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PROCEEDINGS

1
 2 (8:20 a.m.)
 3 MR. TURRENTINE: Good morning. Welcome to the
 4 Fifteenth Meeting of the National Environmental Justice Advisory
 5 Council. I'm Haywood Turrentine.
 6 We're getting an echo. Can we check the sound system?
 7 We're getting quite an echo.
 8 Members of the Council, let me know if we're not getting this
 9 echo any longer and you can hear me.
 10 (Pause.)
 11 Are we okay?
 12 I'm Haywood Turrentine, Chairman of the National
 13 Environmental Justice Advisory Council, and we are, as usual,
 14 running a couple of minutes late but I think we'll get caught up.
 15 We might have to make some adjustments on the breaks in order
 16 to do that, but our goal is to cover the material that we have to
 17 cover and do the things that we have to do in a timely fashion.
 18 Without further on my part, I would ask Barry Hill, the Director
 19 of the Office of Environmental Justice, to introduce the first
 20 presenter this morning.

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1 Barry.
 2 MR. HILL: My name is Barry Hill, and I'm the Director of the
 3 Office of Environmental Justice. I am pleased to present Sylvia
 4 Lowrance who is the Principal Deputy Assistant Administrator of
 5 the Office of Enforcement and Compliance, which is the home of
 6 the Office of Environmental Justice.
 7 Sylvia is an incredibly strong supporter of environmental
 8 justice and the various initiatives of our office. So, please, Sylvia,
 9 we're happy to see you here and let me turn it over to you.
 10 WELCOME BY
 11 MS. SYLVIA LOWRANCE
 12 MS. LOWRANCE: Thank you very much, Barry.
 13 On behalf of the USEPA I'd like to welcome the NEJAC and
 14 all the participants in this meeting. This meeting to me marks a
 15 tremendously important milestone in the development of the
 16 NEJAC and its work with the USEPA.
 17 Many people have worked very hard to put this meeting
 18 together, both the planners and all of the participants, the
 19 members of the NEJAC, our USEPA staff in headquarters, our
 20 regions and particularly in our host region, Region 4. I want to

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1 thank everyone who has worked so hard to pull this together.
 2 I think it is a very important meeting. Those of you who have
 3 worked with me over the years know that one of the things that I
 4 believe is so essential as we deal with the public health problems
 5 in our community is to have better science on the health and
 6 environmental problems that we face in our communities.
 7 It has been in many ways a missing link that as members of
 8 communities, and from my perspective as an enforcer of
 9 environmental law and a regulator, that we've all had a void in
 10 terms of health research that we can all use to do our job.
 11 I'm very excited about the program that we have planned
 12 today. I'm very excited about the work that it can help us start,
 13 and in some cases redirect. And I look forward to hearing the
 14 presentations and commit to you that we at EPA will be following
 15 up on the work that is going to be done here over the next several
 16 days.
 17 It is my pleasure to turn the podium over to our host region
 18 and the Regional Administrator of Region 4. For those of you that
 19 have not had the extreme pleasure of working with John
 20 Hankinson, our Regional Administrator, he is an outstanding

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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 excited 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

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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

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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

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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

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

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

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

19 Thanks very much.

20 MR. TURRENTINE: Thank you, John.

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1 (Applause.)

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

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

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

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

20 I appreciate the leadership and the work that Barry has done

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

2 WELCOME BY
3 MR. BARRY HILL

4 MR. HILL: Thanks, Haywood.

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

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

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

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

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1 agency.

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

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

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

18 The questions, however, are the following.

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

20 Are we making any great strides in this direction?

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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
5 clear that there is an old axiom which goes as follows: "Protecting
6 the environment will have a positive impact on the health of the
7 public 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
16 the 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
8 achieve two overarching goals: to improve the quality of life and
9 increase 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
16 report. With respect to health disparities among racial and ethnic
17 groups, 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

1 for African-Americans than for whites.

2 The death rate for all cancers is 30 percent higher for
3 African-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
6 breast cancer despite having a mammography screening rate that
7 is 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
18 which 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
11 statistics 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
18 quality. In the U.S. alone, air pollution is estimated to be
19 associated with 50,000 -- 50,000 -- premature deaths, and an
20 estimate \$40 to \$50 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
5 correlation between the environment and the public health
6 because sound 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
12 presentation. I think it's quite inspiring to look at this whole issue
13 of public health and the public health model with the background
14 that he has just 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
17 all been served well this morning as a result of him having given
18 us that report in that format. So, again, thank you.

19 I indicated at the onset that I thought we would catch up
20 along the way, and as I look at my watch, it's about five minutes

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

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

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

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

17 (Pause.)

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

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

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

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

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

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

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

14 MR. TURRENTINE: Henry, hold on a moment.

15 (Pause.)

16 You know, I did indicate where I have control. I have no
17 control over this.

18 (Laughter.)

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

1 (Pause.)

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

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

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

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

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

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

1 MR. PADIN: Good morning. My name is Carbs Padin,
2 Dean of the School of Environmental Affairs, Universidad
3 Metropolitana in Puerto Rico, and this is my first time in the
4 NEJAC. Thank you for the opportunity to work in this group.

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

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

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

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

18 MS. MILLER-TRAVIS: My name is Vernice Miller-Travis. I'm
19 the Chair of the Waste and Facility Siting Subcommittee of the
20 NEJAC and currently the Executive Director of the Partnership for

1 Sustainable Brownfields Redevelopment based in Baltimore,
2 Maryland, soon to be with the Ford Foundation in New York.

3 MS. JARAMILLO: I am Annabelle Jaramillo. I'm from the
4 Governor's Office, State of Oregon, and I'm on the Air and Water
5 Subcommittee.

6 MS. HILL-KELLY: Good morning. I'm Jennifer Hill-Kelly. I
7 am a member of the Oneida Nation in Wisconsin. I serve on the
8 Indigenous Peoples Subcommittee.

9 MS. WOOD: I'm Pat Wood with the Environmental Affairs
10 Program with Georgia Pacific Corporation, and I serve on the
11 Waste and Facility Siting Subcommittee.

12 MR. GOLDTOOTH: Good morning. My name is Tom
13 Goldtooth. I'm the National Director of the Indigenous
14 Environmental Network which is a Native non-governmental
15 organization, a grassroots organization. I also Chair the
16 Indigenous Peoples Subcommittee.

17 MR. GELOBTER: Good morning. My name is Michel
18 Gelobter. I'm an assistant professor at Rutgers University,
19 Newark Campus in the graduate department of Public
20 Administration, and the academic director of the Community

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1 University Consortium for Regional Environmental Justice which
2 spans New York, New Jersey and Puerto Rico universities and
3 community-based organizations in those three areas. And I'm
4 also the Chair of the Air and Water Subcommittee.

5 MR. GARCIA: Good morning. My name is Arnolde Garcia.
6 I work for the Urban Habitat Program out of the San Francisco
7 Bay area, and I Chair the International Subcommittee.

8 MR. CUEVAS: Good morning. My name is Fernando
9 Cuevas. I'm the Vice President of Farm Labor Organizing
10 Committee, Farm Worker Union. I am also the co-chair of the
11 Farm Worker Network for Environmental and Economical Justice,
12 and I'm also part of the International Subcommittee.

13 MR. COLE: Good morning. My name is Luke Cole. I'm an
14 environmental justice attorney and Director of California Rural
15 Legal Assistance Foundation's Center on Race, Poverty and the
16 Environment in San Francisco. I'm Chair of the Enforcement
17 Subcommittee and as I embark on my fourth year on the NEJAC
18 I want to extend a special welcome to the new members, and we
19 look forward to working with you this year. Thanks.

20 MS. AUGUSTINE: Good morning. My name is Rose

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1 Augustine and I'm from Tucson, Arizona. I sit on the Health and
2 Research Subcommittee. I am President of Tucsonans for a
3 Clean Environment. We're involved with a Superfund site, a
4 military toxic site in Tucson. I'm also a member of the EJANC
5 which is now fighting a beryllium plant. I'm also a member of the
6 Southwest Network for Environmental and Economic Justice. I
7 am co-chair on the EPA Accountability Campaign on that
8 committee.

9 MR. ANDERSON: Good morning. The last shot here. I am
10 Henry Anderson. I'm Chief with the Wisconsin Division of Public
11 Health and I'm here representing the USEPA's Science Advisory
12 Board.

13 MR. TURRENTINE: Thank you. From the Council, welcome
14 all of the new members of the Council. Charles Lee.

15 OVERVIEW OF FOCUSED MEETING ISSUE

16 MR. LEE: Good morning. I, too, want to welcome
17 everyone --

18 MR. TURRENTINE: Volume.

19 MR. LEE: Is that better now?

20 PARTICIPANT: Yes.

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1 MR. LEE: Okay. Once again, I, too, want to welcome the
2 members of the NEJAC and everyone who participated in putting
3 together this meeting, the members of the audience, and the
4 panelists who are going to be participating with us today.

5 I want to start by making note of a few people and then going
6 through the evolution of the process that led to the series of
7 questions that we wanted the NEJAC to focus on in terms of this
8 issue of public health disease prevention and health improvement
9 in environmental justice communities.

10 First of all, I want to make sure we take note of the fact that
11 we have with us participating with us in this meeting two members
12 of the Science Advisory Board of the EPA. Dr. Anderson is one
13 of them. He's introduced himself. And two members of the
14 Children's Health Protection Advisory Committee.

15 This is part of a process where we're trying to do more
16 integration and cross-fertilization of the working different federal
17 advisory committees. Certainly when we talk about issues of
18 public health in environmental justice it is very much related to the
19 work of the Science Advisory Board and Children's Health
20 Protection.

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1 So, these are two, and they've been working with us, and will
2 continue to work with us, as we have planned this meeting, as we
3 discuss the issues today, and as we continue into the future in
4 terms of implementing the kinds of recommendations that come
5 forth from this meeting.

6 This meeting was put together through a very broad process
7 that included members of the NEJAC, included representatives of
8 a number of EPA offices, including the Office of Research and
9 Development and the Office of Pesticides, Pollution Prevention
10 and Toxic Substances. It included other federal agencies
11 including the key public health agencies like the Agency for Toxic
12 Substances and Disease Registry, the National Institute for
13 Environmental Health Sciences, the National Center for
14 Environmental Health, and other agencies.

15 We went through a process of trying to figure out how to get
16 at the underlying question that Barry posed in terms of a
17 correlation between environmental polluting and disease,
18 particularly in people of color and low income communities.

19 In that process what we realized was that there was a lot to
20 build upon, that health is a central question, if not the central

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1 question, in environmental justice and for communities that are
2 arguably suffering from environmental injustice.

3 This is something that we realized was a great resource to be
4 built upon in terms of making progress on this question of the
5 relationship between environmental polluting and disease. So,
6 therefore, we decided to focus on that and build upon that body
7 of knowledge and experience that has been accumulating over
8 many years around this issue.

9 I want to say that prior to coming to EPA one of the things
10 that I did was to serve as a member of the National Academy of
11 Sciences Institute of Medicine Committee on Environmental
12 Justice research, education and health policy needs. Last year,
13 in April of 1999, the Institute of Medicine published its report
14 towards environmental justice, research, education and health
15 policy needs.

16 That has been included in the background materials for this
17 meeting and served as one of the important elements in terms of
18 the preparation of this meeting.

19 I think there are a number of recommendations which I will
20 not go into specifically because of time, but I think that an overall

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1 conclusion of this committee is not only the fact that there is a
2 need for greater research, particularly research that understands
3 and links the relationship between environmental causes of
4 disease and health disparities in minority low income
5 communities, but that this kind of research needs to be done in a
6 different way.

7 It needs to be done in a way that builds upon -- is sensitive
8 to and builds upon the efforts that are taking place in
9 environmental justice communities to address these issues.

10 Certainly that I think begins to help frame the basis for
11 understanding the idea of what exactly can be, the kinds of
12 strategies and areas of research that can achieve more effective
13 and integrated community-based health assessment intervention
14 and prevention efforts. This needs to be done in collaboration,
15 in partnership, with those communities and all stakeholders are
16 involved.

17 Then it needs to address and look at the kind of interactions
18 between the social and physical environment that are contributors
19 to disease and ill health in environmental justice communities.

20 Lastly, what can the federal government do in terms of

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1 implementing strategies that ensure the substantial participation,
2 integration and collaboration among all federal agencies across
3 the board in partnership with all the impacted communities and
4 other stakeholder groups.

5 These comprised the gamut of the issues that we would like
6 the NEJAC to address. In coming up with this agenda, the
7 Planning Committee -- which I want to really give my own
8 personal thanks to in terms of the hard work they put into helping
9 us try to understand this -- we realized that to address issues of
10 public health and environmental justice is an awesome task -- I
11 mean, it is a huge area -- and we need to figure out a way in
12 which we can make some real progress in a very strategic sense.

13 What we've heard and we realize is that there are great
14 resources there in terms of community-based efforts to address
15 environmental justice health issues, and this is where we want to
16 start. That's why we decided to focus in this area in terms of
17 environmental justice and community-based public health models.

18 We have an agenda that includes a set of panels that would
19 address the issues that I enumerated earlier.

20 I want to at this point bring up the first panel which includes

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1 Dr. Robert Bullard, Dr. Patrick Kinney and Richard Moore to
2 present an overview about the question of to what extent might
3 integrated community-based public health contribute to disease
4 prevention and health improvement in environmental justice
5 communities.

6 As they are getting set, let me give you a little bit of
7 background. We wanted to begin our dialogue today with a panel
8 that gives an overview, a historical overview, of how health issues
9 in environmental justice communities has evolved and how this
10 has evolved in terms of a holistic integrated view of what
11 constitutes disease prevention and health improvement.

12 We will have three presentations. One will be from a social
13 science perspective to address what might constitute the
14 elements of a unified community-based public health model that
15 includes assessment, intervention and prevention strategies.

16 The second will be an environmental science perspective
17 examining the way that this model has enhanced the work of the
18 university-based environmental science program.

19 The third will be a community perspective to ensure an
20 understanding of solution-oriented approaches to environmental

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1 health challenges which confront EJ communities.

2 So with that, I would just turn it over to Bob. I want to thank
3 him personally for starting this off today. Thank you.

4 **PANEL 1**

5 **COMMUNITY BASED PUBLIC HEALTH -- OVERVIEW**

6 **PRESENTATION BY DR. ROBERT BULLARD**

7 **DR. BULLARD:** Good morning. My name is Robert Bullard
8 and I am a sociologist and I direct the Environmental Justice
9 Resource Center at Clark Atlanta University. For the past 20
10 years I've been working on environmental and economic justice
11 and health issues as they impact communities of color. I had the
12 pleasure of serving on the first NEJAC when it was formed back
13 in '93.

14 The presentation that I was asked to give is basically an
15 overview of issues of how can we integrate community health and
16 community intervention and prevention strategies into the work
17 that we do, whether it impacts on housing, transportation, the
18 issue of occupational health and safety, et cetera.

19 So what I've done is prepared a presentation that gives that
20 context: healthy people, healthy homes, healthy communities --

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1 an environmental justice framework.

2 (Pause.)

3 **DR. BULLARD:** This is not my equipment.

4 Okay, if we talk about defining the environment and the way
5 that the environmental justice movement had really broadened
6 the definition to make sure that we're talking about basically
7 where people live, work, play, go to school, worship, as well as
8 the physical and natural world. So when we're talking about
9 environmental justice and we talk about health and we talk about
10 economic justice, all these things are intertwined. So when we
11 talk about developing strategies and policies, we have to make
12 sure that all those things are involved.

13 When we look at this whole question of environmental justice
14 principle, we're saying that this principle embraces the concept
15 that all communities are entitled to equal protection of
16 environmental laws, health laws, housing laws, transportation
17 laws, civil rights laws, regulations, policies, et cetera. So when
18 we talk about health, we're really talking about this whole question
19 of we want to make sure that health is more than just talking
20 about physical health.

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1 Health matters, and in environmental justice race and class
2 also matter. All communities are not created equal. There's
3 some that are more equal than others. And if a communities
4 happens to be poor, working class or community of color or lives
5 on the wrong sides of the tracks, it receives less protection, it has
6 less access to health care, medical services, and therefore we're
7 talking about these inequities that have to be addressed and they
8 have to be addressed in that full array of strategies.

9 The environmental justice movement has always included
10 community health as a central theme in its struggle. When we
11 talk about health, as I said before, health is more than the
12 absence of disease. A healthy community cannot be a
13 community that is bombarded with drugs, toxics. And we know
14 that there are very few poppy fields and marijuana bushes grown
15 in the ghetto or the barrio; this stuff is imported. So when we talk
16 about toxic waste and we talk about health, all these things are
17 important. Poverty is also hazardous to our health.

18 When we talk about changing this paradigm, this dominant
19 paradigm that we have in front of us, the dominant paradigm
20 basically in terms of environmental protection institutionalizes

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1 unequal protection. It trades human health for profits. The
2 burden of proof is placed on the victims -- prove to me that
3 Company X/Chemical Y is making you sick. The burden of proof
4 is on the victim.

5 It also legitimates human exposure to dangerous chemicals
6 whether we're talking about farm workers and pesticides or we're
7 talking about children who are living in houses that still have lead.
8 The fact is that the children have to prove that they've been lead
9 poisoned.

10 So when we talk about this whole question of economic
11 vulnerability and exploitation, communities that do not have an
12 economic infrastructure are offered dangerous risky technologies
13 and economic development.

14 This paradigm also creates a whole industry around risk
15 analysis, risk assessment, as opposed to pollution prevention,
16 disease prevention and what we call the whole question of the
17 dominant paradigm being flipped on its head. The precautionary
18 principle. If there is suspect of harm, act.

19 When we talk about this whole question of problems and
20 health, childhood lead poisoning is still the number one

1 environmental threat to our children. There is a residual that's left
2 over. It is not because we don't have the facts. The problem is,
3 having the facts is not enough. Whose children are being
4 poisoned, whose children are being impacted?

5 So when we talk about childhood lead poisoning, it is not only
6 a health problem, it's an environmental problem because lead is
7 an environmental issue, and it's an educational problem -- we're
8 talking about learning disabilities. So when we're talking about
9 solving the problem of lead poisoning, we just can't be going to
10 the EPA. The Department of Education needs to be involved, the
11 Department of Housing and Urban Development needs to be
12 involved.

13 As an economic problem, there is a direct correlation
14 between learning ability and learning ability. So when we talk
15 about people's mental capacities being diminished, we're talking
16 about their livelihood and their mental capacity being impacted
17 and how much money they will be likely to make in the rest of
18 their lives.

19 And it's also an equity problem because this lead poisoning
20 still disproportionately impacts children of color and low income

1 children.

2 I said before, having the facts is not enough. You have to
3 have the resolve and the commitment by those entities that can
4 solve these problems. We have thirty years of documentation on
5 lead poisoning but we still have lead in housing, we still have
6 children that are being poisoned. So it's not a matter of having
7 the facts, having the science, having the data; it's a matter of
8 whether or not we have the resolve and commitment to end this
9 problem.

10 We talk about this whole question as trade offs. Some people
11 were saying, well, communities of color and environmental justice
12 communities are not willing to trade off. Well, we've been trading
13 off, hell, for many years.

14 So it's not a matter of trading our health for a low-paying job
15 or even the promise of a job. In some cases we don't even get
16 the job, we get the promise, and we know you can't live off
17 promises. So when we're talking about this fourth question of
18 health and jobs, whether they be farm workers and pesticides, or
19 whether it be workers in factories, or whether it be communities
20 that are near facilities that are impacting them -- and, once again,

1 the community has to prove that their health is impacted.

2 In this whole question of environment justice, EPA has its
3 own definition and we also have our definition. But understanding
4 that definitions don't mean anything unless they are actually put
5 into practice and implemented as it relates to their
6 operationalization.

7 When we talk about the whole question of environmental
8 justice and the major elements, it includes equal enforcement of
9 environmental laws and health laws and all these laws and
10 regulations that we have on the books. We have some great
11 laws. It's just that they're not applied in some cases vigorously
12 and in other cases they're not applied equally across the board.
13 In other cases they are not even enforced.

14 So when we talk about this whole question of environmental
15 justice and enforcement, we're also talking about this whole
16 question of eliminating disparities, health disparities,
17 environmental disparities, economic disparities, et cetera, that
18 impact health, community health.

19 So when we talk about this whole question of health and
20 community-driven research and community-driven intervention

1 and prevention strategies, the community has to be at the table
2 -- and particularly the impacted, the most impacted community --
3 has to be at the table because they are the experts. They may
4 not have Ph.D.s but they are experts in what needs to happen as
5 it relates to resolving and remediating and preventing and
6 addressing these problems.

7 When we talk about environmental inequities, we know that
8 there are inequities that result from people making money off of
9 sick people. We have a health care system that is for profit and
10 that if everybody was well -- well, I won't go into that.

11 When we talk about this issue of inequities and enforcement
12 inequities, we know that all the nasty stuff, the locally unwanted land
13 uses, the lusus, are not randomly distributed. So what that means is
14 that the impacts are not randomly distributed. And that means that the
15 health effects are not randomly distributed.

16 So if you take that to its logical extension, that means we need
17 targeted enforcement, targeted strategies to deal with intervention and
18 prevention and targeted resource and funding. That means that we're
19 not going to give everybody the same amount of money because
20 everybody's not going to get the same amount of the issues and the

1 problems.

2 Health inequities exist across the board. I'm not going to go into
3 all the things in terms of the disparities that Barry dealt with earlier this
4 morning. But there's all kinds of available health data, and when you go
5 to a certain department and ask about health data, they say, "We don't
6 know."

7 When we first came to the EPA years ago and said, who lives
8 around these facilities, who is impacted, what are their health data, EPA
9 would tell us, we're not a health agency; go see CDC or ATSDR.

10 We say, well, who lives there? What's the racial and ethnic
11 composition? Well, we don't collect that data; nobody asked us to
12 collect that data.

13 We're saying that kind of information needs to be available and
14 needs to be available intergenerational, longitudinal, because these
15 things don't just happen overnight; sometimes it takes 20 years, 25
16 years, for the results to show up, whether it's cancer or whatever other
17 health problems.

18 When we talk about waste, we know that everybody produces
19 waste, everything sitting around this table produces waste. But
20 everybody around this table and everybody in the audience does not
21 have to live where the waste is disposed.

1 So when we talk about this whole question of waste generation
2 and waste production and the impact of all these things on communities
3 and the health of communities, lowered property values, the stigma of
4 being located next to a dump, and your community is considered a
5 dumping ground and once you get one dump you get another dump
6 because it's cost effective, because you say, oh, you've got one, one
7 more won't make that much difference -- and you've got five, so why not
8 just shoot for six. So when we talk about these issues we're talking
9 about the impact.

10 The legacy has left us with lots of things. I think what the
11 communities are struggling with now to turn those negatives into pluses
12 -- that's how Brownfield Urban Redevelopment, or Brownfield
13 Redevelopment, came into effect -- but I think Brownfields also must be
14 driven in terms of clean-up, in terms of protection of public health and
15 the protection of the community and ensuring that the community's
16 vision is put on these things. So Brownfields also involves health.

17 When we talk about this paradigm shift we're talking about things
18 that happened. We don't expect the government to respond out of good
19 will and altruism. And there are good people in government, but I think
20 most of the things that we've been able to achieve in the environmental
21 justice movement with government have been triggered by outside -- I

1 would say "agitation," but I won't -- outside pressure -- I won't say
2 "pressure" -- by outside support and nudging.

3 (Laughter.)

4 DR. BULLARD: When we talk about the response of the EPA, the
5 EPA has responded. A lot of energies are targeted at EPA, but EPA
6 cannot do it all. That means that we have to have interagency
7 cooperation and collaboration. We have to work across the board to
8 talk about how to get all these folks to the table. So this is very good
9 when we talk about having it at the various agencies. Not just the
10 federal government, but also state agencies, local health departments,
11 state health departments, and county health departments, et cetera,
12 work on these issues.

13 So when we talk about how we did it or how things are moving, in
14 1994 we had the Health Symposium that was sponsored by seven
15 federal agencies that brought over a thousand people, health scientists,
16 impacted communities, academicians, and grassroots groups to
17 Washington, D.C. to this Health Symposium to talk about enforcement
18 health and environmental justice research needs.

19 There are some excellent recommendations in that report. Those
20 recommendations need to be implemented. It's been six years; it needs
21 to be implemented. They need to move forward.

1 When we talk about research and we talk about documentation, it
2 make a difference to have a National Academy basically saying what
3 we said -- ten years ago. So the IRM study, it's okay. I give it a D-
4 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;
8 relocation.

9 So the idea is that sometimes it gets so bad and people do not
10 want to leave their community, people do not want to be disrupted,
11 picked up, pushed away, loss of community-- but sometimes it gets so
12 bad in terms of health-wise that you've got to get them away from
13 danger and harm's way.

14 The law and the legal mandates -- it's real. This stuff is real. It has
15 moved forward past the President. All communities are not created
16 equal, as I said before. Sometimes our communities -- communities of
17 color and low income communities -- it takes a long time for us to make
18 enough noise to get cleaned up.

19 This is a photograph of the Ag Street landfill community marching
20 in front of HUD saying we want to get the hell out of Dodge; we're sitting
21 on top of a toxic waste dump, our health is in peril, our property values

1 have lowered, and we want out.

2 This is in Alaska. Military toxins in Alaska. Beautiful land. People
3 want to put stuff where they don't need to be. People say no. People
4 win. Note the poison. Uranium enrichment plant in Center Springs,
5 Louisiana. People are saying no. We are winning.

6 Converging issues -- and I'm going through this rapidly -- suburban
7 sprawl. Everybody's buzzword is "sprawl" now. We've even got a new
8 book coming out -- not a commercial -- but the idea is that there are a
9 lot of issues that environmental justice encompasses, including
10 community health. The impact of traffic congestion and the impact of
11 air pollution, and the impact of the loss of greenfields and green space,
12 and the old question of sprawl and how sprawl basically is killing a lot
13 of our urban poor areas and the fact that we're knocking down trees and
14 we're exploring the whole idea of what it's doing to us.

15 And we even got NASA scientists now discovering that suburban
16 sprawl and deforestation -- this is the Atlanta metro area -- it's creating
17 a problem in terms -- it's even affecting mother nature; it's affecting the
18 weather. It's creating lots of pollution problems and heat island
19 problems and dirty air. This is Atlanta, my friends. This photograph
20 was taken from Delta Air Lines on a clear day.

21 If we talk about the major source of pollution in this region, we're

1 talking about cars. It's us. We're talking about the issue of gridlock.
2 We're paying a price not only in money and lost gas, but we're paying
3 a price in terms of our health, paying a price in terms of asthma, what
4 the level of ozone is doing to us. It's creating problems. It is sending
5 us to the emergency room. It's creating problems in terms of families
6 having to take off work because of going to the emergency room,
7 having to lose pay.

8 So, this ain't no sexy issue; it's about life and death. If you talk
9 about bad air days, we are at the top in terms of bad air days. We talk
10 about asthma, it's an epidemic.

11 It is not something that is just Atlanta; it's also L.A. It's also New
12 York. It's also Chicago. So when we talk about this community
13 intervention strategy, pollution prevention, disease prevention, and
14 having the community at the forefront of this stuff, we're talking about
15 an integrative model. We're talking about devising communications
16 strategies and risk communications strategies that communities can
17 basically be the benefactors, and carry the message.

18 The messenger is very important. It's not just about a message.
19 The messenger is very important. We have to diversify decisionmakers
20 and the decisions, and we have to talk about this whole question of
21 data. Gathering the information, taking that information and using it and

1 taking it to the next level.

2 And we have to talk about gaps. We have lots of gaps and we
3 have to plan for those gaps. There's lots of information we don't have,
4 lots of areas we don't have information on. But it's not just enough to
5 say, "well, we just don't know that." We have to pursue a strategy to
6 talk about intervening and preventing environmental health hazards and
7 environmental degradation.

8 That's the end of my talk. Anybody who wants to know -- and I will
9 give you a copy of this. I didn't have time to print out a copy, but I will
10 print out a copy and give it to NEJAC for the record.

11 But the idea is that environmental justice and health are
12 intertwined, they've always been. And when we somehow
13 compartmentalize the two as separate entities, we lose. That's why it's
14 very important that this NEJAC is focused on health and community
15 health and the role that communities can play in solving and resolving
16 these problems.

17 Thank you very much.
18 (Applause.)

19 MR. LEE: We're going to hear from Patrick Kinney next and then
20 Richard Moore. Then, afterwards, we will open it up for dialogue.

21 PRESENTATION DR. PATRICK KINNEY

1 DR. KINNEY: It's nice to be here and to have a microphone that
2 works. I come with apologies from Joe Graziano from Columbia who
3 has been dealing with a serious family health issue and isn't traveling.
4 I'm happy that I could help him out and represent the perspective from
5 the Columbia School of Public Health, the Division of Environmental
6 Health Sciences, where I'm a researcher and tell you a little bit about
7 the history of our growing involvement in community-based participatory
8 research over the last five years or so.

9 Joe Graziano was instrumental in starting the program at Columbia
10 five or six years ago when he first applied for an NIEHS Environmental
11 Health Center grant developmental center. And it was that funding that
12 he was able to get which was for a study focused specifically on
13 studying environmental health problems in the underprivileged
14 communities of northern Manhattan in New York City which really
15 stimulated all the work that's happened since that time.

16 There's been quite a lot of interesting work that's developed out of
17 that initial work that Joe did. In that initial draft that Joe put together,
18 one of the first things he did in putting that together was reach out to
19 West Harlem Environmental Action and got to know Peggy Shepard and
20 Cecil Corbin-Mark and brought them in. The partnership between our
21 department and WHEA has been instrumental in our ability to actually

1 accomplish some of the outcomes that we have over the last few years.

2 Dr. Graziano has provided a very supportive research environment
3 for people that are sort of new to the community-based research field,
4 such as myself five years ago when I came to Columbia. I had been
5 working at New York University before that, and actually it took me a
6 couple of years to really change my mindset and to understand the
7 participatory nature of community-based research.

8 My first effort when I was still at NYU to try to do some research
9 on Harlem involved sort of a classic case of putting in a proposal,
10 mentioning doing work in Harlem without ever having formed a
11 partnership yet with anybody in the community. That wasn't the way to
12 do it, and I learned that pretty rapidly.

13 We got to know John Ford and then when I got to Columbia I got
14 to know Peggy Shepard and learned that we really need to start from
15 the beginning when we develop research proposals to really bring the
16 community representatives into the process. In fact, as has been said
17 already, some of the best ideas -- probably from a scientific as well as
18 a community perspective some of the best ideas for doing research
19 really arise from the community because they are in a much better
20 position than the researchers are to understand what the real issues
21 are.

1 Now, having said that, I also wanted to acknowledge NIH. It's
2 clear that their leadership has been instrumental starting in around
3 1992, as far as I can tell, when they initiated two programs. One is the
4 Environmental Justice Research Community Outreach and Education
5 Program which has been ongoing ever since that time. It has been a
6 very important factor in providing the community-based research
7 infrastructure that currently exists in the United States.

8 The other thing that they did at that same time was solicit
9 proposals for environmental health centers that focused specifically on
10 community-based problems. And that's the program that Dr. Graziano
11 applied to back at that time and was successful in getting the grant.

12 Those two initiatives I think showed a lot of leadership and I think,
13 again, have really been the most important mechanisms that I think
14 should be looked at very carefully as models for how this can go
15 forward into the future. I'll come back to that in a few minutes.

16 A couple of comments about the process of developing
17 community-based research. One is that -- and it's a fairly simple thing
18 -- is that there has to be something in it both for the researchers and the
19 community.

20 I think clearly from the community's perspective there's some
21 obvious advantages that I've heard Peggy Shepard and Cecil talk about

1 in terms of getting good science and data that they can use for policy
2 advocacy. It also can bring funding in that it can help train young
3 people and also provide education to the wider community.

4 From a scientific perspective the value to me coming in as a
5 researcher is that, again, I get to study -- I get to understand the really
6 important problems that are facing -- some of the most important
7 environmental health problems and really understand them from a
8 community perspective. And I get data that I can use and publish,
9 which advances my own career.

10 So you have to sort of recognize that from a scientific perspective
11 there has to be something there for the researchers as well, and there
12 certainly has been in this partnership.

13 The problems that are faced -- the environmental health problems
14 that currently exist in New York City are ones which are striking, which
15 are, you know, incredibly important, and which require more study.

16 I was shocked when I came to Columbia five years ago that there
17 really wasn't much research going on. In fact, in northern Manhattan
18 where Harlem is located, in parts of Harlem where asthma rates -- the
19 hospitalization and mortality rates are among the -- actually, the very
20 highest in the nation, there were no air quality monitors at all in that
21 entire community five years ago, except for a little bit of monitoring that

1 was going on based on community complaints regarding the North River
2 sewage treatment plant. But that was really focused specifically on the
3 treatment plant. There was no community-based monitoring going on.

4 So there was a real need for a more air quality exposure
5 assessment, as well as health studies, and it provided a really fertile
6 environment for more scientific research as well as a good opportunity
7 to promote environmental health.

8 So from a scientific perspective, all the elements were there in
9 terms of real problems that needed to be studied and a lack of current
10 data. I've enjoyed and have had the opportunity over the last few years
11 to help fill some of those gaps in terms of the data on exposure
12 assessment.

13 The studies we have done over the last five years or so have
14 gradually developed, initially from very small pilot studies with a little bit
15 of funding from the center that Dr. Graziano heads - and that was a
16 very effective mechanism providing seed funding, something on the
17 order of \$20,000 to \$25,000 for small studies to do exposure
18 assessment.

19 Those have gradually developed - with that pilot data, developed
20 into larger funded projects from other sources, including NIHS. Also
21 funding from the new Mickey Leland National Urban Air Toxics

1 Research Center which we'll hear from later.

2 And then most recently, Dr. Ricky Pereira has been successful in
3 getting a Center for Children's Environmental Health centered at
4 Columbia and focused on not only doing exposure assessment, but also
5 linking that to health outcomes.

6 So I think we've started sort of gradually looking at exposure. We
7 began to understand some of the disparities in exposure. And now, with
8 the Children's Health Center, we're really bringing that exposure
9 assessment to bear to study health outcomes, and particularly health
10 outcomes in children in northern Manhattan and in the south Bronx.

11 I think that model, sort of starting gradually from exposure
12 assessment and working towards larger epidemiologic studies, is a
13 good model that could be replicated.

14 Finally, I wanted to make a couple of comments about what I see
15 as useful mechanisms for promoting sort of strategies for more of this
16 kind of research.

17 Again, I'd like to emphasize the importance of pilot funding. Small
18 scale funding to form partnerships to generate initial data can be
19 extremely effective, and we've had a lot of success with small scale
20 studies.

21 There also has to be ongoing funding, dependable long-term

1 funding. These partnerships take time to develop and they gradually
2 develop over time. I think that if you are a funding agency and you are
3 trying to decide whether you should give out two-year grants at
4 \$250,000 a year or four-year grants at \$50,000 to \$100,000, I would go
5 for the four-year grants. I think a little money over a longer time is
6 better than throwing a lot of money at something for just a short period
7 of time because it takes time for things to develop. It's that ongoing
8 consistent funding that's really most important.

9 There has to be a rigorous review process, but it also has to be
10 simple to navigate. Some of the funding mechanisms are fairly difficult
11 and there is the hurdle that has to be overcome and just tackling the
12 application process can be quite daunting for community people who
13 aren't used to that.

14 And I think some rigorous but yet streamlined methodologies for
15 getting the funding will be an important development in future funding
16 for this sort of work.

17 I also think that it might be worth looking at the NIHS
18 Environmental Centers Program as a model for this kind of ongoing
19 research. The Centers Program at NIHS provides long-term stable
20 funding -- provides a mechanism for funding innovative research at the
21 pilot level, as I've said already.

1 I think that you might want to give some consideration to the idea
2 with multiple sources from different federal agencies to fund centers that
3 are focused on specifically community-based participatory research,
4 probably centers which are jointly run by community groups or research
5 or clinical-oriented -- you know, health care organizations. In New York
6 City, for example, Harlem Hospital or a university like Columbia.

7 And community groups as well. There has to be sort of an equal
8 partnership. It shouldn't just be university-based or just hospital-based.
9 I think that could be a useful mechanism.

10 Finally, I think what I really see missing from a university
11 perspective is that we don't have training money for students, for
12 undergraduate and graduate students, that's focused specifically on this
13 problem. We can do a lot of research, but in order to bring in graduate
14 students who can focus on this and to train especially students from the
15 community, we need to bring in money because it's expensive to get
16 people through some of these universities.

17 If there can be funding mechanisms that make more money
18 available to train young people to go into careers focused on
19 community-based environmental health problems, I think that would be
20 really beneficial.

21 I think that's pretty much all I wanted to say. Thank you for your

1 time.

2 (Applause.)

3 MR. LEE: Thank you, Pat. Richard is not here yet? He's on his

4 way. Okay.

5 Well, in the meantime, we can just -- we wanted to create a lot of

6 time for dialogue. This is something that the members of the NEJAC

7 said that it was something they really wanted to look forward to. So why

8 don't we just open this up at this point. Vernice.

9 MS. MILLER-TRAVIS: Thank you, Dr. Bullard and Dr. Kinney for

10 putting in context what is some of the work that's going on.

11 I just wanted to add a little to Pat's presentation about the

12 partnership with the community-based organizations in West Harlem

13 and our institutions and simply place in context for the audience that this

14 partnership has been a really extraordinary partnership, but so that you

15 know how long it took us in that community to do this work.

16 We started conceptualizing and capturing what the problems were

17 in terms of exposure and health outcomes in our community in 1985

18 and 1986. The first investment of dollars to actually bring forward some

19 pilot research, as Pat said, was roughly about in 1994. Am I right,

20 Peggy?

21 And so, for that period of time, for roughly nine years, we

1 organized, we mobilized, we talked to our elected officials, we talked to

2 EPA, we talked to everyone who would listen. No one would respond.

3 That happens to lots of communities. Our community is not unique

4 in that response. And so, the funding that is now available is really

5 useful. A lot of communities are being supported, a lot of tremendous

6 partnerships are being formed.

7 But you need to know that in our community on the local level we

8 organized and we struggled about these issues alone in the wilderness

9 for ten years before somebody came to the table to join us in that

10 partnership.

11 It should not take ten years before people recognize that people

12 are dying. We have the highest asthma mortality rate in the nation,

13 where people die from asthma in our community. As Pat said, nobody

14 studied it. Nobody looked at it. Nobody said, this is a horrific situation.

15 And the asthma rates are so high that they drive the national average

16 -- in that one community.

17 It should not take ten years before people validate that our lives

18 were so beneficial that we needed to have research and we needed to

19 have partnerships and we needed the federal government to stand up

20 and say one excess death is too many, but thousands of excess deaths

21 is a crime. And that's what happened in our community.

1 So I just wanted people to know that this is an extraordinary

2 partnership, but it was ten years of organizing before anybody came to

3 the table to join us in that effort.

4 MR. LEE: Bob, do you want to --

5 DR. BULLARD: Yes. I think there also should be some

6 clarification in terms of how NIHS came to the table on environmental

7 justice. This is not something that NIHS basically thought up or that

8 dropped out of the sky. It took grassroots groups, environmental justice

9 academicians and leaders to basically work with NIHS to develop that

10 community partnership and environmental justice grant program.

11 It has always taken external pressure to get these agencies to

12 recognize that this type of research is legitimate, but also there should

13 be other partners that are involved in the research endeavor, rather than

14 having the same good ole boys coming to the table doing the same

15 thing just because funds are there and just because this is a sexy issue.

16 MR. LEE: Rosa Hilda.

17 MS. RAMOS: I would like to ask Dr. Kinney and Dr. Bullard if you

18 see an opportunity for funding through this supplementary

19 environmental project provision. Have you tried that?

20 DR. BULLARD: I know there is one in Puerto Rico. We had a

21 project in Atlanta that dealt with the Chatahoochee River, the pollution.

1 There was a court case and then there was a settlement. In the

2 settlement there was supposed to be an environmental justice

3 component in the SEP. However, I'm not so sure that it's really an

4 environmental justice component other than on paper.

5 I think there are opportunities to divert funds out of those fines and

6 programs back into communities, and communities need to have their

7 plan. When SEPs are developed they need to have their plan, and

8 they need to have their experts and their planners and their team to

9 make sure that it's a real environmental justice component in those

10 traditional SEPs.

11 MS. RAMOS: I just want to make you aware that EPA is

12 contemplating developing like a bank of proposals from communities to

13 obtain funds from supplementary environmental projects. So I would

14 encourage both of you to consider this alternatively seriously. Thank

15 you.

16 DR. KINNEY: I'd like to make a comment. I think it's taken a long

17 time to get the attention of scientists, as Vernice has said. You know,

18 in New York it took ten years to get the attention of a university to get

19 involved in some of these problems.

20 I think more broadly it's taking a very long time to sort of get the

21 larger scientific community to understand and to value the outcomes of

1 this kind of research. But I think that's starting to happen. I get a sense
2 -- again, I know NIEHS -- I appreciate the comment from Dr. Bullard that
3 they weren't the originators of this idea, but I think the work they've
4 done has been very helpful in spreading the word to the scientific
5 community that this kind of research actually produces good science
6 and science that can't be done in any other way.

7 I hear Dr. Olden at NIEHS starting to spread that message, not just
8 within NIEHS which pretty much gets it now, but to the broader NIH
9 community. I think we all ought to try to support that. And it's going to
10 take some more time because, you know, the ideas are not quite
11 understood yet by the broader scientific community. But I think it's
12 happening, and I think that's very encouraging.

13 DR. BULLARD: There's three words of recommendation that I
14 would offer to the NEJAC. Fund CUP grants.

15 Go back to funding the CUP grants that were established years
16 ago that provided the Community University Partnerships. I know there
17 was an evaluation that was done of the CUP grants and I know
18 everything was not perfect, but I do think that we need to go back to that
19 concept, the community-university concept and community-university
20 partnership concept, in EPA because that's how we got started. That's
21 how NEJAC was basically put on the table by folks who were working

1 in universities -- a small number -- and community groups who were
2 saying we need these kinds of support.

3 I would say that research also needs to be driven in terms of how
4 can research impact policy. That may be a dirty word, but policy can
5 drive a lot of this stuff. In many cases the only science involved in why
6 Black and Latino children are being lead poisoned -- the only science
7 is political science.

8 So when we talk about science and lead poisoning we're talking
9 political science. Who gets what, when, where and why, and why our
10 kids are still being poisoned when it is preventable. So let's talk about
11 policy also in terms of impacts.

12 MR. LEE: Thank you. Is that you, Rose Marie?

13 MS. AUGUSTINE: From a community perspective I would like to
14 say that I read a publication that was -- that came out from ATSDR by
15 Frank Bove and for the first time I saw a cost -- this study was done on
16 a very small percentage of communities that were represented.

17 I saw for the first time the cost of low productivity and the cost of
18 illnesses in, like I said, in a very small percentage of communities that
19 were studied. The cost of medical care in these communities.

20 When we look at the ATSDR's TCE subregistry, we're looking at
21 just a very small representation of communities there, there's not that

1 many communities. But there is a problem in these communities.

2 When you talk about the Superfund sites, there is a very small
3 representation of communities there because not everybody lives in a
4 superfund site. And then you look and you do tours, the toxic tours, and
5 you see these communities and the people are sick and dying -- and
6 we're talking about thousands of communities, we are talking about a
7 sick and dying nation. A nation that has so much illness that we have
8 no idea just how much these communities are suffering, the lost
9 productivity -- the government always likes to look at dollar signs, well,
10 maybe that's what we should start looking into.

11 You know, how much is it costing? Medical care right now is
12 enormous. Illnesses are a big money-making business. But in
13 communities like ours that don't have clinics, we need to start looking
14 at grants to provide clinics to the communities that don't have adequate
15 health care, don't have clinics.

16 Some of them don't even have hospitals close by. Maybe they go
17 to a doctor, but they can't afford to buy medication, so what good is it
18 to go to a doctor? They don't have the money for treatment, so they
19 just wait and die. I've seen this a lot in my community.

20 So we need to start looking at what kind of health care we can
21 bring to them. We need to stop the pollution that's killing the people.

1 It's a very real problem.

2 We need to bring the all these agencies that are supposed to be
3 at the table, these interagencies. Where are they? All we see here is
4 EPA.

5 The Department of Labor. Right now we're really concerned about
6 from welfare to deathfare where employees are being trained to work in
7 dangerous situations and they have no alternative; otherwise they lose
8 all their compensation that they get from welfare. And these are -- who
9 is on welfare? It's usually women, women of color, single parents, who
10 will leave children who are orphaned when they die -- when they get
11 sick and die.

12 HUD, lead contamination. The Department of Defense. We saw
13 a lot of people coming here yesterday to do presentations, but where is
14 the Department of Defense?

15 Where is the accountability of all these agencies that should be at
16 the table today? I know that they're going to be at the table maybe in
17 December. We need to have them at the table now. We need some
18 accountability from these agencies.

19 MR. LEE: Thank you, Rose Marie.

20 Richard is here now, so we can ask that you hold your questions
21 and allow him to make his presentation.

PRESENTATION BY RICHARD MOORE

MR. MOORE: Good morning, Mr. Chair. I apologize for being late. I was told by the Environmental Protection Agency, actually, that I was to be here at 10:00. So, to me I was here early.

(Laughter.)

MR. MOORE: With respect to the brothers on the panel, I apologize because I actually really wanted to hear -- but I don't want to leave the impression -- the real bottom line is I don't want to leave the impression that the community comes in late because -- you know, without going into it, you know I'm kind of upset, to be real honest with you, and usually it takes me about ten minutes to get excited and now I've come in excited.

So it's going to take me about two minutes to settle down for a minute and then get re-excited.

(Laughter.)

MR. MOORE: Good morning, sisters and brothers. It's good to see everybody this morning.

I think yesterday was an opportunity, and last night the presentations from our sisters and brothers and from networks with the South African delegation, was very significant. I thank our hosts at Spelman University and Clark Atlanta for the activities on Monday, the

reception Monday evening, and the tour yesterday and all that's been with community last night

I think basically within the few minutes that I've been offered to express some opinions, I wanted to start off with us getting an opportunity to understand -- and I know many of you on this advisory committee do understand -- and I won't say all of you because I don't want to be disrespectful because I don't think it's all of you -- so we're going to start off from that premise.

So we're going to take a few minutes and then we're going to kind of work our way up from the bottom, which is where the environmental justice is, and then we're going to do a little community-based health research and we're going to take it from there, and then we're going to have a few minutes at the last for discussion.

Mr. Chairperson, I'm going to do all that within 12 minutes. Okay?

(Laughter.)

MR. MOORE: And everybody knows that I've always kept with the timeframe, so I'm going to do that also this morning.

There's several points that we need to understand when we begin to engage the question of health and environmental justice.

One of those is the reality -- is the reality -- that health is an environmental justice issue. So, please, when it comes to our integrity

and all that goes with all that, don't attempt to separate for us the question of health and environmental justice.

Health is an environmental justice issue. It's inclusive of all the issues that we're involved in with respect to environment.

So if you look at then the reality of where many of us come from, there's probably four or five primary assaults that we receive in communities. So if you take a look at industry, then -- then, if we look at industry and the impact from industry in our communities from a health standpoint, then we're talking about cancer clusters, we're talking about children being born without arms, children being born without legs.

If you use the example of McFarland, California, if you look at pesticides for example, and I think our brother Fernando from the Farm Labor Organizing Committee would be and the rest of us that understand that -- so you could take McFarland, California or you could move all around to El Paso, Texas, Anthony, New Mexico. You could take a swing into the southeast. You could take a swing throughout this country. And then we could go to Puerto Rico and several other places and deal with the health impact of pesticides and what that means to our sisters and brothers that are not only working in the field but living in the field and the same time then many of the communities that are

surrounding the fields where pesticides are being sprayed.

So then we're told when we deal with the question of health that we've been eating too much chili, too many tortillas -- whether it's red chili, green chili, whether it's beans or whatever it is -- that we're being poisoned -- that we're being poisoned and the reason we're being poisoned is because of the food we eat.

Now, I wanted to say that you early because then in fact there should be a disclaimer. Whether it's African-Americans, whether it's Latinos, whoever it may be, that please don't lay on the table to us any more -- so we would hope that you wouldn't do it -- but I know our sisters and brothers on the Council that come from the same places that we come from would know that if a damn -- excuse me, I said I was going to get excited early and it usually takes me two or three minutes -- I apologize, Mr. Chair; I'm going to try to keep my language down.

The reality of the situation is that we're being poisoned, our people are being born without fingers, without arms, children, adults, and whoever it may be, and that the integrity of communities is being put on the line because we're told it's because of the food we eat. So we deal with industry, okay?

When you deal with agribusiness, then you see it. That's what we said. If you're dealing with the question of agribusiness, then if

1 pesticides are being sprayed, it's industry that's responsible, even in my
2 community where we have been drinking poisoned contaminated water
3 for over 25 years, but we just happened to be a Mexican community, 80
4 or 90 percent. So then we're expendable people.

5 It's like throwing the TV away or throwing the VCR away, or
6 whatever it is. These are just a bunch of people, expendable people.
7 Let's work them, let's starve them, let's poison them. Let's do
8 everything that's possible and then they'll just be replaced by all the
9 other people that are in line to either live in this community or to work
10 in these facilities, or whatever it may be.

11 So it's industry. It's agribusiness. It's military. And then it's
12 county, and state government. State government and federal
13 government. We've got landfills in our community. We've got
14 slaughterhouses in our community. We've got dog food companies in
15 our community. We've got industry. We've got petrochemicals in our
16 community. We've got Intel. We've got -- and you go on with it in the
17 name of environmental injustice and the real name is economic
18 injustice, environmental racism, economic racism. And then in fact
19 we're told that it's because we didn't care.

20 I'm going to try and keep it short. I'm trying now. It's taking -- you
21 know how it is, if you're dealing with 500 years of history and expected

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1 to try to deal with it. I know brother Tom will understand what I'm
2 saying; if we're expected to deal with 500 years of history in ten
3 minutes, then we're supposed to do 100 years -- if it's five minutes,
4 that's a hundred years a minute. No? And then if we're given ten
5 minutes to be able to do it, then in fact -- good morning, brother. I didn't
6 see you there. I apologize. I'm moving very fast. It's great to see you
7 again.

8 I'm not trying to be discourteous to the chair, to the Council, or to
9 the sisters and brothers that are out here understanding in many cases
10 what I'm talking about because many of them live the conditions in the
11 work place and the community that we're dealing with.

12 I'm going to do community-based research, I'm working my way up
13 towards that. Okay?

14 (Laughter.)

15 MR. MOORE: So, look now, if what we said is that there is no
16 reason -- justifiable reason -- why we should be living, working, insulted,
17 or whatever, based on where we come from, it ain't never been about
18 us -- it ain't never been about us that we didn't care about a job.

19 You know, even in New Mexico they tell us, well, it's an
20 environmental versus a job question. Now, I'd say to you that if we've
21 got 80 percent unemployment in many of our communities, then why in

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1 fact is it a job versus the environment question? Okay? We never said
2 we didn't want a job. We never said we didn't want to feed our families.

3 The reality of the situation is we're going to do it like other people
4 do it, with the same integrity, with the same of everything that goes
5 along with that. So we want good jobs, we want sustainable jobs, we
6 want good communities because we're pretty proud of many of our
7 communities.

8 We want to live in our communities. It's not about the question of
9 moving or do we want to move or do we want to get run out, or
10 whatever it may be.

11 So, okay, that's the short version. Okay? You know I also have
12 to mention when it comes to sustainability and the question of health
13 that as we're sitting here today -- and many of you are aware of this --
14 that our sisters and brothers in Puerto Rico were run off, arrested, and
15 still being arrested today in Puerto Rico -- still being arrested -- now, this
16 is a health care issue I'm dealing with, okay? It's about community-
17 based health research.

