presenters.

(Applause.)

MR. LEE: Our next panel in your book is entitled Lessons from the Field: What strategies and areas of research should be pursued to achieve more effective, integrated community-based health assessment intervention and prevention efforts.

Basically, like we said, since 1994 a wealth of experience and knowledge has been accumulated with regard to community-based health research in the area of environment. Some focus on communications and partnerships, and capacity building; others focus on the community assessments; and others still focus on prevention and intervention strategies.

We asked this panel to come together, basically persons from different backgrounds who have experience in doing community-based health research, who will present their experiences and recommendations on strategies and targeted research that would most effectively advance this integrated community-based health assessment intervention and prevention model.

First is Carlos Porras from Communities for a Better Environment in

Los Angeles; David Carpenter from the University of Albany School of Public Health; Katsi Cook from the Akwesasne Nation; and Ray Campion from the Mickey Leland Air Research Center.

I would ask, Carlos, for you to begin.

MR. GELOBTER: Mr. Chair and Charles, if I could just ask -- not to change the program or anything, but if we could -- I really want to thank the prior panelists and just say that because of the time constraint if we could at some point -- if we are able to find time later, if they are able to be around some so that we could address some questions to the presentations we received -- at some point after we've heard a little bit more if we could find some time where we might ask a couple of questions anyway.

MR. LEE: Absolutely.

MR. GELOBTER: Particularly for Richard who was the last presenter and there wasn't some time. Just that we talk to them and have them be around maybe this afternoon where we'd have a little more time that we could ask them more general questions and have their input.

MR. LEE: Absolutely.

MR. GELOBTER: Thank you.

MR. LEE: Carlos.

PANEL 2

LESSONS FROM THE FIELD

PRESENTATION BY MR. CARLOS PORRAS

MR. PORRAS: Thank you, Mr. Chair. I want to thank everyone on the NEJAC and everyone who has put together the opportunity today.

I'd like to start out by referring back to the quote of whether there is a direct correlation between the environment and public health. In my presentation I'd like to focus in on three particular areas: community-based, community-driven research; data gaps; and some of the prevention and intervention strategies from the perspective of an organized community.

The overheads that I will present are basically some research that was conducted through the fortunate opportunity to have one of the NIEHS partnership grants, and it is a research of the Los Angeles area, in particular the urban communities in southeast L.A. county.

The map that you see here is a map of Los Angeles County with the lighter colors being zero to 40 percent communities of color and the darker red anywhere from 80 to 100 percent communities of color, and the dots being the toxic release inventory facilities, which clearly shows a pattern with respect to the distribution of TRI facilities in L.A. County.

I would point out in this map that you kind of expect in the urban core of L.A. County the conglomeration of these facilities, but if you look at the

patterns of race in the outskirts of L.A. County, you see a similar pattern with the TRI facilities.

This is just one tool that we have been using to further some solutions in L.A. County, and I will come back to what some of those solutions have been.

But part of what is not there -- when we start talking about data gaps, we're looking here at a national emissions inventory database that is superimposed on L.A. County. That does not give us a complete picture.

So, if you'll go to the next overhead, you can see what we did in looking at a more localized portion of L.A. County, southeast L.A. in the core of L.A. County. Next one, please. This is what it begins to look like.

This is taking some more local databases from the State of California and regional databases from the South Coast Air Quality Management District and we start to develop our arguments for cumulative exposure which is the purpose of our research -- is to give attention to the need for cumulative exposure policy in the regulatory communities.

But, again, we have some data gaps. If you look at the next overhead, we did a physical inventory -- physical inventory with our community members walking the streets to document and list everything that was in this quarter mile radius of Huntington Park. Seventy percent of the industries and facilities that were documented in this particular part

1 of Huntington Park were not reporting to any agency. So there is a huge
2 data gap.
3 Now, what we did is we used the hazard index protocol to just take
4 seven of the sources in this particular part of the research and do
5 cumulative exposure for respiratory outcome because this part of
6 Huntington Park is known as "Asthma Town."
7 Using that hazard index, which is a ranking of one to five with
8 anything above a one having significant impact to respiratory outcome, we
9 had 73 – 73.
10 Now is there any question why asthma mortality in our communities
11 is doubling and tripling? No. But what are we told when we raise the
12 question about asthma in our communities? Cockroaches and indoor air.
13 Seven facilities contributing to a hazard index 73 times higher than
14 what the regulatory agency considers safe. The next one, please.
15 Before I move on to this, I'd like to start out by pointing out some of
16 the prevention/intervention solutions. Now, we are very passionate about
17 the work that we do, but we're also willing to seek alternative solutions. Be
18 they policy solutions, technology solutions, legal solutions. We'll use
19 those tools with an organized community that has the power to use those
20 tools.
21 Now, the policy solution that came as a result of this research work

1 is significant. We were able to convince the South Coast Air Quality
2 Management District to reopen their toxics policies which they established
3 five years ago even with us at the table with our advocacy.
4 Now, the toxics policy – and we keep coming back to the need to
5 make sound science decisions – and I heard earlier Dr. Bullard raise
6 political science. This rule, when it was adopted, using cancer threshold
7 levels – when it was adopted we were there and we said anything above
8 one in a million is significant to us. One death in our community is
9 significant from any facility.
10 Industry mobilized and requested that the policy set for cancer
11 threshold be set at 50 in a million.
12 Now, the agency, wanting to find the soft middle ground, was
13 recommending 10. Two days of testimony, what was the policy set at?
14 One hundred. Double what industry wanted. Double.
15 Now, where is the sound science? Where is the sound science?
16 Fortunately, in the year 2000 when we finally brought this rule back,
17 when we went back to the South Coast Air Quality Management District,
18 we went back with 400 people from all the communities in L.A. armed and
19 empowered with knowledge and the tools of science. And we were able
20 to change that rule.
21 Now, to give even more credibility to community-based research, I

1 want you to look at this picture, this graphic, which is the illustration on the
2 cover of our report "Holding Our Breath." This is Suva Elementary School,
3 Bell Gardens, California, one of the communities in that research area. In
4 the backdrop a chrome plating facility next to the sandlot in the playground
5 of the elementary school.
6 So we had to do some research here. And let me talk about some
7 community-based research which was conducted by the teachers of this
8 school because they were having several miscarriages and asked the
9 health department to investigate and they refused.
10 So they did their own research amongst the teachers in the
11 surrounding communities recorded high incidences of miscarriage, high
12 incidences of infertility, high incidences of birth defects and deformities, of
13 deformed fetuses.
14 That was not enough. So ten years later we get a request from the
15 parents of Alex Perales who at the age of 14 died from cancer and the
16 parents were coming to us saying, we know of at least 16 other kids in the
17 last couple of years that have died of cancer, students of this school. Six
18 or seven teachers and administrators. Can you help us?
19 Well, let's do some research. What does that research turn up? That
20 in 1988 when the teachers research was found to be not credible because
21 it didn't employ "sound science methodology" they did some air monitoring

1 right here in the playground of this school and took an air sample that
2 recorded the highest recorded levels concentrations of hexabetachromium
3 ever recorded in the South Coast Air Basic. That's four counties.
4 Utilizing that to force the State of California Department of Toxic
5 Substance Control to come to Suva and do some looking into, which they
6 did not want to and the school district did not want them to, and the air
7 district rolled off as ten-year old problems that had been solved, but armed
8 with the parents and protests we finally forced the state, with the help of
9 some federal agencies, to come over here.
10 Now, there were some samples taken here. But the school district
11 had been doing some clean-up. So most of those samples came back
12 clean. But there were two samples that were very dirty. Dust wipe
13 samples.
14 As it turns out, during the sampling period the agency allowed Joe
15 Perales, the father of Alex, to pick two samples. Joe Perales asked for the
16 top of a soap dispenser in the gym and inside the air conditioning ducts
17 where he, armed with his own knowledge, knew if there was a clean-up,
18 it would have been difficult to get. And those two samples came out the
19 dirtiest of all. Most of the other samples were non-detect.
20 Now, the school was cleaned up, but there's a problem yet, to be
21 done.

1 And so, again, we will use the solutions available to us, including
2 policy, technology. We're trying to work currently with the USC School of
3 Engineering on developing new technologies for some of our smaller
4 businesses which are community-based businesses, small mom-and-pop
5 shops, but still contributing.
6 We'll use the legal solutions when it's necessary.
7 The point -- the key point -- that I think is very important is that the
8 solutions are much more forthcoming when the community voice is using
9 it.
10 Now, we want to talk about data gaps? Let's also include the data
11 gaps in the limits of science, such as we still don't have good cumulative
12 exposure science, much less synergistic. I'm glad to see that we're
13 moving ahead in recognizing socioeconomic status factors, finally, but
14 that's just on a new horizon.
15 What about the assumptions that go into risk assessment? These
16 are data gaps, very real data gaps.
17 The vulnerabilities and susceptibilities of children to these
18 environmental attacks? Data gaps.
19 I would like to close up my comments by commending the EPA and
20 the other agencies who are in attendance here. But let's remember -- and
21 I want to remind the NEJAC and remind us all -- that our communities are

1 not yet treated equally, even today, and we are now in the 21st century
2 and there are communities right now fighting with ATSDR to come and do
3 a health assessment in our communities. Still unrecognized.
4 We still have policy programs being put forward, market-based
5 solutions for our communities. The market has never been sensitive to our
6 poverty. And if we don't have the money to buy clean air, we're supposed
7 to live with this toxic air? I don't think so.
8 Let us remind ourselves that after all of these years of the NEJAC
9 where is the interagency work group? What have they done yet?
10 This system is still a stacked deck and we have to recognize it, with
11 its health disparities.
12 Finally, I was glad to see -- not glad, but kind of -- it brought up the
13 point in my mind, in the earlier presentation, of Marcus Vitruvius, let us
14 remember, EPA and other agencies and institutions here, and let us, the
15 people, not forget, this architect created the water systems for the Roman
16 Empire, and those water systems of delivery took them down from lead
17 contamination.
18 So I want to thank the NEJAC and remind us all that yes, we've made
19 some steps forward, but we're not there yet and we're going to keep
20 marching until we get there.
21 Thank you.

1 (Applause.)
2 MR. LEE: Thank you. Next I want to ask Katsi Cook from the
3 Akwesasne Nation to present.
4 PRESENTATION BY MS. KATSI COOK
5 MS. COOK: (Inaudible. Language other than English.)
6 Thank you to the Mother Earth, that you know the way, and teach us,
7 continue to teach us the way. Thank you to the water, you love the
8 people.
9 It always amazes me to come to meetings like this where we have to
10 go over again and again that the environment and human health are the
11 same. In my community, even before Marcus Vitruvius in Greece was
12 making these connections between water and human health, my own
13 people then, and continue even now --
14 MR. LEE: Can you speak into the microphone because this is being
15 recorded.
16 MS. COOK: -- to celebrate the relationship of the natural world to
17 human health, to wellness and balance. And so the notion of a paradigm
18 shift in the social context of science where human beings and the natural
19 world could be viewed as integral parts of one another.
20 It's really important that we continue to have these kinds of meetings
21 and sessions, and thank you for having this meeting here today. I'm

1 grateful to see again my colleagues in the environmental justice
2 movement.
3 My community at Akwesasne is the Mohawk Nation, one of the many
4 communities of the Mohawk Nation that straddle the U.S.-Canadian border
5 at the 45th parallel.
6 I've a heard a lot of talk about equality this morning. For us, we think
7 of ourselves as nations, families, and communities in a way that I think is
8 different from most of the people who are here. Yes, we have been made
9 citizens of the U.S. Government, but we still continue to follow the ways
10 that we're instructed to follow, and will continue to do so.
11 And so, in that way of thinking, we recognize our relationship to the
12 natural world, to this universe, and continue to use that relationship as the
13 source of our health and well-being. And we see that in this industrial
14 society how those relationships are being severed by the reality of toxic
15 contamination of the natural world and of human beings.
16 So that kind of thought needs to be put out there right away, that our
17 people in our communities deal with this, this reality of toxic contamination,
18 is another compromise of our rights as Native Peoples.
19 New York State where our lands and territories lie, is the state in
20 these United States with the largest amount of land claims, and those
21 claims are directly related to the issues of environmental health. We can't

1 move, as other communities have had to. Our people still reside on the
2 52 square acres -- or, 52,000 acres, where we've always resided since
3 after the Revolutionary War.
4 We see the totality of issues here when we look at environmental
5 health connections, that whether we're talking about toxic contamination,
6 land claims, health care, medical care -- all of that is the same. We look
7 at those relationships and the interconnectedness of those issues.
8 In 1983 when Akwesasne was designated a Superfund site and
9 talked about being the largest PCB dump in the country, we already had
10 a generation of Mohawk people who were activists, journalists with
11 connections to academic institutions.
12 So we organized ourselves, and by the time the NIEHS meeting at
13 Crystal City in Virginia happened, we had already made those connections
14 with academia and those state organizations that in the past we had had
15 great barriers to communicate with because of land claims issues and the
16 historical struggle of the Haudenosaunee People, of whom the Mohawk
17 Nation is one member nation, have had a long history of problems with.
18 So it was following that path of creating a relationship to academia
19 and finding key individuals such as Dr. David Carpenter sitting here to my
20 left -- because just as we were all excited by the passion of the speaker
21 this morning, Robert Moore, I wanted to say that to you this morning, that

1 it's in the passion of individuals that these changes occur, whether they
2 are in industry or in government or in communities. It's the passion of the
3 individual that carries these changes, the capacity for change forward.
4 So, in finding committed individuals and institutions who will look at
5 the long-term commitment instead of the funding opportunity -- a four-year
6 grant, a two-year program -- it's looking at that long-term that's important.
7 I think one of the main strategies that we used at Akwesasne of doing
8 multi-disciplinary research even before he term "multi-disciplinary" became
9 embedded into the thinking of agencies in looking at toxic contamination,
10 we began to look at food chain issues, communicating with wildlife
11 pathologists as well as epidemiologist and biochemists. So the multi-
12 disciplinary nature of these issues is really important.
13 I encourage -- I reiterating the thoughts of Carlos Porras and other
14 speakers today -- that this research that happens needs to be multi-
15 disciplinary, multi-agency; that the federal agencies do need to work
16 together in focusing on these environmental justice communities, these
17 sites, where a lot of work has been done and continues to be done.
18 I can't help, as an aboriginal, but to filter these ideas through the
19 microcosm of birth. In the English language, midwife means "with the
20 woman." But in our language it means she's pulling the baby out of the
21 water or a dark, wet place -- out of the earth. And so the relationship,

1 again, of human health to environmental quality is something that is
2 embedded in our culture.
3 The social and cultural aspects of toxic contamination and human
4 health are something that investigators in my community are following up
5 on in the NIEHS environmental justice grant and that we need to continue
6 our thinking in the community about how to deal with these issues beyond,
7 again, just the limits of science and the limits of funding agencies and the
8 changing winds of government.
9 I sit here today to basically reinforce those things that have been said
10 in other meetings and in the meetings today, that other government
11 agencies need to better understand environmental justice principles and
12 to work together to feed and support connections and contacts and
13 networks into these communities so that we can maintain sustainability in
14 our work.
15 These contacts in the scientific community are essential for
16 communities to decide what their future is going to be and how to deal with
17 these issues.
18 Knowing today that recently a cousin in my community was
19 diagnosed -- she's younger than I am; in her early 40s -- with miosistis
20 (phonetic) psoriatic arthritis and rheumatoid arthritis, she lives in a part of
21 our reservation that is contaminated over the years with fluoride. She

1 grew up there at the time when a researcher from Cornell University was
2 looking at fluoride ash deposits on Cornwall Island and its destruction of
3 the agricultural subsistence economy there.
4 So, the relationship of fluoride to her immune system-based
5 diagnosis is a concern. It is a concern just today, as well as the concerns
6 of many of the women in the Mohawk community, regarding limits to fish
7 consumption, the loss of traditional agriculture and food supply and the
8 occupational exposures that our men experience in their workplaces in
9 local industry and in other industries.
10 I offer my encouragement and add my voice to what's been said, that
11 the agencies need to continue the University Community Partnership
12 Grants. It's been in quilting together these different agency supports that
13 our community has really been able to take a serious look, a broad based
14 look.
15 One of the problems that I've seen is that a lot of the research is
16 guided by what's hot in science. Recently we were unable to renew a
17 Superfund grant because the demand by NIEHS was to look at genetic
18 indicators in humans and blood testing that would have been done wasn't
19 acceptable to our community because we have a real problem with how
20 science colonizes and behaves in a imperialistic way, has in the past, and
21 will continue to do so in subtle and not subtle ways in the Native

1 Community.
2 And so because we couldn't respond to that aspect, other parts of our
3 research, our need for data from how our children who were born to
4 mothers that participated in a breast milk study in the middle '80s who are
5 now in puberty, how they're doing, was denied.
6 And so I encourage EPA and other agencies to look beyond just the
7 science that's driven by the need of industry and of this genetic testing
8 that's going on. That we need to look to support areas of immunology and
9 neurobehavioral sciences too. We can't leave those aspects of scientific
10 research behind in the name of this new way of thinking, that genetic
11 engineering is going to solve all of our problems in medical care.
12 So those are all the words I have for now. Thank you.
13 MR. LEE: Thank you.
14 (Applause.)
15 MR. LEE: We're going to ask Dr. Carpenter to speak next. As Katsi
16 said, it turned out that Dr. Carpenter and Katsi Cook are involved in a
17 partnership together. Looking at the experiences from that would be, I
18 think, very beneficial for us.
19 Before Dr. Carpenter starts, we are trying to make sure that we're
20 staying on time. Therefore, we've asked that there be a timekeeper come
21 up to help you pace yourself. We're asking each of the speakers to speak

1 for ten minutes, and the timekeeper will help you accordingly.
2 David.
3 PRESENTATION BY DR. DAVID CARPENTER
4 DR. CARPENTER: Thank you. Katsi has given a good introduction
5 to the situation at Akwesasne.
6 I should say that I think that the Mohawk National at Akwesasne and
7 the University of Albany and the New York State Department of Health
8 have been working together since the mid-'80s, and this was really long
9 before the terms "environmental justice" and "community-based research"
10 became popular. That's not to say that it's always been easy, that
11 everything has been successful.
12 What I'd like to do today is present some of the background of our
13 relationship, our projects, and what we have each learned from each other.
14 If I could have the first overhead, please.
15 Katsi indicated that Akwesasne is at the New York-Quebec-Ontario
16 junction. It's a relatively small reserve that's right on the St. Lawrence
17 River. I'm afraid you can't see that very well. The point is that it's
18 immediately adjacent to the General Motors foundry site, a national priority
19 site, and there are two additional aluminum foundries just upriver from the
20 Akwesasne. All of them used PCBs as hydraulic fluids, and the result is
21 contamination of the traditional fishing grounds of the Mohawks. If we

1 could go on to the next overhead.
2 It simply shows some of the levels of PCBs in the fish that not only
3 was the major protein source of food for the people in this community, but
4 also was the major occupation. Again, I don't know that you can see the
5 numbers.
6 If you recall, the advisories on fish consumption are either one or two
7 parts per million, and in my own judgment those advisories are way, way
8 too high. They were set 20 or more years ago before we knew anywhere
9 near what we know presently about the health hazards of consumption of
10 PCBs.
11 Their numbers for Local Creek and Turtle Creek and you see values
12 – average values – as high as 20. In the St. Lawrence River a little further
13 downstream, you see values in different species of fish.
14 I think one of the points here is that even for a community it is
15 important that they have information. Not all of those species of fish have
16 significantly elevated values of PCBs and one really can't condescendingly
17 tell communities, don't do this, do that, do this. What we need to do is
18 provide communities with information so that there are some species that
19 are not so highly contaminated, others are highly contaminated.
20 In this community when the state and federal agencies made
21 recommendations, the elders and the chiefs in the community advised the

1 community to stop eating fish. They did so with a certain price to their
2 culture, but with an improvement on health quality. The next overhead,
3 please.
4 Now, our initial studies – well, this simply shows that most people
5 think that fish get contaminated by eating dirt and soils. These are caged
6 carp put in contaminated waters. It goes from the right to the left with
7 increasing time. These animals were fed clean food. It demonstrates that
8 fish can absorb the PCBs directly from the water. The next overhead,
9 please. I'm going to have to rush along here a little bit.
10 This is PCBs in the air. Most people neglect the fact that you can
11 breathe in these things and absorb them through the lungs. This is air
12 monitoring near the contaminated sites as a function of the seasons. We
13 found the highest levels in June, not necessarily the hottest month of the
14 year, but the month at which the wet sediments are evaporating and the
15 PCBs are going into the air. Next, please.
16 This is an indication of the PCB congeners present in some 35
17 Mohawk women. What you're looking at in the axis on the right side are
18 different individuals; the x-axis are the different PCB congeners. At this
19 time we measured about 71 congeners. They go from the far left, being
20 those with a few chlorines; those on the far right have more chlorines.
21 The point is that PCBs are a mixture of a number of compounds and

1 they don't all have the same health effects. What we see, if you just look
2 at this pattern, is that some individuals are exposed primarily to more
3 lower chlorinated congeners, which suggests they may breathe these in
4 because those are the more volatile, whereas others have a mixture that's
5 more similar to the mixture that was used at the chemical companies.
6 Next, please.
7 Now, our original study, which Katsi was important in beginning – the
8 original study was really exposure assessment. Do mothers at
9 Akwesasne that eat locally-caught fish have more PCBs in their breast
10 milk which then is going to go to their child both through breast feeding
11 and through prenatal exposure? Do they have more PCBs than other
12 people?
13 We did a study where we compared women in the middle of New
14 York state that didn't eat a lot of contaminated fish with Mohawks.
15 What you see in the period on the left, between 1986 and 1990 there
16 was a clear significant elevation in breast milk concentrations among
17 Mohawks. But after the Mohawks stopped eating the fish, after 1990, that
18 relationship went away.
19 Let's skip the next viewgraph and go on to the one after that.
20 Part of this was a matter of people learning how to eat the fish. This
21 shows the process, both the number of fish meals in the early period when

1 people were eating fish, and then later when people learned how to trim
2 off the fat and the skin to live a healthier lifestyle. The next one, please.
3 Now, one of the things I want to really emphasize and go into the last
4 few minutes of my talk is how valuable the experience has been to both
5 those of us in the academic community and those from the community that
6 was impacted by the environmental contamination.
7 From the very beginning, the Mohawks are a pretty empowered
8 people; they don't take a lot of grief from anybody. They have had some
9 previous experiences of working with academics that did not give
10 information back to the community. Beginning with Katsi Cook and also
11 the other leaders in the community, the Mohawk community established
12 an Akwesasne Task Force on the Environment, which was basically a
13 gatekeeper for research to be done within the community.
14 This is statements from Henry Lickers who was the environmental
15 leader on the Canadian side of the reserve, giving basically fundamental
16 principles – if you want to work with our community, you must understand
17 our culture, you must understand our religion, you must respect that – and
18 I'll go on to that in a little bit. These principles were things that we, as the
19 academics, were taught by the community.
20 Now, we tried also to teach communities – the members of the
21 communities – some aspects of, you know, what are the health effects of

1 PCBs, what are the things to be concerned about, how can you avoid
2 excessive exposure. But these are the principles that we were taught.
3 And if we go on, I think probably the single-most important – the next
4 slide, please – the most important formulation of what we, as academics,
5 and the community have agreed as being an important way to proceed is
6 this. There are three key aspects of successful work between researchers
7 and a community, and they are respect, equity, and empowerment. And
8 if we go on, the last three simply go through these in some detail.
9 What is respect? Respect is respecting individuals for who they are;
10 not judging people just by the degrees they have. You can't read this; it
11 doesn't really matter; it's to remind me to describe it.
12 Respect is recognizing the humanity of individuals, recognizing that
13 people in a community have a better sense of what are the health
14 problems in that community than I have from four hours away.
15 It's respect for culture, for tradition. It's respect for religion. And it's
16 – in fact, what we have found is that our philosophies are so totally
17 compatible. We were told at one of our first retreats at the Akwesasne
18 Reserve that one of the principles of Native American beliefs is that the
19 water of our bodies is contiguous with the water of the earth – if the water
20 of the earth is contaminated, our bodies are contaminated. That is what
21 environmental health is all about.

1 The next is trust. I'm sorry, the next is equity; trust is what comes
2 from all of this.
3 Equity means that if one is going to do a research collaboration with
4 communities, it has to be a collaboration. There has to be some return to
5 the community. You don't just write your papers. You don't just do your
6 own thing for your own promotions and benefit. You employ people in the
7 community. You involve people in the community. You train people in the
8 community.
9 And, lastly, empowerment. Empowerment basically means that you
10 work toward the goal of ultimately being unnecessary to the community
11 because you're empowering the community to take charge of its own
12 affairs.
13 So I think we've learned an enormous amount from this collaboration.
14 We haven't solved all the problems. Our last five years has been, for the
15 first time focused not on exposure assessment, but on health effects.
16 Let me just say a final word about that in closing because PCBs are
17 like lead. PCBs reduce IQ of unborn children, and do so in an irreversible
18 fashion. This is not just a problem with indigenous communities, because
19 there are many immigrant and many innercity African-American
20 communities where fishing is a way of life and there's a river that flows
21 through the center of the city that's highly contaminated with these and

1 other substances.
2 While PCBs don't cause acute death, you don't do a quick body
3 count, they ultimately cause cancer, they disrupt the immune system, they
4 disrupt thyroid function, they disrupt the sex steroid function, and in my
5 judgment the most serious, is they cause an irreversible and permanent
6 decrement in IQ and shortened attention span.
7 These are serious issues. They need to be addressed. But
8 communities need to be informed; they need to make their own decisions.
9 Just earlier this month I was part of a meeting on Arctic health in
10 Alaska focused for the most part on Native Alaskan communities where
11 the concern there was the level of contamination in the traditional foods,
12 especially marine mammals. Don't tell us whether or not to eat them,
13 that's our decision to make, but inform us what the health issues are so
14 that we can make a rational decision balancing our traditional way of life
15 and our culture against the environmental threats to the health and for the
16 future.
17 I think these lessons are really what we have learned as academics,
18 and we're beginning to get information about health effects. We now
19 know, for example, that although the Mohawk children age 10 to 16 don't
20 have exceptionally high levels of PCBs, there is a direct and inverse
21 relationship between their level of thyroid hormone and their serum PCB

1 levels. These are serious health issues and we need to work together with
2 the communities to understand them.
3 Thank you very much.
4 (Applause.)
5 MR. LEE: Thank you, Dr. Carpenter.
6 Next we'll have Dr. Ray Campion from the Mickey Leland Air Toxics
7 Research Center in Houston.
8 PRESENTATION BY DR. RAY CAMPION
9 DR. CAMPION: Thank you. Mr. Lee, Mr. Chairman, and Members
10 of the Advisory Council, thank you for this opportunity to –
11 MR. TURRENTINE: Pull the microphone closer, please.
12 DR. CAMPION: Can't get it much closer. Is this okay? Okay.
13 I'd like to tell you in about ten minutes or so what the Mickey Leland
14 National Urban Air Toxics Research Center is about, and I must say, I
15 have some trepidation after hearing some of the prior speakers' concerns
16 about have we done too much research. But I think there's some exciting
17 new developments in that area that I think speak to this whole issue of
18 whether or not air toxics in urban areas are causing public health effects.
19 Just a word about the political science before we get to the other
20 science. The Leland Center, or the National Urban Air Toxics Research
21 Center, was authorized in the Clean Air Act amendments of 1990. I think

1 it's instructive, if you look at the Air Act, you'll find that the authorization for
2 the Leland Center comes just after the requirement that's put on EPA to
3 come back and assess the public health risks associated with air toxics
4 after the controls have been in effect for about ten years.
5 So our job, as we see it, is to provide the data for EOA to make those
6 risk assessments around this time of year – or, around this time, I should
7 say, over the next several years.
8 Our organization is very small. We do contract research work or
9 grant research work. Our board of directors is appointed by – three
10 members by the President, three by the Speaker of the House, three by
11 the Senate Majority Leader. They appoint a 13-member scientific advisory
12 panel which is composed of nationally prominent scientists, including EPA
13 scientists, several – two or three – from industry, and the bulk of them
14 from the academic community.
15 The scientific advisory panel actually selects the research that we are
16 to do. We develop the actual elements of the proposals, and then they are
17 let out for bid.
18 I'm going to stress the word "peer" reviewed because we've heard it
19 several times before. It's very important to the kinds of things that are
20 being discussed here today because unless the results of the science are
21 truly peer reviewed, they run into trouble down the line in terms of the

1 acceptance by the scientific and medical public health communities, and
2 even more importantly and ultimately, in the courts because many of the
3 things we've heard about today have not met those challenges, have not
4 met those elements of proof, and I think that's the reason why some of the
5 things we're talking about today are so important.
6 As I mentioned and you heard earlier from one our researchers, Dr.
7 Kinney from Columbia, most of our nine studies that we have underway
8 are community-based. And that's another term we can talk about relative
9 to the questions because I don't want to get into that too deeply with the
10 limited time available.
11 We have nine programs underway, as I mentioned. They are studies
12 of the volatile organic chemical levels in urban areas. They're studies that
13 involve methodology development to allow us to assess these levels of
14 contaminant in homes. We stress the levels of toxics in the outside air,
15 the inside air, and the personal exposures.
16 I think if we have contributed anything to this whole area it is in the
17 development of methodology to allow personal exposures to be assessed
18 over one to two days by an individual if he or she wears this device, which
19 is about the size of a credit card, for 24 or 48 hours. We can now
20 determine what that individual has been exposed to in terms of volatile
21 organic chemicals, oxygenated organic chemicals, aldehydes, whatever.

1 Finally, we are working on some additional monitoring development
2 that would allow particulate matter -- and especially the metals on fine
3 particulates -- also to be assessed in this relatively inexpensive and
4 people-friendly or user-friendly manner.
5 I think the studies we have underway in Houston and in New York
6 and in Los Angeles -- and some smaller studies getting underway are in
7 Baltimore -- that are community-based will address those issues of how
8 much people are exposed to in the indoor, outdoor and personal
9 environment air.
10 I think that's the critical nature of what we're doing. That hasn't been
11 done before because it has been expensive to do. We have the trust of
12 some of the communities that our researchers are working in to allow the
13 people to participate in that study and we like to tell them all that they're
14 going to be told about the results as quickly as possible.
15 Some of the results are surprising as they're coming out. I did not
16 bring data with me because we recognize there is limited time here, but in
17 all the studies -- and this is not new -- in all the studies indoor air showing
18 much higher levels of the air toxics of the 188 or as many of the 188 as we
19 can assess -- much higher levels than outdoor.
20 One of the hypothesis-driven research studies that we have is what
21 is the effect of outdoor sources on indoor and personal air. That's a critical

1 study. As I said, it's hypothesis-driven so the researchers are attempting
2 to prove that hypothesis.
3 The study that Dr. Kinney is conducting in high schools and middle
4 schools in New York City is a very interesting and informative study
5 relative to what these kids are exposed to throughout the day. Not just
6 when they're in the school, but when they're at home watching TV or
7 traveling -- even, more important, traveling in New York City with the
8 various sources of toxics that they're going to encounter.
9 We are also involved in the NHANES study, which is a study that is
10 carried out by the National Center for Health Statistics that we're very
11 excited about. We're the first non-government organization that is
12 participating in NHANES.
13 We have convinced NHANES to allow us to use our badges (sic) with
14 the people they are sampling relative to health effects in terms of nutrition
15 and diseases and that kind of thing. So now, for the first time, we'll have
16 a picture over 48 hours of what those folks who are coming in having their
17 blood pressure and other elements of their system examined and what
18 their personal environment is in terms of air toxics. So that's a pretty
19 significant one.
20 We have the support -- our support base is from EPA. We have a
21 congressional appropriation through the EPA budget and we access that

1 through the Office of Research and Development at EPA. Our relationship
2 with EPA I think is a pretty positive one at this stage since the research
3 we're doing is complementary to what EPA is doing.
4 The personal exposure research has not been a key element of
5 EPA's research program and they've told us that they will pick up some of
6 that as we continue to develop and the needs become clearer.
7 The major element that I'm trying to stress here is that we do have a
8 new technique relative to personal exposures on people. We have to
9 select the communities and the people that we will want to test. In all of
10 these research programs that we let, they are peer reviewed, they are peer
11 reviewed several times before they are let, after the results come in and
12 when they go to the literature.
13 Our research product -- or, I should say, the product of the Leland
14 Center -- is singular. The results have to be published in the scientific
15 literature and they have to be peer-reviewed to be published. So that's our
16 only work product, is getting that material into the literature and having
17 those folks who are involved in making risk assessments have that
18 material available to them in a manner that they can rely on, let's say, in
19 terms of the peer review.
20 Some people have criticized, or some people in the NEJAC area
21 have said, well, as long as you have industry support, we question

1 whether or not your results are credible. Our industry support financially
2 is about ten percent of our total budget; 90 percent of it comes from EPA.
3 We have EPA scientists on our scientific advisory panel. We have
4 representatives from all organizations on our board of directors, which is
5 appointed by the Congress and the President.
6 I think the critical point is that these folks are involved in the design
7 and development of the program, and they have to live with the results.
8 So their participation is critical to this. We have not had a problem at this
9 point in terms of anybody criticizing the output of our research.
10 I think it's key that we continue that. We do not have any dedicated
11 research monies in the sense that it's all fungible -- we let these programs
12 independent of who wants to have whatever study because only our
13 scientific advisory panel determines what it is that we do research on.
14 We have defined two research niches that we are heavily involved in.
15 One of them is personal exposure research which we've just talked about.
16 The second is non-cancer health effects.
17 We have decided to stay away from the cancer area primarily
18 because it takes so long to get the data out. We are young organization
19 hoping to continue to succeed relative to the finances, and we are trying
20 to link some of this personal exposure research ultimately to non-cancer
21 health effects.

1 We have two studies which we've just started – they're
2 epidemiological studies – one at Harvard and one at Washington State
3 University, which are directed towards the health effects of workers in one
4 case and citizens in another case and their exposure to fine particulate.
5 There are a number of metal air toxics on fine particulates that we are
6 particularly interested in investigating.
7 Finally, our new research initiatives which are just getting under way
8 are: asthma, asthma as affected by air toxics. We are leveraging an EPA
9 study and hope to do personal exposure research on the students in a
10 school district in Houston which is downwind of some major source. We
11 hope to get a handle there in a good statistically sound peer-reviewed way
12 of the kinds of exacerbation of asthma that could result from exposure to
13 air toxics.
14 I've kind of run through a number of issues relative to our research
15 program and tried to do that in a manner that would plant the seed for
16 some questions. I'll be happy to address those. Again, we do appreciate
17 the opportunity to share this with you. Thank you.
18 (Applause.)
19 MR. LEE: Thank you.
20 Before I ask that we give a round of applause to all the presenters,
21 I want to say that Professor Richard Gragg from Florida A&M University,

1 the Environmental Justice Inequity Center, will not be able to make it. We
2 wanted him to give a perspective because this is a center that was created
3 by the Florida State Legislature and he does a lot of work in Florida with
4 the various Florida departments. Due to a death in the family he is not
5 able to make it.
6 Why don't we, like I said, give a round of applause to all the
7 presenters.
8 (Applause.)
9 MR. LEE: We'll open it up for questions. We're going to try – I know
10 there were a number of people that weren't able to ask their questions the
11 last time so we're going to try to follow that order.
12 Marinelle.
13 MS. PAYTON: Thank you. And I'd like to thank the panel. As you
14 perhaps are aware, the Health and Research Subcommittee will be
15 somewhat continuing this discussion tomorrow morning, and all of you are
16 invited.
17 My question is a specific and focused one. It's one question. I'd like
18 for each of you to briefly address the question, if you please.
19 Based on your individual research and lessons learned from your own
20 studies – in addition to that also in considering global research – what
21 areas and strategies of research would you consider to be very important

1 in pursuing in order that one could achieve a much more collaborative
2 integrated community-based health assessment intervention and
3 prevention program?
4 DR. CAMPION: Of course, I'm prejudiced in that area because I do
5 feel that the personal exposure area is very important.
6 I think the reason that we're excited about what we're doing is that it
7 does not appear that the way that EPA and others have looked at air
8 quality in terms of air toxics is necessarily consistent with the public health
9 effects that could ensue from this.
10 So the fact that we're doing personal exposures and also that we are
11 involved with the community and recycling the information that we get
12 back to the community as to what the real exposures they have are, I think
13 is a critical element of what we've learned in terms of lessons. People
14 don't believe you unless you come back to them and tell them what you've
15 determined in your research.
16 MS. PAYTON: Are there any specific methods and logical
17 approaches that you would consider?
18 DR. CAMPION: I think the kinds of things we're doing in terms of
19 methodology development, having devices that are user-friendly and that
20 people don't have a great deal of trouble handling, are key to all of this.
21 These are little credit card type devices that people can then use efficiently

1 and effectively and we can get good data relative to what they're being
2 exposed to on a daily basis.
3 And, very important, is then to recycle that information back to the
4 people so that they understand where it's coming from.
5 One of the things we've found is using, for example, fixed site
6 monitors and models based on those fixed site monitors for air toxics is
7 not nearly as effective – they're not nearly as useful as using personal
8 exposures.
9 MR. LEE: Thank you.
10 PARTICIPANT: I'm not sure I understood the question.
11 DR. CARPENTER: Well, I think there are many, many things that are
12 important to do and, really, your question is what are the priorities. I think
13 from my perspective we really need to give priority to children, to
14 development.
15 It's tragic if someone gets cancer when they're 60 years old instead
16 of dying of heart disease when they're 85. But it's not as tragic as having
17 a child born and have that child for the rest of their life to a degree
18 incapacitated in intelligence and attention span and endocrine
19 development.
20 We have many, many problems and many toxins that affect people
21 of all ages, but I think the focus which EPA has taken a lead on, and

1 NIEHS has taken a lead on, on dealing with this variety of factors that
2 affect children is appropriate as an area of emphasis.
3 What we find in children is going to have relevance to adults as well,
4 but the effects in children are going to be greater.
5 MR. PORRAS: There's many areas I could speak to but I think that
6 what would be much needed information is to start from a premise of
7 health in the community. So, community-based health assessments could
8 help to drive some of the other areas of research that are necessary and
9 critical.
10 But I also want to premise in saying that, I think that it is important for
11 us to recognize, again, the limits of science and some of the data gaps
12 there. I want to point out that it's almost -- not that science and research
13 shouldn't be pursued, that is not my point; I think we need to pursue those
14 efforts.
15 But I think we also need to recognize the limits, the boundaries, and
16 reinvigorate the precautionary principle in terms of our public policies and
17 our solutions because I would also like to remind us that there are
18 approximately -- well, more than 70,000 chemicals in the marketplace
19 today, of which we only have a couple of hundred analyzed and assessed
20 for their toxicology and their effects on human health. This is a huge data
21 gap.

1 MR. LEE: Great. Well, why don't we go to the other side of the
2 room. Michel.
3 MR. GELOBTER: I've been struggling with -- this is the question I
4 would like to have asked the first panel also. I guess the -- and, Carlos
5 your last comment raises a whole host of other ones -- but I think the one
6 thing that I've run across in looking at community-based research and
7 trying to have more of it happen -- I guess the question I'd like to ask the
8 panel is how do peer reviewers see community participation in research,
9 truly.
10 And from a community's perspective what are the things that
11 community -- and I think this panel addressed some of it -- but what kind
12 of community review is necessary on researchers and what are the
13 criteria, so to speak, that each bring to the table in looking at each other.
14 I ask this because I know that there are fundamental problems in the
15 scientific community with true community input and there are fundamental
16 problems in the community with the role that academics have played
17 historically there.
18 The whole precautionary principle thing I think at some point would
19 be interesting to address just because what is the science of the
20 precautionary principle because so often we're rocked back on our heels
21 of not having -- we're busy with the science of getting the materials out into

1 the environment before they're tested, and not busy enough with that.
2 But that's a separate question. I was really interested in the
3 community's views of scientists and vice versa and how that affects the
4 ability to do this research effectively.
5 DR. CAMPION: We recently concluded a workshop in Houston that
6 had national participation -- national scientific participation and this
7 question was one that we didn't get a good resolution to because the
8 scientists and the community do not agree for the most part on what
9 constitutes that kind of a study.
10 The scientists, on the one hand, will be looking at the basic scientific
11 method. For example, that the subjects would have to be neutrally drawn,
12 that they would just be selected out of the community. We would not want
13 volunteers, for example.
14 We certainly would not -- this is the scientists -- we certainly would
15 not want advocates on that panel from the community side because their
16 minds in that regard are already made up, and that would not pass, in their
17 view, some of the peer review characteristics of their studies.
18 So there is a very difficult cross-cutting issue there that still has to be
19 resolved. Dr. Sexton at the University of Minnesota gave that
20 presentation and obviously the scientists in the room were not convinced
21 that he was on the right track relative to the need to bring the community

1 in at the earliest point to help formulate the study. Because if they
2 formulate the study, then the scientists view that as already having made
3 the conclusion, having developed the conclusion.
4 It's a difficult area and one that we're just learning how to deal with
5 and just moving towards the middle on both sides. But it is tough.
6 DR. CARPENTER: I think I would take a slightly different point of
7 view. I would certainly agree that the average academic doesn't relate to
8 community-based research.
9 In terms of the first question, Michel, how do agencies get
10 community-based research to pass peer review, I think the answer is
11 relatively simple. The agency requires it, and requires the study sections,
12 the panels, to use involvement of the community as a criteria for being
13 funded.
14 That is in the prerogative of agencies. It may not set well with some
15 individual reviewers, but tough.
16 With regard to -- you know, I don't think that community-based
17 research has to cut a lot of corners. I think you can have random selection
18 of subjects. And I think -- you know, this is part of the reverse education.
19 If you're going to get good results from research, there certainly are some
20 standard principles of how that research is done that need to be
21 implemented.

1 Now, granted, it may not be possible in every case to have random
2 selection of subjects, but I think this is where academics and communities
3 must work together. I don't think anyone is just advocating compromising
4 the quality of research. It's a matter of doing it in a way with which you
5 have community buy-in and where the community supports application of
6 good contemporary research criteria, but to solve and approach problems
7 that are of concern to the communities.
8 MR. PORRAS: I would have to agree on some of those points. I
9 think our research has undergone peer review successfully. I think there
10 are still some tensions between how far out in terms for advocating for
11 solutions academicians can get.
12 And we can respect that. That's not their role. That's our role. We'll
13 be the advocates. Give us the research. Let us ask the question.
14 I think this comes back to something – it was interesting to hear the
15 earlier response about the lack of credibility when the community is asking
16 the question, and look at the paradigm that we've had with industry
17 research over the last 50 years. Now, where is the conflict of interest in
18 that?
19 MS. MILLER-TRAVIS: Here. Here.
20 MS. COOK: I'd just add that it's important for researchers in working
21 with at least Native People to not always look for the Tribe. The Tribe in

1 my community is very conflicted over the years. We're a heritage of
2 colonialism, the Tribal system. Most Native people in the U.S. support
3 Tribal Governments that include traditional councils as well as these
4 elected system type of models. Because of those historic problems,
5 working with Tribes can be very difficult.
6 Our Tribal administration of the last eight years has focused on
7 building a casino. In doing that, they contaminated 37 wells with all kinds
8 of salts from the geologic age – barium, beryllium.
9 So the solution of our community was to found the Akwesasne Task
10 Force on the Environment which would include all of the different
11 governing bodies within the community, as well as interested individuals
12 and non-governmental organizations. And so it's important for scientists
13 to really listen to communities and not just Tribal Governments.
14 In terms of industry funding, we started out the breast milk study with
15 funding from General Motors, which right away sounds like the MS
16 Foundation won't accept money from the Playboy Foundation. When
17 you're in need of support – again following those equity and empowerment
18 models – as long as the community sits at the table as a fully cognizant
19 partner focused on what they want – we were able to do those three tasks
20 with General Motors' support initially because it was the Mohawk people
21 defining how that research would be conducted and the interpretation of

1 the data was part of the ground rules that were laid out.
2 So I think this deserves a much broader discussion, but thank you for
3 that question; it's an important one.
4 MR. LEE: Before we go to the next person, it was suggested that
5 since we didn't have a lot of time for discussion with the last panel that if
6 either of the three of them wishes to join this panel, you know, that you
7 would be welcome. I know, Richard, you're back there; I don't know if Dr.
8 Bullard and Dr. Kinney are still here. But if they would wish – these are
9 really questions that are very germane to the last panel as well.
10 I think next we'll ask Tseming.
11 MR. YANG: Thanks, Charles. I actually wanted to follow-up on the
12 question that Michel asked. I guess I have a little bit of a sense already
13 what your answer might be, but I was interested if you could focus a little
14 bit on it. That is, when do you think there's enough research? I mean,
15 there is some point at which you're going to have data and you're going to
16 have to move from process to substance.
17 What do you do with sort of the hard questions? That is, where you
18 have conflicting science or where you have conflicting research reported
19 either from the community or from, you know, as opposed to sort of more
20 traditional scientists. Do you see as a solution more science, more
21 research being done or do you see more research really as being able to

1 find a definitive answer from which you can derive policy solutions?
2 I don't know, there's a lot of people on the panel now – I really would
3 be interested – that was the question I was hoping to ask the first panel
4 as well, actually.
5 MR. PORRAS: Well, I think you're addressing the issue of risk
6 assessment and risk management. Risk management is solely a
7 government responsibility, to use the data as they see fit in making the risk
8 assessment and managing that risk.
9 DR. CARPENTER: I would say that you're asking the question of
10 when does research translate to intervention, which I think is a very, very
11 important question because we're never going to have enough research,
12 but there gets to be a point in time when intervention activities are very,
13 very important.
14 I think in the case of many of these poor and disadvantaged
15 communities, as long as there are health disparities, there is an urgent
16 need for intervention. Sometimes it should not be delayed until after all
17 the research is completed.
18 But having research should be the basis for policy formation. It's
19 outrageous, when you have epidemics of asthma in Harlem that nobody
20 pays attention to, then you clearly need intervention not just research, and
21 they should be done in parallel.

1 MR. PORRAS: I think there's still value to research. However, I think
2 we should take certain precautionary steps applying the precautionary
3 principle to certain public policies where we reached those limits of
4 science.
5 It's important for us to stop and intervene in those problems that are
6 happening in the community and understand that there is another principle
7 out there that we from the environmental justice movement put forward.
8 That's self-determination.
9 I want to come back to Suva, because that chrome plater -- a
10 regulatory policy person approached us with the question: If we used best
11 available control technology to reduce that hexavalent (phonetic) chrome
12 emission down to a level of insignificance, will you still accept that chrome
13 plater next to the school?
14 I turned to them and I said, well, as soon as you can take that permit
15 and go to Beverly Hills and pick an elementary school and put it in that
16 community, then we'll say yes. But until you can do that, no.
17 (Applause.)
18 MR. LEE: Great. Can we go to the next question or are there more
19 perspectives on this? Peggy, maybe you can go next.
20 MS. SHEPARD: Carlos, you were quite effective earlier in showing
21 us how you've been able to use your research and data to take public

1 policy action. I'd like to hear a little more about that from some of the other
2 panelists, how this data is actually really changing public policy and action.
3 I know about the Akwesasne and the St. Lawrence River clean-up. Is that
4 happening in terms of Pat Kinney? What's happening in diesel, in your
5 diesel studies? In terms of the air toxics studies, where do you see that
6 data going in terms of how EPA sets policy in terms of air quality?
7 DR. CARPENTER: I think in terms of the situation at Akwesasne
8 things are happening very, very slowly. This is an NPL site; there are lots
9 of legal actions; there are lots of delaying tactics; there are lots of very real
10 problems in remediation of years and years of contamination. Bedrock in
11 the St. Lawrence River is contaminated, still leaking PCBs. So it's very
12 frustrating.
13 But at the same time, I think to a degree we haven't really done all
14 that we need to do. I mean, in our case we've been working there for 15
15 years and it's only five years ago that we began to really do human health
16 effects. I think we have a lot of evidence that's going to be coming out in
17 the next few years that's going to help build the case.
18 We, the academics, working in these communities need to be -- we
19 need, I think, not to just sit back and publish our papers and peer review
20 journals. I think this line between being the scientist and being the
21 advocate and being the person that tries to enunciate where a policy

1 should go as a result of our research -- many academics are very afraid
2 of crossing that line. It jeopardizes their funding, they get labeled as an
3 advocate rather than an objective scientist.
4 But on the other hand, it seems to me that there's a responsibility in
5 that when we document health effects to really put the pressure to federal
6 or state agencies, to whomever, to find solutions and take actions.
7 DR. KINNEY: Let me say a few words about the New York City
8 diesel situation. There has been an ongoing long-term advocacy effort to
9 get the Metropolitan Transit Authority to reduce their reliance on diesel
10 buses. That's been going on for a long time.
11 I think some of the research we've done generating exposure data for
12 diesel exhaust in New York City has been one element that I think has
13 helped to convince, finally, just recently the Metropolitan Transit Authority
14 to put a much bigger effort into alternative fuels. That's a very
15 encouraging sign.
16 I think that it would be incorrect, certainly, to consider that the data
17 that we've generated was a major part of that. But I think that when you
18 do have some hard science and there's an existing infrastructure of
19 advocacy that's been going on for a long time, I think that data can really
20 sort of help energize it and really get the attention of some of the
21 policymakers. I hope it has made a difference.