18 The military -- the U.S. military, okay? -- invades the island of
19 Vieques in the name of bombing. Now, who lived there? Who was
20 there before the military got there? Who was there while the military
21 was there?

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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,
3 Arizona. It could be Richmond, California. It could be Vieques, Puerto
4 Rico. It could be whatever, but we're here discussing real issues, no?

5 So let's not together misunderstand what the reality of our
6 situations 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
11 to health issues for many, many years. Because even if you look at my
12 own neighborhood, in my neighborhood we house the sewage plant,
13 used to house the only slaughterhouse -- I'm talking about 100,000
14 head of cattle that were housed in my neighborhood. So do you
15 understand what the smell that goes along with that means?

16 We live downhill -- I'm talking about mosquitoes. We're talking
17 about health. I'm talking about smell. We live downhill from the airport.
18 Well, if that was just the case, then it would be just downhill from the
19 airport.

20 Now, in Albuquerque, New Mexico then who else, if you landed at
21 that airport, is there? Sandia National Labs, Kirkland Air Force Base.

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1 Explosions. Bombs. Underground testing. And all of that that goes
2 with that.

3 Our water was contaminated-- contaminated -- with nitroglycerine.
4 But yet they said to us that it was our fault. Well, does that sound
5 familiar in New York or South Carolina or North Carolina, wherever it
6 may be?

7 If we wake up in the morning and our children have blue baby
8 syndrome -- what that means is the oxygen is being sucked out of our
9 young sisters and brothers because our children are drinking from
10 bottles and so on -- formula -- and then they turn bright blue -- that's
11 why it's called blue baby syndrome -- and then they die or they
12 suffocate to death.

13 Well, there was a health survey that was done. Just like there was
14 one done in many communities that our sisters and brothers come from.
15 So what happened? Now, we're going to be real -- and I'm going to
16 keep it -- I'm going to move, Mr. Chair -- I'm going to tell you something.

17 None of us wanted to wake up this morning in a bad mood. None
18 of us wanted to do that. But some of us went to bed last night with a
19 bad mood, and the day before that, and then woke up. Now, look, here
20 is the reason why -- part of it. Okay?

21 We're being told that it's because of the food that we eat. If you've

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1 got -- if you've got to live and work in the conditions that we are in many
2 cases living and working in -- now, I don't want to be disrespectful to
3 anybody and I'm going to mention Los Alamos, New Mexico and then
4 I want to do some of the research stuff for the last few minutes -- now,
5 this is very unfortunate, and we heard part of the testimony yesterday
6 -- if a white community -- I'm sorry, I'm sorry, I'm sorry -- I don't want to
7 hurt anybody's feelings.

8 But if it was a question of hurt feelings, then we wouldn't even be
9 here talking about it today. If you look at Los Alamos, New Mexico, the
10 fires. There were five fires going on in New Mexico. Let's not forget
11 that. You may only know about one of them.

12 The government, in the name of everything that -- including the
13 Environmental Protection Agency -- rushed to Los Alamos not for the
14 first time, but for several times, because they had understood that there
15 was a cancer cluster in Los Alamos, New Mexico before the fires
16 happened.

17 So ATSDR, CBDB, PPPP (sic) -- everybody was rushing to Los
18 Alamos, New Mexico. Nobody wants to have cancer. It's not a moment
19 that you celebrate.

20 But the unfortunate reality is that within Los Alamos, before the
21 fires, every government agency and institution in the name of whatever

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1 it might be, rushed there.

2 Now, you tell me, for example, whether the same rushness (sic) --
3 okay? -- and I know I'm using words that are not in the dictionary, but
4 it don't matter to me, okay? Because it's what the word means --
5 rushness. Okay? Every government agency, institution, whatever it is,
6 then rushed to Los Alamos, New Mexico.

7 Now, you accept this for whatever it may be. Those folks in Los
8 Alamos -- with all respect to them in the world -- nobody wanted to see
9 the 260 houses burn. But you tell me what government institution in the
10 name of health, or whatever it may be, rushed to Texarcana, Texas,
11 rushed to Tucson, Arizona, rushed to Dallas, Texas, rushed to -- I
12 mean, you go on and on -- Richmond, California -- you could go on and
13 on. And what government institution then, when our sisters and
14 brothers were poisoned and are still poisoned today, rushed to go
15 there? Okay?

16 Community-based, Mr. Chairperson, we are getting tired. Okay?
17 I'm going to tell you, tired. That's the way we say it. Because if we did
18 surveys, like I said, in my neighborhood, how do you know that this
19 problem is coming from the sewage plant or the pig farm, or whatever
20 it may be? Because we have been doing research for many, many
21 years.

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1 We got a nose. No? We've got a nose. No? And I'm not being
2 disrespectful to any sister or brother that comes from an academic
3 institution. As a matter of fact, we're proud of our sisters and brothers
4 because we had to march on the damn streets to even get them in the
5 university in the first place. Then we're talking about jobs and we're
6 talking about all that that goes along with it.

7 But we didn't never not want a job. I'm sorry. I'm sorry. We really
8 are not concerned about employment nor are we concerned about
9 environment because we're really much more concerned about
10 employment and unemployment and child care and health care and all
11 those things that go along with it.

12 Now it would be interesting -- we have been told before that we
13 were too busy when it came to environmental issues, that we were too
14 busy being worried about health care and all the other things -- and now
15 what are we supposed to be told now? Now we don't care about health
16 care.

17 Okay, here we go. You know what I was actually really trying to
18 do was to come in less excited and work my way up to some things that
19 I know that many of you are familiar with. So I'm going to close now.
20 I'm going to close. Unhappily (sic) I'm going to close -- unhappily,
21 that's another one, huh? Unhappily I'm going to close.

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1 The reason I say that is because I may be given injustice in the
2 name of justice to all the years -- the years upon years upon years --
3 that we walked streets and we asked our sisters and brothers, it was by
4 accident, "Do you have cancer here? Do you have cancer? Do you
5 have a cancer cluster? What kind of cancer do you have?"

6 And then we'd walk in Tucson, Arizona. Patsy Oliver, a sister that
7 we lost. Ernie Witt. We could go on down the line and on down the
8 line. And then they insult our integrity, that our research is not based
9 or grounded in anything.

10 If you've got 50 people on a street that have cancer, then don't
11 come back to us -- whatever that cancer may be -- don't come back to
12 us and tell us that our research is illegitimate. Is illegitimate. Because
13 if you've got a cancer cluster, anywhere in this country in a white middle
14 class community, in an upper middle class community -- and, please,
15 again, understand that it's not a question of being anti-white, so please
16 I don't want to hear later on that Richard was over there talking about
17 white folks 'cause that's not where this is coming from. I'm just giving
18 you the basis of the reality of where we come from.

19 So we walk the streets, we do health surveys, we do whatever.
20 And then it comes back to us in the name of ATSDR, or whoever, the
21 defender of industry in this country -- I'm sorry, I don't mean to insult

1 any of my sisters and brothers from a healthy institution, or whatever --
2 and then the government institutions that are supposed to be keeping
3 the mission equal as far as we're concerned -- equal -- we never said
4 we were a special interest group; we never wished cancer upon your
5 community, and we didn't wish cancer upon our community. None of
6 that came anyplace.

7 So then, if the fact of the reality is that they've got institutions --
8 now, I shouldn't be shaking my leg around that because you see me
9 come in with a cane -- but I was carrying the cane for two reasons.
10 One, because my leg hurts. And, two, if anybody gets too damned
11 nasty, I'm going to put this cane around their neck -- I'm sorry. I'm
12 sorry.

13 (Laughter.)

14 MR. MOORE: Barry, I didn't mean to say that. Okay?

15 (Laughter.)

16 MR. MOORE: You know, it's got like a little hook here. And so
17 that's like "Get your ass on over here."

18 (Laughter.)

19 MR. MOORE: Just in case -- just in case -- we've missed the
20 reality. Because it ain't going to be like that no more. Now I'm going to
21 close. I'm going to close.

1 With all respect to you all -- you all because we do "you all" and
2 "yens" and all those things that go along with it -- and to our sisters and
3 brothers that are out here, please understand that I'm not here today --
4 or, we're not here today -- or whether it was yesterday, today or
5 tomorrow -- to insult you folks, our sisters and brothers whatever color
6 they may be that work for ATSDR, CDC -- whatever it may be.

7 But what we're telling you is, we ain't going to put up with it no
8 more. We're tired of our research as we walk the streets and as we see
9 and identify and develop the realities of the kinds of cancers and other
10 illnesses in our communities and our workplaces -- we're tired of coming
11 to meetings and testifying and testifying and testifying and ain't nothing
12 being done about it.

13 We're tired -- in fact, we're tired. Tired. Just in case you didn't get
14 it, tired. We're tired of conference calls, of telephone calls, of meetings,
15 of testimony, or whatever it may be, because if there is a health crisis
16 in this country and if those health institutions, along with the other
17 institutions, can move to Los Alamos, New Mexico, or wherever, then
18 you come to our community because we're talking about a health care
19 emergency in this country. Okay?

20 Unfortunately, if it was in another somebody's community, then it
21 would be a health care crisis and you'd send in the National Guard and

1 the military, whatever, and all those kinds of things. If it was in our
2 communities it wouldn't happen that way.

3 What we're saying is we don't want to be treated differently; we
4 don't want to be treated unequally. Here would have said that was a
5 special interest group. How does a special interest group -- how can we
6 be a special interest group? If our folk are being poisoned in the
7 workplace, poisoned in the community, if our women, if our sisters, are
8 being exposed to toxics, have health care related problems, they go to
9 work and whatever -- how we going to be a special interest group? So
10 we want to be treated like other people are treated.

11 And then, if other people are being treated unjustly, then don't run
12 us as a special interest group, as those people of color and indigenous
13 people -- those people of color in fact just want a little bit of help. We
14 don't want no damn -- we're not asking you to do nothing for us in our
15 whole life and we ain't asking nobody to do nothing for us right now.

16 We want to be treated just like everybody else. And if they are
17 protected, then we want protection, whether it be in the community or
18 whether it be in the workplace.

19 Thank you, sisters and brothers.

20 (Applause.)

21 MR. MOORE: You know, I have to be honest with you, as we

1 close -- as I close, as we close -- I have to be honest in you in
2 disclosing. What I said was that we're a little tired. So now I have to
3 apologize to you because we're not a little tired; we're damned tired.
4 We're getting ready to get pissed off. And we don't want to be
5 disrespectful to you about it, but we ain't going to put up with it no more.

6 Now, in closing, just in case we didn't get it --

7 (Laughter.)

8 MR. MOORE: -- then, we're going to march, we're going to
9 organize, we're going to protest, we're going to demonstrate. We're
10 going to occupy. We're going to do anything that's necessary to make
11 sure that our sisters and brothers receive the kind of justice that this
12 whole country is supposed to be about promoting.

13 (Applause.)

14 MR. MOORE: So I'm telling you that. Now I'm going to -- now, if
15 we have a misunderstanding -- lastly -- lastly -- if we have a
16 misunderstanding, let's not leave here with one because what I said is
17 that we ain't going to keep coming to meetings like this. Okay? We
18 ain't going to do it.

19 Now, some will and some won't. But what I mean by that is, with
20 all respect to you all, is that -- what I said was, Mr. Chairperson, that
21 we're a little tired. So don't confuse -- don't confuse-- the tiredness with

1 the lack of commitment, the morality questions and all that go with it
2 because we're going to build some of the strongest community-based
3 organizations in this country.

4 We are going to link those organizations and our sisters and
5 brothers from academic institutions and from churches and from
6 government -- we are going to build them one of the strongest
7 movements in the name of environmental and economic justice not only
8 in this country but throughout the world. That's what was significant
9 about our sisters and brothers coming from South Africa, because it's
10 not a separate situation.

11 If we take out of what is in our community and think that, in the
12 name of whatever it might be, that we're going to dump it in somebody
13 else's community, we're wrong about that.

14 Now I'm going to seriously close because I want to be respectful
15 to you all, to our sisters and brothers, and to today's activities.

16 So we're gotten many recommendations. Don't insult us when we
17 put little pins up on maps and we walk the streets and then tell us that
18 it's illegitimate -- first of all, the word is not a word that we have any
19 respect for, okay? -- that our research is illegitimate.

20 What I started to say is that we've got degrees, unfortunately.
21 We've got degrees in injustice. Okay? Whether it's economical or

1 environmental injustice.

2 So when it comes to research, then don't think that on our day off
3 we just enjoy going to the dump or the pig farm or the slaughterhouse
4 or the nuclear storage facility, or whatever. Okay?

5 When we put those pins on the map and fdk from U.S.
6 Government institutions, agencies, come and say, "That's not good
7 research," okay? That's not good research.

8 When we identify, go door to door and identify various kinds of
9 cancer, whatever it might be, don't come back to us and tell us that
10 that's not legitimate research.

11 When we drive by the sewage plant or the slaughterhouse or the
12 dog food company, or whatever, and we've two nostrils in our noses,
13 like everyone else, and somebody tries to tell us that smell is not
14 coming from the -- that smell that you're talking about is no coming from
15 the sewage facility.

16 As my son said, and I am now closing -- my son said, you know,
17 Pops, in the name of NAFTA or SHAFTA, excuse me, I don't want to be
18 disrespectful -- you know, because it's very difficult for us to not only
19 talk about what's taking place in our community but what's taking place
20 in the world, whether it's health care, whatever that may be.

21 And you know, he said one day, you know, Pops, I've been born

1 and raised in this community and we go to school and the National
2 Guard came in -- the National Guard came into our community -- the
3 National Guard -- okay? -- came in our community in Mountain View --
4 in the community of Mountain View in Albuquerque, New Mexico -- the
5 National Guard. We had been drinking contaminated water for over 25
6 years, but we're expendable people. No? We're just a bunch of
7 Mexicans, whatever it may be.

8 You know, it's like working in the -- it's like when our children are
9 being born without brains and then trying to compare it to green chili
10 and red chili and tortillas and beans. Okay? We're tired of it.

11 Thank you all for the time to be here this morning. I really honestly
12 can't apologize to you for being late because I was told to be here at
13 10:00 okay? And I was ten minutes early. Just to be clear for the
14 record, Mr. Chair, because we started by saying that those community
15 folk don't care.

16 So with respect to you and our sisters and brothers out here today,
17 keep up the good work. Those of you that are working in agencies --
18 agencies -- raise hell. Yes, you don't want to lose your job, and we
19 don't want to lose ours either. Okay? But what we're saying is, that if
20 you know about it, if you know what's happening, then you've got a
21 responsibility too. I'm sorry.

1 You know, when I came through this door of this hotel I said I'm
2 not looking for a consultant job; I'm not an environmental justice
3 consultant. Hundreds of them outthere. Never seen them marching up
4 and down the street.

5 (Applause.)

6 MR. MOORE: Never seen them. But all of the sudden they're
7 environmental justice consultants. They're there to speak in our names
8 and say what's best for us. Huh?

9 So, with all respect to you, sisters and brothers, whether you work
10 in a workplace -- and if that workplace is the DOE or the DOD, or
11 whatever it might be -- the EPA -- tell them you ain't going to put up with
12 it no more. Okay? Because if you know, like we know, what's
13 happening to us, and if you don't step forward, then you've got to look
14 in the mirror at yourself the morning. Okay? And it ain't a good looking
15 mirror, sisters and brothers. Okay? It's not.

16 Lastly -- again -- thank you to the delegation from South Africa.
17 Sisters and brothers, it's great to have you here. The same "chevron"
18 facility -- I'm not supposed to name names -- the same "chevron" facility
19 that we visited in South Africa that was poisoning our sisters and
20 brothers is that same "chevron" facility that is poisoning our sisters and
21 brothers in Richmond, California. We know you don't forget it and I can

1 guarantee you that we have not forgotten it either.

2 Thank you all for the opportunity to have these few minutes.
3 Charles -- Mr. Charles Lee -- the Chair, Barry, Sister, and you all, I
4 apologize if I was rambling, but I ain't rambling. Okay? I've never been
5 a Rambler. I've been pissed off when we've been organizing. Okay?
6 That's where I'm at.

7 Thank you for your time and with all respect to our sisters and
8 brothers here, keep up the good work, don't put up with it. If this one
9 ain't going right, then you tell them that this one ain't going right either
10 and we ain't going to put up with this no more.

11 Thank you all for time you allowed me to speak.

12 (Applause.)

13 MR. LEE: Thank you, Richard. I think that we wanted someone
14 to talk to us about the -- with a sense of passion and urgency that this
15 issue conveys. I think you got that message very clearly to us.

16 I think we need to be moving on because the next panel is -- we're
17 actually running about 20 minutes behind time. So I want to close and
18 just kind of point out a few things that are probably important for the
19 NEJAC to think about based on these couple of presentations.

20 It's been said that doing science from the point of view of
21 community-based research is a way of doing science that would

1 achieve results that can't be achieved in any other way.

2 I really think that is very true, and the answer why that would be
3 the case would be very instrumental in getting us closer to
4 understanding the relationships between environmental polluting and
5 disease in those communities. I think part of the reason for this
6 overview is to try to bring us to a better understanding of that.

7 The second is that if you think -- that this is an important model to
8 achieve the results that we're striving for, how can a community-based
9 health model be replicated across many, many communities across the
10 country.

11 So those are the two questions that I think are outstanding
12 questions based upon this panel. I'm sorry we're not going to have time
13 to really get into that, but I wanted to leave with those two questions.

14 The next panel -- and I would ask if they would come forward -- I
15 want to first of all ask everyone to thank our three presenters.

16 (Applause.)

17 MR. LEE: Our next panel in your book is entitled Lessons from the
18 Field: What strategies and areas of research should be pursued to
19 achieve more effective, integrated community-based health assessment
20 intervention and prevention efforts.

21 Basically, like we said, since 1994 a wealth of experience and

1 knowledge has been accumulated with regard to community-based
2 health research in the area of environment. Some focus on
3 communications and partnerships, and capacity building; others focus
4 on the community assessments; and others still focus on prevention
5 and intervention strategies.

6 We asked this panel to come together, basically persons from
7 different backgrounds who have experience in doing community-based
8 health research, who will present their experiences and
9 recommendations on strategies and targeted research that would most
10 effectively advance this integrated community-based health assessment
11 intervention and prevention model.

12 First is Carlos Porras from Communities for a Better Environment
13 in Los Angeles; David Carpenter from the University of Albany School
14 of Public Health; Katsi Cook from the Akwesasne Nation; and Ray
15 Campion from the Mickey Leland Air Research Center.

16 I would ask, Carlos, for you to begin.

17 MR. GELOTER: Mr. Chair and Charles, if I could just ask -- not
18 to change the program or anything, but if we could -- I really want to
19 thank the prior panelists and just say that because of the time constraint
20 if we could at some point -- if we are able to find time later, if they are
21 able to be around some so that we could address some questions to the

1 presentations we received -- at some point after we've heard a little bit
2 more if we could find some time where we might ask a couple of
3 questions anyway.

4 MR. LEE: Absolutely.

5 MR. GELOBTER: Particularly for Richard who was the last
6 presenter and there wasn't some time. Just that we talk to them and
7 have them be around maybe this afternoon where we'd have a little
8 more time that we could ask them more general questions and have
9 their input.

10 MR. LEE: Absolutely.

11 MR. GELOBTER: Thank you.

12 MR. LEE: Carlos.

13 PANEL 2

14 LESSONS FROM THE FIELD

15 PRESENTATION BY MR. CARLOS PORRAS

16 MR. PORRAS: Thank you, Mr. Chair. I want to thank everyone
17 on the NEJAC and everyone who has put together the opportunity
18 today.

19 I'd like to start out by referring back to the quote of whether there
20 is a direct correlation between the environment and public health. In my
21 presentation I'd like to focus in on three particular areas: community-

1 based, community-driven research; data gaps; and some of the
2 prevention and intervention strategies from the perspective of an
3 organized community.

4 The overheads that I will present are basically some research that
5 was conducted through the fortunate opportunity to have one of the
6 NIEHS partnership grants, and it is a research of the Los Angeles area,
7 in particular the urban communities in southeast L.A. county.

8 The map that you see here is a map of Los Angeles County with
9 the lighter colors being zero to 40 percent communities of color and the
10 darker red anywhere from 80 to 100 percent communities of color, and
11 the dots being the toxic release inventory facilities, which clearly shows
12 a pattern with respect to the distribution of TRI facilities in L.A. County.

13 I would point out in this map that you kind of expect in the urban
14 core of L.A. County the conglomeration of these facilities, but if you look
15 at the patterns of race in the outskirts of L.A. County, you see a similar
16 pattern with the TRI facilities.

17 This is just one tool that we have been using to further some
18 solutions in L.A. County, and I will come back to what some of those
19 solutions have been.

20 But part of what is not there -- when we start talking about data
21 gaps, we're looking here at a national emissions inventory database that

1 is superimposed on L.A. County. That does not give us a complete
2 picture.

3 So, if you'll go to the next overhead, you can see what we did in
4 looking at a more localized portion of L.A. County, southeast L.A. in the
5 core of L.A. County. Next one, please. This is what it begins to look
6 like.

7 This is taking some more local databases from the State of
8 California and regional databases from the South Coast Air Quality
9 Management District and we start to develop our arguments for
10 cumulative exposure which is the purpose of our research -- is to give
11 attention to the need for cumulative exposure policy in the regulatory
12 communities.

13 But, again, we have some data gaps. If you look at the next
14 overhead, we did a physical inventory -- physical inventory with our
15 community members walking the streets to document and list
16 everything that was in this quarter mile radius of Huntington Park.
17 Seventy percent of the industries and facilities that were documented
18 in this particular part of Huntington Park were not reporting to any
19 agency. So there is a huge data gap.

20 Now, what we did is we used the hazard index protocol to just take
21 seven of the sources in this particular part of the research and do

1 cumulative exposure for respiratory outcome because this part of
2 Huntington Park is known as "Asthma Town."

3 Using that hazard index, which is a ranking of one to five with
4 anything above a one having significant impact to respiratory outcome,
5 we had 73 -- 73.

6 Now is there any question why asthma mortality in our
7 communities is doubling and tripling? No. But what are we told when
8 we raise the question about asthma in our communities? Cockroaches
9 and indoor air.

10 Seven facilities contributing to a hazard index 73 times higher than
11 what the regulatory agency considers safe. The next one, please.

12 Before I move on to this, I'd like to start out by pointing out some
13 of the prevention/intervention solutions. Now, we are very passionate
14 about the work that we do, but we're also willing to seek alternative
15 solutions. Be they policy solutions, technology solutions, legal
16 solutions. We'll use those tools with an organized community that has
17 the power to use those tools.

18 Now, the policy solution that came as a result of this research work
19 is significant. We were able to convince the South Coast Air Quality
20 Management District to reopen their toxics policies which they
21 established five years ago even with us at the table with our advocacy.

1 Now, the toxics policy -- and we keep coming back to the need to
2 make sound science decisions -- and I heard earlier Dr. Bullard raise
3 political science. This rule, when it was adopted, using cancer
4 threshold levels -- when it was adopted we were there and we said
5 anything above one in a million is significant to us. One death in our
6 community is significant from any facility.

7 Industry mobilized and requested that the policy set for cancer
8 threshold be set at 50 in a million.

9 Now, the agency, wanting to find the soft middle ground, was
10 recommending 10. Two days of testimony, what was the policy set at?
11 One hundred. Double what industry wanted. Double.

12 Now, where is the sound science? Where is the sound science?

13 Fortunately, in the year 2000 when we finally brought this rule
14 back, when we went back to the South Coast Air Quality Management
15 District, we went back with 400 people from all the communities in L.A.
16 armed and empowered with knowledge and the tools of science. And
17 we were able to change that rule.

18 Now, to give even more credibility to community-based research,
19 I want you to look at this picture, this graphic, which is the illustration on
20 the cover of our report "Holding Our Breath." This is Suva Elementary
21 School, Bell Gardens, California, one of the communities in that

1 research area. In the backdrop a chrome plating facility next to the
2 sandlot in the playground of the elementary school.

3 So we had to do some research here. And let me talk about some
4 community-based research which was conducted by the teachers of this
5 school because they were having several miscarriages and asked the
6 health department to investigate and they refused.

7 So they did their own research amongst the teachers in the
8 surrounding communities recorded high incidences of miscarriage, high
9 incidences of infertility, high incidences of birth defects and deformities,
10 of deformed fetuses.

11 That was not enough. So ten years later we get a request from the
12 parents of Alex Perales who at the age of 14 died from cancer and the
13 parents were coming to us saying, we know of at least 16 other kids in
14 the last couple of years that have died of cancer, students of this
15 school. Six or seven teachers and administrators. Can you help us?

16 Well, let's do some research. What does that research turn up?
17 That in 1988 when the teachers research was found to be not credible
18 because it didn't employ "sound science methodology" they did some
19 air monitoring right here in the playground of this school and took an air
20 sample that recorded the highest recorded levels concentrations of
21 hexachromium ever recorded in the South Coast Air Basic. That's

1 four counties.

2 Utilizing that to force the State of California Department of Toxic
3 Substance Control to come to Suva and do some looking into, which
4 they did not want to and the school district did not want them to, and the
5 air district rolled off as ten-year old problems that had been solved, but
6 armed with the parents and protests we finally forced the state, with the
7 help of some federal agencies, to come over here.

8 Now, there were some samples taken here. But the school district
9 had been doing some clean-up. So most of those samples came back
10 clean. But there were two samples that were very dirty. Dust wipe
11 samples.

12 As it turns out, during the sampling period the agency allowed Joe
13 Perales, the father of Alex, to pick two samples. Joe Perales asked for
14 the top of a soap dispenser in the gym and inside the air conditioning
15 ducts where he, armed with his own knowledge, knew if there was a
16 clean-up, it would have been difficult to get. And those two samples
17 came out the dirtiest of all. Most of the other samples were non-detect.

18 Now, the school was cleaned up, but there's a problem yet, to be
19 done.

20 And so, again, we will use the solutions available to us, including
21 policy, technology. We're trying to work currently with the USC School

1 of Engineering on developing new technologies for some of our smaller
2 businesses which are community-based businesses, small mom-and-
3 pop shops, but still contributing.

4 We'll use the legal solutions when it's necessary.

5 The point -- the key point -- that I think is very important is that the
6 solutions are much more forthcoming when the community voice is
7 using it.

8 Now, we want to talk about data gaps? Let's also include the data
9 gaps in the limits of science, such as we still don't have good
10 cumulative exposure science, much less synergistic. I'm glad to see
11 that we're moving ahead in recognizing socioeconomic status factors,
12 finally, but that's just on a new horizon.

13 What about the assumptions that go into risk assessment? These
14 are data gaps, very real data gaps.

15 The vulnerabilities and susceptibilities of children to these
16 environmental attacks? Data gaps.

17 I would like to close up my comments by commending the EPA
18 and the other agencies who are in attendance here. But let's remember
19 -- and I want to remind the NEJAC and remind us all -- that our
20 communities are not yet treated equally, even today, and we are now
21 in the 21st century and there are communities right now fighting with

1 ATSDR to come and do a health assessment in our communities. Still
2 unrecognized.

3 We still have policy programs being put forward, market-based
4 solutions for our communities. The market has never been sensitive to
5 our poverty. And if we don't have the money to buy clean air, we're
6 supposed to live with this toxic air? I don't think so.

7 Let us remind ourselves that after all of these years of the NEJAC
8 where is the interagency work group? What have they done yet?

9 This system is still a stacked deck and we have to recognize it,
10 with its health disparities.

11 Finally, I was glad to see -- not glad, but kind of -- it brought up the
12 point in my mind, in the earlier presentation, of Marcus Vitruvius, let us
13 remember, EPA and other agencies and institutions here, and let us,
14 the people, not forget, this architect created the water systems for the
15 Roman Empire, and those water systems of delivery took them down
16 from lead contamination.

17 So I want to thank the NEJAC and remind us all that yes, we've
18 made some steps forward, but we're not there yet and we're going to
19 keep marching until we get there.

20 Thank you.

21 (Applause.)

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1 MR. LEE: Thank you. Next I want to ask Katsi Cook from the
2 Akwesasne Nation to present.

3 PRESENTATION BY MS. KATSI COOK

4 MS. COOK: (Inaudible. Language other than English.)

5 Thank you to the Mother Earth, that you know the way, and teach
6 us, continue to teach us the way. Thank you to the water, you love the
7 people.

8 It always amazes me to come to meetings like this where we have
9 to go over again and again that the environment and human health are
10 the same. In my community, even before Marcus Vitruvius in Greece
11 was making these connections between water and human health, my
12 own people then, and continue even now --

13 MR. LEE: Can you speak into the microphone because this is
14 being recorded.

15 MS. COOK: -- to celebrate the relationship of the natural world to
16 human health, to wellness and balance. And so the notion of a
17 paradigm shift in the social context of science where human beings and
18 the natural world could be viewed as integral parts of one another.

19 It's really important that we continue to have these kinds of
20 meetings and sessions, and thank you for having this meeting here
21 today. I'm grateful to see again my colleagues in the environmental

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1 justice movement.

2 My community at Akwesasne is the Mohawk Nation, one of the
3 many communities of the Mohawk Nation that straddle the U.S.-
4 Canadian border at the 45th parallel.

5 I've heard a lot of talk about equality this morning. For us, we
6 think of ourselves as nations, families, and communities in a way that
7 I think is different from most of the people who are here. Yes, we have
8 been made citizens of the U.S. Government, but we still continue to
9 follow the ways that we're instructed to follow, and will continue to do
10 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
13 the source of our health and well-being. And we see that in this
14 industrial society how those relationships are being severed by the
15 reality of toxic contamination of the natural world and of human beings.

16 So that kind of thought needs to be put out there right away, that
17 our people in our communities deal with this, this reality of toxic
18 contamination, 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

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1 can't move, as other communities have had to. Our people still reside
2 on the 52 square acres -- or, 52,000 acres, where we've always resided
3 since 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
6 contamination, land claims, health care, medical care -- all of that is the
7 same. We look at those relationships and the interconnectedness of
8 those issues.

9 In 1983 when Akwesasne was designated a Superfund site and
10 talked about being the largest PCB dump in the country, we already had
11 a generation of Mohawk people who were activists, journalists with
12 connections to academic institutions.

13 So we organized ourselves, and by the time the NIEHS meeting
14 at Crystal City in Virginia happened, we had already made those
15 connections with academia and those state organizations that in the
16 past we had had great barriers to communicate with because of land
17 claims issues and the historical struggle of the Haudenosaunee People,
18 of whom the Mohawk Nation is one member nation, have had a long
19 history of problems with.

20 So it was following that path of creating a relationship to academia
21 and finding key individuals such as Dr. David Carpenter sitting here to

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1 my left -- because just as we were all excited by the passion of the
2 speaker this morning, Robert Moore, I wanted to say that to you this
3 morning, that it's in the passion of individuals that these changes occur,
4 whether they are in industry or in government or in communities. It's the
5 passion of the individual that carries these changes, the capacity for
6 change forward.

7 So, in finding committed individuals and institutions who will look
8 at the long-term commitment instead of the funding opportunity -- a four-
9 year grant, a two-year program -- it's looking at that long-term that's
10 important.

11 I think one of the main strategies that we used at Akwesasne of
12 doing multi-disciplinary research even before the term "multi-disciplinary"
13 became embedded into the thinking of agencies in looking at toxic
14 contamination, we began to look at food chain issues, communicating
15 with wildlife pathologists as well as epidemiologists and biochemists. So
16 the multi-disciplinary nature of these issues is really important.

17 I encourage -- I reiterating the thoughts of Carlos Porras and other
18 speakers today -- that this research that happens needs to be multi-
19 disciplinary, multi-agency; that the federal agencies do need to work
20 together in focusing on these environmental justice communities, these
21 sites, where a lot of work has been done and continues to be done.

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1 I can't help, as an aboriginal, but to filter these ideas through the
2 microcosm of birth. In the English language, midwife means "with the
3 woman." But in our language it means she's pulling the baby out of the
4 water or a dark, wet place -- out of the earth. And so the relationship,
5 again, of human health to environmental quality is something that is
6 embedded in our culture.

7 The social and cultural aspects of toxic contamination and human
8 health are something that investigators in my community are following
9 up on in the NIEHS environmental justice grant and that we need to
10 continue our thinking in the community about how to deal with these
11 issues beyond, again, just the limits of science and the limits of funding
12 agencies and the changing winds of government.

13 I sit here today to basically reinforce those things that have been
14 said in other meetings and in the meetings today, that other government
15 agencies need to better understand environmental justice principles and
16 to work together to feed and support connections and contacts and
17 networks into these communities so that we can maintain sustainability
18 in our work.

19 These contacts in the scientific community are essential for
20 communities to decide what their future is going to be and how to deal
21 with these issues.

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1 Knowing today that recently a cousin in my community was
2 diagnosed -- she's younger than I am; in her early 40s -- with psoriasis
3 (phonetic) psoriatic arthritis and rheumatoid arthritis, she lives in a part
4 of our reservation that is contaminated over the years with fluoride. She
5 grew up there at the time when a researcher from Cornell University
6 was looking at fluoride ash deposits on Cornwall Island and its
7 destruction of the agricultural subsistence economy there.

8 So, the relationship of fluoride to her immune system-based
9 diagnosis is a concern. It is a concern just today, as well as the
10 concerns of many of the women in the Mohawk community, regarding
11 limits to fish consumption, the loss of traditional agriculture and food
12 supply and the occupational exposures that our men experience in their
13 workplaces in local industry and in other industries.

14 I offer my encouragement and add my voice to what's been said,
15 that the agencies need to continue the University Community
16 Partnership Grants. It's been in quilting together these different agency
17 supports that our community has really been able to take a serious look,
18 a broad based look.

19 One of the problems that I've seen is that a lot of the research is
20 guided by what's hot in science. Recently we were unable to renew a
21 Superfund grant because the demand by NIEHS was to look at genetic

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1 indicators in humans and blood testing that would have been done
2 wasn't acceptable to our community because we have a real problem
3 with how science colonizes and behaves in a imperialistic way, has in
4 the past, and will continue to do so in subtle and not subtle ways in the
5 Native Community.

6 And so because we couldn't respond to that aspect, other parts of
7 our research, our need for data from how our children who were born to
8 mothers that participated in a breast milk study in the middle '80s who
9 are now in puberty, how they're doing, was denied.

10 And so I encourage EPA and other agencies to look beyond just
11 the science that's driven by the need of industry and of this genetic
12 testing that's going on. That we need to look to support areas of
13 immunology and neurobehavioral sciences too. We can't leave those
14 aspects of scientific research behind in the name of this new way of
15 thinking, that genetic engineering is going to solve all of our problems
16 in medical care.

17 So those are all the words I have for now. Thank you.

18 MR. LEE: Thank you.

19 (Applause.)

20 MR. LEE: We're going to ask Dr. Carpenter to speak next. As
21 Katsi said, it turned out that Dr. Carpenter and Katsi Cook are involved

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1 in a partnership together. Looking at the experiences from that would
2 be, I think, very beneficial for us.

3 Before Dr. Carpenter starts, we are trying to make sure that we're
4 staying on time. Therefore, we've asked that there be a timekeeper
5 come up to help you pace yourself. We're asking each of the speakers
6 to speak for ten minutes, and the timekeeper will help you accordingly.

7 David.

8 PRESENTATION BY DR. DAVID CARPENTER

9 DR. CARPENTER: Thank you. Katsi has given a good
10 introduction to the situation at Akwesasne.

11 I should say that I think that the Mohawk National at Akwesasne
12 and the University of Albany and the New York State Department of
13 Health have been working together since the mid-'80s, and this was
14 really long before the terms "environmental justice" and "community-
15 based research" became popular. That's not to say that it's always
16 been easy, that everything has been successful.

17 What I'd like to do today is present some of the background of our
18 relationship, our projects, and what we have each learned from each
19 other. If I could have the first overhead, please.

20 Katsi indicated that Akwesasne is at the New York-Quebec-Ontario
21 junction. It's a relatively small reserve that's right on the St. Lawrence

1 River. I'm afraid you can't see that very well. The point is that it's
2 immediately adjacent to the General Motors foundry site, a national
3 priority site, and there are two additional aluminum foundries just upriver
4 from the Akwesasne. All of them used PCBs as hydraulic fluids, and
5 the result is contamination of the traditional fishing grounds of the
6 Mohawks. If we could go on to the next overhead.

7 It simply shows some of the levels of PCBs in the fish that not only
8 was the major protein source of food for the people in this community,
9 but also was the major occupation. Again, I don't know that you can
10 see the numbers.

11 If you recall, the advisories on fish consumption are either one or
12 two parts per million, and in my own judgment those advisories are way,
13 way too high. They were set 20 or more years ago before we knew
14 anywhere near what we know presently about the health hazards of
15 consumption of PCBs.

16 Their numbers for Local Creek and Turtle Creek and you see
17 values -- average values -- as high as 20. In the St. Lawrence River a
18 little further downstream, you see values in different species of fish.

19 I think one of the points here is that even for a community it is
20 important that they have information. Not all of those species of fish
21 have significantly elevated values of PCBs and one really can't

1 condescendingly tell communities, don't do this, do that, do this. What
2 we need to do is provide communities with information so that there are
3 some species that are not so highly contaminated, others are highly
4 contaminated.

5 In this community when the state and federal agencies made
6 recommendations, the elders and the chiefs in the community advised
7 the community to stop eating fish. They did so with a certain price to
8 their culture, but with an improvement on health quality. The next
9 overhead, please.

10 Now, our initial studies -- well, this simply shows that most people
11 think that fish get contaminated by eating dirt and soils. These are
12 caged carp put in contaminated waters. It goes from the right to the left
13 with increasing time. These animals were fed clean food. It
14 demonstrates that fish can absorb the PCBs directly from the water.
15 The next overhead, please. I'm going to have to rush along here a little
16 bit.

17 This is PCBs in the air. Most people neglect the fact that you can
18 breathe in these things and absorb them through the lungs. This is air
19 monitoring near the contaminated sites as a function of the seasons.
20 We found the highest levels in June, not necessarily the hottest month
21 of the year, but the month at which the wet sediments are evaporating

1 and the PCBs are going into the air. Next, please.

2 This is an indication of the PCB congeners present in some 35
3 Mohawk women. What you're looking at in the axis on the right side are
4 different individuals; the x-axis are the different PCB congeners. At this
5 time we measured about 71 congeners. They go from the far left, being
6 those with a few chlorines; those on the far right have more chlorines.

7 The point is that PCBs are a mixture of a number of compounds
8 and they don't all have the same health effects. What we see, if you
9 just look at this pattern, is that some individuals are exposed primarily
10 to more lower chlorinated congeners, which suggests they may breathe
11 these in because those are the more volatile, whereas others have a
12 mixture that's more similar to the mixture that was used at the chemical
13 companies. Next, please.

14 Now, our original study, which Katsi was important in beginning --
15 the original study was really exposure assessment. Do mothers at
16 Akwesasne that eat locally-caught fish have more PCBs in their breast
17 milk which then is going to go to their child both through breast feeding
18 and through prenatal exposure? Do they have more PCBs than other
19 people?

20 We did a study where we compared women in the middle of New
21 York state that didn't eat a lot of contaminated fish with Mohawks.

1 What you see in the period on the left, between 1986 and 1990
2 there was a clear significant elevation in breast milk concentrations
3 among Mohawks. But after the Mohawks stopped eating the fish, after
4 1990, that relationship went away.

5 Let's skip the next viewgraph and go on to the one after that.

6 Part of this was a matter of people learning how to eat the fish.
7 This shows the process, both the number of fish meals in the early
8 period when people were eating fish, and then later when people
9 learned how to trim off the fat and the skin to live a healthier lifestyle.
10 The next one, please.

11 Now, one of the things I want to really emphasize and go into the
12 last few minutes of my talk is how valuable the experience has been to
13 both those of us in the academic community and those from the
14 community that was impacted by the environmental contamination.

15 From the very beginning, the Mohawks are a pretty empowered
16 people; they don't take a lot of grief from anybody. They have had
17 some previous experiences of working with academics that did not give
18 information back to the community. Beginning with Katsi Cook and also
19 the other leaders in the community, the Mohawk community established
20 an Akwesasne Task Force on the Environment, which was basically a
21 gatekeeper for research to be done within the community.

1 This is statements from Henry Lickers who was the environmental
2 leader on the Canadian side of the reserve, giving basically fundamental
3 principles -- if you want to work with our community, you must
4 understand our culture, you must understand our religion, you must
5 respect that -- and I'll go on to that in a little bit. These principles were
6 things that we, as the academics, were taught by the community.

7 Now, we tried also to teach communities -- the members of the
8 communities -- some aspects of, you know, what are the health effects
9 of PCBs, what are the things to be concerned about, how can you avoid
10 excessive exposure. But these are the principles that we were taught.

11 And if we go on, I think probably the single-most important -- the
12 next slide, please -- the most important formulation of what we, as
13 academics, and the community have agreed as being an important way
14 to proceed is this. There are three key aspects of successful work
15 between researchers and a community, and they are respect, equity,
16 and empowerment. And if we go on, the last three simply go through
17 these in some detail.

18 What is respect? Respect is respecting individuals for who they
19 are; not judging people just by the degrees they have. You can't read
20 this; it doesn't really matter; it's to remind me to describe it.

21 Respect is recognizing the humanity of individuals, recognizing

1 that people in a community have a better sense of what are the health
2 problems in that community than I have from four hours away.

3 It's respect for culture, for tradition. It's respect for religion. And
4 it's -- in fact, what we have found is that our philosophies are so totally
5 compatible. We were told at one of our first retreats at the Akwesasne
6 Reserve that one of the principles of Native American beliefs is that the
7 water of our bodies is contiguous with the water of the earth -- if the
8 water of the earth is contaminated, our bodies are contaminated. That
9 is what environmental health is all about.

10 The next is trust. I'm sorry, the next is equity; trust is what comes
11 from all of this.

12 Equity means that if one is going to do a research collaboration
13 with communities, it has to be a collaboration. There has to be some
14 return to the community. You don't just write your papers. You don't
15 just do your own thing for your own promotions and benefit. You
16 employ people in the community. You involve people in the community.
17 You train people in the community.

18 And, lastly, empowerment. Empowerment basically means that
19 you work toward the goal of ultimately being unnecessary to the
20 community because you're empowering the community to take charge
21 of its own affairs.

1 So I think we've learned an enormous amount from this
2 collaboration. We haven't solved all the problems. Our last five years
3 has been, for the first time focused not on exposure assessment, but on
4 health effects.

5 Let me just say a final word about that in closing because PCBs
6 are like lead. PCBs reduce IQ of unborn children, and do so in an
7 irreversible fashion. This is not just a problem with indigenous
8 communities, because there are many immigrant and many innercity
9 African-American communities where fishing is a way of life and there's
10 a river that flows through the center of the city that's highly
11 contaminated with these and other substances.

12 While PCBs don't cause acute death, you don't do a quick body
13 count, they ultimately cause cancer, they disrupt the immune system,
14 they disrupt thyroid function, they disrupt the sex steroid function, and
15 in my judgment the most serious, is they cause an irreversible and
16 permanent decrement in IQ and shortened attention span.

17 These are serious issues. They need to be addressed. But
18 communities need to be informed; they need to make their own
19 decisions.

20 Just earlier this month I was part of a meeting on Arctic health in
21 Alaska focused for the most part on Native Alaskan communities where

1 the concern there was the level of contamination in the traditional foods,
2 especially marine mammals. Don't tell us whether or not to eat them,
3 that's our decision to make, but inform us what the health issues are so
4 that we can make a rational decision balancing our traditional way of life
5 and our culture against the environmental threats to the health and for
6 the future.

7 I think these lessons are really what we have learned as
8 academics, and we're beginning to get information about health effects.
9 We now know, for example, that although the Mohawk children age 10
10 to 16 don't have exceptionally high levels of PCBs, there is a direct and
11 inverse relationship between their level of thyroid hormone and their
12 serum PCB levels. These are serious health issues and we need to
13 work together with the communities to understand them.

14 Thank you very much.

15 (Applause.)

16 MR. LEE: Thank you, Dr. Carpenter.

17 Next we'll have Dr. Ray Campion from the Mickey Leland Air
18 Toxics Research Center in Houston.

19 PRESENTATION BY DR. RAY CAMPION

20 DR. CAMPION: Thank you. Mr. Lee, Mr. Chairman, and Members
21 of the Advisory Council, thank you for this opportunity to --

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1 MR. TURRENTINE: Pull the microphone closer, please.

2 DR. CAMPION: Can't get it much closer. Is this okay? Okay.

3 I'd like to tell you in about ten minutes or so what the Mickey
4 Leland National Urban Air Toxics Research Center is about, and I must
5 say, I have some trepidation after hearing some of the prior speakers'
6 concerns about have we done too much research. But I think there's
7 some exciting new developments in that area that I think speak to this
8 whole issue of whether or not air toxics in urban areas are causing
9 public health effects.

10 Just a word about the political science before we get to the other
11 science. The Leland Center, or the National Urban Air Toxics Research
12 Center, was authorized in the Clean Air Act amendments of 1990. I
13 think it's instructive, if you look at the Air Act, you'll find that the
14 authorization for the Leland Center comes just after the requirement
15 that's put on EPA to come back and assess the public health risks
16 associated with air toxics after the controls have been in effect for about
17 ten years.

18 So our job, as we see it, is to provide the data for EOA to make
19 those risk assessments around this time of year -- or, around this time,
20 I should say, over the next several years.

21 Our organization is very small. We do contract research work or

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1 grant research work. Our board of directors is appointed by -- three
2 members by the President, three by the Speaker of the House, three by
3 the Senate Majority Leader. They appoint a 13-member scientific
4 advisory panel which is composed of nationally prominent scientists,
5 including EPA scientists, several -- two or three -- from industry, and the
6 bulk of them from the academic community.

7 The scientific advisory panel actually selects the research that we
8 are to do. We develop the actual elements of the proposals, and then
9 they are let out for bid.

10 I'm going to stress the word "peer" reviewed because we've heard
11 it several times before. It's very important to the kinds of things that are
12 being discussed here today because unless the results of the science
13 are truly peer reviewed, they run into trouble down the line in terms of
14 the acceptance by the scientific and medical public health communities,
15 and even more importantly and ultimately, in the courts because many
16 of the things we've heard about today have not met those challenges,
17 have not met those elements of proof, and I think that's the reason why
18 some of the things we're talking about today are so important.

19 As I mentioned and you heard earlier from one our researchers,
20 Dr. Kinney from Columbia, most of our nine studies that we have
21 underway are community-based. And that's another term we can talk

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1 about relative to the questions because I don't want to get into that too
2 deeply with the limited time available.

3 We have nine programs underway, as I mentioned. They are
4 studies of the volatile organic chemical levels in urban areas. They're
5 studies that involve methodology development to allow us to assess
6 these levels of contaminant in homes. We stress the levels of toxics in
7 the outside air, the inside air, and the personal exposures.

8 I think if we have contributed anything to this whole area it is in the
9 development of methodology to allow personal exposures to be
10 assessed over one to two days by an individual if he or she wears this
11 device, which is about the size of a credit card, for 24 or 48 hours. We
12 can now determine what that individual has been exposed to in terms
13 of volatile organic chemicals, oxygenated organic chemicals, aldehydes,
14 whatever.

15 Finally, we are working on some additional monitoring
16 development that would allow particulate matter -- and especially the
17 metals on fine particulates -- also to be assessed in this relatively
18 inexpensive and people-friendly or user-friendly manner.

19 I think the studies we have underway in Houston and in New York
20 and in Los Angeles -- and some smaller studies getting underway are
21 in Baltimore -- that are community-based will address those issues of

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1 how much people are exposed to in the indoor, outdoor and personal
2 environment air.

3 I think that's the critical nature of what we're doing. That hasn't
4 been done before because it has been expensive to do. We have the
5 trust of some of the communities that our researchers are working in to
6 allow the people to participate in that study and we like to tell them all
7 that they're going to be told about the results as quickly as possible.

8 Some of the results are surprising as they're coming out. I did not
9 bring data with me because we recognize there is limited time here, but
10 in all the studies -- and this is not new -- in all the studies indoor air
11 showing much higher levels of the air toxics of the 188 or as many of
12 the 188 as we can assess -- much higher levels than outdoor.

13 One of the hypothesis-driven research studies that we have is
14 what is the effect of outdoor sources on indoor and personal air. That's
15 a critical study. As I said, it's hypothesis-driven so the researchers are
16 attempting to prove that hypothesis.

17 The study that Dr. Kinney is conducting in high schools and middle
18 schools in New York City is a very interesting and informative study
19 relative to what these kids are exposed to throughout the day. Not just
20 when they're in the school, but when they're at home watching TV or
21 traveling -- even, more important, traveling in New York City with the

1 various sources of toxics that they're going to encounter.

2 We are also involved in the NHANES study, which is a study that
3 is carried out by the National Center for Health Statistics that we're very
4 excited about. We're the first non-government organization that is
5 participating in NHANES.

6 We have convinced NHANES to allow us to use our badges (sic)
7 with the people they are sampling relative to health effects in terms of
8 nutrition and diseases and that kind of thing. So now, for the first time,
9 we'll have a picture over 48 hours of what those folks who are coming
10 in having their blood pressure and other elements of their system
11 examined and what their personal environment is in terms of air toxics.
12 So that's a pretty significant one.

13 We have the support -- our support base is from EPA. We have
14 a congressional appropriation through the EPA budget and we access
15 that through the Office of Research and Development at EPA. Our
16 relationship with EPA I think is a pretty positive one at this stage since
17 the research we're doing is complementary to what EPA is doing.

18 The personal exposure research has not been a key element of
19 EPA's research program and they've told us that they will pick up some
20 of that as we continue to develop and the needs become clearer.

21 The major element that I'm trying to stress here is that we do have

1 a new technique relative to personal exposures on people. We have to
2 select the communities and the people that we will want to test. In all
3 of these research programs that we let, they are peer reviewed, they are
4 peer reviewed several times before they are let, after the results come
5 in and when they go to the literature.

6 Our research product -- or, I should say, the product of the Leland
7 Center -- is singular. The results have to be published in the scientific
8 literature and they have to be peer-reviewed to be published. So that's
9 our only work product, is getting that material into the literature and
10 having those folks who are involved in making risk assessments have
11 that material available to them in a manner that they can rely on, let's
12 say, in terms of the peer review.

13 Some people have criticized, or some people in the NEJAC area
14 have said, well, as long as you have industry support, we question
15 whether or not your results are credible. Our industry support financially
16 is about ten percent of our total budget; 90 percent of it comes from
17 EPA.

18 We have EPA scientists on our scientific advisory panel. We have
19 representatives from all organizations on our board of directors, which
20 is appointed by the Congress and the President

21 I think the critical point is that these folks are involved in the design

1 and development of the program, and they have to live with the results.
2 So their participation is critical to this. We have not had a problem at
3 this point in terms of anybody criticizing the output of our research.

4 I think it's key that we continue that. We do not have any
5 dedicated research monies in the sense that it's all fungible -- we let
6 these programs independent of who wants to have whatever study
7 because only our scientific advisory panel determines what it is that we
8 do research on.

9 We have defined two research niches that we are heavily involved
10 in. One of them is personal exposure research which we've just talked
11 about. The second is non-cancer health effects.

12 We have decided to stay away from the cancer area primarily
13 because it takes so long to get the data out. We are young organization
14 hoping to continue to succeed relative to the finances, and we are trying
15 to link some of this personal exposure research ultimately to non-cancer
16 health effects.

17 We have two studies which we've just started -- they're
18 epidemiological studies -- one at Harvard and one at Washington State
19 University, which are directed towards the health effects of workers in
20 one case and citizens in another case and their exposure to fine
21 particulate. There are a number of metal air toxics on fine particulates

1 that we are particularly interested in investigating.