1 DR. CAMPION: I think I've kind of addressed this a little bit before,
2 but the policymakers are, in this case, primarily the Environmental
3 Protection Agency, and there is a legal requirement on them to come back
4 and assess the public health risks ten years after passage of the Act. So
5 I think that's one of the drivers behind their need to get this information
6 and get risk assessments done.
7 MR. LEE: Okay. Jennifer, you want to ask the next question?
8 MS. HILL-KELLY: Thank you. I just have a question on the
9 Akwesasne project. Is there continuing research -- community-based
10 research -- on the adolescent children of the mothers that were in the
11 breast milk study? Is that research going to continue to evaluate those
12 kids who are now, you know, 11 or 12 years old?
13 DR. CARPENTER: Well, it's half yes and half no. We have a study
14 ongoing of children between the ages of 10 and 16. Those children were
15 born at the time when the Mohawks ate a lot of contaminated fish. A few
16 of those children are children whose mothers were part of the original
17 breast milk study.
18 But again, we felt in the design of this project six years ago that it was
19 important to have a randomly selected cohort of children that were within
20 the ages of 10 and 16.
21 So we are in some ways lacking the information about maternal

1 serum and breast milk levels, but we have extensive information on fish
2 contaminated and eaten by the mother, and it's a much larger cohort of
3 children than we have now.
4 It would have been ideal if we had followed the same cohort for all
5 those years, but unfortunately that was just not realistic.
6 MR. LEE: Rosa Hilda.
7 MS. RAMOS: Finally. I think we have a serious problem here. As
8 a community leader, I understand that the advisory panels or councils are
9 the entities that lead the agency to develop policies.
10 The problem we are having is that these panels or councils do not
11 have the appropriate community representation seated in the table,
12 participating in the decision process. It's not a matter of communities
13 acting as peer reviewers is a big part of the process. Communities are not
14 properly represented in those panels.
15 Also, there's too much representation from industry. Too many
16 scientists that are biased, that are part of the industry, and their decisions
17 work on behalf of the industry.
18 This is the root of all these standards that do not protect the health
19 of the people and the decisions that are supposed to be scientific but
20 exclude accompaniment from the community that must be included by law.
21 The law defines the composition of these advisory panels. All

1 stakeholders must be included, all of them.
2 How come impacted communities are not a significant complement
3 of those advisory panels? The agency must look into that because, you
4 know, industry has been suing the agency for not being represented in
5 those panels. The agency will soon see communities suing the agency
6 because they are not being included in that process. So we have a
7 problem that we must address.
8 MR. TURRENTINE: Thank you. I'm going to step into this part and
9 I'm going to call a break of five minutes -- an as-quick-as-possible break.
10 Then we have the next part of the agenda that we will get to. We've been
11 sitting here for a while and I think it's appropriate for the next person who
12 is going to speak to us, that at least he have our attention, and I'm not sure
13 that he'll have that if we have one eye on the john and another eye on him.
14 (Laughter.)
15 MR. TURRENTINE: So, guys and girls, let's get back in here as
16 quickly as we can because we have the deputy administrator coming on
17 as soon as we finish.
18 But before we do that, let's give these two panels a hand.
19 (Applause.)
20 (Recess.)
21 MR. TURRENTINE: We will get started again. I still see some of the

1 Council chairs empty and I would ask Council members to please come
2 back to your stations.
3 If I could have your attention, we'll move forward with the program.
4 At this point I want to turn it back over to Sylvia Lowrance and Sylvia will
5 introduce the next presenter.
6 MS. LOWRANCE: Thank you, Haywood. It gives me great pleasure
7 to introduce EPA's Acting Deputy Administrator, Mike McCabe.
8 I think you will find that throughout his career he's been a tireless
9 advocate for public health protection and environmental protection. He
10 has an extraordinary public service career spanning 25 years.
11 Prior to becoming the Acting Deputy Administrator, many of you know
12 him from EPA's Region 3 where he was the Regional Administrator. While
13 he was there, he had many accomplishments, among them was leading
14 EPA, and ultimately the federal government's effort to reform mountaintop
15 mining and valley fill practices in Appalachia. He was a leader in dealing
16 with the problems posed by poultry producers in the DelMarva area of
17 Region 3.
18 On a personal note, he was one of our regional administrators who
19 was one of the strongest advocates in EPA for a vital and strong
20 environmental enforcement program.
21 Prior to coming to EPA, Mike served in a variety of positions serving

1 the U.S. Congress. He served as Delaware Senator Joe Biden's Director
2 of Communications and Projects. He was Staff Director of the U.S. House
3 of Representatives Energy Conservation and Power Subcommittee and
4 the Congressional Environment and Energy Study Group. I know you will
5 all enjoy working with Mike in his new capacity.
6 Mike, we thank you very much for being with us today.
7 MR. McCABE: Thank you, Sylvia.
8 (Applause.)
9 PRESENTATION BY MR. W. MICHAEL McCABE
10 DEPUTY ADMINISTRATOR, EPA
11 MR. McCABE: Well, thank you, Sylvia, for that introduction. And
12 thank you, Haywood, for being here and your leadership on the Executive
13 Council. I'd also like to thank all the members of the Executive Council for
14 the fine work they're doing and the time that they spend on these important
15 issues.
16 I appreciate the opportunity to be able to sit here next to my
17 colleague John Hankinson, and thank you for all the work that you've put
18 into putting this conference together. These conferences take a lot of time
19 and effort on the part of a regional office, on the part of the resources of
20 a region. I know that when you come to Atlanta you're going to have a
21 good time, you're going to have a productive time, and I think that John

1 and the folks at Region 4 have shown that.
2 In fact, I understand that tomorrow night John's going to actually
3 perform with his blues band. If you have the opportunity, you really ought
4 to see John and the blues band. And I hope that's the only blues that
5 we're singing in this conference.
6 I'd also like to recognize and welcome the delegation of
7 environmental justice leaders from South Africa. We are delighted to have
8 you join us, to learn from us, for us to learn from you as well in our efforts
9 to deal with the issues involving environmental justice.
10 I have very special memories of a visit that I took in 1981 to South
11 Africa with the Congressional Subcommittee on Africa. That was at a time
12 before – that was the time during apartheid. I remember thinking as we
13 were leaving about the pain and bloodshed that would inevitably occur
14 when apartheid was brought down.
15 I think that in retrospect it is a real tribute to the world, it is a lesson
16 that the South Africans have taught the entire world, about peaceful
17 political transformation that avoided that pain, that avoided that bloodshed.
18 Some day I hope to go back and see the progress that has been
19 made in that great country.
20 It is a pleasure to be here with all of you, to be here at this
21 conference. This is an important conference. I want to commend all of

1 you for the work that you've done to make EPA a more effective agency.
2 For more than seven years NEJAC has provided us with critical
3 advice, important advice. Advice that has had a very direct and important
4 impact on our initiatives. Advice that has made a difference in everything
5 that we do, from Brownfields redevelopment to children's health protection,
6 from Superfund clean-ups to Tier II emissions standards.
7 We value your contributions. We count on your counsel. We look to
8 you as invaluable allies.
9 As I look up across this room at the Executive Council, as I
10 encountered folks coming into the room, I was reminded of all of the
11 familiar faces that I know and the people that I've worked with over the
12 years on these issues. I see a lot of familiar faces. I see dedicated EPA
13 staff, state, community folks, and folks in industry.
14 Now we are turning to NEJAC to give us your best thinking on a very
15 complex and difficult subject, the issue of the role of risk assessment and
16 cumulative effects on communities.
17 These are actually issues that I'm familiar with from my days as
18 Regional Administrator in Region 3. During my time in Region 3, with a
19 variety of stakeholders we conducted a risk assessment of Chester,
20 Pennsylvania. I'm sure that many of you are aware of that.
21 This was the first of this kind of an assessment, and although it

1 certainly wasn't perfect, we learned a lot about risk assessments and the
2 lack of sound science to fully determine cumulative effects of industry in
3 this community.
4 Undeterred, we conducted another risk assessment in Southwest
5 Philadelphia. In this study, as in the one that preceded it in Chester, we
6 relied on existing health and environmental data to obtain a community
7 profile. Once again, we found that we were unable to draw clear links
8 between industry and health effects.
9 We are now turning to you to give us help and guidance so that we
10 can better protect public health and the environment for all communities.
11 And I wish you luck in this conference and the work that you're doing in
12 this area.
13 I've said that EPA considers you invaluable allies. Having said that,
14 I hope very much that you understand that the Clinton Administration is
15 your invaluable ally.
16 Think about it. A different kind of administration might tolerate your
17 existence; this administration mandates your existence.
18 A different administration might listen to your concerns; this
19 administration acts on your concerns.
20 In a different administration NEJAC might be little more than an
21 example of tokenism. This administration will never permit that.
22 We've come a long way since 1994 when President Clinton issued

1 his Executive Order on Environmental Justice. Since that time, the
2 interagency integration of environmental justice has become a reality.
3 Child-driven environmental standards have become the norm.
4 Children's exposure to lead, particularly through old paint and
5 contaminated soil, has been significantly reduced. The Environmental
6 Justice Small Grants Program has distributed more than 750 awards
7 totaling more than $14 million. And perhaps most significantly, Title VI of
8 the 1964 Civil Rights Act has been given new life and new force.
9 In the next couple of weeks EPA will be releasing the Title VI
10 Guidance that you have long waited for. We have spent a long time
11 putting together this Guidance.
12 It's been a difficult task because we were breaking new ground
13 involving new stakeholders charging a new way of doing business that
14 takes in, too, the needs of communities which previously had been ignored
15 and abused. This guidance document will help us advance the cause of
16 environmental justice. I am confident of that.
17 There will be a comment period. We hope you will comment. We
18 know you will comment. We know and want you to tell us what you think.
19 Today I also want to share with you information about another
20 initiative that represents a major step forward. This initiative has been in
21 the works for about nine months. It started off at a meeting that I think
22 some of you attended in South Carolina, at Hilton Head. That work, the

1 work that has been done since then, produced what is called the
2 Integrated Federal Interagency Environmental Justice Action Agenda.
3 I think in the federal government the more words that we put in a title,
4 the better it's supposed to be. I hope you'll understand that from now on
5 I will be calling this the EJ Action Agenda.
6 The aim of the EJ Action Agenda is to bring together the resources
7 of 11 federal agencies to help environmentally and economically
8 distressed communities. Together, 11 federal agencies and departments,
9 identified 15 environmental justice demonstration projects. The
10 anticipated result will be to use federal resources in a targeted way to
11 improve life in 15 minority and low income communities that suffer
12 disproportionate environmental impacts.
13 Based on our experience with these pilot projects, we'll try to add
14 more projects and broaden agency participation in the future.
15 I want to emphasize that the EJ Action Agenda is a work in progress.
16 We're going to be looking at the results. We're going to be looking at how
17 the agencies work together and work with the communities. And we want
18 to make sure that it grows and develops in a way that helps those
19 communities, that just doesn't impose another federal action on them.
20 The EJ Action Agenda is an effort to work with our federal partners
21 to bring new resources to the EJ community. It was vetted, it was
22 reviewed through representatives from communities and the state, local,

1 Tribal and federal government, and I think it's a tribute to the benefits of
2 collaboration, the kind of partnerships that will be valuable in facilitating the
3 challenge that is the focus of this meeting. The challenge of fashioning
4 strategies that will bootstrap progress towards effective, integrated
5 community-based health initiatives.
6 The work of NEJAC and the Integrated Working Group are
7 demonstrations of the power of partnerships. The history of the EPA for
8 the last seven and a half years is in many ways the history of partnership
9 formation. It's the history of reaching out.
10 Under this administration and the remarkable leadership of
11 Administrator Carol Browner, the EPA has been guided by the vision of a
12 new kind of partnership, a partnership of Americans devoted to the twin
13 goals of economic prosperity and environmental protection.
14 As a result of this vision and the extraordinary economic record of the
15 Clinton/Gore Administration, we know that economic expansion and a
16 health environment are goals that must be achieved together. They're not
17 incompatible. They're not indivisible. And even though the naysayers will
18 deny this, their claims ring hollow.
19 Experience has unequivocally demonstrated that an investment in the
20 environment is an investment in job creation, an investment in the America
21 we want our children to grow in. It is an investment in our communities.
22 Smoke belching out of smokestacks does not mean prosperity. It

1 means that we are not protecting the workers in that factory or the people
2 who live in the factory's shadow.
3 Economic expansion need not come at the expense of social justice.
4 As we expand the economy and expand environmental protection, we also
5 can expand the umbrella of justice. We can and must expand the benefits
6 to those who bear the greatest burden of our strong economy.
7 At EPA in the last seven years we have been guided by the belief
8 that environmental justice must be rooted in the understanding that we all
9 share this planet, that we all share the future, and we must all share the
10 responsibility. This triad, this three-legged stool, if you will, of
11 environmental and public health protection, economic expansion, and
12 social justice defines the IWG agenda and the agenda under EPA's
13 Administrator Carol Browner.
14 In the pursuit of this agenda perhaps nothing this administration has
15 done and nothing that EPA has done has been more important or has had
16 a greater impact than our Right To Know Initiatives. The goal of our Right
17 To Know Program is nothing less than the ultimate partnership, a
18 partnership of all Americans on behalf of all Americans. The Right To
19 Know offers us the opportunity to prove that government and the business
20 community and caring, involved, informed citizens can work together as
21 responsible stewards.
22 Through the Right To Know we discover the progress that is possible

1 when informed people speak up and speak out, we discover the
2 extraordinary vision and power of so-called ordinary people, and we are
3 reminded that Democracy and the safeguarding of our rights is not now
4 and never must become purely a spectator sport.
5 This is what Right To Know Programs are all about, empowering
6 people, providing people with the information they need to participate fully
7 in the decisions that affect their communities. The Right To Know creates
8 the power to act, and the actions of caring citizens enrich our form of
9 government, our Democracy.
10 At EPA we've worked hard to ensure that local communities have the
11 information they need to safeguard public health and preserve the
12 environment. Our Toxics Release Inventory – better known as is all of the
13 inside scoop that you need on the stuff that they're dumping in your
14 communities – offers all citizens information about toxic chemicals that are
15 being used, manufactured, treated, or transported in or near their
16 communities.
17 Let's note that when citizens are armed with information, industries
18 become more responsible. Since 1988 when TRI reporting began,
19 industrial facilities required to report their emissions have reduced their
20 toxic releases by one-half. Many of you here in this room have effectively
21 used this information to address health and environmental concerns in
22 your communities.

1 Throughout the country citizen groups and businesses are taking
2 advantage of EPA information to pinpoint environmental problems and
3 design innovative solutions. Our Website, which now attracts 60 million
4 visitors each month, gives the public access to gigabit upon gigabit of
5 environmental information. And we have recently reorganized our entire
6 information operation to make our information more useful and more
7 accessible.
8 We are seeing the democratization of environmental policy. We
9 should not underestimate the significance of this development. It is a
10 landmark event, a trend that is defining our times and how we protect our
11 citizens.
12 Giving an added boost to this trend has become a central part of
13 EPA's mission. We aim to facilitate active and informed participation in
14 public affairs to encourage all citizens everywhere to seize the right and
15 accept the responsibility of guiding policy and thereby guiding our nation,
16 to enable all people – all people – to become engaged, to be involved, to
17 be part of the decisions that affect their quality of life.
18 It is this kind of activity, this kind of involvement, that we are
19 committed to, that we are dedicated to, that you can't take for granted
20 because it may not be there in another administration. It may not be there
21 in the future. You cannot assume that this is something that you will be
22 able to rely on through the future and through the work that you are doing.

1 I think that what we have seen in the work that you've been doing
2 over the last seven years, and the work that we've been doing over the
3 last seven years, is nothing less than a significant movement. A
4 movement of rights, a movement of civil rights, a movement of justice, of
5 activity at the community level unlike anything that we've seen in the
6 environmental movement before.
7 As we work to build on this movement and to ensure that it is there
8 in the future, I think that it will bear up and will sustain us in the future. It
9 is the voice of the community, it is a voice of people in the community, and
10 that is a strong and powerful voice.
11 It is a quality of life movement. It is a movement towards justice.
12 It's not about growth versus no growth. It's about smart growth. It's
13 about the right kind of growth.
14 It's not about industry versus environmentalists. It's about working
15 together, about partnerships, about old adversaries becoming new allies.
16 It's not about justice or environmental protection. It's about justice
17 and environmental protection.
18 What we are learning today, what we have learned over the last
19 seven years, bodes well for the cause of environmental justice, it bodes
20 well for the cause of environmental protection.
21 We are learning that the heart of our Democracy beats strong. Today
22 the people are saying, as they said three decades ago on the first Earth

1 Day, we must save the environment; we must protect our natural heritage.
2 Not for a few of us, not for some, but for all of us. Environmental
3 protection for all of us; environmental justice for all of us.
4 My conviction is that we will advance EPA's mission, we will advance
5 your mission, we will advance the mission of NEJAC, so long as we
6 remain tuned in to this chorus of voices, the voices that we have here
7 today, the voices that we hear in our communities.
8 We're determined to do exactly that. And in this effort, as I said to
9 you earlier, we are and we consider you invaluable allies.
10 I am very pleased to be here with you today. I'm pleased to
11 participate in this important session, and I look forward to having a
12 discussion with you afterwards in questions and answers. And I wish you
13 all the best luck in this conference over the next couple of days.
14 Thank you very much.
15 (Applause.)
16 MR. TURRENTINE: Mike, thank you very much. Now we are open
17 for questions and answers from the Council. I see Rose, I see Luke, and
18 I see Damon.
19 Hold on. Can I go back just a second because Damon has not – and
20 I'm going to try and call people who have not had an opportunity to speak,
21 but I want to get all of you.
22 Mike, how much time do you have available?

1 MR. McCABE: I've got about ten minutes.
2 MR. TURRENTINE: Okay. So we're going to ask you all, in order to
3 get as many questions in as possible, to be concise in your questions to
4 Mike and let him respond to it.
5 Damon.
6 MR. WHITEHEAD: Thank you. I just have one question, and I
7 understand later in the week we're going to have Ann Goode from the
8 Office of Civil Rights. You did mention the Title VI Guidance that's coming
9 out within the next couple of weeks. I guess I'm concerned that this
10 guidance –
11 MR. TURRENTINE: Damon, if you can, because Mike may not know
12 who we are, identify –
13 MR. WHITEHEAD: Oh, I'm sorry.
14 MR. TURRENTINE: – yourself so that he will know.
15 MR. WHITEHEAD: I'm sorry. I'm Damon Whitehead. I'm with the
16 Earth Conservation Corps.
17 My question deals with the Title VI Guidance that you mentioned will
18 be coming out in the next couple of weeks.
19 My concern is that EPA, you've mentioned, in the last seven and a
20 half years – Title VI has brought a new – EPA has brought a new life to
21 Title VI. I have a significant disagreement with that, particularly since
22 looking at the accomplishments or the number of cases EPA has actually

1 determined under Title VI -- there's only been one. And, quite frankly, that
2 case, you know, got determined in a record amount of time. I think
3 everyone would agree with that. And particularly I think that that decision
4 would not have happened if it wasn't for someone within the
5 Administrator's Office directing that it be done. I'm not a political person
6 but I can take that and see the writing on the wall.
7 So my point simply is, and my question is, that EPA has relied on this
8 process of creating a guidance for Title VI over seven and a half years,
9 and the administration is coming to an end in November, and based on
10 what happens, EPA Title VI may not be in existence. I mean, that's just
11 the reality of the situation.
12 So my point I guess would be, why hasn't the agency, and will the
13 agency in the next couple of months, based on the prior process where it's
14 taken years to take public comments and to redo it, simply go forward and
15 decide these cases -- I forget what the exact number is -- I know that 48
16 have been filed so far -- and I cleaned up my office recently when I
17 changed jobs and I saw a letter of two years ago from my colleague, Mr.
18 Cole, who had written about the immediate need to do something on
19 Title VI.
20 And so my point is, simply, between May 24th and November,
21 instead of waiting on the guidance, you know, and all the public comment,
22 why doesn't EPA just simply decide these cases now? I mean, you did it

1 in Select Steel and you didn't have a guidance. So why must you wait for
2 a guidance and a process that obviously hasn't worked over the last seven
3 and a half years?
4 Why don't you just go forward and decide these cases now so that
5 we can have some precedent on the books, instead of, you know, going
6 through another process that's going to take another seven years that, you
7 know, may be no good come November?
8 MR. McCABE: Well, no matter what happens in November, Title VI
9 will be around and I think that the legal basis that we have built both
10 through this Guidance and other activities, other actions that we've taken,
11 will provide a foundation for not only you to take future actions, but also to
12 hold the next administration to a standard of addressing concerns under
13 Title VI.
14 The question that you ask about why don't we just go ahead and
15 process all of the petitions that we've received -- now that we have
16 guidance, we will have the framework to make those decisions, we will
17 have the framework to process that. But we had to get there first.
18 I think if you've been involved with the Title VI Guidance development
19 and with the outreach that has been done with the different drafts that
20 we've been through, you realize how difficult it has been to put together
21 this framework.
22 It's something that EPA just can't step up and mandate. This is

1 something that involves our state partners. It involves the recipients of the
2 grants. It involves not only the folks in this room but also industry.
3 There has been considerable concern and attention paid to the
4 development of the guidance since our initial guidance came out a number
5 of years ago, and it's been a lightning rod for a lot of the people who don't
6 feel that EPA should be involved in any way in dealing with matters of
7 social justice or issues of environmental justice in the community.
8 So we had to build a record, we had to build a framework that is
9 going to withstand whatever changes happen in November. I think that we
10 have done that. I think that what you will see over the next couple of
11 weeks is something that will stand up to whatever assaults are launched
12 on it. It will provide a good framework and basis to make these
13 determinations, and we will be using it to process the petitions that we
14 have.
15 MR. TURRENTINE: Luke.
16 MR. COLE: Mr. McCabe, I appreciate your coming before us today,
17 and like my colleague, Mr. Whitehead, I frankly was startled when you said
18 that you'd made great progress on Title VI.
19 This is the first time you've appeared before us like this, so you've not
20 been the subject of my repeated inquiries about Title VI over the last four
21 years that I've served on this panel.
22 We first heard that a Title VI Guidance was going to be coming out

1 imminently from Fred Hansen in December of 1996. We got that guidance
2 promised in February of '97, in February of '98. We were told at that point
3 that that was going to be the panacea, that then, when we had the Interim
4 Guidance, we would start resolving the claims.
5 Well, since that time exactly one case, as Damon has pointed out,
6 has been resolved. And as has been amply documented, that case was
7 resolved wrongly on the law and wrongly on the facts. Now we're being
8 told again, wait for the guidance.
9 The issue is not the guidance. The issue is the enforcement of
10 facilities civil rights law.
11 (Applause.)
12 MR. COLE: It is the resolution of the more than 50 outstanding
13 complaints that are either under investigation or have been accepted.
14 If you were a sixth grader in 1993 in Noxubee County, Mississippi,
15 Cancer Alley, Louisiana, Button Willow, California, you are now graduating
16 from high school and going to college before the EPA is addressing your
17 civil rights complaint.
18 This is unacceptable. Now I hear you, what you're saying, that a new
19 administration might change things. Well, frankly, a new administration
20 could not have a worse civil rights enforcement record than the
21 Clinton/Gore Administration.
22 (Applause.)

1 MR. COLE: You cannot get worse than doing nothing for seven
2 years and deciding one complaint and deciding it wrong. You cannot get
3 worse than that.
4 So I would like to tell you as strongly as I can, you need to get off the
5 dime and start resolving these complaints in a way favorable to
6 communities, that protects civil rights rather than protects the rights of
7 polluters to continue to poison our communities.
8 (Applause.)
9 MR. McCABE: I certainly appreciate the frustration that you're
10 expressing. It is something that we have felt as well. We believe that the
11 work that we have done over the last several years to build the framework
12 is something that will stand up to assaults.
13 This is an area where we have had to break new ground, where we
14 have had to establish not only new policy but keep an eye on establishing
15 what might be challenged in the courts. And you can't do that overnight.
16 We would have liked to have done it sooner. We would have preferred to
17 have had this resolved at an earlier date, and I am well aware of the
18 schedules that were set and unfortunately not met.
19 I think what you will see when we produce it in the next couple of
20 weeks is that it's something that will be the basis for future action and will
21 provide this community will a strong framework to address these important
22 issues.

1 It is a commitment of this administration to get this done. And I think
2 that the record of this administration does not stand only on this guidance.
3 It stands on all the other activity that we have been involved in in
4 communities around the country to address the environmental justice
5 issue.
6 The Title VI Guidance is one part of a very impressive agenda and
7 impressive record of accomplishment in the area of raising this issue to a
8 level that it has not been raised to before.
9 MR. COLE: You'll pardon me if I'm being skeptical –
10 MR. TURRENTINE: Luke, wait a minute. Wait a minute. We can
11 take one more question. I think Mike has to go. Rose Marie.
12 MS. AUGUSTINE: I'm going to repeat what I had to say last night.
13 We have had some people come to this Council – and not only to the
14 Council; I've seen them in different conferences and different workshops
15 – and they've been coming to this Council for the last five years with their
16 problems.
17 And we haven't been able to help them. And we've been hearing
18 about other communities too that we have not been able to help.
19 The thing is that we have the EPA here, and we have like a puzzle,
20 but there's ten pieces of the puzzle that are missing. These agencies are
21 not at the table. These agencies are the ones that – these people, the
22 Department of Defense, the Department of Energy, should be at the table.

1 It's been seven years, if I'm not mistaken – they should have been at the
2 table to hear from the communities.
3 I'm glad that we have an environmental action agenda, but is this
4 agenda going to begin in December? It should have been started seven
5 years ago. It should start now.
6 We need to analyze – people come down here to the NEJAC and
7 they're asking us for a voice. I was under the impression that NEJAC was
8 supposed to be a voice for the community. And they're coming over for us
9 to form a committee so that they can speak. So that means that in the
10 past the NEJAC was doing real good, a lot of things have been
11 accomplished by NEJAC.
12 But something is happening that we're not going forth. Title VI is one.
13 You know?
14 And we need to have an analysis of the past and present activities of
15 the NEJAC, where they have been successful, what has not been
16 successful. And it needs to be done by the environmental justice leaders
17 that made the NEJAC possible. We need these past chairpeople in a
18 subcommittee or in a working group to analyze where the NEJAC is going,
19 where it's been, and what are we going to do.
20 In order to provide a strong framework for what the EPA wants to
21 accomplish there needs to be an analysis, there need to be
22 recommendations on how to make it stronger. But it needs to come from

1 the community.
2 (Applause.)
3 MR. TURRENTINE: Mike, just a little bit of background. We have a
4 number of people who have come before this panel and they've reported
5 on health problems in and around federal facilities. And so I just wanted
6 to provide that framework – that's some of the frustration – because we
7 have not heretofore been able to address issues that related to problems
8 around federal facilities because we have not had those federal agencies
9 at the table where the discussions could take place.
10 I think that's really a part of the frustration of us not being able to go
11 forward because a plethora of problems exist in and around federal
12 facilities.
13 MR. McCABE: I can certainly understand the frustration with not
14 being able to get other partners to the table, other important agencies. I
15 understand that there are a number of our federal partners here today, not
16 all of the ones that are on that list.
17 We have found in working through the EJ Action Agenda, this was a
18 convenient way to pull in other agencies to get them involved, to help them
19 understand the importance of the environmental justice agenda.
20 I think that it's something that we can build on. It is something that
21 I have raised to my counterparts in the other agencies. I've gotten them
22 involved. I've asked for their commitment of resources not only for these

1 action items but also to engage their agencies more completely in the
2 environmental justice agenda. And I've gotten from my counterparts a
3 commitment to do that.
4 So on the federal facilities issue, that's certainly something that I can
5 take back and see if we can't get them to work on it at a higher level.
6 Haywood, I see two signs up, so I'd be glad to answer those as well.
7 MR. TURRENTINE: Okay. Tom and then Rosa Hilda.
8 MR. GOLDTOOTH: Thanks. Of course, there's a lot of issues I want
9 to talk about, but there's a question that I need to bring up on this dioxin
10 reassessment report.
11 There are a number of community people who are coming from
12 Mossville.
13 MR. McCABE: From where?
14 MR. GOLDTOOTH: Mossville, Louisiana. They are concerned about
15 dioxin poisoning in their bloodstream.
16 In our Native communities there's a number of Tribes who are
17 concerned with elevated dioxin levels not only in the bodies of our people
18 but in our food web, in the fish.
19 For the past six years our network -- I'm the Director of the
20 Indigenous Environmental Network -- we've been writing letters and we've
21 been asking EPA to release this dioxin reassessment report because we
22 feel there's information in it that our communities and our Tribal leaders

1 and people throughout the country need to know about how dioxin is a
2 cancer-causing carcinogen.
3 But we never had access to that information because it was always
4 in draft, and it was a leaked document for the -- the Washington Post
5 released it just two weeks ago, a week and a half ago -- released this
6 document. And finally the agency admitted that dioxin was cancer-
7 causing.
8 But it's not just cancer. It affects our immune system, our learning
9 abilities, sexual reproductive -- it affects the systems. And in our Native
10 communities we're showing a lot of the symptoms. Then we find evidence
11 that a lot of the other persistent organic pollutants that are similar to dioxin
12 -- we're showing a lot of the symptoms, a high level of diabetes.
13 So it's a concern to us. We've heard a rumor that EPA was going to
14 release it in March. Now we hear a rumor that it's going to be June. Can
15 you tell us when EPA is going to release this document so that we can
16 make some decisions that will protect our people?
17 The more you hold off -- I mean, since this has been not released,
18 millions of children are born a year that are being born with dioxin.
19 MR. McCABE: The reason that the report was made available to the
20 Washington Post, leaked to the Washington Post, was because they got
21 ahold of a copy of the document as it was being prepared for release.
22 The document is currently in draft form. It's undergoing an

1 interagency review. It will be undergoing scientific review. We anticipate
2 having the draft document available in mid-June.
3 You are right, this document has gone through many different
4 permutations. It has been held up for a long time. It has been reviewed
5 by different elements of the scientific community both within EPA and
6 outside of EPA.
7 Part of the delay in getting it to where it is now was that the first
8 version of the report many years ago was based solely on animal studies.
9 There have been more human studies and epidemiological studies that
10 have been conducted in the intervening years that give us much better
11 information.
12 The information that we have in the preliminary report is that in fact
13 dioxin is ten times more -- has a risk ten times greater than we estimated
14 before in terms of the possible cancer effect.
15 You are correct that it's not just a toxicological impact, but also a non-
16 toxicological impact that can affect the immune system and other aspects
17 of public health.
18 This is going to be a serious report. It's a report that needs to be
19 looked at not only by the public but by other federal agencies that have
20 responsibility for protecting public health and for dealing with avenues of
21 dioxin exposure through either the food supply or other ways.
22 You've got to go through that process to have assurance that the

1 science is right on this. It needs to be reviewed in a way so that when the
2 report does come out, you can't challenge the science. Otherwise it will
3 be shelved, it will be pushed aside, it won't be used as the basis for any
4 kind of policy changes. And this may require policy changes.
5 So we want to make sure that it does have the appropriate scientific
6 review, the appropriate interagency review. And it will be made available;
7 it will be made available to the public in a short period of time.
8 I might note that one important finding of the study is that the steps
9 that we have taken in this administration over the last seven years have
10 helped reduce the amount of dioxins going into the environment by over
11 90 percent. So, some significant steps have been taken.
12 Unfortunately, there is a major reservoir of dioxin still in our
13 environment that needs to be addressed and we need to inform the public
14 about the impact of this study and possible ways to reduce human
15 exposure to dioxin in the future.
16 MR. GOLDTOOTH: Mr. Chair, I'm not going to get into a debate,
17 there have been cutbacks in dioxin emissions, but we have to understand
18 that these dioxin are very persistent in the environment. They
19 bioaccumulate. You have to question whether or not that remaining ten
20 percent -- and when we get into the questions of science -- the stuff is
21 invisible, it's poisonous, it's going into our people, and those that have a
22 close relationship to the land.

1 As Native people, the Tribes we work with, they feel that as long as
2 the agency does not take action of reducing dioxin with the aim towards
3 elimination in the production of this byproduct, of this waste, dioxin, that
4 it is a form of cultural genocide against our Native people., that it violates
5 our treaties.
6 We have treaty rights to hunt, fish and gather in some areas of this
7 land. And if our people can't fish, can't have access because there is
8 dioxin poisoning – in about 26 or 27 rivers and lakes there are dioxin
9 advisories "don't eat this fish." That violates a treaty agreement.
10 So I just cannot overemphasize the importance of this issue that is
11 a life and death issue not only for Native people but all people, and
12 especially our people of color.
13 Thank you.
14 MR. McCABE: Thank you.
15 MR. TURRENTINE: Rosa.
16 MS. RAMOS: As a community leader, I want to express our
17 appreciation for the creation of this action group. This has been requested
18 by the communities since the very beginning of NEJAC.
19 We know it has been hard for you because EPA is subjected to
20 attack from racist politicians and from greedy industries. We know that.
21 So we really appreciate the creation of this action group.
22 But we respectfully request to include a community representative

1 working with this action group, also a representative from indigenous
2 communities. It doesn't matter if you have to invite the industry or the
3 states, it doesn't matter; but communities at the grassroots level should be
4 included in the discussion, should – it will give you a realistic perspective.
5 The communities can give you the input of, you know, on the impact, the
6 real impact, on the communities. So I respectfully ask you to include
7 these types of citizens in the work group.
8 Thank you.
9 MR. McCABE: We will ensure that there are community
10 representatives. This is not going to work if it's just the federal
11 government imposing something on those communities. So I think that
12 you're absolutely right.
13 MR. TURRENTINE: Thank you very much, and we very --
14 MR. CUEVAS: Excuse me, Mr. Chairperson.
15 MR. TURRENTINE: Well, I'm not in control of his time. He's
16 indicated that he has to go, and I see his staff people coming to get him.
17 So, it really does not –
18 MR. CUEVAS: I can tell him outside too, but it would be important to
19 tell him here because it will be recorded of saying it here. Is that okay with
20 you?
21 MR. McCABE: It's okay with me.
22 MR. CUEVAS: So, actually, looking over this manual, booklet, of

1 whatever you call it, that you're introducing as an EJ Action Agenda, one
2 question that pops into my mind is a sentence that says there "Improving
3 the environmental decisionmaking." And then – I don't think it's improving
4 it a lot, the decisionmaking, especially for agricultural workers, which is
5 what I represent – my name is Fernando Cuevas, and I'm from the Farm
6 Labor Organizing Committee, the Farm Worker Union of Agricultural
7 Workers.
8 I don't see it as addressing agricultural workers on your page 3
9 whatsoever on several of the points you're saying. Also, on your page 9
10 that you're saying 15 different projects that you're going to be taking on on
11 your demonstrations, on justice demonstrations.
12 I think desperately, coming from me especially, you should include
13 agricultural workers. I mean, off the top of my head I can think of 15
14 states that are being contaminated, killed and deformed children, and on
15 and on, of agricultural workers.
16 And not to read "including agricultural workers" here on your actions
17 agenda, I think it's key – very important for me to hear you say that you
18 will add that on because that's what I represent, agricultural workers –
19 that's what I've been doing all my life, working in the fields – not just
20 representing but working in the fields for 36 years of my life, and the last
21 22 years working as an organizer defending the rights of those workers.
22 Then, not to even see it here, it's a waste of my time, then, to be sitting on

1 this NEJAC committee.
2 (Applause.)
3 MR. McCABE: As I said, these are 15 demonstration projects where
4 we're pulling in other federal agencies, we're working with other federal
5 agencies. We will be learning from our experience with working with those
6 other agencies. The communities will learn from the experience too.
7 Agricultural communities were not meant to be excluded. They
8 certainly could be included and can be included in future rollouts of
9 demonstration projects, or whatever permanent program is put in place in
10 the future. It is an important area and it was not omitted purposely.
11 MR. CUEVAS: Well, it made me think when I saw this, that you were
12 choosing these 15 projects but very conveniently forgetting about
13 agricultural workers which we're the ones that harvest the crops that we
14 all eat, and you're excluding us.
15 It's just like – I just want to for the record tell Mr. Chairman that I
16 would like to see, especially Richard Moore, come back so that we can
17 ask the questions or comments that we wanted to say earlier. It made me
18 feel when you cut us off the way I feel all the time when it comes to low
19 income or agricultural workers, we don't have time.
20 MR. TURRENTINE: Let's conclude this and then we will address that
21 part of the agenda. I mean, at this time –
22 MR. McCABE: I think that you also ought to look more closely at the

project in Region 8 -- Region 8, was it? -- that deals with drinking water in rural communities and it addresses some of the issues that you might be concerned about.

I think that the point that you're making, which is that agricultural communities should be included, is an important one. These are not all the projects that are going to be done in the future. These are demonstration projects. We're going to learn from them, we're going to build on this.

So I think that your point is well taken and will help inform us in the future as we put together a new package.

MR. TURRENTINE: Mike, thank you very much, and I'm going to invoke the authority of the Chair and stop this at this point in respect to the Deputy Administrator for coming before us. And now I know he has another schedule that he has to meet. So we want to thank him. Let's give him a round of applause.

(Applause.)

MR. TURRENTINE: No, we're not breaking yet.

Now, there has been an express desire for some additional questions or comments with one of the other panelists. I think Fernando will try and put that into the schedule as we can.

I think in fairness to people who have been scheduled to come on at a particular time, we need to try as best we can to adhere to a schedule.

We also have a lunch break that we're looking at. I will be guided by the wishes of the Council. If we are to break for lunch now, I need to know if that's your desire.

MR. GELOBTER: Can we make -- again, because the last panel was brought to a close late, that prior panel came to the table pretty much -- can we just try to bring them at the beginning -- make sure we have question time in the next period, if we were to break for lunch now?

MR. TURRENTINE: I'm open. I'm open to a suggestion from the Council. But I just think that we need to move the process, as opposed to debating it right now.

MR. GELOBTER: Right.

MR. TURRENTINE: We need to either go to lunch or we need to keep on working.

PARTICIPANTS: Go to lunch.

MR. TURRENTINE: Let's go to lunch. What time are we coming back from lunch?

PARTICIPANTS: One hour.

MR. TURRENTINE: It is -- listen up. It is presently ten minutes after 1:00. Can we all be back in our stations at 2 o'clock so that we can get as much in as possible? Can we get a commitment to that?

PARTICIPANTS: Yes.

MR. TURRENTINE: Two o'clock. Thanks.

(Whereupon, at 1:10 p.m., the meeting in the above-entitled matter was recessed, to reconvene at 2:00 p.m. this same date.)

AFTERNOON SESSION

MR. LEE: This morning we said that there were members here from the Science Advisory Board and from the Children's Health Environmental Protection Advisory Council. Dr. Willa Fisher is here, and I wanted to give her a chance to introduce herself.

DR. FISHER: I'm Willa Fisher. I a local health officer in Washington State.

MR. TURRENTINE: Hold on one moment. Council members, let's take our stations. It's only fair to the people that are going to presenting that you give them your attention.

DR. FISHER: I'm Willa Fisher, a guest here today. I'm a local health officer in Washington State and a member of EPA's Children's Health Protection Advisory Committee --

MR. COLE: Can you talk into your microphone, please.

DR. FISHER: These microphones -- is it working?

PARTICIPANT: Yes.

DR. FISHER: Okay. I'm Willa Fisher. I'm a local health officer in Washington State and a member of EOA's Children's Health Protection Advisory Committee. I was invited here today to represent them and to take part in your meeting. So, it's a pleasure to be here and certainly a lot of the issues I hear you folks talking about and concerned with certainly do involve children's health.

1 Certainly our committee is along the lines that we heard from one of
2 the panelists, that one of the biggest areas for more data is understanding
3 children's risks and children's exposures. I know this is one of the areas
4 that our committee is really working on, is trying to get into. The research
5 agenda of also an interagency working group on children's health is to let's
6 get more data about children's exposures and children's risks.
7 So, it's nice to be here today.
8 MR. LEE: Thank you. Welcome.
9 We also have Dr. Hilary Inyang from the Science Advisory Board.
10 You didn't get a chance to introduce yourself this morning.
11 DR. INYANG: My name is Hilary Inyang. I'm here to represent the
12 Environmental Engineering Committee of EPA's Science Advisory Board.
13 My regular job is at the University of Massachusetts where I'm Director of
14 the Center for Environmental Engineering Research.
15 As I sat listening, one key point was made, which is you don't
16 necessarily have to uncover all the things that need to be uncovered in
17 research to do something about it because essentially more research often
18 leads to more unanswered questions. So, from my own personal
19 standpoint it is necessary to implement intervention programs, those that
20 we may call mitigation programs.
21 Generally, facts often expose the need for more facts, and by
22 analogy we can look at the situation with earthquakes in this country.

1 There's a lot to be learned still in seismology, which is the science of
2 earthquake investigations. But because of very good programs in the
3 earthquake mitigation area, the total loss of life and property has been
4 minimized. So the same could be done for environmental justice.
5 Of course, I'm speaking as an individual and not on behalf of our
6 technical committee.
7 Another area is that as more of these research programs become
8 constructed, it is very good to look at the situation in developing countries
9 where agencies like the World Bank and the World Health Organization –
10 I've done quite a lot of work for these organizations – they have uncovered
11 a lot of relationships between a lack of environmental infrastructure
12 support systems and human health problems.
13 I mean, cities like Rio de Jainero in Brazil, Calcutta in India, Lagos in
14 Nigeria, all of these places have served as laboratories for these agencies.
15 There's a lot to be learned there that could be adapted to U.S.
16 policymaking.
17 One of the remarks made earlier by one speaker, he alluded to the
18 fact this hesitance on the part of university-based researchers is not to get
19 involved in social policy issues.
20 I would say that speaking for my committee, most of them are highly
21 acknowledged experts, they have not been very shy to comment when it

1 is necessary on matters that impact upon policy. We do not formulate
2 policy ourselves, but the science that we do and the advice we give to the
3 agency certainly impacts strongly on the agency's posture in some of
4 these policy issues.
5 I think that it is general on our committee for people to believe that if
6 it were true that the intellectual capital whose productivity in science and
7 technology would immediately disseminate into programs that could be
8 used to improve the human condition, we would rest assured. But we are
9 not sure of that so we have to be in some cases advocates for the right
10 thing to be done.
11 We do not want to be too partisan; the truth shall set you free, they
12 say. So we are just interested in saying things the way they are, hoping
13 that we have a preponderance of data and this data are available at levels
14 where they should be. Then public policy will be based on sound science.
15 As more of the agency's initiatives that have science embedded in
16 them come to us for advice, we'll be much more sensitive about how some
17 of these things we recommend could have utility in the environmental
18 justice arena.
19 I'm very happy that NEJAC has through the Science Advisory Board
20 established some sort of basis for our collaboration in areas like facilities
21 siting, in areas like adaptation of technologies to minimize negative

1 impacts of development, or technical guidance development by the
2 agency, that our committee can certainly contribute.
3 So, I thank you very much for listening.
4 MR. LEE: Thank you. I wanted to make sure that our guests here
5 from the other advisory committees feel that you know that – feel free to
6 participate freely in the discussions and, you know, any points of view that
7 you may want to share with us, we would welcome.
8 We look to you to be here as resource people and certainly will want
9 to make sure that you are involved in the dialogue here as much as
10 possible.
11 The next panel is going to look at the interface between physical and
12 socioeconomic factors as important element for understanding cumulative
13 risks and health disparities. Certainly this is a central question for
14 environmental justice and environmental justice research and the science
15 of cumulative risk.
16 I'm going to ask the next panel to come forward. They include Bruce
17 Kennedy from the Harvard School of Public Health, Samara Swanston
18 from Greenpoint-Williamsburg in New York City, Walter Handy from the
19 Cincinnati Health Department, and Michael Callahan who is with EPA, the
20 Cumulative Risk Technical Review Panel.
21 I'm not sure if Dr. Kennedy is here yet. He's not, right? Okay.

1 I want to point out that there is in your materials the notation that for
2 this panel an industry representative was going to be determined. We at
3 the Office of Environmental Justice, in collaboration with many people on
4 the NEJAC who are industry members and representatives, and the
5 Chemical Manufacturers Association, looked extensively at the possibility
6 for an appropriate panelist for this panel.
7 It just turns out that this is not an area that's been focused upon and,
8 therefore, we wanted to make sure that everyone did not get a
9 misimpression that there wasn't a real extensive effort nor an
10 unwillingness on the part of industry to participate in this particular panel.
11 So, with that, I wanted to turn it over to -- I guess because Dr.
12 Kennedy is not here, we'll start with you, Samara.
13 Each of you has ten minutes, and there's the timekeeper here.
14 PANEL 3
15 SOCIOECONOMIC VULNERABILITY
16 PRESENTATION BY MS. SAMARA F. SWANSTON, J.D.
17 MS. SWANSTON: I'm the Executive Director of a community-based
18 organization in Brooklyn, New York, an impacted community known as
19 Greenpoint-Williamsburg. Greenpoint-Williamsburg has a sewage
20 treatment plant, 13 major air sources, 23 waste transfer stations, 2 power
21 plants, and 3,682 local air permits to pollutants. This is a community of

1 156,000.
2 The topic of my talk, socioeconomic vulnerabilities in health
3 disparities and disproportionate environment health effects resonates
4 strongly in our community which is disproportionately a community of
5 color.
6 The measures most commonly used to evaluate socioeconomic
7 status are income, education and occupational prestige. These measures
8 are limited in that they do not capture significant components of social
9 stratification than can influence health status.
10 Other measures of socioeconomic status include the conditions in
11 which an individual lives, intergenerational transfers of wealth since
12 inheritance of wealth occurs less frequently among minorities, and a
13 consideration of socioeconomic status in this country must also include
14 race because socioeconomic status is transformed by racism.
15 So I'm saying that SES does not have the same meaning in
16 communities of color as it does in other communities.
17 For example, college degrees and professional degrees do not buy
18 the same income and opportunities for people of color as they do for other
19 folks.
20 In addition, minorities routinely pay higher costs for food, housing,
21 automobile insurance and credit than whites.

1 It's also beyond dispute that racism affects the quantity and quality
2 of medical care received. Studies show that African-Americans and other
3 minorities are twice as likely to receive medical care in hospital clinics and
4 emergency rooms where it is impossible to see the same care provider for
5 each visit and where no continuity of medical care can be achieved.
6 Furthermore, most people are aware of the many studies
7 demonstrating that even after adjustment for insurance and clinical status,
8 similarly situated minorities are less likely to receive coronary angiography
9 bypass surgery, angioplasty, chemodialysis, kidney transplants, intensive
10 care for pneumonia, and other aggressive disease treatment.
11 Racism even directly affects health status since in several studies an
12 association has been established between reported racial discrimination
13 and hypertension.
14 Interestingly, one study found that participants -- in this case they
15 were all females -- who reported no incident of racial or sexual
16 discrimination were two to three times more likely to report high blood
17 pressure than those who reported experiencing discrimination. The story
18 postulated that the internalized denial of bias adversely affected health
19 status, causing increased blood pressure levels, the hypertension.
20 So, income, education and occupational prestige measures do not
21 measure the same thing in our community.