2 Finally, our new research initiatives which are just getting under
3 way are: asthma, asthma as affected by air toxics. We are leveraging
4 an EPA study and hope to do personal exposure research on the
5 students in a school district in Houston which is downwind of some
6 major source. We hope to get a handle there in a good statistically
7 sound peer-reviewed way of the kinds of exacerbation of asthma that
8 could result from exposure to air toxics.

9 I've kind of run through a number of issues relative to our research
10 program and tried to do that in a manner that would plant the seed for
11 some questions. I'll be happy to address those. Again, we do
12 appreciate the opportunity to share this with you. Thank you.

13 (Applause.)

14 MR. LEE: Thank you.

15 Before I ask that we give a round of applause to all the presenters,
16 I want to say that Professor Richard Gragg from Florida A&M University,
17 the Environmental Justice Inequity Center, will not be able to make it.
18 We wanted him to give a perspective because this is a center that was
19 created by the Florida State Legislature and he does a lot of work in
20 Florida with the various Florida departments. Due to a death in the
21 family he is not able to make it.

1 Why don't we, like I said, give a round of applause to all the
2 presenters.

3 (Applause.)

4 MR. LEE: We'll open it up for questions. We're going to try -- I
5 know there were a number of people that weren't able to ask their
6 questions the last time so we're going to try to follow that order.

7 Marinelle.

8 MS. PAYTON: Thank you. And I'd like to thank the panel. As you
9 perhaps are aware, the Health and Research Subcommittee will be
10 somewhat continuing this discussion tomorrow morning, and all of you
11 are invited.

12 My question is a specific and focused one. It's one question. I'd
13 like for each of you to briefly address the question, if you please.

14 Based on your individual research and lessons learned from your
15 own studies -- in addition to that also in considering global research --
16 what areas and strategies of research would you consider to be very
17 important in pursuing in order that one could achieve a much more
18 collaborative integrated community-based health assessment
19 intervention and prevention program?

20 DR. CAMPION: Of course, I'm prejudiced in that area because I
21 do feel that the personal exposure area is very important.

1 I think the reason that we're excited about what we're doing is that
2 it does not appear that the way that EPA and others have looked at air
3 quality in terms of air toxics is necessarily consistent with the public
4 health effects that could ensue from this.

5 So the fact that we're doing personal exposures and also that we
6 are involved with the community and recycling the information that we
7 get back to the community as to what the real exposures they have are,
8 I think is a critical element of what we've learned in terms of lessons.
9 People don't believe you unless you come back to them and tell them
10 what you've determined in your research.

11 MS. PAYTON: Are there any specific methods and logical
12 approaches that you would consider?

13 DR. CAMPION: I think the kinds of things we're doing in terms of
14 methodology development, having devices that are user-friendly and
15 that people don't have a great deal of trouble handling, are key to all of
16 this. These are little credit card type devices that people can then use
17 efficiently and effectively and we can get good data relative to what
18 they're being exposed to on a daily basis.

19 And, very important, is then to recycle that information back to the
20 people so that they understand where it's coming from.

21 One of the things we've found is using, for example, fixed site

1 monitors and models based on those fixed site monitors for air toxics is
2 not nearly as effective -- they're not nearly as useful as using personal
3 exposures.

4 MR. LEE: Thank you.

5 PARTICIPANT: I'm not sure I understood the question.

6 DR. CARPENTER: Well, I think there are many, many things that
7 are important to do and, really, your question is what are the priorities.
8 I think from my perspective we really need to give priority to children, to
9 development

10 It's tragic if someone gets cancer when they're 60 years old
11 instead of dying of heart disease when they're 85. But it's not as tragic
12 as having a child born and have that child for the rest of their life to a
13 degree incapacitated in intelligence and attention span and endocrine
14 development

15 We have many, many problems and many toxins that affect people
16 of all ages, but I think the focus which EPA has taken a lead on, and
17 NIEHS has taken a lead on, on dealing with this variety of factors that
18 affect children is appropriate as an area of emphasis.

19 What we find in children is going to have relevance to adults as
20 well, but the effects in children are going to be greater.

21 MR. PORRAS: There's many areas I could speak to but I think

1 that what would be much needed information is to start from a premise
2 of health in the community. So, community-based health assessments
3 could help to drive some of the other areas of research that are
4 necessary and critical.

5 But I also want to premise in saying that, I think that it is important
6 for us to recognize, again, the limits of science and some of the data
7 gaps there. I want to point out that it's almost -- not that science and
8 research shouldn't be pursued, that is not my point; I think we need to
9 pursue those efforts.

10 But I think we also need to recognize the limits, the boundaries,
11 and reinvigorate the precautionary principle in terms of our public
12 policies and our solutions because I would also like to remind us that
13 there are approximately -- well, more than 70,000 chemicals in the
14 marketplace today, of which we only have a couple of hundred analyzed
15 and assessed for their toxicology and their effects on human health.
16 This is a huge data gap.

17 MR. LEE: Great. Well, why don't we go to the other side of the
18 room. Michel.

19 MR. GELOBTER: I've been struggling with -- this is the question
20 I would like to have asked the first panel also. I guess the -- and, Carlos
21 your last comment raises a whole host of other ones -- but I think the

1 one thing that I've run across in looking at community-based research
2 and trying to have more of it happen -- I guess the question I'd like to
3 ask the panel is how do peer reviewers see community participation in
4 research, truly.

5 And from a community's perspective what are the things that
6 community -- and I think this panel addressed some of it -- but what kind
7 of community review is necessary on researchers and what are the
8 criteria, so to speak, that each bring to the table in looking at each
9 other.

10 I ask this because I know that there are fundamental problems in
11 the scientific community with true community input and there are
12 fundamental problems in the community with the role that academics
13 have played historically there.

14 The whole precautionary principle thing I think at some point would
15 be interesting to address just because what is the science of the
16 precautionary principle because so often we're rocked back on our
17 heels of not having -- we're busy with the science of getting the
18 materials out into the environment before they're tested, and not busy
19 enough with that.

20 But that's a separate question. I was really interested in the
21 community's views of scientists and vice versa and how that affects the

1 ability to do this research effectively.

2 DR. CAMPION: We recently concluded a workshop in Houston
3 that had national participation -- national scientific participation and this
4 question was one that we didn't get a good resolution to because the
5 scientists and the community do not agree for the most part on what
6 constitutes that kind of a study.

7 The scientists, on the one hand, will be looking at the basic
8 scientific method. For example, that the subjects would have to be
9 neutrally drawn, that they would just be selected out of the community.
10 We would not want volunteers, for example.

11 We certainly would not -- this is the scientists -- we certainly would
12 not want advocates on that panel from the community side because
13 their minds in that regard are already made up, and that would not pass,
14 in their view, some of the peer review characteristics of their studies.

15 So there is a very difficult cross-cutting issue there that still has to
16 be resolved. Dr. Sexton at the University of Minnesota gave that
17 presentation and obviously the scientists in the room were not
18 convinced that he was on the right track relative to the need to bring the
19 community in at the earliest point to help formulate the study. Because
20 if they formulate the study, then the scientists view that as already
21 having made the conclusion, having developed the conclusion.

1 It's a difficult area and one that we're just learning how to deal with
2 and just moving towards the middle on both sides. But it is tough.

3 DR. CARPENTER: I think I would take a slightly different point of
4 view. I would certainly agree that the average academic doesn't relate
5 to community-based research.

6 In terms of the first question, Michel, how do agencies get
7 community-based research to pass peer review, I think the answer is
8 relatively simple. The agency requires it, and requires the study
9 sections, the panels, to use involvement of the community as a criteria
10 for being funded.

11 That is in the prerogative of agencies. It may not set well with
12 some individual reviewers, but tough.

13 With regard to -- you know, I don't think that community-based
14 research has to cut a lot of corners. I think you can have random
15 selection of subjects. And I think -- you know, this is part of the reverse
16 education. If you're going to get good results from research, there
17 certainly are some standard principles of how that research is done that
18 need to be implemented.

19 Now, granted, it may not be possible in every case to have random
20 selection of subjects, but I think this is where academics and
21 communities must work together. I don't think anyone is just advocating

1 compromising the quality of research. It's a matter of doing it in a way
2 with which you have community buy-in and where the community
3 supports application of good contemporary research criteria, but to
4 solve and approach problems that are of concern to the communities.

5 MR. PORRAS: I would have to agree on some of those points. I
6 think our research has undergone peer review successfully. I think
7 there are still some tensions between how far out in terms for
8 advocating for solutions academicians can get.

9 And we can respect that. That's not their role. That's our role.
10 We'll be the advocates. Give us the research. Let us ask the question.

11 I think this comes back to something -- it was interesting to hear
12 the earlier response about the lack of credibility when the community is
13 asking the question, and look at the paradigm that we've had with
14 industry research over the last 50 years. Now, where is the conflict of
15 interest in that?

16 MS. MILLER-TRAVIS: Here. Here.

17 MS. COOK: I'd just add that it's important for researchers in
18 working with at least Native People to not always look for the Tribe.
19 The Tribe in my community is very conflicted over the years. We're a
20 heritage of colonialism, the Tribal system. Most Native people in the
21 U.S. support Tribal Governments that include traditional councils as well

1 as these elected system type of models. Because of those historic
2 problems, working with Tribes can be very difficult.

3 Our Tribal administration of the last eight years has focused on
4 building a casino. In doing that, they contaminated 37 wells with all
5 kinds of salts from the geologic age -- barium, beryllium.

6 So the solution of our community was to found the Akwesasne
7 Task Force on the Environment which would include all of the different
8 governing bodies within the community, as well as interested individuals
9 and non-governmental organizations. And so it's important for
10 scientists to really listen to communities and not just Tribal
11 Governments.

12 In terms of industry funding, we started out the breast milk study
13 with funding from General Motors, which right away sounds like the MS
14 Foundation won't accept money from the Playboy Foundation. When
15 you're in need of support -- again following those equity and
16 empowerment models -- as long as the community sits at the table as
17 a fully cognizant partner focused on what they want -- we were able to
18 do those three tasks with General Motors' support initially because it
19 was the Mohawk people defining how that research would be conducted
20 and the interpretation of the data was part of the ground rules that were
21 laid out.

1 So I think this deserves a much broader discussion, but thank you
2 for that question; it's an important one.

3 MR. LEE: Before we go to the next person, it was suggested that
4 since we didn't have a lot of time for discussion with the last panel that
5 if either of the three of them wishes to join this panel, you know, that
6 you would be welcome. I know, Richard, you're back there; I don't know
7 if Dr. Bullard and Dr. Kinney are still here. But if they would wish --
8 these are really questions that are very germane to the last panel as
9 well.

10 I think next we'll ask Tseming.

11 MR. YANG: Thanks, Charles. I actually wanted to follow-up on
12 the question that Michel asked. I guess I have a little bit of a sense
13 already what your answer might be, but I was interested if you could
14 focus a little bit on it. That is, when do you think there's enough
15 research? I mean, there is some point at which you're going to have
16 data and you're going to have to move from process to substance.

17 What do you do with sort of the hard questions? That is, where
18 you have conflicting science or where you have conflicting research
19 reported either from the community or from, you know, as opposed to
20 sort of more traditional scientists. Do you see as a solution more
21 science, more research being done or do you see more research really

1 as being able to find a definitive answer from which you can derive
2 policy solutions?

3 I don't know, there's a lot of people on the panel now -- I really
4 would be interested -- that was the question I was hoping to ask the first
5 panel as well, actually.

6 MR. PORRAS: Well, I think you're addressing the issue of risk
7 assessment and risk management. Risk management is solely a
8 government responsibility, to use the data as they see fit in making the
9 risk assessment and managing that risk.

10 DR. CARPENTER: I would say that you're asking the question of
11 when does research translate to intervention, which I think is a very,
12 very important question because we're never going to have enough
13 research, but there gets to be a point in time when intervention activities
14 are very, very important.

15 I think in the case of many of these poor and disadvantaged
16 communities, as long as there are health disparities, there is an urgent
17 need for intervention. Sometimes it should not be delayed until after all
18 the research is completed.

19 But having research should be the basis for policy formation. It's
20 outrageous, when you have epidemics of asthma in Harlem that nobody
21 pays attention to, then you clearly need intervention not just research,

1 and they should be done in parallel.

2 MR. PORRAS: I think there's still value to research. However, I
3 think we should take certain precautionary steps applying the
4 precautionary principle to certain public policies where we reached
5 those limits of science.

6 It's important for us to stop and intervene in those problems that
7 are happening in the community and understand that there is another
8 principle out there that we from the environmental justice movement put
9 forward. That's self-determination.

10 I want to come back to Suva, because that chrome plater -- a
11 regulatory policy person approached us with the question: If we used
12 best available control technology to reduce that hexavalent (phonetic)
13 chrome emission down to a level of insignificance, will you still accept
14 that chrome plater next to the school?

15 I turned to them and I said, well, as soon as you can take that
16 permit and go to Beverly Hills and pick an elementary school and put it
17 in that community, then we'll say yes. But until you can do that, no.

18 (Applause.)

19 MR. LEE: Great. Can we go to the next question or are there
20 more perspectives on this? Peggy, maybe you can go next.

21 MS. SHEPARD: Carlos, you were quite effective earlier in

1 showing us how you've been able to use your research and data to take
2 public policy action. I'd like to hear a little more about that from some
3 of the other panelists, how this data is actually really changing public
4 policy and action. I know about the Akwesasne and the St. Lawrence
5 River clean-up. Is that happening in terms of Pat Kinney? What's
6 happening in diesel, in your diesel studies? In terms of the air toxics
7 studies, where do you see that data going in terms of how EPA sets
8 policy in terms of air quality?

9 DR. CARPENTER: I think in terms of the situation at Akwesasne
10 things are happening very, very slowly. This is an NPL site; there are
11 lots of legal actions; there are lots of delaying tactics; there are lots of
12 very real problems in remediation of years and years of contamination.
13 Bedrock in the St. Lawrence River is contaminated, still leaking PCBs.
14 So it's very frustrating.

15 But at the same time, I think to a degree we haven't really done all
16 that we need to do. I mean, in our case we've been working there for
17 15 years and it's only five years ago that we began to really do human
18 health effects. I think we have a lot of evidence that's going to be
19 coming out in the next few years that's going to help build the case.

20 We, the academics, working in these communities need to be -- we
21 need, I think, not to just sit back and publish our papers and peer review

1 journals. I think this line between being the scientist and being the
2 advocate and being the person that tries to enunciate where a policy
3 should go as a result of our research -- many academics are very afraid
4 of crossing that line. It jeopardizes their funding, they get labeled as an
5 advocate rather than an objective scientist.

6 But on the other hand, it seems to me that there's a responsibility
7 in that when we document health effects to really put the pressure to
8 federal or state agencies, to whomever, to find solutions and take
9 actions.

10 DR. KINNEY: Let me say a few words about the New York City
11 diesel situation. There has been an ongoing long-term advocacy effort
12 to get the Metropolitan Transit Authority to reduce their reliance on
13 diesel buses. That's been going on for a long time.

14 I think some of the research we've done generating exposure data
15 for diesel exhaust in New York City has been one element that I think
16 has helped to convince, finally, just recently the Metropolitan Transit
17 Authority to put a much bigger effort into alternative fuels. That's a very
18 encouraging sign.

19 I think that it would be incorrect, certainly, to consider that the data
20 that we've generated was a major part of that. But I think that when you
21 do have some hard science and there's an existing infrastructure of

1 advocacy that's been going on for a long time, I think that data can
2 really sort of help energize it and really get the attention of some of the
3 policymakers. I hope it has made a difference.

4 DR. CAMPION: I think I've kind of addressed this a little bit before,
5 but the policymakers are, in this case, primarily the Environmental
6 Protection Agency, and there is a legal requirement on them to come
7 back and assess the public health risks ten years after passage of the
8 Act. So I think that's one of the drivers behind their need to get this
9 information and get risk assessments done.

10 MR. LEE: Okay. Jennifer, you want to ask the next question?

11 MS. HILL-KELLY: Thank you. I just have a question on the
12 Akwesasne project. Is there continuing research -- community-based
13 research -- on the adolescent children of the mothers that were in the
14 breast milk study? Is that research going to continue to evaluate those
15 kids who are now, you know, 11 or 12 years old?

16 DR. CARPENTER: Well, it's half yes and half no. We have a
17 study ongoing of children between the ages of 10 and 16. Those
18 children were born at the time when the Mohawks ate a lot of
19 contaminated fish. A few of those children are children whose mothers
20 were part of the original breast milk study.

21 But again, we felt in the design of this project six years ago that it

1 was important to have a randomly selected cohort of children that were
2 within the ages of 10 and 16.

3 So we are in some ways lacking the information about maternal
4 serum and breast milk levels, but we have extensive information on fish
5 contaminated and eaten by the mother, and it's a much larger cohort of
6 children than we have now.

7 It would have been ideal if we had followed the same cohort for all
8 those years, but unfortunately that was just not realistic.

9 MR. LEE: Rosa Hilda.

10 MS. RAMOS: Finally. I think we have a serious problem here. As
11 a community leader, I understand that the advisory panels or councils
12 are the entities that lead the agency to develop policies.

13 The problem we are having is that these panels or councils do not
14 have the appropriate community representation seated in the table,
15 participating in the decision process. It's not a matter of communities
16 acting as peer reviewers is a big part of the process. Communities are
17 not properly represented in those panels.

18 Also, there's too much representation from industry. Too many
19 scientists that are biased, that are part of the industry, and their
20 decisions work on behalf of the industry.

21 This is the root of all these standards that do not protect the health

1 of the people and the decisions that are supposed to be scientific but
2 exclude accompaniment from the community that must be included by
3 law. The law defines the composition of these advisory panels. All
4 stakeholders must be included, all of them.

5 How come impacted communities are not a significant complement
6 of those advisory panels? The agency must look into that because, you
7 know, industry has been suing the agency for not being represented in
8 those panels. The agency will soon see communities suing the agency
9 because they are not being included in that process. So we have a
10 problem that we must address.

11 MR. TURRENTINE: Thank you. I'm going to step into this part
12 and I'm going to call a break of five minutes -- an as-quick-as-possible
13 break. Then we have the next part of the agenda that we will get to.
14 We've been sitting here for a while and I think it's appropriate for the
15 next person who is going to speak to us, that at least he have our
16 attention, and I'm not sure that he'll have that if we have one eye on the
17 John and another eye on him.

18 (Laughter.)

19 MR. TURRENTINE: So, guys and girls, let's get back in here as
20 quickly as we can because we have the deputy administrator coming on
21 as soon as we finish.

1 But before we do that, let's give these two panels a hand.

2 (Applause.)

3 (Recess.)

4 MR. TURRENTINE: We will get started again. I still see some of
5 the Council chairs empty and I would ask Council members to please
6 come back to your stations.

7 If I could have your attention, we'll move forward with the program.
8 At this point I want to turn it back over to Sylvia Lowrance and Sylvia
9 will introduce the next presenter.

10 MS. LOWRANCE: Thank you, Haywood. It gives me great
11 pleasure to introduce EPA's Acting Deputy Administrator, Mike
12 McCabe.

13 I think you will find that throughout his career he's been a tireless
14 advocate for public health protection and environmental protection. He
15 has an extraordinary public service career spanning 25 years.

16 Prior to becoming the Acting Deputy Administrator, many of you
17 know him from EPA's Region 3 where he was the Regional
18 Administrator. While he was there, he had many accomplishments,
19 among them was leading EPA, and ultimately the federal government's
20 effort to reform mountaintop mining and valley fill practices in
21 Appalachia. He was a leader in dealing with the problems posed by

1 poultry producers in the DelMarva area of Region 3.

2 On a personal note, he was one of our regional administrators who
3 was one of the strongest advocates in EPA for a vital and strong
4 environmental enforcement program.

5 Prior to coming to EPA, Mike served in a variety of positions
6 serving the U.S. Congress. He served as Delaware Senator Joe
7 Biden's Director of Communications and Projects. He was Staff
8 Director of the U.S. House of Representatives Energy Conservation and
9 Power Subcommittee and the Congressional Environment and Energy
10 Study Group. I know you will all enjoy working with Mike in his new
11 capacity.

12 Mike, we thank you very much for being with us today.

13 MR. McCABE: Thank you, Sylvia.

14 (Applause.)

15 PRESENTATION BY MR. W. MICHAEL McCABE
16 DEPUTY ADMINISTRATOR, EPA

17 MR. McCABE: Well, thank you, Sylvia, for that introduction. And
18 thank you, Haywood, for being here and your leadership on the
19 Executive Council. I'd also like to thank all the members of the
20 Executive Council for the fine work they're doing and the time that they
21 spend on these important issues.

1 I appreciate the opportunity to be able to sit here next to my
2 colleague John Hankinson, and thank you for all the work that you've
3 put into putting this conference together. These conferences take a lot
4 of time and effort on the part of a regional office, on the part of the
5 resources of a region. I know that when you come to Atlanta you're
6 going to have a good time, you're going to have a productive time, and
7 I think that John and the folks at Region 4 have shown that.

8 In fact, I understand that tomorrow night John's going to actually
9 perform with his blues band. If you have the opportunity, you really
10 ought to see John and the blues band. And I hope that's the only blues
11 that we're singing in this conference.

12 I'd also like to recognize and welcome the delegation of
13 environmental justice leaders from South Africa. We are delighted to
14 have you join us, to learn from us, for us to learn from you as well in our
15 efforts to deal with the issues involving environmental justice.

16 I have very special memories of a visit that I took in 1981 to South
17 Africa with the Congressional Subcommittee on Africa. That was at a
18 time before -- that was the time during apartheid. I remember thinking
19 as we were leaving about the pain and bloodshed that would inevitably
20 occur when apartheid was brought down.

21 I think that in retrospect it is a real tribute to the world, it is a lesson

1 that the South Africans have taught the entire world, about peaceful
2 political transformation that avoided that pain, that avoided that
3 bloodshed.

4 Some day I hope to go back and see the progress that has been
5 made in that great country.

6 It is a pleasure to be here with all of you, to be here at this
7 conference. This is an important conference. I want to commend all of
8 you for the work that you've done to make EPA a more effective
9 agency.

10 For more than seven years NEJAC has provided us with critical
11 advice, important advice. Advice that has had a very direct and
12 important impact on our initiatives. Advice that has made a difference
13 in everything that we do, from Brownfields redevelopment to children's
14 health protection, from Superfund clean-ups to Tier II emissions
15 standards.

16 We value your contributions. We count on your counsel. We look
17 to you as invaluable allies.

18 As I look up across this room at the Executive Council, as I
19 encountered folks coming into the room, I was reminded of all of the
20 familiar faces that I know and the people that I've worked with over the
21 years on these issues. I see a lot of familiar faces. I see dedicated

1 EPA staff, state, community folks, and folks in industry.

2 Now we are turning to NEJAC to give us your best thinking on a
3 very complex and difficult subject, the issue of the role of risk
4 assessment and cumulative effects on communities.

5 These are actually issues that I'm familiar with from my days as
6 Regional Administrator in Region 3. During my time in Region 3, with
7 a variety of stakeholders we conducted a risk assessment of Chester,
8 Pennsylvania. I'm sure that many of you are aware of that.

9 This was the first of this kind of an assessment, and although it
10 certainly wasn't perfect, we learned a lot about risk assessments and
11 the lack of sound science to fully determine cumulative effects of
12 industry in this community.

13 Undeterred, we conducted another risk assessment in Southwest
14 Philadelphia. In this study, as in the one that preceded it in Chester, we
15 relied on existing health and environmental data to obtain a community
16 profile. Once again, we found that we were unable to draw clear links
17 between industry and health effects.

18 We are now turning to you to give us help and guidance so that we
19 can better protect public health and the environment for all
20 communities. And I wish you luck in this conference and the work that
21 you're doing in this area.

22 I've said that EPA considers you invaluable allies. Having said

1 that, I hope very much that you understand that the Clinton
2 Administration is your invaluable ally.

3 Think about it. A different kind of administration might tolerate your
4 existence; this administration mandates your existence.

5 A different administration might listen to your concerns; this
6 administration acts on your concerns.

7 In a different administration NEJAC might be little more than an
8 example of tokenism. This administration will never permit that.

9 We've come a long way since 1994 when President Clinton issued
10 his Executive Order on Environmental Justice. Since that time, the
11 interagency integration of environmental justice has become a reality.

12 Child-driven environmental standards have become the norm.
13 Children's exposure to lead, particularly through old paint and
14 contaminated soil, has been significantly reduced. The Environmental
15 Justice Small Grants Program has distributed more than 750 awards
16 totaling more than \$14 million. And perhaps most significantly, Title VI
17 of the 1964 Civil Rights Act has been given new life and new force.

18 In the next couple of weeks EPA will be releasing the Title VI
19 Guidance that you have long waited for. We have spent a long time
20 putting together this Guidance.

21 It's been a difficult task because we were breaking new ground
22 involving new stakeholders charging a new way of doing business that

1 takes in, too, the needs of communities which previously had been
2 ignored and abused. This guidance document will help us advance the
3 cause of environmental justice. I am confident of that.

4 There will be a comment period. We hope you will comment. We
5 know you will comment. We know and want you to tell us what you
6 think.

7 Today I also want to share with you information about another
8 initiative that represents a major step forward. This initiative has been
9 in the works for about nine months. It started off at a meeting that I
10 think some of you attended in South Carolina, at Hilton Head. That
11 work, the work that has been done since then, produced what is called
12 the Integrated Federal Interagency Environmental Justice Action
13 Agenda.

14 I think in the federal government the more words that we put in a
15 title, the better it's supposed to be. I hope you'll understand that from
16 now on I will be calling this the EJ Action Agenda.

17 The aim of the EJ Action Agenda is to bring together the resources
18 of 11 federal agencies to help environmentally and economically
19 distressed communities. Together, 11 federal agencies and
20 departments, identified 15 environmental justice demonstration projects.
21 The anticipated result will be to use federal resources in a targeted way
22 to improve life in 15 minority and low income communities that suffer

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1 disproportionate environmental impacts.

2 Based on our experience with these pilot projects, we'll try to add
3 more projects and broaden agency participation in the future.

4 I want to emphasize that the EJ Action Agenda is a work in
5 progress. We're going to be looking at the results. We're going to be
6 looking at how the agencies work together and work with the
7 communities. And we want to make sure that it grows and develops in
8 a way that helps those communities, that just doesn't impose another
9 federal action on them.

10 The EJ Action Agenda is an effort to work with our federal partners
11 to bring new resources to the EJ community. It was vetted, it was
12 reviewed through representatives from communities and the state, local,
13 Tribal and federal government, and I think it's a tribute to the benefits of
14 collaboration, the kind of partnerships that will be valuable in facilitating
15 the challenge that is the focus of this meeting. The challenge of
16 fashioning strategies that will bootstrap progress towards effective,
17 integrated community-based health initiatives.

18 The work of NEJAC and the Integrated Working Group are
19 demonstrations of the power of partnerships. The history of the EPA for
20 the last seven and a half years is in many ways the history of
21 partnership formation. It's the history of reaching out.

22 Under this administration and the remarkable leadership of

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1 Administrator Carol Browner, the EPA has been guided by the vision of
2 a new kind of partnership, a partnership of Americans devoted to the
3 twin goals of economic prosperity and environmental protection.

4 As a result of this vision and the extraordinary economic record of
5 the Clinton/Gore Administration, we know that economic expansion and
6 a health environment are goals that must be achieved together. They're
7 not incompatible. They're not indivisible. And even though the
8 naysayers will deny this, their claims ring hollow.

9 Experience has unequivocally demonstrated that an investment in
10 the environment is an investment in job creation, an investment in the
11 America we want our children to grow in. It is an investment in our
12 communities.

13 Smoke belching out of smokestacks does not mean prosperity. It
14 means that we are not protecting the workers in that factory or the
15 people who live in the factory's shadow.

16 Economic expansion need not come at the expense of social
17 justice. As we expand the economy and expand environmental
18 protection, we also can expand the umbrella of justice. We can and
19 must expand the benefits to those who bear the greatest burden of our
20 strong economy.

21 At EPA in the last seven years we have been guided by the belief
22 that environmental justice must be rooted in the understanding that we

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1 all share this planet, that we all share the future, and we must all share
2 the responsibility. This triad, this three-legged stool, if you will, of
3 environmental and public health protection, economic expansion, and
4 social justice defines the IWG agenda and the agenda under EPA's
5 Administrator Carol Browner.

6 In the pursuit of this agenda perhaps nothing this administration
7 has done and nothing that EPA has done has been more important or
8 has had a greater impact than our Right To Know Initiatives. The goal
9 of our Right To Know Program is nothing less than the ultimate
10 partnership, a partnership of all Americans on behalf of all Americans.
11 The Right To Know offers us the opportunity to prove that government
12 and the business community and caring, involved, informed citizens can
13 work together as responsible stewards.

14 Through the Right To Know we discover the progress that is
15 possible when informed people speak up and speak out, we discover
16 the extraordinary vision and power of so-called ordinary people, and we
17 are reminded that Democracy and the safeguarding of our rights is not
18 now and never must become purely a spectator sport.

19 This is what Right To Know Programs are all about, empowering
20 people, providing people with the information they need to participate
21 fully in the decisions that affect their communities. The Right To Know
22 creates the power to act, and the actions of caring citizens enrich our

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1 form of government, our Democracy.

2 At EPA we've worked hard to ensure that local communities have
3 the information they need to safeguard public health and preserve the
4 environment. Our Toxics Release Inventory -- better known as is all of
5 the inside scoop that you need on the stuff that they're dumping in your
6 communities -- offers all citizens information about toxic chemicals that
7 are being used, manufactured, treated, or transported in or near their
8 communities.

9 Let's note that when citizens are armed with information, industries
10 become more responsible. Since 1988 when TRI reporting began,
11 industrial facilities required to report their emissions have reduced their
12 toxic releases by one-half. Many of you here in this room have
13 effectively used this information to address health and environmental
14 concerns in your communities.

15 Throughout the country citizen groups and businesses are taking
16 advantage of EPA information to pinpoint environmental problems and
17 design innovative solutions. Our Website, which now attracts 60 million
18 visitors each month, gives the public access to gigabit upon gigabit of
19 environmental information. And we have recently reorganized our entire
20 information operation to make our information more useful and more
21 accessible.

22 We are seeing the democratization of environmental policy. We

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1 should not underestimate the significance of this development. It is a
2 landmark event, a trend that is defining our times and how we protect
3 our citizens.

4 Giving an added boost to this trend has become a central part of
5 EPA's mission. We aim to facilitate active and informed participation in
6 public affairs to encourage all citizens everywhere to seize the right and
7 accept the responsibility of guiding policy and thereby guiding our
8 nation, to enable all people -- all people -- to become engaged, to be
9 involved, to be part of the decisions that affect their quality of life.

10 It is this kind of activity, this kind of involvement, that we are
11 committed to, that we are dedicated to, that you can't take for granted
12 because it may not be there in another administration. It may not be
13 there in the future. You cannot assume that this is something that you
14 will be able to rely on through the future and through the work that you
15 are doing.

16 I think that what we have seen in the work that you've been doing
17 over the last seven years, and the work that we've been doing over the
18 last seven years, is nothing less than a significant movement. A
19 movement of rights, a movement of civil rights, a movement of justice,
20 of activity at the community level unlike anything that we've seen in the
21 environmental movement before.

22 As we work to build on this movement and to ensure that it is there

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1 in the future, I think that it will bear up and will sustain us in the future.
2 It is the voice of the community, it is a voice of people in the community,
3 and that is a strong and powerful voice.

4 It is a quality of life movement. It is a movement towards justice.

5 It's not about growth versus no growth. It's about smart growth.

6 It's about the right kind of growth.

7 It's not about industry versus environmentalists. It's about working
8 together, about partnerships, about old adversaries becoming new
9 allies.

10 It's not about justice or environmental protection. It's about justice
11 and environmental protection.

12 What we are learning today, what we have learned over the last
13 seven years, bodes well for the cause of environmental justice, it bodes
14 well for the cause of environmental protection.

15 We are learning that the heart of our Democracy beats strong.
16 Today the people are saying, as they said three decades ago on the
17 first Earth Day, we must save the environment; we must protect our
18 natural heritage. Not for a few of us, not for some, but for all of us.
19 Environmental protection for all of us; environmental justice for all of us.

20 My conviction is that we will advance EPA's mission, we will
21 advance your mission, we will advance the mission of NEJAC, so long
22 as we remain tuned in to this chorus of voices, the voices that we have

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1 here today, the voices that we hear in our communities.

2 We're determined to do exactly that. And in this effort, as I said to
3 you earlier, we are and we consider you invaluable allies.

4 I am very pleased to be here with you today. I'm pleased to
5 participate in this important session, and I look forward to having a
6 discussion with you afterwards in questions and answers. And I wish
7 you all the best luck in this conference over the next couple of days.

8 Thank you very much.

9 (Applause.)

10 MR. TURRENTINE: Mike, thank you very much. Now we are
11 open for questions and answers from the Council. I see Rose, I see
12 Luke, and I see Damon.

13 Hold on. Can I go back just a second because Damon has not --
14 and I'm going to try and call people who have not had an opportunity to
15 speak, but I want to get all of you.

16 Mike, how much time do you have available?

17 MR. McCABE: I've got about ten minutes.

18 MR. TURRENTINE: Okay. So we're going to ask you all, in order
19 to get as many questions in as possible, to be concise in your questions
20 to Mike and let him respond to it.

21 Damon.

22 MR. WHITEHEAD: Thank you. I just have one question, and I

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1 understand later in the week we're going to have Ann Goode from the
2 Office of Civil Rights. You did mention the Title VI Guidance that's
3 coming out within the next couple of weeks. I guess I'm concerned
4 that this guidance --

5 MR. TURRENTINE: Damon, if you can, because Mike may not
6 know who we are, identify --

7 MR. WHITEHEAD: Oh, I'm sorry.

8 MR. TURRENTINE: --yourself so that he will know.

9 MR. WHITEHEAD: I'm sorry. I'm Damon Whitehead. I'm with the
10 Earth Conservation Corps.

11 My question deals with the Title VI Guidance that you mentioned
12 will be coming out in the next couple of weeks.

13 My concern is that EPA, you've mentioned, in the last seven and
14 a half years -- Title VI has brought a new -- EPA has brought a new life
15 to Title VI. I have a significant disagreement with that, particularly since
16 looking at the accomplishments or the number of cases EPA has
17 actually determined under Title VI -- there's only been one. And, quite
18 frankly, that case, you know, got determined in a record amount of time.
19 I think everyone would agree with that. And particularly I think that that
20 decision would not have happened if it wasn't for someone within the
21 Administrator's Office directing that it be done. I'm not a political person
22 but I can take that and see the writing on the wall.

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1 So my point simply is, and my question is, that EPA has relied on
2 this process of creating a guidance for Title VI over seven and a half
3 years, and the administration is coming to an end in November, and
4 based on what happens, EPA Title VI may not be in existence. I mean,
5 that's just the reality of the situation.

6 So my point I guess would be, why hasn't the agency, and will the
7 agency in the next couple of months, based on the prior process where
8 it's taken years to take public comments and to redo it, simply go
9 forward and decide these cases -- I forget what the exact number is --
10 I know that 48 have been filed so far -- and I cleaned up my office
11 recently when I changed jobs and I saw a letter of two years ago from
12 my colleague, Mr. Cole, who had written about the immediate need to
13 do something on Title VI.

14 And so my point is, simply, between May 24th and November,
15 instead of waiting on the guidance, you know, and all the public
16 comment, why doesn't EPA just simply decide these cases now? I
17 mean, you did it in Select Steel and you didn't have a guidance. So
18 why must you wait for a guidance and a process that obviously hasn't
19 worked over the last seven and a half years?

20 Why don't you just go forward and decide these cases now so that
21 we can have some precedent on the books, instead of, you know, going
22 through another process that's going to take another seven years that,

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1 you know, maybe no good come November?

2 MR. McCABE: Well, no matter what happens in November, Title
3 VI will be around and I think that the legal basis that we have built both
4 through this Guidance and other activities, other actions that we've
5 taken, will provide a foundation for not only you to take future actions,
6 but also to hold the next administration to a standard of addressing
7 concerns under Title VI.

8 The question that you ask about why don't we just go ahead and
9 process all of the petitions that we've received -- now that we have
10 guidance, we will have the framework to make those decisions, we will
11 have the framework to process that. But we had to get there first.

12 I think if you've been involved with the Title VI Guidance
13 development and with the outreach that has been done with the
14 different drafts that we've been through, you realize how difficult it has
15 been to put together this framework.

16 It's something that EPA just can't step up and mandate. This is
17 something that involves our state partners. It involves the recipients of
18 the grants. It involves not only the folks in this room but also industry.

19 There has been considerable concern and attention paid to the
20 development of the guidance since our initial guidance came out a
21 number of years ago, and it's been a lightning rod for a lot of the people
22 who don't feel that EPA should be involved in any way in dealing with

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1 matters of social justice or issues of environmental justice in the
2 community.

3 So we had to build a record, we had to build a framework that is
4 going to withstand whatever changes happen in November. I think that
5 we have done that. I think that what you will see over the next couple
6 of weeks is something that will stand up to whatever assaults are
7 launched on it. It will provide a good framework and basis to make
8 these determinations, and we will be using it to process the petitions
9 that we have.

10 MR. TURRENTINE: Luke.

11 MR. COLE: Mr. McCabe, I appreciate your coming before us
12 today, and like my colleague, Mr. Whitehead, I frankly was startled
13 when you said that you'd made great progress on Title VI.

14 This is the first time you've appeared before us like this, so you've
15 not been the subject of my repeated inquiries about Title VI over the last
16 four years that I've served on this panel.

17 We first heard that a Title VI Guidance was going to be coming out
18 imminently from Fred Hansen in December of 1996. We got that
19 guidance promised in February of '97, in February of '98. We were told
20 at that point that that was going to be the panacea, that then, when we
21 had the Interim Guidance, we would start resolving the claims.

22 Well, since that time exactly one case, as Damon has pointed out,

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1 has been resolved. And as has been amply documented, that case was
2 resolved wrongly on the law and wrongly on the facts. Now we're being
3 told again, wait for the guidance.

4 The issue is not the guidance. The issue is the enforcement of
5 facilities civil rights law.

6 (Applause.)

7 MR. COLE: It is the resolution of the more than 50 outstanding
8 complaints that are either under investigation or have been accepted.

9 If you were a sixth grader in 1993 in Noxubee County, Mississippi,
10 Cancer Alley, Louisiana, Button Willow, California, you are now
11 graduating from high school and going to college before the EPA is
12 addressing your civil rights complaint.

13 This is unacceptable. Now I hear you, what you're saying, that a
14 new administration might change things. Well, frankly, a new
15 administration could not have a worse civil rights enforcement record
16 than the Clinton/Gore Administration.

17 (Applause.)

18 MR. COLE: You cannot get worse than doing nothing for seven
19 years and deciding one complaint and deciding it wrong. You cannot
20 get worse than that.

21 So I would like to tell you as strongly as I can, you need to get off
22 the dime and start resolving these complaints in a way favorable to

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1 communities, that protects civil rights rather than protects the rights of
2 polluters to continue to poison our communities.

3 (Applause.)

4 MR. McCABE: I certainly appreciate the frustration that you're
5 expressing. It is something that we have felt as well. We believe that
6 the work that we have done over the last several years to build the
7 framework is something that will stand up to assaults.

8 This is an area where we have had to break new ground, where we
9 have had to establish not only new policy but keep an eye on
10 establishing what might be challenged in the courts. And you can't do
11 that overnight. We would have liked to have done it sooner. We would
12 have preferred to have had this resolved at an earlier date, and I am
13 well aware of the schedules that were set and unfortunately not met.

14 I think what you will see when we produce it in the next couple of
15 weeks is that it's something that will be the basis for future action and
16 will provide this community will a strong framework to address these
17 important issues.

18 It is a commitment of this administration to get this done. And I
19 think that the record of this administration does not stand only on this
20 guidance. It stands on all the other activity that we have been involved
21 in in communities around the country to address the environmental
22 justice issue.

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1 The Title VI Guidance is one part of a very impressive agenda and
2 impressive record of accomplishment in the area of raising this issue to
3 a level that it has not been raised to before.

4 MR. COLE: You'll pardon me if I'm being skeptical --

5 MR. TURRENTINE: Luke, wait a minute. Wait a minute. We can
6 take one more question. I think Mike has to go. Rose Marie.

7 MS. AUGUSTINE: I'm going to repeat what I had to say last night.
8 We have had some people come to this Council -- and not only to the
9 Council; I've seen them in different conferences and different workshops
10 -- and they've been coming to this Council for the last five years with
11 their problems.

12 And we haven't been able to help them. And we've been hearing
13 about other communities too that we have not been able to help.

14 The thing is that we have the EPA here, and we have like a puzzle,
15 but there's ten pieces of the puzzle that are missing. These agencies
16 are not at the table. These agencies are the ones that -- these people,
17 the Department of Defense, the Department of Energy, should be at the
18 table. It's been seven years, if I'm not mistaken -- they should have
19 been at the table to hear from the communities.

20 I'm glad that we have an environmental action agenda, but is this
21 agenda going to begin in December? It should have been started seven
22 years ago. It should start now.

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1 We need to analyze -- people come down here to the NEJAC and
2 they're asking us for a voice. I was under the impression that NEJAC
3 was supposed to be a voice for the community. And they're coming
4 over for us to form a committee so that they can speak. So that means
5 that in the past the NEJAC was doing real good, a lot of things have
6 been accomplished by NEJAC.

7 But something is happening that we're not going forth. Title VI is
8 one. You know?

9 And we need to have an analysis of the past and present activities
10 of the NEJAC, where they have been successful, what has not been
11 successful. And it needs to be done by the environmental justice
12 leaders that made the NEJAC possible. We need these past
13 chairpeople in a subcommittee or in a working group to analyze where
14 the NEJAC is going, where it's been, and what are we going to do.

15 In order to provide a strong framework for what the EPA wants to
16 accomplish there needs to be an analysis, there need to be
17 recommendations on how to make it stronger. But it needs to come
18 from the community.

19 (Applause.)

20 MR. TURRENTINE: Mike, just a little bit of background. We have
21 a number of people who have come before this panel and they've
22 reported on health problems in and around federal facilities. And so I

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1 just wanted to provide that framework -- that's some of the frustration --
2 because we have not heretofore been able to address issues that
3 related to problems around federal facilities because we have not had
4 those federal agencies at the table where the discussions could take
5 place.

6 I think that's really a part of the frustration of us not being able to
7 go forward because a plethora of problems exist in and around federal
8 facilities.

9 MR. McCABE: I can certainly understand the frustration with not
10 being able to get other partners to the table, other important agencies.
11 I understand that there are a number of our federal partners here today,
12 not all of the ones that are on that list.

13 We have found in working through the EJ Action Agenda, this was
14 a convenient way to pull in other agencies to get them involved, to help
15 them understand the importance of the environmental justice agenda.

16 I think that it's something that we can build on. It is something that
17 I have raised to my counterparts in the other agencies. I've gotten them
18 involved. I've asked for their commitment of resources not only for
19 these action items but also to engage their agencies more completely
20 in the environmental justice agenda. And I've gotten from my
21 counterparts a commitment to do that.

22 So on the federal facilities issue, that's certainly something that I

1 can take back and see if we can't get them to work on it at a higher
2 level.

3 Haywood, I see two signs up, so I'd be glad to answer those as
4 well.

5 MR. TURRENTINE: Okay. Tom and then Rosa Hilda.

6 MR. GOLDTOOTH: Thanks. Of course, there's a lot of issues I
7 want to talk about, but there's a question that I need to bring up on this
8 dioxin reassessment report.

9 There are a number of community people who are coming from
10 Mossville.

11 MR. McCABE: From where?

12 MR. GOLDTOOTH: Mossville, Louisiana. They are concerned
13 about dioxin poisoning in their bloodstream.

14 In our Native communities there's a number of Tribes who are
15 concerned with elevated dioxin levels not only in the bodies of our
16 people but in our food web, in the fish.

17 For the past six years our network -- I'm the Director of the
18 Indigenous Environmental Network -- we've been writing letters and
19 we've been asking EPA to release this dioxin reassessment report
20 because we feel there's information in it that our communities and our
21 Tribal leaders and people throughout the country need to know about
22 how dioxin is a cancer-causing carcinogen.

1 But we never had access to that information because it was always
2 in draft, and it was a leaked document for the -- the Washington Post
3 released it just two weeks ago, a week and a half ago -- released this
4 document. And finally the agency admitted that dioxin was cancer-
5 causing.

6 But it's not just cancer. It affects our immune system, our learning
7 abilities, sexual reproductive -- it affects the systems. And in our Native
8 communities we're showing a lot of the symptoms. Then we find
9 evidence that a lot of the other persistent organic pollutants that are
10 similar to dioxin -- we're showing a lot of the symptoms, a high level of
11 diabetes.

12 So it's a concern to us. We've heard a rumor that EPA was going
13 to release it in March. Now we hear a rumor that it's going to be June.
14 Can you tell us when EPA is going to release this document so that we
15 can make some decisions that will protect our people?

16 The more you hold off -- I mean, since this has been not released,
17 millions of children are born a year that are being born with dioxin.

18 MR. McCABE: The reason that the report was made available to
19 the Washington Post, leaked to the Washington Post, was because they
20 got a hold of a copy of the document as it was being prepared for
21 release.

22 The document is currently in draft form. It's undergoing an

1 interagency review. It will be undergoing scientific review. We
2 anticipate 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
9 studies. There have been more human studies and epidemiological
10 studies that have been conducted in the intervening years that give us
11 much better 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
14 estimated before in terms of the possible cancer effect.

15 You are correct that it's not just a toxicological impact, but also a
16 non-toxicological impact that can affect the immune system and other
17 aspects 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
21 of 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
2 the report does come out, you can't challenge the science. Otherwise
3 it will be shelved, it will be pushed aside, it won't be used as the basis
4 for any kind of policy changes. And this may require policy changes.

5 So we want to make sure that it does have the appropriate
6 scientific review, the appropriate interagency review. And it will be
7 made available; it will be made available to the public in a short period
8 of time.

9 I might note that one important finding of the study is that the steps
10 that we have taken in this administration over the last seven years have
11 helped reduce the amount of dioxins going into the environment by over
12 90 percent. So, some significant steps have been taken.

13 Unfortunately, there is a major reservoir of dioxin still in our
14 environment that needs to be addressed and we need to inform the
15 public about the impact of this study and possible ways to reduce
16 human exposure to dioxin in the future.

17 MR. GOLDTOOTH: Mr. Chair, I'm not going to get into a debate,
18 there have been cutbacks in dioxin emissions, but we have to
19 understand that these dioxin are very persistent in the environment.
20 They bioaccumulate. You have to question whether or not that
21 remaining ten percent -- and when we get into the questions of science
22 -- the stuff is invisible, it's poisonous, it's going into our people, and

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1 those that have a close relationship to the land.

2 As Native people, the Tribes we work with, they feel that as long
3 as the agency does not take action of reducing dioxin with the aim
4 towards elimination in the production of this byproduct, of this waste,
5 dioxin, that it is a form of cultural genocide against our Native people.,
6 that it violates our treaties.

7 We have treaty rights to hunt, fish and gather in some areas of this
8 land. And if our people can't fish, can't have access because there is
9 dioxin poisoning -- in about 26 or 27 rivers and lakes there are dioxin
10 advisories "don't eat this fish." That violates a treaty agreement.

11 So I just cannot overemphasize the importance of this issue that
12 is a life and death issue not only for Native people but all people, and
13 especially our people of color.

14 Thank you.

15 MR. McCABE: Thank you.

16 MR. TURRENTINE: Rosa.

17 MS. RAMOS: As a community leader, I want to express our
18 appreciation for the creation of this action group. This has been
19 requested by the communities since the very beginning of NEJAC.

20 We know it has been hard for you because EPA is subjected to
21 attack from racist politicians and from greedy industries. We know that.
22 So we really appreciate the creation of this action group.

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1 But we respectfully request to include a community representative
2 working with this action group, also a representative from indigenous
3 communities. It doesn't matter if you have to invite the industry or the
4 states, it doesn't matter; but communities at the grassroots level should
5 be included in the discussion, should -- it will give you a realistic
6 perspective. The communities can give you the input of, you know, on
7 the impact, the real impact, on the communities. So I respectfully ask
8 you to include these types of citizens in the work group.

9 Thank you.

10 MR. McCABE: We will ensure that there are community
11 representatives. This is not going to work if it's just the federal
12 government imposing something on those communities. So I think that
13 you're absolutely right.

14 MR. TURRENTINE: Thank you very much, and we very --

15 MR. CUEVAS: Excuse me, Mr. Chairperson.

16 MR. TURRENTINE: Well, I'm not in control of his time. He's
17 indicated that he has to go, and I see his staff people coming to get him.
18 So, it really does not --

19 MR. CUEVAS: I can tell him outside too, but it would be important
20 to tell him here because it will be recorded of saying it here. Is that
21 okay with you?

22 MR. McCABE: It's okay with me.

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1 MR. CUEVAS: So, actually, looking over this manual, booklet, of
2 whatever you call it, that you're introducing as an EJ Action Agenda,
3 one question that pops into my mind is a sentence that says there
4 "Improving the environmental decisionmaking." And then -- I don't think
5 it's improving it a lot, the decisionmaking, especially for agricultural
6 workers, which is what I represent -- my name is Fernando Cuevas, and
7 I'm from the Farm Labor Organizing Committee, the Farm Worker Union
8 of Agricultural Workers.

9 I don't see it as addressing agricultural workers on your page 3
10 whatsoever on several of the points you're saying. Also, on your page
11 9 that you're saying 15 different projects that you're going to be taking
12 on on your demonstrations, on justice demonstrations.

13 I think desperately, coming from me especially, you should include
14 agricultural workers. I mean, off the top of my head I can think of 15
15 states that are being contaminated, killed and defomed children, and
16 on and on, of agricultural workers.

17 And not to read "including agricultural workers" here on your
18 actions agenda, I think it's key -- very important for me to hear you say
19 that you will add that on because that's what I represent, agricultural
20 workers -- that's what I've been doing all my life, working in the fields --
21 not just representing but working in the fields for 36 years of my life, and
22 the last 22 years working as an organizer defending the rights of those

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workers. Then, not to even see it here, it's a waste of my time, then, to be sitting on this NEJAC committee.

(Applause.)

MR. McCABE: As I said, these are 15 demonstration projects where we're pulling in other federal agencies, we're working with other federal agencies. We will be learning from our experience with working with those other agencies. The communities will learn from the experience too.

Agricultural communities were not meant to be excluded. They certainly could be included and can be included in future rollouts of demonstration projects, or whatever permanent program is put in place in the future. It is an important area and it was not omitted purposely.

MR. CUEVAS: Well, it made me think when I saw this, that you were choosing these 15 projects but very conveniently forgetting about agricultural workers which we're the ones that harvest the crops that we all eat, and you're excluding us.

It's just like -- I just want to for the record tell Mr. Chairman that I would like to see, especially Richard Moore, come back so that we can ask the questions or comments that we wanted to say earlier. It made me feel when you cut us off the way I feel all the time when it comes to low income or agricultural workers, we don't have time.

MR. TURRENTINE: Let's conclude this and then we will address

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that part of the agenda. I mean, at this time --

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.

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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

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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.)

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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 the m 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.

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Certainly our committee is along the lines that we heard from one of the panelists, that one of the biggest areas for more data is understanding children's risks and children's exposures. I know this is one of the areas that our committee is really working on, is trying to get into. The research agenda of also an interagency working group on children's health is to let's get more data about children's exposures and children's risks.

So, it's nice to be here today.

MR. LEE: Thank you. Welcome.

We also have Dr. Hilary Inyang from the Science Advisory Board. You didn't get a chance to introduce yourself this morning.