1 SES affects or influences health care. According to cancer experts,
2 socioeconomic status plays a role in the use of different screening tests
3 and higher SES is correlated with greater use of screening tests, more
4 aggressive therapy and a greater chance for cancer survival.
5 Socioeconomic status plays a role in obesity, leading to diabetes.
6 Diabetes, for example, was virtually nonexistent among Native Americans
7 until many Native Americans were forced to change their traditional diet
8 due to the effects of pollution and also forced relocations away from
9 reservations. Now Native Americans have the highest diabetes rate in the
10 United States.
11 Inequity in access to societal wealth also affects health status, and
12 I think Dr. Bruce Kennedy argues in some of his writings that barriers to
13 social, political and cultural capital results in wealthier individuals being
14 educated in better physical environments and having better access to
15 municipal and health services.
16 For example, in Greenpoint-Williamsburg with all those environmental
17 burdens and 156,000 people, there are no hospitals. It's well known that
18 access to health care affects health outcomes. Somebody is having an
19 asthma attack Greenpoint-Williamsburg, it's hard to get a cab to go to a
20 hospital outside of the community.
21 Also, variation in utilization rates among socioeconomic groups is

1 strongly connected to health status. Poverty, of course, exacerbates
2 health disparities. Income affects access to health, and there are more
3 than 41 million Americans who have no health insurance and thus face the
4 greatest barriers to adequate health care.
5 Low income adult men are seven times as likely to be uninsured; low
6 income adult women are eight times as likely to be uninsured.
7 Poverty and lack of insurance also increases the risk of health
8 disparities. Poverty affects the likelihood of exposure to second-hand
9 smoke because service workers are exposed to higher levels of
10 environmental tobacco than non-service workers or white collar workers.
11 Poverty affects environmental exposures in a variety of ways not
12 considered. For example, it's primarily poor people who heat their homes
13 with kerosene heaters in the winter. Studies show that kerosene heater
14 use results in substantial increases in indoor concentrations of PM2.5,
15 particle strong acidity, sulfate, and nitrate.
16 In a 1998 report by the Department of Health and Human Services,
17 health in America was unambiguously tied to income and education. The
18 report found that adults with less education die younger and have higher
19 death rates for all major causes of death.
20 Socioeconomic status was found to influence the health of children.
21 A study found that low birth weight and infant mortality rates were higher

1 among the children of less educated mothers.
2 Environmental exposure to lead, elevated blood levels -- we all know
3 is associated with low family income, and children living in poor families
4 are five times as likely to have elevated blood lead levels as children from
5 high income families.
6 Socioeconomic status has been used to predict homes with high
7 allergen levels or the likelihood of becoming a single mother. And
8 socioeconomic vulnerability has been used to predict the likelihood of
9 stunting in children's growth.
10 Diet is another measure of SES that influences health, and diet is
11 heavily influenced by socioeconomic status. And poor diet, or nutritional
12 deficiencies are known to play a role in health status and individual
13 responses to environmental exposures.
14 For example, dietary calcium decreases gastrointestinal lead
15 absorption and thus lead toxicity. A recent study by NIEHS looked at 314
16 children who were 88 percent African-American, nine percent Hispanic and
17 two percent white. That study found that African-American children and
18 Hispanic children in each group had calcium intakes significantly below the
19 daily recommended intakes.
20 Low calcium intake was in part attributable to lactose intolerance, a
21 condition reported by many African-Americans and people of African

1 descent.
2 In addition to calcium, Vitamins A, B, C, E as well as numerous
3 minerals, are known to reduce the toxic effects of pollutants. So,
4 nutritional deficiencies as a result of poverty result in increased impacts of
5 pollution exposures. Reduced Vitamin A levels make children more
6 susceptible to DDT, PCBs and other pesticides.
7 Approximately 25 percent of all children have Vitamin A levels lower
8 than the recommended daily amount. Reduced Vitamin C levels increase
9 susceptibility to arsenic, cadmium, carbon monoxide, chromium, DDT,
10 dieldrin, lead, mercury, nitrates, ozone. And in as many as 30 percent of
11 all infants, children, and low income adults, we see less than the daily
12 recommended allowance of Vitamin C.
13 Selenium, zinc and iron are some of the minerals that reduce adverse
14 effects resulting from pollution exposures.
15 Moreover, poor diet during childhood is not likely overcome by
16 achievement of a higher socioeconomic status later in life. There's
17 evidence that people carry lifelong vulnerabilities because of
18 socioeconomic vulnerabilities experienced during childhood.
19 I'm a classic example of carrying socioeconomic vulnerabilities into
20 adulthood because I was a lactose -- I'm a lactose intolerant person and
21 as a child they did not have the soy substitute milk formulas, as they do

1 today, and breast feeding was not recommended, as it is today, and I
2 therefore did not get adequate calcium since I would get sick every time
3 I drank milk. As a result of not getting adequate calcium, I had many
4 problems with my teeth as a child and I still have many problems with my
5 teeth.
6 Similarly, studies show that children will typically not overcome --
7 MR. LEE: Hey, Samara.
8 MS. SWANSTON: Yes?
9 MR. LEE: You're over your time.
10 MS. SWANSTON: I'm over time?
11 MR. LEE: Yes.
12 MS. SWANSTON: Let me just wrap up quickly. Racism can play a
13 role in disparate exposures. Disproportionately vulnerable individuals live
14 in our communities in greater numbers, young people who are vulnerable
15 because of preexisting diseases.
16 Another important measure is where we live. I don't want to take too
17 much time, but I want to conclude by saying that we need to look at other
18 measures that include things like where we live because income is
19 assumed to be the kind of thing that would put you in a community where
20 you're not exposed to a lot of environmental pollution, and that is not a fact
21 of life for people of color. Our communities routinely include a lot of middle

1 income and upper income people because of racism.
2 Cultural barriers, as well as language barriers, need to be included in
3 socioeconomic status. Race, gender, location of residence, location of
4 workplace and cultural distinction are measures that need to be included
5 in SES because SES does not mean the same thing in communities of
6 color than it does in white communities.
7 MR. LEE: Thank you.
8 (Applause.)
9 MR. LEE: Next we're going to hear from Dr. Walter Handy from the
10 Cincinnati Health Department.
11 (Applause.)
12 PRESENTATION BY DR. WALTER HANDY
13 DR. HANDY: Good afternoon. As you are aware, panelists in this
14 session have been asked to offer comments about the interrelationships
15 between socioeconomic vulnerabilities –
16 MR. TURRENTINE: You're still going to have to get more directly
17 into the microphone.
18 DR. HANDY: Health disparities – how's that?
19 MS. MILLER-TRAVIS: That's good.
20 DR. HANDY: Haywood, can you hear me? All right – health
21 disparities and disparate environmental effects in environmental justice

1 communities. In the next few minutes I'd like to address this charge by
2 first discussing some of the observed interrelationships between
3 socioeconomic status, health, and health status.
4 Next I will provide a brief overview of prevention theory, as I believe
5 it informs critical thinking about public health principles that underpin
6 current public health practices.
7 From these conceptual analyses I will focus on what I believe to be
8 the real work of this week's discussions; that is, identifying new and better
9 ways of preventing adverse health impacts secondary to environmental
10 pollution.
11 Finally, I'd like to offer a few ideas about potential areas of research
12 inquiry and policy formulation for the future.
13 Looking at socioeconomic status and health status, I'd like to
14 comment that for more than 800 years, as Dr. Swanston indicated, people
15 have known that higher rates of death, illness, and disability have tended
16 to concentrate in the poorest members of the community. This pattern has
17 been observed in communities around the world, so this is not just
18 Cincinnati or Ohio or New York or the U.S. This is a national and
19 international phenomenon.
20 A number of researchers have offered a number of explanations
21 about why this association tends to occur. They've offered such

1 observations as inadequate medical care, low income, poor health habits,
2 unemployment, race, hazardous living conditions.
3 A number of folks getting together in a National Institute of
4 Environmental Health Sciences seminar developed an additional set of
5 lists that included such threats as employment threats from unclean and
6 unsafe work environments, work in industry without insurance, working
7 without a living wage, other infrastructural types of threats that include
8 inaccessibility to health care providers in rural areas, poorly constructed
9 drinking wells, insensitive medical providers, and others.
10 In addition, that group developed a list that included educational
11 threats that might be inferior educational systems and high drop-out rates
12 in schools.
13 All of these are components of socioeconomic status or attributable,
14 as I've indicated earlier, to higher rates of death and disability among poor
15 people.
16 These lists we feel, taken together with such intangible personal and
17 community attributes as the availability of social support and personal
18 coping styles, tend to round out what are likely to be the true connections
19 between health status and socioeconomic status.
20 This is, from my perspective, a bewildering array of potential causes
21 of adverse health outcomes and surely must amplify the unhealthy effects

1 of pollution. The latter two concepts, however, intrigue me as a
2 psychologist because those latter two concepts have to do with social
3 support and personal coping style because they may not only help us to
4 explain why although all people may be subjected to these adverse
5 environmental conditions and socioeconomic conditions, all people do not
6 succumb to that overwhelming sense of external threat by succumbing
7 with adverse health outcomes.
8 Social support and coping style may also offer keys to examining the
9 more difficult social contexts of health status. In addition, they may help
10 to lead to the development of more effective partnerships to reduce the
11 pollution and identify effective coping strategies and social support
12 mechanisms among other community residents.
13 Simply put, there are no simple cause and effect relations that I've
14 been able to observe among the elements on these lists. It's not a simple
15 you identify this, it has this particular effect.
16 From my perspective there also are no clear victims or perpetrators.
17 In every community I believe that there are mixtures of interest – some
18 shared, many competitive. Prevention of adverse health effects
19 contributed to by these multiple and interactive effects is clearly the major
20 goal of our collective deliberations.
21 If I could switch a moment to prevention theory and say that the

1 working construct of public health is largely an invention of the 20th
2 century. Prevention theory and public health practice rest soundly on
3 three elements, what we believe causes our ill-health, how we measure
4 health, and who gets measured for health.
5 Over the past 100 years the models that have been used to
6 conceptualize prevention and public health principles and practices have
7 grown more complex as we've understood the greater complexity of the
8 relationships that impact our health outcomes.
9 However, by observing that there are so many problems and so few
10 resources, I believe the public health professionals and practitioners have
11 been forced to become more efficient by becoming more effective.
12 Over these years, as methods of observing health status have
13 evolved -- have evolved and improved -- beliefs about the causes of death
14 and health status have become more complicated. Where once the
15 individual's health status may have been identified as dead or alive, today
16 we have such concepts as morbidity, comorbidity, disability, wellness,
17 quality of life, socioeconomic behavioral, and environmental health. We
18 now think also in terms of risk factors for morbidity, disability, mortality, et
19 cetera.
20 Prevention, then, as a way of thinking about public health, largely
21 emerged out of the dissatisfaction with the effectiveness of available

1 treatment options. Alternatives were sought to address this frustrating
2 condition.
3 The intent of incorporating socioeconomic vulnerabilities into
4 community health assessments for populations already suffering health
5 disparities is to prevent disparate impacts. During Title VI deliberations a
6 number of possible options were considered.
7 Some argued during those deliberations that primary and secondary
8 prevention efforts to prevent industry from polluting excessively might
9 simply be limited to requiring that industry to comply with existing laws,
10 permitting laws. Others argued that industry needed to go much further
11 than that.
12 I won't get into the detailed discussion of that, but it was a fascinating
13 one and one that I feel was basically aimed at trying to address this
14 question of, given socioeconomic vulnerability and potential health poor
15 outcomes, how can we prevent these situations from occurring.
16 Many of those options, however, were built upon risk assessment.
17 Risk assessment, as I'm sure you're aware, has many advocates and
18 probably as many detractors. An option that was presented to the Title VI
19 committee -- that I don't know if this committee has had presentations on
20 -- was one offered by Jerome Balter of the Public Interest Center of
21 Philadelphia. He proposed an environmental justice protocol in May of

1 1998 as a suitable substitute for the EPA Title VI Interim Guidance in
2 general, and risk assessment in particular.
3 The protocol highlights the same available public health statistics;
4 that is, age-adjusted total mortality, age-adjusted cancer mortality and
5 infant mortality rates, as referenced in a document that I'm sure this
6 committee is familiar with, and that is the Institute of Medicine report on
7 environmental justice.
8 Mr. Balter proposed these as alternatives to risk assessment as a
9 simple way of understanding what the health status of a community was,
10 and then allowing local and state agencies to make permitting and siting
11 decisions based upon that information.
12 Another alternative that I won't go into any great detail on but on
13 which there is plenty of information available from EPA and other officials,
14 is a process called comparative risk analysis. Comparative risk
15 assessment takes scientific information and blends it with values and
16 attempts to render from that community decisions about environmental
17 factors as well as health factors.
18 Since I see that my time is running very low I'm going to cut to the
19 last portion of the presentation which is to highlight three or four possible
20 research and policy recommendations.
21 One of them is to acknowledge, as I heard someone mention before

1 the lunch break, that the number of problems that are facing our
2 community are excessive and really too large for any one stakeholder
3 group to address by themselves. There's a lot of merit, I believe, in
4 therefore looking at researching some options for collaboration and
5 training to allow stakeholder groups to work more effectively together.
6 The second research option that I'd like to suggest be considered is
7 that of looking at what I'm referring to as invulnerability. I referenced
8 earlier a notion that some people with effective social systems and coping
9 strategies seem to be able to be inoculated against some of the adverse
10 health effects that environment polluting offers, as well as socioeconomic
11 status it seems to place on people.
12 I think that we ought to be looking at those folks in terms of how they
13 are managing with their coping styles and their effective social support
14 mechanisms to mitigate some of those effects.
15 Another concept I mentioned earlier was this notion of comorbidity;
16 that is, when you have a problem in one area that's simultaneously
17 experienced by the person with problems in other areas. So you may
18 have mental health problems that are associated with lifestyle choices or
19 work settings or family settings, and they are likely to be exacerbated by
20 physical health problems, diabetes, cancer, any of a variety of other health
21 problems, which in turn are also likely to be exacerbated by environmental

1 problems.
2 This notion of the interaction of those sources of morbidity, if you will,
3 or ill-health status, need to be examined more carefully.
4 The last one, since I see I'm clearly out of time, is to look at the issue
5 of measurement of health. I mentioned earlier briefly that Mr. Balter
6 proposed an environmental justice protocol. I have some problems with
7 that protocol because I think it suggests that there's research-grade health
8 statistics among local health departments that I don't believe exists.
9 Nevertheless, I think the idea has a lot of practicality and merit and
10 I think more research needs to be done to develop the kind of baseline
11 data that then using that kind of protocol might help in the application of
12 deciding on siting and permitting decisions for industry.
13 Thanks for your attention.
14 MR. LEE: Thank you.
15 Let me now turn it over to Michael Callahan who chairs the EPA's
16 Cumulative Risk Technical Review Panel.
17 Let me just say that these issues come together very much around
18 issues of cumulative risk and cumulative impacts or differential impacts.
19 Mike was very forthcoming in coming to us and relating that the Technical
20 Review Panel for Cumulative Risk is developing a framework for
21 understanding cumulative risk and identifying the priorities in terms of both

1 policy development and research.
2 He's going to present to us their approach towards this and the
3 relationship to the physical and socioeconomic factors that contribute to
4 health disparities and pose a number of questions to the NEJAC that they
5 would like to be addressed as EPA is developing this framework. Michael.
6 PRESENTATION BY MR. MICHAEL CALLAHAN
7 MR. CALLAHAN: Good afternoon, Mr. Chairman, and thank you,
8 Charles. Thanks for inviting me. It's a pleasure to be here. NEJAC
9 meetings are always thought-provoking, at the very least.
10 Today I'd like to talk about a process that EPA has to ultimately
11 establish some guidelines for doing cumulative risk assessments. We
12 have other guidelines in the agency; we have guidelines for cancer
13 assessment, guidelines for exposure assessment. The guidelines for
14 cumulative risk assessment will be another of these sets of documents
15 that kind of outlines to the agency what it should and should not be doing
16 when we're doing these sorts of scientific endeavors.
17 The cumulative risk guidelines effort is in two parts. The first is to
18 develop a framework document for cumulative risk. This is the kind of
19 document that says, if you're going to do a cumulative risk assessment,
20 what is it, and what kind of issues are you going to be finding that you
21 don't find in other kinds of risk assessments. The second is to actually

1 develop the guidelines, which is a "how do you do it." If I could have the
2 next slide.
3 What I'd like to go over quickly in my talk are some major topics.
4 First, what is cumulative risk as we define it? What will be in the
5 cumulative risk framework document and what is that? What are some of
6 the issues involved in cumulative risk? Dr. Bullard told us this morning
7 that we needed a paradigm shift, and a cumulative risk assessment from
8 normal risk assessment is a paradigm shift, and I'll talk about that. When
9 can I look forward to seeing this document?
10 And then I have a couple of questions for the Council. Next slide.
11 First of all, the definition that we're using as a working definition –
12 and, again, we do not yet have a draft of the framework document – we're
13 still in the early stages of discussing things, which is one of the reasons
14 that I wanted to talk to you about this.
15 Cumulative risk is the combined risks from two or more agents or
16 stressors, and that's kind of some jargon which means chemicals,
17 biological agents, radiological agents, or other things that put stress on a
18 population – they may not be chemical things.
19 So what this definition kind of encompasses is, first, there have to be
20 two or more chemicals or stressors and the risks have to be somehow
21 combined, not just listed separately. So if you do risk assessment and you

1 have five chemicals and you just list the risks, you know, one after the
2 other, that's not a cumulative risk assessment under this definition.
3 The key here is that combined means not necessarily adding risks,
4 but looking at the interplay between the toxicities and the risks of the
5 stressors. For example, one insult may make somebody more susceptible
6 to an insult later from another chemical. You wouldn't add those risks.
7 There isn't any real way to add those; they're not in the same units. But
8 you would look at how these interact.
9 Combining means we're looking at repeated exposures over time,
10 effects of prior exposures and current exposure, and effects of one
11 stressor on the toxicity of another. The next slide, please.
12 What's in the framework? What is the framework? Well, first of all,
13 it's a relatively short, hopefully plain-English document. We're talking
14 about maybe 50 pages, maybe a little more, with some appendices. So
15 it's going to be short. It's going to get into what is a cumulative risk
16 assessment.
17 Second, it's a science document. It is not a policy document. So the
18 things that I'm talking about today, we're going to focus on the science part
19 of doing this assessment.
20 It's going to talk about what do we know about cumulative risk
21 assessment at this point. It's going to discuss several issues, including

1 why a cumulative risk assessment is different from other kinds of
2 assessments.
3 What can we do right now and what can't we do in terms of
4 cumulative risk? Science is not perfect, but what do we know right now,
5 kind of an approach to it.
6 It's also going to talk about what kinds of things we think we can
7 answer right now and what kinds of things we can't answer.
8 Cumulative risk approaches require a different mindset from
9 traditional – certainly they're related, but we have to go into kind of a
10 different mindset to see what makes cumulative risk different. If I could
11 have the next slide.
12 Historically – say, back in 1970 when EPA was created – there was
13 a lot of visible pollution. Rivers were on fire, things like that. The main
14 goal of the agency at that time was to stop the pollution from getting into
15 the environment. So we looked at chemicals and we followed where those
16 chemicals went through the environment and what kinds of subpopulations
17 or populations, as you see in the diagram there, they contacted.
18 This is what I call a chemically-focused assessment. This is the kind
19 of assessment that has been very common in the agency for years. The
20 next slide, please.
21 Cumulative risk is a different type of operation; it's a population-

1 focused assessment. It's more along the lines of what a public health
2 approach would be where it starts with the population and then asks the
3 question what is contacting or affecting that population.
4 Why are we looking at this now? EPA has looked at population-
5 based things in the past, even as early as the '70s when we were doing
6 the team studies, but we really didn't have questions such as the
7 questions that the environmental justice community has been asking us
8 about community assessments, you know, two decades ago. It's those
9 kinds of questions that I think are going to push us into looking at risk
10 assessment in different ways.
11 What are some of the issues that we have here? First of all, we may
12 be able to find from looking at the – if you look at the yellow and green
13 things, those represent perhaps that the chemically-focused way of doing
14 risk assessment – we can look at certain chemicals and find out how they
15 affect population.
16 One of the issues about cumulative risk that's different is how do we
17 find the rest of that stuff that we haven't focused on in our chemical focus;
18 second, how do we combine the risks from those things, including risks for
19 non-chemical stressors.
20 If I could get the next slide – actually, why don't you just skip the next
21 slide and just go to the next one after that. That slide just listed the three

1 things I just mentioned.
2 This is a daunting kind of task. The challenge here is how do we do
3 this. I think the first step is to kind of lay out the lay of the land so that we
4 can see what research needs to be done, or we'll never even look at the
5 questions. The second challenge: We need to find new and more efficient
6 ways to get the data needed for these assessments, including ways of
7 determining which pathways are most important.
8 If we go about this as an exercise in looking at all 80,000 chemicals
9 in the TRI and then trying to figure out how they interact, I don't think we're
10 going to get there. We need some different approaches.
11 I think we heard earlier this morning about personal exposures. We
12 have been talking in a very preliminary way with people from the National
13 Academy of Sciences about maybe some biological marker research that
14 may help, but one of the challenges is that if we're ever going to do this
15 right, we have to get working on some different ways of doing it. Next
16 slide, please.
17 Another challenge is vulnerability. I would like to say that we've
18 heard a lot about vulnerability being spoken of today in the context of a
19 socioeconomic factor. I would propose to you that it's not just a
20 socioeconomic factor. It is a scientific – and by that I mean a biological
21 scientific – factor also.

1 If we look at two people who are exposed to the exact same amount
2 of a chemical and one has a much different response, that person is
3 vulnerable. It's a dose response kind of question.
4 So vulnerability, as we're talking about it in our group, would be some
5 thing like – and this is not a formal definition; this is some words that
6 reflect kind of where our thinking is – would be a substantially different
7 dose response than average, whatever that means, to an agent, possibly
8 due to things like susceptibility or prior exposures or effects of concurrent
9 insults from other chemicals.
10 All of these are issues that crop up in a cumulative risk assessment
11 that don't necessarily come up in our more traditional way of doing risk
12 assessment. Next slide, please.
13 Well, where are we going with this? I will quickly finish here. The
14 agency-wide technical panel that I'm chairing is under the risk assessment
15 forum and we are planning on working on getting a draft of this framework
16 done by the end of the year.
17 This is something we are going to have to do a couple of workshops
18 on this summer or fall to try to get information and ideas from other people.
19 We have talked to some of our other federal agencies in a preliminary way
20 about coming to talk to us and getting together to kind of pool our
21 resources about what's known. That's been very favorably received.

1 Also, we're going to have a more public workshop that would be open
2 to everybody. Again, what we would be doing in these workshops will be
3 what do we know about these issues, what ideas do we have about
4 tracking these issues, and just where we are and what kinds of things we
5 can answer right now.
6 Of course, this is going to have to be peer reviewed. I think Dr.
7 Anderson's subcommittee is going to be involved in this, and we've had
8 some preliminary talks with the SAB about this.
9 The final published product will be out by September of next year.
10 As many of you may know, EPA is, as all federal agencies are, under
11 a law called GPRA – G-P-R-A – Government Performance and Results
12 Act, I believe it is. What we have to do is we have to kind of set goals for
13 ourselves and publish them, and they're reviewed by –
14 MR. LEE: Michael, can you begin to finish up?
15 MR. CALLAHAN: I will be done momentarily.
16 This is one that Congress checked off and said that they wanted to
17 see, so this is not going to be a document that disappears.
18 In summary, EPA is developing cumulative risk assessment
19 framework. It should be due by September of 2001. There's many issues
20 that are going to be addressed and the work after that will start on
21 developing the guidelines.

1 I have two questions that I would ask – in the last slide – to the
2 panel. I don't expect answers right now, but I would like if I could
3 somehow get some feedback on these.
4 First of all, what would you like to see in the cumulative risk
5 document? This is the same question we've been asking people inside
6 the agency now for several months. What would be helpful to you in
7 having this, given the constraints that it's a scientific document and not a
8 policy document, and it's a "what is" cumulative risk rather than a "how
9 to"? Second, who all should we talk to about this?
10 With that, thank you.
11 MR. LEE: Thank you.
12 (Applause.)
13 MR. LEE: We are running behind schedule but I want to open it up
14 for questions and answers and dialogue.
15 Vernice.
16 MS. MILLER-TRAVIS: Dr. Callahan, I have a question for you. I
17 wrote it down, so let me find it.
18 Does this framework give you the ability to address or try to capture
19 and investigate the concept of synergistic effects of cumulative and
20 multiple chemical exposures?
21 MR. CALLAHAN: Yes, that will be a big part of this.

1 MS. MILLER-TRAVIS: Excellent.
2 MR. CALLAHAN: We will try to incorporate – when we talk about
3 what is known, there's been a lot of work at EPA and we've been talking
4 to other people, like ATSDR, that's been working on how to combine
5 toxicities of chemical. We will try to not repeat all that work but kind of
6 summarize it and point to where to find it.
7 MS. MILLER-TRAVIS: I would just illuminate that you are coming to
8 join the Waste and Facility Siting Subcommittee tomorrow at 11:30 –
9 MR. CALLAHAN: Yes.
10 MS. MILLER-TRAVIS: – to talk further. If you could sort of think
11 about focusing on perhaps this particular issue because this has been a
12 burning issue for the NEJAC and this would be one of the first
13 opportunities we've had to discuss with the agency sort of where you are
14 in this set of questions.
15 MR. CALLAHAN: Okay.
16 MS. MILLER-TRAVIS: Thank you.
17 MR. LEE: Thank you. Dr. Fisher.
18 DR. FISHER: Another question for Mr. Callahan. Is your framework
19 going to include the full lifespan of exposures like fetal, breast feeding?
20 I mean, the whole lifespan so that there's that focus on children's
21 exposure?

1 MR. CALLAHAN: Yes. Yes, it will be discussing that, and probably
2 in the sense of special populations that are different from kind of the
3 average adult.
4 DR. FISHER: Good, because that's always our concern from the
5 children's committee, is how we're going to be getting this data. Good.
6 Thank you.
7 MR. LEE: Why don't we go to Pat, Pat Hill. Oh, Pat Wood, I'm sorry.
8 MS. WOOD: I answer to either. I actually have a question for Walter.
9 You were talking about that you had some concerns with protocols
10 in terms of talking about looking at public health and you made the point
11 that you did not have much and that there really needed to be more
12 baseline data.
13 I wondered if you had a list or had identified those key factors that
14 you felt were central for that baseline.
15 MR. HANDY: Sure. Let me try to respond to the question.
16 What I suggested was, my understanding of Mr. Balter's proposal is
17 that it is built upon an assumption that local public health agencies or
18 statewide public health agencies have what I'm labeling research grade
19 statistics, health statistics.
20 I come from a pretty progressive local health department and we
21 don't have research grade health statistics.

1 Quite often from one clinic site to another you have different
2 physicians who may have different tendencies toward diagnosing
3 particular illness as primary, secondary or tertiary. If you want to have
4 good health statistics, you need to have some good interaction among
5 physicians or those who are offering the diagnosis so that you can look
6 across the system and look, as Dr. Callahan said, at community
7 population as opposed to individuals.
8 When I, as a treating physician, look at your chart, it might not make
9 any difference whether somebody else would give you the same diagnosis
10 as I would as long as I'm in charge of your treatment. But if I'm going to
11 try to combine your chart information with the chart information of
12 hundreds or thousands of other people which would be necessary to form
13 the kinds of rates and indices that Mr. Balter proposes, then I think we
14 need to focus much more on what I'm referring to as interactive reliability
15 amongst those who are making the diagnosis, which will then allow us to
16 develop what I think would be a good baseline so that we can say, as he's
17 proposing, this community or this subset of the community has a higher
18 incidence of the following health problems which we believe are sensitive
19 to the following environmental pollutants. On the basis of that, we think
20 this permit should be denied, or we think that one additional expansion of
21 an existing permit shouldn't be allowed.

1 Is that responsive?
2 MS. WOOD: Yes. And a follow-up question to that. Is there any
3 effort underway to try to reach consensus among the medical public health
4 community about what that baseline would be?
5 MR. HANDY: I can't say that there is none. I can say that I'm not
6 aware of it. But I'm not aware of a lot that goes on.
7 MS. WOOD: It seems to me that that's essential before we start to
8 then try to use it as a building block to reach some of these other
9 conclusions.
10 MR. HANDY: I agree. I think public health continues to speak out of
11 both sides of – since I'm a public health professional – both sides of our
12 mouths.
13 On one side we say it's important to look at population statistics. On
14 the other side, when we go medical interventions, we're primarily
15 concerned with the individual patient and so we don't necessarily look at
16 how generalizable the data that we're generating is across a community.
17 So, yes, I think that we're trying to move but I don't know of any
18 unified efforts at this point.
19 MS. WOOD: Thank you.
20 MR. LEE: Thank you. Damon.
21 MR. WHITEHEAD: A quick question regarding – Mr. Moore made a

1 presentation this morning where he talked about one of the myths about
2 pointing to people's diet as one of the risk factors. I guess I want to spell
3 that as – a representative from the chemical association when we were at
4 Baton Rouge also made the same type of – you know, it was in a different
5 vein but basically she was saying that it's diet rather than, you know, other
6 factors.
7 Has there ever been any research on an assessment of diet – you
8 know, dietary exposures – versus chemical exposures, and which one has
9 a higher factor or, say, you know, one in a million or ten in one hundred,
10 or something like that?
11 I'm not sure it's clear, but –
12 MS. SWANSTON: I'm not completely clear on your question, but let
13 me –
14 MR. WHITEHEAD: Well, let me try to clarify real quickly. Basically
15 what I'm saying is that people point out all the time that, you know, instead
16 of it being exposed to, you know, the incinerator that's spewing out dioxin,
17 you know, if you cut back on your high fat content diet, that would cure
18 your cancer.
19 My point simply is, has there ever been an analysis looking at
20 comparatively, you know, diet versus chemical exposure.
21 MS. SWANSTON: The two things are interrelated, so a good diet, a

1 nutritionally sound diet, is not going to prevent cancer. However, a poor
2 diet due to conditions like poverty is going to exacerbate environmental
3 exposures – the same level.
4 It's a susceptibility issue, which is what Mr. Callahan was just
5 describing. They're intimately connected.
6 A good source for research is Dr. Calabrese's book "Pollutants in
7 High Risk Groups" which looks at susceptibilities that are related to diet as
8 well as susceptibilities that are related to chemicals.
9 MR. LEE: We're going to go to the other side of the room. I guess
10 next is Tom.
11 MR. GOLDTOOTH: This question is for Mr. Callahan.
12 As you're developing this framework, within our American Indian and
13 our Alaskan Native Tribes there generally are many people in our
14 communities have a deep profound spiritual relationship to the land, to the
15 environment. So much that it's hard to interpret that into English, the
16 importance of that connection.
17 It's a very spiritual level as well as a cultural. It's intertwining,
18 connected. And the closest that the non-Native religious community that
19 I've heard can come to grasp to define that is called stewardship. Okay?
20 That doesn't quite capture it.
21 My point is that in the work that I do with communities dealing with

1 toxic and radiation exposure, as well as ecological disruptions, habitat –
2 as a stressor factor – a lot of our communities I feel are exhibiting extreme
3 – you know, I don't want to say psychological or syndrome, but there's a
4 loss there that is very serious. It's a cultural and spiritual value.
5 So how do you quantify that when you evaluate this, when you're
6 putting together this framework in a way that reflects this concern that I've
7 heard throughout this country with many of our people?
8 MR. CALLAHAN: Well, as I said, the framework is kind of the
9 opening step in how to do this. We're not smart enough right now to know
10 how to do everything. The kind of cultural issues that are stressors are
11 something that will be mentioned in this document.
12 How to do that, how to quantify that, is probably going to be
13 something that's going to be highlighted as a need for research. There's
14 going to be some needs for research that are going to be outlined here.
15 I think one of the things that the framework document will do is it will
16 at least put into people's consciousness – risk assessor's consciousness
17 – some of the things that have to be researched. But as to how to
18 quantify that right now, we don't know that yet.
19 DR. HANDY: Charles, can I add a comment to that?
20 MR. LEE: Sure.
21 DR. HANDY: There is a fair amount of research that is actually
22 growing in size which looks at the same question that you're talking about.

1 That is, taking psychological stressors, whether you want to call them
2 diseases or just a sense of despair, and equating that to biological
3 susceptibility. The psychological stressors actually produce changes in
4 the body's physiology that increases their susceptibility to chemical agents
5 or other agents.
6 So this isn't a matter of mystery or entire mystery. There is research
7 going on right now that relates to that.
8 Looking at that from another point of view, there's a psychological
9 concept referred to as "learned helplessness" that some people have
10 equated with another psychological state called depression.
11 The reason I bring that up is that if you are sufficiently despaired, or
12 if you have sufficiently learned that what you do has no impact at all, it
13 certainly could have an effect upon the extent to which you as an
14 individual or your community – to the extent that that was an epidemic
15 within the community – would have the strength and the resources to do
16 something about either health problems or environmental problems.
17 So I think the point that you raised about a sense of despair with the
18 degradation of the environment is an important one. But I agree with Dr.
19 Callahan, I don't know that we have a nice package yet that says that this
20 is the way you quantify that in.
21 It's really a multiple variable issue that I don't know that there are
22 current statistics to be able to neatly report on.

1 MR. LEE: I know that there are a lot more questions here, but
2 Haywood tells me that we are running behind time – actually, we're about
3 half an hour behind time. We do have the next panel, which is a very
4 important one, which brings together – everyone here has said over and
5 over again about the need for interagency collaboration –
6 MS. RAMOS: Excuse me.
7 MR. LEE: – and so the next panel –
8 MS. WOOD: Charles.
9 MR. LEE: Before we go on to that panel, I want to make sure
10 everybody gives this panel a round of applause.
11 (Applause.)
12 MS. WOOD: Charles, could I ask a procedural question –
13 MR. LEE: Sure.
14 MS. WOOD: – which relates to this panel that's just leaving and,
15 actually, the remarks that were just made, and also to the previous panel.
16 I have had a brief conversation with Dr. Campion at the end of his
17 presentation, and the question came up – how long is our record open?
18 For instance, Dr. Campion had mentioned this morning that they had
19 just had a symposium looking on how do you merge community research
20 with the scientific research, and he said that right now it is just about
21 through its peer review. For instance, could he submit that document, and
22 by the same token, some of the folks on the panel that was just here – it

1 seems to me with reference to some of the research that's out there that
2 it would be helpful to have some of that material as part of our record.
3 So, my question is, when does the record for this meeting close and
4 how long would people have to submit some of that material?
5 MR. LEE: I don't know the specific date to that, but we welcome all
6 submissions for the record. So we would encourage that and make every
7 opportunity available for that to be part of the record.
8 MS. WOOD: Could we make a recommendation about the period of
9 time or –
10 MR. LEE: Yes, we could. We may want to do that on Friday –
11 MS. WOOD: Okay, thank you.
12 MR. LEE: – and we'll probably have a better view about – more
13 precision on that. Okay.
14 As I said before, you have said over and over again that there is a
15 great need for interagency collaboration around health issues and health
16 related issues in environmental justice communities.
17 We have brought together, and this is perhaps the real crux of the
18 meeting, a number of federal agencies, health agencies, to discuss the
19 question of what kinds of strategies should be developed, implemented
20 and evaluated so as to ensure substantial participation, integration and
21 collaboration by federal agencies. This needs to be done, of course, with
22 impacted communities, public health, medical and environmental

1 professionals, academic institutions and state and tribal and local
2 governments and the private sector.
3 The persons that are going to be on this panel are Henry Falk who is
4 with the Agency for Toxic Substances and Disease Registry, Charles
5 Wells from the National Institute of Environmental Health Sciences,
6 Michael Sage from the National Center for Environmental Health, Jon
7 Kerner from the National Cancer Institute, Hal Zenick from EPA Office of
8 Research and Development, and Michael Rathsam from the Indian Health
9 Service.
10 Can I ask all of you to come and be part of this panel. Thank you.
11 (Pause.)
12 MR. LEE: We had asked that each of the presenters give a ten-
13 minute presentation. We are running low on time so I would ask that if you
14 could do it in less than that, it would be helpful.
15 We did want to use this as a platform to really have an engaged
16 dialogue that goes on not only this afternoon, but through tomorrow with
17 the Health and Research Subcommittee. This is, I think, really where the
18 crux of the issues come to bear as far as the kinds of strategies and areas
19 of research that should be developed and implemented by federal
20 agencies in collaboration with each other.
21 I would ask that we begin with Dr. Falk.
22 PANEL 4

1 KEY FEDERAL INITIATIVES
2 PRESENTATION BY DR. HENRY FALK
3 DR. FALK: Thank you very much. I just want to say that I appreciate
4 the opportunity to be here and meet with you all. I guess each of us will
5 have some initial prepared comments but we'll be very happy to hear any
6 questions and discuss our programs with you.
7 I did meet with the Health and Research Subcommittee in December
8 and spoke with them at that time about some of our activities at ATSDR,
9 and have gotten to know some of the people on the NEJAC and on the
10 subcommittees and very much appreciate the opportunity to be here and
11 speak with you.
12 I am still somewhat new at ATSDR. It's my first year as Assistant
13 Administrator there. I've been very busy there. I've been there long
14 enough to appreciate and get to know the things that we need to do;
15 maybe not yet have had the time to do all of them.
16 Our work at ATSDR I think actually gets very much to the core issues
17 of the environmental justice that you all deal with, so we are very
18 supportive of this conference and themes and the relationship with public
19 health.
20 Let me speak for a moment about ATSDR. It's a relatively small and
21 relatively new agency compared to the other people at the table here. The
22 full name is Agency for Toxic Substances and Disease Registry. It was

1 created by the Superfund legislation in the early 1980s. Our basic mission
2 is to work with EPA on the health issues related to Superfund and
3 hazardous waste sites.
4 We have a very focused agenda and mission, as a result. Our role
5 is not to deal with health research for all health problems. It's not to
6 deliver health – you know, health care delivery for a broad array of
7 problems, or to prevent all kinds of disease. We have a very specific
8 mission related to Superfund hazardous waste sites. So, in that sense, we
9 have a very targeted role.
10 Our main purpose really is in terms of service. We work at
11 approximately 500 sites during the course of any particular year. So that
12 we actually come in contact with many people at many of the
13 communities, and many of the issues that you are concerned with, you
14 know, similarly concern us very vitally.
15 We are headquartered here in Atlanta. My office is here in Atlanta.
16 We have a little over 400 people in the agency, and as I said, we work
17 closely with EPA as a result of the Superfund legislation.
18 In terms of the questions that were posed to us, let me speak first
19 about what I see as the strengths of our agency in relation to your agenda
20 and then talk about the limitations.
21 In terms of strength, as a result of our focus of working on sites, our
22 agency is really organized to deal with communities and sites. And this

1 applies to everybody up and down the agency. I just came back from a
2 meeting at a site in Idaho where I spoke the day before yesterday. I think
3 all of us have to participate. And so we are in that sense I think vitally
4 involved and focused on that.
5 Environmental justice, because of the many sites that we deal with,
6 is – you know, we see that as a critical process for what we have to do.
7 And we have to build that into the fabric of our agency. There is no other
8 way for us to work at the sites.
9 We have, I think, a very diverse workforce. We think a lot about how
10 to train the people who work for us to deal with diverse situations. We are
11 also organized structurally to try to do this in terms of having the Office of
12 Tribal Affairs, an Office of Urban Affairs that deals with minority programs,
13 a Community Involvement Branch, a Community Tribal Subcommittee as
14 part of our ATSDR advisory group. And we also have people in regional
15 offices who hopefully provide a local presence for ATSDR.
16 We are very dependent, as a small agency, for developing
17 partnerships to work with other groups. We work closely with EPA
18 because of the need for all of the environmental data and the things that
19 EPA does. But we also work closely with other groups, the Department
20 of Health and Human Services, the Centers for Disease Control, NIH, and
21 others. They oftentimes have many skills and resources that we lack, and
22 so those are necessary partnerships for us.

1 In addition to the site activities, we also do a fair number of scientific
2 and other activities to sort of build up our capacity for dealing with the
3 issues that arise at sites. We develop a lot of community toxicology
4 profiles and health education materials and other ways of relating to
5 communities and providing materials to them. And, you know, conveying
6 that science becomes very important to us.
7 Let me speak for a moment about the limitations that I see in terms
8 of ATSDR and our work.
9 One is in terms of environmental justice. As I said, we always have
10 to put ourselves in somebody else's situation. It requires a lot of effort
11 from many of us to really work at it and train our people to do that.
12 We are a government agency. You know, we belong to the federal
13 bureaucracy. It's not easy to always change the course, I think, of large
14 federal efforts, but we really work at that and I think we try to sort of break
15 out of that mold, the government bureaucracy, as much as we can and
16 make sure people can get away from sort of feeling chained in, towards
17 being creative and resourceful and helpful in terms of coming up with
18 individual strategies.
19 Although I said we're a service agency, our service is not a simple
20 one. You know, we're not like the post office, for example, where
21 everybody understands the post office delivers letters or packages that are
22 supposed to arrive in somebody's mailbox, and it's very easy to see

1 whether the letters did or did not arrive on time.
2 The difficulty for us is that we are trying to assess exposure to people
3 when it's not always easy to assess exposure. We're oftentimes looking
4 at potential health effects in situations where it's not easy to assess
5 potential health effects.
6 We're providing service in a situation where the knowledge to do that
7 is somewhat limited, which makes it very important for us to develop the
8 science base and to work with others and to try to come up with the best
9 approaches that we can but also try to develop better ways for the future
10 in dealing with the problems.
11 Our mandate is limited. At many sites, for example, people are
12 concerned about health care delivery. We aren't a health care delivery
13 provider organization.
14 You know, we get involved in ways of trying to deal with problems
15 that sometimes we, as an agency, can't always resolve ourselves.
16 In terms of several recommendations that I have, one is obviously
17 that I think we need to keep improving the way we deal with communities
18 and the way we generally develop our partnerships. I welcome any advice
19 or feedback in the course of this meeting.
20 Secondly, as I said, we need to work with other agencies to come up
21 with holistic solutions. You know, oftentimes people do what they think
22 they can do in terms of government agencies, but people in communities

1 just see that as a very narrow kind of solution. We really need to think of
2 holistically how to help people and how we can fit into maybe broader
3 solutions that will help people.
4 Finally, I would like to see ATSDR, you know, be able to serve as a
5 catalyst for creating solutions, even if there are times that we can't do that
6 ourselves.
7 For example, when I was at CDC before I came here in the Childhood
8 Lead Poisoning Prevention Program -- you know, the money for cleaning
9 up houses comes from an agency like HUD. It didn't come from us in the
10 health agency. But we really, I think, served as a catalyst in working with
11 HUD and working with EPA and others.
12 So I think we need to think about solutions that will help people and
13 what ATSDR can do working with others to meet the needs of people in
14 communities.
15 So, that's my goal. You know, every community will require a
16 different kind of solution, but we are trying to work towards that.
17 Thank you very much.
18 (Applause.)
19 MR. LEE: Thank you. I think that's certainly a lot of basis for further
20 discussion later.
21 Next we'll have Charles Wells from NIEHS, the National Institute for
22 Environmental Health Sciences.

1 PRESENTATION BY DR. CHARLES WELLS
2 DR. WELLS: Thank you, Charles.
3 Unfortunately, Dr. Olden couldn't be here today. He had prior
4 commitments.
5 I joined the institute, NIEHS, back in December of 1999, so I'm very
6 new and some information you may need I may have to get it back to you
7 later.
8 NIEHS is located in Research Triangle Park, North Carolina. NIEHS
9 is within the Public Health Service. We are a part of DHHS, we're a part
10 of the Public Health Service, and we're part of the NIH in Bethesda. I am
11 from the Office of the Director, which I work directly for Dr. Olden.
12 In 1966, you can see, we were just a division at the NIH, and in 1989
13 we became an Institute. In 1991 Ken Olden became the third director of
14 NIEHS.
15 The mission of NIEHS is unique and quite different from the other
16 Institutes at NIH. The basic mission is to reduce the burden of
17 environmentally-associated disease by defining how the environmental
18 exposure affects our health and how individuals differ in susceptibility to
19 these exposures, and how susceptibilities change with age.
20 NIEHS is basically an agency for prevention of diseases. We do not
21 have the charge of finding the treatment for any particular disease, but our
22 charge is basically to prevent diseases that are environmentally

1 associated.
2 Our prevention of diseases is one of the most important services that
3 I think a government agency can provide to the citizens because this way
4 we can prevent a lot of morbidity and perhaps prevent some early
5 mortality.
6 In terms of environmental justice, I know that all of you know what
7 environmental justice means, but this is basically the definition that was
8 developed in NIEHS back in about '81 or '82.
9 Basically the environmental justice that we practice there is basically
10 our trying to empower people that for whatever reason -- that live in these
11 environments that have a lot of pollution and a lot of other problems, to
12 give them power and instruments and a way to address those issues, and
13 at the same time provide them technical assistance directly or through
14 academic institutions to be able to address and to deal with the problems
15 that are due solely to pollution or other environmental issues.
16 I can't see my slide there too well so I have to look at my sheet here.
17 In our Institute we have public health and translational research.
18 Environmental justice comes under our translational research. Our
19 communities need to better understand the effects and risks to human
20 health from exposure to physical and social environmental changes.
21 Now, this was a weakness within our Institute that we decided to look
22 at. Therefore, NIEHS saw a critical need to establish new mechanisms to

1 educate the public about environmental health issues and for supporting
2 individuals and community involvement in the identification and
3 investigation of environmental health concerns.
4 Under our environmental translation research programs, of which we
5 have several which I will talk about, these programs here have three
6 common objectives: to improve the understanding of how physical and
7 socioenvironmental factors affect human health; to develop a better means
8 of preventing environmental-related health problems; and to promote
9 partnership among scientists, health care providers, and community
10 members.
11 We define translational research as a conversion of finding from
12 basic, clinical or epidemiological environmental science research into
13 information, resources or tools that can be applied by health care
14 providers and community residents to improve public health outcome in at-
15 risk populations.
16 Currently within our Institute we have several translational research
17 programs: Community-based prevention and interventional research,
18 which I'm going to talk about today; and environmental justice. The other
19 five programs I will briefly talk about, but these are other types of
20 translational research that we are making information available to the
21 public that wasn't done before.
22 We have K-12 environmental health science education where we'll

1 basically provide information and technology to public schools and private
2 schools to expose our young students to the whole issue of environmental
3 health science education.
4 We also have a center that deals with community outreach and
5 education. And we also have developmental centers.
6 We have a new program called ARCH where we basically will partner
7 our intensive research institution -- we have research institutions that have
8 the capability but do not have a lot of funding from NIH or other federal
9 agencies.
10 Last but not least, we are now dealing with health disparities, which
11 is a big issue at the NIH today. NIEHS was the first agency in our NIH to
12 basically start a program in health disparities. This program started right
13 after Ken became the Director of the Institute in roughly '91 or '92.
14 Now, the community-based prevention and intervention research --
15 this program was developed to implement culturally relevant prevention
16 and intervention activities in economically disadvantaged and/or
17 underserved populations adversely impacted by environmental
18 contaminants.
19 This program is intended not only to foster the refinement of scientific
20 valid intervention methods, but also to strengthen the participation of
21 affected communities, which we saw as one of our weaknesses because
22 there were a lot of decisions being made at the NIH that affect these

1 communities where they had no input.
2 The community-based prevention and intervention research projects
3 are designed to expand our knowledge and understanding of the potential
4 causes and solutions for environmental related disorders and enhance the
5 capability of the communities to participate in the development of research
6 approaches and intervention strategies.
7 These research projects are conducted in a manner that reinforces
8 collaboration between community members and research institutions.
9 Therefore, the relevant results are made available to the community in a
10 clear, useful term. We try to make it as user-friendly as we can.
11 The NIEHS is currently supporting nine research grants under this
12 program. This research is peer reviewed. At NIH when we talk about peer
13 review we have two levels of review. The first level is actually the review
14 group, and really the members of this review group reviewing the research
15 are supposed to be peers of the applicant.
16 This at the NIH works pretty well when the Institute is in charge of
17 putting together the review panels so therefore they can find members that
18 know the community and know the research also. Now, where the
19 weakness at NIH is currently -- this would not work for the roughly 100
20 standing review committees we have at the NIH.
21 Institutes at the NIH, when they review applications or requests for
22 applications for program projects have the unqualified right to put together

1 review panels themselves. Therefore, one thing we have done in our
2 Institute is to find community and researchers who are already working
3 with communities to serve on these review panels.
4 Our second level of review is done by the advisory council. One
5 member of this Council here, Peggy Shepard, is a member of our advisory
6 council. One speaker from this morning, Dr. David Carpenter, is also a
7 member of our advisory council.
8 So we do feel that we've been pretty successful at both levels of
9 review by putting together members from the community and members
10 from the academic community that know the problems, and also, we have
11 members from industry also serving on our advisory council.
12 MR. LEE: Hey, Charles, can you begin to finish up?
13 DR. WELLS: Okay. The last program, but not least, is our
14 Environmental Justice Partnership for Communication. This was
15 established by NIEHS several years ago to bridge the communication gap
16 so that communities involved have a role in identifying and defining
17 problems and risks related to environmental health.
18 The research grant for this program and for the environmental justice
19 community-based program were developed to empower disadvantaged
20 communities with resources to effect healthful changes. There is an
21 increase of awareness that these health disparities arise within a culture
22 context and that strategies for that problem must be culturally proper. Not

1 only culturally proper, but culturally sensitive.
2 Unfortunately, due to time, I will not have time to go through the other
3 translational research programs that basically support what we're talking
4 about. This is just basically to show you where our environmental justice
5 projects are.
6 I don't think you can really see that too well, but this is a list of the
7 grantees and the populations that are affected and basically the problems
8 that they're looking at. We currently have 20 grants under our
9 environmental justice program.
10 These are the other programs we have that unfortunately I can't go
11 into. But I wanted to point out a couple here.
12 The Centers for Children's Environmental Health and Disease
13 Prevention Research is currently funded by EPA – well, NIEHS, EPA, and
14 CDC. We have eight centers. Dr. Olden is now basically discussing the
15 possibility, if we get the resources, to start some environmental justice and
16 health disparities centers also to look into this problem.
17 Thank you very much, Mr. Lee and Mr. Chairman.
18 (Applause.)
19 MR. LEE: As was mentioned by many of the speakers before, NIEHS
20 has a significant history of support for community-based research models.
21 I don't think we have adequate time to really go into all that. Certainly at the
22 end of the discussion we hope that you'll raise questions to Dr. Wells.

1 Next we'll have Dr. Jon Kerner from the National Cancer Institute.
2 PRESENTATION BY DR. JON KERNER
3 DR. KERNER: I don't have a microphone, so I'm going to talk really
4 loud, if that's all right.
5 (Pause.)
6 DR. KERNER: Okay, thank you. Thanks.
7 My name is Jon Kerner and I am a recent immigrant to the federal
8 government having spent 20 years in community-based participatory
9 research in New York and Washington. I joined the Cancer Institute ten
10 weeks ago, so I am very new to government and so I bring a perspective
11 perhaps that reflects my perspective on government from the outside as well
12 as what I've learned from the inside.
13 This is a very brief table of organization of the National Cancer Institute.
14 I just wanted to point out that this is a very large Institute in the NIH. You'll
15 notice that our fiscal 2000 budget was almost $3 billion, so we spend a lot of
16 taxpayer money. Ninety percent of the money we spend is on research. We
17 are primarily a research institution. Our mission is defined by law, by the
18 National Cancer Act, and it's briefly described there.
19 I am the Assistant Deputy Director in the Division of Cancer Control and
20 Population Sciences. That division, and the Division of Cancer Epidemiology
21 and Genetics are the two divisions that probably have the most to do with
22 environmental justice.

1 Now, earlier this morning you heard the 2010 health goals, which I just
2 want to repeat briefly here because I think it's important to understand the
3 challenge that HHS faces when we talk about eliminating health disparities.
4 I gave this presentation to a group of Native American researchers at
5 the NCI who pointed out to me that it took five hundred years to produce
6 these disparities; what was the probability that we would eliminate them in
7 ten? I had to admit that was an excellent question.
8 So, we do have many challenges in front of us, but I think it's important
9 that for the first time the elimination of health disparities is on the agenda. I
10 think that's a great credit to David Satcher and to others who have been
11 voicing these issues for a long time. It's now a part of our national mission.
12 You also saw a list of the leading health indicators and I just wanted to
13 indicate to you that from the Cancer Institute's point of view many of these
14 indicators listed on the left relate to cancer – physical activity, tobacco use,
15 environmental quality, and access to health care, all of which have come up
16 today in the context of questions and comments, which I'm sure we'll hear
17 more about later.
18 But as I did a quick look at them, I also thought that even more of them
19 are related to the environment. And so when we talk about environmental
20 justice, we perhaps don't often think of things like physical activity or tobacco
21 use as environmental issues, and yet they clearly are.

1 They clearly have to do with how communities of color and low income
2 communities perhaps have limited access to facilities or areas where
3 physical activity is safe, and they've been targeted by many industries,
4 including the tobacco industry, to sell their products. But all of these factors
5 are environmentally related, so clearly there's a tremendous relationship or
6 overlap between our cancer-control objectives and your focus on
7 environmental justice.
8 This is a model that I wanted to just briefly show you that we've
9 proposed as part of our challenge to eliminate health disparities by the year
10 2010. Each Institute at NIH was asked by the National Institutes of Health
11 to develop a strategic plan for addressing health disparities over the next five
12 years.
13 There was a comment I wanted to make earlier about hard science.
14 Much of what we've done at the NIH is focused on biological factors and
15 more recently on individual risk factors, behavioral issues. Of course, we've
16 focused on the disease process. We look at what predicts the development
17 of cancer through stage of disease. We've heard about comorbid illness and
18 on to mortality.
19 But very little of the research we've done historically has looked at this
20 section, this sort of upper left -- I don't think there is any political commentary
21 there -- the upper left side of this diagram in terms of what we spend our

1 research on.
2 A comment was made earlier about the need for hard science. Let me
3 suggest to you that doing studies in laboratories is not hard science; it's easy
4 science. The opposite of hard in this case is not soft; it's easy.
5 And so what we do in labs is relatively easy because we have
6 enormous experimental controls. When we go out into the real world and
7 start working with people who are being exposed across their lifespan to
8 many different factors and the confluence and behavioral factors, racism,
9 income disparity, institutional factors, this is hard science. This is very
10 difficult science to carry out. It's very difficult science to get through peer
11 review, and this is one of the challenges we face in the research community.
12 So this is our overall goal at the NCI, to understand the causes of health
13 disparities in cancer and to develop effective interventions to eliminate these
14 disparities.
15 Very briefly, we're going to expand the capacity to do research in that
16 upper left-hand portion of the diagram. We need new centers for population
17 research and new collaborations with other agencies that have an interest in
18 this area. We have to expand our ability to fund and monitor cancer-related
19 health disparities.
20 We've been talking a lot about the issue of monitoring environmental
21 exposures, and it's very difficult in cancer to necessarily link the development

1 of cancer -- which might take 20 or 30 years -- to an exposure that took place
2 20 or 30 years ago. And so we clearly have some very complex
3 methodological problems there.
4 It's not enough to understand these relationships. We have to develop
5 and support intervention research in prevention, early detection and
6 treatment, as well as communication. The part that I'm most interested in
7 because, of course, that's what I was hired to do, is to expand the channels
8 for research dissemination and diffusion.
9 Scientific knowledge is not power unless it's applied. The NIH
10 historically has not done the greatest job of taking our knowledge out of the
11 libraries and working with the service delivery agencies to figure out how to
12 get it applied particularly targeted to those communities who bear the
13 greatest burden from these health disparities.
14 Then, finally, we need to strengthen training and education in-health
15 disparities and to increase the number of minority scientists who are
16 competitive in peer review. We have a Native American Network; we have
17 a Special Population Network that funds community-based partnerships
18 between academic institutions and communities, in Native American
19 communities, Asian-American communities, Latin American communities and
20 African-American communities. But it's a drop in the bucket; we need to do
21 a lot more of this.

1 This is an example of something. Next week I'll be coming down again
2 -- remember, I've been here for ten weeks so I'm sitting next to someone
3 from the CDC who I've never met before but I look forward to getting to know
4 -- we'll be coming down to meet with folks in the Division of Chronic Disease
5 Prevention at CDC.
6 We've put together this sort of model, which I thought might be helpful
7 to you, to talk about how partnerships in cancer control might work. The
8 ACS stands for the American Cancer Society and NCI -- our primary mission
9 at MCI is research development. We do very little direct service. And we do
10 some synthesis of research findings as well as dissemination and diffusion.
11 We need to do more of that.
12 The CDC does a lot of dissemination and diffusion. They have direct
13 links to the health departments. Much of the research that's developed at
14 NIH can be a conduit -- the CDC can be a conduit. They do a lot of direct
15 service. And they do a small amount of research and development. So they
16 have different strengths.
17 And the American Cancer Society is very much about volunteer service,
18 and they do fund some research.
19 So each of us brings something different to the table. And I think one
20 of the challenges in partnership is figuring our what our respective strengths
21 are and then figuring out things that we can do together.

1 This is the program that I'm developing. It's a program that's ten weeks
2 old, called TRIO, Translating Research Into Improved Outcomes.
3 I'm going to end here -- actually, I won't end here because I see I've got
4 two minutes, and I'm from New York so I can talk very fast -- originally from
5 New York.
6 This program looks at how we can model and monitor the impact of
7 dissemination and diffusion on the year 2010 objectives collaboratively with
8 our sister agencies in the federal government, state and local agencies, and
9 particularly advocacy groups like yourselves, to work together to try and
10 promote the adoption of good scientific evidence-based cancer control and
11 interventions at all levels, but particularly in underserved communities.
12 That's why I have as my last bullet a special focus. We are looking for
13 partnerships that focus specifically on how to eliminate cancer health
14 disparities among the underserved.
15 Who are the partners in environmental justice? Well, I'm just getting to
16 know you all. So I look forward to trying to figure out what this circle will look
17 like in the future.
18 This is what I wanted to end up with in my remaining minute. These are
19 the challenges to partnerships. How can different federal agencies know
20 what we do? We are a huge -- and I say this with all humility -- tower of
21 Babel. We do different things; we don't know each other; we have our own

1 institutional missions.
2 It's at conferences like this -- the reason I am here is because NIEHS
3 held a conference on social determinance of health where I had a chance to
4 speak. Marva King from EPA heard me speak and introduced me to Charles
5 Lee who invited me to come to the meeting.
6 That's the kind of way it works. But it really shouldn't work that way.
7 There should be some mechanism by which we have a better understanding
8 of what we do, what our respective strengths are and how we can work
9 together.
10 How can research best form policy and service? That's important.
11 We've talked about that. We can't simply be continuing to accumulate
12 knowledge and not translating it into action both at the policy level and the
13 service level.
14 But we need to work in partnership -- and I see I'm out of time -- with
15 service providers because they ask some of the best questions that we, as
16 researchers, need to be able to answer. These questions that come from the
17 community are the ones that drive the system -- should -- to make sure our
18 research is relevant.
19 And then, finally, how can the environmental justice advocacy
20 community work best with government? This is a wonderful meeting. I'm
21 very impressed with the give-and-take here. We have some mechanisms

1 like that at the NCI, but nothing quite as impressive as this. So we hope to
2 learn from you.
3 Thank you very much for your time.
4 (Applause.)
5 MR. LEE: Thank you, Dr. Kerner. He talked about the Centers for
6 Disease Control, and we have here representing a CDC agency, the National
7 Center for Environmental Health, Mr. Michael Sage.
8 PRESENTATION BY MR. MICHAEL SAGE
9 MR. SAGE: Thank you, Mr. Chairman.
10 I'm Mike Sage. I'm currently serving as the Deputy Director of our
11 Center.
12 PARTICIPANTS: Can't hear you.
13 MR. TURRENTINE: It's on, just get it closer.
14 MR. SAGE: Can you hear me now? What do I need to do here?
15 PARTICIPANT: Speak directly into the microphone.
16 MR. SAGE: Okay. Can you hear me now?
17 PARTICIPANT: Yes.
18 MR. SAGE: I'm Mike Sage. I'm currently serving as the Deputy
19 Director of the National Center for Environmental Health. I'm going to be
20 actually moving jobs here in the next month to become the Director of our
21 Policy Planning Evaluation and Legislation Office, and we've just hired

1 Rosemary Henson to be the new Deputy Director of our Center.
2 Rosemary I think will be very interested in working with this group. She
3 led CDC's Breast and Cervical Cancer Program for years. She's very
4 interested in health disparities. I would hope both her and I could continue
5 to work with the committee through time.
6 I've prepared a short presentation to address four issues. One, who we
7 are; our strengths; barriers to working with us; and recommendations I would
8 have.
9 Before I do that, though, I was encouraged to hear some discussion
10 earlier on children's environmental health, a topic dear to the hearts of many
11 people at this table. There's a lot of efforts that are going on in children's
12 environmental health and possibly this committee would want to hear those
13 efforts in the future.
14 Specifically, though, you may be interested to know that there are 15
15 bills in Congress at this time related to children's environmental health, most
16 of them probably going nowhere, but one bill in particular introduced by
17 Congressman Bilirakis passed the House a couple of weeks ago on a 403
18 to 9 vote.
19 We have just been approached by Senator Kennedy and Senator Frist
20 this week to have input into the Senate version of that bill, and all political
21 indications are that that bill may pass and get signed this year, a major

1 legislation on children's health issues and specifically children's
2 environmental health issues.
3 To go on to my presentation, though, the Center for Environmental
4 Health is one of the centers within the Centers for Disease Control. What
5 struck me about the last presentation, if you broadly define environmental
6 justice as an issue, there are a number of centers within CDC that would be
7 appropriate to engage on this topic, such as the Center for Chronic Disease
8 and Health Promotion -- that's where the cancer programs at CDC sit, that's
9 where the diabetes program sits, that's where adult and children and
10 adolescent health education programs sit. So that may be another center
11 within CDC to engage on this issue.
12 Specifically to the Center for Environmental Health, though, this is our
13 bureaucratic definition of our mission. I think the key words here, though, for
14 us and where some of the issues we have are, is we do applied science --
15 not basic research, but applied science. That tends to have more of a focus
16 in this mission than our service.
17 We are very much into preventing disease and have really not very
18 many of our efforts on controlling except for when a real emergency occurs.
19 And we are really looking at people, the health outcomes in people and
20 not so much all the environmental factors -- but the environmental factors
21 that may affect health outcomes in people.

1 Our strengths very much relate to our division of organization. We are
2 divided up into four divisions within one office. That's of particular
3 importance. The four divisions are: Emergency and Environmental Health
4 Services; Environmental Hazards and Health Effects; the Laboratory
5 Sciences Division; and Birth Defects, Child Development and Developmental
6 Disabilities Division.
7 Our office of interest to this group could be the Office of Genetics and
8 Public Health. That is really a strategic coordination office across CDC to
9 look at all the issues arising related to genetics and public health.
10 The strengths that we bring within those divisions are biomonitoring
11 efforts. What I mean by that is over the last few years we've developed
12 increasing technology and expertise in being able to measure substances in
13 people, in human specimens. In the next few years we hope to increase that
14 effort and bring that technology to bear on both population studies and
15 profiling first a national profile and then possibly community-based profiles
16 of people's exposure, human exposure, to various substances.
17 We have wide-ranging expertise in epidemiological studies. We have
18 one whole division essentially involved in.
19 We have community needs assessment tools that I would hope would
20 be part of your discussion tomorrow at your Health and Research
21 Subcommittee meeting. Some of these -- one of our staff is going to be at

1 that meeting -- some of these issues and tools that we have and strengths
2 to bear I think would be a good dialogue in that group.
3 We have prevention programs. Here I would specifically just point out
4 two right at this time. One is the Childhood Lead Poisoning Prevention
5 Program. Though we've made great strides in that area -- just to give you an
6 example of where we are right now, 60 percent of the children who were
7 screened in Medicaid -- Medicaid-eligible children -- did not get screened for
8 lead poisoning. Yet they are some of the children at highest risk in this
9 country. So we're refocusing some of our efforts to try to focus in on that
10 population.
11 This year we've just received funding related to asthma and the
12 increasing asthma epidemic in the United States. For the first time Congress
13 has funded us to try to develop a national asthma program. That's
14 something that this group specifically might be interested in.
15 That's really where we see our strengths.
16 We also have a really developing area of environmental public health
17 workforce training. Here really issues of pipeline, or diversity, and getting
18 people trained.
19 I went to graduate school at the University of North Carolina at Chapel
20 Hill and I've learned that from my department in the last three years not one
21 individual went into public health from the School of Public Health. From the

1 Health Policy and Administration, they all went into managed care
2 organizations. So that's a major issue for us that we're looking at in
3 environmental workforce training.
4 Some of the barriers I see in working with us is our funding is very
5 disease-specific and very issue-specific. Meaning our funding comes from
6 Congress targeted to asthma. That boxes then into just dealing with asthma.
7 Funding comes for lead; it then boxes it into dealing with lead.
8 I see that as a barrier in working with communities because it doesn't
9 give us much leeway in working other issues that are often of more concern
10 to communities.
11 We have a lack of direct community access to NCEH. Most of our
12 programs are run through state health departments and local health
13 departments and we have very few efforts that are really actually direct
14 community-based efforts within NCEH.
15 We have a lack of understanding -- and this is more on the community
16 side -- when we do work with communities, a lack of understanding of the
17 population-based research that we do and all the concerns that people have
18 for themselves in not understanding population-based research.
19 We have -- I'm not sure that "inability" is the right word here -- but
20 aligning our scientific expertise with community-based efforts has been a
21 barrier for us. I think some of it is this lack of connection we have between

1 ourselves and communities in that we have a lot of go-between between us
2 and communities.
3 Getting back to Jon's point, we have a lag time between the translation
4 of the science and its use in community education and prevention. A big
5 issue for us. I would also hope that the Health and Research Subcommittee
6 would kind of take a look at that issue and give us some of their concerns
7 there and some suggestions.
8 We also have a real lack of understanding of a lot of the cultural issues.
9 When we actually end up getting involved directly in community-based
10 efforts, we have lots bridges to gap in understanding cultural issues when we
11 do go out into the field because oftentimes we do our work in Atlanta and
12 miss the perception of the cultural issues in the community.
13 Some of the recommendations that I would make is that we need to
14 encourage broad based -- I'm not using the word "funding" here as the focus
15 -- but broad based funding for CDC and state and local departments,
16 meaning funding that will allow us to deal with real public health concerns,
17 real issues that people have, and not necessarily the narrow-focused funding
18 that we have.
19 We need to encourage -- once we have that broad based funding, we
20 need to commit to program-specific projects to address environmental justice
21 concerns, which we really have an inability to do at this time.

1 We, as the CDC, need to spend a lot of time and effort on all the issues
2 of communication, health communication, strategies, communication
3 between communities and us, communication between the agencies. We
4 need much more effort there, and I would recommend some focus on that.
5 Also, I would recommend that -- we've had the staff internally working
6 pretty hard to say what are we going to do in community involvement in all
7 of our programs, and come back to the Director's office and tell us how you
8 think you can work that, and by this fall -- we've given them a date by this fall
9 -- to have that in our hands. I would hope to come back to this committee
10 and get your advice on that community involvement then.
11 Thank you.
12 (Applause.)
13 MR. LEE: And certainly one of the real hopes of this particular NEJAC
14 meeting is to discuss and begin to have some recommendations about how
15 to work broadly with all the CDC agencies.
16 Next we have Mr. Michael Rathsam from the Indian Health Service. I
17 just want to say that we're really excited about having a representative from
18 IHS. He will be Mr. Michael Rathsam.
19 PRESENTATION BY MR. MICHEAL RATHSAM
20 MR. RATHSAM: Thank you.
21 Captain Tom Crow, the Indian Health Service's principal environmental

1 health consultant, was unable to be here today. He does send his greetings
2 to each and every one of you and expressed his desire for the overwhelming
3 success of this meeting.
4 My name is Mickey Rathsam and I'm filling in for Captain Crow today.
5 We've been in the business of addressing environmental health
6 disparities for about 45 years and providing direct health care services to
7 Tribes. Over the next few minutes I want to share with you information on
8 four topics. The topics include the mission, goal and foundation of the Indian
9 Health Service, followed by an introduction to the Office of Environmental
10 Health and Engineering. And during this introduction I'll identify a few of our
11 major strengths. Then I'll finish up by addressing a few of our limitations and
12 making several recommendations.
13 The mission of the Indian Health Service, in partnership -- and that's a
14 very important word, in "partnership" -- with the American Indian and Alaskan
15 Native people, is to raise physical, mental, social and spiritual health to the
16 highest level.
17 The goal of the Indian Health Service is to ensure that comprehensive
18 culturally acceptable personal and public health services are available and
19 accessible to all American Indian and Alaska Native people.
20 And the foundation of the Indian Health Service is to uphold the federal
21 government's obligation to promote healthy American Indian and Alaska

1 Native people communities and cultures and to honor and protect the
2 inherent sovereign rights of Tribes.
3 Over the past 45 years we have made significant progress in achieving
4 our mission and goals. Since 1955 ambulatory medical care visits have
5 increased by 1,200 percent. Since 1973 infant mortality rates have
6 decreased by 54 percent and are now equivalent to that of the general
7 population. And life expectancy has increased 12.2 years. Mortality rates
8 have decreased for maternal deaths; they've decreased for tuberculosis,
9 gastrointestinal disease, infant deaths, unintentional injuries, pneumonia and
10 influenza; they've decreased for homicide, alcoholism and suicide.
11 Despite these successes, disparity remains. Life expectancy is 71
12 years, which is five years less than the national average. Tuberculosis
13 occurs in the Indian population at rates six times greater than the "all races"
14 rates. Alcoholism occurs at rates seven times that of the general U.S.
15 population. Further, Indian communities are devastated by the suicide rate
16 that is twice that of the general population. And as we heard earlier, death
17 related to diabetes occurs at the rate of 46 per hundred thousand, compared
18 to a rate of 13 per hundred thousand in the general population.
19 In Indian Country there are 79 percent fewer nurses, 60 percent fewer
20 dentists, and 45 percent fewer physicians.
21 There are many underlying causes for these disparities. Social and

1 cultural disruption of traditional Native societies, lack of education and
2 economic opportunities, and high levels of unemployment and poverty.
3 These all put Indian people at higher risk.
4 Disparities in health are aggravated by a disparity of resources,
5 especially the gap in health care spending for Indian people compared to
6 other Americans.
7 A lot of work has been done. A lot of work remains to be done.
8 Now, having said that, let me move on to -- or, let me provide you with
9 a brief overview of the Indian Health Service's Office of Environmental Health
10 and Engineering, otherwise known at OEH&E.
11 It is this office that is responsible for addressing environmental health
12 disparity in environmental justice, and there are three divisions.
13 Our Division of Environmental Health Services routinely provides
14 expertise to Tribes in all the environment health programs, programs
15 including indoor air quality, outdoor air quality, toxic wastes, solid waste
16 management, community injury prevention, groundwater contamination,
17 pesticides, food protection, institutional health, occupational health, and
18 radioactive wastes, are just a few of what we address in Indian communities
19 every day, every year. And we've done for 55 (sic) years.
20 Our Division of Sanitation Facilities Construction is charged with
21 designing and construction of water, sewer and solid waste management

1 systems. And our Division of Facilities Engineering focuses on the
2 construction and maintenance of IHS and Tribal hospitals, clinics and health
3 stations.
4 Our strengths. Our strength is our staff, their commitment, and the
5 comprehensive services they provide on rural reservations and communities.
6 We currently have 164 environmental health officers in the Division of
7 Environmental Health Services. They're scattered all across the country.
8 Our officers have graduated from accredited colleges with a Bachelor
9 of Science in either environmental health or biological science. Most are
10 registered professionally. Many have master's degrees and several have
11 Ph.D.'s.
12 Our Sanitation Facilities Construction staff consists of nearly 500 civil
13 and environmental engineers and an equal number of technicians. Most of
14 our staff live on or near the reservations they serve. We are not removed
15 from the people we serve; we are in their communities.
16 By both living and working in Tribal communities our officers quickly
17 develop an understanding of and appreciation for Native culture and politics.
18 Normally the longer an officer remains on a detail, the more effective they
19 become with the Tribes they serve.
20 Let's talk about successes. We have found success in reducing health
21 disparity when basic public health programs become part of community

1 infrastructure. In 1955 only 15 percent of Indian homes had safe water and
2 sanitary liquid waste disposal facilities. And due to the determined efforts of
3 Tribes and the Indian Health Service, over 90 percent of Indian homes had
4 received safe water and sanitary liquid waste disposal systems by 1998.
5 At the same time, the age-adjusted death rate from gastrointestinal
6 disease among American Indians and Alaska Natives decreased 91 percent.
7 That's predictable.
8 In the mid-1980s we assisted several remote 85 percent impoverished
9 Tribes in the development of self-sustaining, fee for service -- fee for service
10 -- solid waste management programs that provided door-to-door collection
11 service. These are the same types of services you would find in downtown
12 Phoenix or in New York or anyplace else.
13 Flies, rodents, wild and domestic animals no longer have the
14 opportunity to spread disease from decomposing organic waste dumped in
15 residential areas, and there are no open dumps to burn.
16 These programs continue to operate successfully and are now a stable
17 component of the communities' infrastructure.
18 We are on the cutting edge of reducing injuries in American Indian and
19 Alaska Native communities. Not too long ago Tribes placed low priority on
20 smoke detectors, child safety seats, bicycle helmets, seat belts, personal
21 floatation devices, and only a few chose to address DWI, suicide and

1 homicide.
2 That has changed. Many Tribes are now incorporating proven injury
3 reduction strategies into their infrastructure. Between 1987 and 1995
4 hospitalizations for injuries and poisonings dropped 29 percent.
5 And as you'll see on the graph on the screen, between 1973 and 1993
6 -- I apologize for the way that looks, but you'll notice the tall bar are the
7 American Indians/Alaska Natives; the lighter color bar is U.S. all races; and
8 the darkest shorter bar is U.S. white race. Between 1973 and 1993 age-
9 adjusted injury and poisoning death rates among American Indians and
10 Alaska Natives decreased approximately 50 percent, while the decrease
11 among U.S. all races and U.S. white race was much more subtle.
12 We've led the way by not only developing and implementing a
13 successful community-based public health model for injury reduction, but
14 also by providing comprehensive multi-level training for all Tribes.
15 Now our limitations. The environmental health programs share one
16 very basic important limitation, and we share it with the Tribes that we work
17 with as well. We have never been funded at one hundred percent of our
18 level of need. In fact, we are currently funded at only 34 percent level of
19 need. This means that each of our staff is attempting to do the work normally
20 required of three people.
21 Given our success at the current funding level, we clearly see the

1 immense positive effect that would be produced if funding was more
2 adequate.
3 Now for recommendations. For 45 years we've approached health
4 disparity in a comprehensive matter with a substantially limited budget.
5 Despite this, we are able to demonstrate substantial progress toward
6 achieving our mission and goals. More adequate sustainable funding must
7 be provided to further reduce health disparity.
8 There is considerable potential for Tribes to be led to believe that health
9 disparities and environmental justice is related only to contamination of air,
10 soil and water, from manufacturing and possibly agricultural processes. I
11 suggest to you that there are other issues, and there are other major issues.
12 These issues include geographic location and infrastructure of the
13 community, the condition of roadways -- and I'm so pleased that we have a
14 representative from the Department of Transportation here today; that's very
15 important -- the condition of residential, commercial and public buildings, the
16 condition of water and waste disposal systems, levels of building
17 maintenance, technology, vectors of disease and injury, food protection, solid
18 waste management. The expertise of those who care for and educate
19 children, and the expertise of those that provide medical care, fire protection,
20 EMS, and disaster response.
21 These are but a few of the other issues that directly affect health

1 disparity and environmental justice.
2 We need to be mindful of messages that Tribes or rural communities
3 receive from our programs and actions. There needs to be frequent and
4 routine communication between Tribes and agencies that fund Tribal
5 environmental programs and those agencies that provide direct
6 comprehensive environmental health services.
7 We all need to strive not to duplicate services. It's confusing out there.
8 Then there are the ever-changing intangibles which include culture,
9 politics -- I'm just about done -- I have another 30 seconds.
10 MR. LEE: Okay.
11 MR. RATHSAM: Then there are the ever-changing intangibles which
12 include culture, politics, economics and sustainability. We can ill-afford any
13 miscommunication regarding the comprehensive scientific nature of reducing
14 health disparity and environmental injustice.
15 We look forward to having the opportunity to work more closely with our
16 sister agencies and to continue working closely with Tribes providing
17 comprehensive environmental health consultation and direct services.
18 Thank you.
19 (Applause.)
20 MR. LEE: Thank you.
21 The last presenter in this panel is Dr. Hal Zenick from the EPA Office

1 of Research and Development. Hal.
2 PRESENTATION BY DR. HAL ZENICK
3 DR. ZENICK: I'm probably one of the few people at the table who,
4 having raised four boys, probably doesn't need a microphone.
5 (Laughter.)
6 DR. ZENICK: I've got a few overheads that I'm going to use. I'm
7 actually going to -- realizing the time is tight -- run through the first couple
8 very quickly and then take the discussion in a bit of a different tangent in
9 throwing a proposition out to the NEJAC for consideration. If I might get
10 some assistance on the first overhead.
11 The first one is basically a diagrammatic structure of EPA itself. Let me
12 just point out -- there's several boxes up there -- EPA can be viewed as sort
13 of consisting of three interrelated elements. The ones that many of you may
14 be the most familiar with are our program offices, such as the Offices of Air,
15 Water, Office of Solid Waste and Emergency Response, the Office of
16 Pesticide Programs and Toxic Substances.
17 These offices, by congressional and legislative mandates, have
18 missions to carry out to enforce and ensure that we have clean water, safe
19 air, and so forth.
20 The second key elements within the agency are EPA's ten regions,
21 which is where the rubber meets the road, where there is an interfacing to

1 actually help work with the states and the communities to carry out the
2 regulations and decisions that are made within the agency itself.
3 The third element then is the support offices to the agency. The Office
4 of Enforcement and Compliance, the Office of Information that we have, and
5 my office, the Office of Research and Development. I will come back to that
6 dimension later on in discussing sort of some of these dynamic interactions.
7 The next couple of overheads tend to reflect a bit of what the mission
8 of the agency is, which it views itself as having a vital role in ensuring both
9 human and ecological health in terms of environmental conditions.
10 And then, if you look at the agency's purposes on the next couple of
11 overheads, there's actually a whole list of purposes for which the agency
12 views its mandate in meeting its mission. But some of the key words that
13 you can see are that it feels that it is committed to protecting the environment
14 and resources for all Americans, that it wants to use the best science in
15 making its decisions, and it wants to ensure that the decisions that it makes
16 in the protection of human health and the environment are enforced fairly and
17 effectively.
18 I'm getting old, I can't read my own slides here. Bear with me. I can
19 barely read these and they're right in front of me.
20 The next one there is -- I think this is a key one that I want to hit on --
21 that environmental protection is an integral consideration in the U.S. policies,

1 concerning natural resources, human health, et cetera, et cetera.
2 I'm going to offer in a couple of my later slides that I'm not totally
3 convinced that the environment is considered to be an important etiological
4 factor when we make our human health policies in fact – and I'll come back
5 to that.
6 Then, finally, and I think of course of relevance to this committee – of
7 special relevance to this committee – is that these decisions do ensure that
8 all parts of the society have the opportunity to effectively participate in this
9 decisionmaking process. We might go to the next overhead.
10 My comments on the next couple of overheads are based in part on
11 experience that I've had in the last seven or eight years as a co-chair of a
12 working group under Border XXI to attempt to address environmental health
13 issues in the U.S./Mexico border. To some extent that experience has been
14 very rewarding and in other instances it's been rather eye-opening.
15 The way that program has been structured has been an attempt to
16 actually establish a partnership that has involved all of the pertinent public
17 health service agencies, EPA and its regional offices, and a number of state
18 agencies in terms of looking at how do you effectively address environmental
19 health issues.
20 Based upon those experiences, I'd like to make and offer the following
21 comments, if I could.

1 First of all, I think it's been noted by a number of the speakers today
2 that environmental factors is only one of the elements that we face in trying
3 to deal with health disparities and trying to deal with health communities.
4 We've listed a whole set of other factors, factors related to
5 socioeconomic status, factors related to living conditions and race and so
6 forth.
7 I think that the ability to effectively ensure healthy communities is
8 absolutely dependent upon us being able to take a more integrated approach
9 to looking at the dynamics between those factors.
10 I think that there is in fact a stovepiping across federal agencies. It is
11 not uncommon for people to believe that environmental justice is an issue for
12 EPA and the other agencies, when they sit at the table, are doing us a favor.
13 (Laughter.)
14 DR. ZENICK: Well, in fact, the environment is a factor for every
15 agency. Health is a factor for every agency.
16 Much of my frustration I think has been observing that we create many
17 interagency institutions and we do really well at meeting. But it's not clear
18 that people go home with a reaction more than: that was interesting; it's
19 another unfunded mandate to deal with. And I offer that I think this is a
20 tremendous – tremendous – challenge to try and overcome.
21 The third bullet is one I've mentioned and I think that without this

1 commitment we're not going to make very much progress. And that is, I
2 believe it is absolutely essential that the public health and the medical
3 community, which is a major powerful player in this country, recognizes that
4 environmental conditions are a major etiological factor in health status.
5 I can tell you, that is a struggle to do. I think without that recognition it's
6 going to be very difficult to actually engage the elements that operate within
7 communities to effectively address a lot of the issues that programs such as
8 mine, which is a national program that has to do with broad issues, can more
9 effectively have success.
10 I think that the other aspect of this is that there are other key players
11 that must be engaged. And I'm absolutely thrilled to hear that the
12 Department of Transportation has gotten more actively involved, that they've
13 actually established an environmental justice component, that they recognize
14 the decisions related to things such as where you place roads and land use
15 decisions have tremendous impact.
16 I think there are other players – HUD and others – players whose
17 budget and resources often dwarf many other players. I think it's critical to
18 have them engaged and realize – and I think they have realized that they
19 have a health mandate just as we do.
20 Having said that, let me go to the last slide, which is a little bit off the
21 wall, and I think that's okay.

1 I think that we need to renew our commitment and recognize the
2 inextricable linkage between environmental health, public health and health
3 care. In many of the communities that we've had an opportunity to visit with
4 along the border, in the issues they bring to us, it's not a very good answer
5 to say, well, ORD and EPA really don't deal with those issues. You must be
6 able to hand those off.
7 One of our most successful partnerships in the last couple of years has
8 been with HRSA, the Health Resources Services Administration. We now
9 actually have an interagency agreement with them. We've actually begun to
10 implement a program that is looking at trying to increase environmental
11 education for health care providers in communities so they can become more
12 aware and more cognizant, get into the early phases of recognizing
13 environmentally linked problems.
14 I think some of those partnerships are absolutely critical to this
15 integrated model.
16 I think we've got to recognize that we need research – and I've heard
17 a lot of that today. But research cannot be a substitute for action. Many of
18 the problems we've pointed out, from Mike Callahan's presentation on,
19 cumulative risks and the challenges, we know that we need more research,
20 we know that we need more tools.
21 The fact of the matter is that the implementation of Title VI is a reality.

1 that OCR and others are going to have to carry that Act out. When they get
2 a petition that says we think there have been disparities in the granting of the
3 permit for this facility, we're going to have to use the science that we have.
4 As we develop those experiences, we will be able to develop better
5 research insights and do a better job. But I oftentimes am concerned – and
6 I hear a little bit of this in the meeting today and my office has certainly been
7 part of this – is oftentimes we need more research. I'm not sure.
8 The model I'm going to suggest is one that Haywood Turrentine
9 mentioned very pointedly in a teleconference we had I think back last August
10 when he said the key verb is "action."
11 What I'm going to suggest for consideration – and again, I can do this;
12 I'm not an M.D. person, I'm not a public health person per se; I can always
13 fall back and simply let you know I'm a toxicologist – is I think we need a
14 diagnostic action-oriented model that I think is not particularly different from
15 what we already use in the medical community.
16 When someone presents himself with an illness, the first thing we may
17 try and attempt to do is understand a lot of the symptoms. And as we begin
18 to try and treat that, if it be fever and give it an antipyretic or whatever, we
19 begin to try and deal with symptoms. We may dig in further and try and
20 ascertain, well, what are the causes and how can we address those?
21 In the border we have know (inaudible) defects has been an issue off

1 and on. CDC has implemented I think a tremendous program in folic acid
2 supplementation of food products. It's beginning to show a marked decrease
3 in recurrence.
4 Do we know what the trigger is? No, we don't. Do we know that we're
5 being able to effectively treat it? Yes, we do.
6 I would suggest that one of the things that we might want to consider is
7 how do we begin to combine our expertise that when we look at a community
8 we can begin to understand what are some of the things that in a community
9 partnership we can begin to treat, even if it's the symptoms, that begin to
10 improve the health of the community as we try and understand what those
11 triggers are.
12 There's a variety of approaches. One of the things I would offer in
13 terms of whether this is realistic is perhaps we can center on a limited
14 number of communities over the next three to four years, develop – I hate
15 the word, but develop a swat team type of mentality. Can we go in with a
16 group of experts working with the community and local folks, do the
17 diagnostic, try and determine where can we influence, persuade, implement
18 some changes in the conditions in that community, and then step back and
19 make some assessment of have we been successful, what were the barriers,
20 and I think critically when I have to go back to my agency and talk about this
21 – it is, and what are the constraints. What was the cost to do this? Is it

1 something that you can adopt in your way of thinking and planning within
2 your agency? Is it realistic or not?
3 I think there are some opportunities to take maybe a bit of a different
4 model and begin applying it and determine whether or not it is in fact realistic
5 and what are the partnerships that you need to do it.
6 I tend to be a rah-rah for making interagency efforts work. But, again,
7 I think that needs to perhaps look at different models that extend beyond just
8 more meetings.
9 Thank you very much.
10 (Applause.)
11 MR. LEE: Thank you, Hal.
12 Before we open it up for questions I want to do a time check because
13 it is now ten minutes to five and we have public comment period at 6:30. So
14 I would say that we would go to 5:30. Is that possible?
15 MR. TURRENTINE: If you do, we'll never get back at 6:30.
16 MR. LEE: So can we do it until 5:15? Okay. Great.
17 MR. TURRENTINE: The more important question is what is Council
18 going to do relative to getting back here so that we can start at 6:30? That
19 largely determines when we leave. You know, we invariably can get back
20 here and get started and we've published this in the Federal Register. We
21 really don't have any choice in the matter. The public comment period will

1 start at 6:30 with or without you.
2 Now, having said that, what time do you want to go to dinner?
3 (Simultaneous conversation.)
4 MR. LEE: So, 5:15 is the consensus, right? Keeping in mind that this
5 is a very important part of the discussion, this actually is the heart of why
6 we're here, but the way we have planned this, for everyone's edification, is
7 that this is going to be an ongoing dialogue that's going to continue all day in
8 the Health and Research Subcommittee.
9 Before we open it up for questions I want to also make sure that we
10 recognize the fact that there are a number of officials from other federal
11 agencies here. Rather than introducing them individually, I would just ask
12 that they all stand to be recognized.
13 I don't know, if they're here, maybe they don't want to be recognized.
14 They will be joining us in our various subcommittees.
15 One of them I do want to point out is Jeanine Willis from the Health
16 Research Service Administration which was actually very much – very
17 prominent in the dialogues thus far.
18 When Hal talked about the inextricable link between environmental
19 health, public health and health care, they are the other key agency involved
20 here. So I just wanted to make sure that we all realized that Jeanine is here
21 and for all of you to talk with her. She will be joining us tomorrow in the

1 subcommittee.
2 Let me just begin with questions from the Council members. I guess we
3 can start with those who weren't able to ask their questions the last time. I
4 think we left off at Peggy Shepard.
5 MS. SHEPARD: I'd like to know what kinds of interventions – what are
6 the components of interventions that you think will begin to really reduce
7 health disparities? Do you really think that can be done in the next ten
8 years? And can it be done without partnering with communities?
9 MR. TURRENTINE: Anyone. Anyone.
10 DR. KERNER: We're all rushing to the microphone.
11 Good question. Let me say that I think if you think back to that diagram
12 I showed you, a lot of the interventions we've developed, at least in the area
13 of cancer control, have focused on health behavior change and also medical
14 approaches which is a small part, but a part of the problem.
15 I don't think any of those targeted to underserved communities can be
16 done without partnership with that community. I think we have lots of
17 evidence over the last 20 or 30 years that community-placed research
18 interventions don't work as well as community-based participatory research
19 interventions. And so I think that partnership is essential.
20 I think as we get a better understanding of the links between some of
21 those factors that are sometimes difficult to measure – the hard science, as

1 I was alluding to earlier – the policy implications are areas where links to the
2 advocacy community are going to be absolutely essential because in my
3 limited tenure at the federal government I understand that I have a very
4 limited influence over policy.
5 I have a chance to do research, I have a chance to dialogue with
6 communities that have a stake in what policy changes might take place, but
7 ultimately it's the legislative process linked to community advocacy that often
8 drives policy change.
9 And I'd just like to make one other comment about this. You know, as
10 scientists we kind of eschew stories and anecdotes for data. But it's been
11 my observation over the last 20 or 30 years that a lot of policy change comes
12 from a really good story. And so I think as scientists we need to learn to
13 present our data as really good stories.
14 And we need your help to do that because tables of numbers don't
15 necessarily change policy, but what those numbers mean and how to
16 communicate them in human terms does.
17 MR. SAGE: I think to answer to the last part of your question first is, I
18 don't think you can implement an intervention without community-based
19 efforts. If you're really going to implement –
20 MR. LEE: Can you speak into the microphone, please.
21 MR. SAGE: I'm sorry. If you're going to implement interventions,

1 ultimately they come down to community-based efforts, truly. So, the last
2 part to your question is that they have to be.
3 The first part of your question is that it's hard to imagine for me
4 personally – and this is my personal opinion – that all health disparities for
5 all illnesses will be eliminated in ten years. That doesn't mean that we
6 shouldn't have a goal to take the first ten years and get as far as we can.
7 I would think we would try to focus on priority health outcomes that
8 affect the most people first and go after that. Such as diabetes and
9 numerous other health conditions that affect large populations.
10 DR. WELLS: In NIEHS – I agree with you, Peggy – our intervention
11 programs and intervention strategies are developed by the community in
12 concert with academia or government – so I agree with you that
13 intervention without input or consideration from that community probably
14 won't be very effective.
15 MR. RATHSAM: The lessons we've learned from preventing injuries
16 in Native American communities is that you've got to have sound scientific
17 data collection and analysis. That means you have to know what you're
18 looking for and it has to be measurable. And it has to be tooled up, the
19 technology, locally to do it.
20 The second step is advocacy. Once you get that scientific

1 information, you've got to convert it into something that the community
2 understands. That's a very important component. You can't just talk
3 scientific language to the general populous, I don't think; it's scary.
4 The next step we go to is community mobilization or coalition
5 building. Then on to intervention development within that community
6 group. And then implementation. And then you go through the process
7 again of the scientific data collection and analysis again to see if
8 interventions worked.
9 That's an ongoing process. It's a lifetime process. But I think it can
10 happen.
11 DR. FALK: I just wanted to add that, yes, there has to be a very
12 important dialogue with the communities.
13 I think Hal made a very good point, which is that we all always think
14 of ourselves in terms of where we come from in our agencies, but the
15 federal government as a whole really ought to be the target of that
16 dialogue with communities. We really have to be creative, I think, in terms
17 of what resources can be brought in to help in those discussions.
18 Yes, there needs to be a very active partnership and dialogue with
19 the communities, but both of us – the communities and the federal
20 agencies – really need to do a better job, I think, in terms of drawing on

1 the resources of the federal government to really respond to those needs.
2 MR. LEE: I think the next person that -- were there any other
3 thoughts on the question? Can we go to Rose Marie Augustine?
4 MS. AUGUSTINE: My experience with ATSDR in the community has
5 not been very good. One of the things that I think ATSDR needs is to be
6 a little more understanding of the culture of the community that they're
7 going into.
8 One of the health studies or assessments that they did in the
9 community is they came, they started knocking on doors, and told the
10 people they were interviewing, we'll give you $10 for your interview. The
11 community started calling me and they were very upset because they felt
12 that, you know, here they had family that was sick and dying, they had
13 people that were -- that the families had died and they felt, well, what are
14 they offering me $10 for? Is this what my family is worth to them, $10?
15 So, you know, that is -- that was a slap in the face to offer them that.
16 You know, $10 or any kind of money. They would have done it for free.
17 They didn't want anything. They just wanted to be counted. They wanted
18 their families to be counted.
19 Another thing, too, is that I find in the community -- well, let me tell
20 you this. After this happened, when the report was ready, the person that

1 was working in the community, the ATSDR person, had to call the TCE
2 clinic so that someone from the clinic could go and pick up the report at
3 the hotel because the community did not want her there. And that's how
4 we got the report.
5 Another thing, too, when you talk about culture. When you talk about
6 people that smoke, that drink, and you tell the women it's hereditary, it's
7 the smoking, the drinking, that your child inherited this, you have cancer
8 because it's hereditary -- it's not the chemicals you were exposed to, all
9 the diseases you have, it's your fault.
10 So here's another cultural thing. In the Mexican community -- and
11 this is the old people that I have seen and I have heard -- is when a person
12 is dying, "oh, did you hear so and so has been suffering so much, she's
13 got cancer. I wonder what sin she committed that she is suffering so
14 much and God is punishing her."
15 Yet, when a person has cancer -- and my grandson's paternal mother
16 died two years ago -- they will not tell you they died of cancer and they
17 don't come out -- and they won't even go to the doctor until it's too late
18 because they have been blamed for the disease they have and they don't
19 want anybody to know they've committed a bad sin, and that's what, you
20 know, they're suffering for.

1 MR. LEE: Hey, Rose.
2 MS. AUGUSTINE: So she died of a ruptured appendix after she had
3 had a series of radiation treatments. But it wasn't cancer.
4 MR. LEE: Did you have a question?
5 MS. AUGUSTINE: When are ATSDR and all these scientific
6 agencies going to start taking into account the burden that they're putting
7 on the community when they tell them it's hereditary? And the comments
8 that I just made -- so that you understand what we're talking about in
9 culture -- you take culture and religion into consideration when you come
10 out with these reports.
11 DR. FALK: Thank you for your comment. I recognize that there are
12 situations, and have been situations, where community members or others
13 have been approached maybe in a less than sensitive way, and I accept
14 your concerns and maybe we could talk about that afterwards as well. We
15 will try to do our best to rectify that going down the road.
16 I think one of the difficulties we have in terms of working with
17 diseases, whether it's cancer or other diseases, is that most have multiple
18 potential causes. For many of the diseases, certain types of cancers, we
19 don't even know what causes most of them. And you're right, that's
20 certainly not something that ought to be left in terms of either concerns

1 about blame or concerns about guilt.
2 We as scientists really ought to be aware of the limitations of
3 knowledge and what we can't say and what we can say. So I accept your
4 concerns and hopefully we will do better in other situations.
5 MR. LEE: Next is Luke.
6 MR. COLE: I just have a short statement. This is great progress, to
7 have the six of you here talking about environmental justice because often
8 your agencies, particularly Indian Health Service and ATSDR, have been
9 the obstacles to progress towards social justice.
10 I mean, the Indian Health Service up until the 1970s was carrying out
11 sterilization policies. You know, many people see that as a justice issue.
12 ATSDR more recently, as Rose mentioned, has had a number of
13 problems with community credibility, and continues to this day.
14 Based on the national experience of groups like Rose's -- the
15 California communities with which I work have a strict policy of not working
16 with ATSDR and not allowing ATSDR to come in to study their
17 communities because they cannot point to a single community that has
18 been helped by ATSDR's involvement, but they can point to a number of
19 communities that have been hurt by ATSDR's involvement. So they have
20 said, on a policy level, we're not going to work with ATSDR and we don't

1 want ATSDR to come in here because they will only hurt our efforts to get
2 justice.
3 (Applause.)
4 DR. FALK: We are working with about 500 sites around the country
5 and I visited a number of those sites and I speak to people in the regional
6 offices and have, you know, spent several meetings with our community
7 and tribal subcommittee and spoken to people around the country.
8 So, I am sure that there are instances where what you're saying is
9 correct. I don't think that that's the generally prevailing situation
10 throughout the country. But I'm happy to really try and correct whatever
11 situations are not working.
12 In the interest of this particular panel, you know, I'll tell you about a
13 recent site and something we're trying to do which at least I think can help
14 people in terms of partnering. It's not going to answer all the questions
15 that you raised, but I'm not sure we can do that in this sitting.
16 For example, we have an active investigation in Libby, Montana with
17 concerns about treating people with diseases related to asbestos. That's
18 not something that is purely within our ken, but the National Cancer
19 Institute has treatment protocols for mesothelioma and research protocols
20 underway for pulmonary diseases.