DR. INYANG: My name is Hilary Inyang. I'm here to represent the Environmental Engineering Committee of EPA's Science Advisory Board. My regular job is at the University of Massachusetts where I'm Director of the Center for Environmental Engineering Research.

As I sat listening, one key point was made, which is you don't necessarily have to uncover all the 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.

Generally, facts often expose the need for more facts, and by

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analogy we can look at the situation with earthquakes in this country. There's a lot to be learned still in seismology, which is the science of earthquake investigations. But because of very good programs in the earthquake mitigation area, the total loss of life and property has been minimized. So the same could be done for environmental justice.

Of course, I'm speaking as an individual and not on behalf of our technical committee.

Another area is that as more of these research programs become constructed, it is very good to look at the situation in developing countries where agencies like the World Bank and the World Health Organization -- I've done quite a lot of work for these organizations -- they have uncovered a lot of relationships between a lack of environmental infrastructure support systems and human health problems.

I mean, cities like Rio de Janeiro in Brazil, Calcutta in India, Lagos in Nigeria, all of these places have served as laboratories for these agencies. There's a lot to be learned there that could be adapted to U.S. policymaking.

One of the remarks made earlier by one speaker, he alluded to the fact this hesitance on the part of university-based researchers is not to get involved in social policy issues.

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I would say that speaking for my committee, most of them are highly acknowledged experts, they have not been very shy to comment when it is necessary on matters that impact upon policy. We do not formulate policy ourselves, but the science that we do and the advice we give to the agency certainly impacts strongly on the agency's posture in some of these policy issues.

I think that it is general on our committee for people to believe that if it were true that the intellectual capital whose productivity in science and technology would immediately disseminate into programs that could be used to improve the human condition, we would rest assured. But we are not sure of that so we have to be in some cases advocates for the right thing to be done.

We do not want to be too partisan; the truth shall set you free, they say. So we are just interested in saying things the way they are, hoping that we have a preponderance of data and this data are available at levels where they should be. Then public policy will be based on sound science.

As more of the agency's initiatives that have science embedded in them come to us for advice, we'll be much more sensitive about how some of these things we recommend could have utility in the environmental justice arena.

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1 I'm very happy that NEJAC has through the Science Advisory
2 Board established some sort of basis for our collaboration in areas like
3 facilities siting, in areas like adaptation of technologies to minimize
4 negative impacts of development, or technical guidance development
5 by the agency, that our committee can certainly contribute.

6 So, I thank you very much for listening.

7 MR. LEE: Thank you. I wanted to make sure that our guests here
8 from the other advisory committees feel that you know that -- feel free
9 to participate freely in the discussions and, you know, any points of view
10 that you may want to share with us, we would welcome.

11 We look to you to be here as resource people and certainly will
12 want to make sure that you are involved in the dialogue here as much
13 as possible.

14 The next panel is going to look at the interface between physical
15 and socioeconomic factors as important element for understanding
16 cumulative risks and health disparities. Certainly this is a central
17 question for environmental justice and environmental justice research
18 and the science of cumulative risk.

19 I'm going to ask the next panel to come forward. They include
20 Bruce Kennedy from the Harvard School of Public Health, Samara
21 Swanston from Greenpoint-Williamsburg in New York City, Walter

1 Handy from the Cincinnati Health Department, and Michael Callahan
2 who is with EPA, the Cumulative Risk Technical Review Panel.

3 I'm not sure if Dr. Kennedy is here yet. He's not, right? Okay.

4 I want to point out that there is in your materials the notation that
5 for this panel an industry representative was going to be determined.
6 We at the Office of Environmental Justice, in collaboration with many
7 people on the NEJAC who are industry members and representatives,
8 and the Chemical Manufacturers Association, looked extensively at the
9 possibility for an appropriate panelist for this panel.

10 It just turns out that this is not an area that's been focused upon
11 and, therefore, we wanted to make sure that everyone did not get a
12 misimpression that there wasn't a real extensive effort nor an
13 unwillingness on the part of industry to participate in this particular
14 panel.

15 So, with that, I wanted to turn it over to -- I guess because Dr.
16 Kennedy is not here, we'll start with you, Samara.

17 Each of you has ten minutes, and there's the timekeeper here.

18 PANEL 3

19 SOCIOECONOMIC VULNERABILITY

20 PRESENTATION BY MS. SAMARA F. SWANSTON, J.D.

21 MS. SWANSTON: I'm the Executive Director of a community-

1 based organization in Brooklyn, New York, an impacted community
2 known as Greenpoint-Williamsburg. Greenpoint-Williamsburg has a
3 sewage treatment plant, 13 major air sources, 23 waste transfer
4 stations, 2 power plants, and 3,682 local air permits to pollutants. This
5 is a community of 156,000.

6 The topic of my talk, socioeconomic vulnerabilities in health
7 disparities and disproportionate environment health effects resonates
8 strongly in our community which is disproportionately a community of
9 color.

10 The measures most commonly used to evaluate socioeconomic
11 status are income, education and occupational prestige. These
12 measures are limited in that they do not capture significant components
13 of social stratification than can influence health status.

14 Other measures of socioeconomic status include the conditions in
15 which an individual lives, intergenerational transfers of wealth since
16 inheritance of wealth occurs less frequently among minorities, and a
17 consideration of socioeconomic status in this country must also include
18 race because socioeconomic status is transformed by racism.

19 So I'm saying that SES does not have the same meaning in
20 communities of color as it does in other communities.

21 For example, college degrees and professional degrees do not buy

1 the same income and opportunities for people of color as they do for
2 other folks.

3 In addition, minorities routinely pay higher costs for food, housing,
4 automobile insurance and credit than whites.

5 It's also beyond dispute that racism affects the quantity and quality
6 of medical care received. Studies show that African-Americans and
7 other minorities are twice as likely to receive medical care in hospital
8 clinics and emergency rooms where it is impossible to see the same
9 care provider for each visit and where no continuity of medical care can
10 be achieved.

11 Furthermore, most people are aware of the many studies
12 demonstrating that even after adjustment for insurance and clinical
13 status, similarly situated minorities are less likely to receive coronary
14 angiography bypass surgery, angioplasty, chemodialysis, kidney
15 transplants, intensive care for pneumonia, and other aggressive disease
16 treatment.

17 Racism even directly affects health status since in several studies
18 an association has been established between reported racial
19 discrimination and hypertension.

20 Interestingly, one study found that participants -- in this case they
21 were all females -- who reported no incident of racial or sexual

1 discrimination were two to three times more likely to report high blood
2 pressure than those who reported experiencing discrimination. The
3 story postulated that the internalized denial of bias adversely affected
4 health status, causing increased blood pressure levels, the
5 hypertension.

6 So, income, education and occupational prestige measures do not
7 measure the same thing in our community.

8 SES affects or influences health care. According to cancer
9 experts, socioeconomic status plays a role in the use of different
10 screening tests and higher SES is correlated with greater use of
11 screening tests, more aggressive therapy and a greater chance for
12 cancer survival.

13 Socioeconomic status plays a role in obesity, leading to diabetes.
14 Diabetes, for example, was virtually nonexistent among Native
15 Americans until many Native Americans were forced to change their
16 traditional diet due to the effects of pollution and also forced relocations
17 away from reservations. Now Native Americans have the highest
18 diabetes rate in the United States.

19 Inequity in access to societal wealth also affects health status, and
20 I think Dr. Bruce Kennedy argues in some of his writings that barriers
21 to social, political and cultural capital results in wealthier individuals

1 being educated in better physical environments and having better
2 access to municipal and health services.

3 For example, in Greenpoint-Williamsburg with all those
4 environmental burdens and 156,000 people, there are no hospitals. It's
5 well known that access to health care affects health outcomes.
6 Somebody is having an asthma attack Greenpoint-Williamsburg, it's
7 hard to get a cab to go to a hospital outside of the community.

8 Also, variation in utilization rates among socioeconomic groups is
9 strongly connected to health status. Poverty, of course, exacerbates
10 health disparities. Income affects access to health, and there are more
11 than 41 million Americans who have no health insurance and thus face
12 the greatest barriers to adequate health care.

13 Low income adult men are seven times as likely to be uninsured;
14 low income adult women are eight times as likely to be uninsured.

15 Poverty and lack of insurance also increases the risk of health
16 disparities. Poverty affects the likelihood of exposure to second-hand
17 smoke because service workers are exposed to higher levels of
18 environmental tobacco than non-service workers or white collar
19 workers.

20 Poverty affects environmental exposures in a variety of ways not
21 considered. For example, it's primarily poor people who heat their

1 homes with kerosene heaters in the winter. Studies show that kerosene
2 heater use results in substantial increases in indoor concentrations of
3 PM2.5, particle strong acidity, sulfate, and nitrate.

4 In a 1998 report by the Department of Health and Human Services,
5 health in America was unambiguously tied to income and education.
6 The report found that adults with less education die younger and have
7 higher death rates for all major causes of death.

8 Socioeconomic status was found to influence the health of
9 children. A study found that low birth weight and infant mortality rates
10 were higher among the children of less educated mothers.

11 Environmental exposure to lead, elevated blood levels -- we all
12 know is associated with low family income, and children living in poor
13 families are five times as likely to have elevated blood lead levels as
14 children from high income families.

15 Socioeconomic status has been used to predict homes with high
16 allergen levels or the likelihood of becoming a single mother. And
17 socioeconomic vulnerability has been used to predict the likelihood of
18 stunting in children's growth.

19 Diet is another measure of SES that influences health, and diet is
20 heavily influenced by socioeconomic status. And poor diet, or
21 nutritional deficiencies are known to play a role in health status and

1 individual responses to environmental exposures.

2 For example, dietary calcium decreases gastrointestinal lead
3 absorption and thus lead toxicity. A recent study by NIEHS looked at
4 314 children who were 88 percent African-American, nine percent
5 Hispanic and two percent white. That study found that African-
6 American children and Hispanic children in each group had calcium
7 intakes significantly below the daily recommended intakes.

8 Low calcium intake was in part attributable to lactose intolerance,
9 a condition reported by many African-Americans and people of African
10 descent.

11 In addition to calcium, Vitamins A, B, C, E as well as numerous
12 minerals, are known to reduce the toxic effects of pollutants. So,
13 nutritional deficiencies as a result of poverty result in increased impacts
14 of pollution exposures. Reduced Vitamin A levels make children more
15 susceptible to DDT, PCBs and other pesticides.

16 Approximately 25 percent of all children have Vitamin A levels
17 lower than the recommended daily amount. Reduced Vitamin C levels
18 increase susceptibility to arsenic, cadmium, carbon monoxide,
19 chromium, DDT, dieldrin, lead, mercury, nitrates, ozone. And in as
20 many as 30 percent of all infants, children, and low income adults, we
21 see less than the daily recommended allowance of Vitamin C.

1 Selenium, zinc and iron are some of the minerals that reduce
2 adverse effects resulting from pollution exposures.

3 Moreover, poor diet during childhood is not likely overcome by
4 achievement of a higher socioeconomic status later in life. There's
5 evidence that people carry lifelong vulnerabilities because of
6 socioeconomic vulnerabilities experienced during childhood.

7 I'm a classic example of carrying socioeconomic vulnerabilities into
8 adulthood because I was a lactose -- I'm a lactose intolerant person and
9 as a child they did not have the soy substitute milk formulas, as they do
10 today, and breast feeding was not recommended, as it is today, and I
11 therefore did not get adequate calcium since I would get sick every time
12 I drank milk. As a result of not getting adequate calcium, I had many
13 problems with my teeth as a child and I still have many problems with
14 my teeth.

15 Similarly, studies show that children will typically not overcome --

16 MR. LEE: Hey, Samara.

17 MS. SWANSTON: Yes?

18 MR. LEE: You're over your time.

19 MS. SWANSTON: I'm over time?

20 MR. LEE: Yes.

21 MS. SWANSTON: Let me just wrap up quickly. Racism can play

1 a role in disparate exposures. Disproportionately vulnerable individuals
2 live in our communities in greater numbers, young people who are
3 vulnerable because of preexisting diseases.

4 Another important measure is where we live. I don't want to take
5 too much time, but I want to conclude by saying that we need to look at
6 other measures that include things like where we live because income
7 is assumed to be the kind of thing that would put you in a community
8 where you're not exposed to a lot of environmental pollution, and that
9 is not a fact of life for people of color. Our communities routinely
10 include a lot of middle income and upper income people because of
11 racism.

12 Cultural barriers, as well as language barriers, need to be included
13 in socioeconomic status. Race, gender, location of residence, location
14 of workplace and cultural distinction are measures that need to be
15 included in SES because SES does not mean the same thing in
16 communities of color than it does in white communities.

17 MR. LEE: Thank you.

18 (Applause.)

19 MR. LEE: Next we're going to hear from Dr. Walter Handy from
20 the Cincinnati Health Department

21 (Applause.)

1 PRESENTATION BY DR. WALTER HANDY

2 DR. HANDY: Good afternoon. As you are aware, panelists in this
3 session have been asked to offer comments about the interrelationships
4 between socioeconomic vulnerabilities --

5 MR. TURRENTINE: You're still going to have to get more directly
6 into the microphone.

7 DR. HANDY: Health disparities -- how's that?

8 MS. MILLER-TRAVIS: That's good.

9 DR. HANDY: Haywood, can you hear me? All right -- health
10 disparities and disparate environmental effects in environmental justice
11 communities. In the next few minutes I'd like to address this charge by
12 first discussing some of the observed interrelationships between
13 socioeconomic status, health, and health status.

14 Next I will provide a brief overview of prevention theory, as I
15 believe it informs critical thinking about public health principles that
16 underpin current public health practices.

17 From these conceptual analyses I will focus on what I believe to be
18 the real work of this week's discussions; that is, identifying new and
19 better ways of preventing adverse health impacts secondary to
20 environmental pollution.

21 Finally, I'd like to offer a few ideas about potential areas of

1 research inquiry and policy formulation for the future.

2 Looking at socioeconomic status and health status, I'd like to
3 comment that for more than 800 years, as Dr. Swanston indicated,
4 people have known that higher rates of death, illness, and disability
5 have tended to concentrate in the poorest members of the community.
6 This pattern has been observed in communities around the world, so
7 this is not just Cincinnati or Ohio or New York or the U.S. This is a
8 national and international phenomenon.

9 A number of researchers have offered a number of explanations
10 about why this association tends to occur. They've offered such
11 observations as inadequate medical care, low income, poor health
12 habits, unemployment, race, hazardous living conditions.

13 A number of folks getting together in a National Institute of
14 Environmental Health Sciences seminar developed an additional set of
15 lists that included such threats as employment threats from unclean and
16 unsafe work environments, work in industry without insurance, working
17 without a living wage, other infrastructural types of threats that include
18 inaccessibility to health care providers in rural areas, poorly constructed
19 drinking wells, insensitive medical providers, and others.

20 In addition, that group developed a list that included educational
21 threats that might be inferior educational systems and high drop-out

1 rates in schools.

2 All of these are components of socioeconomic status or
3 attributable, as I've indicated earlier, to higher rates of death and
4 disability among poor people.

5 These lists we feel, taken together with such intangible personal
6 and community attributes as the availability of social support and
7 personal coping styles, tend to round out what are likely to be the true
8 connections between health status and socioeconomic status.

9 This is, from my perspective, a bewildering array of potential
10 causes of adverse health outcomes and surely must amplify the
11 unhealthy effects of pollution. The latter two concepts, however,
12 intrigue me as a psychologist because those latter two concepts have
13 to do with social support and personal coping style because they may
14 not only help us to explain why although all people may be subjected to
15 these adverse environmental conditions and socioeconomic conditions,
16 all people do not succumb to that overwhelming sense of external threat
17 by succumbing with adverse health outcomes.

18 Social support and coping style may also offer keys to examining
19 the more difficult social contexts of health status. In addition, they may
20 help to lead to the development of more effective partnerships to reduce
21 the pollution and identify effective coping strategies and social support

1 mechanisms among other community residents.

2 Simply put, there are no simple cause and effect relations that I've
3 been able to observe among the elements on these lists. It's not a
4 simple you identify this, it has this particular effect.

5 From my perspective there also are no clear victims or
6 perpetrators. In every community I believe that there are mixtures of
7 interest -- some shared, many competitive. Prevention of adverse
8 health effects contributed to by these multiple and interactive effects is
9 clearly the major goal of our collective deliberations.

10 If I could switch a moment to prevention theory and say that the
11 working construct of public health is largely an invention of the 20th
12 century. Prevention theory and public health practice rest soundly on
13 three elements, what we believe causes our ill-health, how we measure
14 health, and who gets measured for health.

15 Over the past 100 years the models that have been used to
16 conceptualize prevention and public health principles and practices
17 have grown more complex as we've understood the greater complexity
18 of the relationships that impact our health outcomes.

19 However, by observing that there are so many problems and so
20 few resources, I believe the public health professionals and practitioners
21 have been forced to become more efficient by becoming more effective.

1 Over these years, as methods of observing health status have
2 evolved -- have evolved and improved -- beliefs about the causes of
3 death and health status have become more complicated. Where once
4 the individual's health status may have been identified as dead or alive,
5 today we have such concepts as morbidity, comorbidity, disability,
6 wellness, quality of life, socioeconomic behavioral, and environmental
7 health. We now think also in terms of risk factors for morbidity,
8 disability, mortality, et cetera.

9 Prevention, then, as a way of thinking about public health, largely
10 emerged out of the dissatisfaction with the effectiveness of available
11 treatment options. Alternatives were sought to address this frustrating
12 condition.

13 The intent of incorporating socioeconomic vulnerabilities into
14 community health assessments for populations already suffering health
15 disparities is to prevent disparate impacts. During Title VI deliberations
16 a number of possible options were considered.

17 Some argued during those deliberations that primary and
18 secondary prevention efforts to prevent industry from polluting
19 excessively might simply be limited to requiring that industry to comply
20 with existing laws, permitting laws. Others argued that industry needed
21 to go much further than that.

1 I won't get into the detailed discussion of that, but it was a
2 fascinating one and one that I feel was basically aimed at trying to
3 address this question of, given socioeconomic vulnerability and
4 potential health poor outcomes, how can we prevent these situations
5 from occurring.

6 Many of those options, however, were built upon risk assessment.
7 Risk assessment, as I'm sure you're aware, has many advocates and
8 probably as many detractors. An option that was presented to the Title
9 VI committee -- that I don't know if this committee has had
10 presentations on -- was one offered by Jerome Balter of the Public
11 Interest Center of Philadelphia. He proposed an environmental justice
12 protocol in May of 1998 as a suitable substitute for the EPA Title VI
13 Interim Guidance in general, and risk assessment in particular.

14 The protocol highlights the same available public health statistics;
15 that is, age-adjusted total mortality, age-adjusted cancer mortality and
16 infant mortality rates, as referenced in a document that I'm sure this
17 committee is familiar with, and that is the Institute of Medicine report on
18 environmental justice.

19 Mr. Balter proposed these as alternatives to risk assessment as a
20 simple way of understanding what the health status of a community
21 was, and then allowing local and state agencies to make permitting and

1 siting decisions based upon that information.

2 Another alternative that I won't go into any great detail on but on
3 which there is plenty of information available from EPA and other
4 officials, is a process called comparative risk analysis. Comparative
5 risk assessment takes scientific information and blends it with values
6 and attempts to render from that community decisions about
7 environmental factors as well as health factors.

8 Since I see that my time is running very low I'm going to cut to the
9 last portion of the presentation which is to highlight three or four
10 possible research and policy recommendations.

11 One of them is to acknowledge, as I heard someone mention
12 before the lunch break, that the number of problems that are facing our
13 community are excessive and really too large for any one stakeholder
14 group to address by themselves. There's a lot of merit, I believe, in
15 therefore looking at researching some options for collaboration and
16 training to allow stakeholder groups to work more effectively together.

17 The second research option that I'd like to suggest be considered
18 is that of looking at what I'm referring to as invulnerability. I referenced
19 earlier a notion that some people with effective social systems and
20 coping strategies seem to be able to be inoculated against some of the
21 adverse health effects that environment polluting offers, as well as

1 socioeconomic status it seems to place on people.

2 I think that we ought to be looking at those folks in terms of how
3 they are managing with their coping styles and their effective social
4 support mechanisms to mitigate some of those effects.

5 Another concept I mentioned earlier was this notion of comorbidity;
6 that is, when you have a problem in one area that's simultaneously
7 experienced by the person with problems in other areas. So you may
8 have mental health problems that are associated with lifestyle choices
9 or work settings or family settings, and they are likely to be exacerbated
10 by physical health problems, diabetes, cancer, any of a variety of other
11 health problems, which in turn are also likely to be exacerbated by
12 environmental problems.

13 This notion of the interaction of those sources of morbidity, if you
14 will, or ill-health status, need to be examined more carefully.

15 The last one, since I see I'm clearly out of time, is to look at the
16 issue of measurement of health. I mentioned earlier briefly that Mr.
17 Balter proposed an environmental justice protocol. I have some
18 problems with that protocol because I think it suggests that there's
19 research-grade health statistics among local health departments that I
20 don't believe exists.

21 Nevertheless, I think the idea has a lot of practicality and merit and

1 I think more research needs to be done to develop the kind of baseline
2 data that then using that kind of protocol might help in the application
3 of deciding on siting and permitting decisions for industry.

4 Thanks for your attention.

5 MR. LEE: Thank you.

6 Let me now turn it over to Michael Callahan who chairs the EPA's
7 Cumulative Risk Technical Review Panel.

8 Let me just say that these issues come together very much around
9 issues of cumulative risk and cumulative impacts or differential impacts.
10 Mike was very forthcoming in coming to us and relating that the
11 Technical Review Panel for Cumulative Risk is developing a framework
12 for understanding cumulative risk and identifying the priorities in terms
13 of both policy development and research.

14 He's going to present to us their approach towards this and the
15 relationship to the physical and socioeconomic factors that contribute
16 to health disparities and pose a number of questions to the NEJAC that
17 they would like to be addressed as EPA is developing this framework.
18 Michael.

19 PRESENTATION BY MR. MICHAEL CALLAHAN

20 MR. CALLAHAN: Good afternoon, Mr. Chairman, and thank you,
21 Charles. Thanks for inviting me. It's a pleasure to be here. NEJAC

1 meetings are always thought-provoking, at the very least.

2 Today I'd like to talk about a process that EPA has to ultimately
3 establish some guidelines for doing cumulative risk assessments. We
4 have other guidelines in the agency; we have guidelines for cancer
5 assessment, guidelines for exposure assessment. The guidelines for
6 cumulative risk assessment will be another of these sets of documents
7 that kind of outlines to the agency what it should and should not be
8 doing when we're doing these sorts of scientific endeavors.

9 The cumulative risk guidelines effort is in two parts. The first is to
10 develop a framework document for cumulative risk. This is the kind of
11 document that says, if you're going to do a cumulative risk assessment,
12 what is it, and what kind of issues are you going to be finding that you
13 don't find in other kinds of risk assessments. The second is to actually
14 develop the guidelines, which is a "how do you do it." If I could have the
15 next slide.

16 What I'd like to go over quickly in my talk are some major topics.
17 First, what is cumulative risk as we define it? What will be in the
18 cumulative risk framework document and what is that? What are some
19 of the issues involved in cumulative risk? Dr. Bullard told us this
20 morning that we needed a paradigm shift, and a cumulative risk
21 assessment from normal risk assessment is a paradigm shift, and I'll

1 talk about that. When can I look forward to seeing this document?

2 And then I have a couple of questions for the Council. Next slide.

3 First of all, the definition that we're using as a working definition --
4 and, again, we do not yet have a draft of the framework document --
5 we're still in the early stages of discussing things, which is one of the
6 reasons that I wanted to talk to you about this.

7 Cumulative risk is the combined risks from two or more agents or
8 stressors, and that's kind of some jargon which means chemicals,
9 biological agents, radiological agents, or other things that put stress on
10 a population -- they may not be chemical things.

11 So what this definition kind of encompasses is, first, there have to
12 be two or more chemicals or stressors and the risks have to be
13 somehow combined, not just listed separately. So if you do risk
14 assessment and you have five chemicals and you just list the risks, you
15 know, one after the other, that's not a cumulative risk assessment under
16 this definition.

17 The key here is that combined means not necessarily adding risks,
18 but looking at the interplay between the toxicities and the risks of the
19 stressors. For example, one insult may make somebody more
20 susceptible to an insult later from another chemical. You wouldn't add
21 those risks. There isn't any real way to add those; they're not in the

1 same units. But you would look at how these interact.

2 Combining means we're looking at repeated exposures overtime,
3 effects of prior exposures and current exposure, and effects of one
4 stressor on the toxicity of another. The next slide, please.

5 What's in the framework? What is the framework? Well, first of all,
6 it's a relatively short, hopefully plain-English document. We're talking
7 about maybe 50 pages, maybe a little more, with some appendices. So
8 it's going to be short. It's going to get into what is a cumulative risk
9 assessment.

10 Second, it's a science document. It is not a policy document. So
11 the things that I'm talking about today, we're going to focus on the
12 science part of doing this assessment.

13 It's going to talk about what do we know about cumulative risk
14 assessment at this point. It's going to discuss several issues, including
15 why a cumulative risk assessment is different from other kinds of
16 assessments.

17 What can we do right now and what can't we do in terms of
18 cumulative risk? Science is not perfect, but what do we know right now,
19 kind of an approach to it.

20 It's also going to talk about what kinds of things we think we can
21 answer right now and what kinds of things we can't answer.

1 Cumulative risk approaches require a different mindset from
2 traditional -- certainly they're related, but we have to go into kind of a
3 different mindset to see what makes cumulative risk different. If I could
4 have the next slide.

5 Historically -- say, back in 1970 when EPA was created -- there
6 was a lot of visible pollution. Rivers were on fire, things like that. The
7 main goal of the agency at that time was to stop the pollution from
8 getting into the environment. So we looked at chemicals and we
9 followed where those chemicals went through the environment and what
10 kinds of subpopulations or populations, as you see in the diagram there,
11 they contacted.

12 This is what I call a chemically-focused assessment. This is the
13 kind of assessment that has been very common in the agency for years.
14 The next slide, please.

15 Cumulative risk is a different type of operation; it's a population-
16 focused assessment. It's more along the lines of what a public health
17 approach would be where it starts with the population and then asks the
18 question what is contacting or affecting that population.

19 Why are we looking at this now? EPA has looked at population-
20 based things in the past, even as early as the '70s when we were doing
21 the team studies, but we really didn't have questions such as the

1 questions that the environmental justice community has been asking us
2 about community assessments, you know, two decades ago. It's those
3 kinds of questions that I think are going to push us into looking at risk
4 assessment in different ways.

5 What are some of the issues that we have here? First of all, we
6 may be able to find from looking at the -- if you look at the yellow and
7 green things, those represent perhaps that the chemically-focused way
8 of doing risk assessment -- we can look at certain chemicals and find
9 out how they affect population.

10 One of the issues about cumulative risk that's different is how do
11 we find the rest of that stuff that we haven't focused on in our chemical
12 focus; second, how do we combine the risks from those things,
13 including risks for non-chemical stressors.

14 If I could get the next slide -- actually, why don't you just skip the
15 next slide and just go to the next one after that. That slide just listed the
16 three things I just mentioned.

17 This is a daunting kind of task. The challenge here is how do we
18 do this. I think the first step is to kind of lay out the lay of the land so
19 that we can see what research needs to be done, or we'll never even
20 look at the questions. The second challenge: We need to find new and
21 more efficient ways to get the data needed for these assessments,

1 including ways of determining which pathways are most important.

2 If we go about this as an exercise in looking at all 80,000
3 chemicals in the TRI and then trying to figure out how they interact, I
4 don't think we're going to get there. We need some different
5 approaches.

6 I think we heard earlier this morning about personal exposures.
7 We have been talking in a very preliminary way with people from the
8 National Academy of Sciences about maybe some biological marker
9 research that may help, but one of the challenges is that if we're ever
10 going to do this right, we have to get working on some different ways of
11 doing it. Next slide, please.

12 Another challenge is vulnerability. I would like to say that we've
13 heard a lot about vulnerability being spoken of today in the context of
14 a socioeconomic factor. I would propose to you that it's not just a
15 socioeconomic factor. It is a scientific -- and by that I mean a biological
16 scientific -- factor also.

17 If we look at two people who are exposed to the exact same
18 amount of a chemical and one has a much different response, that
19 person is vulnerable. It's a dose response kind of question.

20 So vulnerability, as we're talking about it in our group, would be
21 some thing like -- and this is not a formal definition; this is some words

1 that reflect kind of where our thinking is -- would be a substantially
2 different dose response than average, whatever that means, to an
3 agent, possibly due to things like susceptibility or prior exposures or
4 effects of concurrent insults from other chemicals.

5 All of these are issues that crop up in a cumulative risk
6 assessment that don't necessarily come up in our more traditional way
7 of doing risk assessment. Next slide, please.

8 Well, where are we going with this? I will quickly finish here. The
9 agency-wide technical panel that I'm chairing is under the risk
10 assessment forum and we are planning on working on getting a draft of
11 this framework done by the end of the year.

12 This is something we are going to have to do a couple of
13 workshops on this summer or fall to try to get information and ideas
14 from other people. We have talked to some of our other federal
15 agencies in a preliminary way about coming to talk to us and getting
16 together to kind of pool our resources about what's known. That's been
17 very favorably received.

18 Also, we're going to have a more public workshop that would be
19 open to everybody. Again, what we would be doing in these workshops
20 will be what do we know about these issues, what ideas do we have
21 about tracking these issues, and just where we are and what kinds of

1 things we can answer right now.

2 Of course, this is going to have to be peer reviewed. I think Dr.
3 Anderson's subcommittee is going to be involved in this, and we've had
4 some preliminary talks with the SAB about this.

5 The final published product will be out by September of next year.

6 As many of you may know, EPA is, as all federal agencies are,
7 under a law called GPRA -- G-P-R-A -- Government Performance and
8 Results Act, I believe it is. What we have to do is we have to kind of set
9 goals for ourselves and publish them, and they're reviewed by --

10 MR. LEE: Michael, can you begin to finish up?

11 MR. CALLAHAN: I will be done momentarily.

12 This is one that Congress checked off and said that they wanted
13 to see, so this is not going to be a document that disappears.

14 In summary, EPA is developing cumulative risk assessment
15 framework. It should be due by September of 2001. There's many
16 issues that are going to be addressed and the work after that will start
17 on developing the guidelines.

18 I have two questions that I would ask -- in the last slide -- to the
19 panel. I don't expect answers right now, but I would like if I could
20 somehow get some feedback on these.

21 First of all, what would you like to see in the cumulative risk

1 document? This is the same question we've been asking people inside
2 the agency now for several months. What would be helpful to you in
3 having this, given the constraints that it's a scientific document and not
4 a policy document, and it's a "what is" cumulative risk rather than a
5 "how to"? Second, who all should we talk to about this?

6 With that, thank you.

7 MR. LEE: Thank you.

8 (Applause.)

9 MR. LEE: We are running behind schedule but I want to open it up
10 for questions and answers and dialogue.

11 Vernice.

12 MS. MILLER-TRAVIS: Dr. Callahan, I have a question for you. I
13 wrote it down, so let me find it.

14 Does this framework give you the ability to address or try to
15 capture and investigate the concept of synergistic effects of cumulative
16 and multiple chemical exposures?

17 MR. CALLAHAN: Yes, that will be a big part of this.

18 MS. MILLER-TRAVIS: Excellent

19 MR. CALLAHAN: We will try to incorporate -- when we talk about
20 what is known, there's been a lot of work at EPA and we've been talking
21 to other people, like ATSDR, that's been working on how to combine

1 toxicities of chemical. We will try to not repeat all that work but kind of
2 summarize it and point to where to find it.

3 MS. MILLER-TRAVIS: I would just illuminate that you are coming
4 to join the Waste and Facility Siting Subcommittee tomorrow at 11:30 --

5 MR. CALLAHAN: Yes.

6 MS. MILLER-TRAVIS: -- to talk further. If you could sort of think
7 about focusing on perhaps this particular issue because this has been
8 a burning issue for the NEJAC and this would be one of the first
9 opportunities we've had to discuss with the agency sort of where you
10 are in this set of questions.

11 MR. CALLAHAN: Okay.

12 MS. MILLER-TRAVIS: Thank you.

13 MR. LEE: Thank you. Dr. Fisher.

14 DR. FISHER: Another question for Mr. Callahan. Is your
15 framework going to include the full lifespan of exposures like fetal,
16 breast feeding? I mean, the whole lifespan so that there's that focus on
17 children's exposure?

18 MR. CALLAHAN: Yes. Yes, it will be discussing that, and
19 probably in the sense of special populations that are different from kind
20 of the average adult.

21 DR. FISHER: Good, because that's always our concern from the

1 children's committee, is how we're going to be getting this data. Good.
2 Thank you.

3 MR. LEE: Why don't we go to Pat, Pat Hill. Oh, Pat Wood, I'm
4 sorry.

5 MS. WOOD: I answer to either. I actually have a question for
6 Walter.

7 You were talking about that you had some concerns with protocols
8 in terms of talking about looking at public health and you made the point
9 that you did not have much and that there really needed to be more
10 baseline data.

11 I wondered if you had a list or had identified those key factors that
12 you felt were central for that baseline.

13 MR. HANDY: Sure. Let me try to respond to the question.

14 What I suggested was, my understanding of Mr. Balter's proposal
15 is that it is built upon an assumption that local public health agencies or
16 statewide public health agencies have what I'm labeling research grade
17 statistics, health statistics.

18 I come from a pretty progressive local health department and we
19 don't have research grade health statistics.

20 Quite often from one clinic site to another you have different
21 physicians who may have different tendencies toward diagnosing

1 particular illness as primary, secondary or tertiary. If you want to have
2 good health statistics, you need to have some good interaction among
3 physicians or those who are offering the diagnosis so that you can look
4 across the system and look, as Dr. Callahan said, at community
5 population as opposed to individuals.

6 When I, as a treating physician, look at your chart, it might not
7 make any difference whether somebody else would give you the same
8 diagnosis as I would as long as I'm in charge of your treatment. But if
9 I'm going to try to combine your chart information with the chart
10 information of hundreds or thousands of other people which would be
11 necessary to form the kinds of rates and indices that Mr. Balter
12 proposes, then I think we need to focus much more on what I'm
13 referring to as interactive reliability amongst those who are making the
14 diagnosis, which will then allow us to develop what I think would be a
15 good baseline so that we can say, as he's proposing, this community or
16 this subset of the community has a higher incidence of the following
17 health problems which we believe are sensitive to the following
18 environmental pollutants. On the basis of that, we think this permit
19 should be denied, or we think that one additional expansion of an
20 existing permit shouldn't be allowed.

21 Is that responsive?

1 MS. WOOD: Yes. And a follow-up question to that. Is there any
2 effort underway to try to reach consensus among the medical public
3 health community about what that baseline would be?

4 MR. HANDY: I can't say that there is none. I can say that I'm not
5 aware of it. But I'm not aware of a lot that goes on.

6 MS. WOOD: It seems to me that that's essential before we start
7 to then try to use it as a building block to reach some of these other
8 conclusions.

9 MR. HANDY: I agree. I think public health continues to speak out
10 of both sides of -- since I'm a public health professional -- both sides of
11 our mouths.

12 On one side we say it's important to look at population statistics.
13 On the other side, when we go medical interventions, we're primarily
14 concerned with the individual patient and so we don't necessarily look
15 at how generalizable the data that we're generating is across a
16 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

1 a presentation this morning where he talked about one of the myths
2 about pointing to people's diet as one of the risk factors. I guess I want
3 to spell that as -- a representative from the chemical association when
4 we were at Baton Rouge also made the same type of -- you know, it
5 was in a different vein but basically she was saying that it's diet rather
6 than, you know, other factors.

7 Has there ever been any research on an assessment of diet -- you
8 know, dietary exposures -- versus chemical exposures, and which one
9 has a higher factor or, say, you know, one in a million or ten in one
10 hundred, 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
13 let me --

14 MR. WHITEHEAD: Well, let me try to clarify real quickly.
15 Basically what I'm saying is that people point out all the time that, you
16 know, instead of it being exposed to, you know, the incinerator that's
17 spewing out dioxin, you know, if you cut back on your high fat content
18 diet, that would cure 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,

1 a nutritionally sound diet, is not going to prevent cancer. However, a
2 poor diet due to conditions like poverty is going to exacerbate
3 environmental 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
8 as 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
13 and our Alaskan Native Tribes there generally are many people in our
14 communities have a deep profound spiritual relationship to the land, to
15 the environment. So much that it's hard to interpret that into English,
16 the 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
19 that I've heard can come to grasp to define that is called stewardship.
20 Okay? 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
3 extreme -- you know, I don't want to say psychological or syndrome, but
4 there's a loss there that is very serious. It's a cultural and spiritual
5 value.

6 So how do you quantify that when you evaluate this, when you're
7 putting together this framework in a way that reflects this concern that
8 I've heard throughout this country with many of our people?

9 MR. CALLAHAN: Well, as I said, the framework is kind of the
10 opening step in how to do this. We're not smart enough right now to
11 know how to do everything. The kind of cultural issues that are
12 stressors are something that will be mentioned in this document.

13 How to do that, how to quantify that, is probably going to be
14 something that's going to be highlighted as a need for research.
15 There's going to be some needs for research that are going to be
16 outlined here.

17 I think one of the things that the framework document will do is it
18 will at least put into people's consciousness -- risk assessor's
19 consciousness -- some of the things that have to be researched. But
20 as to how to quantify that right now, we don't know that yet.

21 DR. HANDY: Charles, can I add a comment to that?

22 MR. LEE: Sure.

1 DR. HANDY: There is a fair amount of research that is actually
2 growing in size which looks at the same question that you're talking
3 about. That is, taking psychological stressors, whether you want to call
4 them diseases or just a sense of despair, and equating that to biological
5 susceptibility. The psychological stressors actually produce changes
6 in the body's physiology that increases their susceptibility to chemical
7 agents or other agents.

8 So this isn't a matter of mystery or entire mystery. There is
9 research going on right now that relates to that.

10 Looking at that from another point of view, there's a psychological
11 concept referred to as "learned helplessness" that some people have
12 equated with another psychological state called depression.

13 The reason I bring that up is that if you are sufficiently despaired,
14 or if you have sufficiently learned that what you do has no impact at all,
15 it certainly could have an effect upon the extent to which you as an
16 individual or your community -- to the extent that that was an epidemic
17 within the community -- would have the strength and the resources to
18 do something about either health problems or environmental problems.

19 So I think the point that you raised about a sense of despair with
20 the degradation of the environment is an important one. But I agree
21 with Dr. Callahan, I don't know that we have a nice package yet that
22 says that this is the way you quantify that in.

1 It's really a multiple variable issue that I don't know that there are
2 current statistics to be able to neatly report on.

3 MR. LEE: I know that there are a lot more questions here, but
4 Haywood tells me that we are running behind time -- actually, we're
5 about half an hour behind time. We do have the next panel, which is a
6 very important one, which brings together -- everyone here has said
7 over and over again about the need for interagency collaboration --

8 MS. RAMOS: Excuse me.

9 MR. LEE: -- and so the next panel --

10 MS. WOOD: Charles.

11 MR. LEE: Before we go on to that panel, I want to make sure
12 everybody gives this panel a round of applause.

13 (Applause.)

14 MS. WOOD: Charles, could I ask a procedural question --

15 MR. LEE: Sure.

16 MS. WOOD: -- which relates to this panel that's just leaving and,
17 actually, the remarks that were just made, and also to the previous
18 panel.

19 I have had a brief conversation with Dr. Campion at the end of his
20 presentation, and the question came up -- how long is our record open?

21 For instance, Dr. Campion had mentioned this morning that they
22 had just had a symposium looking on how do you merge community

1 research with the scientific research, and he said that right now it is just
2 about through its peer review. For instance, could he submit that
3 document, and by the same token, some of the folks on the panel that
4 was just here -- it seems to me with reference to some of the research
5 that's out there that it would be helpful to have some of that material as
6 part of our record.

7 So, my question is, when does the record for this meeting close
8 and how long would people have to submit some of that material?

9 MR. LEE: I don't know the specific date to that, but we welcome
10 all submissions for the record. So we would encourage that and make
11 every opportunity available for that to be part of the record.

12 MS. WOOD: Could we make a recommendation about the period
13 of time or --

14 MR. LEE: Yes, we could. We may want to do that on Friday --

15 MS. WOOD: Okay, thank you.

16 MR. LEE: -- and we'll probably have a better view about -- more
17 precision on that. Okay.

18 As I said before, you have said over and over again that there is
19 a great need for interagency collaboration around health issues and
20 health related issues in environmental justice communities.

21 We have brought together, and this is perhaps the real crux of the
22 meeting, a number of federal agencies, health agencies, to discuss the

1 question of what kinds of strategies should be developed, implemented
2 and evaluated so as to ensure substantial participation, integration and
3 collaboration by federal agencies. This needs to be done, of course,
4 with impacted communities, public health, medical and environmental
5 professionals, academic institutions and state and tribal and local
6 governments and the private sector.

7 The persons that are going to be on this panel are Henry Falk who
8 is with the Agency for Toxic Substances and Disease Registry, Charles
9 Wells from the National Institute of Environmental Health Sciences,
10 Michael Sage from the National Center for Environmental Health, Jon
11 Kerner from the National Cancer Institute, Hal Zenick from EPA Office
12 of Research and Development, and Michael Rathsam from the Indian
13 Health Service.

14 Can I ask all of you to come and be part of this panel. Thank you.
15 (Pause.)

16 MR. LEE: We had asked that each of the presenters give a ten-
17 minute presentation. We are running low on time so I would ask that if
18 you could do it in less than that, it would be helpful.

19 We did want to use this as a platform to really have an engaged
20 dialogue that goes on not only this afternoon, but through tomorrow with
21 the Health and Research Subcommittee. This is, I think, really where
22 the crux of the issues come to bear as far as the kinds of strategies and

1 areas of research that should be developed and implemented by federal
2 agencies in collaboration with each other.

3 I would ask that we begin with Dr. Falk.

4 PANEL 4

5 KEY FEDERAL INITIATIVES

6 PRESENTATION BY DR. HENRY FALK

7 DR. FALK: Thank you very much. I just want to say that I
8 appreciate the opportunity to be here and meet with you all. I guess
9 each of us will have some initial prepared comments but we'll be very
10 happy to hear any questions and discuss our programs with you.

11 I did meet with the Health and Research Subcommittee in
12 December and spoke with them at that time about some of our activities
13 at ATSDR, and have gotten to know some of the people on the NEJAC
14 and on the subcommittees and very much appreciate the opportunity to
15 be here and speak with you.

16 I am still somewhat new at ATSDR. It's my first year as Assistant
17 Administrator there. I've been very busy there. I've been there long
18 enough to appreciate and get to know the things that we need to do;
19 maybe not yet have had the time to do all of them.

20 Our work at ATSDR I think actually gets very much to the core
21 issues of the environmental justice that you all deal with, so we are very
22 supportive of this conference and themes and the relationship with

1 public health.

2 Let me speak for a moment about ATSDR. It's a relatively small
3 and relatively new agency compared to the other people at the table
4 here. The full name is Agency for Toxic Substances and Disease
5 Registry. It was created by the Superfund legislation in the early 1980s.
6 Our basic mission is to work with EPA on the health issues related to
7 Superfund and hazardous waste sites.

8 We have a very focused agenda and mission, as a result. Our role
9 is not to deal with health research for all health problems. It's not to
10 deliver health -- you know, health care delivery for a broad array of
11 problems, or to prevent all kinds of disease. We have a very specific
12 mission related to Superfund hazardous waste sites. So, in that sense,
13 we have a very targeted role.

14 Our main purpose really is in terms of service. We work at
15 approximately 500 sites during the course of any particular year. So
16 that we actually come in contact with many people at many of the
17 communities, and many of the issues that you are concerned with, you
18 know, similarly concern us very vitally.

19 We are headquartered here in Atlanta. My office is here in Atlanta.
20 We have a little over 400 people in the agency, and as I said, we work
21 closely with EPA as a result of the Superfund legislation.

22 In terms of the questions that were posed to us, let me speak first

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1 about what I see as the strengths of our agency in relation to your
2 agenda and then talk about the limitations.

3 In terms of strength, as a result of our focus of working on sites,
4 our agency is really organized to deal with communities and sites. And
5 this applies to everybody up and down the agency. I just came back
6 from a meeting at a site in Idaho where I spoke the day before
7 yesterday. I think all of us have to participate. And so we are in that
8 sense I think vitally involved and focused on that.

9 Environmental justice, because of the many sites that we deal
10 with, is -- you know, we see that as a critical process for what we have
11 to do. And we have to build that into the fabric of our agency. There is
12 no other way for us to work at the sites.

13 We have, I think, a very diverse workforce. We think a lot about
14 how to train the people who work for us to deal with diverse situations.
15 We are also organized structurally to try to do this in terms of having the
16 Office of Tribal Affairs, an Office of Urban Affairs that deals with minority
17 programs, a Community Involvement Branch, a Community Tribal
18 Subcommittee as part of our ATSDR advisory group. And we also have
19 people in regional offices who hopefully provide a local presence for
20 ATSDR.

21 We are very dependent, as a small agency, for developing
22 partnerships to work with other groups. We work closely with EPA

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1 because of the need for all of the environmental data and the things that
2 EPA does. But we also work closely with other groups, the Department
3 of Health and Human Services, the Centers for Disease Control, NIH,
4 and others. They oftentimes have many skills and resources that we
5 lack, and so those are necessary partnerships for us.

6 In addition to the site activities, we also do a fair number of
7 scientific and other activities to sort of build up our capacity for dealing
8 with the issues that arise at sites. We develop a lot of community
9 toxicology profiles and health education materials and other ways of
10 relating to communities and providing materials to them. And, you
11 know, conveying that science becomes very important to us.

12 Let me speak for a moment about the limitations that I see in terms
13 of ATSDR and our work.

14 One is in terms of environmental justice. As I said, we always
15 have to put ourselves in somebody else's situation. It requires a lot of
16 effort from many of us to really work at it and train our people to do that.

17 We are a government agency. You know, we belong to the federal
18 bureaucracy. It's not easy to always change the course, I think, of large
19 federal efforts, but we really work at that and I think we try to sort of
20 break out of that mold, the government bureaucracy, as much as we
21 can and make sure people can get away from sort of feeling chained in,
22 towards being creative and resourceful and helpful in terms of coming

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1 up with individual strategies.

2 Although I said we're a service agency, our service is not a simple
3 one. You know, we're not like the post office, for example, where
4 everybody understands the post office delivers letters or packages that
5 are supposed to arrive in somebody's mailbox, and it's very easy to see
6 whether the letters did or did not arrive on time.

7 The difficulty for us is that we are trying to assess exposure to
8 people when it's not always easy to assess exposure. We're oftentimes
9 looking at potential health effects in situations where it's not easy to
10 assess potential health effects.

11 We're providing service in a situation where the knowledge to do
12 that is somewhat limited, which makes it very important for us to
13 develop the science base and to work with others and to try to come up
14 with the best approaches that we can but also try to develop better
15 ways for the future in dealing with the problems.

16 Our mandate is limited. At many sites, for example, people are
17 concerned about health care delivery. We aren't a health care delivery
18 provider organization.

19 You know, we get involved in ways of trying to deal with problems
20 that sometimes we, as an agency, can't always resolve ourselves.

21 In terms of several recommendations that I have, one is obviously
22 that I think we need to keep improving the way we deal with

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1 communities and the way we generally develop our partnerships. I
2 welcome any advice or feedback in the course of this meeting.

3 Secondly, as I said, we need to work with other agencies to come
4 up with holistic solutions. You know, oftentimes people do what they
5 think they can do in terms of government agencies, but people in
6 communities just see that as a very narrow kind of solution. We really
7 need to think of holistically how to help people and how we can fit into
8 maybe broader solutions that will help people.

9 Finally, I would like to see ATSDR, you know, be able to serve as
10 a catalyst for creating solutions, even if there are times that we can't do
11 that ourselves.

12 For example, when I was at CDC before I came here in the
13 Childhood Lead Poisoning Prevention Program -- you know, the money
14 for cleaning up houses comes from an agency like HUD. It didn't come
15 from us in the health agency. But we really, I think, served as a catalyst
16 in working with HUD and working with EPA and others.

17 So I think we need to think about solutions that will help people
18 and what ATSDR can do working with others to meet the needs of
19 people in communities.

20 So, that's my goal. You know, every community will require a
21 different kind of solution, but we are trying to work towards that.

22 Thank you very much.

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1 (Applause.)

2 MR. LEE: Thank you. I think that's certainly a lot of basis for
3 further discussion later.

4 Next we'll have Charles Wells from NIEHS, the National Institute
5 for Environmental Health Sciences.

6 PRESENTATION BY DR. CHARLES WELLS

7 DR. WELLS: Thank you, Charles.

8 Unfortunately, Dr. Olden couldn't be here today. He had prior
9 commitments.

10 I joined the institute, NIEHS, back in December of 1999, so I'm
11 very new and some information you may need I may have to get it back
12 to you later.

13 NIEHS is located in Research Triangle Park, North Carolina.
14 NIEHS is within the Public Health Service. We are a part of DHHS,
15 we're a part of the Public Health Service, and we're part of the NIH in
16 Bethesda. I am from the Office of the Director, which I work directly for
17 Dr. Olden.

18 In 1966, you can see, we were just a division at the NIH, and in
19 1989 we became an Institute. In 1991 Ken Olden became the third
20 director of NIEHS.

21 The mission of NIEHS is unique and quite different from the other
22 Institutes at NIH. The basic mission is to reduce the burden of

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1 environmentally-associated disease by defining how the environmental
2 exposure affects our health and how individuals differ in susceptibility
3 to these exposures, and how susceptibilities change with age.

4 NIEHS is basically an agency for prevention of diseases. We do
5 not have the charge of finding the treatment for any particular disease,
6 but our charge is basically to prevent diseases that are environmentally
7 associated.

8 Our prevention of diseases is one of the most important services
9 that I think a government agency can provide to the citizens because
10 this way we can prevent a lot of morbidity and perhaps prevent some
11 early mortality.

12 In terms of environmental justice, I know that all of you know what
13 environmental justice means, but this is basically the definition that was
14 developed in NIEHS back in about '81 or '82.

15 Basically the environmental justice that we practice there is
16 basically our trying to empower people that for whatever reason -- that
17 live in these environments that have a lot of pollution and a lot of other
18 problems, to give them power and instruments and a way to address
19 those issues, and at the same time provide them technical assistance
20 directly or through academic institutions to be able to address and to
21 deal with the problems that are due solely to pollution or other
22 environmental issues.

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1 I can't see my slide there too well so I have to look at my sheet
2 here.

3 In our Institute we have public health and translational research.
4 Environmental justice comes under our translational research. Our
5 communities need to better understand the effects and risks to human
6 health from exposure to physical and social environmental changes.

7 Now, this was a weakness within our Institute that we decided to
8 look at. Therefore, NIEHS saw a critical need to establish new
9 mechanisms to educate the public about environmental health issues
10 and for supporting individuals and community involvement in the
11 identification and investigation of environmental health concerns.

12 Under our environmental translation research programs, of which
13 we have several which I will talk about, these programs here have three
14 common objectives: to improve the understanding of how physical and
15 socioenvironmental factors affect human health; to develop a better
16 means of preventing environmental-related health problems; and to
17 promote partnership among scientists, health care providers, and
18 community members.

19 We define translational research as a conversion of finding from
20 basic, clinical or epidemiological environmental science research into
21 information, resources or tools that can be applied by health care
22 providers and community residents to improve public health outcome in

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1 at-risk populations.

2 Currently within our Institute we have several translational research
3 programs: Community-based prevention and interventional research,
4 which I'm going to talk about today; and environmental justice. The
5 other five programs I will briefly talk about, but these are other types of
6 translational research that we are making information available to the
7 public that wasn't done before.