1 So we did a joint workshop where we brought in the physicians from
2 Montana to Washington and met with various parts of NIH, including
3 NIEHS, NCI, and others who are here, and actually had the people with
4 the most current information on how to treat illnesses related to asbestos
5 and provide something which at least can allow people to think about what
6 might be the best way to approach treatment or how to incorporate new
7 kinds of research proposals.
8 I think there are things that we all clearly can do, and I am happy to
9 try to rectify problems that may have existed in the past. I don't know that
10 I can do them all adequately or sufficiently but I'm happy to try to do that.
11 There are a lot of places where I think we are doing value added, and
12 I think there are a lot of mechanisms or the kinds of things that people are
13 talking about here which can increase that. So maybe later on we can talk
14 about it and see what can be done.
15 MR. LEE: I think Michel is next, but I was going to say that – well,
16 why don't you go.
17 MR. RATHSAM: If I might just address the comment about
18 sterilization.
19 MR. LEE: Sure. sure.
20 MR. RATHSAM: I am unaware that that was a situation. There have

1 been a lot of folks in line to provide health care to Native Americans over
2 a lot of years. The Bureau of Indian Affairs, and I think the Army at some
3 point was involved with that process. Indian Health Service came in right
4 around 1955, so certainly if you are familiar with information about 1970,
5 you know, I'm curious, I'm going to find out about that.
6 But I want to assure everyone that in the 16 years that I've worked for
7 Indian Health Service I've found that our medical staff is extremely
8 compassionate, they extend themselves into the community, and that is
9 something that is not done – it's just not done, that I'm aware of, at any
10 place.
11 My specialty is environmental health, but we do interface with our
12 medical staff. That is something that is very unique about the Indian
13 Health Service; we provide health care. We have something like 865
14 physicians, almost 3,000 nurses, dentists, and a whole cadre of health
15 professionals. That means we also have health records and we can
16 access those records for good use.
17 But I'll check into that. That's a very interesting comment.
18 MR. LEE: Before you go, Michel, I wanted to try to get us somewhat
19 focused on the purpose of this particular panel, which was to look at what
20 kinds of recommendations can come forth from the NEJAC as far as more

1 integrated federal activities to address the community-based public health
2 issues in environmental justice communities.
3 There were a number of recommendations that were forwarded by
4 each of the panelists and I was wondering if any of your questions or your
5 comments may be focused on those so that we can further that dialogue
6 in the interest of your coming forward with a set of recommendations and
7 advice and counsel to the agency.
8 Michel.
9 MR. GELOBTER: I'd like to focus on a recommendation that I
10 thought was by and large missing, unfortunately, from what was
11 presented.
12 You know, we stand here at the end of what we're claiming is the
13 longest peacetime economic expansion, particularly the National Institutes
14 of Health is one of the federal agencies that's done very well given the
15 budget onslaught that a lot of other agencies have faced. Particularly the
16 National Cancer Institute, but in NIH generally – and maybe not NIEHS –
17 you benefit from a huge constituency, you know, people cheering for you
18 "cure cancer," cure heart, lung, and blood disease.
19 At the same time, we don't see enough, it seems to me, of your use
20 of that constituency to reach to those communities that are most

1 devastated by those diseases.

2 I guess my question really comes to -- and even whether it's people
3 who are devastated by environmental diseases and NIH's ability to reach
4 out and help EPA with their approaches to research, and NIH's ability to
5 reach out and help the health services, whether it be the Indian Health
6 Service or the Public Health Service, and the people who are more
7 interested in broad health concerns than in pure research, as is NIH.

8 So my question is really for the whole panel -- and I don't want to let
9 EPA off the hook either, frankly -- is what is the place of community-based
10 research in your agency's agenda? What is the place of research that
11 brings to the table those most affected by disease, those dying of the
12 diseases that you are meant to address?

13 Frankly, particularly -- I mean, I think there is some of it at some of
14 the National Institutes of Health -- we don't see it in environment except at
15 NIEHS. NIEHS has really been a leader in doing this. And at EPA we see
16 virtually none of it, particularly out of ORD. The CUP grants were run out
17 of the Office of Environmental Justice. We see almost -- I haven't seen a
18 request for proposals on even social or political research around
19 environment for a long time.

20 If we run around like cowards from industry, at the end of a period

1 when we're fat with resources, particularly research resources which
2 they're pushing for their interests, then when are we ever going to get to
3 these issues? I ask that question of the EPA, I ask that question of the
4 National Institutes of Health.

5 And if Richard Moore -- the question I think a lot of us had wanted to
6 ask, particularly of Richard Moore -- and it might be good if he's able to
7 make it back into the room -- at the end of this it would be interesting to
8 hear from him what he thinks as a community representative on an
9 overview what is good behavior for researchers? What ethics should be
10 followed by these kinds of institutes when they come in and do research
11 on our communities on environmental issues?

12 So, two sets of questions. The first one really to everyone on the
13 panel: Where is community-based research in your agenda? Why isn't it
14 more prominent?

15 DR. ZENICK: Well, let me first of all go back to the home page for
16 ORD. ORD has in fact solicitations all for community and EJ programs.
17 Could you--

18 MR. GELOBTER: I can't quite hear you, sir.

19 DR. ZENICK: Oh, I'm sorry. We're co-funding the environmental
20 justice -- so there are dollars in there.

1 The fact of the matter is that the only agencies where there has been
2 an increase in the federal R&D in health -- in science -- primarily has been
3 NIH and NSF. For most of our other agencies we're either in a declining
4 or flat budget, which I think has made it extremely difficult, especially with
5 increasing congressional mandates, in terms of the problems we're
6 supposed to be focusing on.

7 So I think there is a serious issue here with regard to budget. And I
8 will be honest with you, if you look at the budget scenario for 2002, which
9 is what we're planning now, and so forth, it doesn't get better; it gets
10 worse. So I think that there are some serious concerns there.

11 One of the things that we are attempting to do within our programs is
12 -- I think it was suggested by one of the speakers earlier today -- and that
13 is to get beyond simply science for science, but to begin to challenge our
14 scientists within our programs to give us some sense of what is the
15 impact, how is that work going to translate, what's going to be the impact
16 of that, and do we have the mechanism set up to get that information out
17 to consumers, which we're not very good at, just to be honest with you.

18 EPA has set up an Office of Environmental Information which is now
19 I think -- is almost up to speed, which its key role is to take the data that
20 we're producing and how do you get it out there.

1 Our office per se, the Office of Research and Development, its
2 primary mandates are to meet the needs of the Office of Air and the Office
3 of Water, to meet their statutory and regulatory mandates that they have.
4 Much of our effort goes towards that.

5 In doing that, when we have the opportunity to work with communities
6 to allow them to address their needs and also obtain data that could help
7 inform those decisions, we attempt to do that. But much of our program
8 is driven by our primary clients, which are program offices.

9 We are beginning to build much stronger relationships with our
10 regional offices because our regional offices are the ones in daily contact
11 with communities, the state officials, and the communities. That is
12 probably something that is going to be a direction that our program is
13 going to begin more heavily emphasizing.

14 So I think that we're beginning to put mechanisms in place. ORD, for
15 the first time, a year ago established a Community Science Council, which
16 it has never had, to begin looking at how can you look at the landscape of
17 what you're currently doing and to find opportunities in the current program
18 that would benefit communities, and then how do you actually begin
19 looking down the road to get this into your planning process.

20 So I think there is a sensitivity and awareness. The challenge is a

1 fixed-sum budget gain, and how do you meet all the demands in that
2 budget. For that one, I don't have an answer, but I think we're going to try
3 and give a greater consciousness to what we are doing in terms of
4 supporting community needs.
5 MR. LEE: It is now 5:15. We had said that we wanted to break at
6 5:15 for dinner. I don't know if you want to entertain a few more answers
7 to this particular question, but I know we do have a time constraint as far
8 as making it back here by 6:30.
9 DR. KERNER: Since NCI was particularly singled out as one of the
10 growth industries in the federal budget, I thought perhaps I should
11 comment a little bit about that.
12 It's absolutely true, in the last four years our budget has gone up
13 enormously compared to some of our sister agencies. It's been a function
14 I think in part of the tremendous cancer advocacy community that has
15 raised these issues. Some of it has been targeted to specific diseases,
16 but in general there's been a rise.
17 The Director, Dr. Clausner, has a consumer liaison group that I
18 actually spoke with on Friday about our five-year strategic plan on health
19 disparities. Many of the members of this group are from underserved
20 communities, cancer patients, who have had to deal with the struggle of

1 not only trying to prevent cancer but having had it diagnosed, how to get
2 treatment within those communities. I think we're beginning to listen and
3 hear more than we've had in the past.
4 As someone who has sat on both sides of the peer review panel –
5 both those who submit grants and those who review them – I can tell you
6 that community-based participatory research is not only the hardest
7 research to write an application for, but it's also the hardest research to
8 review.
9 This stems from the fact that I think the review panels – and I think
10 NIEHS has had an experience with this; we've had experiences with this
11 – that getting common understanding amongst – first you've got to have
12 adequate representation of all parties. Who are your peers? I mean, if
13 they're community-based partners, you need community-based folks doing
14 the review. And we know that. But then getting a common understanding
15 between reviewers about what's good science and what's good
16 community-based research is also a challenge.
17 So I think as we move into this field, the whole review process for
18 grants is going to have to come under some scrutiny and look at how we're
19 doing this because we're learning as we're going.
20 When I used to submit applications we often said in the research

1 community that being on the leading edge was being on the bleeding
2 edge; that your chances of getting funded with new ideas were very slim
3 because of either methodological controversies or the difficulty in gaining
4 consensus about what constitutes quality community-based participatory
5 research.
6 I think the good news is that there have been some good examples.
7 We now have principles that are out there. And I know that a number of
8 you have been involved in NIEHS conferences and others.
9 I can just tell you that just this month – or just last month, rather – the
10 NCI committed over five years $60 million to the Special Populations
11 Network which is predicated on the community-based participatory
12 research model where community-based folks and academic institutions
13 are coming together to try and define what constitutes research that meets
14 the needs of the community.
15 And we're providing developmental funds for new studies so that we
16 can get pilot data, and ultimately it's our goal to make those studies
17 competitive in peer review.
18 So we have a lot of work to do but I think we're taking the right steps.
19 MR. GELOBTER: Is any of that work going to be environmental? I
20 mean, are you working with NIEHS –

1 DR. KERNER: Well, I think that's an excellent point. You know, I
2 think that one of the things we need to do – and somebody talked about
3 stovepiping and I talked about a tower of Babel – the most challenging
4 part of my job has been finding out all the people I need to meet to find out
5 what they're doing – in the last ten weeks. Conferences like this, actually,
6 are very helpful in that regard.
7 MR. LEE: Well, on that note, can I ask that the NEJAC give this
8 panel a round of applause.
9 (Applause.)
10 MR. COLE: Charles.
11 MR. LEE: Marinelle, as you know, this is a discussion that we're
12 planning to continue to carry over into the all-day session at the Health
13 and Research Subcommittee tomorrow and so I don't think this is the end
14 of this.
15 MR. COLE: Charles.
16 MR. LEE: This is only just the beginning, laying the ground work for
17 that discussion from which a lot of recommendations, advice and counsel
18 will emerge.
19 MR. GOLDTOOTH: Mr. Chair, I just have one question.
20 MR. LEE: Okay.

MR. GOLDTOOTH: I have a question -- well, this is part of the recommendation I need to say, too, on the Indian Health Service presentation. I'm sorry I wasn't able to hear all of yours but I got the tail end of it. Part of the recommendation that I see in the years of my experience with Indian Health Service, which is the lead federal agency that provides health care and also sanitation services to our Tribes -- our federally-recognized Tribes -- is that the lack of funding that he said is an environmental justice issue, it's an environmental inequity issue because we still have the sanitation issues, lack of infrastructures that do impact the health.

So that is a big point. However, that's addressed within the partnership interagency working group. That is a serious situation. I mean, many of the Tribal leaders have been in Congress on this issue. There's been lack of funding every year and every year. And now we're experiencing the environmental health impacts.

That leads into the second point, which is that from my experience the Indian Health Service does not have the expertise to address these continuing issues that are emerging concerning environmental health impacts. They are not experienced -- and they admit that -- in area after area office. They don't have the expertise to address the environmental

health effects that are emerging.

If we look at the mercury impacts in the Great Lakes, we look at northern California from the gold mining, there's mercury issues cropping up there, radiation exposures from Nevada to the Navajos, the pueblos, to the whole State of Alaska, the villages.

We ask the Indian Health Service, help out the Tribes, give them the information, get involved. Are there toxic and radiation exposures that are impacting our Tribes? We need answers. We don't get that from Indian Health Service.

They say, go to Congress, get the money or try to maybe to get CDC or another agency to help, which really doesn't work.

So, really, in Indian Country there is a lack of services and outreach when it comes to environmental health services. It's alarming. It's serious. And it demands prompt attention. Whatever the agency can do through interagency to push this thing forward, because we don't get that support from IHS -- at some point, I don't know if it's frustration, they throw up their hands. But we don't get those answers.

And then, the community-based needs to be stressed. I mean, I don't know if the Indian Health Service understands what community-based research is. It goes beyond Tribal Council Government and it goes right

into the community using some of the models that we've heard throughout the past two days.

I'd just like to stress the importance of this issue.

MR. LEE: Thank you, Tom. Okay, with that I guess we --

MS. AUGUSTINE: Mr. Chair, is it possible for the -- well, I would like to have a copy of their slide presentation, if it's possible.

PARTICIPANT: Yes, all of them.

MR. LEE: That should be no problem. Great.

Okay, Haywood, I'll turn it over to you.

MR. TURRENTINE: No, you're not. All right, we're done.

(Applause.)

(Whereupon, at 5:30 p.m., the meeting in the above-entitled matter, was adjourned, to reconvene on this same date at 6:30 p.m.)

EVENING SESSION

(6:38 p.m.)

PUBLIC COMMENT PERIOD

MS. SHEPARD: Welcome to the Public Comment period of the Fifteenth Meeting of the National Environmental Justice Advisory Council. My name is Peggy Shepard and I'm the Vice Chair of the Executive Council of the NEJAC. I'll be chairing tonight's public comment period.

I'd like to thank everyone for attending this meeting, and particularly those of you who've traveled to participate in the public comment periods.

Many people have signed up to participate in the period for tonight, and we ask that everyone, commenters and NEJAC members alike, adhere to the public comment guidelines. They're included in your meeting materials.

Now, remember the following. A court reporter is present to record your testimony, so please remember to speak clearly and into the microphone. The microphones do work, but you must talk directly into the microphone to be heard clearly.

I'd like to ask the members of the Executive Council to refrain from comments, discussions and questions unless it's absolutely necessary until all individuals have had an opportunity to provide comment.

Please be considerate and limit your comments to five minutes. And we do have a timekeeper here.

Now, if several people are present from the same organization, please select one individual to serve as your organization's spokesperson to comment on a particular issue.

When your name is called, please come up and sit at the speakers table, state your name and affiliation for the record, and please provide your comments. If you do have written comments or handout materials, please give them to the support contractor as you approach the table. The support staff will distribute copies to the Executive Council.

Now, there are a few other administrative items. Restrooms and telephones are located down the escalator and to the right. The support staff will not be providing photocopy services. If you need to make copies of handouts in support of your comments, please use the hotel's business center which is located one floor down.

And please note that we must be out of this room by 11;00 o'clock. So, Council members.

PARTICIPANT: You shouldn't have said that.

MS. SHEPARD: I know. I just realized that.

PARTICIPANT: The session ends at 9:30.

MS. SHEPARD: Well, hopefully it will be 9:30. But we all know that you all have so many questions.

Our first presenter is Mable Anderson. Would you please come forward.

Actually, could she be joined by Carl Fuller, Cecil Corbin-Mark, Michael

Lythcott and Lionel Dyson.

MR. GOLDTOOTH: Peggy, are we going to get a list of the speakers like we did last night?

PARTICIPANT: Yes, but they have to (inaudible).

MR. GOLDTOOTH: Okay.

MS. SHEPARD: Okay, Ms. Anderson.

PRESENTATION BY MS. MABLE B. ANDERSON

VILLAGE CREEK HUMAN AND ENVIRONMENTAL JUSTICE SOCIETY

MS. ANDERSON: Thank you. I do have some handouts. I brought information to share.

Tonight I will address two issues. I thought I would address two issues, so I'll have to address one in depth and one briefly. The first one is the health and research needs and proposal funding need. The second one is the in-kind agency acceptance of the water quality of Village Creek.

I brought to share with the Council tonight -- and thank you for hearing me -- a copy of the statement I will read first and then a copy of the Village Creek News, the first of its kind that's been done in that community because it's comprised of minorities and low-income people, and it's written for them and by them on information that they had wanted to know. I want to share with you the struggles and actions that we have faced from 1983 to 2000.

My name is Mable Bell Anderson. I'm the youngest daughter of Izzy and Beatrice Craddock Bell. I am a developmental psychologist who dared to

return home in Birmingham, Alabama and stay, against the odds, to lead our people in our environmentally unjust environment.

Now, my parents migrated to Birmingham, Alabama. It was called the Magic City. My dad to work as a galvanizer at the mill for 42 years. But I went to college off of that, so it's fine. They came in the 1920s from the good land of that independent forum, Paris and Eufaula and Abbeville, Alabama.

In 1927 my parents bought land and built an adequate home for their three girls at that time in the area where colored people could live, where they could buy land and live, in Ensley Moro Park.

What my parents and folk who brought land and built -- and owned their homes; everybody owned homes right in that area then -- did not know was that the Urban Creek, called Village Creek, located one block from our house and two blocks to three blocks from other folks' homes, that it flooded -- that the water came to them. And this was real, real polluted water.

This polluted water came in the house as much as three feet, so my mother and daddy said. And it soaked the bedding, it soaked the clothing and the furniture. The vegetables that we ate from the garden -- everybody had direct body contact with it. Those filthy waters came and left debris, raw sewage, moles, odor, musk. Oh, oh, for months and months, really. And a lot of dampness.

Body contact had to be made with that water because people had to get out of it. It was not swimmable because no one wanted to swim in it, but they

had to get out of it.

A lot of families -- in the 1940s my parents had the house raised three and a half feet. But other families who did not, the high water continued to get into the houses. And it also got into 1205, our home. It would get right up to the carpet and it would stay damp and everything.

What most of the older generation died not knowing is that the water was and still is very, very polluted. It still is classified by the Alabama Water Standards as agricultural and industrial.

Water agencies talk of help, but they have never lived down that way -- would like to see it fish and wildlife, but you see, when I fish -- and we're certainly not the lower wild animals so we're not wildlife, we are human beings. We are seeking residential and human life classification. That is what we need. That is what we will get through your help because you're going to help us. We know that.

We apparently got a $5 million FEMA buyout in 1997 to get this 125 homes to relocate some families out of this particular area. But relocation is not good. Relocation is very painful. Very, very painful because people leave their familiar environments.

The good news, though, is that this small number of people, at least they're away from the polluted water, but they carry with them their health problems that they got from this dirty, filthy water. They still are dizzy. They still have asthma. They have breathing problems. They have joint problems.

They get sores, hypertension, poor school concentration, cancer, and I know of a case of hepatitis.

MS. SHEPARD: Could you begin to sum up, please.

MS. ANDERSON: What's that?

MS. SHEPARD: Could you --

MS. ANDERSON: I see she's keeping time and it's just making me tense because I don't see the minutes pass that fast. I want to say this because I want to get to why I'm here and I haven't gotten to that yet.

MS. SHEPARD: Okay, please do.

MS. ANDERSON: Okay. The bad news is that everyone has an unwanted mortgage, and most have a real adjustment and behavior problem situation. Now I'd say there's about five thousand people who live in this one area, but there are six municipalities along the Village Creek Watershed.

The trouble is now -- well, let me mention this, this grassroots group worked night and day -- and it was terrible, it was hard -- but we were able to get the federal, the state and the local people to come together n one church, along with Secretary of the Interior Bruce Babbitt, to get what was done up to this point. But it is a troubled situation.

What we need now -- and we are very concerned that the big universities and other groups get money to study us -- we don't even know what they're studying. We know that they do not know what our health problems are. They don't know the complaints.

For example, the Dirsman (phonetic) spill situation in 1997, the emphasis was on the dead fish, not on human life. It was in Village Creek and it came to the people. The emphasis was not on indoor/outdoor problems, health problems, and the children's health problems, the sore throat, the breathing, the sickness, the sick spells, and all of the things, all of the health conditions that people had.

People told -- and they still are, they still have these problems -- they're asking what are you going to do about it.

Well, we're trying to do something about it. We have a population, we have a methodology, we have medical personnel to assist. We have research deals because we've done it. And we have a proposal.

I know that we are a minority. I don't feel that way, but that's what society describes us as being. But we've done research before. We've -- got prepared by the big eastern school, you see, but we still came back to the southern place, you see, to do what we have to do. But what we need now is get a health proposal funded now.

We need you to read our proposal. We need you to study it. We need you to tell other agencies in NIH about it and get the other agencies to know about it. And we need you to do it now: We need you to do it now. We need you to know about it.

Now, that's one. We can try first with $200,000 to get our first set of claims attended to for the problems they have and the blood tests with

toxicologists and other people that are part of this group. But just to start, that's what we need right off.

Just because we're minorities just don't keep overlooking the fact that we know how to do these things; we know what our concerns are and our needs are. Help us to get started so that we can really help our people to know that society can be good, society can be on their side.

One other situation that we need you to help us with is the Creek Bank Restoration Project. You have the statement there. I'm trying to rush for time, okay.

MS. SHEPARD: Okay.

MS. ANDERSON: The Creek Bank needs to be improved. It's in this poor neighborhood. That's my neighborhood. It's still my neighborhood. But the Creek Bank Restoration Project would improve the water flow, it would prevent Creek Bank infill -- it would make the area look prettier. It would provide a way for us to get the mentor/mentoree partnerships so the young people won't go to jail when they start learning what their environment is like and want to take pride in it.

We want the Creek Bank to become and educational science environment for people. You see, Jackson Nolan High School is located right on those Creek Banks and that water is still impure -- agricultural and industrial -- I am scared about what might happen later.

And it's going to be expanded. It's going to be expanded to include

another high school right on the Creek Bank, and they do not even know that those waters are classified as agricultural and industrial. That's one concern.

McCall School is right on -- that's an elementary school -- is right on the Creek Bank. They don't know about the impurities that are there, and the kinds of problems that they say they have, the health problems that they have.

But if we can get that situation done -- our technical director was not able to speak tonight to you personally at this time -- he has estimated the cost to be about a couple of million dollars for 3,400 feet for a demonstration project. And there we can see that these kinds of changes go hand in hand with health. But we need to also get that Creek Bank -- the Creek reclassified from residential -- I mean, from agricultural and industrial to residential and human life. And we need to do that now.

Now, you know we've been working. We've already been to the Department of Interior. And we're not going to stop. If I have to see each one of you personally, you know, I'll find you because we need you to help us. Not tomorrow -- I mean, not yesterday. Yes, yesterday. But not next year. Now.

Thank you so much.

MS. SHEPARD: Thank you.

(Applause.)

MS. SHEPARD: Karl Fuller.

PRESENTATION BY MR. KARL FULLER

PECHANGA ENVIRONMENTAL PROGRAM

1 MR. FULLER: Thank you. My name is Karl Fuller. I'm from the
2 Pechanga Indian Reservation and I'm here to talk about the proposed Gregory
3 Canyon Landfill.
4 Currently there is a proposal – there is a draft Environmental Impact
5 Report that's been done to put the landfill in Gregory Canyon. That's a
6 problem for several reasons.
7 The first of which is there are five Indian reservations in the immediate
8 vicinity of this proposed landfill. The subregion which is going to be using this
9 landfill is large and there are other sites that have been proposed, but the
10 Gregory Canyon site is the one that's being pushed.
11 The Indian Tribes in this vicinity don't use nearly as much waste to justify
12 that sort of impact on them. So there's a disproportionate impact on Indian
13 Tribes in that regard.
14 Secondly, –
15 MR. COLE: Mr. Fuller, can you tell us what state the Gregory Canyon –
16 MR. FULLER: Yes. Sorry. The State of California. San Diego County,
17 in southern California. Sorry, I'm trying to rush; I want to beat the clock.
18 Secondly, Gregory Canyon isn't just a location. Gregory Canyon contains
19 important village and ancestral sites for the Pala Band of Mission Indians. Not
20 only that, but the mountain, Gregory Mountain, which is also – half of which is
21 included in the Gregory Canyon Landfill site, is probably the most sacred site
22 for the Luiseño people.

1 The Luiseño people make up many different tribes in southern San Diego
2 County. The Pechanga Band, the Pauma Band, La Jolla, Seboba. Lots of
3 different Tribes that would be impacted.
4 The environmental impact report – I'll just read a little bit – addresses this
5 issue slightly in terms of the impact on the sacred site. I quote, "The project
6 could also affect the Pala Band of Mission Indians' religious ceremonies at Mt.
7 Gregory and Medicine Rock by the presence of human activity. The proposed
8 project includes the preservation of the higher elevation of Mt. Gregory as open
9 space, the construction and maintenance of a foot trail from the base to the top
10 of Gregory Mountain, the dust and noise control measures mentioned above,
11 and the formal recording of the rock art on Medicine Rock.
12 "These measures would reduce the significance to religious ceremonies,
13 but not to below a significant level. There would remain an ethnographic
14 impact relating to this location of the landfilling in close proximity to sacred
15 Native American locations." That should say "sacred Native American
16 locations, as discussed in the section above."
17 There are several problems with that statement. First, as I mentioned
18 previously, it's not just the Pala Band that's impacted. It is all of the Luiseño
19 Tribes in that area.
20 Secondly, one mitigation measure is that a higher elevation on the

1 mountain be preserved. Well, it's not just the higher elevations where the
2 sacred activities are conducted; it's all over the mountain.
3 Next, they talk about maintaining a foot trail to the bottom of the
4 mountain. Well, to me that suggests that the other parts of the mountain will
5 not be accessible and that's why they need to preserve a foot trail in that
6 way.
7 Fourth, they want to record the rock art on Medicine Rock, which is a
8 sacred site, a religious site. This is a place where people go today to do
9 religious worship. They want to record the art on there. Well, what good
10 does that do if someone has to go the library in order to do religious worship.
11 Also, it's not just what's on the rock, but the site itself that is sacred.
12 Next, which is probably the greatest in this regard, once you desecrate
13 a sacred site – you probably couldn't desecrate a site in a better way than
14 to put a waste facility on it and next to it and to have the odor and also the
15 other activities that go on there. This desecration makes the site unusable.

1 The mitigation measures proposed do not address that to one iota.
2 They use the term "ethnographic" impacts. I don't entirely know what that
3 means. I've spent most of my life in school, but I'm not sure what they mean.
4 I think they mean that they're going to desecrate the site.
5 Going on further, there are impacts to the water supply. This canyon
6 feeds into a couple of different water supplies, namely the San Luis Rey
7 Water Basin. The draft environmental impact report does not satisfactorily
8 project these water supplies.
9 The main ways that this landfill endangers the water supply is through
10 groundwater. The impact report is not able to address groundwater
11 satisfactorily and it comes up with these solutions. First, to design a landfill.
12 Well, those are being taken into account. These designs are not foolproof
13 and they can't protect against the groundwater influence, especially if you
14 consider the seismic activity in the area.
15 Secondly –

1 MS. SHEPARD: Please conclude.

2 MR. FULLER: I will be concluding. There are just two points.

3 Secondly, a main mitigation measure to protect the water supply is that
4 they've made an agreement with the water district. Well, it sounds good,
5 except that this agreement puts a limit on the liability that the applicant has
6 to provide water to the district. The limit that is placed is 17,000 acre feet.
7 17,000 acre feet sounds like a lot, but it is not. It is less than half of what a
8 small city would use in water.

9 Also, 17,000 acre feet is a given quantity. it doesn't state anything
10 about it being yearly. So, even if everything goes wrong (sic), as they say
11 is possible, they're only on the hook for a certain amount of water.

12 Lastly, they include enforcement as a mitigation measure. I think that
13 if enforcement were an adequate form of mitigation measure, then none of
14 us would probably be here. Enforcement is definitely a problem.

15 Thank you very much.

1 MS. SHEPARD: Thank you, Mr. Fuller.

2 (Applause.)

3 MS. SHEPARD: Next is Cecil Corbin-Mark.

4 PRESENTATION BY MR. CECIL CORBIN-MARK

5 WEST HARLEM ENVIRONMENTAL ACTION

6 MR. CORBIN-MARK: My name is Cecil Corbin-Mark and I'm the
7 Program Director of an organization called West Harlem Environmental
8 Action located in New York City.

9 I'm a New Yorker so I talk fast, think fast and work fast, so please
10 forgive me. And I have five minutes.

11 Over the last century, despite the advances in medical science which
12 have led to substantial improvements in the nation's health, people of color
13 have fared and still fare worse than their white counterparts. Disparities in
14 health status continue to persist and communities of color suffer
15 disproportionately from many illnesses, even after controlling for

1 socioeconomic status.

2 The impact of these disparities becomes even more profound when
3 projected growth of populations in our communities are factored in.

4 The extent of current disparities in health really highlight the pressing
5 need for us to develop strategies to address the health of our communities.

6 Developing strategies for reducing health disparities is a complicated
7 and complex task, and addressing them will require all of us to work in the
8 line of health promotion in our communities to reduce not only unhealthy
9 behaviors but also to begin to educate scientists and policymakers alike to
10 work on things like the conditions of the environments in which our
11 communities live, work and play, and including the quality of the air and other
12 exposures and environmental hazards.

13 It will also require addressing issues of the condition of the social
14 environment, including exposure to racism and poverty.

15 As we begin to grapple with these disparities, we have got to develop

1 strategies that both value and embrace community input and make
2 communities equal partners in the protection of public health.

3 Over the last five years my organization, West Harlem Environmental
4 Action, has worked to develop and promote community-based research to
5 benefit the Northern Manhattan Community Reserve. This is being
6 accomplished through collaborative partnerships with the Harlem Health
7 Promotion Center, the Harlem Lung Center at Harlem Hospital, the Joseph
8 L. Mailman's School of Public Health at Columbia's NIEHS Center for
9 Environmental Health in Northern Manhattan, and the Columbia Center for
10 Children's Environmental Health.

11 Over the last five years these partnerships have used community
12 concerns to shape a research agenda and embark upon a journey to
13 produce research that is of the highest quality. That is a very important
14 factor to realize.

15 Every member of this Council and all of its subcommittees received

1 in their packets three articles, one in the environmental health
2 perspectives, the primary communication work of the National Institute of
3 Environmental Health Sciences, and two others published in the American
4 Journal of Public Health, which document our work.
5 So what scientific results have these partnerships or community-
6 based approaches produced? Our first study, a small pilot study, sought
7 to look at individual level data on diesel exhaust exposure and lung
8 function among adolescents in Harlem as a part of a community-driven
9 research agenda.
10 In this study we used high school students from the community to
11 administer in person surveys to seventh graders to ascertain information
12 on demographics, asthma, history and self-reported, and maternal
13 smoking. Urine samples were checked for something called
14 1-hydreneperoxi (phonetic) which is actually a marker of diesel exhaust in
15 the body and for cotinine which is a marker for tobacco smoke and
16 exposure. Computer assisted spirometry was used to measure lung
17 function.
18 What did we learn? We learned that 76 percent of the participating
19 students had detectable levels of the diesel marker and the data collected

1 suggested that many of our adolescents were exposed to detectable levels
2 of diesel exhaust, a known exacerbator and possible cause of chronic lung
3 disorders such as asthma.
4 In our second study one of the things that was demonstrated though
5 our air monitoring with students in Harlem was that there were spacial
6 variations in particulate concentrations inside Watts and Harlem. These
7 variations appear to be related to the magnitude of local diesel sources
8 such as trucks and buses in our community.
9 One of the things that we recognized was that it was not only good
10 enough for us to actually look at collecting this type of data with this new
11 approach, but to also begin to use the data to help influence change,
12 change that would make a lasting and significant impact in the quality of
13 the lives in the communities which we serve.
14 To that end, we have taken the data not only to be placed on shelves,
15 but really taken it to the policymakers and presented it to them as we
16 forged our demands for change in terms of the policies that impacted our
17 air quality.
18 Significant benefits that have accrued from this type of work in this
19 partnership have included changes, we believe, in terms of diesel exhaust
20 rules for the operation of diesel buses. We in New York City have been
21 fighting for the past 13 years to get clean fuel buses, and we can happily

1 say that we are beginning to turn a corner in that victory.
2 In addition to which we have taken it into schools and tried to urge
3 them to change their policies about informing and educating children
4 around asthma and some of the air quality issues as well.
5 So it's not only collecting data for the sake of collecting data, but
6 moving beyond that.
7 A couple of the things that we'd like to urge the NEJAC to do is to
8 really look at some of the NIEHS models and to begin to call upon the
9 EPA to re-fund the Community University Partnerships and begin to
10 delegate more funding for this type of research model and approach.
11 Thank you.
12 MS. SHEPARD: Thank you.
13 (Applause.)
14 MS. SHEPARD: Michael Lythcott.
15 PRESENTATION BY MR. MICHAEL J. LYTHCOTT
16 CITIZENS AGAINST TOXIC EXPOSURE
17 MR. LYTHCOTT: Good evening. I'd like to thank the members of the
18 Council for the opportunity to speak this evening.
19 I'm also very happy that my nine year old nice, Omi Kun'le was
20 excited about joining us in coming here because when we hear about all
21 the horrors and we think about our ancestors who died because of

1 environmental racism, sometimes it's helpful to know that this is why we
2 go through all of this.
3 Maybe from this experience she'll want to be an EJ activist, but I
4 really hope that won't be necessary.
5 (Applause.)
6 MR. LYTHCOTT: I am the President of The Lythcott Company in
7 Marlboro, New Jersey. I am also the Relocation TAG Advisor for Citizens
8 Against Toxic Exposure in Pensacola, Florida. I came to report to NEJAC
9 on the progress with the National Superfund Relocation Pilot in Pensacola.
10 First of all, I must say that since we last met in Crystal City, Tim
11 Fields' office, specifically Joan Fisk, the people out of Region 4, have
12 demonstrated due diligence in reading every single doc that we wrote, in
13 responding and investigating every single allegation and problem that we
14 brought up.
15 We don't always agree with their findings or their methodology. We
16 would have liked perhaps to have been in the session with the Army Corps
17 that is the least forthcoming of all the agencies involved in the relocation.
18 One of the issues that's very critical has to do with what is called a
19 relocation differential payment. When they come to appraise your property
20 – now, we feel all the appraisals are low, but when they come to appraise
21 your property, then they give you "this is what we're going to give you for

your house." They then go out and see if they can find a comparable house in a clean neighborhood, which almost always costs more.

So they have a pot of $22,500 they can dip into to make up the difference between your appraisal and what it's going to cost to get you into a new house.

In 99 percent of all the cases in Pensacola they have had to dip into that pot of money so people could be kept whole. However, if I'm a landlord and I'm the owner of the house but I don't live in it, I am not eligible to get into that $22,500. Also, if I'm an homeowner scared by the toxins and went to live with my son somewhere else, if I'm not occupying the home, I'm not eligible for that payment.

Now, Ken Lucas, bless his heart, sent me 16 pages of legal documents about why they're not doing it. Yet, at the Relocation Roundtable the Department of Transportation who is the custodian of the Uniform Relocation Act clearly said this Act simply says all the things the government must do in the process of taking property. It does not say all the things the government can do.

We posit that if it is necessary for you who live in your house to take the $22,500 to get into a comparable house, then it takes me, as the landlord, the same amount of money to buy a comparable rent house so that I can be kept whole. Not enriched; simply kept whole.

So we beg the EPA to find another way. If I was an attorney, I'd jump all over this because it is straight-out discrimination and there must be a way so that homeowners/property owners do not suffer financial harm from this relocation.

Among the many issues there are two requests that I have to make. The Escambia Arms Apartment complex, the residents are still trapped there. Unless they could afford to move themselves, the EPA and the Army Corps are offering them no help until Bates Realty signs the agreement with the government.

So I go down there and I see my clients. They bring me deformed babies. They bring me stories of woe that they can't move away.

I'm asking two things as the TAG Advisor. Number one, please give me access to the negotiations that are going on with Bates realty so that I can begin to at least tell my residents, "Things are getting close; maybe another month; maybe you'll get your relocation then."

Right now I am PNG in terms of the discussions with Bates Realty. I realize they are a private owner and I don't need to know how much money they're going to be paid, but I need to be in the loop in some degree on how those negotiations are going.

Secondly, HUD has done – in the process of doing a report, they sent an investigator to the Escambia Arms which is in dreadful condition that

these people are living in -- there's 200 families living in this squalor in the most toxic area. They are doing a report on the living conditions and I thought that we might be able to use that report to pressure Bates to stop asking you all for more money than you want to give – that's what's holding it up – so that we could at least embarrass Bates with the HUD report.

So we're also asking -- CATE is officially asking for an immediate or as soon as it's released copy of the HUD report on Escambia arms.

Thank you for your time and thank you for your support.

(Applause.)

MS. SHEPARD: Thank you. Lionel Dyson.

PRESENTATION BY LIONEL A. DYSON

PUBLIC INTEREST LAW CENTER OF PHILADELPHIA

MR. DYSON: Thank you, Madam Vice Chair, and good evening. My name is Lyonel A. Dyson and I'm an environmental attorney with the Public Interest Law Center of Philadelphia.

The message I want to share with the NEJAC membership and the assembled stakeholders is as much an admonition to this distinguished body as it is a note of encouragement. That message, quite simply, is that the development of a substantive national environmental justice policy that fully incorporates public health criteria is both essential and feasible if

there is to be meaningful change in this area.

A health-based national EJ policy is essential because, in the words of your own handout entitled "Community-Based Health Model Discussion," quote "One should not treat minority, low income, and/or indigenous communities with an all-things-being-equal approach."

It is patently obvious, in fact, that all things are not equal in terms of the baseline health status of communities of color and low income. Furthermore, it is of no consequence whatsoever if the substandard health of the community is deemed attributable to toxic exposures or to so-called lifestyle choices which are themselves the demonstrable result of systemic inequities in the socioeconomic opportunities and educational attainment.

That oft-heard refrain of pseudoscience is yet another in the litany of excuses to justify an action.

Health considerations are as essential to an environmental justice policy as considerations of food need are to a policy for famine relief. Health considerations are inextricably linked to the search for a solution to the EJ problem. In addition to being essential, health considerations are also a feasible feature of the national environmental justice policy.

Naysayers and critics abound who offer an endless succession of plaintiff insights bemoaning the difficulty of crafting EJ policy that successfully integrates health.

1 I hope to be a better and more constructive critic of the EPA's
2 fledgling efforts. My organization is of the school of thought that believes
3 in proffering credible alternatives and solutions for improvement. It is in
4 this spirit that I will tell you that the EPA's interim guidance is
5 fundamentally and I fear fatally flawed by its exclusion of public health
6 considerations, and any final guidance with the same shortcomings will
7 also be an exercise in bureaucratic folly.
8 We at the Law Center of Philadelphia have proposed an alternative
9 policy, an approach we call the Environmental Justice Protocol. We field
10 tested this protocol for the City of Philadelphia, the fifth largest municipality
11 in American, numbering nearly 1.5 million people.
12 The Environmental Justice Protocol requires the parametric mapping
13 of four health criteria in Philadelphia: non-cancer mortality, cancer
14 mortality, infant mortality, and low birth weight. The EJP also engender
15 the spacial analysis of related demographic data in the City of
16 Philadelphia, including poverty rates, minority status, household income,
17 educational attainment, among others.
18 The rationale underlying the Law Center's protocol is that if certain
19 population groups are already experiencing substandard health or
20 deleterious environmental impacts to their persons and communities, it
21 would be unconscionable to further burden those affected communities

1 with still more environmental depredation.
2 Expressed differently, consider the following question: Would a
3 permit be issued that allowed a smokestack to be emitted through the
4 middle of a hospital? The obvious answer is no because if someone is
5 sick, it is counter-intuitive to subject them to anything that might make
6 them more ill.
7 Accordingly, the protocol assesses the relative health of the
8 community as compared to surrounding communities in the jurisdiction of
9 the regulatory agency or entity and creates a rebuttable presumption that
10 it is unlawful to issue permits that would exacerbate an already bad
11 situation.
12 Our work with numerous data sets made available from the state and
13 federal agencies informs us that at the census track level in Philadelphia
14 approximately 94 percent of all the people in the census tracks with the
15 poorest health are minorities, compared with barely ten percent minority
16 representation in the census tracks with the best health.
17 I'll repeat that. Ninety-four percent of those living in census tracks
18 with the poorest health in Philadelphia are minorities, compared with
19 barely ten percent minority representation in the census tracks with the
20 best health.
21 At issue in EJ research is whether such geographically located

1 subpopulations are disadvantaged, exposed to serious risks for which no
2 benefits accrued, and caught in those conditions are a result of broader
3 patterns of systemic racism.
4 The EJP attempts to depict some of the patterns associated with the
5 hypothesis that the class and racial discrimination is apparent in the
6 distribution of poor health. This analysis was derived from data which is
7 readily accessible and which was obtained from a number of different state
8 and federal sources, including the Pennsylvania and Philadelphia
9 Departments of Health, the U.S. Census, and the USEPA.
10 Our study was longitudinal, including health data spanning 1992
11 through 1996 and it was age-adjusted by the non-cancer and cancer rates.
12 The important thing about the methodology I've just summarized is
13 not how rigorous and defensible the science is, though it was both. Nor
14 is it important to remember how engrossing we found our product proved
15 to be, though it was.
16 The important thing to remember – and I'll leave you with this thought
17 – is that it is feasible. If a few civil rights lawyers and a university-based
18 researcher with a Ph.D. can devise a community-health-based method for
19 securing environmental justice to the City of Philadelphia and the State of
20 Pennsylvania, then surely the USEPA with the awesome resources of the
21 federal government can manage to craft a policy that would ensure such

1 protections to our entire nation.
2 In closing, I say to you, the members of the NEJAC, as you meet
3 here in one of the battleground cities of the civil rights wars, I admonish
4 and encourage you to find the conviction to do what is right. Don't wait for
5 someone else to take the first step to confront this national shame. The
6 integration of health considerations into an EJ policy begins with you.
7 Thank you.
8 (Applause.)
9 MS. SHEPARD: Thank you. You're excused and we'll call the next
10 group.
11 Daisy Carter, Gary Grant, Omar Freilla, Carrie Mitchell-Washington,
12 and Mike Matulin.
13 (Pause.)
14 MS. SHEPARD: All right. Are you Ms. Carter?
15 MS. CARTER: Yes, I am.
16 MS. SHEPARD: All right. Please proceed.
17 PRESENTATION BY DAISY CARTER
18 PROJECT AWARE
19 MS. CARTER: Good afternoon to the Chairman, the members of the
20 NEJAC Council, ladies and gentlemen. I am thankful to be here this
21 afternoon.

I am here for the purpose of asking you to assist us with some funding or putting us in contact with someone that can help us with funding to improve our water system. As you may know, we are located in the county where the largest hazardous waste dump was located, and have been receiving hazardous waste for over 30 years from 50 states and 17 foreign countries or more.

We are afraid that the poisons and the hazardous waste are beginning to seep into the aquifer where we receive our water.

You may know that we receive our water from the Utah Aquifer of the Utah Foundation, which extends from Pickens County down to Mobile, Alabama, which is a radius of over 500 miles, and we have been informed that some of the trenches are leaking and many of the citizens are afraid that it is seeping into our water aquifer.

We have five wells and five tanks that store the water for half of the citizens of Sumpter County, and we have one system that's located on the surface water which receive their water from our lake. The lake is exposed to all type of contamination.

This town is not able, financially able or economically able, to buy the necessary equipment that is needed to bring the water system up to date. When I called the state department to find out what condition this water system was in and asked him if he would send me a letter stating that the

water was good or excellent and not contaminated, before I could finish my statement he said, no, I cannot send you such because I'm at present when you called writing up this system for a violation.

The system does not have the necessary computer to take care of the water contamination as it should be, they're still on the old system using various chemicals and measuring them out.

And the citizens in this area are suffering from such health problems as kidney problems, the immune system, cancer, and a lot of the infants, when they take baths, the children, they break out into rashes.

We have had some of the farm owners that have had a lot of cows to die because of the seepage of gas into their water stream.

And, of course, when we try to report our problem to certain authorities, they say, well, no one had informed us about that, therefore we did not know that you were experiencing that problem.

It was our understanding that they should know – they know, of course, because I have letters of documentation from the people that's in authority.

Another thing. Located on this aquifer, some of our water is salty. And you know, the whales they had to bore so deep until they did extract into salt. And, of course, you know that that causes hypertension, high blood pressure, and many of our citizens are suffering from that problem.

The water is – you don't really taste salt, but it has a type of taste to it. And if you water your flowers or your garden for irrigation, you know, in case of drought, it will kill the plants.

So we are asking you to please help us with some type of finance so that we will be able to help this town to buy some of the necessary equipment to bring the water up because the water is contaminated. We can drink contaminated water, but I believe that every citizen has a right to safe drinking water.

This is what we are trying to do. You see, if you're getting your water from the surface lake, the turbidity must be at a certain level. And in this particular town, it is so high until the person that's checking the water for safety would not grant us a written documentation that we're drinking safe water.

Sometimes the odor is so strong that you can't hardly stand to smell it.

Of course, the salt that we're having there, it can cause gastric intestinal problems, and we are having a serious problem.

So I'm coming before you tonight asking you if you know of any agency or any place we can submit grant applications for funding to help us get rid of this problem that we are experiencing. We would most certainly appreciate you helping us in that.

I do thank you for your time and I will be glad to go into further detail with you, because I do have the information, at any time if you're interested in our problem.

Thank you very much.

(Applause.)

MS. SHEPARD: Thank you. Jane, do you have a question or comment? Oh.

MR. VARNEY: Bob Varney. I'm a state environmental official in New Hampshire and we work with a lot of communities on improving public water systems and have worked with many smaller communities that have situations not unlike what you're talking about.

One source of funding would be the U.S. Department of Agriculture Rural Development. They have both grants and low interest loans for communities, and also Community Development Block Grant funds are available. In our state we also have both a 20 to 30 percent grant program plus low interest loans under the state/federal SRF low interest loan program, and that would be available in your state as well.

So there are quite a few different sources available and I'd be happy to write them down for you and help you track them down if necessary.

MS. CARTER: Thank you.

MS. SHEPARD: Okay, thank you. Any more questions?

1 MR. TURRENTINE: Yes. Ms. Carter --
2 MS. CARTER: Yes?
3 MR. TURRENTINE: -- let me encourage you to go to the Air and
4 Water Subcommittee meetings tomorrow at least at some point because
5 -- I don't see Michel here at the present time, although -- would you be in
6 a position where you would want to talk to her further and perhaps your
7 subcommittee could start a dialogue with her?
8 Okay, so as a member of that subcommittee let's see what we can
9 do.
10 MS. SHEPARD: Rosa.
11 MS. RAMOS: I'm just appalled to hear that if you water your plants
12 they die.
13 MS. CARTER: Yes, if you put too much of that water on them.
14 MS. RAMOS: And that's the same water you drink?
15 MS. CARTER: Yes.
16 MS. RAMOS: And no agency has visited you or tested those waters?
17 MS. CARTER: Well, at one time we were sending in trying to test the
18 water. Each tube costs $5. In the past three years we have gone up to
19 $12 and $15 per tube. And so we cannot afford that since we do not have
20 the money, you know, doing it on our own.
21 Of course -- yes?

1 MS. RAMOS: This is amazing. You know, this is an urgent situation
2 that must be addressed by EPA itself. We have to help this lady urgently
3 because, you know, the water is poisoning. This is an urgent matter. It's
4 not a matter of, you know, sending this to the subcommittee for
5 development. This is an urgent matter that should be addressed
6 immediately by EPA.
7 MS. SHEPARD: Thank you, Ms. Carter.
8 Our next presenter is Gary Grant.
9 PRESENTATION BY MR. GARY GRANT
10 CONCERNED CITIZENS OF TILLERY
11 MR. GRANT: Thank you and good evening, and I thank the
12 Committee for the opportunity to appear before you.
13 I wish to bring to the Committee's attention the issues of cesspools
14 in the communities of rural American, and particularly, I come from North
15 Carolina and I want to talk about hog cesspools that are being labeled
16 "lagoons." There is another four-letter word for what they actually are, but
17 I guess in polite company we won't use that tonight.
18 (Laughter.)
19 MR. GRANT: Vertically integrated industries of confined animal
20 growing are entering the communities in rural America, and primarily
21 African-American communities, because of, one, the loss of farmland by

1 black farmers and the aging process that's taking place within rural
2 America.
3 Many of these communities are still on well water, individual well
4 water. There are no set guidelines by which these cesspools are being
5 dug. In my community, for example, we strike water at seven feet, and
6 these cesspools are being dug at anywhere from 10 to 30 feet and are as
7 large as football fields, and some even larger.
8 All of this waste that is washed into these cesspools seeps into the
9 groundwater. Even though our local county has sought monies from some
10 of the very agencies that were just recommended to the lady here on my
11 right, when the money comes into the county, even though it's gotten,
12 because of poverty which is predominated in the African-American
13 community, the water lines don't come into those communities.
14 They go everywhere else but into those communities. We are always
15 last on the list even though the statistical data for getting the funding is
16 coming out of the African-American community.
17 These cesspools are leaking fecal chloroform into the well waters.
18 And not only does it leak, but then they also spray, and there are no set
19 guidelines as to how close they can spray to people's property lines and
20 to people's homes so, thus, we actually have animal feces and urines
21 being sprayed on the homes of people as well as clothes that may be

1 hanging on the clothes lines. Again, there are no standards for which the
2 spraying can take place.
3 There is no required design for the cesspools, and each state is
4 designing its own. In my state there's no demand that you do it this way;
5 you do it voluntarily. So, actually, someone can just go out and dig a hole
6 and start washing hog feces into an open pit. But if I want to put a
7 bathroom in my house, I have to go through all of this process of getting
8 permit after permit after permit.
9 Even in my community where they tell me that land won't perk for a
10 septic tank, people are allowed to dig 30 feet down and dump hog waste.
11 The odor is offensive and studies are showing that our respiratory
12 problems have increased in areas where people live next door to these
13 confined growing facilities.
14 One of the things that's happening is that somehow or another the
15 industry is learning to camouflage the odor. But because the stench is
16 gone does not mean that the airborne agents are not still present. So
17 we're still wondering what our children are breathing and what the elderly
18 population is breathing as well.
19 To add to that, you also have these huge exhaust fans that are
20 constantly pulling bacteria, ammonia, and who knows what all, out of these
21 structures where the animals are confined. Putting that into the air does

not necessarily mean that it's a foul odor, but we know that there are things there that we should not be breathing.