8 We have K-12 environmental health science education where we'll
9 basically provide information and technology to public schools and
10 private schools to expose our young students to the whole issue of
11 environmental health science education.

12 We also have a center that deals with community outreach and
13 education. And we also have developmental centers.

14 We have a new program called ARCH where we basically will
15 partner our intensive research institution -- we have research institutions
16 that have the capability but do not have a lot of funding from NIH or
17 other federal agencies.

18 Last but not least, we are now dealing with health disparities,
19 which is a big issue at the NIH today. NIEHS was the first agency in
20 our NIH to basically start a program in health disparities. This program
21 started right after Ken became the Director of the Institute in roughly '91
22 or '92.

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1 Now, the community-based prevention and intervention research
2 -- this program was developed to implement culturally relevant
3 prevention and intervention activities in economically disadvantaged
4 and/or underserved populations adversely impacted by environmental
5 contaminants.

6 This program is intended not only to foster the refinement of
7 scientific valid intervention methods, but also to strengthen the
8 participation of affected communities, which we saw as one of our
9 weaknesses because there were a lot of decisions being made at the
10 NIH that affect these communities where they had no input.

11 The community-based prevention and intervention research
12 projects are designed to expand our knowledge and understanding of
13 the potential causes and solutions for environmental related disorders
14 and enhance the capability of the communities to participate in the
15 development of research approaches and intervention strategies.

16 These research projects are conducted in a manner that reinforces
17 collaboration between community members and research institutions.
18 Therefore, the relevant results are made available to the community in
19 a clear, useful term. We try to make it as user-friendly as we can.

20 The NIEHS is currently supporting nine research grants under this
21 program. This research is peer reviewed. At NIH when we talk about
22 peer review we have two levels of review. The first level is actually the

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1 review group, and really the members of this review group reviewing the
2 research are supposed to be peers of the applicant.

3 This at the NIH works pretty well when the Institute is in charge of
4 putting together the review panels so therefore they can find members
5 that know the community and know the research also. Now, where the
6 weakness at NIH is currently -- this would not work for the roughly 100
7 standing review committees we have at the NIH.

8 Institutes at the NIH, when they review applications or requests for
9 applications for program projects have the unqualified right to put
10 together review panels themselves. Therefore, one thing we have done
11 in our Institute is to find community and researchers who are already
12 working with communities to serve on these review panels.

13 Our second level of review is done by the advisory council. One
14 member of this Council here, Peggy Shepard, is a member of our
15 advisory council. One speaker from this morning, Dr. David Carpenter,
16 is also a member of our advisory council.

17 So we do feel that we've been pretty successful at both levels of
18 review by putting together members from the community and members
19 from the academic community that know the problems, and also, we
20 have members from industry also serving on our advisory council.

21 MR. LEE: Hey, Charles, can you begin to finish up?

22 DR. WELLS: Okay. The last program, but not least, is our

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1 Environmental Justice Partnership for Communication. This was
2 established by NIEHS several years ago to bridge the communication
3 gap so that communities involved have a role in identifying and defining
4 problems and risks related to environmental health.

5 The research grant for this program and for the environmental
6 justice community-based program were developed to empower
7 disadvantaged communities with resources to effect healthful changes.
8 There is an increase of awareness that these health disparities arise
9 within a culture context and that strategies for that problem must be
10 culturally proper. Not only culturally proper, but culturally sensitive.

11 Unfortunately, due to time, I will not have time to go through the
12 other translational research programs that basically support what we're
13 talking about. This is just basically to show you where our
14 environmental justice projects are.

15 I don't think you can really see that too well, but this is a list of the
16 grantees and the populations that are affected and basically the
17 problems that they're looking at. We currently have 20 grants under our
18 environmental justice program.

19 These are the other programs we have that unfortunately I can't go
20 into. But I wanted to point out a couple here.

21 The Centers for Children's Environmental Health and Disease
22 Prevention Research is currently funded by EPA -- well, NIEHS, EPA,

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1 and CDC. We have eight centers. Dr. Olden is now basically discussing
2 the possibility, if we get the resources, to start some environmental justice
3 and health disparities centers also to look into this problem.

4 Thank you very much, Mr. Lee and Mr. Chairman.
5 (Applause.)

6 MR. LEE: As was mentioned by many of the speakers before,
7 NIEHS has a significant history of support for community-based research
8 models. I don't think we have adequate time to really go into all that.
9 Certainly at the end of the discussion we hope that you'll raise questions
10 to Dr. Wells.

11 Next we'll have Dr. Jon Kerner from the National Cancer Institute.

12 PRESENTATION BY DR. JON KERNER

13 DR. KERNER: I don't have a microphone, so I'm going to talk really
14 loud, if that's all right.

15 (Pause.)

16 DR. KERNER: Okay, thank you. Thanks.

17 My name is Jon Kerner and I am a recent immigrant to the federal
18 government having spent 20 years in community-based participatory
19 research in New York and Washington. I joined the Cancer Institute ten
20 weeks ago, so I am very new to government and so I bring a perspective
21 perhaps that reflects my perspective on government from the outside as
22 well as what I've learned from the inside.

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1 This is a very brief table of organization of the National Cancer
2 Institute. I just wanted to point out that this is a very large Institute in the
3 NIH. You'll notice that our fiscal 2000 budget was almost \$3 billion, so we
4 spend a lot of taxpayer money. Ninety percent of the money we spend is
5 on research. We are primarily a research institution. Our mission is
6 defined by law, by the National Cancer Act, and it's briefly described there.

7 I am the Assistant Deputy Director in the Division of Cancer Control
8 and Population Sciences. That division, and the Division of Cancer
9 Epidemiology and Genetics are the two divisions that probably have the
10 most to do with environmental justice.

11 Now, earlier this morning you heard the 2010 health goals, which I
12 just want to repeat briefly here because I think it's important to understand
13 the challenge that HHS faces when we talk about eliminating health
14 disparities.

15 I gave this presentation to a group of Native American researchers
16 at the NCI who pointed out to me that it took five hundred years to produce
17 these disparities; what was the probability that we would eliminate them
18 in ten? I had to admit that was an excellent question.

19 So, we do have many challenges in front of us, but I think it's
20 important that for the first time the elimination of health disparities is on the
21 agenda. I think that's a great credit to David Satcher and to others who

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1 have been voicing these issues for a long time. It's now a part of our
2 national mission.

3 You also saw a list of the leading health indicators and I just wanted
4 to indicate to you that from the Cancer Institute's point of view many of
5 these indicators listed on the left relate to cancer -- physical activity,
6 tobacco use, environmental quality, and access to health care, all of which
7 have come up today in the context of questions and comments, which I'm
8 sure we'll hear more about later.

9 But as I did a quick look at them, I also thought that even more of
10 them are related to the environment. And so when we talk about
11 environmental justice, we perhaps don't often think of things like physical
12 activity or tobacco use as environmental issues, and yet they clearly are.

13 They clearly have to do with how communities of color and low
14 income communities perhaps have limited access to facilities or areas
15 where physical activity is safe, and they've been targeted by many
16 industries, including the tobacco industry, to sell their products. But all of
17 these factors are environmentally related, so clearly there's a tremendous
18 relationship or overlap between our cancer-control objectives and your
19 focus on environmental justice.

20 This is a model that I wanted to just briefly show you that we've
21 proposed as part of our challenge to eliminate health disparities by the

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1 year 2010. Each Institute at NIH was asked by the National Institutes of
2 Health to develop a strategic plan for addressing health disparities over
3 the next five years.

4 There was a comment I wanted to make earlier about hard science.
5 Much of what we've done at the NIH is focused on biological factors and
6 more recently on individual risk factors, behavioral issues. Of course,
7 we've focused on the disease process. We look at what predicts the
8 development of cancer through stage of disease. We've heard about
9 comorbid illness and on to mortality.

10 But very little of the research we've done historically has looked at
11 this section, this sort of upper left -- I don't think there is any political
12 commentary there -- the upper left side of this diagram in terms of what we
13 spend our research on.

14 A comment was made earlier about the need for hard science. Let
15 me suggest to you that doing studies in laboratories is not hard science;
16 it's easy science. The opposite of hard in this case is not soft; it's easy.

17 And so what we do in labs is relatively easy because we have
18 enormous experimental controls. When we go out into the real world and
19 start working with people who are being exposed across their lifespan to
20 many different factors and the confluence and behavioral factors, racism,
21 income disparity, institutional factors, this is hard science. This is very

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1 difficult science to carry out. It's very difficult science to get through peer
2 review, and this is one of the challenges we face in the research
3 community.

4 So this is our overall goal at the NCI, to understand the causes of
5 health disparities in cancer and to develop effective interventions to
6 eliminate these disparities.

7 Very briefly, we're going to expand the capacity to do research in that
8 upper left-hand portion of the diagram. We need new centers for
9 population research and new collaborations with other agencies that have
10 an interest in this area. We have to expand our ability to fund and monitor
11 cancer-related health disparities.

12 We've been talking a lot about the issue of monitoring environmental
13 exposures, and it's very difficult in cancer to necessarily link the
14 development of cancer -- which might take 20 or 30 years -- to an
15 exposure that took place 20 or 30 years ago. And so we clearly have
16 some very complex methodological problems there.

17 It's not enough to understand these relationships. We have to
18 develop and support intervention research in prevention, early detection
19 and treatment, as well as communication. The part that I'm most
20 interested in because, of course, that's what I was hired to do, is to
21 expand the channels for research dissemination and diffusion.

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1 Scientific knowledge is not power unless it's applied. The NIH
2 historically has not done the greatest job of taking our knowledge out of
3 the libraries and working with the service delivery agencies to figure out
4 how to get it applied particularly targeted to those communities who bear
5 the greatest burden from these health disparities.

6 Then, finally, we need to strengthen training and education in health
7 disparities and to increase the number of minority scientists who are
8 competitive in peer review. We have a Native American Network; we have
9 a Special Population Network that funds community-based partnerships
10 between academic institutions and communities, in Native American
11 communities, Asian-American communities, Latin American communities
12 and African-American communities. But it's a drop in the bucket; we need
13 to do a lot more of this.

14 This is an example of something. Next week I'll be coming down
15 again -- remember, I've been here for ten weeks so I'm sitting next to
16 someone from the CDC who I've never met before but I look forward to
17 getting to know -- we'll be coming down to meet with folks in the Division
18 of Chronic Disease Prevention at CDC.

19 We've put together this sort of model, which I thought might be
20 helpful to you, to talk about how partnerships in cancer control might work.
21 The ACS stands for the American Cancer Society and NCI -- our primary

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1 mission at MCI is research development. We do very little direct service.
2 And we do some synthesis of research findings as well as dissemination
3 and diffusion. We need to do more of that.

4 The CDC does a lot of dissemination and diffusion. They have direct
5 links to the health departments. Much of the research that's developed at
6 NIH can be a conduit -- the CDC can be a conduit. They do a lot of direct
7 service. And they do a small amount of research and development. So
8 they have different strengths.

9 And the American Cancer Society is very much about volunteer
10 service, and they do fund some research.

11 So each of us brings something different to the table. And I think one
12 of the challenges in partnership is figuring out what our respective
13 strengths are and then figuring out things that we can do together.

14 This is the program that I'm developing. It's a program that's ten
15 weeks old, called TRIO, Translating Research Into Improved Outcomes.

16 I'm going to end here -- actually, I won't end here because I see I've
17 got two minutes, and I'm from New York so I can talk very fast -- originally
18 from New York.

19 This program looks at how we can model and monitor the impact of
20 dissemination and diffusion on the year 2010 objectives collaboratively
21 with our sister agencies in the federal government, state and local

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1 agencies, and particularly advocacy groups like yourselves, to work
2 together to try and promote the adoption of good scientific evidence-based
3 cancer control and interventions at all levels, but particularly in
4 underserved communities.

5 That's why I have as my last bullet a special focus. We are looking
6 for partnerships that focus specifically on how to eliminate cancer health
7 disparities among the underserved.

8 Who are the partners in environmental justice? Well, I'm just getting
9 to know you all. So I look forward to trying to figure out what this circle will
10 look like in the future.

11 This is what I wanted to end up with in my remaining minute. These
12 are the challenges to partnerships. How can different federal agencies
13 know what we do? We are a huge -- and I say this with all humility --
14 tower of Babel. We do different things; we don't know each other; we
15 have our own institutional missions.

16 It's at conferences like this -- the reason I am here is because NIEHS
17 held a conference on social determinance of health where I had a chance
18 to speak. Marva King from EPA heard me speak and introduced me to
19 Charles Lee who invited me to come to the meeting.

20 That's the kind of way it works. But it really shouldn't work that way.
21 There should be some mechanism by which we have a better

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1 understanding of what we do, what our respective strengths are and how
2 we can work together.

3 How can research best form policy and service? That's important.
4 We've talked about that. We can't simply be continuing to accumulate
5 knowledge and not translating it into action both at the policy level and the
6 service level.

7 But we need to work in partnership -- and I see I'm out of time -- with
8 service providers because they ask some of the best questions that we,
9 as researchers, need to be able to answer. These questions that come
10 from the community are the ones that drive the system -- should -- to
11 make sure our research is relevant.

12 And then, finally, how can the environmental justice advocacy
13 community work best with government? This is a wonderful meeting. I'm
14 very impressed with the give-and-take here. We have some mechanisms
15 like that at the NCI, but nothing quite as impressive as this. So we hope
16 to learn from you.

17 Thank you very much for your time.

18 (Applause.)

19 MR. LEE: Thank you, Dr. Kerner. He talked about the Centers for
20 Disease Control, and we have here representing a CDC agency, the
21 National Center for Environmental Health, Mr. Michael Sage.

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1 PRESENTATION BY MR. MICHAEL SAGE

2 MR. SAGE: Thank you, Mr. Chairman.

3 I'm Mike Sage. I'm currently serving as the Deputy Director of our
4 Center.

5 PARTICIPANTS: Can't hear you.

6 MR. TURRENTINE: It's on, just get it closer.

7 MR. SAGE: Can you hear me now? What do I need to do here?

8 PARTICIPANT: Speak directly into the microphone.

9 MR. SAGE: Okay. Can you hear me now?

10 PARTICIPANT: Yes.

11 MR. SAGE: I'm Mike Sage. I'm currently serving as the Deputy
12 Director of the National Center for Environmental Health. I'm going to be
13 actually moving jobs here in the next month to become the Director of our
14 Policy Planning Evaluation and Legislation Office, and we've just hired
15 Rosemary Henson to be the new Deputy Director of our Center.

16 Rosemary I think will be very interested in working with this group.
17 She led CDC's Breast and Cervical Cancer Program for years. She's very
18 interested in health disparities. I would hope both her and I could continue
19 to work with the committee through time.

20 I've prepared a short presentation to address four issues. One, who
21 we are; our strengths; barriers to working with us; and recommendations

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1 I would have.

2 Before I do that, though, I was encouraged to hear some discussion
3 earlier on children's environmental health, a topic dear to the hearts of
4 many people at this table. There's a lot of efforts that are going on in
5 children's environmental health and possibly this committee would want
6 to hear those efforts in the future.

7 Specifically, though, you may be interested to know that there are 15
8 bills in Congress at this time related to children's environmental health,
9 most of them probably going nowhere, but one bill in particular introduced
10 by Congressman Bilirakis passed the House a couple of weeks ago on a
11 403 to 9 vote.

12 We have just been approached by Senator Kennedy and Senator
13 Frist this week to have input into the Senate version of that bill, and all
14 political indications are that that bill may pass and get signed this year, a
15 major legislation on children's health issues and specifically children's
16 environmental health issues.

17 To go on to my presentation, though, the Center for Environmental
18 Health is one of the centers within the Centers for Disease Control. What
19 struck me about the last presentation, if you broadly define environmental
20 justice as an issue, there are a number of centers within CDC that would
21 be appropriate to engage on this topic, such as the Center for Chronic

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1 Disease and Health Promotion -- that's where the cancer programs at
2 CDC sit, that's where the diabetes program sits, that's where adult and
3 children and adolescent health education programs sit. So that may be
4 another center within CDC to engage on this issue.

5 Specifically to the Center for Environmental Health, though, this is
6 our bureaucratic definition of our mission. I think the key words here,
7 though, for us and where some of the issues we have are, is we do
8 applied science -- not basic research, but applied science. That tends to
9 have more of a focus in this mission than our service.

10 We are very much into preventing disease and have really not very
11 many of our efforts on controlling except for when a real emergency
12 occurs.

13 And we are really looking at people, the health outcomes in people
14 and not so much all the environmental factors -- but the environmental
15 factors that may affect health outcomes in people.

16 Our strengths very much relate to our division of organization. We
17 are divided up into four divisions within one office. That's of particular
18 importance. The four divisions are: Emergency and Environmental Health
19 Services; Environmental Hazards and Health Effects; the Laboratory
20 Sciences Division; and Birth Defects, Child Development and
21 Developmental Disabilities Division.

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1 Our office of interest to this group could be the Office of Genetics and
2 Public Health. That is really a strategic coordination office across CDC to
3 look at all the issues arising related to genetics and public health.

4 The strengths that we bring within those divisions are biomonitoring
5 efforts. What I mean by that is over the last few years we've developed
6 increasing technology and expertise in being able to measure substances
7 in people, in human specimens. In the next few years we hope to
8 increase that effort and bring that technology to bear on both population
9 studies and profiling first a national profile and then possibly community-
10 based profiles of people's exposure, human exposure, to various
11 substances.

12 We have wide-ranging expertise in epidemiological studies. We have
13 one whole division essentially involved in.

14 We have community needs assessment tools that I would hope
15 would be part of your discussion tomorrow at your Health and Research
16 Subcommittee meeting. Some of these -- one of our staff is going to be
17 at that meeting -- some of these issues and tools that we have and
18 strengths to bear I think would be a good dialogue in that group.

19 We have prevention programs. Here I would specifically just point
20 out two right at this time. One is the Childhood Lead Poisoning Prevention
21 Program. Though we've made great strides in that area -- just to give you

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1 an example of where we are right now, 60 percent of the children who
2 were screened in Medicaid -- Medicaid-eligible children -- did not get
3 screened for lead poisoning. Yet they are some of the children at highest
4 risk in this country. So we're refocusing some of our efforts to try to focus
5 in on that population.

6 This year we've just received funding related to asthma and the
7 increasing asthma epidemic in the United States. For the first time
8 Congress has funded us to try to develop a national asthma program.
9 That's something that this group specifically might be interested in.

10 That's really where we see our strengths.

11 We also have a really developing area of environmental public health
12 workforce training. Here really issues of pipeline, or diversity, and getting
13 people trained.

14 I went to graduate school at the University of North Carolina at
15 Chapel Hill and I've learned that from my department in the last three
16 years not one individual went into public health from the School of Public
17 Health. From the Health Policy and Administration, they all went into
18 managed care organizations. So that's a major issue for us that we're
19 looking at in environmental workforce training.

20 Some of the barriers I see in working with us is our funding is very
21 disease-specific and very issue-specific. Meaning our funding comes from

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1 Congress targeted to asthma. That boxes then into just dealing with
2 asthma. Funding comes for lead; it then boxes it into dealing with lead.

3 I see that as a barrier in working with communities because it doesn't
4 give us much leeway in working other issues that are often of more
5 concern to communities.

6 We have a lack of direct community access to NCEH. Most of our
7 programs are run through state health departments and local health
8 departments and we have very few efforts that are really actually direct
9 community-based efforts within NCEH.

10 We have a lack of understanding -- and this is more on the
11 community side -- when we do work with communities, a lack of
12 understanding of the population-based research that we do and all the
13 concerns that people have for themselves in not understanding
14 population-based research.

15 We have -- I'm not sure that "inability" is the right word here -- but
16 aligning our scientific expertise with community-based efforts has been a
17 barrier for us. I think some of it is this lack of connection we have between
18 ourselves and communities in that we have a lot of go-between between
19 us and communities.

20 Getting back to Jon's point, we have a lag time between the
21 translation of the science and its use in community education and

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1 prevention. A big issue for us. I would also hope that the Health and
2 Research Subcommittee would kind of take a look at that issue and give
3 us some of their concerns there and some suggestions.

4 We also have a real lack of understanding of a lot of the cultural
5 issues. When we actually end up getting involved directly in community-
6 based efforts, we have lots of bridges to gap in understanding cultural issues
7 when we do go out into the field because often times we do our work in
8 Atlanta and miss the perception of the cultural issues in the community.

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

15 We need to encourage -- once we have that broad based funding, we
16 need to commit to program-specific projects to address environmental
17 justice concerns, which we really have an inability to do at this time.

18 We, as the CDC, need to spend a lot of time and effort on all the
19 issues of communication, health communication, strategies,
20 communication between communities and us, communication between the
21 agencies. We need much more effort there, and I would recommend

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1 some focus on that.

2 Also, I would recommend that-- we've had the staff internally working
3 pretty hard to say what are we going to do in community involvement in all
4 of our programs, and come back to the Director's office and tell us how
5 you think you can work that, and by this fall -- we've given them a date by
6 this fall -- to have that in our hands. I would hope to come back to this
7 committee and get your advice on that community involvement then.

8 Thank you.
9 (Applause.)

10 MR. LEE: And certainly one of the real hopes of this particular
11 NEJAC meeting is to discuss and begin to have some recommendations
12 about how to work broadly with all the CDC agencies.

13 Next we have Mr. Michael Rathsam from the Indian Health Service.
14 I just want to say that we're really excited about having a representative
15 from IHS. He will be Mr. Michael Rathsam.

16 PRESENTATION BY MR. MICHEAL RATHSAM

17 MR. RATHSAM: Thank you.

18 Captain Tom Crow, the Indian Health Service's principal
19 environmental health consultant, was unable to be here today. He does
20 send his greetings to each and every one of you and expressed his desire
21 for the overwhelming success of this meeting.

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1 My name is Mickey Rathsam and I'm filling in for Captain Crow today.

2 We've been in the business of addressing environmental health
3 disparities for about 45 years and providing direct health care services to
4 Tribes. Over the next few minutes I want to share with you information on
5 four topics. The topics include the mission, goal and foundation of the
6 Indian Health Service, followed by an introduction to the Office of
7 Environmental Health and Engineering. And during this introduction I'll
8 identify a few of our major strengths. Then I'll finish up by addressing a
9 few of our limitations and making several recommendations.

10 The mission of the Indian Health Service, in partnership -- and that's
11 a very important word, in "partnership" -- with the American Indian and
12 Alaskan Native people, is to raise physical, mental, social and spiritual
13 health to the highest level.

14 The goal of the Indian Health Service is to ensure that
15 comprehensive culturally acceptable personal and public health services
16 are available and accessible to all American Indian and Alaska Native
17 people.

18 And the foundation of the Indian Health Service is to uphold the
19 federal government's obligation to promote healthy American Indian and
20 Alaska Native people communities and cultures and to honor and protect
21 the inherent sovereign rights of Tribes.

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1 Over the past 45 years we have made significant progress in
2 achieving our mission and goals. Since 1955 ambulatory medical care
3 visits have increased by 1,200 percent. Since 1973 infant mortality rates
4 have decreased by 54 percent and are now equivalent to that of the
5 general population. And life expectancy has increased 12.2 years.
6 Mortality rates have decreased for maternal deaths; they've decreased for
7 tuberculosis, gastrointestinal disease, infant deaths, unintentional injuries,
8 pneumonia and influenza; they've decreased for homicide, alcoholism and
9 suicide.

10 Despite these successes, disparity remains. Life expectancy is 71
11 years, which is five years less than the national average. Tuberculosis
12 occurs in the Indian population at rates six times greater than the "all
13 races" rates. Alcoholism occurs at rates seven times that of the general
14 U.S. population. Further, Indian communities are devastated by the
15 suicide rate that is twice that of the general population. And as we heard
16 earlier, death related to diabetes occurs at the rate of 46 per hundred
17 thousand, compared to a rate of 13 per hundred thousand in the general
18 population.

19 In Indian Country there are 79 percent fewer nurses, 60 percent
20 fewer dentists, and 45 percent fewer physicians.

21 There are many underlying causes for these disparities. Social and

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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
9 with a brief overview of the Indian Health Service's Office of Environmental
10 Health and Engineering, otherwise known as 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
19 communities 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

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1 systems. And our Division of Facilities Engineering focuses on the
2 construction and maintenance of IHS and Tribal hospitals, clinics and
3 health stations.

4 Our strengths. Our strength is our staff, their commitment, and the
5 comprehensive services they provide on rural reservations and
6 communities. We currently have 164 environmental health officers in the
7 Division of Environmental Health Services. They're scattered all across
8 the country.

9 Our officers have graduated from accredited colleges with a Bachelor
10 of Science in either environmental health or biological science. Most are
11 registered professionally. Many have master's degrees and several have
12 Ph.D.'s.

13 Our Sanitation Facilities Construction staff consists of nearly 500 civil
14 and environmental engineers and an equal number of technicians. Most
15 of our staff live on or near the reservations they serve. We are not
16 removed from the people we serve; we are in their communities.

17 By both living and working in Tribal communities our officers quickly
18 develop an understanding of and appreciation for Native culture and
19 politics. Normally the longer an officer remains on a detail, the more
20 effective they become with the Tribes they serve.

21 Let's talk about successes. We have found success in reducing

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1 health disparity when basic public health programs become part of
2 community infrastructure. In 1955 only 15 percent of Indian homes had
3 safe water and sanitary liquid waste disposal facilities. And due to the
4 determined efforts of Tribes and the Indian Health Service, over 90
5 percent of Indian homes had received safe water and sanitary liquid waste
6 disposal systems by 1998.

7 At the same time, the age-adjusted death rate from gastrointestinal
8 disease among American Indians and Alaska Natives decreased 91
9 percent. That's predictable.

10 In the mid-1980s we assisted several remote 85 percent
11 impoverished Tribes in the development of self-sustaining, fee for service
12 -- fee for service -- solid waste management programs that provided door-
13 to-door collection service. These are the same types of services you
14 would find in downtown Phoenix or in New York or anyplace else.

15 Flies, rodents, wild and domestic animals no longer have the
16 opportunity to spread disease from decomposing organic waste dumped
17 in residential areas, and there are no open dumps to burn.

18 These programs continue to operate successfully and are now a
19 stable component of the communities' infrastructure.

20 We are on the cutting edge of reducing injuries in American Indian
21 and Alaska Native communities. Not too long ago Tribes placed low

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1 priority on smoke detectors, child safety seats, bicycle helmets, seatbelts,
2 personal floatation devices, and only a few chose to address DWI, suicide
3 and homicide.

4 That has changed. Many Tribes are now incorporating proven injury
5 reduction strategies into their infrastructure. Between 1987 and 1995
6 hospitalizations for injuries and poisonings dropped 29 percent.

7 And as you'll see on the graph on the screen, between 1973 and
8 1993 -- I apologize for the way that looks, but you'll notice the tall bar are
9 the American Indians/Alaska Natives; the lighter color bars U.S. all races;
10 and the darkest shorter bar is U.S. white race. Between 1973 and 1993
11 age-adjusted injury and poisoning death rates among American Indians
12 and Alaska Natives decreased approximately 50 percent, while the
13 decrease among U.S. all races and U.S. white race was much more
14 subtle.

15 We've led the way by not only developing and implementing a
16 successful community-based public health model for injury reduction, but
17 also by providing comprehensive multi-level training for all Tribes.

18 Now our limitations. The environmental health programs share one
19 very basic important limitation, and we share it with the Tribes that we
20 work with as well. We have never been funded at one hundred percent
21 of our level of need. In fact, we are currently funded at only 34 percent

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1 level of need. This means that each of our staff is attempting to do the
2 work normally required of three people.

3 Given our success at the current funding level, we clearly see the
4 immense positive effect that would be produced if funding was more
5 adequate.

6 Now for recommendations. For 45 years we've approached health
7 disparity in a comprehensive matter with a substantially limited budget.
8 Despite this, we are able to demonstrate substantial progress toward
9 achieving our mission and goals. More adequate sustainable funding
10 must be provided to further reduce health disparity.

11 There is considerable potential for Tribes to be led to believe that
12 health disparities and environmental justice is related only to
13 contamination of air, soil and water, from manufacturing and possibly
14 agricultural processes. I suggest to you that there are other issues, and
15 there are other major issues.

16 These issues include geographic location and infrastructure of the
17 community, the condition of roadways -- and I'm so pleased that we have
18 a representative from the Department of Transportation here today; that's
19 very important -- the condition of residential, commercial and public
20 buildings, the condition of water and waste disposal systems, levels of
21 building maintenance, technology, vectors of disease and injury, food

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1 protection, solid waste management. The expertise of those who care for
2 and educate children, and the expertise of those that provide medical
3 care, fire protection, EMS, and disaster response.

4 These are but a few of the other issues that directly affect health
5 disparity and environmental justice.

6 We need to be mindful of messages that Tribes or rural communities
7 receive from our programs and actions. There needs to be frequent and
8 routine communication between Tribes and agencies that fund Tribal
9 environmental programs and those agencies that provide direct
10 comprehensive environmental health services.

11 We all need to strive not to duplicate services. It's confusing out
12 there.

13 Then there are the ever-changing intangibles which include culture,
14 politics -- I'm just about done -- I have another 30 seconds.

15 MR. LEE: Okay.

16 MR. RATHSAM: Then there are the ever-changing intangibles which
17 include culture, politics, economics and sustainability. We can ill-afford
18 any miscommunication regarding the comprehensive scientific nature of
19 reducing health disparity and environmental injustice.

20 We look forward to having the opportunity to work more closely with
21 our sister agencies and to continue working closely with Tribes providing

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1 comprehensive environmental health consultation and direct services.

2 Thank you.

3 (Applause.)

4 MR. LEE: Thank you.

5 The last presenter in this panel is Dr. Hal Zenick from the EPA Office
6 of Research and Development. Hal.

7 PRESENTATION BY DR. HAL ZENICK

8 DR. ZENICK: I'm probably one of the few people at the table who,
9 having raised four boys, probably doesn't need a microphone.

10 (Laughter.)

11 DR. ZENICK: I've got a few overheads that I'm going to use. I'm
12 actually going to -- realizing the time is tight -- run through the first couple
13 very quickly and then take the discussion in a bit of a different tangent in
14 throwing a proposition out to the NE JAC for consideration. If I might get
15 some assistance on the first overhead.

16 The first one is basically a diagrammatic structure of EPA itself. Let
17 me just point out -- there's several boxes up there -- EPA can be viewed
18 as sort of consisting of three interrelated elements. The ones that many
19 of you may be the most familiar with are our program offices, such as the
20 Offices of Air, Water, Office of Solid Waste and Emergency Response, the
21 Office of Pesticide Programs and Toxic Substances.

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1 These offices, by congressional and legislative mandates, have
2 missions to carry out to enforce and ensure that we have clean water, safe
3 air, and so forth.

4 The second key elements within the agency are EPA's ten regions,
5 which is where the rubber meets the road, where there is an interfacing to
6 actually help work with the states and the communities to carry out the
7 regulations and decisions that are made within the agency itself.

8 The third element then is the support offices to the agency. The
9 Office of Enforcement and Compliance, the Office of Information that we
10 have, and my office, the Office of Research and Development. I will come
11 back to that dimension later on in discussing sort of some of these
12 dynamic interactions.

13 The next couple of overheads tend to reflect a bit of what the mission
14 of the agency is, which it views itself as having a vital role in ensuring both
15 human and ecological health in terms of environmental conditions.

16 And then, if you look at the agency's purposes on the next couple of
17 overheads, there's actually a whole list of purposes for which the agency
18 views its mandate in meeting its mission. But some of the key words that
19 you can see are that it feels that it is committed to protecting the
20 environment and resources for all Americans, that it wants to use the best
21 science in making its decisions, and it wants to ensure that the decisions

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1 that it makes in the protection of human health and the environment are
2 enforced fairly and effectively.

3 I'm getting old, I can't read my own slides here. Bear with me. I can
4 barely read these and they're right in front of me.

5 The next one there is -- I think this is a key one that I want to hit on
6 -- that environmental protection is an integral consideration in the U.S.
7 policies, concerning natural resources, human health, et cetera, et cetera.

8 I'm going to offer in a couple of my later slides that I'm not totally
9 convinced that the environment is considered to be an important
10 etiological factor when we make our human health policies in fact -- and
11 I'll come back to that.

12 Then, finally, and I think of course of relevance to this committee --
13 of special relevance to this committee -- is that these decisions do ensure
14 that all parts of the society have the opportunity to effectively participate
15 in this decisionmaking process. We might go to the next overhead.

16 My comments on the next couple of overheads are based in part on
17 experience that I've had in the last seven or eight years as a co-chair of
18 a working group under Border XXI to attempt to address environmental
19 health issues in the U.S./Mexico border. To some extent that experience
20 has been very rewarding and in other instances it's been rather eye-
21 opening.

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1 The way that program has been structured has been an attempt to
2 actually establish a partnership that has involved all of the pertinent public
3 health service agencies, EPA and its regional offices, and a number of
4 state agencies in terms of looking at how do you effectively address
5 environmental health issues.

6 Based upon those experiences, I'd like to make and offer the
7 following comments, if I could.

8 First of all, I think it's been noted by a number of the speakers today
9 that environmental factors is only one of the elements that we face in
10 trying to deal with health disparities and trying to deal with health
11 communities.

12 We've listed a whole set of other factors, factors related to
13 socioeconomic status, factors related to living conditions and race and so
14 forth.

15 I think that the ability to effectively ensure healthy communities is
16 absolutely dependent upon us being able to take a more integrated
17 approach to looking at the dynamics between those factors.

18 I think that there is in fact a stovepiping across federal agencies. It
19 is not uncommon for people to believe that environmental justice is an
20 issue for EPA and the other agencies, when they sit at the table, are doing
21 us a favor.

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1 (Laughter.)

2 DR. ZENICK: Well, in fact, the environment is a factor for every
3 agency. Health is a factor for every agency.

4 Much of my frustration I think has been observing that we create
5 many interagency institutions and we do really well at meeting. But it's not
6 clear that people go home with a reaction more than: that was interesting;
7 it's another unfunded mandate to deal with. And I offer that I think this is
8 a tremendous -- tremendous -- challenge to try and overcome.

9 The third bullet is one I've mentioned and I think that without this
10 commitment we're not going to make very much progress. And that is, I
11 believe it is absolutely essential that the public health and the medical
12 community, which is a major powerful player in this country, recognizes
13 that environmental conditions are a major etiologic factor in health
14 status.

15 I can tell you, that is a struggle to do. I think without that recognition
16 it's going to be very difficult to actually engage the elements that operate
17 within communities to effectively address a lot of the issues that programs
18 such as mine, which is a national program that has to do with broad
19 issues, can more effectively have success.

20 I think that the other aspect of this is that there are other key players
21 that must be engaged. And I'm absolutely thrilled to hear that the

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1 Department of Transportation has gotten more actively involved, that
2 they've actually established an environmental justice component, that they
3 recognize the decisions related to things such as where you place roads
4 and land use decisions have tremendous impact.

5 I think there are other players -- HUD and others -- players whose
6 budget and resources often dwarf many other players. I think it's critical
7 to have them engaged and realize -- and I think they have realized that
8 they have a health mandate just as we do.

9 Having said that, let me go to the last slide, which is a little bit off the
10 wall, and I think that's okay.

11 I think that we need to renew our commitment and recognize the
12 inextricable linkage between environmental health, public health and
13 health care. In many of the communities that we've had an opportunity to
14 visit with along the border, in the issues they bring to us, it's not a very
15 good answer to say, well, ORD and EPA really don't deal with those
16 issues. You must be able to handle those off.

17 One of our most successful partnerships in the last couple of years
18 has been with HRSA, the Health Resources Services Administration. We
19 now actually have an interagency agreement with them. We've actually
20 begun to implement a program that is looking at trying to increase
21 environmental education for health care providers in communities so they

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1 can become more aware and more cognizant, get into the early phases
2 of recognizing environmentally linked problems.

3 I think some of those partnerships are absolutely critical to this
4 integrated model.

5 I think we've got to recognize that we need research -- and I've heard
6 a lot of that today. But research cannot be a substitute for action. Many
7 of the problems we've pointed out, from Mike Callahan's presentation on,
8 cumulative risks and the challenges, we know that we need more
9 research, we know that we need more tools.

10 The fact of the matter is that the implementation of Title VI is a reality,
11 that OCR and others are going to have to carry that Act out. When they
12 get a petition that says we think there have been disparities in the granting
13 of the permit for this facility, we're going to have to use the science that we
14 have.

15 As we develop those experiences, we will be able to develop better
16 research insights and do a better job. But I oftentimes am concerned --
17 and I hear a little bit of this in the meeting today and my office has certainly
18 been part of this -- is oftentimes we need more research. I'm not sure.

19 The model I'm going to suggest is one that Haywood Turrentine
20 mentioned very pointedly in a teleconference we had I think back last
21 August when he said the key verb is "action."

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1 What I'm going to suggest for consideration -- and again, I can do
 2 this; I'm not an M.D. person, I'm not a public health person per se; I can
 3 always fall back and simply let you know I'm a toxicologist -- is I think we
 4 need a diagnostic action-oriented model that I think is not particularly
 5 different from what we already use in the medical community.

6 When someone presents himself with an illness, the first thing we
 7 may try and attempt to do is understand a lot of the symptoms. And as we
 8 begin to try and treat that, if it be fever and give it an antipyretic or
 9 whatever, we begin to try and deal with symptoms. We may dig in further
 10 and try and ascertain, well, what are the causes and how can we address
 11 those?

12 In the border we have know (inaudible) defects has been an issue off
 13 and on. CDC has implemented I think a tremendous program in folic acid
 14 supplementation of food products. It's beginning to show a marked
 15 decrease in recurrence.

16 Do we know what the trigger is? No, we don't. Do we know that
 17 we're being able to effectively treat it? Yes, we do.

18 I would suggest that one of the things that we might want to consider
 19 is how do we begin to combine our expertise that when we look at a
 20 community we can begin to understand what are some of the things that
 21 in a community partnership we can begin to treat, even if it's the

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1 symptoms, that begin to improve the health of the community as we try
 2 and understand what those triggers are.

3 There's a variety of approaches. One of the things I would offer in
 4 terms of whether this is realistic is perhaps we can center on a limited
 5 number of communities over the next three to four years, develop -- I hate
 6 the word, but develop a SWAT team type of mentality. Can we go in with a
 7 group of experts working with the community and local folks, do the
 8 diagnostic, try and determine where can we influence, persuade,
 9 implement some changes in the conditions in that community, and then
 10 step back and make some assessment of have we been successful, what
 11 were the barriers, and I think critically when I have to go back to my
 12 agency and talk about this -- it is, and what are the constraints. What was
 13 the cost to do this? Is it something that you can adopt in your way of
 14 thinking and planning within your agency? Is it realistic or not?

15 I think there are some opportunities to take maybe a bit of a different
 16 model and begin applying it and determine whether or not it is in fact
 17 realistic and what are the partnerships that you need to do it.

18 I tend to be a rah-rah for making interagency efforts work. But,
 19 again, I think that needs to perhaps look at different models that extend
 20 beyond just more meetings.

21 Thank you very much.

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1 (Applause.)

2 MR. LEE: Thank you, Hal.

3 Before we open it up for questions I want to do a time check because
 4 it is now ten minutes to five and we have public comment period at 6:30.
 5 So I would say that we would go to 5:30. Is that possible?

6 MR. TURRENTINE: If you do, we'll never get back at 6:30.

7 MR. LEE: So can we do it until 5:15? Okay. Great.

8 MR. TURRENTINE: The more important question is what is Council
 9 going to do relative to getting back here so that we can start at 6:30? That
 10 largely determines when we leave. You know, we invariably can get back
 11 here and get started and we've published this in the Federal Register. We
 12 really don't have any choice in the matter. The public comment period will
 13 start at 6:30 with or without you.

14 Now, having said that, what time do you want to go to dinner?

15 (Simultaneous conversation.)

16 MR. LEE: So, 5:15 is the consensus, right? Keeping in mind that
 17 this is a very important part of the discussion, this actually is the heart of
 18 why we're here, but the way we have planned this, for everyone's
 19 edification, is that this is going to be an ongoing dialogue that's going to
 20 continue all day in the Health and Research Subcommittee.

21 Before we open it up for questions I want to also make sure that we

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1 recognize the fact that there are a number of officials from other federal
 2 agencies here. Rather than introducing them individually, I would just ask
 3 that they all stand to be recognized.

4 I don't know, if they're here, maybe they don't want to be recognized.
 5 They will be joining us in our various subcommittees.

6 One of them I do want to point out is Jeanine Willis from the Health
 7 Research Service Administration which was actually very much -- very
 8 prominent in the dialogues thus far.

9 When Hal talked about the inextricable link between environmental
 10 health, public health and health care, they are the other key agency
 11 involved here. So I just wanted to make sure that we all realized that
 12 Jeanine is here and for all of you to talk with her. She will be joining us
 13 tomorrow in the subcommittee.

14 Let me just begin with questions from the Council members. I guess
 15 we can start with those who weren't able to ask their questions the last
 16 time. I think we left off at Peggy Shepard.

17 MS. SHEPARD: I'd like to know what kinds of interventions -- what
 18 are the components of interventions that you think will begin to really
 19 reduce health disparities? Do you really think that can be done in the next
 20 ten years? And can it be done without partnering with communities?

21 MR. TURRENTINE: Anyone. Anyone.

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DR. KERNER: We're all rushing to the microphone.

Good question. Let me say that I think if you think back to that diagram I showed you, a lot of the interventions we've developed, at least in the area of cancer control, have focused on health behavior change and also medical approaches which is a small part, but a part of the problem.

I don't think any of those targeted to underserved 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-placed research interventions don't work as well as community-based participatory research interventions. And so I think that partnership is essential.

I think as we get a better understanding of the links between some of those factors that are sometimes difficult to measure -- the hard science, as I was alluding to earlier -- the policy implications are areas where links to the advocacy community are going to be absolutely essential because in my limited tenure at the federal government I understand that I have a very limited influence over policy.

I have a chance to do research, I have a chance to dialogue with communities that have a stake in what policy changes might take place, but ultimately it's the legislative process linked to community advocacy that often drives policy change.

And I'd just like to make one other comment about this. You know,

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as scientists we kind of eschew stories and anecdotes for data. But it's been my observation over the last 20 or 30 years that a lot of policy change comes from a really good story. And so I think as scientists we need to learn to present our data as really good stories.

And we need your help to do that because tables of numbers don't necessarily change policy, but what those numbers mean and how to communicate them in human terms does.

MR. SAGE: I think to answer to the last part of your question firstis, I don't think you can implement an intervention without community-based efforts. If you're really going to implement --

MR. LEE: Can you speak into the microphone, please.

MR. SAGE: I'm sorry. If you're going to implement interventions, ultimately they come down to community-based efforts, truly. So, the last part to your question is that they have to be.

The first part of your question is that it's hard to imagine for me personally -- and this is my personal opinion -- that all health disparities for all illnesses will be eliminated in ten years. That doesn't mean that we shouldn't have a goal to take the first ten years and get as far as we can.

I would think we would try to focus on priority health outcomes that

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affect the most people first and go after that. Such as diabetes and numerous other health conditions that affect large populations.

DR. WELLS: In NIEHS -- I agree with you, Peggy -- our intervention programs and intervention strategies are developed by the community in concert with academia or government -- so I agree with you that intervention without input or consideration from that community probably won't be very effective.

MR. RATHSAM: The lessons we've learned from preventing injuries in Native American communities is that you've got to have sound scientific data collection and analysis. That means you have to know what you're looking for and it has to be measurable. And it has to be tooled up, the technology, locally to do it.

The second step is advocacy. Once you get that scientific information, you've got to convert it into something that the community understands. That's a very important component. You can't just talk scientific language to the general populous, I don't think; it's scary.

The next step we go to is community mobilization or coalition building. Then on to intervention development within that community group. And then implementation. And then you go through the process again of the scientific data collection and analysis again to see if

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interventions worked.

That's an ongoing process. It's a lifetime process. But I think it can happen.

DR. FALK: I just wanted to add that, yes, there has to be a very important dialogue with the communities.

I think Hal made a very good point, which is that we all always think of ourselves in terms of where we come from in our agencies, but the federal government as a whole really ought to be the target of that dialogue with communities. We really have to be creative, I think, in terms of what resources can be brought in to help in those discussions.

Yes, there needs to be a very active partnership and dialogue with the communities, but both of us -- the communities and the federal agencies -- really need to do a better job, I think, in terms of drawing on the resources of the federal government to really respond to those needs.

MR. LEE: I think the next person that -- were there any other thoughts on the question? Can we go to Rose Marie Augustine?

MS. AUGUSTINE: My experience with ATSDR in the community has not been very good. One of the things that I think ATSDR needs is to be a little more understanding of the culture of the community that

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1 they're going into.

2 One of the health studies or assessments that they did in the
3 community is they came, they started knocking on doors, and told the
4 people they were interviewing, we'll give you \$10 for your interview.
5 The community started calling me and they were very upset because
6 they felt that, you know, here they had family that was sick and dying,
7 they had people that were -- that the families had died and they felt,
8 well, what are they offering me \$10 for? Is this what my family is worth
9 to them, \$10?

10 So, you know, that is -- that was a slap in the face to offer them
11 that. You know, \$10 or any kind of money. They would have done it for
12 free. They didn't want anything. They just wanted to be counted. They
13 wanted their families to be counted.

14 Another thing, too, is that I find in the community -- well, let me tell
15 you this. After this happened, when the report was ready, the person
16 that was working in the community, the ATSDR person, had to call the
17 TCE clinic so that someone from the clinic could go and pick up the
18 report at the hotel because the community did not want her there. And
19 that's how we got the report.

20 Another thing, too, when you talk about culture. When you talk

1 about people that smoke, that drink, and you tell the women it's
2 hereditary, it's the smoking, the drinking, that your child inherited this,
3 you have cancer because it's hereditary -- it's not the chemicals you
4 were exposed to, all the diseases you have, it's your fault.

5 So here's another cultural thing. In the Mexican community -- and
6 this is the old people that I have seen and I have heard -- is when a
7 person is dying, "oh, did you hear so and so has been suffering so
8 much, she's got cancer. I wonder what sin she committed that she is
9 suffering so much and God is punishing her."

10 Yet, when a person has cancer -- and my grandson's paternal
11 mother died two years ago -- they will not tell you they died of cancer
12 and they don't come out -- and they won't even go to the doctor until it's
13 too late because they have been blamed for the disease they have and
14 they don't want anybody to know they've committed a bad sin, and
15 that's what, you know, they're suffering for.

16 MR. LEE: Hey, Rose.

17 MS. AUGUSTINE: So she died of a ruptured appendix after she
18 had had a series of radiation treatments. But it wasn't cancer.

19 MR. LEE: Did you have a question?

20 MS. AUGUSTINE: When are ATSDR and all these scientific

1 agencies going to start taking into account the burden that they're
2 putting on the community when they tell them it's hereditary? And the
3 comments that I just made -- so that you understand what we're talking
4 about in culture -- you take culture and religion into consideration when
5 you come out with these reports.

6 DR. FALK: Thank you for your comment. I recognize that there
7 are situations, and have been situations, where community members or
8 others have been approached maybe in a less than sensitive way, and
9 I accept your concerns and maybe we could talk about that afterwards
10 as well. We will try to do our best to rectify that going down the road.

11 I think one of the difficulties we have in terms of working with
12 diseases, whether it's cancer or other diseases, is that most have
13 multiple potential causes. For many of the diseases, certain types of
14 cancers, we don't even know what causes most of them. And you're
15 right, that's certainly not something that ought to be left in terms of
16 either concerns about blame or concerns about guilt.

17 We as scientists really ought to be aware of the limitations of
18 knowledge and what we can't say and what we can say. So I accept
19 your concerns and hopefully we will do better in other situations.

20 MR. LEE: Next is Luke.

1 MR. COLE: I just have a short statement. This is great progress,
2 to have the six of you here talking about environmental justice because
3 often your agencies, particularly Indian Health Service and ATSDR,
4 have been the obstacles to progress towards social justice.

5 I mean, the Indian Health Service up until the 1970s was carrying
6 out sterilization policies. You know, many people see that as a justice
7 issue.

8 ATSDR more recently, as Rose mentioned, has had a number of
9 problems with community credibility, and continues to this day.

10 Based on the national experience of groups like Rose's -- the
11 California communities with which I work have a strict policy of not
12 working with ATSDR and not allowing ATSDR to come in to study their
13 communities because they cannot point to a single community that has
14 been helped by ATSDR's involvement, but they can point to a number
15 of communities that have been hurt by ATSDR's involvement. So they
16 have said, on a policy level, we're not going to work with ATSDR and
17 we don't want ATSDR to come in here because they will only hurt our
18 efforts to get justice.

19 (Applause.)

20 DR. FALK: We are working with about 500 sites around the

1 country and I visited a number of those sites and I speak to people in
2 the regional offices and have, you know, spent several meetings with
3 our community and tribal subcommittee and spoken to people around
4 the country.

5 So, I am sure that there are instances where what you're saying is
6 correct. I don't think that that's the generally prevailing situation
7 throughout the country. But I'm happy to really try and correct whatever
8 situations are not working.

9 In the interest of this particular panel, you know, I'll tell you about
10 a recent site and something we're trying to do which at least I think can
11 help people in terms of partnering. It's not going to answer all the
12 questions that you raised, but I'm not sure we can do that in this sitting.

13 For example, we have an active investigation in Libby, Montana
14 with concerns about treating people with diseases related to asbestos.
15 That's not something that is purely within our ken, but the National
16 Cancer Institute has treatment protocols for mesothelioma and research
17 protocols underway for pulmonary diseases.

18 So we did a joint workshop where we brought in the physicians
19 from Montana to Washington and met with various parts of NIH,
20 including NIEHS, NCI, and others who are here, and actually had the

1 people with the most current information on how to treat illnesses
2 related to asbestos and provide something which at least can allow
3 people to think about what might be the best way to approach treatment
4 or how to incorporate new kinds of research proposals.

5 I think there are things that we all clearly can do, and I am happy
6 to try to rectify problems that may have existed in the past. I don't know
7 that I can do them all adequately or sufficiently but I'm happy to try to
8 do that.

9 There are a lot of places where I think we are doing value added,
10 and I think there are a lot of mechanisms or the kinds of things that
11 people are talking about here which can increase that. So maybe later
12 on we can talk about it and see what can be done.

13 MR. LEE: I think Michel is next, but I was going to say that -- well,
14 why don't you go.

15 MR. RATHSAM: If I might just address the comment about
16 sterilization.

17 MR. LEE: Sure. sure.

18 MR. RATHSAM: I am unaware that that was a situation. There
19 have been a lot of folks in line to provide health care to Native
20 Americans over a lot of years. The Bureau of Indian Affairs, and I think

1 the Army at some point was involved with that process. Indian Health
2 Service came in right around 1955, so certainly if you are familiar with
3 information about 1970, you know, I'm curious, I'm going to find out
4 about that.

5 But I want to assure everyone that in the 16 years that I've worked
6 for Indian Health Service I've found that our medical staff is extremely
7 compassionate, they extend themselves into the community, and that
8 is something that is not done -- it's just not done, that I'm aware of, at
9 any place.

10 My specialty is environmental health, but we do interface with our
11 medical staff. That is something that is very unique about the Indian
12 Health Service; we provide health care. We have something like 865
13 physicians, almost 3,000 nurses, dentists, and a whole cadre of health
14 professionals. That means we also have health records and we can
15 access those records for good use.