As one of the citizens of Tillary, North Carolina said, that if I read on the back of the can when I'm cleaning my house that prolonged smelling of ammonia is harmful to my health, certainly the prolonged smelling of ammonia coming from confined animal growing facilities is harmful to my health as well.

The EPA is working on some standardized guidelines and if you will excuse my expression, the EPA is working on water guidelines because what you are proposing wouldn't hold – you know, it's a sifter, it's a strainer. The bucket's got a big hole in it and you need to go back and fix it.

One of the big problems that happens – and even as the lady on my right here – you don't live here, you don't live in the community.

My time is up. See, I get started but I don't know when. But that's all right.

Anyway, you don't live in the communities. We know what we are smelling. We know what's being sprayed on us. Environmental Protection Agency is what your name is, and the citizens are asking you to do that. It's not only urban America; it's happening in rural America as well.

And, please, don't send us any more policies that don't work.

Thank you.

(Applause.)

MS. SHEPARD: Okay, thank you, Gary. Luke.

MR. COLE: I'd just like to say, thank you, Gary, for coming before us. Also, that Gary and Steve Wing will be coming to the Enforcement Subcommittee tomorrow at 2 o'clock. So those of you in the audience who are concerned about confined animal feeding operations, please join us at 2 o'clock tomorrow.

MS. SHEPARD: Okay. Thank you, Gary.

Omar Freilla.

PRESENTATION BY MR. OMAR FREILLA

NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE

MR. FREILLA: Good evening. My name is Omar Freilla and I'm the Transportation Coordinator for the New York City Environmental Justice Alliance. We are an alliance of organizations in New York City that are based in low income communities of color and that are all suffering from a serious asthma epidemic that has communities around the city, low income communities of color, with asthma rates that are 22 times higher – in many cases 22 times higher than some of the richest and whitest neighborhoods in the city, and have some of the highest asthma rates in the country.

I came out here today, and I'm trying to be real quick – I came out here tonight because there are two things that I want to talk about, two things in New York City that are blocking a real and adequate assessment of environmental injustices, and I'm sure that – and they are things that are occurring in other cities and regions around the country.

The first of these is the fact that in New York City when an environmental impact study is done, there is a tendency on the government on projects that they want to push through to look at air quality, to look at how the project is going to impact the neighborhood – not by looking at the actual effect on the neighborhood, but by looking at how air quality is going to be changed in the region.

That means that if a project is going to be built in a neighborhood, let's say a low income community, such as a waste transfer station or a bus depot, or any other project of the sort, when that study is looked at, instead of looking at what is going to be the effect on a building on people who are living four blocks down or five blocks down, the actual study is what is the effect going to be on emissions throughout the city or throughout the borough. Anything other than a local impact.

So what obviously winds up happening is that the impact on a neighborhood is completely ignored. That's how a lot of projects get pushed through, such as 23 waste transfer stations in Hunts Point or bus

depots or numerous other facilities in communities, because the focus, the area that is being looked at, is much greater than the actual impact that people are concerned about.

So that's something that needs to be addressed and we are asking the EPA and we are asking NEJAC to urge the EPA to really flex some muscle on the city and on the state to adequately address that issue.

A perfect example is what has been going on with the fight over the interim garbage export contract where you have tens of thousands of trucks that are proposed – have been proposed – to export garbage out of the city, going through communities that are primarily low income communities of color. And when a study is done to see what the impact is going to be, the actual study looks at not the routes, the actual routes that are being taken, but what's the impact on the entire city.

That's just one example of how these things are perpetuated and you get situations where you have heavy concentrations of facilities that concentrate diesel fuel, which is known to be a serious precursor – or, seriously antagonizes asthma – and EPA is on the roll to labeling that carcinogenic. We hope so. But that's just one example of an issue that needs to be addressed.

The second issue is the fact that in New York City the Metropolitan Planning Organization has failed to seriously monitor Title VI compliance

1 in the region. The agency, which consists of all the transit agencies and
2 state and city agencies, has no procedures for identifying, reaching out to,
3 or determining disparate impacts on low income communities of color.
4 There is also no coordination among the different agencies that are
5 its members of how any sort of Title VI report is going to look like. Each
6 of these agencies, like the New York City Transit, or City Department of
7 Transportation, puts out its own Title VI report because that's what they're
8 required to do.
9 But if you ever take a look at the report, you'll see reports that are
10 completely vague and are designed to create an impression that there is
11 equity in the transit system, but there's no real guidelines on what each of
12 these agencies is supposed to be doing to actually measure disparities
13 between low income communities of color and wealthier whiter
14 communities. There is nothing of the sort.
15 So those are just examples of things that need to be addressed when
16 you talk about research, what it is that agencies that are supposed to be
17 implementing these things need to be doing.
18 I just want to end -- I still have a minute -- I just want to end by saying
19 that in New York City there are a lot of issues that need to be addressed.
20 There are issues about waste transfer station permitting. There are issues
21 about access to parklands where you have communities next to public

1 housing projects being cut off from access to parks that will wind up being
2 turned into construction and demolition landfills. But those types of things
3 aren't even included in environmental impact studies, and numerous other
4 situations that need federal oversight.
5 But the type of attention that we've been receiving from the EPA
6 Region 2 is lacking. EPA has been MIA in Region 2.
7 I'm urging this Committee to put some pressure on EPA's Region 2
8 to actually do some sort of regulating. We've had interaction with the
9 agencies where we've had lots of meetings coming up with lots of ideas
10 to do lots of educational programs, lots of talking with different people,
11 setting people down at the table. But there hasn't been that sort of effort
12 to really turn the screws on agencies that have wound up being out of
13 control.
14 Thank you.
15 (Applause.)
16 MS. SHEPARD: Thank you. Michel.
17 MR. GELOBTER: In addition to welcoming a New York-based
18 organization to the meeting, I want to particularly thank Ms. Carter for her
19 testimony. She has been a founding member of the Air and Water
20 Subcommittee and a relatively selfless one in the sense that she keeps
21 telling us, gee, we should drink the water, gee, we should have safe

1 drinking water, and this testimony points to the fact that there's some
2 immediate problems, of which her community is one example but of which
3 there are many more around the country. Arnoldo was just telling me
4 about nine out of ten drinking wells in California being contaminated like
5 that.
6 So I'd like to say -- I think Ms. Carter is a member of our
7 subcommittee -- we should work tomorrow to get some direct answers
8 from the deputy about what kind of actions can be taken, and we'll try to
9 get a report back to the NEJAC on Friday about the Safe Drinking Water
10 Act issues which we have honestly in the breadth of our agenda not paid
11 as much attention to it as we need to to date.
12 So thank you for coming and raising it with the whole NEJAC and
13 helping us get some support to bring the water office to the table on these
14 issues.
15 MS. SHEPARD: Okay, thank you. Vernice.
16 MS. MILLER-TRAVIS: I was just looking through your documents,
17 Omar, and also your testimony. Your information refers to low income
18 communities of color and the impact of these issues on low income
19 communities of color, but I would perhaps suggest that you go back and
20 look a little further in the files of the New York City Environmental Justice
21 Alliance and talk to some of us who sort of created this research

1 framework.
2 It is not only low income communities of color that are impacted by
3 these issues; it is all communities of color in New York City that are
4 impacted by these issues and targeted for the placement of these
5 facilities. The ambient air quality issues, the lack of data collection, the
6 lack of enforcement by Region 2 -- which I completely concur on -- around
7 these issues. The lack of attention by city agencies and by state
8 agencies.
9 It is not just low income communities of color, and I think we do a
10 disservice to the whole fundamental concept of environmental racism by
11 suggesting that it is only low income communities of color in New York that
12 are affected by this issue.
13 The insidiousness of the issue in New York City is that every
14 communities of color is affected by these issues, whether they be working
15 class, middle class or low income.
16 So I would just suggest that you sort of -- you know, that the coalition
17 be a coalition of all of the communities that are affected. There is virtually
18 no community of color in New York that is not affected by the issues that
19 you all are addressing.
20 I would just sort of suggest that it's sort of -- you know, it removes a
21 section of the population from concern, and the insidiousness of it is that

1 no one in New York City -- no one of color -- is escaping these issues.
2 MR. FREILLA: I didn't mean to insinuate otherwise.
3 MS. MILLER-TRAVIS: It's in the material. It's written in the material.
4 And it's also in your testimony. So I would just suggest that we -- that, you
5 know, you maybe highlight the broader expanse of the issue because you
6 are working city-wide, and I know you are working in a number of different
7 communities all over the city.
8 MR. FREILLA: Thank you.
9 MS. SHEPARD: Thank you. Our next group, Harry Mitchell
10 Washington --
11 (Applause.)
12 MS. SHEPARD: Mike Matulin, Larry Charles, Jr., Mildred McClain,
13 Rose Mary Brown, Katina Hills, George Eugene.
14 Okay, it's just you, Mildred?
15 Let me also call Beverly Wright, Dr. Grace Hewell, Jaribu Hill, Richard
16 Bright, Mildred Colen.
17 MS. MILLER-TRAVIS: Peggy, Berverly Wright is Beverly Wright of
18 Massachusetts, not Beverly Wright of Louisiana?
19 MS. SHEPARD: Oh, sorry. James Hill.
20 (Pause.)
21 MS. SHEPARD: All right. Mildred, you're going to start?

1 PRESENTATION BY DR. MILDREN McCLAIN
2 PEOPLE OF COLOR AND DISENFRANCHISED COMMUNITIES
3 ENVIRONMENTAL HEALTH NETWORK
4 DR. McCLAIN: My name is Mildred McClain and I'm here tonight
5 representing the People of Color and Disenfranchised Communities
6 Environmental Health Network.
7 As most of you remember, we spoke to you at your last meeting
8 about the issue of federal facilities. We again come before you to bring
9 some things to your attention.
10 Before I start, and I won't be long, I want to remind some of you and
11 introduce to others of you, the following:
12 Environmental justice calls for universal protection from nuclear
13 testing, extraction, production and disposal of toxic hazardous waste and
14 poisons and nuclear testing that threaten the fundamental right to clean
15 air, land, water, and food.
16 Environmental justice affirms the fundamental right to political,
17 economic, cultural, and environmental self-determination of all peoples.
18 And I will add, the right to health.
19 Environmental justice demands the stopping of the production of all
20 toxins, hazardous waste, and radioactive materials, and that all past and
21 current producers be held strictly accountable to the people for

1 detoxification and the containment at the point of production.
2 Environment justice affirms the right of all workers to a safe and
3 healthy work environment without being forced to choose between an
4 unsafe livelihood and unemployment.
5 It also affirms the right of those who work at home to be free from
6 environment hazards.
7 And, finally, environment justice protects the right of victims of
8 environmental injustice to receive full compensation and reparations for
9 damages, as well as quality health care.
10 (Applause.)
11 MS. McCLAIN: For those of you who have forgotten, those are the
12 principles of environment justice, which those of us who call ourselves
13 environmental justice activists and organizers and educators live by on a
14 daily basis.
15 Perhaps you should begin to include it in your briefing book so that
16 we shall not forget.
17 I want to bring to your attention that there are African-Americans, in
18 particular at the Savannah River site which is one of the 165 federal
19 facilities that must be cleaned up, who have been overly exposed to
20 contaminants and poisons and they are being denied the right to say that
21 they are sick and need attention.

1 The Department of Energy held a worker's hearing at the Los Alamos
2 National Laboratory and expected about 30 or 40 workers to come.
3 Instead, 400 showed up on crutches, in wheelchairs, blind being led by the
4 young, because they had been damaged and they said that records had
5 been falsified that could prove they had been affected by the work at the
6 plant.
7 As I said, there are 165 federal facilities, 135 of them belong to the
8 Department of Defense, and some 20 to the Department of Energy.
9 Why are they not at the table helping us to formulate policy? And
10 when will they come?
11 There are recommendations that we have in terms of the health care
12 and health research model, but I see I've got a minute left so I'm going to
13 have to shut up 'cause you all are going to tell me to sit down. But before
14 I leave I want to say that in terms of improving the risk assessment
15 process, we must begin to include the following:
16 Providing a mechanism for meaningful community involvement from
17 the initial stages of the risk assessment throughout the entire study,
18 developing an understanding of the background health status of the
19 community, including various subpopulations, along with more thorough
20 exposure pathway information and multiple exposure sources. We feel
21 can improve this so-called risk assessment process, and such information

1 can be gathered through the community.
2 The bottom line is that we the people who are on the front line being
3 affected every day must be included in the processes of assessment,
4 intervention, and certainly prevention.
5 We call upon you to really institute a subcommittee on federal
6 facilities and to create space on your council for those of us who represent
7 federal facilities. But in between meetings we need to hear from you.
8 Thank you.
9 (Applause.)
10 MS. SHEPARD: Thank you, Dr. McClain. Are any of the three -- I'm
11 sorry, Luke.
12 MR. COLE: Mr. Chair, do you want to address that issue briefly, or
13 have --
14 MR. TURRENTINE: Not at this point, no.
15 MR. COLE: Okay.
16 MS. SHEPARD: Okay. Are any of the Concerned Citizens of Norco
17 present?
18 (No audible response.)
19 MS. SHEPARD: Okay. Beverly Wright.
20 PRESENTATION BY MS. BEVERLY WRIGHT
21 WAMPANOAG TRIBE OF GAY HEAD AQUINNAH

1 MS. WRIGHT: Thank you. My name is Beverly Wright and I'm
2 Chairperson of the Wampanoag Tribe of Gay Head Aquinnah which is
3 located in Martha's Vineyard Island. I bring you greetings from my chief,
4 my medicine man, and my elders.
5 First I'd like to give you a brief history of our tribe. We can document
6 our existence in Massachusetts back 10,000 years. We are the people of
7 the First Right. We are the people that met the Pilgrims. And we were
8 organized in -- federally-recognized in 1987.
9 We have a Tribal member that graduated from Harvard in 1665, and
10 when the movie Moby Dick was made, Cash Tiego was a Wampanoag
11 Indian.
12 When we became federally-recognized in 1987, the government said,
13 "You are Indians," which we already knew, but that was okay --
14 (Laughter.)
15 MS. WRIGHT: It gave pride to our young people that were growing
16 up. With federal recognition came money for education, health, human
17 services, trust services, economic development, and last but not least,
18 natural resources, and that's why I am here tonight.
19 There is an island that is located five miles off the coast of Martha's
20 Vineyard, five miles from my town of Aquinnah. Between the years of
21 1940 and 1994 the Navy bombed the hell out of the island. I grew up with

1 our windows shaking, with our dishes falling off the table, off the china
2 closets, with the windows rattling.
3 A couple of years ago the Department of Navy decided that they no
4 longer wanted the island and we applied -- because it was access
5 property. We were denied that because the Fish and Wildlife Service
6 decided that they wanted to use it as a refuge.
7 Under the Fish and Wildlife Service there is an Indian policy. The
8 Indian policy states that Native Americans, or American Indians, will not
9 be denied access to their traditional homelands. In our registry of deeds
10 we can document that in the 1500s one of sages deeded that island to his
11 brother.
12 When the Fish and Wildlife Service took it over, they spent $1.7
13 million to do a surface clean-up. Last year the State of Massachusetts did
14 a cancer study. The cancer study came back and stated that the residents
15 of my reservation, or trust lands, had a 93 percent higher cancer rate than
16 any of the other residents of Massachusetts.
17 I have been before Patrick Kennedy, Ted Kennedy, William Delahunt,
18 Senator Kerry. What I am asking for is that a reassessment be made of
19 the island. I cannot prove that the carcinogens and the unexploded
20 ordinances that are deteriorating on the island cause cancer. I certainly
21 would be appreciative if they could prove that it didn't cause the cancer.

1 What has brought it to the forefront again is the Island of Vieques.
2 The Island of Vieques is in the same situation as Nomans Land Island.
3 And, as you know, Robert Kennedy has stated that he will sue the
4 Department of the Navy. He called me last week and he said he's going
5 through the process of suing the Department of the Navy and probably in
6 September he will know the process and he will give us a call back, and
7 he is inviting us to participate in the process.
8 I can't wait that long. As a federally-recognized Tribe, we have
9 access to certain funding. I cannot get that funding if the federal
10 government decides they do not want to give me the funding.
11 So I am here today to ask you if you would consider nominating the
12 Island of Nomans Land as a Comprehensive Environmental Response,
13 Comprehension and Liability Assistance Act, which in plain English, is
14 CERCLA.
15 Another thing that I would -- oh, and I've only got a minute -- we are
16 in the process of building a hatchery. In that hatchery we are spawning
17 seed for cohogs, scallops and oyster, which is the basis for our economy.
18 I have this sinking feeling that this hatchery is pulling in the water to grow
19 the seed, and if that water is contaminated, it is going to be a vicious circle
20 of cancer.
21 I come before you today to plead -- the funding is available as a

1 federally-recognized Tribe, and I come before you today to ask the EPA
2 to put some pressure on the federal agencies for money for me to do a
3 cancer study.
4 And I thank you very much.
5 (Applause.)
6 MS. SHEPARD: Thank you. Vernice.
7 MS. MILLER-TRAVIS: I just want to share that Ms. Wright is coming
8 to meet and talk with the Waste and Facility Siting Subcommittee
9 tomorrow about further exploration of these issues and ways that perhaps
10 the NEJAC and the Waste and Facility Siting Subcommittee can be of
11 assistance in trying to bring some resolution to these issues.
12 Tim Fields, who is the Assistant Administrator for the Office of Solid
13 Waste and Emergency Response, is going to be in that meeting with us,
14 Beverly, so you will be talking to the person and presenting to the person
15 who has oversight over the implementation of CERCLA.
16 Not to put Tim on the carpet any more than we already do, but I just
17 want you to know that we pulled all the people together that you need to
18 talk to at EPA and they'll be there to listen to you and dialogue with you
19 tomorrow.
20 MS. WRIGHT: Thank you very much, but I'd like you to also know
21 that it is a point system for CERCLA, so we need to do a lot of studies in

1 order to make that point system. If we go through the system when we
2 don't make the points, we're dead in the water. So, I mean, I need the
3 backup documentation in order to bring our point system up. Thank you.
4 MS. MILLER-TRAVIS: Thank you.
5 MS. SHEPARD: Tom.
6 MR. GOLDTOOTH: I just wanted to say that as the Indigenous
7 Peoples Subcommittee Chair I'd like to work with Vernice of the Chair of
8 the Waste and Facility Siting Subcommittee so that we're working together
9 in seeing that there's some follow-up on this.
10 I've been out in your area. I have some friends there. I'm very
11 familiar with the cultural ties you have with the whale as well. And that's
12 part – your brother, your sister, the whale nation. So I'm sure there's
13 some ecological impact over the years.
14 And I understand that there is an intended end use here, to do a
15 surface sweep of the island for unexploded ordnances. There's grass up
16 there and they have to have – I guess they have to have a controlled burn.
17 So here we go again with another situation, the federal government having
18 a controlled burn in a situation where there is pollution there.
19 So I'm kind of aware – I just got a FOIA request because our network
20 was requested to get involved with this as well – so I just got a FOIA
21 request I'll share with you.

1 MS. WRIGHT: Thank you. And I would also like to make another
2 point, that, as you know, American Indians are doing gaming. Being the
3 political beings that they are in Massachusetts, they think we want gaming
4 on Nomans Lands Island.
5 We do not want to game on Nomans Island. Why we originally
6 started to have the land returned to us is that through NECRA we have a
7 lot of ancestors that are coming back that have been in the museums for
8 hundreds and hundreds of years and we would like to re-inter our
9 ancestors on the island.
10 MS. SHEPARD: Thank you. Haywood.
11 MR. TURRENTINE: Luke, you asked if I wanted to make a
12 statement in regard to the question that Dr. McClain asked, and I said no
13 at the point. Now I'm going to ask that either Barry or Charles would make
14 that statement because I think it is a significant statement that we need to
15 make regarding the question you asked.
16 MR. LEE: Thanks, Haywood. First of all, let me just say in response
17 to Mildred, there has been some follow-up since our last meeting. I don't
18 think we –
19 PARTICIPANT: Will you speak into the microphone.
20 MR. LEE: I'm sorry. In response to Mildred, we know that there have
21 been a number of items in terms of follow-up since the last meeting as far

1 as the federal facilities issues. Sylvia and Barry and I had talked and we
2 thought that – and this is in agreement with Marinelle Payton, the Chair of
3 the Health and Research Subcommittee, that that subcommittee be the
4 point of contact for the federal facilities issues for the NEJAC.
5 The Office of Environmental Justice will work with the Federal
6 Facilities Office in the Office of Enforcement to follow-up on the facilities
7 identified and will report back to NEJAC at every meeting on these.
8 You are right. You know, this isn't – like I said, there have been a
9 number of attempts to make sure – we're trying to coordinate around
10 these federal facilities issues. I think the issue of a work group is
11 something that the subcommittee should decide as to whether or not –
12 and have a discussion as to whether or not that should be needed, what
13 that should look like, and so on and so forth.
14 The reason that's the case is because, as you know, the federal
15 facilities issues actually falls – I mean, I'm just talking about just EPA –
16 within several parts of EPA. And so I think there should be some kind of
17 coordination and discussion with those other areas. So that's the way it
18 stands right now.
19 DR. McCLAIN: Let me just try to understand that the Health and
20 Research Subcommittee will be our point of contact, and it's out of there
21 that perhaps a working group on federal facilities will be –

1 MR. LEE: Can be established.
2 DR. McCLAIN: I'm not sure of how to respond to that because I'm
3 not quite sure of what that means in relationship to the establishment of
4 a full subcommittee and representation on the Council, but I'll talk with you
5 about it later.
6 MR. LEE: Right. Right. I mean, I don't think that this is the only
7 thing that should be explored, but this is at least a start to get to the issue
8 of the work group and to ongoing monitoring of the issues in the federal
9 facilities.
10 MS. SHEPARD: Okay. Rosa Hilda.
11 MS. RAMOS: I just want to thank Dr. Beverly Wright for, you know,
12 teaching us the value of your culture and also for supporting our people in
13 the Vieques Island. Thank you very much.
14 MS. WRIGHT: You're welcome.
15 MS. SHEPARD: Damon.
16 MR. WHITEHEAD: I just have a question for Dr. McClain.
17 The 165 facilities you referred to, is that only DOE sites? The only
18 reason I'm asking is –
19 DR. McCLAIN: No, no. The 165 are federal facilities. 135 are DOD
20 and 20 are DOE.
21 MR. WHITEHEAD: And those are only sites that are either qualified

1 – EPA doesn't normally put them on NPL, but some type of interagency
2 agreement, is that what you're referring to?
3 DR. McCLAIN: Say that last part again?
4 MR. WHITEHEAD: Well, I guess I'm trying to ask, this 165 sites that
5 you have identified, are those sites particularly polluted that they either
6 qualify under the NPL or an interagency agreement or something?
7 DR. McCLAIN: They're on a toxic – you know, one of those toxic
8 lists.
9 MR. WHITEHEAD: The reason I'm asking is because the number
10 seems kind of low.
11 DR. McCLAIN: That's the top, the worse.
12 MR. WHITEHEAD: Oh, okay. My only point is that I would like to
13 support Dr. McClain's initiative on this in that federal facilities historically
14 has been a gray area where the EPA and the agencies who are regulated
15 don't like to come together, meaning EPA doesn't like to go after sister
16 agencies. It's been a significant area where the rule has been inaction
17 because of arguments over authority and things like that.
18 I look forward to Dr. Payton's work on this issue.
19 MS. SHEPARD: Thank you. We'll move on to Dr. Grace Hewell.
20 PRESENTATION BY DR. GRACE HEWELL
21 HEALTH POLICY GROUP

1 DR. HEWELL: Good evening, everyone.
2 MR. TURRENTINE: Good evening.
3 DR. HEWELL: I am very, very pleased tonight to be able to say good
4 evening to you because for as long as you've been in existence I've been
5 chasing after you –
6 (Laughter.)
7 DR. HEWELL: – to see what you are doing and how you are doing
8 it, and how I can help and what I could learn from you.
9 I am a professional in many fields due to the GI Bill of Rights, the GI
10 Bill from service in the military, in the Women's Army Corps. And I thank
11 you. I went to Spelman – I just left there – my 60th class reunion. I knew
12 I was going to college and I had six dollars and a bus ticket, so I knew that
13 that would pay for not only my bus ticket but also for food, for housing, and
14 for books, for everything.
15 They put me out the second semester of my senior year because I
16 demanded to take a course at Atlanta University from Dr. W.E. DuBois.
17 He had been at Chattanooga and I saw him with the goatee and I said,
18 that man must know something.
19 (Laughter.)
20 DR. HEWELL: He was attending American Sociological Society's
21 meeting and there was a lot of hullabaloo whether they were going to let

1 him in the front door of the hotel or wasn't going to let him in at all.
2 I had nobody to talk about civil rights and these wonderful things you
3 talk about, but I knew there was something different about him.
4 Fortunately, the dean of women let me do errands, and I did all kinds
5 of things for her, so that when she missed me for three weeks, she asked
6 where I was and sent the students for me. She told me to go right over to
7 Atlanta University and take anything I wanted.
8 Now, I didn't know I was an undergraduate because all these labels
9 that we have might inhibit a lot of people; it would have inhibited me. And
10 I'm glad that I had the pleasure of studying under Dr. DuBois.
11 So that's the kind of person I am. I have wanted always to find out
12 how you do things to help people because when you talk about poverty,
13 there wasn't anybody poor but me and my family. There was no one to
14 receive more gratuities and benefits than me because you gave me the
15 benefits of the GI Bill.
16 So what could I do to help? So I got degrees and everything – public
17 health, social work, social foundations. And we're looking now at the
18 social science background and we're looking at public health. And you are
19 doing all the wonderful things that my life has unfolded and I've benefitted
20 from.
21 Public health is my heart and I'm here today because you're looking

1 at community health. I've worked in Harlem. I've worked in Queens after
2 I graduated from Columbia University School of Public Health. I worked
3 all around.
4 I'd say, I'm trying to find out how things are done. So I decided to do
5 my doctorate project in the Rockaways of New York City. I'd never heard
6 of the Rockaways before in my life, but I knew that they had something
7 going there; the health department told me they wanted me to set up a
8 health counselor. I didn't know what that was either but I went out there
9 and set up a health counselor and that's the reason they can now call me
10 Dr. Hewell, because I got my degree.
11 But I'm saying to you that the only thing I have asked of you has been
12 to extend you an invitation to come to Chattanooga and to give priority to
13 environmental health education because we need more people who are
14 informed and can accept responsibility to do things for themselves.
15 I was trained in community organization at the Atlanta University
16 School of Social Work, and this was the basic principle, to help people to
17 help themselves, and that's what I have tried to do.
18 I want to say that I agree with the gentleman, the lawyer, who said
19 that we're weak in the area of public health. We don't have
20 representatives of this top-level field. I have spent sixty years as a paying,
21 card-carrying member of public health.

1 When I got involved in this environmental justice, I retired and went
2 back to Chattanooga where I grew up -- I was born here -- I asked,
3 heavenly days, what is this? The people would say, Oh, Dr. Hewell, we're
4 so glad you're here. I'd never seen them before because I worked in
5 Washington and in Europe.
6 So I said, well, I'll go with you to see what you're talking about and I'll
7 help. And I went and listened to them. They told me what their problems
8 were. In the federal government in the Kennedy Administration, the
9 Johnson Administration, I was the Program Coordination Officer, one of
10 the highest paid physicians in the federal government.
11 So everything there, you know, I found out. You know, you've got to
12 inventory -- a booklet back there -- that says all about the agencies and
13 everything. I ran around and learned about all of them. And what I didn't
14 know, I asked the professionals.
15 So when people call and ask me about resources, I find them some.
16 Central Harlem got $18 million when we worked in the -- in what you call
17 the Juvenile Delinquency Program.
18 We set up a Domestic Peace Corps. You've never heard of it.
19 Students came from Columbia, from Yale, from everywhere, to help us.
20 And a lot of people who worked in the Peace Corps got top-level jobs with
21 the Urban League, and whatnot, and went back to school. It was a

1 success.
2 We didn't know anything about writing proposals. Everything you get
3 now out of the federal government is a proposal-writing something. I can't
4 write proposals; I don't have that skill. But I know people who do.
5 So we've got to, as you said, partner with sincerity. Ask the people
6 that know these things. I have not had anyone to turn me down except in
7 Chattanooga. The women were having a conference by satellite from
8 Washington. I'm an educational telecommunications specialist.
9 Ambassador Walt Annenberg will attest to that because he gave me the
10 opportunity to go to his communications school free. The federal
11 government wasn't going to pay for me to be a telecommunications
12 specialist.
13 I'm a specialist in transportation; I'm in the division of adult education.
14 If you're (inaudible) out there, you don't have any class. So the best way
15 to get there is to use the school buses that are used in the day. Be smart.
16 Think of what your resources are and you ask people and a lot of them
17 can tell you how to get there.because I didn't know anything about
18 transportation. I didn't know anything about anything.
19 We have the greatest resources in the world here, and I want to thank
20 you for all the booklets. I gave the chairman there a copy where they
21 honored me May the 10th in Chattanooga and they said Dr. Grace

1 (inaudible) your home museum and archives. I've got your material. You
2 have excellent materials.
3 MS. SHEPARD: Well, thank you, Dr. Hewell.
4 DR. HEWELL: What?
5 MS. SHEPARD: Thank you.
6 DR. HEWELL: Oh, thank you.
7 MS. SHEPARD: And how can the NEJAC be of assistance?
8 DR. HEWELL: I don't hear very well.
9 MS. SHEPARD: Okay. How can we help?
10 DR. HEWELL: Help me do what?
11 (Laughter.)
12 MS. SHEPARD: Well, --
13 DR. HEWELL: When I sent the invitation and NEJAC said, we
14 supported. But as they went up the line, you didn't come. So you will
15 have to deal with the upper echelon. I can't deal with that. I had both my
16 Republican Senators to sign letters, we support this.
17 MS. SHEPARD: Well, thank you. Luke, I know you would like to
18 comment.
19 MR. COLE: Dr. Hewell, I wanted to thank you for coming before us.
20 I have two apologies. The first apology is a personal apology which was
21 for missing your 80th birthday party. But I thank you for the invitation.

My second apology is an institutional apology from this body. I want to provide a little institutional memory for those of you who haven't been on the NEJAC for as long as Dr. Hewell has been giving us her advice.

In 1996 Dr. Hewell came to the NEJAC and requested that we have a meeting in Chattanooga. We, as the NEJAC, passed a resolution in 1997 saying we would go to Chattanooga. That resolution went by the boards when we had a transition in leadership as the head of the Office of Environmental Justice who had a different design on where we would be going. That design has brought us instead of Atlanta.

There were some of us who pushed strongly to continue going to Chattanooga because we had made a commitment to you to do so, but we understand that there are other needs as well.

I wanted to let people here know that we had at one point committed to going to Chattanooga.

DR. HEWELL: I know that, and I can deal with it. But I'm asking you why is it that I won't deal with it.

MR. COLE: I'll let Barry Hill, the Director of the Office of Environmental Justice, –

(Laughter.)

MR. COLE: Who made the decision? Answer the question. Why don't you tell Dr. Hewell why we're not going to Chattanooga, Barry.

PARTICIPANT: Not to put you on the spot.

(Laughter.)

DR. HEWELL: Well, I'll tell you why I won't deal with it. Because I don't want anything negative to rub off on what you are doing. I think it's wonderful because when I finished the school of social work, we were talking about multi-problem families. These are the same people, and you're trying to do the best you can, you're trying to do something. Oh, I can deal with that issue.

I was talking today with one of the staff. Unless I can see my way clear, they will not have a negative adverse effect upon you.

MR. HILL: Well, Luke, in answer to your question, Chattanooga, Tennessee is under consideration, as are so many other cities. But depending on the issue. The issue essentially determines where the meeting will be held. Once the issues have been determined, defined, so on and so forth, Chattanooga may be under consideration.

MR. COLE: I would just like to take this opportunity to recognize Dr. Hewell's more than seven decades of commitment and fight for civil rights and social justice, including environmental justice. If when I'm in my 80s I have the same clarity, vigor, wisdom and grace that Dr. Hewell brings to us, I'll be in good shape.

Thank you very much.

(Applause.)

DR. HEWELL: May I say three words? Three words as the closing on my statement. I'm sorry, I perhaps go off on the wrong thing.

One is we must train our people. Education still is very important. But not only our people. Nobody understands what we are talking about when we're talking about environmental justice. So we must really give education a thrust.

Number two, with the technology, we must give our people access to information. The information system is closing us out.

And, number three, I came here to tell you that if you're going to work with the public health people, you're going to have to take up our basic foundation, and that is the human rights -- the human rights concept that has been accepted by the world. The Universal Declaration of Human Rights has been adopted by the world.

So then, why not we adopt something that everybody else has adopted? You know about the Rio conference? So this is all spelled out. Mrs. Roosevelt helped to write the Universal Declaration of Human Rights. President Carter sent me to Vienna to attend the 30th anniversary of the signing of the Universal Declaration of Human Rights, and I got all that information and I brought it back to you.

MS. SHEPARD: Thank you for those three points.

DR. HEWELL: Thank you.

MS. SHEPARD: Thank you very much.

(Applause.)

MS. SHEPARD: Jaribu Hill is next. Welcome.

PRESENTATION BY MS. JARIBU HILL
CENTER FOR CONSTITUTIONAL RIGHTS

MS. HILL: Thank you. I'm really glad I had an opportunity to experience one of our elders coming before us and giving us her wisdom. We should always celebrate that life and that experience because it's what keeps us moving forward and keeps us on the path that we who grew up in the Baptist tradition call the path of righteousness.

My name is Jaribu Hill and I'm a civil rights attorney. I work for the Center for Constitutional Rights in Greenville, Mississippi in the Delta, and I'm also here today speaking on behalf of the Mississippi Workers Center.

My comments are going to really support comments that basically have been made already on what I consider to be a really important item and an issue that has come up and been touched on but not explored as in depth as it should be, and as it must be: Dying to make a living.

April 28th is Worker Memorial Day, a day set aside to remember workers who were killed or injured or maimed on the job. According to the Bureau of Labor Statistics, as of 1998 more than 6,000 workers died on

1 the job in the United States as a result of workplace hazards. While many
2 of these workers were victims of fatal workplace accidents, many died
3 because they were poisoned by toxic substances.
4 Because of racism, segregated workplaces are found across the
5 country, and particularly in the southern region where workers of color are
6 assigned to the dirtiest and most dangerous of all jobs. Because of the
7 aftermath of the system of human bondage, these descendants of
8 captured Africans are steered toward life-threatening jobs and away from
9 office jobs that are reserved for whites.
10 Ricky knows what it means to be black at work. He worked for
11 Tyson's Poultry plant as a cleaner. His job was to clean the processing
12 machines. To do this awful job, he had to use chlorine. The more Ricky
13 worked with this toxic substance, the sicker he became, until one day he
14 got so sick he went to see a doctor. It was then that Ricky learned that he
15 had contracted a precancerous condition. His nostrils were inflamed and
16 he had already started having chronic nosebleeds and was having
17 difficulty breathing.
18 Ricky then went to his supervisor and was told that nothing could be
19 done, and if he didn't like it, he could quit. That is when Ricky contacted
20 OSHA. Ricky filed an anonymous complaint and OSHA appeared at
21 Tyson's to inspect the workplace. That very day Ricky was fired.

1 Because of his occupational injury, Ricky has had difficulty holding
2 down a job and since become a substance abuser.
3 In 1992 twenty-five workers died and over fifty more were seriously
4 injured when a boiler exploded in Imperial Foods Poultry plant in Hamlet,
5 North Carolina. The workers died and others were injured because the
6 bosses locked the fire door supposedly to keep the workers from stealing
7 chickens.
8 When FDA agents would come to the plant to inspect the chickens
9 to see if they were fit for human consumption. The workers would cry out
10 for help, appealing to these government officials to take their complaints
11 about the dangerous work environment they worked in seriously.
12 The FDA officials told them, we are here to inspect the chickens.
13 They cared more about their chickens than they did about live human
14 beings.
15 Those responsible for the killing of workers and injuring workers in
16 that plant on that day in September 1992 escaped punishment except for
17 the plant manager who was sentenced to three to five years for
18 manslaughter.
19 Then the thermometer plant. Two workers put into an unventilated
20 room to crush and recycle mercury. One worker became ill immediately
21 and is permanently mentally impaired. The other worker died.

1 These employers were given six weekends in jail. The rationale for
2 six weekends in jail was that they had their families to go home to. But
3 these two workers will never be able to go home to their families.
4 My colleague Bob Bullard said earlier today that what was needed to
5 eradicate childhood lead poisoning and to provide relief for suffering
6 children was to form collaborations and cooperation across disciplines,
7 departments, agencies, and other branches.
8 In this regard, we are recommending the same kind of collaboration
9 between EPA and OSHA, coming together to form a task force to address
10 the chemical poisoning of workers and the enforcemental racism in plants
11 across the country.
12 We therefore ask, in order to end the cycle of reservations for
13 workers of color to dirt and danger, we call for the forming of such a task
14 force. The Mississippi Workers Center and the Center for Constitutional
15 Rights joins with injured workers, and families of workers who died while
16 trying to make a living, to bring an end to these atrocities that are the
17 direct result of ongoing effects of racism and class oppression.
18 (Applause.)
19 MS. SHEPARD: Thank you. Rosa Hilda.
20 MS. RAMOS: We, the people in the community who are involved in
21 this movement against abuse must engage themselves in helping

1 employees by filing the complaints in OSHA. In other words, you know,
2 we file the complaint and the employee is not identified, so they cannot be
3 punished by the industry.
4 We have done that in our community and it has worked.
5 Go to your community leaders. They can file a complaint on behalf
6 of the employees. I don't know if this is of help in your community, but in
7 our community it has helped.
8 MS. HILL: Okay. I know that there is clause a in OSHA that protects
9 workers, supposedly, from retaliation. This worker that I mentioned filed
10 an anonymous complaint. But as I said, the day that the plant was
11 inspected, he was fired that day.
12 Now, one of two things happened. Either his identity was revealed
13 -- and that has happened before -- or they surmised that he was the one
14 that reported it because he had been complaining about health conditions.
15 Yes, we have filed complaints and we have urged workers to file
16 complaints. But as most of you probably know, there is no private right of
17 action, and no worker has the right to sue an employer for occupational
18 health and safety injury. All he or she has is Worker's Compensation, and
19 in my state there is a 450-week cap on Worker's Compensation.
20 (Applause.)
21 MS. SHEPARD: Rose.

1 MS. AUGUSTINE: I'd like to ask, does your organization work with
2 welfare workers that have been trained to work in hazardous conditions?
3 MS. HILL: I know you're not being sarcastic when you say they've
4 been trained, because -
5 MS. AUGUSTINE: No.
6 MS. HILL: Because the welfare to work workers are not being
7 trained. That's the problem. They're being forced to work in situations
8 where they're not being trained, and they are placed at risk.
9 They clean parks where needles are found, where rats run amuck.
10 They've been bitten. They've been stung by needles. They've been
11 infected with the HIV virus. They are not trained in HAZMAT, working with
12 hazardous materials. And they don't have the right to know, as welfare
13 workers, because they're the untouchables.
14 (Applause.)
15 MS. AUGUSTINE: Well, I was wondering -- I'll rephrase that -- that
16 have been told or they are being told that they are being trained to work
17 in a hazardous condition? Do you --
18 MS. HILL: No, they're not, and they have not been privy to right-to-
19 know information. There's a gray area because they're not really
20 considered employees although they are working.
21 MS. AUGUSTINE: Do you work with the welfare workers that --

1 MS. HILL: I don't work directly with the welfare population in my
2 center, but I'm in coalition with organizations which do.
3 MS. AUGUSTINE: We have a situation in Tucson where the workers
4 -- and we're talking about -- I don't see too many men -- I haven't seen any
5 men on welfare, but it's usually women of color, a single parent with
6 children that have been taken off the welfare roles, from welfare to
7 workfare, and trained to work in a beryllium plant. And now they are dying.
8 You're talking about Workmen's Compensation. The company has
9 been getting money from industrial compensation to pay for their legal fees
10 against the workers who are trying to sue them.
11 MS. HILL: What we would like to see is the declaration that what I
12 just described and what other people talked about earlier in terms of
13 pesticides, that these workplace injuries to workers are certainly
14 environmental hazards, and because they are specifically and
15 disproportionately targeted toward the black and the brown, that it is an
16 issue and an incident of environmental racism.
17 We want that to be part of the understanding in terms of the scope of
18 environmental racism, that these attacks and assaults on workers is part
19 of the definition of environmental racism.
20 (Applause.)
21 MS. AUGUSTINE: Haywood, may I ask a question? Would this fall

1 under the jurisdiction of the Department of Labor as an interagency
2 working group?
3 MR. TURRENTINE: I'm sorry, did you ask me that question?
4 MS. AUGUSTINE: Yes.
5 MR. TURRENTINE: I'm going to have to apologize because I was
6 not focused on the conversation so I really don't know what the issue is
7 that you were talking about.
8 MS. AUGUSTINE: We're talking about the rights of workers that
9 have been damaged in the workplace.
10 MR. TURRENTINE: Right.
11 MS. AUGUSTINE: We're talking about OSHA not protecting the
12 worker. But as an environmental justice issue, would that fall under the
13 Department of Labor as being one of the interagency working group?
14 PARTICIPANT: Yes.
15 MS. HILL: Only to the -- well, I'm a labor lawyer. The Department of
16 Labor addresses wage and hour issues and workplace conditions issues
17 up to a point. They address issues where workers are working out of title,
18 they address issues where child labor might be involved.
19 The proper agencies to collaborate on this, it seems to me, are EPA
20 and OSHA because those are both organizations that acknowledge
21 hazards against workers to one degree or the other.

1 MS. SHEPARD: All right. I'm going to move on to Dr. Yang.
2 DR. YANG: Thanks, Peggy.
3 Thank you, Ms. Hill. I wanted to point out, actually, that some of the
4 things that you were mentioning just sound fascinating -- or, remarkably
5 so much like the issues that the International Subcommittee is going to be
6 taking up tomorrow in regard to protecting farm workers from the dangers
7 and effects of pesticide poisoning.
8 As you mentioned, the failure to obtain adequate Worker's
9 Compensation, workers not knowing the kinds of dangers in the
10 workplace, not being protected adequately by their employers, and the
11 reporting of violations -- and I guess I would encourage you in part to
12 attend that part of our meeting tomorrow.
13 But I have a little more specific question for you, and that is, seeing
14 some of these parallels, do you think the next -- what is needed, and I
15 think it's one of the issues that our subcommittee will have to grapple with,
16 is the problem of the lack of enforcement? Is it the lack of adequate laws?
17 Or is it the failure to adequately educate the employees about these kinds
18 of dangers that they're facing?
19 MS. HILL: I'm going to answer your question because it's really a
20 question that I want to answer, but I've first got to give you some bad
21 news.

1 For farm workers there is no coverage under OSHA. Nor is there
2 coverage for domestic workers who work with dangerous cleaning
3 materials as well. There is no coverage for those two sets of workers.
4 Some of most affected workers, and there's no OSHA relief for them at all.
5 And we've been fighting that for many, many, many years.
6 In answer to your question, we have been battling around the issue
7 of how more protection can be afforded workers. In the State of New
8 York, there are 80 OSHA representatives for the State of New York. So
9 I don't even have to tell you how many there are in Mississippi.
10 Enforcement is one issue, but the coverage is laughable. The
11 coverage is laughable. And so what if an employer is fined? What he
12 then does is he gets a variance and he gets extension upon extension.
13 We inspected a plant and recommended closure because of lead
14 exposure to workers. The employer got a variance that lasted four years,
15 just constantly getting extensions so that he would not have to abate the
16 lead problem.
17 So there is a frontal attack on workers when government fails to act
18 and protect workers. It's egregious, and workers should be allowed to sue
19 but they can't sue.
20 So that's why I'm saying that the coverage has to be broader than the
21 agency OSHA because it's been impotent ever since Reagan. It's never

1 had any teeth, guts or bones. It's a shell of a law.
2 So, in order to protect workers more fully there has to be a
3 declaration that these atrocities that you and I have been talking about are
4 environmental atrocities and perhaps the Environmental Protection
5 Agency and counterparts like the NEJAC group can look into these
6 atrocities and form a group to answer some of these needs because
7 obviously OSHA is not up to that task.
8 MR. TURRENTINE: Let me just -- I didn't want to respond because
9 I didn't want to provide my particular bias and I wanted to be fair to the
10 process, but I think I would not be fair to the process if I don't respond.
11 From the environmental justice standpoint of what we're talking about
12 with respect to the situation in Mississippi --
13 PARTICIPANT: All over.
14 MR. TURRENTINE: -- the grass -- and it's all over -- but grassroots
15 organizations have done an incredible job of organizing and until and
16 unless you organize in these situations -- see, the individual worker is
17 never going to get enough enforcement from federal agencies. If the
18 community and the workers were to organize in a collective bargaining
19 way, then you would have the muscle of a union organization who would
20 take that to the NLRB and to take it to wherever it had to go in order to get
21 some redress to those issues.

1 But I can say this to you, and we've seen it time and time again,
2 whenever a worker complains, even during a union organizing drive, most
3 often they're let go or they're intimidated or they are harassed. And the
4 only time you stop that harassment is when you win an election with NLRB
5 and then you come in and get a contract because just because you win
6 the election does not mean anything if you don't get a contract.
7 If that organization -- and especially in the poultry industry -- if they
8 decide that they ain't going to bargain in good faith, there's precious little
9 that you can do unless the community itself decides to organize around
10 that issue.
11 So I would say that that's one avenue that you might want to pursue,
12 is through your grassroots organizing efforts, join forces with a local union
13 in the area. And I'm not suggesting that it has to be the Laborer's
14 International Union; it could be the -- I mean, it could be anybody else that
15 wants to represent you and go in there. But you need the support of some
16 organization, one, who has some resources, and, two, has some human
17 capital to invest in that process.
18 MS. HILL: With all due respect to what you just said, you made an
19 assumption that that's not already being done. I am an organizer. I said
20 I was a lawyer, but I was an organizer way before I became a lawyer. And
21 we have been organizing.