16 But I'll check into that. That's a very interesting comment.

17 MR. LEE: Before you go, Michel, I wanted to try to get us
18 somewhat focused on the purpose of this particular panel, which was
19 to look at what kinds of recommendations can come forth from the
20 NEJAC as far as more integrated federal activities to address the

1 community-based public health issues in environmental justice
2 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
5 your comments may be focused on those so that we can further that
6 dialogue in the interest of your coming forward with a set of
7 recommendations and 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
14 Institutes of Health is one of the federal agencies that's done very well
15 given the budget onslaught that a lot of other agencies have faced.
16 Particularly the National Cancer Institute, but in NIH generally -- and
17 maybe not NIEHS -- you benefit from a huge constituency, you know,
18 people cheering for you "cure cancer," cure heart, lung, and blood
19 disease.

20 At the same time, we don't see enough, it seems to me, of your

1 use of that constituency to reach to those communities that are most
2 devastated by those diseases.

3 I guess my question really comes to -- and even whether it's
4 people who are devastated by environmental diseases and NIH's ability
5 to reach out and help EPA with their approaches to research, and NIH's
6 ability to reach out and help the health services, whether it be the Indian
7 Health Service or the Public Health Service, and the people who are
8 more interested in broad health concerns than in pure research, as is
9 NIH.

10 So my question is really for the whole panel -- and I don't want to
11 let EPA off the hook either, frankly -- is what is the place of community-
12 based research in your agency's agenda? What is the place of
13 research that brings to the table those most affected by disease, those
14 dying of the diseases that you are meant to address?

15 Frankly, particularly -- I mean, I think there is some of it at some
16 of the National Institutes of Health -- we don't see it in environment
17 except at NIEHS. NIEHS has really been a leader in doing this. And
18 at EPA we see virtually none of it, particularly out of ORD. The CUP
19 grants were run out of the Office of Environmental Justice. We see
20 almost -- I haven't seen a request for proposals on even social or

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1 political research around environment for a long time.

2 If we run around like cowards from industry, at the end of a period
3 when we're fat with resources, particularly research resources which
4 they're pushing for their interests, then when are we ever going to get
5 to these issues? I ask that question of the EPA, I ask that question of
6 the National Institutes of Health.

7 And if Richard Moore -- the question I think a lot of us had wanted
8 to ask, particularly of Richard Moore -- and it might be good if he's able
9 to make it back into the room -- at the end of this it would be interesting
10 to hear from him what he thinks as a community representative on an
11 overview what is good behavior for researchers? What ethics should
12 be followed by these kinds of institutes when they come in and do
13 research on our communities on environmental issues?

14 So, two sets of questions. The first one really to everyone on the
15 panel: Where is community-based research in your agenda? Why isn't
16 it more prominent?

17 DR. ZENICK: Well, let me first of all go back to the home page for
18 ORD. ORD has in fact solicitations all for community and EJ programs.
19 Could you--

20 MR. GELOBTER: I can't quite hear you, sir.

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1 DR. ZENICK: Oh, I'm sorry. We're co-funding the environmental
2 justice -- so there are dollars in there.

3 The fact of the matter is that the only agencies where there has
4 been an increase in the federal R&D in health -- in science -- primarily
5 has been NIH and NSF. For most of our other agencies we're either in
6 a declining or flat budget, which I think has made it extremely difficult,
7 especially with increasing congressional mandates, in terms of the
8 problems we're supposed to be focusing on.

9 So I think there is a serious issue here with regard to budget. And
10 I will be honest with you, if you look at the budget scenario for 2002,
11 which is what we're planning now, and so forth, it doesn't get better; it
12 gets worse. So I think that there are some serious concerns there.

13 One of the things that we are attempting to do within our programs
14 is -- I think it was suggested by one of the speakers earlier today -- and
15 that is to get beyond simply science for science, but to begin to
16 challenge our scientists within our programs to give us some sense of
17 what is the impact, how is that work going to translate, what's going to
18 be the impact of that, and do we have the mechanism set up to get that
19 information out to consumers, which we're not very good at, just to be
20 honest with you.

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1 EPA has set up an Office of Environmental Information which is
2 now I think -- is almost up to speed, which its key role is to take the data
3 that we're producing and how do you get it out there.

4 Our office per se, the Office of Research and Development, its
5 primary mandates are to meet the needs of the Office of Air and the
6 Office of Water, to meet their statutory and regulatory mandates that
7 they have. Much of our effort goes towards that.

8 In doing that, when we have the opportunity to work with
9 communities to allow them to address their needs and also obtain data
10 that could help inform those decisions, we attempt to do that. But much
11 of our program is driven by our primary clients, which are program
12 offices.

13 We are beginning to build much stronger relationships with our
14 regional offices because our regional offices are the ones in daily
15 contact with communities, the state officials, and the communities. That
16 is probably something that is going to be a direction that our program is
17 going to begin more heavily emphasizing.

18 So I think that we're beginning to put mechanisms in place. ORD,
19 for the first time, a year ago established a Community Science Council,
20 which it has never had, to begin looking at how can you look at the

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1 landscape of what you're currently doing and to find opportunities in the
2 current program that would benefit communities, and then how do you
3 actually begin looking down the road to get this into your planning
4 process.

5 So I think there is a sensitivity and awareness. The challenge is
6 a fixed-sum budget gain, and how do you meet all the demands in that
7 budget. For that one, I don't have an answer, but I think we're going to
8 try and give a greater consciousness to what we are doing in terms of
9 supporting community needs.

10 MR. LEE: It is now 5:15. We had said that we wanted to break at
11 5:15 for dinner. I don't know if you want to entertain a few more
12 answers to this particular question, but I know we do have a time
13 constraint as far as making it back here by 6:30.

14 DR. KERNER: Since NCI was particularly singled out as one of
15 the growth industries in the federal budget, I thought perhaps I should
16 comment a little bit about that.

17 It's absolutely true, in the last four years our budget has gone up
18 enormously compared to some of our sister agencies. It's been a
19 function I think in part of the tremendous cancer advocacy community
20 that has raised these issues. Some of it has been targeted to specific

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1 diseases, but in general there's been a rise.

2 The Director, Dr. Clausner, has a consumer liaison group that I
3 actually spoke with on Friday about our five-year strategic plan on
4 health disparities. Many of the members of this group are from
5 underserved communities, cancer patients, who have had to deal with
6 the struggle of not only trying to prevent cancer but having had it
7 diagnosed, how to get treatment within those communities. I think
8 we're beginning to listen and hear more than we've had in the past.

9 As someone who has sat on both sides of the peer review panel
10 -- both those who submit grants and those who review them -- I can tell
11 you that community-based participatory research is not only the hardest
12 research to write an application for, but it's also the hardest research to
13 review.

14 This stems from the fact that I think the review panels -- and I think
15 NIEHS has had an experience with this; we've had experiences with this
16 -- that getting common understanding amongst -- first you've got to have
17 adequate representation of all parties. Who are your peers? I mean,
18 if they're community-based partners, you need community-based folks
19 doing the review. And we know that. But then getting a common
20 understanding between reviewers about what's good science and what's

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1 good community-based research is also a challenge.

2 So I think as we move into this field, the whole review process for
3 grants is going to have to come under some scrutiny and look at how
4 we're doing this because we're learning as we're going.

5 When I used to submit applications we often said in the research
6 community that being on the leading edge was being on the bleeding
7 edge; that your chances of getting funded with new ideas were very slim
8 because of either methodological controversies or the difficulty in
9 gaining consensus about what constitutes quality community-based
10 participatory research.

11 I think the good news is that there have been some good
12 examples. We now have principles that are out there. And I know that
13 a number of you have been involved in NIEHS conferences and others.

14 I can just tell you that just this month -- or just last month, rather --
15 the NCI committed over five years \$60 million to the Special
16 Populations Network which is predicated on the community-based
17 participatory research model where community-based folks and
18 academic institutions are coming together to try and define what
19 constitutes research that meets the needs of the community.

20 And we're providing developmental funds for new studies so that

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1 we can get pilot data, and ultimately it's our goal to make those studies
2 competitive in peer review.

3 So we have a lot of work to do but I think we're taking the right
4 steps.

5 MR. GELOBTER: Is any of that work going to be environmental?
6 I mean, are you working with NIEHS --

7 DR. KERNER: Well, I think that's an excellent point. You know,
8 I think that one of the things we need to do -- and somebody talked
9 about stovepiping and I talked about a tower of Babel -- the most
10 challenging part of my job has been finding out all the people I need to
11 meet to find out what they're doing -- in the last ten weeks.
12 Conferences like this, actually, are very helpful in that regard.

13 MR. LEE: Well, on that note, can I ask that the NEJAC give this
14 panel a round of applause.

15 (Applause.)

16 MR. COLE: Charles.

17 MR. LEE: Marinelle, as you know, this is a discussion that we're
18 planning to continue to carry over into the all-day session at the Health
19 and Research Subcommittee tomorrow and so I don't think this is the
20 end of this.

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1 MR. COLE: Charles.
2 MR. LEE: This is only just the beginning, laying the ground work
3 for that discussion from which a lot of recommendations, advice and
4 counsel will emerge.

5 MR. GOLDTOOTH: Mr. Chair, I just have one question.

6 MR. LEE: Okay.

7 MR. GOLDTOOTH: I have a question -- well, this is part of the
8 recommendation I need to say, too, on the Indian Health Service
9 presentation. I'm sorry I wasn't able to hear all of yours but I got the tail
10 end of it. Part of the recommendation that I see in the years of my
11 experience with Indian Health Service, which is the lead federal agency
12 that provides health care and also sanitation services to our Tribes --
13 our federally-recognized Tribes -- is that the lack of funding that he said
14 is an environmental justice issue, it's an environmental inequity issue
15 because we still have the sanitation issues, lack of infrastructures that
16 do impact the health.

17 So that is a big point. However, that's addressed within the
18 partnership interagency working group. That is a serious situation. I
19 mean, many of the Tribal leaders have been in Congress on this issue.
20 There's been lack of funding every year and every year. And now we're

1 experiencing the environmental health impacts.

2 That leads into the second point, which is that from my experience
3 the Indian Health Service does not have the expertise to address these
4 continuing issues that are emerging concerning environmental health
5 impacts. They are not experienced -- and they admit that -- in area after
6 area office. They don't have the expertise to address the environmental
7 health effects that are emerging.

8 If we look at the mercury impacts in the Great Lakes, we look at
9 northern California from the gold mining, there's mercury issues
10 cropping up there, radiation exposures from Nevada to the Navajos, the
11 pueblos, to the whole State of Alaska, the villages.

12 We ask the Indian Health Service, help out the Tribes, give them
13 the information, get involved. Are there toxic and radiation exposures
14 that are impacting our Tribes? We need answers. We don't get that
15 from Indian Health Service.

16 They say, go to Congress, get the money or try to maybe to get
17 CDC or another agency to help, which really doesn't work.

18 So, really, in Indian Country there is a lack of services and
19 outreach when it comes to environmental health services. It's alarming.
20 It's serious. And it demands prompt attention. Whatever the agency

1 can do through interagency to push this thing forward, because we don't
2 get that support from IHS -- at some point, I don't know if it's frustration,
3 they throw up their hands. But we don't get those answers.

4 And then, the community-based needs to be stressed. I mean, I
5 don't know if the Indian Health Service understands what community-
6 based research is. It goes beyond Tribal Council Government and it
7 goes right into the community using some of the models that we've
8 heard throughout the past two days.

9 I'd just like to stress the importance of this issue.

10 MR. LEE: Thank you, Tom. Okay, with that I guess we --

11 MS. AUGUSTINE: Mr. Chair, is it possible for the -- well, I would
12 like to have a copy of their slide presentation, if it's possible.

13 PARTICIPANT: Yes, all of them.

14 MR. LEE: That should be no problem. Great.

15 Okay, Haywood, I'll turn it over to you.

16 MR. TURRENTINE: No, you're not. All right, we're done.

17 (Applause.)

18 (Whereupon, at 5:30 p.m., the meeting in the above-entitled
19 matter, was adjourned, to reconvene on this same date at 6:30 p.m.)

1 EVENING SESSION

2 (6:38 p.m.)

3 PUBLIC COMMENT PERIOD

4 MS. SHEPARD: Welcome to the Public Comment period of the
5 Fifteenth Meeting of the National Environmental Justice Advisory Council.
6 My name is Peggy Shepard and I'm the Vice Chair of the Executive Council
7 of the NEJAC. I'll be chairing tonight's public comment period.

8 I'd like to thank everyone for attending this meeting, and particularly
9 those of you who've traveled to participate in the public comment periods.

10 Many people have signed up to participate in the period for tonight,
11 and we ask that everyone, commenters and NEJAC members alike, adhere
12 to the public comment guidelines. They're included in your meeting
13 materials.

14 Now, remember the following. A court reporter is present to record
15 your testimony, so please remember to speak clearly and into the
16 microphone. The microphones do work, but you must talk directly into the
17 microphone to be heard clearly.

18 I'd like to ask the members of the Executive Council to refrain from
19 comments, discussions and questions unless it's absolutely necessary until
20 all individuals have had an opportunity to provide comment.

21 Please be considerate and limit your comments to five minutes. And

1 we do have a timekeeper here.

2 Now, if several people are present from the same organization, please
3 select one individual to serve as your organization's spokesperson to
4 comment on a particular issue.

5 When your name is called, please come up and sit at the speakers
6 table, state your name and affiliation for the record, and please provide your
7 comments. If you do have written comments or handout materials, please
8 give them to the support contractor as you approach the table. The support
9 staff will distribute copies to the Executive Council.

10 Now, there are a few other administrative items. Restrooms and
11 telephones are located down the escalator and to the right. The support
12 staff will not be providing photocopy services. If you need to make copies
13 of handouts in support of your comments, please use the hotel's business
14 center which is located one floor down.

15 And please note that we must be out of this room by 11:00 o'clock.
16 So, Council members.

17 PARTICIPANT: You shouldn't have said that.

18 MS. SHEPARD: I know. I just realized that.

19 PARTICIPANT: The session ends at 9:30.

20 MS. SHEPARD: Well, hopefully it will be 9:30. But we all know that
21 you all have so many questions.

22 Our first presenter is Mable Anderson. Would you please come

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1 forward.

2 Actually, could she be joined by Carl Fuller, Cecil Corbin-Mark, Michael
3 Lythcott and Lionel Dyson.

4 MR. GOLDTOOTH: Peggy, are we going to get a list of the speakers
5 like we did last night?

6 PARTICIPANT: Yes, but they have to (inaudible).

7 MR. GOLDTOOTH: Okay.

8 MS. SHEPARD: Okay, Ms. Anderson.

9 PRESENTATION BY MS. MABLE B. ANDERSON
10 VILLAGE CREEK HUMAN AND ENVIRONMENTAL JUSTICE SOCIETY

11 MS. ANDERSON: Thank you. I do have some handouts. I brought
12 information to share.

13 Tonight I will address two issues. I thought I would address two
14 issues, so I'll have to address one in depth and one briefly. The first one is
15 the health and research needs and proposal funding need. The second one
16 is the in-kind agency acceptance of the water quality of Village Creek.

17 I brought to share with the Council tonight -- and thank you for hearing
18 me -- a copy of the statement I will read first and then a copy of the Village
19 Creek News, the first of its kind that's been done in that community because
20 it's comprised of minorities and low-income people, and it's written for them
21 and by them on information that they had wanted to know. I want to share
22 with you the struggles and actions that we have faced from 1983 to 2000.

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1 My name is Mable Bell Anderson. I'm the youngest daughter of Izzy
2 and Beatrice Craddock Bell. I am a developmental psychologist who dared
3 to return home in Birmingham, Alabama and stay, against the odds, to lead
4 our people in our environmentally unjust environment.

5 Now, my parents migrated to Birmingham, Alabama. It was called the
6 Magic City. My dad to work as a galvanizer at the mill for 42 years. But I
7 went to college off of that, so it's fine. They came in the 1920s from the
8 good land of that independent forum, Paris and Eufaula and Abbeville,
9 Alabama.

10 In 1927 my parents bought land and built an adequate home for their
11 three girls at that time in the area where colored people could live, where
12 they could buy land and live, in Ensley Moro Park.

13 What my parents and folk who brought land and built -- and owned
14 their homes; everybody owned homes right in that area then -- did not know
15 was that the Urban Creek, called Village Creek, located one block from our
16 house and two blocks to three blocks from other folks' homes, that it flooded
17 -- that the water came to them. And this was real, real polluted water.

18 This polluted water came in the house as much as three feet, so my
19 mother and daddy said. And it soaked the bedding, it soaked the clothing
20 and the furniture. The vegetables that we ate from the garden -- everybody
21 had direct body contact with it. Those filthy waters came and left debris, raw
22 sewage, moles, odor, musk. Oh, oh, for months and months, really. And

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1 a lot of dampness.

2 Body contact had to be made with that water because people had to
3 get out of it. It was not swimmable because no one wanted to swim in it, but
4 they had to get out of it.

5 A lot of families -- in the 1940s my parents had the house raised three
6 and a half feet. But other families who did not, the high water continued to
7 get into the houses. And it also got into 1205, our home. It would get right
8 up to the carpet and it would stay damp and everything.

9 What most of the older generation died not knowing is that the water
10 was and still is very, very polluted. It still is classified by the Alabama Water
11 Standards as agricultural and industrial.

12 Water agencies talk of help, but they have never lived down that way --
13 would like to see it fish and wildlife, but you see, when I fish -- and we're
14 certainly not the lower wild animals so we're not wildlife, we are human
15 beings. We are seeking residential and human life classification. That is
16 what we need. That is what we will get through your help because you're
17 going to help us. We know that.

18 We apparently got a \$5 million FEMA buyout in 1997 to get this 125
19 homes to relocate some families out of this particular area. But relocation
20 is not good. Relocation is very painful. Very, very painful because people
21 leave their familiar environments.

22 The good news, though, is that this small number of people, at least

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1 they're away from the polluted water, but they carry with them their health
2 problems that they got from this dirty, filthy water. They still are dizzy. They
3 still have asthma. They have breathing problems. They have joint
4 problems. They get sores, hypertension, poor school concentration, cancer,
5 and I know of a case of hepatitis.

6 MS. SHEPARD: Could you begin to sum up, please.

7 MS. ANDERSON: What's that?

8 MS. SHEPARD: Could you --

9 MS. ANDERSON: I see she's keeping time and it's just making me
10 tense because I don't see the minutes pass that fast. I want to say this
11 because I want to get to why I'm here and I haven't gotten to that yet.

12 MS. SHEPARD: Okay, please do.

13 MS. ANDERSON: Okay. The bad news is that everyone has an
14 unwanted mortgage, and most have a real adjustment and behavior problem
15 situation. Now I'd say there's about five thousand people who live in this
16 one area, but there are six municipalities along the Village Creek
17 Watershed.

18 The trouble is now -- well, let me mention this, this grassroots group
19 worked night and day -- and it was terrible, it was hard -- but we were able
20 to get the federal, the state and the local people to come together in one
21 church, along with Secretary of the Interior Bruce Babbitt, to get what was
22 done up to this point. But it is a troubled situation.

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1 What we need now -- and we are very concerned that the big
2 universities and other groups get money to study us -- we don't even know
3 what they're studying. We know that they do not know what our health
4 problems are. They don't know the complaints.

5 For example, the Dirsman (phonetic) spill situation in 1997, the
6 emphasis was on the dead fish, not on human life. It was in Village Creek
7 and it came to the people. The emphasis was not on indoor/outdoor
8 problems, health problems, and the children's health problems, the sore
9 throat, the breathing, the sickness, the sick spells, and all of the things, all
10 of the health conditions that people had.

11 People told -- and they still are, they still have these problems -- they're
12 asking what are you going to do about it.

13 Well, we're trying to do something about it. We have a population, we
14 have a methodology, we have medical personnel to assist. We have
15 research deals because we've done it. And we have a proposal.

16 I know that we are a minority. I don't feel that way, but that's what
17 society describes us as being. But we've done research before. We've --
18 got prepared by the big eastern school, you see, but we still came back to
19 the southern place, you see, to do what we have to do. But what we need
20 now is get a health proposal funded now.

21 We need you to read our proposal. We need you to study it. We need
22 you to tell other agencies in NIH about it and get the other agencies to know

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1 about it. And we need you to do it now. We need you to do it now. We
2 need you to know about it.

3 Now, that's one. We can try first with \$200,000 to get our first set of
4 claims attended to for the problems they have and the blood tests with
5 toxicologists and other people that are part of this group. But just to start,
6 that's what we need right off.

7 Just because we're minorities just don't keep overlooking the fact that
8 we know how to do these things; we know what our concerns are and our
9 needs are. Help us to get started so that we can really help our people to
10 know that society can be good, society can be on their side.

11 One other situation that we need you to help us with is the Creek Bank
12 Restoration Project. You have the statement there. I'm trying to rush for
13 time, okay.

14 MS. SHEPARD: Okay.

15 MS. ANDERSON: The Creek Bank needs to be improved. It's in this
16 poor neighborhood. That's my neighborhood. It's still my neighborhood.
17 But the Creek Bank Restoration Project would improve the water flow, it
18 would prevent Creek Bank infill -- it would make the area look prettier. It
19 would provide a way for us to get the mentor/mentoree partnerships so the
20 young people won't go to jail when they start learning what their environment
21 is like and want to take pride in it.

22 We want the Creek Bank to become an educational science

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1 environment for people. You see, Jackson Nolan High School is located
2 right on those Creek Banks and that water is still impure -- agricultural and
3 industrial -- I am scared about what might happen later.

4 And it's going to be expanded. It's going to be expanded to include
5 another high school right on the Creek Bank, and they do not even know
6 that those waters are classified as agricultural and industrial. That's one
7 concern.

8 McCall School is right on -- that's an elementary school -- is right on
9 the Creek Bank. They don't know about the impurities that are there, and
10 the kinds of problems that they say they have, the health problems that they
11 have.

12 But if we can get that situation done -- our technical director was not
13 able to speak tonight to you personally at this time -- he has estimated the
14 cost to be about a couple of million dollars for 3,400 feet for a demonstration
15 project. And there we can see that these kinds of changes go hand in hand
16 with health. But we need to also get that Creek Bank -- the Creek
17 reclassified from residential -- I mean, from agricultural and industrial to
18 residential and human life. And we need to do that now.

19 Now, you know we've been working. We've already been to the
20 Department of Interior. And we're not going to stop. If I have to see each
21 one of you personally, you know, I'll find you because we need you to help
22 us. Not tomorrow -- I mean, not yesterday. Yes, yesterday. But not next

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1 year. Now.

2 Thank you so much.

3 MS. SHEPARD: Thank you.

4 (Applause.)

5 MS. SHEPARD: Karl Fuller.

6 PRESENTATION BY MR. KARL FULLER
7 PECHANGA ENVIRONMENTAL PROGRAM

8 MR. FULLER: Thank you. My name is Karl Fuller. I'm from the
9 Pechanga Indian Reservation and I'm here to talk about the proposed
10 Gregory Canyon Landfill.

11 Currently there is a proposal -- there is a draft Environmental Impact
12 Report that's been done to put the landfill in Gregory Canyon. That's a
13 problem for several reasons.

14 The first of which is there are five Indian reservations in the immediate
15 vicinity of this proposed landfill. The subregion which is going to be using
16 this landfill is large and there are other sites that have been proposed, but
17 the Gregory Canyon site is the one that's being pushed.

18 The Indian Tribes in this vicinity don't use nearly as much waste to
19 justify that sort of impact on them. So there's a disproportionate impact on
20 Indian Tribes in that regard.

21 Secondly, --

22 MR. COLE: Mr. Fuller, can you tell us what state the Gregory

1 Canyon --

2 MR. FULLER: Yes. Sorry. The State of California. San Diego
3 County, in southern California. Sorry, I'm trying to rush; I want to beat the
4 clock.

5 Secondly, Gregory Canyon isn't just a location. Gregory Canyon
6 contains important village and ancestral sites for the Pala Band of Mission
7 Indians. Not only that, but the mountain, Gregory Mountain, which is also
8 -- half of which is included in the Gregory Canyon Landfill site, is probably
9 the most sacred site for the Luiseño people.

10 The Luiseño people make up many different tribes in southern San
11 Diego County. The Pechanga Band, the Pauma Band, La Jolla, Sebobá.
12 Lots of different Tribes that would be impacted.

13 The environmental impact report -- I'll just read a little bit -- addresses
14 this issue slightly in terms of the impact on the sacred site. I quote, "The
15 project could also affect the Pala Band of Mission Indians' religious
16 ceremonies at Mt. Gregory and Medicine Rock by the presence of human
17 activity. The proposed project includes the preservation of the higher
18 elevation of Mt. Gregory as open space, the construction and maintenance
19 of a foot trail from the base to the top of Gregory Mountain, the dust and
20 noise control measures mentioned above, and the formal recording of the
21 rock art on Medicine Rock.

22 "These measures would reduce the significance to religious

1 ceremonies, but not to below a significant level. There would remain an
2 ethnographic impact relating to this location of the landfilling in close
3 proximity to sacred Native American locations." That should say "sacred
4 Native American locations, as discussed in the section above."

5 There are several problems with that statement. First, as I mentioned
6 previously, it's not just the Pala Band that's impacted. It is all of the Luiseño
7 Tribes in that area.

8 Secondly, one mitigation measure is that a higher elevation on the
9 mountain be preserved. Well, it's not just the higher elevations where the
10 sacred activities are conducted; it's all over the mountain.

11 Next, they talk about maintaining a foot trail to the bottom of the
12 mountain. Well, to me that suggests that the other parts of the mountain
13 will not be accessible and that's why they need to preserve a foot trail in
14 that way.

15 Fourth, they want to record the rock art on Medicine Rock, which is
16 a sacred site, a religious site. This is a place where people go today to do

1 religious worship. They want to record the art on there. Well, what good
2 does that do if someone has to go the library in order to do religious
3 worship. Also, it's not just what's on the rock, but the site itself that is
4 sacred.

5 Next, which is probably the greatest in this regard, once you
6 desecrate a sacred site -- you probably couldn't desecrate a site in a
7 better way than to put a waste facility on it and next to it and to have the
8 odor and also the other activities that go on there. This desecration
9 makes the site unusable.

10 The mitigation measures proposed do not address that to one iota.
11 They use the term "ethnographic" impacts. I don't entirely know what that
12 means. I've spent most of my life in school, but I'm not sure what they
13 mean. I think they mean that they're going to desecrate the site.

14 Going on further, there are impacts to the water supply. This canyon
15 feeds into a couple of different water supplies, namely the San Luis Rey

1 Water Basin. The draft environmental impact report does not satisfactorily
2 project these water supplies.

3 The main ways that this landfill endangers the water supply is
4 through groundwater. The impact report is not able to address
5 groundwater satisfactorily and it comes up with these solutions. First, to
6 design a landfill. Well, those are being taken into account. These designs
7 are not foolproof and they can't protect against the groundwater influence,
8 especially if you consider the seismic activity in the area.

9 Secondly --

10 MS. SHEPARD: Please conclude.

11 MR. FULLER: I will be concluding. There are just two points.

12 Secondly, a main mitigation measure to protect the water supply is
13 that they've made an agreement with the water district. Well, it sounds
14 good, except that this agreement puts a limit on the liability that the
15 applicant has to provide water to the district. The limit that is placed is

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1 17,000 acre feet. 17,000 acre feet sounds like a lot, but it is not. It is less
2 than half of what a small city would use in water.

3 Also, 17,000 acre feet is a given quantity. It doesn't state anything
4 about it being yearly. So, even if everything goes wrong (sic), as they say
5 is possible, they're only on the hook for a certain amount of water.

6 Lastly, they include enforcement as a mitigation measure. I think that
7 if enforcement were an adequate form of mitigation measure, then none
8 of us would probably be here. Enforcement is definitely a problem.

9 Thank you very much.

10 MS. SHEPARD: Thank you, Mr. Fuller.

11 (Applause.)

12 MS. SHEPARD: Next is Cecil Corbin-Mark.

13 PRESENTATION BY MR. CECIL CORBIN-MARK

14 WEST HARLEM ENVIRONMENTAL ACTION

15 MR. CORBIN-MARK: My name is Cecil Corbin-Mark and I'm the

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1 Program Director of an organization called West Harlem Environmental
2 Action located in New York City.

3 I'm a New Yorker so I talk fast, think fast and work fast, so please
4 forgive me. And I have five minutes.

5 Over the last century, despite the advances in medical science which
6 have led to substantial improvements in the nation's health, people of color
7 have fared and still fare worse than their white counterparts. Disparities
8 in health status continue to persist and communities of color suffer
9 disproportionately from many illnesses, even after controlling for
10 socioeconomic status.

11 The impact of these disparities becomes even more profound when
12 projected growth of populations in our communities are factored in.

13 The extent of current disparities in health really highlight the pressing
14 need for us to develop strategies to address the health of our
15 communities.

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1 Developing strategies for reducing health disparities is a complicated
2 and complex task, and addressing them will require all of us to work in the
3 line of health promotion in our communities to reduce not only unhealthy
4 behaviors but also to begin to educate scientists and policymakers alike
5 to work on things like the conditions of the environments in which our
6 communities live, work and play, and including the quality of the air and
7 other exposures and environmental hazards.

8 It will also require addressing issues of the condition of the social
9 environment, including exposure to racism and poverty.

10 As we begin to grapple with these disparities, we have got to develop
11 strategies that both value and embrace community input and make
12 communities equal partners in the protection of public health.

13 Over the last five years my organization, West Harlem Environmental
14 Action, has worked to develop and promote community-based research
15 to benefit the Northern Manhattan Community Reserve. This is being

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1 accomplished through collaborative partnerships with the Harlem Health
2 Promotion Center, the Harlem Lung Center at Harlem Hospital, the Joseph
3 L. Mailman's School of Public Health at Columbia's NIEHS Center for
4 Environmental Health in Northern Manhattan, and the Columbia Center for
5 Children's Environmental Health.

6 Over the last five years these partnerships have used community
7 concerns to shape a research agenda and embark upon a journey to
8 produce research that is of the highest quality. That is a very important
9 factor to realize.

10 Every member of this Council and all of its subcommittees
11 received in their packets three articles, one in the environmental health
12 perspectives, the primary communication work of the National Institute
13 of Environmental Health Sciences, and two others published in the
14 American Journal of Public Health, which document our work.

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1 So what scientific results have these partnerships or community-
2 based approaches produced? Our first study, a small pilot study,
3 sought to look at individual level data on diesel exhaust exposure and
4 lung function among adolescents in Harlem as a part of a community-
5 driven research agenda.

6 In this study we used high school students from the community to
7 administer in person surveys to seventh graders to ascertain
8 information on demographics, asthma, history and self-reported, and
9 maternal smoking. Urine samples were checked for something called
10 1-hydroneperoxi (phonetic) which is actually a marker of diesel exhaust
11 in the body and for cotinine which is a marker for tobacco smoke and
12 exposure. Computer assisted spirometry was used to measure lung
13 function.

14 What did we learn? We learned that 76 percent of the participating
15 students had detectable levels of the diesel marker and the data
16 collected suggested that many of our adolescents were exposed to
17 detectable levels of diesel exhaust, a known exacerbator and possible
18 cause of chronic lung disorders such as asthma.

19 In our second study one of the things that was demonstrated
20 though our air monitoring with students in Harlem was that there were
21 spacial variations in particulate concentrations inside Watts and Harlem.

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1 These variations appear to be related to the magnitude of local diesel
2 sources such as trucks and buses in our community.

3 One of the things that we recognized was that it was not only good
4 enough for us to actually look at collecting this type of data with this
5 new approach, but to also begin to use the data to help influence
6 change, change that would make a lasting and significant impact in the
7 quality of the lives in the communities which we serve.

8 To that end, we have taken the data not only to be placed on
9 shelves, but really taken it to the policymakers and presented it to them
10 as we forged our demands for change in terms of the policies that
11 impacted our air quality.

12 Significant benefits that have accrued from this type of work in this
13 partnership have included changes, we believe, in terms of diesel
14 exhaust rules for the operation of diesel buses. We in New York City
15 have been fighting for the past 13 years to get clean fuel buses, and we
16 can happily say that we are beginning to turn a corner in that victory.

17 In addition to which we have taken it into schools and tried to urge
18 them to change their policies about informing and educating children
19 around asthma and some of the air quality issues as well.

20 So it's not only collecting data for the sake of collecting data, but
21 moving beyond that.

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1 A couple of the things that we'd like to urge the NEJAC to do is to
2 really look at some of the NIEHS models and to begin to call upon the
3 EPA to re-fund the Community University Partnerships and begin to
4 delegate more funding for this type of research model and approach.

5 Thank you.

6 MS. SHEPARD: Thank you.

7 (Applause.)

8 MS. SHEPARD: Michael Lythcott.

9 PRESENTATION BY MR. MICHAEL J. LYTHCOTT
10 CITIZENS AGAINST TOXIC EXPOSURE

11 MR. LYTHCOTT: Good evening. I'd like to thank the members of
12 the Council for the opportunity to speak this evening.

13 I'm also very happy that my nine year old niece, Omi Kun'le was
14 excited about joining us in coming here because when we hear about
15 all the horrors and we think about our ancestors who died because of
16 environmental racism, sometimes it's helpful to know that this is why we
17 go through all of this.

18 Maybe from this experience she'll want to be an EJ activist, but I
19 really hope that won't be necessary.

20 (Applause.)

21 MR. LYTHCOTT: I am the President of The Lythcott Company in

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1 Marlboro, New Jersey. I am also the Relocation TAG Advisor for
2 Citizens Against Toxic Exposure in Pensacola, Florida. I came to report
3 to NEJAC on the progress with the National Superfund Relocation Pilot
4 in Pensacola.

5 First of all, I must say that since we last met in Crystal City, Tim
6 Fields' office, specifically Joan Fisk, the people out of Region 4, have
7 demonstrated due diligence in reading every single doc that we wrote,
8 in responding and investigating every single allegation and problem that
9 we brought up.

10 We don't always agree with their findings or their methodology.
11 We would have liked perhaps to have been in the session with the Army
12 Corps that is the least forthcoming of all the agencies involved in the
13 relocation.

14 One of the issues that's very critical has to do with what is called
15 a relocation differential payment. When they come to appraise your
16 property -- now, we feel all the appraisals are low, but when they come
17 to appraise your property, then they give you "this is what we're going
18 to give you for your house." They then go out and see if they can find
19 a comparable house in a clean neighborhood, which almost always
20 costs more.

21 So they have a pot of \$22,500 they can dip into to make up the

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1 difference between your appraisal and what it's going to cost to get you
2 into a new house.

3 In 99 percent of all the cases in Pensacola they have had to dip
4 into that pot of money so people could be kept whole. However, if I'm
5 a landlord and I'm the owner of the house but I don't live in it, I am not
6 eligible to get into that \$22,500. Also, if I'm an homeowner scared by
7 the toxins and went to live with my son somewhere else, if I'm not
8 occupying the home, I'm not eligible for that payment.

9 Now, Ken Lucas, bless his heart, sent me 16 pages of legal
10 documents about why they're not doing it. Yet, at the Relocation
11 Roundtable the Department of Transportation who is the custodian of
12 the Uniform Relocation Act clearly said this Act simply says all the
13 things the government must do in the process of taking property. It
14 does not say all the things the government can do.

15 We posit that if it is necessary for you who live in your house to
16 take the \$22,500 to get into a comparable house, then it takes me, as
17 the landlord, the same amount of money to buy a comparable rent
18 house so that I can be kept whole. Not enriched; simply kept whole.

19 So we beg the EPA to find another way. If I was an attorney, I'd
20 jump all over this because it is straight-out discrimination and there
21 must be a way so that homeowners/property owners do not suffer

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1 financial harm from this relocation.

2 Among the many issues there are two requests that I have to
3 make. The Escambia Arms Apartment complex, the residents are still
4 trapped there. Unless they could afford to move themselves, the EPA
5 and the Army Corps are offering them no help until Bates Realty signs
6 the agreement with the government

7 So I go down there and I see my clients. They bring me deformed
8 babies. They bring me stories of woe that they can't move away.

9 I'm asking two things as the TAG Advisor. Number one, please
10 give me access to the negotiations that are going on with Bates realty
11 so that I can begin to at least tell my residents, "Things are getting
12 close; maybe another month; maybe you'll get your relocation then."

13 Right now I am PNG in terms of the discussions with Bates Realty.
14 I realize they are a private owner and I don't need to know how much
15 money they're going to be paid, but I need to be in the loop in some
16 degree on how those negotiations are going.

17 Secondly, HUD has done -- in the process of doing a report, they
18 sent an investigator to the Escambia Arms which is in dreadful condition
19 that these people are living in -- there's 200 families living in this squalor
20 in the most toxic area. They are doing a report on the living conditions
21 and I thought that we might be able to use that report to pressure Bates

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1 to stop asking you all for more money than you want to give -- that's
2 what's holding it up -- so that we could at least embarrass Bates with
3 the HUD report.

4 So we're also asking -- CATE is officially asking for an immediate
5 or as soon as it's released copy of the HUD report on Escambia arms.

6 Thank you for your time and thank you for your support.
7 (Applause.)

8 MS. SHEPARD: Thank you. Lionel Dyson.

9 PRESENTATION BY LIONEL A. DYSON

10 PUBLIC INTEREST LAW CENTER OF PHILADELPHIA

11 MR. DYSON: Thank you, Madam Vice Chair, and good evening.
12 My name is Lyonel A. Dyson and I'm an environmental attorney with the
13 Public Interest Law Center of Philadelphia.

14 The message I want to share with the NEJAC membership and the
15 assembled stakeholders is as much an admonition to this distinguished
16 body as it is a note of encouragement. That message, quite simply, is
17 that the development of a substantive national environmental justice
18 policy that fully incorporates public health criteria is both essential and
19 feasible if there is to be meaningful change in this area.

20 A health-based national EJ policy is essential because, in the
21 words of your own handout entitled "Community-Based Health Model

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1 Discussion," quote "One should not treat minority, low income, and/or
2 indigenous communities with an all-things-being-equal approach."

3 It is patently obvious, in fact, that all things are not equal in terms
4 of the baseline health status of communities of color and low income.
5 Furthermore, it is of no consequence whatsoever if the substandard
6 health of the community is deemed attributable to toxic exposures or to
7 so-called lifestyle choices which are themselves the demonstrable result
8 of systemic inequities in the socioeconomic opportunities and
9 educational attainment.

10 That oft-heard refrain of pseudoscience is yet another in the litany
11 of excuses to justify an action.

12 Health considerations are as essential to an environmental justice
13 policy as considerations of food need are to a policy for famine relief.
14 Health considerations are inextricably linked to the search for a solution
15 to the EJ problem. In addition to being essential, health considerations
16 are also a feasible feature of the national environmental justice policy.

17 Naysayers and critics abound who offer an endless succession of
18 plaintiff insights bemoaning the difficulty of crafting EJ policy that
19 successfully integrates health.

20 I hope to be a better and more constructive critic of the EPA's
21 fledgling efforts. My organization is of the school of thought that

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1 believes in proffering credible alternatives and solutions for
2 improvement. It is in this spirit that I will tell you that the EPA's interim
3 guidance is fundamentally and I fear fatally flawed by its exclusion of
4 public health considerations, and any final guidance with the same
5 shortcomings will also be an exercise in bureaucratic folly.

6 We at the Law Center of Philadelphia have proposed an alternative
7 policy, an approach we call the Environmental Justice Protocol. We
8 field tested this protocol for the City of Philadelphia, the fifth largest
9 municipality in American, numbering nearly 1.5 million people.

10 The Environmental Justice Protocol requires the parametric
11 mapping of four health criteria in Philadelphia: non-cancer mortality,
12 cancer mortality, infant mortality, and low birth weight. The EJP also
13 engender the spacial analysis of related demographic data in the City
14 of Philadelphia, including poverty rates, minority status, household
15 income, educational attainment, among others.

16 The rationale underlying the Law Center's protocol is that if certain
17 population groups are already experiencing substandard health or
18 deleterious environmental impacts to their persons and communities, it
19 would be unconscionable to further burden those affected communities
20 with still more environmental depredation.

21 Expressed differently, consider the following question: Would a

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1 permit be issued that allowed a smokestack to be emitted through the
2 middle of a hospital? The obvious answer is no because if someone is
3 sick, it is counter-intuitive to subject them to anything that might make
4 them more ill.

5 Accordingly, the protocol assesses the relative health of the
6 community as compared to surrounding communities in the jurisdiction
7 of the regulatory agency or entity and creates a rebuttable presumption
8 that it is unlawful to issue permits that would exacerbate an already bad
9 situation.

10 Our work with numerous data sets made available from the state
11 and federal agencies informs us that at the census tract level in
12 Philadelphia approximately 94 percent of all the people in the census
13 tracks with the poorest health are minorities, compared with barely ten
14 percent minority representation in the census tracks with the best
15 health.

16 I'll repeat that. Ninety-four percent of those living in census tracks
17 with the poorest health in Philadelphia are minorities, compared with
18 barely ten percent minority representation in the census tracks with the
19 best health.

20 At issue in EJ research is whether such geographically located
21 subpopulations are disadvantaged, exposed to serious risks for which

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1 no benefits accrued, and caught in those conditions are a result of
2 broader patterns of systemic racism.

3 The EJP attempts to depict some of the patterns associated with
4 the hypothesis that the class and racial discrimination is apparent in the
5 distribution of poor health. This analysis was derived from data which
6 is readily accessible and which was obtained from a number of different
7 state and federal sources, including the Pennsylvania and Philadelphia
8 Departments of Health, the U.S. Census, and the USEPA.

9 Our study was longitudinal, including health data spanning 1992
10 through 1996 and it was age-adjusted by the non-cancer and cancer
11 rates.

12 The important thing about the methodology I've just summarized
13 is not how rigorous and defensible the science is, though it was both.
14 Nor is it important to remember how engrossing we found our product
15 proved to be, though it was.

16 The important thing to remember -- and I'll leave you with this
17 thought -- is that it is feasible. If a few civil rights lawyers and a
18 university-based researcher with a Ph.D. can devise a community-
19 health-based method for securing environmental justice to the City of
20 Philadelphia and the State of Pennsylvania, then surely the USEPA with
21 the awesome resources of the federal government can manage to craft

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1 a policy that would ensure such 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
5 for someone else to take the first step to confront this national shame.
6 The integration of health considerations into an EJ policy begins with
7 you.

8 Thank you.
9 (Applause.)

10 MS. SHEPARD: Thank you. You're excused and we'll call the
11 next group.

12 Daisy Carter, Gary Grant, Omar Freilla, Carrie Mitchell-
13 Washington, and Mike Matulin.

14 (Pause.)

15 MS. SHEPARD: All right. Are you Ms. Carter?

16 MS. CARTER: Yes, I am.

17 MS. SHEPARD: All right. Please proceed.

18 PRESENTATION BY DAISY CARTER

19 PROJECT AWARE

20 MS. CARTER: Good afternoon to the Chairman, the members of
21 the NEJAC Council, ladies and gentlemen. I am thankful to be here this

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1 afternoon.

2 I am here for the purpose of asking you to assist us with some
3 funding or putting us in contact with someone that can help us with
4 funding to improve our watersystem. As you may know, we are located
5 in the county where the largest hazardous waste dump was located,
6 and have been receiving hazardous waste for over 30 years from 50
7 states and 17 foreign countries or more.

8 We are afraid that the poisons and the hazardous waste are
9 beginning to seep into the aquifer where we receive our water.

10 You may know that we receive our water from the Utah Aquifer of
11 the Utah Foundation, which extends from Pickens County down to
12 Mobile, Alabama, which is a radius of over 500 miles, and we have
13 been informed that some of the trenches are leaking and many of the
14 citizens are afraid that it is seeping into our water aquifer.

15 We have five wells and five tanks that store the water for half of
16 the citizens of Sumpter County, and we have one system that's located
17 on the surface water which receive their water from our lake. The lake
18 is exposed to all type of contamination.

19 This town is not able, financially able or economically able, to buy
20 the necessary equipment that is needed to bring the water system up
21 to date. When I called the state department to find out what condition

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1 this water system was in and asked him if he would send me a letter
2 stating that the water was good or excellent and not contaminated,
3 before I could finish my statement he said, no, I cannot send you such
4 because I'm at present when you called writing up this system for a
5 violation.

6 The system does not have the necessary computer to take care of
7 the water contamination as it should be, they're still on the old system
8 using various chemicals and measuring them out.

9 And the citizens in this area are suffering from such health
10 problems as kidney problems, the immune system, cancer, and a lot of
11 the infants, when they take baths, the children, they break out into
12 rashes.

13 We have had some of the farm owners that have had a lot of cows
14 to die because of the seepage of gas into their water stream.

15 And, of course, when we try to report our problem to certain
16 authorities, they say, well, no one had informed us about that, therefore
17 we did not know that you were experiencing that problem.

18 It was our understanding that they should know -- they know, of
19 course, because I have letters of documentation from the people that's
20 in authority.

21 Another thing. Located on this aquifer, some of our water is salty.

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1 And you know, the whales they had to bore so deep until they did
2 extract into salt. And, of course, you know that that causes
3 hypertension, high blood pressure, and many of our citizens are
4 suffering from that problem.

5 The water is -- you don't really taste salt, but it has a type of taste
6 to it. And if you water your flowers or your garden for irrigation, you
7 know, in case of drought, it will kill the plants.

8 So we are asking you to please help us with some type of finance
9 so that we will be able to help this town to buy some of the necessary
10 equipment to bring the water up because the water is contaminated.
11 We can drink contaminated water, but I believe that every citizen has
12 a right to safe drinking water.

13 This is what we are trying to do. You see, if you're getting your
14 water from the surface lake, the turbidity must be at a certain level. And
15 in this particular town, it is so high until the person that's checking the
16 water for safety would not grant us a written documentation that we're
17 drinking safe water.

18 Sometimes the odor is so strong that you can't hardly stand to
19 smell it.

20 Of course, the salt that we're having there, it can cause gastric
21 intestinal problems, and we are having a serious problem.

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1 So I'm coming before you tonight asking you if you know of any
2 agency or any place we can submit grant applications for funding to
3 help us get rid of this problem that we are experiencing. We would most
4 certainly appreciate you helping us in that.

5 I do thank you for your time and I will be glad to go into further
6 detail with you, because I do have the information, at any time if you're
7 interested in our problem.

8 Thank you very much.

9 (Applause.)

10 MS. SHEPARD: Thank you. Jane, do you have a question or
11 comment? Oh.

12 MR. VARNEY: Bob Varney. I'm a state environmental official in
13 New Hampshire and we work with a lot of communities on improving
14 public water systems and have worked with many smaller communities
15 that have situations not unlike what you're talking about.

16 One source of funding would be the U.S. Department of Agriculture
17 Rural Development. They have both grants and low interest loans for
18 communities, and also Community Development Block Grant funds are
19 available. In our state we also have both a 20 to 30 percent grant
20 program plus low interest loans under the state/federal SRF low interest
21 loan program, and that would be available in your state as well.

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1 So there are quite a few different sources available and I'd be
2 happy to write them down for you and help you track them down if
3 necessary.

4 MS. CARTER: Thank you.

5 MS. SHEPARD: Okay, thank you. Any more questions?

6 MR. TURRENTINE: Yes. Ms. Carter --

7 MS. CARTER: Yes?

8 MR. TURRENTINE: -- let me encourage you to go to the Air and
9 Water Subcommittee meetings tomorrow at least at some point
10 because -- I don't see Michel here at the present time, although -- would
11 you be in a position where you would want to talk to her further and
12 perhaps your subcommittee could start a dialogue with her?

13 Okay, so as a member of that subcommittee let's see what we can
14 do.

15 MS. SHEPARD: Rosa.

16 MS. RAMOS: I'm just appalled to hear that if you water your plants
17 they die.

18 MS. CARTER: Yes, if you put too much of that water on them.

19 MS. RAMOS: And that's the same water you drink?

20 MS. CARTER: Yes.

21 MS. RAMOS: And no agency has visited you or tested those

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1 waters?

2 MS. CARTER: Well, at one time we were sending in trying to test
3 the water. Each tube costs \$5. In the past three years we have gone
4 up to \$12 and \$15 per tube. And so we cannot afford that since we do
5 not have the money, you know, doing it on our own.

6 Of course -- yes?

7 MS. RAMOS: This is amazing. You know, this is an urgent
8 situation that must be addressed by EPA itself. We have to help this
9 lady urgently because, you know, the water is poisoning. This is an
10 urgent matter. It's not a matter of, you know, sending this to the
11 subcommittee for development. This is an urgent matter that should be
12 addressed immediately by EPA.

13 MS. SHEPARD: Thank you, Ms. Carter.

14 Our next presenter is Gary Grant.

PRESENTATION BY MR. GARY GRANT

CONCERNED CITIZENS OF TILLERY

17 MR. GRANT: Thank you and good evening, and I thank the
18 Committee for the opportunity to appear before you.

19 I wish to bring to the Committee's attention the issues of cesspools
20 in the communities of rural American, and particularly, I come from
21 North Carolina and I want to talk about hog cesspools that are being

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1 labeled "lagoons." There is another four-letter word for what they
2 actually are, but I guess in polite company we won't use that tonight.

3 (Laughter.)

4 MR. GRANT: Vertically integrated industries of confined animal
5 growing are entering the communities in rural America, and primarily
6 African-American communities, because of, one, the loss of farmland
7 by black farmers and the aging process that's taking place within rural
8 America.

9 Many of these communities are still on well water, individual well
10 water. There are no set guidelines by which these cesspools are being
11 dug. In my community, for example, we strike water at seven feet, and
12 these cesspools are being dug at anywhere from 10 to 30 feet and are
13 as large as football fields, and some even larger.

14 All of this waste that is washed into these cesspools seeps into the
15 groundwater. Even though our local county has sought monies from
16 some of the very agencies that were just recommended to the lady here
17 on my right, when the money comes into the county, even though it's
18 gotten, because of poverty which is predominated in the African-
19 American community, the water lines don't come into those
20 communities.

21 They go everywhere else but into those communities. We are

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1 always last on the list even though the statistical data for getting the
2 funding is coming out of the African-American community.

3 These cesspools are leaking fecal chloroform into the well waters.
4 And not only does it leak, but then they also spray, and there are no set
5 guidelines as to how close they can spray to people's property lines and
6 to people's homes so, thus, we actually have animal feces and urines
7 being sprayed on the homes of people as well as clothes that may be
8 hanging on the clothes lines. Again, there are no standards for which
9 the spraying can take place.

10 There is no required design for the cesspools, and each state is
11 designing its own. In my state there's no demand that you do it this
12 way; you do it voluntarily. So, actually, someone can just go out and
13 dig a hole and start washing hog feces into an open pit. But if I want to
14 put a bathroom in my house, I have to go through all of this process of
15 getting permit after permit after permit.

16 Even in my community where they tell me that land won't perk for
17 a septic tank, people are allowed to dig 30 feet down and dump hog
18 waste.

19 The odor is offensive and studies are showing that our respiratory
20 problems have increased in areas where people live next door to these
21 confined growing facilities.

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1 One of the things that's happening is that somehow or another the
2 industry is learning to camouflage the odor. But because the stench is
3 gone does not mean that the airborne agents are not still present. So
4 we're still wondering what our children are breathing and what the
5 elderly population is breathing as well.

6 To add to that, you also have these huge exhaust fans that are
7 constantly pulling bacteria, ammonia, and who knows what all, out of
8 these structures where the animals are confined. Putting that into the
9 air does not necessarily mean that it's a foul odor, but we know that
10 there are things there that we should not be breathing.

11 As one of the citizens of Tillary, North Carolina said, that if I read
12 on the back of the can when I'm cleaning my house that prolonged
13 smelling of ammonia is harmful to my health, certainly the prolonged
14 smelling of ammonia coming from confined animal growing facilities is
15 harmful to my health as well.

16 The EPA is working on some standardized guidelines and if you
17 will excuse my expression, the EPA is working on water guidelines
18 because what you are proposing wouldn't hold -- you know, it's a sifter,
19 it's a strainer. The bucket's got a big hole in it and you need to go back
20 and fix it.

21 One of the big problems that happens -- and even as the lady on
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1 my right here -- you don't live here, you don't live in the community.

2 My time is up. See, I get started but I don't know when. But that's
3 all right.

4 Anyway, you don't live in the communities. We know what we are
5 smelling. We know what's being sprayed on us. Environmental
6 Protection Agency is what your name is, and the citizens are asking you
7 to do that. It's not only urban America; it's happening in rural America
8 as well.

9 And, please, don't send us any more policies that don't work.

10 Thank you.

11 (Applause.)

12 MS. SHEPARD: Okay, thank you, Gary. Luke.

13 MR. COLE: I'd just like to say, thank you, Gary, for coming before
14 us. Also, that Gary and Steve Wing will be coming to the Enforcement
15 Subcommittee tomorrow at 2 o'clock. So those of you in the audience
16 who are concerned about confined animal feeding operations, please
17 join us at 2 o'clock tomorrow.

18 MS. SHEPARD: Okay. Thank you, Gary.

19 Omar Freilla.

20 PRESENTATION BY MR. OMAR FREILLA

21 NEW YORK CITY ENVIRONMENTAL JUSTICE ALLIANCE

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1 MR. FREILLA: Good evening. My name is Omar Freilla and I'm
2 the Transportation Coordinator for the New York City Environmental
3 Justice Alliance. We are an alliance of organizations in New York City
4 that are based in low income communities of color and that are all
5 suffering from a serious asthma epidemic that has communities around
6 the city, low income communities of color, with asthma rates that are 22
7 times higher -- in many cases 22 times higher than some of the richest
8 and whitest neighborhoods in the city, and have some of the highest
9 asthma rates in the country.

10 I came out here today, and I'm trying to be real quick -- I came out
11 here tonight because there are two things that I want to talk about, two
12 things in New York City that are blocking a real and adequate
13 assessment of environmental injustices, and I'm sure that -- and they
14 are things that are occurring in other cities and regions around the
15 country.

16 The first of these is the fact that in New York City when an
17 environmental impact study is done, there is a tendency on the
18 government on projects that they want to push through to look at air
19 quality, to look at how the project is going to impact the neighborhood --
20 not by looking at the actual effect on the neighborhood, but by looking
21 at how air quality is going to be changed in the region.

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1 That means that if a project is going to be built in a neighborhood,
2 let's say a low income community, such as a waste transfer station or
3 a bus depot, or any other project of the sort, when that study is looked
4 at, instead of looking at what is going to be the effect on a building on
5 people who are living four blocks down or five blocks down, the actual
6 study is what is the effect going to be on emissions throughout the city
7 or throughout the borough. Anything other than a local impact.

8 So what obviously winds up happening is that the impact on a
9 neighborhood is completely ignored. That's how a lot of projects get
10 pushed through, such as 23 waste transfer stations in Hunts Point or
11 bus depots or numerous other facilities in communities, because the
12 focus, the area that is being looked at, is much greater than the actual
13 impact that people are concerned about.

14 So that's something that needs to be addressed and we are asking
15 the EPA and we are asking NEJAC to urge the EPA to really flex some
16 muscle on the city and on the state to adequately address that issue.

17 A perfect example is what has been going on with the fight over
18 the interim garbage export contract where you have tens of thousands
19 of trucks that are proposed -- have been proposed -- to export garbage
20 out of the city, going through communities that are primarily low income
21 communities of color. And when a study is done to see what the impact

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1 is going to be, the actual study looks at not the routes, the actual routes
2 that are being taken, but what's the impact on the entire city.

3 That's just one example of how these things are perpetuated and
4 you get situations where you have heavy concentrations of facilities that
5 concentrate diesel fuel, which is known to be a serious precursor -- or,
6 seriously antagonizes asthma -- and EPA is on the roll to labeling that
7 carcinogenic. We hope so. But that's just one example of an issue that
8 needs to be addressed.

9 The second issue is the fact that in New York City the Metropolitan
10 Planning Organization has failed to seriously monitor Title VI
11 compliance in the region. The agency, which consists of all the transit
12 agencies and state and city agencies, has no procedures for identifying,
13 reaching out to, or determining disparate impacts on low income
14 communities of color.

15 There is also no coordination among the different agencies that are
16 its members of how any sort of Title VI report is going to look like. Each
17 of these agencies, like the New York City Transit, or City Department
18 of Transportation, puts out its own Title VI report because that's what
19 they're required to do.

20 But if you ever take a look at the report, you'll see reports that are
21 completely vague and are designed to create an impression that there

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1 is equity in the transit system, but there's no real guidelines on what
2 each of these agencies is supposed to be doing to actually measure
3 disparities between low income communities of color and wealthier
4 whiter communities. There is nothing of the sort.

5 So those are just examples of things that need to be addressed
6 when you talk about research, what it is that agencies that are
7 supposed to be implementing these things need to be doing.

8 I just want to end -- I still have a minute -- I just want to end by
9 saying that in New York City there are a lot of issues that need to be
10 addressed. There are issues about waste transfer station permitting.
11 There are issues about access to parklands where you have
12 communities next to public housing projects being cut off from access
13 to parks that will wind up being turned into construction and demolition
14 landfills. But those types of things aren't even included in
15 environmental impact studies, and numerous other situations that need
16 federal oversight.

17 But the type of attention that we've been receiving from the EPA
18 Region 2 is lacking. EPA has been MIA in Region 2.

19 I'm urging this Committee to put some pressure on EPA's Region
20 2 to actually do some sort of regulating. We've had interaction with the
21 agencies where we've had lots of meetings coming up with lots of ideas

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1 to do lots of educational programs, lots of talking with different people,
2 setting people down at the table. But there hasn't been that sort of
3 effort to really turn the screws on agencies that have wound up being
4 out of control.

5 Thank you.
6 (Applause.)

7 MS. SHEPARD: Thank you. Michel.

8 MR. GELOBTER: In addition to welcoming a New York-based
9 organization to the meeting, I want to particularly thank Ms. Carter for
10 her testimony. She has been a founding member of the Air and Water
11 Subcommittee and a relatively selfless one in the sense that she keeps
12 telling us, gee, we should drink the water, gee, we should have safe
13 drinking water, and this testimony points to the fact that there's some
14 immediate problems, of which her community is one example but of
15 which there are many more around the country. Arnoldo was just telling
16 me about nine out of ten drinking wells in California being contaminated
17 like that.

18 So I'd like to say -- I think Ms. Carter is a member of our
19 subcommittee -- we should work tomorrow to get some direct answers
20 from the deputy about what kind of actions can be taken, and we'll try
21 to get a report back to the NEJAC on Friday about the Safe Drinking

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1 Water Act issues which we have honestly in the breadth of our agenda
2 not paid as much attention to it as we need to to date.

3 So thank you for coming and raising it with the whole NEJAC and
4 helping us get some support to bring the water office to the table on
5 these issues.

6 MS. SHEPARD: Okay, thank you. Vernice.

7 MS. MILLER-TRAVIS: I was just looking through your documents,
8 Omar, and also your testimony. Your information refers to low income
9 communities of color and the impact of these issues on low income
10 communities of color, but I would perhaps suggest that you go back and
11 look a little further in the files of the New York City Environmental
12 Justice Alliance and talk to some of us who sort of created this research
13 framework.

14 It is not only low income communities of color that are impacted by
15 these issues; it is all communities of color in New York City that are
16 impacted by these issues and targeted for the placement of these
17 facilities. The ambient air quality issues, the lack of data collection, the
18 lack of enforcement by Region 2 -- which I completely concur on --
19 around these issues. The lack of attention by city agencies and by
20 state agencies.

21 It is not just low income communities of color, and I think we do a

1 disservice to the whole fundamental concept of environmental racism
2 by suggesting that it is only low income communities of color in New
3 York that are affected by this issue.

4 The insidiousness of the issue in New York City is that every
5 communities of color is affected by these issues, whether they be
6 working class, middle class or low income.

7 So I would just suggest that you sort of -- you know, that the
8 coalition be a coalition of all of the communities that are affected. There
9 is virtually no community of color in New York that is not affected by the
10 issues that you all are addressing.

11 I would just sort of suggest that it's sort of -- you know, it removes
12 a section of the population from concern, and the insidiousness of it is
13 that no one in New York City -- no one of color -- is escaping these
14 issues.

15 MR. FREILLA: I didn't mean to insinuate otherwise.

16 MS. MILLER-TRAVIS: It's in the material. It's written in the
17 material. And it's also in your testimony. So I would just suggest that
18 we -- that, you know, you maybe highlight the broader expanse of the
19 issue because you are working city-wide, and I know you are working
20 in a number of different communities all over the city.

21 MR. FREILLA: Thank you.

1 MS. SHEPARD: Thank you. Our next group, Harry Mitchell
2 Washington --
3 (Applause.)

4 MS. SHEPARD: Mike Matulin, Larry Charles, Jr., Mildred McClain,
5 Rose Mary Brown, Katina Hills, George Eugene.

6 Okay, it's just you, Mildred?

7 Let me also call Beverly Wright, Dr. Grace Hewell, Jaribu Hill,
8 Richard Bright, Mildred Colen.

9 MS. MILLER-TRAVIS: Peggy, Beverly Wright is Beverly Wright
10 of Massachusetts, not Beverly Wright of Louisiana?

11 MS. SHEPARD: Oh, sorry. James Hill.

12 (Pause.)

13 MS. SHEPARD: All right. Mildred, you're going to start?

14 PRESENTATION BY DR. MILDREN McCLAIN

15 PEOPLE OF COLOR AND DISENFRANCHISED COMMUNITIES
16 ENVIRONMENTAL HEALTH NETWORK

17 DR. McCLAIN: My name is Mildred McClain and I'm here tonight
18 representing the People of Color and Disenfranchised Communities
19 Environmental Health Network.

20 As most of you remember, we spoke to you at your last meeting
21 about the issue of federal facilities. We again come before you to bring

1 some things to your attention.

2 Before I start, and I won't be long, I want to remind some of you
3 and introduce to others of you, the following:

4 Environmental justice calls for universal protection from nuclear
5 testing, extraction, production and disposal of toxic hazardous waste
6 and poisons and nuclear testing that threaten the fundamental right to
7 clean air, land, water, and food.

8 Environmental justice affirms the fundamental right to political,
9 economic, cultural, and environmental self-determination of all peoples.
10 And I will add, the right to health.

11 Environmental justice demands the stopping of the production of
12 all toxins, hazardous waste, and radioactive materials, and that all past
13 and current producers be held strictly accountable to the people for
14 detoxification and the containment at the point of production.

15 Environment justice affirms the right of all workers to a safe and
16 healthy work environment without being forced to choose between an
17 unsafe livelihood and unemployment.

18 It also affirms the right of those who work at home to be free from
19 environment hazards.

20 And, finally, environment justice protects the right of victims of
21 environmental injustice to receive full compensation and reparations for

1 damages, as well as quality health care.

2 (Applause.)

3 MS. McCLAIN: For those of you who have forgotten, those are the
4 principles of environment justice, which those of us who call ourselves
5 environmental justice activists and organizers and educators live by on
6 a daily basis.

7 Perhaps you should begin to include it in your briefing book so that
8 we shall not forget.

9 I want to bring to your attention that there are African-Americans,
10 in particular at the Savannah River site which is one of the 165 federal
11 facilities that must be cleaned up, who have been overly exposed to
12 contaminants and poisons and they are being denied the right to say
13 that they are sick and need attention.

14 The Department of Energy held a worker's hearing at the Los
15 Alamos National Laboratory and expected about 30 or 40 workers to
16 come. Instead, 400 showed up on crutches, in wheelchairs, blind being
17 led by the young, because they had been damaged and they said that
18 records had been falsified that could prove they had been affected by
19 the work at the plant.

20 As I said, there are 165 federal facilities, 135 of them belong to the
21 Department of Defense, and some 20 to the Department of Energy.

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1 Why are they not at the table helping us to formulate policy? And
2 when will they come?

3 There are recommendations that we have in terms of the health
4 care and health research model, but I see I've got a minute left so I'm
5 going to have to shut up 'cause you all are going to tell me to sit down.
6 But before I leave I want to say that in terms of improving the risk
7 assessment process, we must begin to include the following:

8 Providing a mechanism for meaningful community involvement
9 from the initial stages of the risk assessment throughout the entire
10 study, developing an understanding of the background health status of
11 the community, including various subpopulations, along with more
12 thorough exposure pathway information and multiple exposure sources.
13 We feel can improve this so-called risk assessment process, and such
14 information can be gathered through the community.

15 The bottom line is that we the people who are on the front line
16 being affected every day must be included in the processes of
17 assessment, intervention, and certainly prevention.

18 We call upon you to really institute a subcommittee on federal
19 facilities and to create space on your council for those of us who
20 represent federal facilities. But in between meetings we need to hear
21 from you.

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1 Thank you.

2 (Applause.)

3 MS. SHEPARD: Thank you, Dr. McClain. Are any of the three --
4 I'm sorry, Luke.

5 MR. COLE: Mr. Chair, do you want to address that issue briefly,
6 or have --

7 MR. TURRENTINE: Not at this point, no.

8 MR. COLE: Okay.

9 MS. SHEPARD: Okay. Are any of the Concerned Citizens of
10 Norco present?

11 (No audible response.)

12 MS. SHEPARD: Okay. Beverly Wright.

13 PRESENTATION BY MS. BEVERLY WRIGHT
14 WAMPANOAG TRIBE OF GAY HEAD AQUINNAH

15 MS. WRIGHT: Thank you. My name is Beverly Wright and I'm
16 Chairperson of the Wampanoag Tribe of Gay Head Aquinnah which is
17 located in Martha's Vineyard Island. I bring you greetings from my
18 chief, my medicine man, and my elders.

19 First I'd like to give you a brief history of our tribe. We can
20 document our existence in Massachusetts back 10,000 years. We are
21 the people of the First Right. We are the people that met the Pilgrims.

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1 And we were organized in -- federally-recognized in 1987.

2 We have a Tribal member that graduated from Harvard in 1665,
3 and when the movie Moby Dick was made, Cash Tiego was a
4 Wampanoag Indian.

5 When we became federally-recognized in 1987, the government
6 said, "You are Indians," which we already knew, but that was okay --
7 (Laughter.)

8 MS. WRIGHT: It gave pride to our young people that were growing
9 up. With federal recognition came money for education, health, human
10 services, trust services, economic development, and last but not least,
11 natural resources, and that's why I am here tonight.

12 There is an island that is located five miles off the coast of
13 Martha's Vineyard, five miles from my town of Aquinnah. Between the
14 years of 1940 and 1994 the Navy bombed the hell out of the island. I
15 grew up with our windows shaking, with our dishes falling off the table,
16 off the china closets, with the windows rattling.

17 A couple of years ago the Department of Navy decided that they
18 no longer wanted the island and we applied -- because it was access
19 property. We were denied that because the Fish and Wildlife Service
20 decided that they wanted to use it as a refuge.

21 Under the Fish and Wildlife Service there is an Indian policy. The

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1 Indian policy states that Native Americans, or American Indians, will not
2 be denied access to their traditional homelands. In our registry of
3 deeds we can document that in the 1500s one of sages deeded that
4 island to his brother.

5 When the Fish and Wildlife Service took it over, they spent \$1.7
6 million to do a surface clean-up. Last year the State of Massachusetts
7 did a cancer study. The cancer study came back and stated that the
8 residents of my reservation, or trust lands, had a 93 percent higher
9 cancer rate than any of the other residents of Massachusetts.

10 I have been before Patrick Kennedy, Ted Kennedy, William
11 Delahunt, Senator Kerry. What I am asking for is that a reassessment
12 be made of the island. I cannot prove that the carcinogens and the
13 unexploded ordinances that are deteriorating on the island cause
14 cancer. I certainly would be appreciative if they could prove that it didn't
15 cause the cancer.

16 What has brought it to the forefront again is the Island of Vieques.
17 The Island of Vieques is in the same situation as Nomans Land Island.
18 And, as you know, Robert Kennedy has stated that he will sue the
19 Department of the Navy. He called me last week and he said he's going
20 through the process of suing the Department of the Navy and probably
21 in September he will know the process and he will give us a call back,

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1 and he is inviting us to participate in the process.

2 I can't wait that long. As a federally-recognized Tribe, we have
3 access to certain funding. I cannot get that funding if the federal
4 government decides they do not want to give me the funding.

5 So I am here today to ask you if you would consider nominating
6 the Island of Nomans Land as a Comprehensive Environmental
7 Response, Comprehension and Liability Assistance Act, which in plain
8 English, is CERCLA.

9 Another thing that I would -- oh, and I've only got a minute -- we
10 are in the process of building a hatchery. In that hatchery we are
11 spawning seed for cohogs, scallops and oyster, which is the basis for
12 our economy. I have this sinking feeling that this hatchery is pulling in
13 the water to grow the seed, and if that water is contaminated, it is going
14 to be a vicious circle of cancer.

15 I come before you today to plead -- the funding is available as a
16 federally-recognized Tribe, and I come before you today to ask the EPA
17 to put some pressure on the federal agencies for money for me to do a
18 cancer study.

19 And I thank you very much.

20 (Applause.)

21 MS. SHEPARD: Thank you. Vernice.

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1 MS. MILLER-TRAVIS: I just want to share that Ms. Wright is
2 coming to meet and talk with the Waste and Facility Siting
3 Subcommittee tomorrow about further exploration of these issues and
4 ways that perhaps the NEJAC and the Waste and Facility Siting
5 Subcommittee can be of assistance in trying to bring some resolution
6 to these issues.

7 Tim Fields, who is the Assistant Administrator for the Office of
8 Solid Waste and Emergency Response, is going to be in that meeting
9 with us, Beverly, so you will be talking to the person and presenting to
10 the person who has oversight over the implementation of CERCLA.

11 Not to put Tim on the capet any more than we already do, but I
12 just want you to know that we pulled all the people together that you
13 need to talk to at EPA and they'll be there to listen to you and dialogue
14 with you tomorrow.

15 MS. WRIGHT: Thank you very much, but I'd like you to also know
16 that it is a point system for CERCLA, so we need to do a lot of studies
17 in order to make that point system. If we go through the system when
18 we don't make the points, we're dead in the water. So, I mean, I need
19 the backup documentation in order to bring our point system up. Thank
20 you.

21 MS. MILLER-TRAVIS: Thank you.

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1 MS. SHEPARD: Tom.

2 MR. GOLDTOOTH: I just wanted to say that as the Indigenous
3 Peoples Subcommittee Chair I'd like to work with Vernice of the Chair
4 of the Waste and Facility Siting Subcommittee so that we're working
5 together in seeing that there's some follow-up on this.

6 I've been out in your area. I have some friends there. I'm very
7 familiar with the cultural ties you have with the whale as well. And that's
8 part -- your brother, your sister, the whale nation. So I'm sure there's
9 some ecological impact over the years.

10 And I understand that there is an intended end use here, to do a
11 surface sweep of the island for unexploded ordnances. There's grass
12 up there and they have to have -- I guess they have to have a controlled
13 burn. So here we go again with another situation, the federal
14 government having a controlled burn in a situation where there is
15 pollution there.

16 So I'm kind of aware -- I just got a FOIA request because our
17 network was requested to get involved with this as well -- so I just got
18 a FOIA request I'll share with you.

19 MS. WRIGHT: Thank you. And I would also like to make another
20 point, that, as you know, American Indians are doing gaming. Being the
21 political beings that they are in Massachusetts, they think we want

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1 gaming on Nomans Lands Island.

2 We do not want to game on Nomans Island. Why we originally
3 started to have the land returned to us is that through NECRA we have
4 a lot of ancestors that are coming back that have been in the museums
5 for hundreds and hundreds of years and we would like to re-inter our
6 ancestors on the island.

7 MS. SHEPARD: Thank you. Haywood.

8 MR. TURRENTINE: Luke, you asked if I wanted to make a
9 statement in regard to the question that Dr. McClain asked, and I said
10 no at the point. Now I'm going to ask that either Barry or Charles would
11 make that statement because I think it is a significant statement that we
12 need to make regarding the question you asked.

13 MR. LEE: Thanks, Haywood. First of all, let me just say in
14 response to Mildred, there has been some follow-up since our last
15 meeting. I don't think we --

16 PARTICIPANT: Will you speak into the microphone.

17 MR. LEE: I'm sorry. In response to Mildred, we know that there
18 have been a number of items in terms of follow-up since the last
19 meeting as far as the federal facilities issues. Sylvia and Barry and I
20 had talked and we thought that -- and this is in agreement with Marinelle
21 Payton, the Chair of the Health and Research Subcommittee, that that

1 subcommittee be the point of contact for the federal facilities issues for
2 the NEJAC.

3 The Office of Environmental Justice will work with the Federal
4 Facilities Office in the Office of Enforcement to follow-up on the facilities
5 identified and will report back to NEJAC at every meeting on these.

6 You are right. You know, this isn't -- like I said, there have been
7 a number of attempts to make sure -- we're trying to coordinate around
8 these federal facilities issues. I think the issue of a work group is
9 something that the subcommittee should decide as to whether or not --
10 and have a discussion as to whether or not that should be needed, what
11 that should look like, and so on and so forth.

12 The reason that's the case is because, as you know, the federal
13 facilities issues actually falls -- I mean, I'm just talking about just EPA
14 -- within several parts of EPA. And so I think there should be some kind
15 of coordination and discussion with those other areas. So that's the
16 way it stands right now.

17 DR. McCLAIN: Let me just try to understand that the Health and
18 Research Subcommittee will be our point of contact, and it's out of there
19 that perhaps a working group on federal facilities will be --

20 MR. LEE: Can be established.

21 DR. McCLAIN: I'm not sure of how to respond to that because I'm

1 not quite sure of what that means in relationship to the establishment
2 of a full subcommittee and representation on the Council, but I'll talk
3 with you about it later.

4 MR. LEE: Right. Right. I mean, I don't think that this is the only
5 thing that should be explored, but this is at least a start to get to the
6 issue of the work group and to ongoing monitoring of the issues in the
7 federal facilities.

8 MS. SHEPARD: Okay. Rosa Hilda.

9 MS. RAMOS: I just want to thank Dr. Beverly Wright for, you
10 know, teaching us the value of your culture and also for supporting our
11 people in the Vieques Island. Thank you very much.

12 MS. WRIGHT: You're welcome.

13 MS. SHEPARD: Damon.

14 MR. WHITEHEAD: I just have a question for Dr. McClain.

15 The 165 facilities you referred to, is that only DOE sites? The only
16 reason I'm asking is --

17 DR. McCLAIN: No, no. The 165 are federal facilities. 135 are
18 DOD and 20 are DOE.

19 MR. WHITEHEAD: And those are only sites that are either
20 qualified -- EPA doesn't normally put them on NPL, but some type of
21 interagency agreement, is that what you're referring to?

1 DR. McCLAIN: Say that last part again?

2 MR. WHITEHEAD: Well, I guess I'm trying to ask, this 165 sites
3 that you have identified, are those sites particularly polluted that they
4 either qualify under the NPL or an interagency agreement or
5 something?

6 DR. McCLAIN: They're on a toxic -- you know, one of those toxic
7 lists.

8 MR. WHITEHEAD: The reason I'm asking is because the number
9 seems kind of low.

10 DR. McCLAIN: That's the top, the worse.

11 MR. WHITEHEAD: Oh, okay. My only point is that I would like to
12 support Dr. McClain's initiative on this in that federal facilities historically
13 has been a gray area where the EPA and the agencies who are
14 regulated don't like to come together, meaning EPA doesn't like to go
15 after sister agencies. It's been a significant area where the rule has
16 been inaction because of arguments over authority and things like that.

17 I look forward to Dr. Payton's work on this issue.

18 MS. SHEPARD: Thank you. We'll move on to Dr. Grace Hewell.

19 PRESENTATION BY DR. GRACE HEWELL

20 HEALTH POLICY GROUP

21 DR. HEWELL: Good evening, everyone.

1 MR. TURRENTINE: Good evening.
 2 DR. HEWELL: I am very, very pleased tonight to be able to say
 3 good evening to you because for as long as you've been in existence
 4 I've been chasing after you --

5 (Laughter.)

6 DR. HEWELL: -- to see what you are doing and how you are doing
 7 it, and how I can help and what I could learn from you.

8 I am a professional in many fields due to the GI Bill of Rights, the
 9 GI Bill from service in the military, in the Women's Army Corps. And I
 10 thank you. I went to Spelman -- I just left there -- my 60th class
 11 reunion. I knew I was going to college and I had six dollars and a bus
 12 ticket, so I knew that that would pay for not only my bus ticket but also
 13 for food, for housing, and for books, for everything.

14 They put me out the second semester of my senior year because
 15 I demanded to take a course at Atlanta University from Dr. W.E.
 16 DuBois. He had been at Chattanooga and I saw him with the goatee
 17 and I said, that man must know something.

18 (Laughter.)

19 DR. HEWELL: He was attending American Sociological Society's
 20 meeting and there was a lot of hullabaloo whether they were going to let
 21 him in the front door of the hotel or wasn't going to let him in at all.

1 I had nobody to talk about civil rights and these wonderful things
 2 you talk about, but I knew there was something different about him.

3 Fortunately, the dean of women let me do errands, and I did all
 4 kinds of things for her, so that when she missed me for three weeks,
 5 she asked where I was and sent the students for me. She told me to go
 6 right over to Atlanta University and take anything I wanted.

7 Now, I didn't know I was an undergraduate because all these
 8 labels that we have might inhibit a lot of people; it would have inhibited
 9 me. And I'm glad that I had the pleasure of studying under Dr. DuBois.

10 So that's the kind of person I am. I have wanted always to find out
 11 how you do things to help people because when you talk about poverty,
 12 there wasn't anybody poor but me and my family. There was no one to
 13 receive more gratuities and benefits than me because you gave me the
 14 benefits of the GI Bill.

15 So what could I do to help? So I got degrees and everything --
 16 public health, social work, social foundations. And we're looking now
 17 at the social science background and we're looking at public health.
 18 And you are doing all the wonderful things that my life has unfolded and
 19 I've benefited from.

20 Public health is my heart and I'm here today because you're
 21 looking at community health. I've worked in Harlem. I've worked in

1 Queens after I graduated from Columbia University School of Public
 2 Health. I worked all around.

3 I'd say, I'm trying to find out how things are done. So I decided to
 4 do my doctorate project in the Rockaways of New York City. I'd never
 5 heard of the Rockaways before in my life, but I knew that they had
 6 something going there; the health department told me they wanted me
 7 to set up a health counselor. I didn't know what that was either but I
 8 went out there and set up a health counselor and that's the reason they
 9 can now call me Dr. Hewell, because I got my degree.

10 But I'm saying to you that the only thing I have asked of you has
 11 been to extend you an invitation to come to Chattanooga and to give
 12 priority to environmental health education because we need more
 13 people who are informed and can accept responsibility to do things for
 14 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
 17 to 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
 21 paying, 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,
 4 we're so glad you're here. I'd never seen them before because I worked
 5 in Washington and in Europe.

6 So I said, well, I'll go with you to see what you're talking about and
 7 I'll help. And I went and listened to them. They told me what their
 8 problems were. In the federal government in the Kennedy
 9 Administration, the Johnson Administration, I was the Program
 10 Coordination Officer, one of the highest paid physicians in the federal
 11 government.

12 So everything there, you know, I found out. You know, you've got
 13 to inventory -- a booklet back there -- that says all about the agencies
 14 and everything. I ran around and learned about all of them. And what
 15 I didn't know, I asked the professionals.

16 So when people call and ask me about resources, I find them
 17 some. Central Harlem got \$18 million when we worked in the -- in what
 18 you call the Juvenile Delinquency Program.

19 We set up a Domestic Peace Corps. You've never heard of it.
 20 Students came from Columbia, from Yale, from everywhere, to help us.
 21 And a lot of people who worked in the Peace Corps got top-level jobs

1 with the Urban League, and whatnot, and went back to school. It was
2 a success.

3 We didn't know anything about writing proposals. Everything you
4 get now out of the federal government is a proposal-writing something.
5 I can't write proposals; I don't have that skill. But I know people who do.

6 So we've got to, as you said, partner with sincerity. Ask the people
7 that know these things. I have not had anyone to turn me down except
8 in Chattanooga. The women were having a conference by satellite from
9 Washington. I'm an educational telecommunications specialist.
10 Ambassador Walt Annenberg will attest to that because he gave me the
11 opportunity to go to his communications school free. The federal
12 government wasn't going to pay for me to be a telecommunications
13 specialist.

14 I'm a specialist in transportation; I'm in the division of adult
15 education. If you're (inaudible) out there, you don't have any class. So
16 the best way to get there is to use the school buses that are used in the
17 day. Be smart. Think of what your resources are and you ask people
18 and a lot of them can tell you how to get there because I didn't know
19 anything about transportation. I didn't know anything about anything.

20 We have the greatest resources in the world here, and I want to
21 thank you for all the booklets. I gave the chairman there a copy where

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1 they honored me May the 10th in Chattanooga and they said Dr. Grace
2 (inaudible) your home museum and archives. I've got your material.
3 You have excellent materials.

4 MS. SHEPARD: Well, thank you, Dr. Hewell.

5 DR. HEWELL: What?

6 MS. SHEPARD: Thank you.

7 DR. HEWELL: Oh, thank you.

8 MS. SHEPARD: And how can the NEJAC be of assistance?

9 DR. HEWELL: I don't hear very well.

10 MS. SHEPARD: Okay. How can we help?

11 DR. HEWELL: Help me do what?

12 (Laughter.)

13 MS. SHEPARD: Well, --

14 DR. HEWELL: When I sent the invitation and NEJAC said, we
15 supported. But as they went up the line, you didn't come. So you will
16 have to deal with the upper echelon. I can't deal with that. I had both
17 my Republican Senators to sign letters, we support this.

18 MS. SHEPARD: Well, thank you. Luke, I know you would like to
19 comment.

20 MR. COLE: Dr. Hewell, I wanted to thank you for coming before
21 us. I have two apologies. The first apology is a personal apology which

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1 was for missing your 80th birthday party. But I thank you for the
2 invitation.

3 My second apology is an institutional apology from this body. I
4 want to provide a little institutional memory for those of you who haven't
5 been on the NEJAC for as long as Dr. Hewell has been giving us her
6 advice.

7 In 1996 Dr. Hewell came to the NEJAC and requested that we
8 have a meeting in Chattanooga. We, as the NEJAC, passed a
9 resolution in 1997 saying we would go to Chattanooga. That resolution
10 went by the boards when we had a transition in leadership as the head
11 of the Office of Environmental Justice who had a different design on
12 where we would be going. That design has brought us instead of
13 Atlanta.

14 There were some of us who pushed strongly to continue going to
15 Chattanooga because we had made a commitment to you to do so, but
16 we understand that there are other needs as well.

17 I wanted to let people here know that we had at one point
18 committed to going to Chattanooga.

19 DR. HEWELL: I know that, and I can deal with it. But I'm asking
20 you why is it that I won't deal with it.

21 MR. COLE: I'll let Barry Hill, the Director of the Office of

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1 Environmental Justice, --

2 (Laughter.)

3 MR. COLE: Who made the decision? Answer the question. Why
4 don't you tell Dr. Hewell why we're not going to Chattanooga, Barry.

5 PARTICIPANT: Not to put you on the spot.

6 (Laughter.)

7 DR. HEWELL: Well, I'll tell you why I won't deal with it. Because
8 I don't want anything negative to rub off on what you are doing. I think
9 it's wonderful because when I finished the school of social work, we
10 were talking about multi-problem families. These are the same people,
11 and you're trying to do the best you can, you're trying to do something.
12 Oh, I can deal with that issue.

13 I was talking today with one of the staff. Unless I can see my way
14 clear, they will not have a negative adverse effect upon you.

15 MR. HILL: Well, Luke, in answer to your question, Chattanooga,
16 Tennessee is under consideration, as are so many other cities. But
17 depending on the issue. The issue essentially determines where the
18 meeting will be held. Once the issues have been determined, defined,
19 so on and so forth, Chattanooga may be under consideration.

20 MR. COLE: I would just like to take this opportunity to recognize
21 Dr. Hewell's more than seven decades of commitment and fight for civil

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1 rights and social justice, including environmental justice. If when I'm in
2 my 80s I have the same clarity, vigor, wisdom and grace that Dr. Hewell
3 brings to us, I'll be in good shape.

4 Thank you very much.

5 (Applause.)

6 DR. HEWELL: May I say three words? Three words as the
7 closing on my statement. I'm sorry, I perhaps go off on the wrong thing.

8 One is we must train our people. Education still is very important.
9 But not only our people. Nobody understands what we are talking about
10 when we're talking about environmental justice. So we must really give
11 education a thrust.

12 Number two, with the technology, we must give our people access
13 to information. The information system is closing us out.

14 And, number three, I came here to tell you that if you're going to
15 work with the public health people, you're going to have to take up our
16 basic foundation, and that is the human rights -- the human rights
17 concept that has been accepted by the world. The Universal
18 Declaration of Human Rights has been adopted by the world.

19 So then, why not we adopt something that everybody else has
20 adopted? You know about the Rib conference? So this is all spelled
21 out. Mrs. Roosevelt helped to write the Universal Declaration of Human

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1 Rights. President Carter sent me to Vienna to attend the 30th
2 anniversary of the signing of the Universal Declaration of Human Rights,
3 and I got all that information and I brought it back to you.

4 MS. SHEPARD: Thank you for those three points.

5 DR. HEWELL: Thank you.

6 MS. SHEPARD: Thank you very much.

7 (Applause.)

8 MS. SHEPARD: Jaribu Hill is next. Welcome.

PRESENTATION BY MS. JARIBU HILL
CENTER FOR CONSTITUTIONAL RIGHTS

9 MS. HILL: Thank you. I'm really glad I had an opportunity to
10 experience one of our elders coming before us and giving us her
11 wisdom. We should always celebrate that life and that experience
12 because it's what keeps us moving forward and keeps us on the path
13 that we who grew up in the Baptist tradition call the path of
14 righteousness.

15 My name is Jaribu Hill and I'm a civil rights attorney. I work for the
16 Center for Constitutional Rights in Greenville, Mississippi in the Delta,
17 and I'm also here today speaking on behalf of the Mississippi Workers
18 Center.

19 My comments are going to really support comments that basically

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1 have been made already on what I consider to be a really important
2 item and an issue that has come up and been touched on but not
3 explored as in depth as it should be, and as it must be: Dying to make
4 a living.

5 April 28th is Worker Memorial Day, a day set aside to remember
6 workers who were killed or injured or maimed on the job. According to
7 the Bureau of Labor Statistics, as of 1998 more than 6,000 workers died
8 on the job in the United States as a result of workplace hazards. While
9 many of these workers were victims of fatal workplace accidents, many
10 died because they were poisoned by toxic substances.

11 Because of racism, segregated workplaces are found across the
12 country, and particularly in the southern region where workers of color
13 are assigned to the dirtiest and most dangerous of all jobs. Because of
14 the aftermath of the system of human bondage, these descendants of
15 captured Africans are steered toward life-threatening jobs and away
16 from office jobs that are reserved for whites.

17 Ricky knows what it means to be black at work. He worked for
18 Tyson's Poultry plant as a cleaner. His job was to clean the processing
19 machines. To do this awful job, he had to use chlorine. The more
20 Ricky worked with this toxic substance, the sicker he became, until one
21 day he got so sick he went to see a doctor. It was then that Ricky

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1 learned that he had contracted a precancerous condition. His nostrils
2 were inflamed and he had already started having chronic nosebleeds
3 and was having difficulty breathing.

4 Ricky then went to his supervisor and was told that nothing could
5 be done, and if he didn't like it, he could quit. That is when Ricky
6 contacted OSHA. Ricky filed an anonymous complaint and OSHA
7 appeared at Tyson's to inspect the workplace. That very day Ricky was
8 fired.

9 Because of his occupational injury, Ricky has had difficulty holding
10 down a job and since become a substance abuser.

11 In 1992 twenty-five workers died and over fifty more were seriously
12 injured when a boiler exploded in Imperial Foods Poultry plant in
13 Hamlet, North Carolina. The workers died and others were injured
14 because the bosses locked the fire door supposedly to keep the
15 workers from stealing chickens.

16 When FDA agents would come to the plant to inspect the chickens
17 to see if they were fit for human consumption. The workers would cry
18 out for help, appealing to these government officials to take their
19 complaints about the dangerous work environment they worked in
20 seriously.

21 The FDA officials told them, we are here to inspect the chickens.

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1 They cared more about their chickens than they did about live human
2 beings.

3 Those responsible for the killing of workers and injuring workers in
4 that plant on that day in September 1992 escaped punishment except
5 for the plant manager who was sentenced to three to five years for
6 manslaughter.

7 Then the thermometer plant. Two workers put into an unventilated
8 room to crush and recycle mercury. One worker became ill immediately
9 and is permanently mentally impaired. The other worker died.

10 These employers were given six weekends in jail. The rationale
11 for six weekends in jail was that they had their families to go home to.
12 But these two workers will never be able to go home to their families.

13 My colleague Bob Bullard said earlier today that what was needed
14 to eradicate childhood lead poisoning and to provide relief for suffering
15 children was to form collaborations and cooperation across disciplines,
16 departments, agencies, and other branches.

17 In this regard, we are recommending the same kind of
18 collaboration between EPA and OSHA, coming together to form a task
19 force to address the chemical poisoning of workers and the
20 enforcement racism in plants across the country.

21 We therefore ask, in order to end the cycle of reservations for

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1 workers of color to dirt and danger, we call for the forming of such a
2 task force. The Mississippi Workers Center and the Center for
3 Constitutional Rights joins with injured workers, and families of workers
4 who died while trying to make a living, to bring an end to these atrocities
5 that are the direct result of ongoing effects of racism and class
6 oppression.

7 (Applause.)

8 MS. SHEPARD: Thank you. Rosa Hilda.

9 MS. RAMOS: We, the people in the community who are involved
10 in this movement against abuse must engage themselves in helping
11 employees by filing the complaints in OSHA. In other words, you know,
12 we file the complaint and the employee is not identified, so they cannot
13 be punished by the industry.

14 We have done that in our community and it has worked.

15 Go to your community leaders. They can file a complaint on behalf
16 of the employees. I don't know if this is of help in your community, but
17 in our community it has helped.

18 MS. HILL: Okay. I know that there is clause a in OSHA that
19 protects workers, supposedly, from retaliation. This worker that I
20 mentioned filed an anonymous complaint. But as I said, the day that
21 the plant was inspected, he was fired that day.

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1 Now, one of two things happened. Either his identity was revealed
2 -- and that has happened before -- or they surmised that he was the one
3 that reported it because he had been complaining about health
4 conditions.

5 Yes, we have filed complaints and we have urged workers to file
6 complaints. But as most of you probably know, there is no private right
7 of action, and no worker has the right to sue an employer for
8 occupational health and safety injury. All he or she has is Worker's
9 Compensation, and in my state there is a 450-week cap on Worker's
10 Compensation.

11 (Applause.)

12 MS. SHEPARD: Rose.

13 MS. AUGUSTINE: I'd like to ask, does your organization work with
14 welfare workers that have been trained to work in hazardous
15 conditions?

16 MS. HILL: I know you're not being sarcastic when you say they've
17 been trained, because -

18 MS. AUGUSTINE: No.

19 MS. HILL: Because the welfare to work workers are not being
20 trained. That's the problem. They're being forced to work in situations
21 where they're not being trained, and they are placed at risk.

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1 They clean parks where needles are found, where rats run amuck.
2 They've been bitten. They've been stung by needles. They've been
3 infected with the HIV virus. They are not trained in HAZMAT, working
4 with hazardous materials. And they don't have the right to know, as
5 welfare workers, because they're the untouchables.

6 (Applause.)

7 MS. AUGUSTINE: Well, I was wondering -- I'll rephrase that -- that
8 have been told or they are being told that they are being trained to work
9 in a hazardous condition? Do you --

10 MS. HILL: No, they're not, and they have not been privy to right-
11 to-know information. There's a gray area because they're not really
12 considered employees although they are working.

13 MS. AUGUSTINE: Do you work with the welfare workers that --

14 MS. HILL: I don't work directly with the welfare population in my
15 center, but I'm in coalition with organizations which do.

16 MS. AUGUSTINE: We have a situation in Tucson where the
17 workers -- and we're talking about -- I don't see too many men -- I
18 haven't seen any men on welfare, but it's usually women of color, a
19 single parent with children that have been taken off the welfare rolls,
20 from welfare to workfare, and trained to work in a beryllium plant. And
21 now they are dying.

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1 You're talking about Workmen's Compensation. The company has
2 been getting money from industrial compensation to pay for their legal
3 fees against the workers who are trying to sue them.

4 MS. HILL: What we would like to see is the declaration that what
5 I just described and what other people talked about earlier in terms of
6 pesticides, that these workplace injuries to workers are certainly
7 environmental hazards, and because they are specifically and
8 disproportionately targeted toward the black and the brown, that it is an
9 issue and an incident of environmental racism.

10 We want that to be part of the understanding in terms of the scope
11 of environmental racism, that these attacks and assaults on workers is
12 part of the definition of environmental racism.

13 (Applause.)

14 MS. AUGUSTINE: Haywood, may I ask a question? Would this
15 fall under the jurisdiction of the Department of Labor as an interagency
16 working group?

17 MR. TURRENTINE: I'm sorry, did you ask me that question?

18 MS. AUGUSTINE: Yes.

19 MR. TURRENTINE: I'm going to have to apologize because I was
20 not focused on the conversation so I really don't know what the issue is
21 that you were talking about.

1 MS. AUGUSTINE: We're talking about the rights of workers that
2 have been damaged in the workplace.

3 MR. TURRENTINE: Right.

4 MS. AUGUSTINE: We're talking about OSHA not protecting the
5 worker. But as an environmental justice issue, would that fall under the
6 Department of Labor as being one of the interagency working group?

7 PARTICIPANT: Yes.

8 MS. HILL: Only to the -- well, I'm a labor lawyer. The Department
9 of Labor addresses wage and hour issues and workplace conditions
10 issues up to a point. They address issues where workers are working
11 out of title, they address issues where child labor might be involved.

12 The proper agencies to collaborate on this, it seems to me, are
13 EPA and OSHA because those are both organizations that
14 acknowledge hazards against workers to one degree or the other.

15 MS. SHEPARD: All right. I'm going to move on to Dr. Yang.

16 DR. YANG: Thanks, Peggy.

17 Thank you, Ms. Hill. I wanted to point out, actually, that some of
18 the things that you were mentioning just sound fascinating -- or,
19 remarkably so much like the issues that the International Subcommittee
20 is going to be taking up tomorrow in regard to protecting farm workers
21 from the dangers and effects of pesticide poisoning.

1 As you mentioned, the failure to obtain adequate Worker's
2 Compensation, workers not knowing the kinds of dangers in the
3 workplace, not being protected adequately by their employers, and the
4 reporting of violations -- and I guess I would encourage you in part to
5 attend that part of our meeting tomorrow.

6 But I have a little more specific question for you, and that is, seeing
7 some of these parallels, do you think the next -- what is needed, and I
8 think it's one of the issues that our subcommittee will have to grapple
9 with, is the problem of the lack of enforcement? Is it the lack of
10 adequate laws? Or is it the failure to adequately educate the
11 employees about these kinds of dangers that they're facing?

12 MS. HILL: I'm going to answer your question because it's really a
13 question that I want to answer, but I've first got to give you some bad
14 news.

15 For farm workers there is no coverage under OSHA. Nor is there
16 coverage for domestic workers who work with dangerous cleaning
17 materials as well. There is no coverage for those two sets of workers.
18 Some of most affected workers, and there's no OSHA relief for them at
19 all. And we've been fighting that for many, many, many years.

20 In answer to your question, we have been battling around the issue
21 of how more protection can be afforded workers. In the State of New

1 York, there are 80 OSHA representatives for the State of New York. So
2 I don't even have to tell you how many there are in Mississippi.

3 Enforcement is one issue, but the coverage is laughable. The
4 coverage is laughable. And so what if an employer is fined? What he
5 then does is he gets a variance and he gets extension upon extension.

6 We inspected a plant and recommended closure because of lead
7 exposure to workers. The employer got a variance that lasted four
8 years, just constantly getting extensions so that he would not have to
9 abate the lead problem.

10 So there is a frontal attack on workers when government fails to
11 act and protect workers. It's egregious, and workers should be allowed
12 to sue but they can't sue.

13 So that's why I'm saying that the coverage has to be broader than
14 the agency OSHA because it's been impotent ever since Reagan. It's
15 never had any teeth, guts or bones. It's a shell of a law.

16 So, in order to protect workers more fully there has to be a
17 declaration that these atrocities that you and I have been talking about
18 are environmental atrocities and perhaps the Environmental Protection
19 Agency and counterparts like the NEJAC group can look into these
20 atrocities and form a group to answer some of these needs because
21 obviously OSHA is not up to that task.

1 MR. TURRENTINE: Let me just -- I didn't want to respond
2 because I didn't want to provide my particular bias and I wanted to be
3 fair to the process, but I think I would not be fair to the process if I don't
4 respond.

5 From the environmental justice standpoint of what we're talking
6 about with respect to the situation in Mississippi --

7 PARTICIPANT: All over.

8 MR. TURRENTINE: -- the grass -- and it's all over -- but
9 grassroots organizations have done an incredible job of organizing and
10 until and unless you organize in these situations -- see, the individual
11 worker is never going to get enough enforcement from federal agencies.
12 If the community and the workers were to organize in a collective
13 bargaining way, then you would have the muscle of a union organization
14 who would take that to the NLRB and to take it to wherever it had to go
15 in order to get some redress to those issues.

16 But I can say this to you, and we've seen it time and time again,
17 whenever a worker complains, even during a union organizing drive,
18 most often they're let go or they're intimidated or they are harassed.
19 And the only time you stop that harassment is when you win an election
20 with NLRB and then you come in and get a contract because just
21 because you win the election does not mean anything if you don't get

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1 a contract.

2 If that organization --and especially in the poultry industry -- if they
3 decide that they ain't going to bargain in good faith, there's precious
4 little that you can do unless the community itself decides to organize
5 around that issue.

6 So I would say that that's one avenue that you might want to
7 pursue, is through your grassroots organizing efforts, join forces with a
8 local union in the area. And I'm not suggesting that it has to be the
9 Laborer's International Union; it could be the -- I mean, it could be
10 anybody else that wants to represent you and go in there. But you need
11 the support of some organization, one, who has some resources, and,
12 two, has some human capital to invest in that process.

13 MS. HILL: With all due respect to what you just said, you made an
14 assumption that that's not already being done. I am an organizer. I
15 said I was a lawyer, but I was an organizer way before I became a
16 lawyer. And we have been organizing.

17 What we need is governmental accountability. What is missing
18 from this equation is the fact that these atrocities that I described are
19 not even defined within the range of environmental issues, and in fact
20 the workers are being poisoned at the point of production so that their
21 environment at work is poisonous. That is an environmental hazard.

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1 Furthermore, because most of these workers are people of color,
2 it's environmental racism.

3 (Applause.)

4 MS. HILL: I am not suggesting that avenues that you explored
5 with me just a moment ago have not been tried. Organizing continues
6 to go on. That is the main thing. That's why everything comes to a
7 head, because people take to the streets and decide that they're not
8 going to take it anymore.

9 I'm talking about a piece that's missing, and that is a piece where
10 workers are left to suffer and die. And they shouldn't have to suffer and
11 die when there are agencies that are supposed to protect them. That's
12 the piece that I'm talking about.

13 (Applause.)

14 MR. TURRENTINE: I agree with you. I'm agreeing with you that
15 the agencies haven't. I'm also going one step further and I'm saying,
16 based on your efforts, the local community organizing drive alone, it's
17 still not going to do it. That's why I'm suggesting that you need to bring
18 in the powers of an a national union.

19 MS. HILL: That's what we've been doing.

20 MS. RAMOS: Mr. Chair.

21 MS. HILL: That's what we've been doing. But we're talking about

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1 we're coming here to talk about what this agency and what these
2 agencies can do. We don't need to be told about organizing. That's
3 what you've got in the room, people who organize. What we're asking
4 for is a way for agencies to work across their disciplines to provide
5 greater protection for citizens. And that's all we're asking for.

6 (Applause.)

7 MS. RAMOS: Mr. Chair.

8 MS. SHEPARD: All right, thank you. Richard Bright. Oh, okay,
9 James Hill. Sorry.

10 PRESENTATION BY MR. JAMES B. HILL, JR.

11 NAACP - OAK RIDGE, TENNESSEE BRANCH AND THE
12 SCARBORO

13 COMMUNITY ENVIRONMENTAL JUSTICE COUNCIL

14 MR. HILL: Good evening. My name is James B. Hill, Jr. I'm the
15 President of the Oak Ridge Branch of the National Association for the
16 Advancement of Colored People, the NAACP. Also I'm Chairman of the
17 Scarboro Community Environmental Justice Council located in Oak
18 Ridge, Tennessee.

19 They cannot hear me, so you want to turn the mic up, please? Mic
20 check, Mic check.

21 (Laughter.)

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1 PARTICIPANT: That's better.
2 MR. HILL: She said go ahead and speak into the mic, so here we
3 go. She says to turn it up max.

4 Let me say this before I get started. I want to go on record that I
5 support the effort of the People of Color and Disenfranchised
6 Communities Environmental Justice Network as they deal with federal
7 facilities because the Oak Ridge Reservation is a federal facility part of
8 a Superfund site.

9 Since the last visit with NEJAC -- I visited here several years ago
10 at Raleigh-Durham, North Carolina, I want to give you an update on
11 what's transpiring in Oak Ridge. I'm talking about a lot of activity, so I
12 hope I can do it in the five minutes that's been allotted to me.

13 The Scarboro community, which is a predominantly African-
14 American community, was designed by the Corps of Engineers in the
15 late '40s or early '50s to house African-American workers and their
16 families that worked at the local plant. There were three plants on the
17 reservation, namely the Oak Ridge Gaseous Diffusion Plant which is
18 coded K-25, now called the East Tennessee Technology Park/Horizon
19 Center; the Y-12 weapons production plant; the Oak Ridge National
20 Laboratories, coded X-10.

21 The Scarboro community is located approximately 500 yards from

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1 the Y-12 weapons plant. It is said that the Scarboro community is
2 considered the closest community located near a federal facility. I will
3 discuss the series of events that took place that brought us to where we
4 are today.

5 The Tennessean, the newspaper in Nashville, ran a series of
6 articles related to illness across the country. These stories related to
7 sick workers and communities. In one particular article there was a
8 series that consisted of interviews with 16 children who lived on one
9 street in the Scarboro community. These children were reported to
10 have respiratorial asthma-related and infection, all similar health
11 problems, on one street.

12 After that article went out, a call went out to the State of
13 Tennessee to investigate the cause and see that these children would
14 be properly cared for. The state officials responded and their response
15 was that this is not a concern and we will not adhere to this call.

16 After these comments were made, a representative from Georgia,
17 Cynthia McKinney, make a statement publicly that it's a sin for the
18 health officials not to investigate why these children are sick.

19 From that statement a letter from Senator Fred Thompson was
20 written to the state requesting that they investigate the reason for the
21 kids being sick and to invite CDC, the Center for Disease Control, to

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1 conduct an investigation in the community.

2 For the past two years the Scarboro Community Environmental
3 Justice Council has been meeting with local officials, state officials, and
4 federal health officials conducting the following activities:

5 Establishing leadership in the community, establishing objectives
6 and strategies and prioritizing goals and objectives, developing a
7 community help survey in which over 250 interviews were conducted,
8 conducting health examinations to identify the sick children, conducting
9 health examinations with the help of -- that the University of Tennessee
10 was involved in in the examination of the kids.

11 From the survey, the results indicated that the asthma incident rate
12 was above the national average. I think the national average is around
13 7 or 9 percent and our incident rate was around 13 percent.

14 We also reviewed the summaries from the CDC and the
15 summaries had to go back for rewriting to make sure that the summary
16 was in layman's terms so it could be understood by the community.