1 What we need is governmental accountability. What is missing from
2 this equation is the fact that these atrocities that I described are not even
3 defined within the range of environmental issues, and in fact the workers
4 are being poisoned at the point of production so that their environment at
5 work is poisonous. That is an environmental hazard.
6 Furthermore, because most of these workers are people of color, it's
7 environmental racism.
8 (Applause.)
9 MS. HILL: I am not suggesting that avenues that you explored with
10 me just a moment ago have not been tried. Organizing continues to go
11 on. That is the main thing. That's why everything comes to a head,
12 because people take to the streets and decide that they're not going to
13 take it anymore.
14 I'm talking about a piece that's missing, and that is a piece where
15 workers are left to suffer and die. And they shouldn't have to suffer and
16 die when there are agencies that are supposed to protect them. That's the
17 piece that I'm talking about.
18 (Applause.)
19 MR. TURRENTINE: I agree with you. I'm agreeing with you that the
20 agencies haven't. I'm also going one step further and I'm saying, based
21 on your efforts, the local community organizing drive alone, it's still not

1 going to do it. That's why I'm suggesting that you need to bring in the
2 powers of an a national union.
3 MS. HILL: That's what we've been doing.
4 MS. RAMOS: Mr. Chair.
5 MS. HILL: That's what we've been doing. But we're talking about
6 we're coming here to talk about what this agency and what these agencies
7 can do. We don't need to be told about organizing. That's what you've got
8 in the room, people who organize. What we're asking for is a way for
9 agencies to work across their disciplines to provide greater protection for
10 citizens. And that's all we're asking for.
11 (Applause.)
12 MS. RAMOS: Mr. Chair.
13 MS. SHEPARD: All right, thank you. Richard Bright. Oh, okay,
14 James Hill. Sorry.
15 PRESENTATION BY MR. JAMES B. HILL, JR.
16 NAACP - OAK RIDGE, TENNESSEE BRANCH AND THE SCARBORO
17 COMMUNITY ENVIRONMENTAL JUSTICE COUNCIL
18 MR. HILL: Good evening. My name is James B. Hill, Jr. I'm the
19 President of the Oak Ridge Branch of the National Association for the
20 Advancement of Colored People, the NAACP. Also I'm Chairman of the
21 Scarboro Community Environmental Justice Council located in Oak Ridge,

1 Tennessee.
2 They cannot hear me, so you want to turn the mic up, please? Mic
3 check, Mic check.
4 (Laughter.)
5 PARTICIPANT: That's better.
6 MR. HILL: She said go ahead and speak into the mic, so here we go.
7 She says to turn it up max.
8 Let me say this before I get started. I want to go on record that I
9 support the effort of the People of Color and Disenfranchised Communities
10 Environmental Justice Network as they deal with federal facilities because
11 the Oak Ridge Reservation is a federal facility part of a Superfund site.
12 Since the last visit with NEJAC – I visited here several years ago at
13 Raleigh-Durham, North Carolina, I want to give you an update on what's
14 transpiring in Oak Ridge. I'm talking about a lot of activity, so I hope I can
15 do it in the five minutes that's been allotted to me.
16 The Scarboro community, which is a predominantly African-American
17 community, was designed by the Corps of Engineers in the late '40s or
18 early '50s to house African-American workers and their families that
19 worked at the local plant. There were three plants on the reservation,
20 namely the Oak Ridge Gaseous Diffusion Plant which is coded K-25, now
21 called the East Tennessee Technology Park/Horizon Center; the Y-12

1 weapons production plant; the Oak Ridge National Laboratories, coded X-
2 10.
3 The Scarboro community is located approximately 500 yards from the
4 Y-12 weapons plant. It is said that the Scarboro community is considered
5 the closest community located near a federal facility. I will discuss the
6 series of events that took place that brought us to where we are today.
7 The Tennessean, the newspaper in Nashville, ran a series of articles
8 related to illness across the country. These stories related to sick workers
9 and communities. In one particular article there was a series that
10 consisted of interviews with 16 children who lived on one street in the
11 Scarboro community. These children were reported to have respiratorial
12 asthma-related and infection, all similar health problems, on one street.
13 After that article went out, a call went out to the State of Tennessee
14 to investigate the cause and see that these children would be properly
15 cared for. The state officials responded and their response was that this
16 is not a concern and we will not adhere to this call.
17 After these comments were made, a representative from Georgia,
18 Cynthia McKinney, make a statement publicly that it's a sin for the health
19 officials not to investigate why these children are sick.
20 From that statement a letter from Senator Fred Thompson was
21 written to the state requesting that they investigate the reason for the kids

1 being sick and to invite CDC, the Center for Disease Control, to conduct
2 an investigation in the community.
3 For the past two years the Scarboro Community Environmental
4 Justice Council has been meeting with local officials, state officials, and
5 federal health officials conducting the following activities:
6 Establishing leadership in the community, establishing objectives and
7 strategies and prioritizing goals and objectives, developing a community
8 help survey in which over 250 interviews were conducted, conducting
9 health examinations to identify the sick children, conducting health
10 examinations with the help of – that the University of Tennessee was
11 involved in in the examination of the kids.
12 From the survey, the results indicated that the asthma incident rate
13 was above the national average. I think the national average is around 7
14 or 9 percent and our incident rate was around 13 percent.
15 We also reviewed the summaries from the CDC and the summaries
16 had to go back for rewriting to make sure that the summary was in
17 layman's terms so it could be understood by the community.
18 MS. SHEPARD: And would you please conclude?
19 MR. HILL: As I stated before, there are several activities related to
20 the Scarboro community. We have engaged with the Department of
21 Energy in doing soil sampling. We are discussing with DOE to do

1 additional soil sampling because from the sampling taken, there was
2 contamination in the community.
3 EPA has presented a plan, a sample plan, to the community and we
4 are waiting now for EPA to come back with the input from the community
5 during the comment period to discuss with us the plan as it relates to soil
6 sampling.
7 Those are just a few of the activities going on. As you know,
8 upcoming and ongoing events relate to the sick workers health
9 examination, the beryllium workers health assessment and other things
10 related. But currently there is a charge to select members to form a FACA
11 for the Oak Ridge Reservation. It is my hope that these agencies do not
12 wait until this FACA is up and running and functional before we continue
13 our activities.
14 As I stated before, there are a lot of activities going on, but there is
15 no closure to any of these activities; they are all pending.
16 Thank you.
17 (Applause.)
18 MS. SHEPARD: Okay, thank you. Mildred Colen.
19 PRESENTATION BY MS. MILDREN COLEN
20 PRIVATE CITIZEN
21 MS. COLEN: My name is Mildred Colen. Thank you for allowing me

1 to speak here tonight. I speak on behalf of nine other families that live in
2 the community of Warren, Arkansas.
3 Our case is a case of posterity where these families have lived in the
4 community since the 1800s. Warren has five lumber companies. One of
5 these lumber companies is located adjacent to the community where these
6 nine families reside.
7 These nine families have approximately 36 acres of land. When we
8 purchased our land, most of the second generations were still alive, but
9 most of them have since died of cancer, cardiovascular disease, or
10 diabetes. Four of them lost their sight.
11 These people drank water, bathed, washed their clothes and watered
12 their vegetable gardens from contaminated private wells. City water was
13 not available to them until 1970. These wells, the soil, the air, on a daily
14 basis received high -- very, very high -- doses of toxins from the lumber
15 industry that is located adjacent to these private properties.
16 The lumber industry manufactures hardwood flooring. For more than
17 three decades this industry has saved thousands of dollars by discharging,
18 dumping and burying its waste products on our properties.
19 Recent samplings of soil by EPA in our vegetable garden -- within our
20 vegetable garden -- revealed 15 heavy metals. The concentration of
21 arsenic was 17.2 parts per million. The U.S. maximum contamination limit

1 for arsenic is 0.05 parts per million.
2 When I questioned the EPA official about the high content of arsenic
3 in our gardens, he told me that the amount of arsenic in my garden was
4 about the same as in other places in Warren. But he said that I shouldn't
5 worry.
6 A more recent soil test done by a state agency of soil taken from the
7 outside perimeter of the garden -- my vegetable garden -- revealed nine
8 volatile organic chemicals. These same chemicals are used by the
9 hardwood industry in some of their manufacturing products..
10 We are exposed to these chemicals every single day. We eat them,
11 we breathe them, they are in our houses, they are in our clothing. These
12 volatile organics cause cancer, kidney and liver effects, circulatory
13 disorders and nervous system effects. And they tell us not to be
14 concerned.
15 Bradley County's total cancer death rates for 1994 and 1995
16 exceeded the state rate. Over a six-year period in the community adjacent
17 to the industry the breast cancer rate -- adjacent to the industry which I'm
18 speaking of now -- the cancer rate exceeded the state rate.
19 The Arkansas Department of Environmental Quality, EPA, ATSDR,
20 and the Arkansas Department of Health are all aware of an illegal landfill
21 that was created by this industry on one of the properties without the

1 owner's consent.
2 The landfill consists of hundreds of 55-gallon barrels from the industry
3 and contaminated soil from the storm drains that are located behind the
4 industry. The Warren Street Department hauled debris from the city
5 streets and contaminated soil from the storm drains behind the industry to
6 this property and covered the drums.
7 This property is across the street from my property, only a few
8 hundred feet from our house. The runoff from these drums enter our
9 property by a stream that is a tributary to state waters, which is the Saline
10 River. And I live one mile from that river.
11 Incidentally, soil analysis reveals acetone in that landfill. Could it be
12 seeping from the buried drums or could it come from the soil that was
13 hauled from behind the plant and taken out of the storm drains?
14 Knowing all of the irregularities that existed, why did the Department
15 of Environmental Quality in Arkansas issue the industry an NPDES
16 permit? Not only did they issue them the permit, they authorized the
17 industry to discharge on our private properties.
18 Then the industry failed to meet the effluent limits of the permit
19 repeatedly, and ADEQ had to cancel their permit. If the industry wanted
20 to get rid of their waste, they should have disposed of it properly.
21 As a result of their careless disregard for the health and well-being of

1 the community citizens, lives have suffered, land values have plummeted,
2 and because of their sinister plans, which I will not mention tonight, we are
3 at risk of losing everything.
4 We believe that the city, the federal and state agencies are falling
5 short of their duties.
6 MS. SHEPARD: Ms. Colen, could you begin to conclude?
7 MS. COLEN: I have one more – some more statements, and I think
8 that they're very important. I hope you will give me just a few more
9 minutes to express them.
10 MS. SHEPARD: Please go ahead.
11 MS. COLEN: Thank you.
12 EPA has done some strange things to our family over a period of 11
13 years. We made our first contact with the agency in 1989 when the City
14 of Warren, Arkansas arbitrarily put a sewer across five acres of our land.
15 We contacted EPA because the City of Warren had received a two-step
16 grant for construction of the sewer and ADEQ had participated monetarily
17 in sewer acquisitions.
18 We were discriminated against through their method of payment and
19 they took us to criminal court under the eminent domain law. Two persons
20 were sent to Warren from EPA and two people were sent from DEQ to
21 settle the matter. The attorney from EPA and DEQ officers told us that the

1 City did in fact owe us money and they assured us that they would make
2 them pay.
3 After a two-hour meeting with the city officials they returned to our
4 house where the EPA attorney said that if we showed him the federal
5 statute that would require them, the city, to pay us, he would make them
6 pay. We showed him the Federal Registry, the Uniform Relocation Act
7 with all the statutes. He literally ran out of the house, and that was the end
8 of that.
9 The second incident with EPA was concerning the illegal landfill in
10 our neighborhood. A special investigator came to our home following
11 statements that I made at a NEJAC meeting in San Antonio, Texas. We
12 showed the investigator the illegal landfill and told him of another landfill
13 in a white neighborhood that is approximately a quarter of a mile from our
14 neighborhood. Clean-up of the landfill in the white neighborhood was
15 ordered within weeks; whereas, our landfill remains untouched by EPA.
16 We would like to know why EPA made a difference in a white
17 neighborhood and a black neighborhood. This landfill has existed in our
18 neighborhood since the 1980s.
19 Last, but not least, I filed two complaints with the EPA Civil Rights
20 Department under Title VI. These charges were against the City of
21 Warren and the Warren mayor for participating in the pollution of our

1 neighborhood through the Warren street department and against ADEQ
2 for issuing an NPDES permit that authorized industry to discharge on
3 private property with failure to monitor.
4 Not only were my complaints denied, an employee in the department
5 wrote me that they were turning my complaint over to the recipients of the
6 complaint. This they did without asking for my permission. This is a
7 violation of my rights under the Privacy Act.
8 We are tired of having our phones tapped. We are tired of threats
9 through having –
10 (Applause.)
11 MS. COLEN: Listen to me – black hogs, dead hogs, and dead
12 animal carcasses placed in our driveways. These things happened to us.
13 This is the same to me as someone burning a cross on my lawn.
14 I would hope that someone here tonight has heard the things that I've
15 had to say because this situation has gone on over a period of three
16 decades before we moved into that neighborhood. My husband was born
17 and raised in that neighborhood, but we lived in California for a while and
18 we came back and we bought property there.
19 We have been asking EPA and other agencies for help. We haven't
20 really – see, we've gotten some help but we need for this to be over. If
21 there is anybody here that can help us, would you please contact me

1 tonight.
2 Thank you.
3 (Applause.)
4 MS. SHEPARD: Okay, thank you.
5 DR. McCLAIN: Is it possible to ask a question?
6 MS. SHEPARD: What is it?
7 DR. McCLAIN: I would like to know how can we as community-based
8 organizations help to shape and influence the issue that NEJAC
9 addresses at its session?
10 I raise this because we have continually come here to deal with this
11 issue of federal facilities and I have to say that I'm very disappointed, and
12 the others who are with me have also voiced their disappointment, since
13 they heard the response of the Health and Research Subcommittee being
14 the point of contact and that possibly we will have a working group come
15 out of that committee – I would like to know – we would like to know –
16 how do we influence what you do and what you discuss at the session
17 because I have to say that quite frankly we are fed up.
18 (Applause.)
19 DR. McCLAIN: And I appreciate the small efforts that have been
20 made, but to sit here and hear these conditions over and over and over
21 and over again and then to have you give us some watered-down solution

1 is unacceptable.
2 (Applause.)
3 DR. McCLAIN: We have to go beyond this. I know about the working
4 groups – because I serve on one – of the International Subcommittee of
5 NEJAC. Please somebody tell us how we can influence this process.
6 MS. SHEPARD: Dr. McClain, you are influencing the process. We
7 are considering everything that we've heard, and we hope to get a good
8 response back to you.
9 DR. McCLAIN: Mr. Hill would like to know when we could expect
10 that.
11 MR. TURRENTINE: Barry, you need to address that. That has to be
12 addressed from EPA.
13 PARTICIPANT: Madam Chair.
14 MS. RAMOS: Madam Chair.
15 MR. TURRENTINE: Now, hold on.
16 MS. SHEPARD: Just a second. Hold it.
17 MR. HILL: I have to echo what was just said. Mildred, the fact that
18 you've testified, that you've done a presentation –
19 MR. TURRENTINE: Barry, can't hear you.
20 MR. HILL: Mildred, the fact that you have done a presentation for the
21 second or third time is a reflection of how you are influencing the NEJAC

1 and the agency.
2 The response that was given to you a little bit earlier by Charles was
3 an indication of how the agency is moving towards that particular issue.
4 And we were talking, Tim, Charles, and myself, about how we can go a
5 little bit further than that.
6 You have been heard by the NEJAC, by the agency, and we will
7 address that.
8 DR. McCLAIN: When?
9 MR. HILL: When it's appropriate. I can't tell you right now when that
10 will be.
11 MS. SHEPARD: Rose and Michel.
12 MS. AUGUSTINE: Madam Chair, earlier – I understand what the
13 community has to say, and earlier I was going to make a suggestion for
14 the NEJAC to consider – the whole body of the NEJAC to consider
15 forming a working group, a federal facilities working group.
16 Now, if we could – and I was going to propose it today, so tomorrow
17 when the working groups break out, they can think about it, they can
18 discuss it, and when we come back, they can come back with a response.
19 That's what my suggestion was going to be, for the NEJAC to
20 consider a federal facilities working group.
21 (Pause.) (Inaudible discussion among members of the Council.)

1 MS. SHEPARD: Rose, we're in public comment and we're not
2 entertaining any motions.
3 MS. AUGUSTINE: I would like to make that motion, that the NEJAC
4 consider forming a federal facilities working group.
5 MS. SHEPARD: Rose, we're not considering motions at this time.
6 MS. AUGUSTINE: Pardon?
7 MS. SHEPARD: We can discuss that at another time; we're in public
8 comment.
9 MS. AUGUSTINE: Okay. But I would like the working group to
10 consider that and come back with a recommendation tomorrow.
11 MS. SHEPARD: Yes. Michel and Tom.
12 MR. GELOBTER: I have questions for two testifiers.
13 First of all, Ms. Colen. Are you in Region 4 or Region 6? What state
14 are you in?
15 MS. COLEN: Pardon?
16 MR. GELOBTER: What state are you in?
17 MS. COLEN: Arkansas.
18 MR. GELOBTER: And that's I guess Region 4 or 6?
19 MS. COLEN: That's Region 6.
20 MR. GELOBTER: I wasn't clear in your testimony if you're implicating
21 them in the activities you felt had been taken place against you, that you

1 felt that they had acted in ways that – besides the Title VI violations which
2 appear to be obvious from what you're talking about, have they personally
3 – have you felt personally assaulted and do you feel that some of these
4 personal assaults may have come from that region?
5 MS. COLEN: Yes, I do.
6 MR. GELOBTER: Okay. So, do you feel – I mean, who do you think
7 we should be trying to get recourse from? The agency – I mean, we need
8 to think about this obviously and try to deal with it. But, you know, Brother
9 Tom here was saying, well, has the region heard this? And if what you're
10 saying is that if the region is part of the terrorism you feel like you're
11 suffering, where do you think we – where do you think we can go to help
12 you? I mean, I'm just trying to get some –
13 MS. COLEN: I think you're the experts. I've told you my story. They
14 have been – the people our – Region 6 have been to Warren. There have
15 been a total of about – well, let me say, one engineer came down and
16 wrote up about a 15-page report in 1994. It covered just about everything.
17 Since then – well, before that, the EPA attorney came, and it was
18 blatant, the treatment that he gave us, I couldn't believe it. So we just –
19 we never pursued that one anymore. But then when we started to pursue
20 the issue of the – the environmental issue – I guess they think it's just my
21 family. We're the only ones that are left living in the community. But there

are other people that live probably in closer proximity to the company than I do --

MR. GELOBTER: Can I -- I'm sorry, I don't mean to interrupt you.

MS. COLEN: Go ahead.

MR. GELOBTER: Can I suggest -- do you have some of the documents with you that you're talking about?

MS. COLEN: I don't have any with me, but I can document everything that I've said.

MR. GELOBTER: Because if you're saying you feel the region is a part of some very serious problems you're obviously experiencing, you know, it makes it hard for us -- it makes it hard for me to think about recourse. But let's talk a little bit afterwards and try to get some stuff, because at least the Water Office is partially implied. I don't know if we can get someone out of Washington to look into it, or whatever, but let's try to figure out where -- help me figure our, or us figure out, where we can --

MS. COLEN: I would appreciate it.

MR. GELOBTER: On the federal facilities issue, I just have a quick question, which is, are there any EJ representatives on the federal facilities FACA at this point that we know of? Have there been any requests to get them on from our committee, or other things like that? Is

Mildred still here?

There is a federal facilities FACA, as I recall, right? I think there is.

PARTICIPANT: Is there?

MR. GELOBTER: Yes.

MS. BRADSHAW: Could I reply to that?

MR. GELOBTER: Please.

MS. BRADSHAW: Doris Bradshaw.

MS. SHEPARD: Michel, maybe the Air and Water Subcommittee can meet with her and get the documentation?

MR. GELOBTER: Meet with the federal facilities folks?

MS. SHEPARD: No.

MR. GELOBTER: Oh, yes, absolutely, with Ms. Colen, absolutely.

MS. SHEPARD: Yes.

MR. GELOBTER: I'm just talking about the federal facilities piece. Is there EJ representation on the federal facilities FACA at this point?

MS. BRADSHAW: No.

MR. GELOBTER: Okay. But there has --

MS. BRADSHAW: And never have.

MR. GELOBTER: Have you tried to interact with them or show up at their hearings and things?

MS. BRADSHAW: I've been coming here for five years. I think many

of us today are with federal facilities that came out yesterday and today. Some of us have gone home. I know I have been coming here for five years complaining to the NEJAC.

We have asked for a place on your board. And I feel like Teresa, we're not asking you for welfare; we feel like we should have a place on the board and we should have a subcommittee because our issues have not been addressed and we don't have a system where we can address them.

MR. GELOBTER: I understand, but the specific question is have you all interacted with the federal facilities FACA.

MS. BRADSHAW: We have not -- well, I think we have, yes.

MR. GELOBTER: Okay. Okay, because I think it may be worth us thinking about, in addition to whatever we're doing here, is putting some pressure on that designated FACA as well to address these issues -- in addition to what we can do here.

MS. BRADSHAW: We do need a FEJAC.

MS. SHEPARD: Tom.

MR. GOLDTOOTH: I guess I just need some clarification. Is there a federal facilities advisory committee? Is there a federal facilities FACA? Can someone -- Mildred, you were a speaker. Clarification of a speaker, so that's Mildred.

MS. McCLAIN: No.

MR. GOLDTOOTH: Is there a federal facilities FACA out there

somewhere in some agency?

Is there a federal advisory committee formed by the Department of Defense or some entity? Is there a --

MS. McCLAIN: Okay, let me -- there is what is called a Citizens Advisory Board, which is a site-specific advisory board for a site. There is a Health Effects Subcommittee for four sites under the Department of Energy. There are other FACA bodies for DOD.

The problem is that they don't work and the participation of community-based organizations, as it is here, is lacking. So, of sorts.

MR. GOLDTOOTH: Now, here is another clarification. I think I heard this yesterday, that you, as a representative of the Disenfranchised -- the organization that you're working with -- there's a number of members who are here as part of that.

MS. McCLAIN: Yes.

MR. GOLDTOOTH: That you're not requesting that your participation be established through a working group, are you? You're asking that there be a subcommittee formed and not a working group? Is that what you're asking for?

MS. McCLAIN: Yes, my brother.

MR. GOLDTOOTH: Then we need to have a petition.

MS. McCLAIN: What the People of Color and Disenfranchised Communities Environmental Health Network, which represents over 17 sites

1 – what we are asking for is a subcommittee of NEJAC, not a working group
2 of a subcommittee.
3 MR. GOLDTOOTH: Okay. We needed that – I think I needed that
4 clarification. And I'd just like to say that when NEJAC was first formed there
5 was no Indigenous Peoples Subcommittee and there was no International
6 Subcommittee. We went through our own process of coming to NEJAC
7 asking that one be formed. And I think it was two and a half years in the
8 making, demanding that it be formed and going through the bureaucracy that
9 we know that all federal agencies have.
10 We know that as activists sitting on this very NEJAC. So I think that
11 clarification is important, and I'd just like to say that as the Chair of the
12 Indigenous Peoples Subcommittee we deal with many issues that are
13 specific to indigenous peoples issues and we have to prioritize.
14 Some of those issues involve federal facilities. It was my understanding
15 that there was a process within NEJAC, and that was what Charles Lee was
16 trying to explain that's going to start discussing how this NEJAC is going to
17 address the issues that our communities are dealing with concerning federal
18 facilities.
19 Maybe I should be more engaged with that. But the way that we're
20 structured as Chair of the Indigenous Peoples Subcommittee, and there are
21 people here that are involved with their own subcommittee – involved with
22 those issues that we're dealing with.

1 So, somewhere, maybe as individuals, we – something falls through the
2 cracks. I just want to say that that's not their intentions, at least from myself.
3 That's not their intentions.
4 I'm an activist, just like a lot of community people are here. So I do
5 need that clarification because it sounds like there is a need, there is a need
6 to talk about the formation of a subcommittee that deals with federal facilities.
7 And we will talk about that.
8 The subcommittees meet tomorrow and then Friday is the time when
9 we have to give some clarification of what we're going to do to address these
10 issues.
11 I would like to commit that I'm going to engage the Executive Committee
12 into that discussion somehow. And I'm sure that there's some others here
13 that will do that.
14 (Applause.)
15 MR. TURRENTINE: I don't want to continue this debate forever, but I
16 hope you would at least understand that there is a time within the NEJAC
17 process where we will sit down and take under advisement everything we've
18 heard and we will put it in our process, as I think Tom is alluding to, where we
19 will make recommendations back to the Administrator of EPA.
20 That's all we can do at this point. I don't think we'll be – I think it would
21 be asking too much to ask Barry here or to ask Charles Lee to make a
22 commitment to do something tonight for which they have not had an

1 opportunity to sit down with the various program offices within the EPA to
2 determine where the funds are going to come from, whether it can even be
3 expanded.
4 I don't know. You're asking some very good and legitimate questions.
5 We simply don't have the answers tonight. By way of saying that we're not
6 going to let your concerns fall on deaf ears, we're going to at least move in
7 the direction where the issue can be fully vetted and we will come back with
8 what the EPA will allow this FACA to do in regard to the requests that you've
9 made.
10 One such item that they've come up with at this point was a working
11 group to start looking at a whole host of issues around that which you've
12 raised. That is far as we can expect Barry and EPA and Charles to go
13 without going back to the various program offices and getting some
14 commitments and some buy-ins.
15 Whether we know it or not, every subcommittee within the NEJAC is
16 supported by a program office, and somebody has to support those activities.
17 So let us not interrupt the process any further, Council members. Let's
18 let the public make their presentations to us, let's hear what they have to say,
19 and then let's take that under advisement and let's go forward.
20 I really don't think we're helping the process when members of the
21 Council continue to ask questions that get us off of the public – this is the
22 public's time to comment before us and we need to leave it at that. Call your

1 next speaker.
2 MS. SHEPARD: Caitlin Waddick and Stan Caress. Then we have
3 Michelle Xenos, Pat Hartman, Ian Zabarte, Charlotte Keys.
4 PRESENTATION BY MS. CAITLIN WADDICK
5 CITY PLANNING PROGRAM, GEORGIA INSTITUTE OF TECHNOLOGY
6 MS. WADDICK: Hello. Are you still awake? My name is Caitlin
7 Waddick. I'm a doctoral student at Georgia Tech in Urban Planning. I'm
8 here on behalf of my professor, Ann Steinman, who couldn't make it tonight
9 because she's sick. I'm here with Stan Caress. The three of us are doing
10 research on multiple chemical sensitivity.
11 Recently the NEJAC Enforcement Subcommittee prepared a draft
12 resolution on multiple chemical sensitivity. The draft resolution on multiple
13 chemical sensitivity drafted by the Enforcement Subcommittee requests that
14 EPA review and ascertain a host of issues associated with multiple chemical
15 sensitivity.
16 It's very good, and I ask that you pass it. We've looked at it and we
17 have some changes to make to it to improve it, in particular Item 7. We
18 suggest that you amend Item 7 of the resolution, the draft resolution on
19 multiple chemical sensitivity to read that,
20 The EPA should device and adopt a reasonable accommodation policy
21 for affected persons who work and/or attend meetings held at or sponsored
22 by the EPA. This should include the identification and provision of EPA work

1 places and EPA meeting places which are non-toxic and suitable. A
2 fragrance-free policy for EPA offices in internal and external meetings. And
3 other actions to accommodate multiple chemical sensitivity, disabled
4 workers, and meeting participants."
5 For instance, some people could not be here tonight because this room
6 wasn't going to be fragrance-free and because they'd be exposed to
7 chemicals just in this room. So that was the first point I wanted to make.
8 The second thing was I wanted to give you a little bit of information
9 about the prevalence of multiple chemical sensitivity. Several large-scale
10 studies indicate that the prevalence of multiple chemical sensitivity in the
11 United States could be between 16 and 32 percent of the population. These
12 people are so sensitive to low levels of chemicals that it's difficult for them to
13 go to church or to go to the grocery store, to go to work and a lot of times
14 people lose their jobs. It's very, very disruptive to their lives.
15 My third point that I wanted to make to you tonight is really to stress the
16 importance that you pass this resolution on multiple chemical sensitivity. It's
17 very important that we take action now for two reasons. One, we really need
18 to accommodate people who are sensitized to chemicals. Their lives, in
19 many cases, are very much destroyed by this illness because they are so
20 severely disabled because they cannot tolerate very low levels of chemicals
21 in their indoor environments or their outdoor environments.
22 Second, we need to take action now to prevent individuals from

1 becoming sensitized to chemicals. It looks like people get sensitized in a
2 couple of different ways: through pesticide exposures, through exposures
3 to indoor air pollutants, exposures to new carpeting, of course there's the
4 Gulf War illnesses, and implants. People become sensitized in these ways.
5 MS. SHEPARD: Okay, thank you.
6 MR. COLE: Madam Chair.
7 MS. SHEPARD: Yes.
8 MR. COLE: I'm the Chair of the Enforcement Subcommittee and if you
9 have specific language you'd like us to consider, please give that to me. This
10 resolution will be discussed on Friday by the full NEJAC, but that would be
11 the time when I would suggest a friendly amendment to the language the
12 Enforcement Subcommittee has passed out, if it's something that the
13 Enforcement Subcommittee members are comfortable with.
14 So please give me any specific suggestions you have. Thanks.
15 MS. WADDICK: Okay.
16 MR. CARESS: Let me add that the revision of wording was suggested
17 by Nicholas Asher of the Massachusetts Institute of Technology who is an
18 expert on multiple chemical sensitivities.
19 MS. SHEPARD: Thank you. The next speaker is Pat Hartman.
20 Ms. Hartman, if you would proceed.
21 PRESENTATION BY MS. PAT HARTMAN
22 CONCERNED CITIZENS OF MOSSVILLE

1 MS. HARTMAN: My name is Pat Hartman. I'm from the Concerned
2 Citizens of Mossville. We are a community that's working together with
3 M.E.A.N. Incorporated.
4 A few years ago we had an EDC spill in Mossville on the east side of
5 Mossville which resulted in a class action suit by the people of Mossville.
6 The settlement was reached, but it was very unfair. It's now being
7 investigated.
8 Many people live there in the area who are very sick. And they're dying
9 already. Right after the spill, Condea Vista realized that something was very
10 wrong because the farm animals were dying and the people were very sick.
11 So Condea Vista bought out that community. The tragic thing was the
12 Verdan (phonetic) family. Within a year all of them were dead.
13 Now they're saying that the spill stopped at the tracks. I want to know,
14 the community wants to know, how can water stop at the tracks. And the
15 government agency said it did. So what's going on?
16 I'm here today to tell you that many of our people are dying and that
17 many are very, very sick. These people are not dying from gunshot wounds,
18 drugs, and not alcohol either. They're dying from cancer and other illnesses.
19 Too many people in a small community like ours shouldn't be dying.
20 Something is wrong.
21 When it was mentioned that people are spitting their blood, a person
22 from an agency said, "That happens when people drink heavy." This is a

1 disgrace for our black people that they get from the government agencies.
2 We're not going to take it anymore. We have become more frightened
3 that the agencies are working against us, not supporting us. We want the
4 state agencies and federal agencies to finally start helping us and working
5 with us.
6 We want to know if an agency can help us get a health clinic in
7 Mossville. The doctors in the area don't know how to treat our illnesses.
8 They don't even recognize the sickness. It's the chemical contamination.
9 They prescribe expensive medicine for people who can't afford it. That is
10 why we need a clinic and a doctor who knows how to test and treat us.
11 We also want other medical services, such as free medications and
12 health insurance. We don't want that ten years from now; we want it now.
13 Instead of the government volunteering to help us, we ask the people
14 and experts from other environmental organizations to come to Mossville.
15 We also know that the refineries contaminated our air, our water, and
16 land. But they don't know that we – we didn't know at that time if something
17 can be done. We learned that we have legal rights and the agencies that are
18 supposed to stop the industry around us – Mossville is being dumped on,
19 chemicals are dumped on us.
20 We know that we are not the only black community in the country that's
21 being contaminated, and we are uniting with other communities in Louisiana
22 and in the entire country in the fight for life of our people.

1 M.E.A.N. has written letters to agencies asking for help with the people
2 on the environmental problem in our community. We have suggested
3 workshops. ATSDR promised to stand by us but now it seems that the
4 agencies pull out from us.
5 The ATSDR and LDHH sent out flyers two weeks ago saying they
6 wanted to meet with us and listen to us. But when they came to our
7 community to hear, they wanted to divide us up into little small groups and
8 take us into different rooms like little cattle or something. I don't understand
9 that.
10 The point is that our people are dying, they are sick. We want help.
11 Everything that M.E.A.N. wants is good. The health, the welfare of the
12 people of our community. The people of our community needs help.
13 M.E.A.N. has also started a Bucket Brigade that provides who is
14 poisoning us, and they have set up workshops already that we have united.
15 M.E.A.N. has also told us about the reports from the ATSDR and, Ms.
16 Pat Costner, who is right here --
17 MS. SHEPARD: Could you begin to wrap up?
18 MS. HARTMAN: Excuse me?
19 MS. SHEPARD: Could you wrap up, please? Could you complete your
20 statement?
21 MS. HARTMAN: Okay. All we want is help now for our community.
22 Another thing, the 28 people that they came out and tested, four have

1 died already and ten are real, real sick, out of the ten people that have dioxin.
2 We need help now; not ten years from now.
3 MS. SHEPARD: I understand that there will be a joint meeting between
4 Mossville residents and the Solid Waste and Health and Research
5 Committees tomorrow.
6 MS. HARTMAN: Okay. Thank you.
7 MS. SHEPARD: Thank you. Pat Costner.
8 PRESENTATION BY MS. PAT COSTNER
9 GREENPEACE INTERNATIONAL
10 MS. COSTNER: I'm Pat Costner, senior scientist with Greenpeace
11 International. I would like for my colleague, Damu Smith, to speak for 20
12 seconds, and I will take the remaining time.
13 MR. SMITH: Members of the Council, at the last NEJAC meeting there
14 were several questions from many of you all about the dioxin exposure
15 investigation conducted by the Agency for Toxic Substances and Disease
16 Registry. At the November meeting, ATSDR had just released and finalized
17 its exposure investigation.
18 Pat Costner and Greenpeace have done a critique of that exposure
19 investigation, and that's what you're going to be hearing now and we hope
20 that you will have questions about the scientific evidence on the dioxin crisis.
21 Thank you.
22 MS. COSTNER: First I would like to place the situation in Mossville in

1 context. In a briefing on May 10th to the EPA senior management Dr. Bill
2 Farland and Dr. Dwaine Winters presented a series of overheads in which
3 they noted that USEPA estimates now that the cancer risks of the general
4 population of the U.S. from background dioxin exposure ranges from one in
5 a hundred to one in a thousand cancer deaths.
6 Now, in Mossville the 28 people who were tested were found to have
7 levels of dioxin and PCBs in their blood that are on the average of three
8 times higher than the so-called background level of the U.S. population. This
9 means that their cancer risk is triple that of the general population.
10 Now, the dioxin levels found among these people in Mossville also
11 show that their dioxin levels easily fall within the range of those body burdens
12 of dioxins at which the adverse effects have been identified both in laboratory
13 animals and in humans.
14 I believe that you have a copy of our paper. You can see a graph of
15 that on Figure 3 on page 11.
16 What's unique -- another unique characteristic of the dioxins in the
17 people in Mossville are that their profile, the relative concentrations of the
18 dioxins that are in this population are quite different from those of the U.S.
19 population at large.
20 This suggests that there is a unique -- or, there are one or more unique
21 local sources of dioxin in the Mossville environment.
22 Likewise, the dioxin-like PCBs in the people in Mossville are about three

1 times higher than in the general population. Again, the relative
2 concentrations are different from those in the general population.
3 Again, this suggests that there are unique local sources of PCBs in
4 Mossville.
5 Besides the blood samples, ATSDR also analyzed one breast milk
6 sample -- only one. This breast milk sample contained dioxins and dioxin-
7 like PCBs that are about 30 percent higher than the U.S. general average.
8 So this suggests that there is a possibility that infants born in Mossville
9 are suffering extraordinary perinatal exposure to dioxins.
10 Two yard eggs were also analyzed. They were found to have dioxin
11 levels that are about double the levels found in a supermarket egg from
12 Kansas City. They are also five times higher than the dioxin levels in
13 commercial eggs from California.
14 The soil levels of dioxin in people's yards in Mossville are about 17
15 times higher than the levels found in rural soils in the U.S., and about one
16 and a half times the levels found in urban soils.
17 Now, based on these findings we would recommend -- and if you would
18 look on page 22 of our report -- we would recommend that it is a priority that
19 the sources of dioxin and PCBs in the Mossville environment be identified
20 and eliminated as quickly as possible.
21 Now, these sources are not only primary sources, as in the facilities,
22 such as perhaps a vinyl chloride facility that is immediately across the road

from many of these homes -- that these sources be identified and dealt with, but also that reservoir sources such as sediments and dumps that are also in the area, need also to be remediated.

I see that my time is now up. Thank you.

MS. SHEPARD: Thank you. Charlotte Keys.

PRESENTATION BY MS. CHARLOTTE KEYS

JESUS PEOPLE AGAINST POLLUTION

MS. KEYS: I'll try to make it as short and sweet as possible.

I want to say that I am honored to some degree to speak on the issues of environmental and primary health care. But it also saddens me that in listening to all of the comments that have been made, it is my personal experience with local issues on public health from living and breathing the poisoned air, drinking and using the poisoned waters, and having government houses using HUD monies, housing of urban development, the Farmer's Home Administration funds, building homes in close proximity to or on top of these dump sites, creating an environmental health crisis.

In my mind, all of this is related to the public's health. I believe that the only true remedy to a lot of these problems will be to bring all agency resources together. As I have listened over the years, many sites such as RCRA, Superfund, federal facilities brownfield sites, farm workers and pesticide sites, workplace hazards, and many others, are experiencing the same public health concerns.

When will these problems, these public health problems and concerns, be fully addressed? We understand that EPA is just one arm of many agencies. I personally would like to recommend that the NEJAC work to help enact or enforce existing policies that will make it mandatory for every agency that needs to be involved to foster partnerships with communities to develop corrective measures through a joint effort with any and all agency resources, such as DHHS, because there's so many different entities that come up under that Department of Health and Human Services, such as HRSA.

They need to be an integral part because I get tired of hearing that much sickness comes from just poverty. But as it stands, much of the sickness is coming from environmental polluting problems.

I do recommend that such agencies as DHHS, EPA, HUD, DOT, the Army Corps of Engineers, DOE, DOD, USDA, and all that I did not name, work together in helping to create solutions to a lot of these public health concerns through the use of the existing funds that they have and finding new funds if necessary for communities to receive clinics with environmental and primary health care services.

I also recommend that existing and new physicians, nurses, and other medical professionals go through toxic health training to become aware on how to service the needs of these environmental diseases as

they relate to short-term and long-term exposure.

I also recommend that we stop talking about environmental diseases and begin to focus on addressing environmental primary health care needs through utilizing existing assessment and use the medical and financial support that you already have to address intervention and prevention through medical testing and medical referrals and prevent diseases through not using funds to place communities at risk close to poison sites and in workplaces that poison humans to death.

It is clear to me that we need to foster the right partnerships for communities and put dollars in communities to address health needs and not talk health needs, but service the health needs through hands-on services and treatment.

And last, but not least, I pray that we stop the poisoning and start the hands-on services and treatment through looking at preventing a continuation of polluting poisons in workplaces, communities, and even around schools.

I would also like to invite you all that's here to a Southern Human Rights organizing conference that will be held here in Georgia. It's a grassroots preparatory conference to prepare folks for the United Nations World Conference Against Racism. I think it is important that we do our best in working together to build the right partnerships that will work to find

just solutions to a lot of the public health issues.

MS. SHEPARD: Thank you. Ian Zabarte.

PRESENTATION BY IAN ZABARTE

WESTERN SHOSHONE GOVERNMENT

MR. ZABARTE: Good evening. I want to thank the Council for giving me this opportunity to speak this evening, and I thank you for your attention.

My name is Ian Zabarte. I'm the Secretary of State for the Western Shoshone Government, the Western Shoshone National Council, and I'm here tonight to speak to you about how to kill a nation by environmental racism in U.S. policy practiced by the United States Government, the Department of Justice and the Environmental Protection Agency.

The Western Shoshone have filed documents in the United States courts that present a concise analysis and critique of the so-called U.S. federal plenary power over Indians, raising sharply for the first time in the United States court proceedings a wholesale rejection of the structure and doctrine of U.S. federal trusteeship asserted over American Indians.

This is significant because it brings to light the outdated theory underlying this body of law which because it originated in an era of racial discrimination seriously offends contemporary values and is unacceptable in moral society.

The government of the United States asserts that it has plenary power and trusteeship over the Western Shoshone. From the U.S. Government's perspective this means that they can wield unlimited administrative control over Western Shoshone people and our property.

This policy is destroying Western Shoshone language, culture and traditions. The United States Government maintains that the Western Shoshone territory was taken and that they have set aside monies to compensate the Western Shoshone people. However, at no time have the Western Shoshone relinquished title to our lands nor indicated a willingness to do so, and have steadfastly refused any payment of claims on the territory.

It is important that the general public come to understand that the foundation cases of U.S. federal Indian law are explicitly grounded in supremacy principles decreed by popes and kings in the 15th century. The cases which the United States uses to justify its policy are Johnson versus Mackintosh in 1823 which is based on Christian-heathen distinctions penalizing Indians for not believing in Christianity and the basis for the discovery doctrine. The second case, the Cherokee Nation versus Georgia. This case produced the so-called trust responsibility.

In 1855 Henry Wheaton, a reporter for the United States Supreme Court, elaborated these concepts in this way, "The heathen nations of the

other quarters of the globe were the lawful spoil and prey of their civilized conquerors. And as between the Christian powers themselves, the sovereign pontiff is the supreme arbiter of conflicting claims. It thus became a maxim of policy and of law that the rights of the native indians were subordinate to that of the first Christian discoverer."

This unjust posture of Christian right and might colors the United States Government's dealings with Native Americans to this day and is used to justify the ongoing theft of land and natural resources and the wasting away of the Western Shoshone Nation.

Now, what does this have to do with the environment? Through these processes the United States has detonated 924 nuclear weapons within Shoshone territory, over 100 in the atmosphere.

I had a copy of a New York Times article which brought some of the important facts of the National Cancer Institute's 1997 report of iodine-131 and exposure pathways -- 160 million Americans exposed. So this isn't just localized to us, but it happens in our territory. This is where it starts. And the United States is there as trespassers.

We have an existing environmental crisis in our territory from the 828 underground nuclear weapons. The radiation is in the groundwater. It is moving. We don't know where it's going or how long it's going to take to get so-called off site, the place where the United States Department of

Energy conducts its nuclear weapons testing, which is on our property and is trespassing.

Regardless, we have some important concerns, our people, our land, our responsibility, our duty. We have an existing environmental crisis that needs attention. A billion curies into the atmosphere from U.S. nuclear weapons testing.

We have also been targeted for a proposed high-level nuclear waste repository at Yucca Mountain. We had an article in the New York Times two weeks ago on this. You may have seen this.

We are doing research collaboratively with researchers. This is our community approach to dealing with these problems. We're going to continue to move forward on this research and tomorrow I'll give you an in-depth presentation on that research, this collaborative research at the International Subcommittee.

Thank you.

(Applause.)

MR. TURRENTINE: Thank you.

MS. SHEPARD: Thank you. Michelle Xenos.

PRESENTATION BY MS. MICHELLE XENOS

SHUDAHAI NETWORK

MS. XENOS: Thank you very much. I want to talk about federal

facilities. No, just kidding. I'm kidding.

(Laughter.)

MS. XENOS: I want to talk about something else for a little while.

My name is Michelle, I'm from the Shudahai Network, and I appreciate the opportunity to speak again. Last night I was signed up by someone else. Tonight I just want to really -- I took the time to go to my community and show them the question that was posed, and so I do want to take the time to reflect on what I learned from asking my community these questions.

First of all, the question was not very easy for my community to understand. Number one, if you want community input, I think language is very important, and how we use language. On this level we're not at the same place, language-wise as the community members. So that's just one factor.

There's just a few things. One of the things that I learned and I've been learning -- and this is not very practical, but this is something that maybe might help guide us more on a daily basis -- and that's that I was reminded immediately that everything has spirit. Human beings, animal life, plant life, rocks, water. Everything has life like we carry.

When what was brought to -- you know, when I started this discussion and we started discussing health, then all of the sudden the

1 discussion on health and the definition of health came up on how we
2 define health because we're talking about our physical bodies and our
3 physical impacts, environmental impacts.
4 Yet, there's mental health and there's spiritual health, and I really just
5 wanted to make sure that that was something that we at least
6 acknowledged, that our spiritual health and mental health is equally
7 important and also manifest physical problems.
8 There's three other things. The second thing was that -- so, what
9 affects one person -- like what's happening in one community, is related
10 to what happens in all the other communities. So I can't isolate myself and
11 my health from your health.
12 It might not seem like something in this context that makes sense,
13 but the reality is that we are all connected to one another. My health is
14 totally dependent on the health of my ecosystem. My health is also
15 dependent on your health because we are relatives that way.
16 So I want to mention that when we sit here and we listen to each
17 other's stories, that we probably are feeling quite impacted by each other's
18 impacts as well.
19 The third thing was regarding the health studies because when I
20 brought it up to the community members, then they said, well, do we really
21 want to become healthy people or do we just want to measure how

1 unhealthy we are becoming?
2 That was the thing about it, it's like that was the first reaction: What
3 do you mean research and health studies? We've done so much. There's
4 so much already.
5 The first thing that one of the people said was that there's a lot of
6 flaws in the health studies themselves, the methodologies and how they're
7 done. There's imperfections in the health studies. And as community
8 members, how do we trust the interpretation even of those health studies,
9 much less how they're conducted?
10 So that was another factor, in that those health studies are only part
11 of the picture because the first two points are not being taken into
12 consideration: mental and spiritual.
13 The fourth thing that was brought up was that as long as we, as a
14 society, are profit-driven, we will not be healthy. That's just the reality of
15 that -- you know, all of the wealth that exists in the world is because of
16 exploitation of this earth. The wealth --
17 (Applause.)
18 MS. XENOS: The wealth of this country exists because of the
19 exploitation not only of this earth but of the certain peoples of this earth
20 and the genocide of the Native people, the genocide of the Black people.
21 This is why wealth exists, and that the resources of the earth are extracted

1 and bought and sold.
2 And so environmental protection and the agency that you guys are
3 advising is up against it because you're up against protecting the very
4 resource that creates profit. And that is why we are unhealthy today.
5 So those are the things that my community had to say. I just wanted
6 to take the opportunity, and I thank you very much, very much.
7 MR. TURRENTINE: Thank you.
8 MS. SHEPARD: Thank you. I thank all of you.
9 I'll call the next set of presenters. David Baker, Dr. Deborah King,
10 Delbert DuBois, Nan Fredland, Connie Tucker.
11 Natalie Levert, Edgar Moss, Usha Little.
12 Good evening. Go ahead, Mr. Baker.
13 PRESENTATION BY MR. DAVID BAKER
14 COMMUNITY AGAINST POLLUTION
15 MR. BAKER: Good evening. Let me thank the NEJAC Council for
16 --
17 MS. SHEPARD: We can't hear you.
18 MR. TURRENTINE: Pull the microphone closer, please.
19 MR. BAKER: Let me just thank the NEJAC Council for inviting, for
20 allowing us to be here today. My name is David Baker and I represent
21 CAP, Community Against Pollution, in Anniston, Alabama.

1 Just let me start off by saying that I'm going to be very brief and as
2 soon as I finish -- and I would like for you to excuse me because I do have
3 another meeting that I'm already late for.
4 I want to just thank you all for coming to Anniston the other day, and
5 I'm hoping that you've seen with your own eyes and heard with your own
6 ears the problems that we are having in Anniston.
7 I would like for you to do one other thing for Anniston, if there's
8 nothing else that you can do. We have three and half million of PCBs that
9 are buried right in the neighborhood of Anniston, Alabama. We also have
10 a high industry, pipe shops, and other industries that have caused an
11 assault on our city.
12 But I just wanted you to know that we have met with the EPA, we
13 have had the EPA there. They've been working with us. They have come
14 in to try to do the job that I think up until this point has been satisfactory to
15 a degree. We have not gotten some results back, but we have gotten
16 some results that we thought were in our favor.
17 Yesterday after you left, the judge of one of the litigation cases made
18 it clear to Monsanto that he wanted them to go to the table to settle the
19 problem there in Anniston.
20 (Applause.)
21 MR. BAKER: And he told them he wanted to have it by Friday. So

your presence there yesterday was showing that it is a problem.

But we do still have the problem of three and a half million tons of dioxin PCBs buried in the community. And I have not backed off off of my position and I won't back off until it's done. I have asked the EPA and I have told the EPA, either move the people or move that mountain. And I believe that that mountain can be moved.

So I'm asking that you all, if nothing else and with your help, if they can get to the table. We do need a health clinic there in Anniston. I think you've seen it for yourselves.

We need more help in other areas, but the little help that we can get, we do appreciate it and I thank you again for inviting me here tonight to get a chance to speak to you and thank you all for coming to Anniston, Alabama.

(Applause.)

MS. SHEPARD: Next, would you please state your name.

PRESENTATION BY MS. NATALIE McSWAIN LEVERETTE

P.E.A.C.E.

MS. McSWAIN LEVERETTE: Hi, I'm Natalie McSwain Leverette, and I'm here -- this is my first time ever being in a setting like this, but upon this year a discovery was made in the community in which I grew up. I'm from a community in Richton, Mississippi.

We just recently discovered some horrifying information that now nobody wants to admit existed. We discovered this because we are attending so many funerals, there are so many diseases -- if you've seen this sheet (indicating) -- you can go from household to household and there's something there. Either lupus, leukemia, rashes that go away for a while with topical creams and come back, multiple myeloma, gout, kidney failure, and so on. I mean, from door to door.

We recently discovered -- after seeing all these illnesses, we decided to ask some questions. What could be causing these problems? We thought maybe the chemical companies because we have several. Leaf River, Georgia Pacific, Joselyn which is a Superfund site, and American Wood, and Delta Pine. Okay?

So we asked DOE for some help. We knew they had come in and did a characterization because they were looking at Richton for a site -- as a site for a nuclear waste facility.

So we asked them, will you send us information? We get books about this thick (indicating). I guess that would probably deter a lot of people, but not us, because we were persistent.

Upon reading this information we discovered that there were wells with high levels of chloride, sodium, strontium boron. We knew that these wells were in our community because we recognized the names that were

mentioned, Thompson Creek, Hintonville, three miles outside of the Richton area, which would be us.

After finding this out, we attacked the chemical companies, but they said, no, we didn't do it. We asked DOE, did you put anything in here? No, we didn't do anything.

So, we said, well, there has to be a linkage. So the next thing we looked at was the water. We went further to try to find out if there was any other documentation.

We have a study that was done by Bentley for the United States Geological Survey and he mentioned this well, C-15. And he says there's a high level of chloride, high level of sodium, with high levels of strontium boron. Where is it coming from?

We asked them also to send us water reports that were collected. These water reports, it confirms that we were the citizens that were on this well. For years we were allowed to drink this water. Nobody did a thing about it. We were a separate system. In this documentation you can see where C-15 periodically after years and years of testing constantly showed up with high levels of chloride, high levels of sodium.

But if you look at wells in the surrounding area, there are none. But we found out this year also that we were a separate system, which meant that whatever we would get, the other community weren't.

Let me point out that the community in which I live is predominantly Black, and the state department which I went to said that you could tell that we were a separate system. So this was allowed to go on.

There were also traces of arsenic in the water in '93. We went to the state department. They said, oh, no, that was a typo. This year they corrected their typo; they changed their documents.

Now we're still supposed to trust them to come out and test our water and to make sure that what we're drinking is safe to drink. We have not -- no one has come to test it. We asked the state, would you send someone to test our waters? They haven't came.

In the meantime, this well that we we're on has been sealed and they said they cannot go back in and test. Because we questioned, was there arsenic in that water? Arsenic. We have it. I have the report if you want to see it. We asked them, could you go back and test the water. Oh, no, it's been cemented over.

But today what I want to ask EPA environmental justice is to see if you all can come down and get that well opened up because we want to know, we want to know what we were drinking.

We also need health facilities. We need health care for these people who doctors are still pondering what their ailments are; they're treating them for whatever they could possibly come up with a name for.

1 My son has been diagnosed, but I don't know what. And I've tried
2 four different medications. The last one made him so sick he couldn't
3 hardly get in and out of bed. My mom is suffering with gout, high blood
4 pressure, eye problems, can't see.
5 I mean, we have numerous and we have nobody who is willing to
6 come up and help us. Nobody is willing to come and see about our
7 communities. And I'm just asking EPA if today I could get someone to
8 say, yes, we'll come down and check out your community, we'll come
9 down and see about your race, your community of people who are dying
10 out daily.
11 Thank you.
12 (Applause.)
13 MS. SHEPARD: Thank you. Next, please state your name.
14 PRESENTATION BY MS. NAN FREELAND
15 NORTH CAROLINA ENVIRONMENTAL JUSTICE NETWORK
16 MS. FREELAND: My name is Nan Freeland. I represent the North
17 Carolina Environmental Justice Network.
18 MS. SHEPARD: Pull it closer. Speak into the microphone.
19 MS. FREELAND: Nan Freeland. My name is Nan Freeland and I'm
20 here representing the North Carolina Environmental Justice Network. I
21 was asked to speak on fish consumption advisories and basically how that

1 ties into environmental justice.
2 In North Carolina fish advisories are posted, but rarely are they
3 posted in areas where poor people and African-American people can see
4 these. They usually are posted in areas where people are out with their
5 boats and actually doing fishing. But the fish consumption advisories are
6 rarely, if ever, posted where people just go to fish.
7 Fishing is not only a recreational pastime, it is a very important
8 occupation for many people in the State of North Carolina, and I'm sure in
9 other states too.
10 Because these fish advisories are not posted where children are
11 going to play in the water -- and sometimes they're not even posted until
12 after dead fish have been found.
13 My question would be how many people were actually fishing there
14 before the dead fish were found, and what did they do with the fish? Did
15 they eat it?
16 And these fish advisories and these streams and tributaries run
17 through these communities and oftentimes, again, the advisories are
18 placed on the lakes and not in the very communities where these people
19 are working and living.
20 Because of the bad situation with water in North Carolina -- I mean,
21 just about every lake at one time or another has had some type of fish

1 advisory posted. We have had problems with fish, fish dying and not really
2 knowing why they are dying. We've had pfisteria and other problems with
3 the fish.
4 And then we have just had bad water, and bad water, and fish
5 disappearing. I mean, I've heard people say that they've gone to a place
6 where they used to fish, only find that there are no fish there. What
7 happened to the fish? And if there are some surviving creatures, should
8 they be in any way consumed? Should people fish and throw the fish back
9 in?
10 When there are fish consumption advisories I think that they should
11 be publicized. I think that people should know, that there should not just
12 be a sign posted at recreation areas. These fish consumption advisories
13 I think are important enough that they should be -- that people should
14 know where they are in every waterway that it affects. So if somebody
15 wants to fish under the bridge, they need to know if that fish is going to be
16 consumable or not.
17 The water in North Carolina definitely needs to be cleaned up.
18 People fish, again, like I said, recreational and they do for a living. Where
19 the water comes from I think is really important and even for the fish
20 farms, the catfish farms, the other farms. I mean, there is a water issue
21 and it is really tied into these fish consumption advisories.

1 And because no one really thinks about fish advisories -- I mean,
2 that's just something that sort of slips beneath the cracks -- and the effect
3 that it has on communities and the effect that it has on people who have
4 been fishing all their lives. Like, again, I think it's important enough that
5 there should be some way that these advisories are more than just posted,
6 that people should be able to -- the people should be notified in
7 communities and maybe in that whole watershed. I'm not sure, but I do
8 know that there should be a way that people know if there is an area and
9 if that fish should be consumed or not.
10 Again, people do fish a lot in the State of North Carolina, as they do
11 in most states. You know, they may not play golf, but they'll go fishing.
12 (Laughter.)
13 MS. FREELAND: I just think that also communities and people need
14 to have some type of insight and need to know what an advisory means.
15 After you publicize the fact, then what does it mean, what is the fish
16 consumption advisory? What does it mean to them and their
17 communities?
18 People are really confused about that. They may see the fish
19 advisory for those who go to those areas to fish, but they may still choose
20 to actually fish there.
21 My time is up.

(Applause.)

MS. SHEPARD: Thank you. Michel.

MR. GELOBTER: Just briefly. I know you're coming to our committee meeting tomorrow and I appreciate that. You are coming to our committee meeting tomorrow, right?

MS. FREELAND: Yes.

MR. GELOBTER: Okay. But we do have a working group that has been in starting for over a year now and we will be pushing to fully start it and get through some of the bureaucratic hurdles we had around its composition, and things like that, as well as perhaps join with the Indigenous Peoples Subcommittee to have a joint working group because many of those issues affect Indian Country as well. Thank you for your testimony.

MR. TURRENTINE: We have 45 minutes before we have to vacate this room, and we intend to hear all of the public, so members of the Council, that's it.

PRESENTATION BY MS. CONNIE TUCKER
SOUTHERN ORGANIZING COMMITTEE FOR
ECONOMIC AND SOCIAL JUSTICE

MS. TUCKER: Good evening. I'm Connie Tucker with the Southern Organizing Committee for Economic and Social Justice. I want to say that

we really appreciate all you environmental justice activists up there with this hard job, this unending job. We're not confused about where your allegiances are.

I don't think I've ever spoken before the NEJAC more than five minutes so I'm going to read this and try to stay within my five minutes, but I would appreciate this because I've been coming here for so long that you allow me to make kind of an unwritten comment at the end of my statement.

On May 5th and 6th of this year representatives from 15 Region 4 communities attended a Region 4 citizens training and community stakeholder forum. The three major goals of the forum were to educate citizens on the new structure of the NEJAC, engage stakeholders in a dialogue on public health issues affecting low income and people of color communities in Region 4 states and discuss policy recommendations for addressing public health issues.

A planning committee was established to identify stakeholder representatives to be invited to attend the forum, develop an agenda, and timeline for activities, establish pre-planning teleconferences and a format.

Members of the Southern Center for Studies on Public Policy were selected to facilitate the pre-planning stakeholder forum and to draft a report to include public health priorities and concerns and policy

recommendations.

By consensus of the planning committee, the stakeholder forum focused on a community-based public health model to elicit input from impacted community representatives and other stakeholders to include assessment, intervention and prevention.

The committee identified major issues for discussion and policy recommendations at the stakeholder forum. They include children's health, air and water pollution, Superfund/Brownfields and other sites, federal facilities and commercial agriculture.

The result of these efforts is a major document of policy recommendations on assessment, intervention and prevention. It is still in draft form and will be submitted to the NEJAC in final by the end of next week. The final report will include the names of planning committee members and forum participants.

We extend our thanks to the Region 4 EPA Environmental Justice Office for their assistance, the planning committee, Bob Holmes, representatives of AJAM from Region 4 impacted communities who attended the forum, and to Charles Lee.

We learned some lessons and have some recommendations from this activity. We recommend that each hosting region for the NEJAC should fund environmental justice organizations to conduct forums at least

three months before the NEJAC to allow enough time to complete a report of policy recommendations and to get approval of participating organizations prior to the NEJAC.

Adequate funding should be provided by the EPA for community participation and technical assistance. We realize that the NEJAC is mandated to include all stakeholders; however, industries and other private and governmental agencies have the resources to sit at the table, impacted communities do not.

Regions that host the NEJAC should, therefore, empower our communities to participate in the policy dialogue.

We request the NEJAC to develop a process to review and adopt policy recommendations contained in our report and others recommended in this public comment period.

That's the end of that particular report. I'd like to point out that you may notice that our turnout for this NEJAC in Region 4 is small compared to the previous meetings that were held here in Atlanta, the first NEJAC that was held here in Atlanta, as well as the interagency hearing that was held, mandated by the President's Executive Order. There's a reason for that.

Each time we turned out large numbers of our network it was at a cost to us because it is very expensive to have people travel here and stay

in these expensive hotels.

Two, we have come to realize that although we have made some major reforms to the NEJAC process, the bottom line is that too often the Environmental Protection Agency has to kowtow to state government and therefore we are shifting our major effort toward targeting state government for their lack of enforcement and compliance.

Tomorrow in the Waste and Facility Siting Subcommittee we will be giving a presentation on RCRA facilities. We are aware that RCRA facilities are tomorrow's Superfund sites and we are in a state of emergency as a result of that.

We hope that the NEJAC will begin to concentrate on the failure of EPA to give oversight to delegated state enforcement and compliance responsibilities.

Thank you.

(Applause.)

MS. SHEPARD: Thank you, Connie. Next, please, state your name.

PRESENTATION BY MR. EDGAR E. MOSS

McINTOSH ENVIRONMENTAL AND ECONOMIC TASKFORCE, INC.

MR. MOSS: Hello, everybody. I'm Edgar Moss, Vice President of the McIntosh Environmental and Economic Justice Taskforce. I am retired from Ciba Geigy Chemical Corp.

McIntosh is located in Washington County, Alabama where Ciba Geigy and Olin Chemical companies are located fenceline to the African-American communities, and a Native American community, a short distance away. Although our communities are located a short distance from the city hall, we are not included within the city limits.

Ciba Geigy produces pesticide agricultural chemicals and chemicals that cause cancer and developmental problems in children. Olin produces caustic soda, chlorine. The companies have contaminated the basin of the Tom Bigbee River and created a Superfund site.

Acute cancer and other permanent diseases are prominent among workers at an early age. The community is sick and dying. Our children suffer from reduced learning, learning disabilities.

Although our community workers have been exposed to deadly chemicals since the 1950s, there has been no help intervention from the state or federal agencies.

In addition, our community is surrounded by railroad tracks which often block our exits and entrance to and from the communities.

We request the NEJAC to ensure and immediately help interventions in McIntosh and investigate our urgent needs for relocation.

Additionally, this Olin Chemical plant, they produce 200 tank cars of chlorine per day, and that's yards from the community which we're wanting

300 families relocated.

Thank you.

(Applause.)

MS. SHEPARD: Thank you. Next, please state your name.

PRESENTATION BY MS. USHA LITTLE

NORTH AMERICAN ENVIRONMENTAL PROTECTION COALITION

MS. LITTLE: Good evening. My name is Usha Little. I'm the Director of the Native American Environmental Protection Coalition.

MR. TURRENTINE: Speak into the --

MS. SHEPARD: A little closer.

MS. LITTLE: I'd like to thank you all, the committee members and participants, for having the patience to stay late and discuss these very important issues.

Our president started talking about the Gregory Canyon landfill yesterday and my colleague earlier, a representative of the Pechanga Indian Reservation talked earlier about this landfill and I'm here to give you more specifics about this project.

There are not enough people in this room that can talk about this project because the environmental impact report prepared by the proponent is 900 pages long. It's a one-foot long document and we already reviewed once last year and they came up with another version

this year. And I understand just yesterday they're going to be coming again with another version.

This project has been going on for the last six or seven years. Let me tell you a little bit about what is the Gregory Canyon landfill. It is a project that would convert 1,770 acres of canyon land, part of the San Luis Rey River Watershed that replenishes the groundwater sources in southern California, San Diego County, which ultimately drains down to the Pacific Ocean within 20 miles of distance.

This is a habitat that includes diverse native plants and animal population. It's surrounded by six Indian Tribes within 15 miles of radius. They include, Pala, Pechanga, Pauma, Rincon, San Pasquale, and La Jolla.

This dump site is basically -- is a disaster to Native American Tribes. It's a significant impact to the livelihood of minority population whose voices are weak, unheard, and our resources are limited technology and monetarily. We cannot continue to fight about this and review EIR again and again every year. And that apparently has been their strategy. It's to make us exhausted.

Where is Gregory Canyon landfill? The Gregory Canyon itself for Native American Tribes it's on the place where they worship, Medicine Mountain, what the people call Gregory Mountain these days. For the

1 Luiseño people the mountain, they call it Chokla, which is the home of
2 Taakwic, the most powerful and feared guardian spirit of the First People.
3 For centuries Medicine Rock and the entire mountain has been a
4 place for a Native to get connected with their ancestors, religion and
5 spiritual knowledge that has been passed down from generation to
6 generation.
7 I am sorry, I didn't realize time goes by that fast when you are talking
8 on such important issues here.
9 There are -- let me quickly wrap here -- 22 prehistoric and historic
10 sites within this site, and there are nine vegetation communities which
11 includes three sensitive vegetations within the California Environmental
12 Quality Act. That is, the engelman oak, rainbow manzanita and prostate
13 spineflower. This project impacts 100 percent of the engelman oak.
14 Traffic, it's going to be 1,410 additional trucks, eight-ton dump trucks
15 on that road. Air is going to impact seven different reservations. It's in the
16 flood zone. It's in the earthquake zone.
17 I am just really surprised how come this project has continued to
18 proceed, and I request to this advisory council to advise to those who are
19 going to be responsible for giving the permit, including director of the
20 county environmental health office, Mr. Gary Urbick (phonetic), the San
21 Diego Water Authority, the San Diego Water Quality Control Board, the

1 Army Corps of Engineers. They all need advice from you all experts.
2 This project is a disaster environmentally, culturally, and desecration
3 to the Native American people.
4 Thank you.
5 (Applause.).
6 MR. TURRENTINE: I just want to -- Connie Raines, are you still in
7 the room?
8 MS. RAINES: Yes.
9 MR. TURRENTINE: Connie, Ms. -- is it Levot?
10 MS. LEVERETTE: Leverette.
11 MR. TURRENTINE: Leverette. Connie, could you raise your hand.
12 She asked a direct question about any EPA involvement in her community
13 regarding the problems. So, Connie, can you get with her -- from Region
14 4 -- and talk with her and try to provide some kind of dialogue and get
15 some movement on that, please?
16 I really -- I apologize for putting you on the spot but I think her
17 question begs for an answer and I think we would be remiss if we walked
18 away from this session without at least putting you all together.
19 PARTICIPANT: (Inaudible.)
20 MR. TURRENTINE: Thank you.
21 MS. SHEPARD: Okay, thank you very much. The next group of

1 presenters --
2 MS. LITTLE: If I could just take a second, I wanted to introduce this
3 video documentary to you all because there were so many Tribal leaders
4 and community members that wanted to be here and they could not be
5 here so they made this documentary where their voices are recorded.
6 Please take eight minutes of your time and review -- I have two
7 copies and if you need, I can bring some more. Thanks.
8 MR. TURRENTINE: Thank you. We'll take that and we'll make that
9 a part of the official record of this meeting.
10 MS. SHEPARD: Tom.
11 MR. GOLDTOOTH: We did talk to them and both the chair of the
12 Waste and Facility Siting Subcommittee and the Indigenous Peoples
13 Subcommittee are going to work with them tomorrow, just to let you know.
14 MS. SHEPARD: Okay, thank you.
15 (Applause.)
16 MS. SHEPARD: All right. The next group is Hazel Johnson, Evelyn
17 Elaine Yates, Sterling --
18 MS. MILLER-TRAVIS: Could you just review how many more people
19 you have because we're operating from a totally different list than you
20 have. To us it looks like we've just finished and your list definitely is not
21 finished.

1 MS. SHEPARD: I've got 15.
2 MS. MILLER-TRAVIS: We have a very different list, so if we could
3 --
4 MR. TURRENTINE: Let's not take time to go over that now.
5 MS. MILLER-TRAVIS: No, we're just saying, Haywood, that we can't
6 follow the conversation, we don't know who we're looking at, we don't
7 know what the information is. We're lost at this point. And the only person
8 that has the information is Peggy.
9 MS. SHEPARD: A number of people have been -- who spoke last
10 night -- the list at the end.
11 Hello, Hazel. Again, Hazel Johnson, Evelyn Elaine Yates, Sterling
12 Gologergen, Gilbert Sanchez, Doris Bradshaw, Kenneth Bradshaw, Elodia
13 Blanco, MaVynne Oshum Betsch, Jeannie Economas, Marvin Crafter,
14 Mark Mitchell, Bill Burns, Elizabeth Crowe, Jeannie Economas -- oh, she's
15 on twice -- James MacDonald, and Damu Smith. And those are the last
16 speakers.
17 Ms. Johnson, please begin.
18 PRESENTATION BY MS. HAZEL JOHNSON
19 PEOPLE FOR COMMUNITY RECOVERY
20 MS. JOHNSON: Thank you all for taking this time out.
21 MS. SHEPARD: Speak into the microphone, Hazel.

1 MS. JOHNSON: Thank you all for giving us this time to voice our
2 concerns. I am the founder of People for Community Recovery and I'm
3 also a former NEJAC member.
4 (Applause.)
5 PARTICIPANT: A survivor.
6 MS. JOHNSON: I come here today to seek help for my community,
7 and I've been crying for over 20 years about my community. We have so
8 much toxin in our community that I call it a toxic donut.
9 What I am requesting today is to do a health study. Not by no people
10 from the state or the health department. What I'm talking about is training
11 residents to knock on doors and get this information regarding the health
12 problem that we have in our community.
13 The reason why I'm saying the residents in our community, then we'll
14 know that the information that we receive is a true information because a
15 lot of times we have been misled by government people. We don't trust
16 them any longer.
17 The reason why I'm saying that because about the PCBs that we had
18 in our community that we didn't get the true analysis of it. We had to get
19 Northwestern University to come in and do the right analysis of what they
20 found in our community.
21 Now we are having a class action suit against the public housing

1 because they did not inform the residents of the conditions that were in our
2 community to make the choice whether we want to live in that community
3 or not to live in that community.
4 The young lady that had worked with me for ten years died this past
5 March of liver problems.
6 We have a lot of people in my community that are on dialysis. We
7 have three people that's in the hospital now; it's just a question of time.
8 Some weeks we have eight people in our community that die. That's
9 too many people. And I feel with all these chemicals that are in my
10 community are a form of genocide of the black people.
11 And I am concerned about my people not just only in my community.
12 This is happening all around the country. It's time for agencies to wake up
13 and start doing something for these people because a lot of people in my
14 community can't even afford medical, how expensive as medicine is today
15 a lot of people cannot afford to pay for it.
16 It's time for someone to do -- we also have children that have skin
17 problems that never heal. We have the pink eye. We have cancer. We
18 have so many illnesses in my community.
19 If you have a pattern of something, then you know something is
20 wrong somewhere. If you see one or two people have it, then you know
21 it might not be something serious; but if you have a lot of people with the

1 same complaints, you know something is wrong there somewhere.
2 What I would like to also see is that someone come in and train our
3 people on how to help the children that have high levels of lead, educate
4 their parents where to look for the lead, how to clean it up, and what diet
5 to put the children on to try to help reduce the level, the high level of lead.
6 The second part of this, I would like to see a lot of doctors and nurses
7 being trained because a lot of people have been misdiagnosed because
8 the doctors don't know about the environmental illnesses and we need to
9 educate our doctors and nurses on this. This is a serious problem that
10 we're having throughout this country and something needs to be done.
11 I thank you very much.
12 (Applause.)
13 MS. SHEPARD: Thank you, Hazel. Dr. Mitchell.
14 PRESENTATION BY DR. MARK MITCHELL
15 CONNECTICUT COALITION FOR ENVIRONMENTAL JUSTICE
16 DR. MITCHELL: I'm Dr. Mark Mitchell with the Connecticut Coalition
17 for Environmental Justice and I also do some consulting to community
18 groups on training on how to do door-to-door health assessments and also
19 interpretation of --
20 MS. SHEPARD: Could you speak a little louder, please.
21 DR. MITCHELL: I'm sorry. I'm Dr. Mark Mitchell with the Connecticut

1 Coalition for Environmental Justice and we do -- I also consult to
2 community groups on regarding providing training on how to do door-to-
3 door health assessments and also interpretation of health data.
4 I wanted to answer some of the questions that were asked originally
5 about priorities in research that we would recommend.
6 We've done some community-based, community-driven research
7 that's actually been funded by EPA on behalf of ONE/CHANE
8 Incorporated, and we have some preliminary analysis.
9 As I mentioned previously, we now have the highest documented rate
10 of asthma in the United States based on a study done by the Connecticut
11 Children's Medical Center, where 41 percent of our children have asthma
12 out of the first 7,500 that have been studied.
13 We believe that it's important to look at these high rates of asthma
14 and the relationship to air toxins and even, for example, look at the
15 relationship between nickel in the air and chromium-6.
16 We are concerned about trash and sewage sludge, incineration, and
17 we're very concerned that trash and sewage sludge is not part of the Toxic
18 Release Inventory. Even though in our community it accounts for more
19 than 2,000 tons of air toxins per year, it doesn't show up in the Toxic
20 Release Inventory.
21 We are also concerned that we found a new kind of condition -- we've

1 documented it – that we're in the process of documenting a new kind of
2 condition that affects 22 percent of people in Hartford, but also it seems
3 to be common around the country in urban areas. We call it chronic
4 recurrent respiratory ailment.
5 These are respiratory illnesses that last several months, like minor
6 colds that last several months, but that aren't really asthma, that aren't
7 associated with allergies, and really haven't been described in the
8 literature.
9 We're very concerned about this type of illness and if I had the time,
10 I would like to ask how many people have had this kind of condition
11 because – how many people have had the condition?
12 Okay, this condition is not described in the literature. We believe that
13 it's associated with the environment. Our studies show that this condition
14 is not evenly distributed throughout the city; it doesn't have the same
15 distribution as asthma. It looks like it's more concentrated in the areas of
16 higher rates of air pollution and maybe traffic. We're not sure. But we
17 believe that this needs to be looked into.
18 Hartford had a fire in our sewage sludge incinerator and we're
19 concerned about the dioxin and parasites which were produced in the air,
20 that we measured in the air. But we know that people got asthma from
21 this fire, and so we're very concerned about what might have caused

1 asthma attacks from this fire – or, the accumulation of asthma from this
2 fire.
3 We believe that asthma is a two-step process, just like cancer, that
4 there's an initiator and a promoter, and we believe that toxins are the
5 initiators and that other air pollutants and many other things – allergens,
6 dust mites, and cockroach parts – can be promoters of asthma once it has
7 started.
8 We are also looking at children that are attending schools on
9 contaminated sites. There tends to be more – it looks like there's more
10 and more of a trend toward locating schools on contaminated sites. These
11 children need to be studied because hopefully this won't continue very
12 long and we won't have the opportunity to study these children right now.
13 We believe that the environmental exposure in air and soil should be
14 looked at.
15 We also believe that we should be looking at hormonal mimics such
16 as PCBs and dioxin. Although PCBs and dioxin have been studied a lot
17 and there's a lot known about PCBs and dioxin, but we believe that there
18 are other hormone mimics and other immune modulators that should be
19 looked at, and it should be studied, that may cause allergies and
20 autoimmune conditions.
21 On strategies, to address this, we again talked about community-

1 based organizations having representation on the committees. We believe
2 that there should be voluntary biomonitoring, that people's blood should be
3 tested for chemicals, for known toxins, to see whether there is a
4 relationship between the increase in chemicals – particularly in children –
5 and the association of disease.
6 We believe that there should be required reporting of results of
7 studies to the community, and we believe that the approach that the FDA
8 takes – that is, that any new chemicals introduced into the environment
9 should be proven safe before they're allowed to be introduced into the
10 environment.
11 In summary, we believe that the focus should be on health outcomes
12 rather than on engineering controls. We need to look at resolving
13 environmentally related diseases such as asthma, lead poisoning,
14 diabetes, cancer, allergies and low birth weight.
15 So we believe that these are the kinds of approaches that would be
16 helpful to our communities in addressing environmental health issues.
17 Thank you.
18 MS. SHEPARD: Thank you.
19 (Applause.)
20 MS. SHEPARD: Next, please state your name.
21 PRESENTATION BY MS. MaVYNNE OSHUN BETSCH

1 A.L. LEWIS HISTORICAL SOCIETY
2 MS. BETSCH: First the bad news, then some good news. Don't you
3 want to hear some good news tonight? Well, I'm going to give it to you.
4 Just hang on.
5 The bad news is Jacksonville. The people were not able to show up
6 tonight so I want this to be on the record, that the Forest Street incinerator,
7 Fifth and Cleveland incinerator, and Lonnie C. Millist Senior Park, are
8 three dump sites in Jacksonville, Florida that need to be addressed by
9 EPA.
10 So, please, I want that to be in. I think you have it. Someone should
11 have given it to you in your packet. This is Jacksonville, Florida.
12 I am MaVynne Betsch from American Beach, better known as the
13 Beach Lady. And, folks, I am an environmental injustice survivor.
14 I think I would like to recommend that you have a special working
15 group of people who have survived this injustice. Let me give you a
16 rundown now.
17 I'm a retired opera singer. I mean, who else would be just like this
18 but someone from the theater. Come on.
19 (Laughter.)
20 MS. BETSCH: I've lived in London when they had coal-fired plants.
21 Can you believe this? Here I am, graduating at the top of my class,

singing in the opera Solome (phonetic), the most difficult opera there is. I have to dance. I have to sing, do the whole nine yards.

We had to wear surgical masks, so polluted was the air there. I sang there for ten years. I was only 21 years old. After ten years of singing I went to London and that was my fatal mistake because the coal-fired plants there were even worse.

I came home breathing like this (indicating). Can you imagine with a voice that -- well, I hate to brag, but it was pretty spectacular. And here I am coming home with this.

I'm depressed beyond belief. The doctors are telling me not only will I never sing again, but I've got colon cancer, the whole nine yards.

I had a dream of my great grandfather, who founded American Beach back in 1935. He said, "Baby, don't give up. There's a way to do it. Remember what your mama used to say, eat those vegetables." And I read Dick Gregory's book. I became a strict vegetarian. Man, I'm so healthy it's frightening. I mean, I even -- to the point that I have my friends -- you'd be surprised, I speak at all the schools and I have them all eating natural foods.

So, the point I'm trying to make, there is a way to fight this. Even the dogs -- a lot of people are allergic to the dip that they give to their dogs. They come to American Beach and let the dogs go in the salt water. That

heals them.

So I'm thinking you should have record of people who have stood up to this horror and have survived, even to the point of the fact that you know how black folks love all that pork and their meat -- pork in their greens and everything. I've even found a substitute for that. Guess what it is? Peanuts.

Think about it. It tastes just like pork. It does. It does.

(Laughter.)

MS. BETSCH: So, anyway, the point I'm trying to make is there is a way to survive this. And even AIDS. You all are not talking about AIDS.

I have a friend here in Atlanta, Georgia, Dr. Andoh, his telephone number is 404-767-4786. This man is the world's authority on the botanical world of Africa. He's found the cure for AIDS. Trust me. It's in the rain forests. The little pygmies know where it is. In fact, I danced -- there's a record I'll call Deep Forest -- ten percent goes to help the pygmies.

The pharmaceutical companies want to go to the rain forest, get the pygmies out, and get to the trees. Dr. Andoh, he lives right here in Atlanta, call him. He has found out that AIDS immediately takes effect in places that have been polluted.

And listen to this now because you need to listen to a lot of folklore.

In Jamaica they deliberately let the mosquitoes bite them because they say if you survive malaria, the body is ready to fight AIDS.

So what I'm saying is, listen to some of these old wive's tales and folklore and maybe it will work.

My grandmother was a root lady. And, of course, a lot of black people, when organizations come to tell them, they are white and they don't talk to them in a way -- they tell them, you know, you should eat tofu -- that's white folks food. I won't eat no tofu.

So when I talk to them, they see me with all this seven feet of hair, you know, and I say, "Listen, baby, now do you realize those chickens don't do it?" They say, "What you talking about they don't do it?" I say, "There's no sex."

MS. SHEPARD: Well, thank you. Please wrap up.

MS. BETSCH: Well, it's only one minute.

So anyway, the point is you have to talk to them on their level, understand the cultural thing that they're coming from. So when I tell them about the chickens and the fact that they're not doing it, one man said, "Well, that's it, I'm not going to eat another egg if they aren't even doing it."

Plus the fact, with milk, if you tell black people that you're going in with this very sophisticated and all your statistics, oh, lactose intolerance. I mean, this is going to turn them off. I say, "Listen, baby, do you know

they're giving those cows stuff so that that thing is hanging down to the ground?" They saying, "What? What you talking about?" I say, "That's rape."

That's rape. That's exactly what it is. They force those sperm into that cow to make her produce milk over and over again. And so I got the black people off of milk.

So my point is, use culture. Use folklore. Whatever. And use me. I'll gladly be an example for you. Who else is seven feet and a half? Babe, I feel so good it's a sin.

MS. SHEPARD: Thank you.

(Applause.)

MS. SHEPARD: Damu Smith.

PRESENTATION BY MR. DAMU SMITH

GREENPEACE

MR. SMITH: Thank you very much. As most of you all know, tomorrow there will be a two-hour session, a joint session of the Health and Research Subcommittee and the Waste and Facility Siting Subcommittee focusing on the dioxin and health crisis in Mossville, Louisiana.

The reason I wanted to speak tonight, Mr. Chairman, is because I know that many members of the Council will not be able to make that

1 session, and I just wanted to give you just a little preview of some of the
2 issues that we will be addressing with the community, representatives from
3 Mossville, Louisiana tomorrow.
4 I want everybody to understand that while we will be focusing on the
5 health and dioxin crisis in Mossville, we want the NEJAC to look at the
6 policy implications growing out of the experience of the community of
7 Mossville with the government agencies in dealing with this very serious
8 health crisis which includes very severe dioxin contamination in that
9 community because we have to look at other communities that are
10 similarly situated and how their crisis would be dealt with.
11 I want you all to know that tomorrow we will, through documentation,
12 demonstrate how serious the health crisis is in Mossville, how serious the
13 dioxin crisis in Mossville. You've already heard from Pat Costner, the
14 senior scientist from Greenpeace. We've critiqued the ATSDR dioxin
15 study and we have presented our own findings and we will rehash those
16 at the meeting tomorrow.
17 But more importantly, or as important as that information, is how the
18 various government agencies, the state and federal agencies, have
19 responded to a community -- and in this instance a black impoverished
20 community -- crying out for help and doing everything possible to mobilize
21 the resources of its community to compel federal and state agencies to

1 take effective and meaningful action.
2 What we have seen in response to the community's efforts are a
3 series of actions by federal and state agencies to frustrate the process that
4 become mired in politics because the state officials in Louisiana are
5 determined that they're going to restrict how they and the federal
6 government is responding to the situation and they want to make sure that
7 in doing that they do everything possible to discredit and undermine the
8 work of Mossville Environmental Action Now, the organization that has
9 been organizing and mobilizing their community for more than three years
10 in trying to bring environmental justice to the people there.
11 So one of the things that we want the committee to look at tomorrow
12 is a couple of things. One, how do you conduct health studies in
13 communities like Mossville where you document a problem, and how do
14 you do the follow-up. What is the most effective and meaningful follow-up.
15 The second thing is, we want to address the issue of the role of the
16 federal and state agencies and what is the proper and effective role for
17 federal agencies when state agencies fail to act and when state agencies
18 actively do everything possible to frustrate the efforts of a community like
19 those who are in Mossville.
20 The other thing that we will be doing tomorrow is releasing yet
21 another report on the Mossville, but also other communities in Calcasieu

1 Parish where Mossville is. Mossville is one of many communities in that
2 area that are severely polluted and very sick.
3 And so one of the things we will also show tomorrow through this new
4 report is how bad the toxic exposure is for all of the people of Calcasieu
5 Parish and the very severe health impacts that have come about as a
6 result of the pollution coming from more than 52 polluting industries in that
7 area.
8 I want to take this opportunity to thank the co-chairs of both of those
9 committees for providing this time tomorrow to do this, and I want to thank
10 the NEJAC for its continued support for the people of Mossville in
11 addressing the dioxin crisis.
12 Thank you very much.
13 (Applause.)
14 MS. SHEPARD: Thank you, Damu. Please state your name.
15 PRESENTATION BY MS. ELIZABETH CROWE
16 CHEMICAL WEAPONS WORKING GROUP
17 MS. CROWE: Thanks. My name is Elizabeth Crowe. And it's late,
18 isn't it.
19 I wasn't intending on making comments again tonight until I realized
20 this morning that there are some things missing in the discussion about
21 community-based health assessments and I actually haven't heard some

1 of these things raised up yet.
2 I realize that for some of this I might be preaching to the choir, but I
3 think it's important to get it into the record.
4 It's regarding assumptions made when we look at doing community-
5 based health assessments and risk assessments, and that I've heard little
6 measure of precautionary principle and no mention at all of alternatives
7 assessment in shifting the burden of proof over to industry and the military,
8 which is where it belongs. So just a few statements on that.
9 First of all, some assumptions I think need to be made as NEJAC,
10 EPA, and agencies talk about developing a just -- that is, a justice-based
11 community-based health assessment, and that can't happen, that will not
12 happen until these agencies -- EPA and other agencies -- stop presuming
13 that chemicals are innocent until they're proven guilty.
14 It should be exactly the opposite. We should assume that these
15 chemicals are going to do harm and make that assumption until the
16 industries have proven otherwise.
17 Another point is that the absence of evidence of pollution of toxics of
18 doing harm to our health does not equal the evidence of absence. If the
19 information is not there, if there are scientific data gaps, we should not
20 assume by that that there is not harm. Just like I said before, we should
21 just assume exactly the opposite, that chemicals that are unidentified can

1 cause just as much harm, and it should be assumed so, as those for which
2 we know the harm exists.
3 The precautionary principle uplifts both of those assumptions and
4 then states that when science cannot fill the data gaps, even with the
5 absence of evidence, we err on the side of precaution. That is, of
6 protecting public health. A very simple concept.
7 This provides us a bridge from health assessments and science, to
8 policy, which is often where the risk assessments come in. Former EPA
9 Administrator Bill Ruckelshaus said about risk assessments that "they are
10 like a captured spy; if you torture it enough, it will tell you whatever you
11 want."
12 I think that's something that communities know full well about risk
13 assessments; that the assumptions going in will very much dictate what
14 comes out. Policymakers rely on risk assessments oftentimes the tool for
15 what I believe is not much different than premeditated murder.
16 When you give a name -- all these communities that we heard tonight
17 citing all the deaths in their communities, the only difference between a
18 risk assessment which identifies one person in a million, one person in a
19 thousand, one person in a hundred, one in ten -- whatever it is as being
20 identified as the people who are acceptable of getting cancer or other
21 effects -- the only difference to me between that and premeditated murder

1 is that those people in the risk assessment are not named.
2 The people in these communities, all that you heard today, talked
3 very eloquently about the deaths and the illnesses in their community. It's
4 not acceptable.
5 A far more protective model closely linked with a precautionary
6 principle is the alternatives assessment, which if implemented says that
7 if an action is too dangerous it will be unacceptable from a public health
8 standpoint to a community that that assessment -- that you don't go along
9 with trying to manage what risks there are. That is unacceptable to the
10 community. That you find an alternative.
11 And without such an assessment, I believe, the EPA and other
12 agencies provide little incentive for development and use of cleaner
13 technologies and they actually allow -- the same insight we heard earlier
14 today from the Deputy Administrator of EPA, that sitting on a dioxin health
15 assessment for seven years while allowing facilities to continue polluting
16 communities for seven years, where precaution could have been taken but
17 it was not because we were waiting for guidance to come down from there
18 -- I don't buy the statement that EPA was checking its fact and making
19 sure that the document was scientifically credible.
20 To me that translates into seven years of having to get their stories
21 straight so they didn't have to answer for the industry.

1 So those are the things I'd like to leave with you. Also the fact that
2 again, you know, the whole issue of community health assessment is
3 continuing to put the burden of proof on communities like Mossville and
4 every other one here. These folks are dying. They should not have to be
5 the ones to prove that they're being harmed.
6 The burden of proof should be on industry, the military and the
7 government to prove before they take action that that action is not going
8 to result in any harm.
9 My time is up. Thank you very much.
10 MS. SHEPARD: Thank you.
11 (Applause.)
12 MS. SHEPARD: Mr. MacDonald.
13 PRESENTATION BY MR. JAMES MacDONALD
14 PITTSBURG UNIFIED SCHOOL DISTRICT
15 MR. MacDONALD: Hi. My name is Jim MacDonald. I'm a trustee
16 with the Pittsburg Unified School District in California.
17 I know you received this flyer yesterday (indicating). It's one that
18 says "Distributed by the Californians for Renewable Energy Incorporated."
19 Some strategies. First of all, I think we need to tell the truth to the
20 public about what this committee is up against. The fact of the matter is
21 that there have been decisions made in the EPA and above which

1 basically makes impossible environment justice.
2 While I've heard a lot of good things said, most of these programs
3 and suggestions which are being made can be easily bypassed by
4 industry simply by saying that there is no impact from the industry, and
5 thus, no studies need to be done.
6 I find this fairly peculiar. Even the EPA seems to say that this is a
7 credible finding, that if in fact you believe that there is no impact to the
8 community, then you don't have to do the studies to find out if there is
9 impact to the community.
10 Again, this is the type of double-talk that I continually go through.
11 I hope that this committee isn't mislead. Well, first of all, I want to say
12 that it is extremely important, the work that groups are doing as far as
13 trying to find out the cause and cure of diseases. It has very little to do --
14 and we saw a great pony and horse show from EPA about everything that
15 they're doing to find all these problems -- but that is not really a
16 manifestation of environmental justice.
17 This would have been going on whether or not environmental justice
18 was an issue. Wealthy people get sick from these diseases too and these
19 types of studies would be done.
20 They are trying to sidetrack you -- what she was telling you in this
21 community-based stuff, they want you to stay with this argument of cause

1 and effect. This is something that they can argue for years.
2 You only have to look at the tobacco industry. The only reason the
3 tobacco industry got hit was because of insiders giving you the information
4 and their own industry saying, you know what, my friends are lying to us.
5 Okay? If it wasn't for that, they'd still be arguing that cigarettes have no
6 effect.
7 So what you need to be concerned about is what environmental
8 justice is. It's a civil rights matter. Everybody has the right to breath the
9 same quality of air.
10 I was in Washington, D.C. and we heard the testimony about
11 basically discrimination, how African-American were segregated,
12 industries were put into those communities. This is the exact same
13 mechanism that caused public education to be segregated. Okay? It's the
14 exact same argument. It's discrimination, it's racism.
15 The zoning practices of today came from racism and discrimination.
16 Okay? It's the exact same argument for why we desegregated public
17 education. The issue needs to be addressed in that fashion.
18 Secondly, thirdly or fourthly, who is to blame? Well, I'm an elected
19 official and when I got advice on how to get elected the first I was told was,
20 don't waste your time in low income and minority communities because
21 they don't vote. And don't waste a lot of time in the working class because

1 you don't have a president or a governor on the ballot so they're probably
2 not going to show up. So, out of a community of 60,000 people, Mr.
3 MacDonald, you basically have to get to 4,000 of them and convince them
4 to vote for you.
5 Okay? Eight thousand people out of a community of 60,000 voted.
6 I won by three votes.
7 Most of the people in this room don't even know – I'm sure – don't
8 even know who their school board people are, have no idea. I was guilty
9 of it. Okay?
10 This is the problem. Minority – the people run this country. We are
11 the government. I hear people say – and, yes, the EPA is at fault, yes,
12 these other agencies are at fault. But I'll you what, they are doing – they
13 are doing exactly what the people who – the officials that were elected, the
14 people who voted those people in, told them to do.
15 Because you people are sitting back there moaning and groaning and
16 complaining about this body not doing anything when in reality it's your
17 school board and what's called the Carl Perkins Act – I know you probably
18 don't know about this, it's a federal grant. You know what my job is under
19 that? My job is at sixth grade I'm supposed to say, oh, your child is going
20 to vocational school; I think your child – yeah, I think your child could go
21 to college; no, your child is going to vocational school; your child is going

1 to go to college. Okay?
2 That's not my job, my job, as far as I'm concerned. And then, you
3 know, I'm up here talking to you, your industry is telling me about me
4 coming to things like this – they go, what the hell are you doing, Mr.
5 MacDonald? Your job is to train those kids to be skilled workers or to do
6 what labor needs, what the employer needs.
7 Okay? That's my job as far as the majority of industry is concerned.
8 My job is to train these kids to be happy individuals – you know, this thing
9 about regardless of the good grades or bad grades, everybody gets
10 rewarded for being losers. Okay.
11 MS. SHEPARD: Could you –
12 MR. MacDONALD: Okay. So they're happy, so they're happy about
13 getting low income jobs and the whole bit.
14 All I've got to say is, Caucasians aren't the only ones that fall victim
15 to greed. Don't listen to what your politicians tell you; go down to your city
16 council – your city council's got more control over what happens than most
17 of you can understand. Most of your city councils are controlled by big
18 business and commercial interests and you need to see how they vote.
19 And when they come to you and ask you for their vote, don't look at how
20 many signs they've got up there; ask them this one question: When you
21 get elected, are you going to put a resolution in –

1 MS. SHEPARD: Please wrap up.
2 MR. MacDONALD: – front of the city council that any new industry
3 or any new pollution source that comes to your community must do an
4 environmental justice impact study? And don't say "I'll work on it," or "I'll
5 think about it." If you get a yes, fine. If he says no, don't vote for him.
6 MS. SHEPARD: Okay, thank you.
7 (Applause.)
8 MS. SHEPARD: Last but not least, Donnel Wilkins.
9 PRESENTATION BY MS. DONNEL WILKINS
10 DETROITERS WORKING FOR ENVIRONMENTAL JUSTICE and
11 MICHIGAN ENVIRONMENTAL JUSTICE COALITION
12 MS. WILKINS: I get to say good night, the last word.
13 I'm Donnel Wilkins. I represent Detroiters Working for Environmental
14 Justice out of Detroit, Michigan. I'm also here on behalf of the Michigan
15 Environmental Justice Coalition.
16 I have to say at the outset that I'm humbled by all of the comments
17 that were made previous to me and I appreciate the position that I'm in
18 tonight in having the last word. I would also like to thank you for allowing
19 me to come and speak, realizing that my name was not on the list. But I
20 appreciate your bringing that to closure.
21 I'm here today because I'm also humbled by the EPA's mission,

1 which includes an assurance to protect human health. And I'm here to ask
2 the question: Ain't I human?
3 More importantly, I'm here to ask the question about Shantel. Was
4 she human?
5 Shantel, a 15 year old, recently applied for a summer job, had a great
6 future in front of her. Was offered the job, and the day that she was
7 supposed to start her new job the agency received a call to inform us that
8 she had died because of an asthma attack.
9 Now, there are many, many other stories like that across the country
10 and even in my own community and I won't belabor that today.
11 What I'd like to do, appreciating the amount of time that I have left,
12 is begin to offer up what I believe and what the people in my community
13 believe are strategies for addressing the issues that are before us. This
14 is a tremendous issue that I know you all and I don't take lightly.
15 I certainly believe that we need a common sense approach to
16 addressing the health impacts and issues in our community. And we need
17 to embrace and utilize the tools that we have within our own hands. So I
18 submit the following strategies.
19 I believe that there should be a remedial education project designed
20 and developed with agency representatives from federal, state, and local
21 communities with them in mind, involving community representation in the

1 design of that educational project, because I believe, like Ms. Crowe said,
2 that there is an assumption that prevails in our community, one, that
3 community members don't understand the issues that they face, and, two,
4 that there is a disregard for the inherent wisdom and knowledge that they
5 possess.
6 I really believe that agency people really need to engage in a process
7 to understand the issues they learned from people who are impacted by
8 it. The community involvement is an absolute must.
9 I believe before we are able to come up with the appropriate
10 strategies that there needs to be a moratorium placed on new permitted
11 sites until we find out that the community can bear it.
12 I believe that we also need to enforce existing laws. If people in our
13 community want the Michigan Department of Environmental Quality, the
14 Detroit Department of Environmental Affairs, to enforce what is already on
15 the books, health must be placed first, not last.
16 I also believe that there needs to be a reversal of the trend that
17 places the burden of proof on the community to prove that health
18 disparities exist and that there are linkages.
19 One quick example is our recent fight against a hospital that had a
20 medical waste incinerator operating out of compliance. First, the idea that
21 a hospital could do such a thing is shocking. But, secondly, to learn that

1 the highest rates of asthma surrounded this facility, this hospital, was an
2 amazing discovery.
3 We were successful in defeating that, in closing that facility down.
4 But it's really important to understand that the community had to prove –
5 nothing was absolute – we had to prove that the health of our community
6 was somehow linked to what was coming out of the stack of this hospital
7 incinerator.
8 I don't pretend to be a scientist nor a researcher, but I do believe that
9 we need to address what is already existing in agencies and research the
10 tools and resources that exist and encourage the continuance of
11 interagency interaction between those entities.
12 I believe that the answers that we're looking for already exist and
13 there needs to be a push and a demand from this body to dig deeper into
14 making certain that agencies are speaking with each other, sharing
15 resources, and are talking to one another.
16 I find it very interesting, even on a local level, how our local health
17 department has no idea about the issues of environmental health and their
18 associations with what's in our communities.
19 And I believe that education needs to occur right at that very level.
20 There also needs to be a tool to address the cumulative impacts.
21 Discontinue the discussions about it and just get with it. We need to

1 understand the cumulative impacts and its burden on our health and our
2 communities.
3 I'm going to leave you with that and ask the question: Ain't I human
4 too? And I say good night.
5 (Applause.)
6 MS. SHEPARD: Thank you very much.
7 The Council is going to be in recess until Friday morning. We'll be in
8 subcommittees tomorrow.
9 MR. COLE: Madam Vice Chair, I'd like to congratulate you on your
10 first evening, your fair but firm hand on the gavel, and my colleagues, all
11 21 of us who stayed until the bitter end.
12 (Applause.)
13 (Whereupon, at 11:15 p.m., the meeting in the above-entitled matter,
14 was adjourned, to reconvene on Friday, May 26, 2000.)