17 MS. SHEPARD: And would you please conclude?

18 MR. HILL: As I stated before, there are several activities related
19 to the Scarboro community. We have engaged with the Department of
20 Energy in doing soil sampling. We are discussing with DOE to do
21 additional soil sampling because from the sampling taken, there was

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1 contamination in the community.

2 EPA has presented a plan, a sample plan, to the community and
3 we are waiting now for EPA to come back with the input from the
4 community during the comment period to discuss with us the plan as it
5 relates to soil sampling.

6 Those are just a few of the activities going on. As you know,
7 upcoming and ongoing events relate to the sick workers health
8 examination, the beryllium workers health assessment and other things
9 related. But currently there is a charge to select members to form a
10 FACA for the Oak Ridge Reservation. It is my hope that these agencies
11 do not wait until this FACA is up and running and functional before we
12 continue our activities.

13 As I stated before, there are a lot of activities going on, but there
14 is no closure to any of these activities; they are all pending.

15 Thank you.
16 (Applause.)

17 MS. SHEPARD: Okay, thank you. Mildred Colen.

18 PRESENTATION BY MS. MILDREN COLEN
19 PRIVATE CITIZEN

20 MS. COLEN: My name is Mildred Colen. Thank you for allowing
21 me to speak here tonight. I speak on behalf of nine other families that

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1 live in the community of Warren, Arkansas.

2 Our case is a case of posterity where these families have lived in
3 the community since the 1800s. Warren has five lumber companies.
4 One of these lumber companies is located adjacent to the community
5 where these nine families reside.

6 These nine families have approximately 36 acres of land. When
7 we purchased our land, most of the second generations were still alive,
8 but most of them have since died of cancer, cardiovascular disease, or
9 diabetes. Four of them lost their sight.

10 These people drank water, bathed, washed their clothes and
11 watered their vegetable gardens from contaminated private wells. City
12 water was not available to them until 1970. These wells, the soil, the
13 air, on a daily basis received high -- very, very high -- doses of toxins
14 from the lumber industry that is located adjacent to these private
15 properties.

16 The lumber industry manufactures hardwood flooring. For more
17 than three decades this industry has saved thousands of dollars by
18 discharging, dumping and burying its waste products on our properties.

19 Recent samplings of soil by EPA in our vegetable garden -- within
20 our vegetable garden -- revealed 15 heavy metals. The concentration
21 of arsenic was 17.2 parts per million. The U.S. maximum contamination

1 limit for arsenic is 0.05 parts per million.

2 When I questioned the EPA official about the high content of
3 arsenic in our gardens, he told me that the amount of arsenic in my
4 garden was about the same as in other places in Warren. But he said
5 that I shouldn't worry.

6 A more recent soil test done by a state agency of soil taken from
7 the outside perimeter of the garden -- my vegetable garden -- revealed
8 nine 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
11 them, we breathe them, they are in our houses, they are in our clothing.
12 These volatile organics cause cancer, kidney and liver effects,
13 circulatory disorders and nervous system effects. And they tell us not
14 to be 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
17 adjacent to the industry the breast cancer rate -- adjacent to the industry
18 which I'm 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
21 landfill that was created by this industry on one of the properties without

1 the owner's consent.

2 The landfill consists of hundreds of 55-gallon barrels from the
3 industry and contaminated soil from the storm drains that are located
4 behind the industry. The Warren Street Department hauled debris from
5 the city streets and contaminated soil from the storm drains behind the
6 industry to 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
10 Saline River. And I live one mile from that river.

11 Incidentally, soil analysis reveals acetone in that landfill. Could it
12 be seeping from the buried drums or could it come from the soil that
13 was hauled from behind the plant and taken out of the storm drains?

14 Knowing all of the irregularities that existed, why did the
15 Department of Environmental Quality in Arkansas issue the industry an
16 NPDES permit? Not only did they issue them the permit, they
17 authorized the 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

1 of the community citizens, lives have suffered, land values have
2 plummeted, and because of their sinister plans, which I will not mention
3 tonight, we are 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. COLLEN: I have one more -- some more statements, and I
8 think that they're very important. I hope you will give me just a few
9 more minutes to express them.

10 MS. SHEPARD: Please go ahead.

11 MS. COLLEN: Thank you.

12 EPA has done some strange things to our family over a period of
13 11 years. We made our first contact with the agency in 1989 when the
14 City of Warren, Arkansas arbitrarily put a sewer across five acres of our
15 land. We contacted EPA because the City of Warren had received a
16 two-step grant for construction of the sewer and ADEQ had participated
17 monetarily in sewer acquisitions.

18 We were discriminated against through their method of payment
19 and they took us to criminal court under the eminent domain law. Two
20 persons were sent to Warren from EPA and two people were sent from
21 DEQ to settle the matter. The attorney from EPA and DEQ officers told

1 us that the City did in fact owe us money and they assured us that they
2 would make 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 Reboaction Act
7 with all the statutes. He literally ran out of the house, and that was the
8 end 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.
12 We showed the investigator the illegal landfill and told him of another
13 landfill in a white neighborhood that is approximately a quarter of a mile
14 from our neighborhood. Clean-up of the landfill in the white
15 neighborhood was ordered within weeks; whereas, our landfill remains
16 untouched by EPA.

17 We would like to know why EPA made a difference in a white
18 neighborhood and a black neighborhood. This landfill has existed in our
19 neighborhood since the 1980s.

20 Last, but not least, I filed two complaints with the EPA Civil Rights
21 Department under Title VI. These charges were against the City of

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1 Warren and the Warren mayor for participating in the pollution of our
2 neighborhood through the Warren street department and against ADEQ
3 for issuing an NPDES permit that authorized industry to discharge on
4 private property with failure to monitor.

5 Not only were my complaints denied, an employee in the
6 department wrote me that they were turning my complaint over to the
7 recipients of the complaint. This they did without asking for my
8 permission. This is a violation of my rights under the Privacy Act.

9 We are tired of having our phones tapped. We are tired of threats
10 through having --

11 (Applause.)

12 MS. COLEN: Listen to me -- black hogs, dead hogs, and dead
13 animal carcasses placed in our driveways. These things happened to
14 us. This is the same to me as someone burning a cross on my lawn.

15 I would hope that someone here tonight has heard the things that
16 I've had to say because this situation has gone on over a period of three
17 decades before we moved into that neighborhood. My husband was
18 born and raised in that neighborhood, but we lived in California for a
19 while and we came back and we bought property there.

20 We have been asking EPA and other agencies for help. We
21 haven't really -- see, we've gotten some help but we need for this to be

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1 over. If there is anybody here that can help us, would you please
2 contact me tonight.

3 Thank you.

4 (Applause.)

5 MS. SHEPARD: Okay, thank you.

6 DR. McCLAIN: Is it possible to ask a question?

7 MS. SHEPARD: What is it?

8 DR. McCLAIN: I would like to know how can we as community-
9 based organizations help to shape and influence the issue that NEJAC
10 addresses at its session?

11 I raise this because we have continually come here to deal with
12 this issue of federal facilities and I have to say that I'm very
13 disappointed, and the others who are with me have also voiced their
14 disappointment, since they heard the response of the Health and
15 Research Subcommittee being the point of contact and that possibly we
16 will have a working group come out of that committee -- I would like to
17 know -- we would like to know -- how do we influence what you do and
18 what you discuss at the session because I have to say that quite frankly
19 we are fed up.

20 (Applause.)

21 DR. McCLAIN: And I appreciate the small efforts that have been

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1 made, but to sit here and hear these conditions over and over and over
2 and over again and then to have you give us some watered-down
3 solution is unacceptable.

4 (Applause.)

5 DR. McCLAIN: We have to go beyond this. I know about the
6 working groups -- because I serve on one -- of the International
7 Subcommittee of NEJAC. Please somebody tell us how we can
8 influence this process.

9 MS. SHEPARD: Dr. McClain, you are influencing the process. We
10 are considering everything that we've heard, and we hope to get a good
11 response back to you.

12 DR. McCLAIN: Mr. Hill would like to know when we could expect
13 that.

14 MR. TURRENTINE: Barry, you need to address that. That has to
15 be addressed from EPA.

16 PARTICIPANT: Madam Chair.

17 MS. RAMOS: Madam Chair.

18 MR. TURRENTINE: Now, hold on.

19 MS. SHEPARD: Just a second. Hold it.

20 MR. HILL: I have to echo what was just said. Mildred, the fact that
21 you've testified, that you've done a presentation --

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1 MR. TURRENTINE: Barry, can't hear you.
2 MR. HILL: Mildred, the fact that you have done a presentation for
3 the second or third time is a reflection of how you are influencing the
4 NEJAC and the agency.

5 The response that was given to you a little bit earlier by Charles
6 was an indication of how the agency is moving towards that particular
7 issue. And we were talking, Tim, Charles, and myself, about how we
8 can go a little bit further than that.

9 You have been heard by the NEJAC, by the agency, and we will
10 address that.

11 DR. McCLAIN: When?

12 MR. HILL: When it's appropriate. I can't tell you right now when
13 that will be.

14 MS. SHEPARD: Rose and Michel.

15 MS. AUGUSTINE: Madam Chair, earlier -- I understand what the
16 community has to say, and earlier I was going to make a suggestion for
17 the NEJAC to consider -- the whole body of the NEJAC to consider
18 forming a working group, a federal facilities working group.

19 Now, if we could -- and I was going to propose it today, so
20 tomorrow when the working groups break out, they can think about it,
21 they can discuss it, and when we come back, they can come back with

1 a response.

2 That's what my suggestion was going to be, for the NEJAC to
3 consider a federal facilities working group.

4 (Pause.) (Inaudible discussion among members of the Council.)

5 MS. SHEPARD: Rose, we're in public comment and we're not
6 entertaining any motions.

7 MS. AUGUSTINE: I would like to make that motion, that the
8 NEJAC consider forming a federal facilities working group.

9 MS. SHEPARD: Rose, we're not considering motions at this time.

10 MS. AUGUSTINE: Pardon?

11 MS. SHEPARD: We can discuss that at another time; we're in
12 public comment.

13 MS. AUGUSTINE: Okay. But I would like the working group to
14 consider that and come back with a recommendation tomorrow.

15 MS. SHEPARD: Yes. Michel and Tom.

16 MR. GELOBTER: I have questions for two testifiers.

17 First of all, Ms. Colen. Are you in Region 4 or Region 6? What
18 state are you in?

19 MS. COLEN: Pardon?

20 MR. GELOBTER: What state are you in?

21 MS. COLEN: Arkansas.

1 MR. GELOBTER: And that's I guess Region 4 or 6?

2 MS. COLEN: That's Region 6.

3 MR. GELOBTER: I wasn't clear in your testimony if you're
4 implicating them in the activities you felt had been taken place against
5 you, that you felt that they had acted in ways that -- besides the Title VI
6 violations which appear to be obvious from what you're talking about,
7 have they personally -- have you felt personally assaulted and do you
8 feel that some of these personal assaults may have come from that
9 region?

10 MS. COLEN: Yes, I do.

11 MR. GELOBTER: Okay. So, do you feel -- I mean, who do you
12 think we should be trying to get recourse from? The agency -- I mean,
13 we need to think about this obviously and try to deal with it. But, you
14 know, Brother Tom here was saying, well, has the region heard this?
15 And if what you're saying is that if the region is part of the terrorism you
16 feel like you're suffering, where do you think we -- where do you think
17 we can go to help you? I mean, I'm just trying to get some --

18 MS. COLEN: I think you're the experts. I've told you my story.
19 They have been -- the people our -- Region 6 have been to Warren.
20 There have been a total of about -- well, let me say, one engineer came
21 down and wrote up about a 15-page report in 1994. It covered just

1 about everything.

2 Since then -- well, before that, the EPA attorney came, and it was
3 blatant, the treatment that he gave us, I couldn't believe it. So we just
4 -- we never pursued that one anymore. But then when we started to
5 pursue the issue of the -- the environmental issue -- I guess they think
6 it's just my family. We're the only ones that are left living in the
7 community. But there are other people that live probably in closer
8 proximity to the company than I do --

9 MR. GELOBTER: Can I -- I'm sorry, I don't mean to interrupt you.

10 MS. COLEN: Go ahead.

11 MR. GELOBTER: Can I suggest -- do you have some of the
12 documents with you that you're talking about?

13 MS. COLEN: I don't have any with me, but I can document
14 everything that I've said.

15 MR. GELOBTER: Because if you're saying you feel the region is
16 a part of some very serious problems you're obviously experiencing,
17 you know, it makes it hard for us -- it makes it hard for me to think about
18 recourse. But let's talk a little bit afterwards and try to get some stuff,
19 because at least the Water Office is partially implied. I don't know if we
20 can get someone out of Washington to look into it, or whatever, but let's
21 try to figure out where -- help me figure out, or us figure out, where we

1 can --

2 MS. COLEN: I would appreciate it.

3 MR. GELOBTER: On the federal facilities issue, I just have a

4 quick question, which is, are there any EJ representatives on the federal

5 facilities FACA at this point that we know of? Have there been any

6 requests to get them on from our committee, or other things like that?

7 Is Mildred still here?

8 There is a federal facilities FACA, as I recall, right? I think there

9 is.

10 PARTICIPANT: Is there?

11 MR. GELOBTER: Yes.

12 MS. BRADSHAW: Could I reply to that?

13 MR. GELOBTER: Please.

14 MS. BRADSHAW: Doris Bradshaw.

15 MS. SHEPARD: Michel, maybe the Air and Water Subcommittee

16 can meet with her and get the documentation?

17 MR. GELOBTER: Meet with the federal facilities folks?

18 MS. SHEPARD: No.

19 MR. GELOBTER: Oh, yes, absolutely, with Ms. Colen, absolutely.

20 MS. SHEPARD: Yes.

21 MR. GELOBTER: I'm just talking about the federal facilities piece.

1 Is there EJ representation on the federal facilities FACA at this point?

2 MS. BRADSHAW: No.

3 MR. GELOBTER: Okay. But there has --

4 MS. BRADSHAW: And never have.

5 MR. GELOBTER: Have you tried to interact with them or show up

6 at their hearings and things?

7 MS. BRADSHAW: I've been coming here for five years. I think many

8 of us today are with federal facilities that came out yesterday and today.

9 Some of us have gone home. I know I have been coming here for five

10 years complaining to the NEJAC.

11 We have asked for a place on your board. And I feel like Teresa,

12 we're not asking you for welfare; we feel like we should have a place on

13 the board and we should have a subcommittee because our issues have

14 not been addressed and we don't have a system where we can address

15 them.

16 MR. GELOBTER: I understand, but the specific question is have you

17 all interacted with the federal facilities FACA.

18 MS. BRADSHAW: We have not -- well, I think we have, yes.

19 MR. GELOBTER: Okay. Okay, because I think it may be worth us

20 thinking about, in addition to whatever we're doing here, is putting some

21 pressure on that designated FACA as well to address these issues -- in

22 addition to what we can do here.

1 MS. BRADSHAW: We do need a FEJAC.

2 MS. SHEPARD: Tom.

3 MR. GOLDTOOTH: I guess I just need some clarification. Is there

4 a federal facilities advisory committee? Is there a federal facilities FACA?

5 Can someone -- Mildred, you were a speaker. Clarification of a speaker,

6 so that's Mildred.

7 MS. McCLAIN: No.

8 MR. GOLDTOOTH: Is there a federal facilities FACA out there

9 somewhere in some agency?

10 Is there a federal advisory committee formed by the Department of

11 Defense or some entity? Is there a --

12 MS. McCLAIN: Okay, let me -- there is what is called a Citizens

13 Advisory Board, which is a site-specific advisory board for a site. There

14 is a Health Effects Subcommittee for four sites under the Department of

15 Energy. There are other FACA bodies for DOD.

16 The problem is that they don't work and the participation of

17 community-based organizations, as it is here, is lacking. So, of sorts.

18 MR. GOLDTOOTH: Now, here is another clarification. I think I heard

19 this yesterday, that you, as a representative of the Disenfranchised -- the

20 organization that you're working with -- there's a number of members who

21 are here as part of that.

22 MS. McCLAIN: Yes.

1 MR. GOLDTOOTH: That you're not requesting that your

2 participation be established through a working group, are you? You're

3 asking that there be a subcommittee formed and not a working group? Is

4 that what you're asking for?

5 MS. McCLAIN: Yes, my brother.

6 MR. GOLDTOOTH: Then we need to have a petition.

7 MS. McCLAIN: What the People of Color and Disenfranchised

8 Communities Environmental Health Network, which represents over 17

9 sites -- what we are asking for is a subcommittee of NEJAC, not a working

10 group of a subcommittee.

11 MR. GOLDTOOTH: Okay. We needed that -- I think I needed that

12 clarification. And I'd just like to say that when NEJAC was first formed

13 there was no Indigenous Peoples Subcommittee and there was no

14 International Subcommittee. We went through our own process of coming

15 to NEJAC asking that one be formed. And I think it was two and a half

16 years in the making, demanding that it be formed and going through the

17 bureaucracy that we know that all federal agencies have.

18 We know that as activists sitting on this very NEJAC. So I think that

19 clarification is important, and I'd just like to say that as the Chair of the

20 Indigenous Peoples Subcommittee we deal with many issues that are

21 specific to indigenous peoples issues and we have to prioritize.

22 Some of those issues involve federal facilities. It was my

1 understanding that there was a process within NEJAC, and that was what
2 Charles Lee was trying to explain that's going to start discussing how this
3 NEJAC is going to address the issues that our communities are dealing
4 with concerning federal facilities.

5 Maybe I should be more engaged with that. But the way that we're
6 structured as Chair of the Indigenous Peoples Subcommittee, and there
7 are people here that are involved with their own subcommittee -- involved
8 with those issues that we're dealing with.

9 So, somewhere, maybe as individuals, we -- something falls through
10 the cracks. I just want to say that that's not their intentions, at least from
11 myself. That's not their intentions.

12 I'm an activist, just like a lot of community people are here. So I do
13 need that clarification because it sounds like there is a need, there is a
14 need to talk about the formation of a subcommittee that deals with federal
15 facilities. And we will talk about that.

16 The subcommittees meet tomorrow and then Friday is the time when
17 we have to give some clarification of what we're going to do to address
18 these issues.

19 I would like to commit that I'm going to engage the Executive
20 Committee into that discussion somehow. And I'm sure that there's some
21 others here that will do that.

22 (Applause.)

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1 MR. TURRENTINE: I don't want to continue this debate forever, but
2 I hope you would at least understand that there is a time within the NEJAC
3 process where we will sit down and take under advisement everything
4 we've heard and we will put it in our process, as I think Tom is alluding to,
5 where we will make recommendations back to the Administrator of EPA.

6 That's all we can do at this point. I don't think we'll be -- I think it
7 would be asking too much to ask Barry here or to ask Charles Lee to
8 make a commitment to do something tonight for which they have not had
9 an opportunity to sit down with the various program offices within the EPA
10 to determine where the funds are going to come from, whether it can even
11 be expanded.

12 I don't know. You're asking some very good and legitimate
13 questions. We simply don't have the answers tonight. By way of saying
14 that we're not going to let your concerns fall on deaf ears, we're going to
15 at least move in the direction where the issue can be fully vetted and we
16 will come back with what the EPA will allow this FACA to do in regard to
17 the requests that you've made.

18 One such item that they've come up with at this point was a working
19 group to start looking at a whole host of issues around that which you've
20 raised. That is far as we can expect Barry and EPA and Charles to go
21 without going back to the various program offices and getting some
22 commitments and some buy-ins.

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1 Whether we know it or not, every subcommittee within the NEJAC is
2 supported by a program office, and somebody has to support those
3 activities.

4 So let us not interrupt the process any further, Council members.
5 Let's let the public make their presentations to us, let's hear what they
6 have to say, and then let's take that under advisement and let's go
7 forward.

8 I really don't think we're helping the process when members of the
9 Council continue to ask questions that get us off of the public -- this is the
10 public's time to comment before us and we need to leave it at that. Call
11 your next speaker.

12 MS. SHEPARD: Caitlin Waddick and Stan Caress. Then we have
13 Michelle Xenos, Pat Hartman, Ian Zabarte, Charbttte Keys.

14 PRESENTATION BY MS. CAITLIN WADDICK
15 CITY PLANNING PROGRAM, GEORGIA INSTITUTE OF
16 TECHNOLOGY

17 MS. WADDICK: Hello. Are you still awake? My name is Caitlin
18 Waddick. I'm a doctoral student at Georgia Tech in Urban Planning. I'm
19 here on behalf of my professor, Ann Steinman, who couldn't make it
20 tonight because she's sick. I'm here with Stan Caress. The three of us
21 are doing research on multiple chemical sensitivity.

22 Recently the NEJAC Enforcement Subcommittee prepared a draft

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1 resolution on multiple chemical sensitivity. The draft resolution on multiple
2 chemical sensitivity drafted by the Enforcement Subcommittee requests
3 that EPA review and ascertain a host of issues associated with multiple
4 chemical sensitivity.

5 It's very good, and I ask that you pass it. We've looked at it and we
6 have some changes to make to it to improve it, in particular Item 7. We
7 suggest that you amend Item 7 of the resolution, the draft resolution on
8 multiple chemical sensitivity to read that,

9 The EPA should device and adopt a reasonable accommodation
10 policy for affected persons who work and/or attend meetings held at or
11 sponsored by the EPA. This should include the identification and
12 provision of EPA work places and EPA meeting places which are non-
13 toxic and suitable. A fragrance-free policy for EPA offices in internal and
14 external meetings. And other actions to accommodate multiple chemical
15 sensitivity, disabled workers, and meeting participants."

16 For instance, some people could not be here tonight because this
17 room was n't going to be fragrance-free and because they'd be exposed
18 to chemicals just in this room. So that was the first point I wanted to
19 make.

20 The second thing was I wanted to give you a little bit of information
21 about the prevalence of multiple chemical sensitivity. Several large-scale
22 studies indicate that the prevalence of multiple chemical sensitivity in the

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1 United States could be between 16 and 32 percent of the population.
2 These people are so sensitive to low levels of chemicals that it's difficult
3 for them to go to church or to go to the grocery store, to go to work and a
4 lot of times people lose their jobs. It's very, very disruptive to their lives.

5 My third point that I wanted to make to you tonight is really to stress
6 the importance that you pass this resolution on multiple chemical
7 sensitivity. It's very important that we take action now for two reasons.
8 One, we really need to accommodate people who are sensitized to
9 chemicals. Their lives, in many cases, are very much destroyed by this
10 illness because they are so severely disabled because they cannot
11 tolerate very low levels of chemicals in their indoor environments or their
12 outdoor environments.

13 Second, we need to take action now to prevent individuals from
14 becoming sensitized to chemicals. It looks like people get sensitized in a
15 couple of different ways: through pesticide exposures, through exposures
16 to indoor air pollutants, exposures to new carpeting, of course there's the
17 Gulf War illnesses, and implants. People become sensitized in these
18 ways.

19 MS. SHEPARD: Okay, thank you.

20 MR. COLE: Madam Chair.

21 MS. SHEPARD: Yes.

22 MR. COLE: I'm the Chair of the Enforcement Subcommittee and if

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1 you have specific language you'd like us to consider, please give that to
2 me. This resolution will be discussed on Friday by the full NEJAC, but that
3 would be the time when I would suggest a friendly amendment to the
4 language the Enforcement Subcommittee has passed out, if it's something
5 that the Enforcement Subcommittee members are comfortable with.

6 So please give me any specific suggestions you have. Thanks.

7 MS. WADDICK: Okay.

8 MR. CARESS: Let me add that the revision of wording was
9 suggested by Nicholas Asher of the Massachusetts Institute of
10 Technology who is an expert on multiple chemical sensitivities.

11 MS. SHEPARD: Thank you. The next speaker is Pat Hartman.

12 Ms. Hartman, if you would proceed.

13 PRESENTATION BY MS. PAT HARTMAN
14 CONCERNED CITIZENS OF MOSSVILLE

15 MS. HARTMAN: My name is Pat Hartman. I'm from the Concerned
16 Citizens of Mossville. We are a community that's working together with
17 M.E.A.N. Incorporated.

18 A few years ago we had an EDC spill in Mossville on the east side
19 of Mossville which resulted in a class action suit by the people of
20 Mossville. The settlement was reached, but it was very unfair. It's now
21 being investigated.

22 Many people live there in the area who are very sick. And they're

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1 dying already. Right after the spill, Condea Vista realized that something
2 was very wrong because the farm animals were dying and the people
3 were very sick.

4 So Condea Vista bought out that community. The tragic thing was
5 the Verdun (phonetic) family. Within a year all of them were dead.

6 Now they're saying that the spill stopped at the tracks. I want to
7 know, the community wants to know, how can water stop at the tracks.
8 And the government agency said it did. So what's going on?

9 I'm here today to tell you that many of our people are dying and that
10 many are very, very sick. These people are not dying from gunshot
11 wounds, drugs, and not alcohol either. They're dying from cancer and
12 other illnesses.

13 Too many people in a small community like ours shouldn't be dying.
14 Something is wrong.

15 When it was mentioned that people are spitting their blood, a person
16 from an agency said, "That happens when people drink heavy." This is a
17 disgrace for our black people that they get from the government agencies.

18 We're not going to take it anymore. We have become more
19 frightened that the agencies are working against us, not supporting us.
20 We want the state agencies and federal agencies to finally start helping us
21 and working with us.

22 We want to know if an agency can help us get a health clinic in

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1 Mossville. The doctors in the area don't know how to treat our illnesses.
2 They don't even recognize the sickness. It's the chemical contamination.
3 They prescribe expensive medicine for people who can't afford it. That is
4 why we need a clinic and a doctor who knows how to test and treat us.

5 We also want other medical services, such as free medications and
6 health insurance. We don't want that ten years from now; we want it now.

7 Instead of the government volunteering to help us, we ask the people
8 and experts from other environmental organizations to come to Mossville.

9 We also know that the refineries contaminated our air, our water, and
10 land. But they don't know that we -- we didn't know at that time if
11 something can be done. We learned that we have legal rights and the
12 agencies that are supposed to stop the industry around us -- Mossville is
13 being dumped on, chemicals are dumped on us.

14 We know that we are not the only black community in the country
15 that's being contaminated, and we are uniting with other communities in
16 Louisiana and in the entire country in the fight for life of our people.

17 M.E.A.N. has written letters to agencies asking for help with the
18 people on the environmental problem in our community. We have
19 suggested workshops. ATSDR promised to stand by us but now it seems
20 that the agencies pull out from us.

21 The ATSDR and LDHH sent out flyers two weeks ago saying they
22 wanted to meet with us and listen to us. But when they came to our

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1 community to hear, they wanted to divide us up into little small groups and
2 take us into different rooms like little cattle or something. I don't
3 understand that.

4 The point is that our people are dying, they are sick. We want help.
5 Everything that M.E.A.N. wants is good. The health, the welfare of the
6 people of our community. The people of our community needs help.

7 M.E.A.N. has also started a Bucket Brigade that provides who is
8 poisoning us, and they have set up workshops already that we have
9 united.

10 M.E.A.N. has also told us about the reports from the ATSDR and,
11 Ms. Pat Costner, who is right here --

12 MS. SHEPARD: Could you begin to wrap up?

13 MS. HARTMAN: Excuse me?

14 MS. SHEPARD: Could you wrap up, please? Could you complete
15 your statement?

16 MS. HARTMAN: Okay. All we want is help now for our community.

17 Another thing, the 28 people that they came out and tested, four have
18 died already and ten are real, real sick, out of the ten people that have
19 dioxin. We need help now; not ten years from now.

20 MS. SHEPARD: I understand that there will be a joint meeting
21 between Mossville residents and the Solid Waste and Health and
22 Research Committees tomorrow.

1 MS. HARTMAN: Okay. Thank you.

2 MS. SHEPARD: Thank you. Pat Costner.

3 PRESENTATION BY MS. PAT COSTNER
4 GREENPEACE INTERNATIONAL

5 MS. COSTNER: I'm Pat Costner, senior scientist with Greenpeace
6 International. I would like for my colleague, Damu Smith, to speak for 20
7 seconds, and I will take the remaining time.

8 MR. SMITH: Members of the Council, at the last NEJAC meeting
9 there were several questions from many of you all about the dioxin
10 exposure investigation conducted by the Agency for Toxic Substances
11 and Disease Registry. At the November meeting, ATSDR had just
12 released and finalized its exposure investigation.

13 Pat Costner and Greenpeace have done a critique of that exposure
14 investigation, and that's what you're going to be hearing now and we hope
15 that you will have questions about the scientific evidence on the dioxin
16 crisis.

17 Thank you.

18 MS. COSTNER: First I would like to place the situation in Mossville
19 in context. In a briefing on May 10th to the EPA senior management Dr.
20 Bill Farland and Dr. Dwaine Winters presented a series of overheads in
21 which they noted that USEPA estimates now that the cancer risks of the
22 general population of the U.S. from background dioxin exposure ranges

1 from one in a hundred to one in a thousand cancer deaths.

2 Now, in Mossville the 28 people who were tested were found to have
3 levels of dioxin and PCBs in their blood that are on the average of three
4 times higher than the so-called background level of the U.S. population.
5 This means that their cancer risk is triple that of the general population.

6 Now, the dioxin levels found among these people in Mossville also
7 show that their dioxin levels easily fall within the range of those body
8 burdens of dioxins at which the adverse effects have been identified both
9 in laboratory animals and in humans.

10 I believe that you have a copy of our paper. You can see a graph of
11 that on Figure 3 on page 11.

12 What's unique -- another unique characteristic of the dioxins in the
13 people in Mossville are that their profile, the relative concentrations of the
14 dioxins that are in this population are quite different from those of the U.S.
15 population at large.

16 This suggests that there is a unique -- or, there are one or more
17 unique local sources of dioxin in the Mossville environment.

18 Likewise, the dioxin-like PCBs in the people in Mossville are about
19 three times higher than in the general population. Again, the relative
20 concentrations are different from those in the general population.

21 Again, this suggests that there are unique local sources of PCBs in
22 Mossville.

1 Besides the blood samples, ATSDR also analyzed one breast milk
2 sample -- only one. This breast milk sample contained dioxins and dioxin-
3 like PCBs that are about 30 percent higher than the U.S. general average.

4 So this suggests that there is a possibility that infants born in
5 Mossville are suffering extraordinary perinatal exposure to dioxins.

6 Two yard eggs were also analyzed. They were found to have dioxin
7 levels that are about double the levels found in a supermarket egg from
8 Kansas City. They are also five times higher than the dioxin levels in
9 commercial eggs from California.

10 The soil levels of dioxin in people's yards in Mossville are about 17
11 times higher than the levels found in rural soils in the U.S., and about one
12 and a half times the levels found in urban soils.

13 Now, based on these findings we would recommend -- and if you
14 would look on page 22 of our report -- we would recommend that it is a
15 priority that the sources of dioxin and PCBs in the Mossville environment
16 be identified and eliminated as quickly as possible.

17 Now, these sources are not only primary sources, as in the facilities,
18 such as perhaps a vinyl chloride facility that is immediately across the
19 road from many of these homes -- that these sources be identified and
20 dealt with, but also that reservoir sources such as sediments and dumps
21 that are also in the area, need also to be remediated.

22 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

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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

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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.

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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.

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1 The government of the United States asserts that it has plenary
2 power and trusteeship over the Western Shoshone. From the U.S.
3 Government's perspective this means that they can wield unlimited
4 administrative control over Western Shoshone people and our property.

5 This policy is destroying Western Shoshone language, culture and
6 traditions. The United States Government maintains that the Western
7 Shoshone territory was taken and that they have set aside monies to
8 compensate the Western Shoshone people. However, at no time have
9 the Western Shoshone relinquished title to our lands nor indicated a
10 willingness to do so, and have steadfastly refused any payment of
11 claims on the territory.

12 It is important that the general public come to understand that the
13 foundation cases of U.S. federal Indian law are explicitly grounded in
14 supremacy principles decreed by popes and kings in the 15th century.
15 The cases which the United States uses to justify its policy are Johnson
16 versus Mackintosh in 1823 which is based on Christian-heathen
17 distinctions penalizing Indians for not believing in Christianity and the
18 basis for the discovery doctrine. The second case, the Cherokee
19 Nation versus Georgia. This case produced the so-called trust
20 responsibility.

21 In 1855 Henry Wheaton, a reporter for the United States Supreme

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1 Court, elaborated these concepts in this way, "The heathen nations of
2 the other quarters of the globe were the lawful spoil and prey of their
3 civilized conquerors. And as between the Christian powers themselves,
4 the sovereign pontiff is the supreme arbiter of conflicting claims. It thus
5 became a maxim of policy and of law that the rights of the native indians
6 were subordinate to that of the first Christian discoverer."

7 This unjust posture of Christian right and might colors the United
8 States Government's dealings with Native Americans to this day and is
9 used to justify the ongoing theft of land and natural resources and the
10 wasting away of the Western Shoshone Nation.

11 Now, what does this have to do with the environment? Through
12 these processes the United States has detonated 924 nuclear weapons
13 within Shoshone territory, over 100 in the atmosphere.

14 I had a copy of a New York Times article which brought some of
15 the important facts of the National Cancer Institute's 1997 report of
16 iodine-131 and exposure pathways -- 160 million Americans exposed.
17 So this isn't just localized to us, but it happens in our territory. This is
18 where it starts. And the United States is there as trespassers.

19 We have an existing environmental crisis in our territory from the
20 828 underground nuclear weapons. The radiation is in the groundwater.
21 It is moving. We don't know where it's going or how long it's going to

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1 take to get so-called off site, the place where the United States
2 Department of Energy conducts its nuclear weapons testing, which is
3 on our property and is trespassing.

4 Regardless, we have some important concerns, our people, our
5 land, our responsibility, our duty. We have an existing environmental
6 crisis that needs attention. A billion curies into the atmosphere from
7 U.S. nuclear weapons testing.

8 We have also been targeted for a proposed high-level nuclear
9 waste repository at Yucca Mountain. We had an article in the New York
10 Times two weeks ago on this. You may have seen this.

11 We are doing research collaboratively with researchers. This is
12 our community approach to dealing with these problems. We're going
13 to continue to move forward on this research and tomorrow I'll give you
14 an in-depth presentation on that research, this collaborative research at
15 the International Subcommittee.

16 Thank you.
17 (Applause.)

18 MR. TURRENTINE: Thank you.

19 MS. SHEPARD: Thank you. Michelle Xenos.

20 PRESENTATION BY MS. MICHELLE XENOS
21 SHUDAHAI NETWORK

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1 MS. XENOS: Thank you very much. I want to talk about federal
2 facilities. No, just kidding. I'm kidding.

3 (Laughter.)

4 MS. XENOS: I want to talk about something else for a little while.

5 My name is Michelle, I'm from the Shudahai Network, and I
6 appreciate the opportunity to speak again. Last night I was signed up
7 by someone else. Tonight I just want to really -- I took the time to go to
8 my community and show them the question that was posed, and so I do
9 want to take the time to reflect on what I learned from asking my
10 community these questions.

11 First of all, the question was not very easy for my community to
12 understand. Number one, if you want community input, I think language
13 is very important, and how we use language. On this level we're not at
14 the same place, language-wise as the community members. So that's
15 just one factor.

16 There's just a few things. One of the things that I learned and I've
17 been learning -- and this is not very practical, but this is something that
18 maybe might help guide us more on a daily basis -- and that's that I was
19 reminded immediately that everything has spirit. Human beings, animal
20 life, plant life, rocks, water. Everything has life like we carry.

21 When what was brought to -- you know, when I started this

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1 discussion and we started discussing health, then all of the sudden the
2 discussion on health and the definition of health came up on how we
3 define health because we're talking about our physical bodies and our
4 physical impacts, environmental impacts.

5 Yet, there's mental health and there's spiritual health, and I really
6 just wanted to make sure that that was something that we at least
7 acknowledged, that our spiritual health and mental health is equally
8 important and also manifest physical problems.

9 There's three other things. The second thing was that -- so, what
10 affects one person -- like what's happening in one community, is related
11 to what happens in all the other communities. So I can't isolate myself
12 and my health from your health.

13 It might not seem like something in this context that makes sense,
14 but the reality is that we are all connected to one another. My health is
15 totally dependent on the health of my ecosystem. My health is also
16 dependent on your health because we are relatives that way.

17 So I want to mention that when we sit here and we listen to each
18 other's stories, that we probably are feeling quite impacted by each
19 other's impacts as well.

20 The third thing was regarding the health studies because when I
21 brought it up to the community members, then they said, well, do we

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1 really want to become healthy people or do we just want to measure
2 how unhealthy we are becoming?

3 That was the thing about it, it's like that was the first reaction:
4 What do you mean research and health studies? We've done so much.
5 There's so much already.

6 The first thing that one of the people said was that there's a lot of
7 flaws in the health studies themselves, the methodologies and how
8 they're done. There's imperfections in the health studies. And as
9 community members, how do we trust the interpretation even of those
10 health studies, much less how they're conducted?

11 So that was another factor, in that those health studies are only
12 part of the picture because the first two points are not being taken into
13 consideration: mental and spiritual.

14 The fourth thing that was brought up was that as long as we, as a
15 society, are profit-driven, we will not be healthy. That's just the reality
16 of that -- you know, all of the wealth that exists in the world is because
17 of exploitation of this earth. The wealth --

18 (Applause.)

19 MS. XENOS: The wealth of this country exists because of the
20 exploitation not only of this earth but of the certain peoples of this earth
21 and the genocide of the Native people, the genocide of the Black

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1 people. This is why wealth exists, and that the resources of the earth
2 are extracted and bought and sold.

3 And so environmental protection and the agency that you guys are
4 advising is up against it because you're up against protecting the very
5 resource that creates profit. And that is why we are unhealthy today.

6 So those are the things that my community had to say. I just
7 wanted to take the opportunity, and I thank you very much, very much.

8 MR. TURRENTINE: Thank you.

9 MS. SHEPARD: Thank you. I thank all of you.

10 I'll call the next set of presenters. David Baker, Dr. Deborah King,
11 Delbert DuBois, Nan Fredland, Connie Tucker.

12 Natalie Levert, Edgar Moss, Usha Little.

13 Good evening. Go ahead, Mr. Baker.

14 PRESENTATION BY MR. DAVID BAKER

15 COMMUNITY AGAINST POLLUTION

16 MR. BAKER: Good evening. Let me thank the NEJAC Council for

17 --

18 MS. SHEPARD: We can't hear you.

19 MR. TURRENTINE: Pull the microphone closer, please.

20 MR. BAKER: Let me just thank the NEJAC Council for inviting, for
21 allowing us to be here today. My name is David Baker and I represent

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1 CAP, Community Against Pollution, in Anniston, Alabama.

2 Just let me start off by saying that I'm going to be very brief and as
3 soon as I finish -- and I would like for you to excuse me because I do
4 have another meeting that I'm already late for.

5 I want to just thank you all for coming to Anniston the other day,
6 and I'm hoping that you've seen with your own eyes and heard with your
7 own ears the problems that we are having in Anniston.

8 I would like for you to do one other thing for Anniston, if there's
9 nothing else that you can do. We have three and half million of PCBs
10 that are buried right in the neighborhood of Anniston, Alabama. We
11 also have a high industry, pipe shops, and other industries that have
12 caused an assault on our city.

13 But I just wanted you to know that we have met with the EPA, we
14 have had the EPA there. They've been working with us. They have
15 come in to try to do the job that I think up until this point has been
16 satisfactory to a degree. We have not gotten some results back, but we
17 have gotten some results that we thought were in our favor.

18 Yesterday after you left, the judge of one of the litigation cases
19 made it clear to Monsanto that he wanted them to go to the table to
20 settle the problem there in Anniston.

21 (Applause.)

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1 MR. BAKER: And he told them he wanted to have it by Friday. So
2 your presence there yesterday was showing that it is a problem.

3 But we do still have the problem of three and a half million tons of
4 dioxin PCBs buried in the community. And I have not backed off of
5 my position and I won't back off until it's done. I have asked the EPA
6 and I have told the EPA, either move the people or move that mountain.
7 And I believe that that mountain can be moved.

8 So I'm asking that you all, if nothing else and with your help, if they
9 can get to the table. We do need a health clinic there in Anniston. I
10 think you've seen it for yourselves.

11 We need more help in other areas, but the little help that we can
12 get, we do appreciate it and I thank you again for inviting me here
13 tonight to get a chance to speak to you and thank you all for coming to
14 Anniston, Alabama.

15 (Applause.)

16 MS. SHEPARD: Next, would you please state your name.

17 PRESENTATION BY MS. NATALIE McSWAIN LEVERETTE
18 P.E.A.C.E.

19 MS. McSWAIN LEVERETTE: Hi, I'm Natalie McSwain Leverette,
20 and I'm here -- this is my first time ever being in a setting like this, but
21 upon this year a discovery was made in the community in which I grew

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1 up. I'm from a community in Richton, Mississippi.

2 We just recently discovered some horrifying information that now
3 nobody wants to admit existed. We discovered this because we are
4 attending so many funerals, there are so many diseases -- if you've
5 seen this sheet (indicating)-- you can go from household to household
6 and there's something there. Either lupus, leukemia, rashes that go
7 away for a while with topical creams and come back, multiple myeloma,
8 gout, kidney failure, and so on. I mean, from door to door.

9 We recently discovered -- after seeing all these illnesses, we
10 decided to ask some questions. What could be causing these
11 problems? We thought maybe the chemical companies because we
12 have several. Leaf River, Georgia Pacific, Joselyn which is a Superfund
13 site, and American Wood, and Delta Pine. Okay?

14 So we asked DOE for some help. We knew they had come in and
15 did a characterization because they were looking at Richton for a site --
16 as a site for a nuclear waste facility.

17 So we asked them, will you send us information? We get books
18 about this thick (indicating). I guess that would probably deter a lot of
19 people, but not us, because we were persistent.

20 Upon reading this information we discovered that there were wells
21 with high levels of chloride, sodium, strontium boron. We knew that

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1 these wells were in our community because we recognized the names
2 that were mentioned, Thompson Creek, Hintonville, three miles outside
3 of the Richton area, which would be us.

4 After finding this out, we attacked the chemical companies, but
5 they said, no, we didn't do it. We asked DOE, did you put anything in
6 here? No, we didn't do anything.

7 So, we said, well, there has to be a linkage. So the next thing we
8 looked at was the water. We went further to try to find out if there was
9 any other documentation.

10 We have a study that was done by Bentley for the United States
11 Geological Survey and he mentioned this well, C-15. And he says
12 there's a high level of chloride, high level of sodium, with high levels of
13 strontium boron. Where is it coming from?

14 We asked them also to send us water reports that were collected.
15 These water reports, it confirms that we were the citizens that were on
16 this well. For years we were allowed to drink this water. Nobody did a
17 thing about it. We were a separate system. In this documentation you
18 can see where C-15 periodically after years and years of testing
19 constantly showed up with high levels of chloride, high levels of sodium.

20 But if you look at wells in the surrounding area, there are none.
21 But we found out this year also that we were a separate system, which

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1 meant that whatever we would get, the other community weren't.

2 Let me point out that the community in which I live is
3 predominantly Black, and the state department which I went to said that
4 you could tell that we were a separate system. So this was allowed to
5 go on.

6 There were also traces of arsenic in the water in '93. We went to
7 the state department. They said, oh, no, that was a typo. This year
8 they corrected their typo; they changed their documents.

9 Now we're still supposed to trust them to come out and test our
10 water and to make sure that what we're drinking is safe to drink. We
11 have not -- no one has come to test it. We asked the state, would you
12 send someone to test our waters? They haven't come.

13 In the meantime, this well that we're on has been sealed and
14 they said they cannot go back in and test. Because we questioned, was
15 there arsenic in that water? Arsenic. We have it. I have the report if
16 you want to see it. We asked them, could you go back and test the
17 water. Oh, no, it's been cemented over.

18 But today what I want to ask EPA environmental justice is to see
19 if you all can come down and get that well opened up because we want
20 to know, we want to know what we were drinking.

21 We also need health facilities. We need health care for these

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1 people who doctors are still pondering what their ailments are; they're
2 treating them for whatever they could possibly come up with a name for.

3 My son has been diagnosed, but I don't know what. And I've tried
4 four different medications. The last one made him so sick he couldn't
5 hardly get in and out of bed. My mom is suffering with gout, high blood
6 pressure, eye problems, can't see.

7 I mean, we have numerous and we have nobody who is willing to
8 come up and help us. Nobody is willing to come and see about our
9 communities. And I'm just asking EPA if today I could get someone to
10 say, yes, we'll come down and check out your community, we'll come
11 down and see about your race, your community of people who are dying
12 out daily.

13 Thank you.

14 (Applause.)

15 MS. SHEPARD: Thank you. Next, please state your name.

16 PRESENTATION BY MS. NAN FREELAND

17 NORTH CAROLINA ENVIRONMENTAL JUSTICE NETWORK

18 MS. FREELAND: My name is Nan Freeland. I represent the North
19 Carolina Environmental Justice Network.

20 MS. SHEPARD: Pull it closer. Speak into the microphone.

21 MS. FREELAND: Nan Freeland. My name is Nan Freeland and

1 I'm here representing the North Carolina Environmental Justice
2 Network. I was asked to speak on fish consumption advisories and
3 basically how that ties into environmental justice.

4 In North Carolina fish advisories are posted, but rarely are they
5 posted in areas where poor people and African-American people can
6 see these. They usually are posted in areas where people are out with
7 their boats and actually doing fishing. But the fish consumption
8 advisories are rarely, if ever, posted where people just go to fish.

9 Fishing is not only a recreational pastime, it is a very important
10 occupation for many people in the State of North Carolina, and I'm sure
11 in other states too.

12 Because these fish advisories are not posted where children are
13 going to play in the water -- and sometimes they're not even posted until
14 after dead fish have been found.

15 My question would be how many people were actually fishing there
16 before the dead fish were found, and what did they do with the fish?
17 Did they eat it?

18 And these fish advisories and these streams and tributaries run
19 through these communities and oftentimes, again, the advisories are
20 placed on the lakes and not in the very communities where these
21 people are working and living.

1 Because of the bad situation with water in North Carolina -- I mean,
2 just about every lake at one time or another has had some type of fish
3 advisory posted. We have had problems with fish, fish dying and not
4 really knowing why they are dying. We've had pfiisteria and other
5 problems with the fish.

6 And then we have just had bad water, and bad water, and fish
7 disappearing. I mean, I've heard people say that they've gone to a
8 place where they used to fish, only find that there are no fish there.
9 What happened to the fish? And if there are some surviving creatures,
10 should they be in any way consumed? Should people fish and throw
11 the fish back in?

12 When there are fish consumption advisories I think that they
13 should be publicized. I think that people should know, that there should
14 not just be a sign posted at recreation areas. These fish consumption
15 advisories I think are important enough that they should be -- that
16 people should know where they are in every waterway that it affects.
17 So if somebody wants to fish under the bridge, they need to know if that
18 fish is going to be consumable or not.

19 The water in North Carolina definitely needs to be cleaned up.
20 People fish, again, like I said, recreational and they do for a living.
21 Where the water comes from I think is really important and even for the

1 fish farms, the catfish farms, the other farms. I mean, there is a water
2 issue and it is really tied into these fish consumption advisories.

3 And because no one really thinks about fish advisories -- I mean,
4 that's just something that sort of slips beneath the cracks -- and the
5 effect that it has on communities and the effect that it has on people
6 who have been fishing all their lives. Like, again, I think it's important
7 enough that there should be some way that these advisories are more
8 than just posted, that people should be able to -- the people should be
9 notified in communities and maybe in that whole watershed. I'm not
10 sure, but I do know that there should be a way that people know if there
11 is an area and if that fish should be consumed or not.

12 Again, people do fish a lot in the State of North Carolina, as they
13 do in most states. You know, they may not play golf, but they'll go
14 fishing.

15 (Laughter.)

16 MS. FREELAND: I just think that also communities and people
17 need to have some type of insight and need to know what an advisory
18 means. After you publicize the fact, then what does it mean, what is the
19 fish consumption advisory? What does it mean to them and their
20 communities?

21 People are really confused about that. They may see the fish

1 advisory for those who go to those areas to fish, but they may still
2 choose to actually fish there.

3 My time is up.

4 (Applause.)

5 MS. SHEPARD: Thank you. Michel.

6 MR. GELOBTER: Just briefly. I know you're coming to our
7 committee meeting tomorrow and I appreciate that. You are coming to
8 our committee meeting tomorrow, right?

9 MS. FREELAND: Yes.

10 MR. GELOBTER: Okay. But we do have a working group that has
11 been in starting for over a year now and we will be pushing to fully start
12 it and get through some of the bureaucratic hurdles we had around its
13 composition, and things like that, as well as perhaps join with the
14 Indigenous Peoples Subcommittee to have a joint working group
15 because many of those issues affect Indian Country as well. Thank you
16 for your testimony.

17 MR. TURRENTINE: We have 45 minutes before we have to
18 vacate this room, and we intend to hear all of the public, so members
19 of the Council, that's it

20 PRESENTATION BY MS. CONNIE TUCKER
21 SOUTHERN ORGANIZING COMMITTEE FOR

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ECONOMIC AND SOCIAL JUSTICE

1 MS. TUCKER: Good evening. I'm Connie Tucker with the
2 Southern Organizing Committee for Economic and Social Justice. I
3 want to say that we really appreciate all you environmental justice
4 activists up there with this hard job, this unending job. We're not
5 confused about where your allegiances are.

6 I don't think I've ever spoken before the NEJAC more than five
7 minutes so I'm going to read this and try to stay within my five minutes,
8 but I would appreciate this because I've been coming here for so long
9 that you allow me to make kind of an unwritten comment at the end of
10 my statement.

11 On May 5th and 6th of this year representatives from 15 Region 4
12 communities attended a Region 4 citizens training and community
13 stakeholder forum. The three major goals of the forum were to educate
14 citizens on the new structure of the NEJAC, engage stakeholders in a
15 dialogue on public health issues affecting low income and people of
16 color communities in Region 4 states and discuss policy
17 recommendations for addressing public health issues.

18 A planning committee was established to identify stakeholder
19 representatives to be invited to attend the forum, develop an agenda,
20 and timeline for activities, establish pre-planning teleconferences and
21

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1 a format.

2 Members of the Southern Center for Studies on Public Policy were
3 selected to facilitate the pre-planning stakeholder forum and to draft a
4 report to include public health priorities and concerns and policy
5 recommendations.

6 By consensus of the planning committee, the stakeholder forum
7 focused on a community-based public health model to elicit input from
8 impacted community representatives and other stakeholders to include
9 assessment, intervention and prevention.

10 The committee identified major issues for discussion and policy
11 recommendations at the stakeholder forum. They include children's
12 health, air and water pollution, Superfund/Brownfields and other sites,
13 federal facilities and commercial agriculture.

14 The result of these efforts is a major document of policy
15 recommendations on assessment, intervention and prevention. It is still
16 in draft form and will be submitted to the NEJAC in final by the end of
17 next week. The final report will include the names of planning
18 committee members and forum participants.

19 We extend our thanks to the Region 4 EPA Environmental Justice
20 Office for their assistance, the planning committee, Bob Holmes,
21 representatives of AJAM from Region 4 impacted communities who

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1 attended the forum, and to Charles Lee.

2 We learned some lessons and have some recommendations from
3 this activity. We recommend that each hosting region for the NEJAC
4 should fund environmental justice organizations to conduct forums at
5 least three months before the NEJAC to allow enough time to complete
6 a report of policy recommendations and to get approval of participating
7 organizations prior to the NEJAC.

8 Adequate funding should be provided by the EPA for community
9 participation and technical assistance. We realize that the NEJAC is
10 mandated to include all stakeholders; however, industries and other
11 private and governmental agencies have the resources to sit at the
12 table, impacted communities do not.

13 Regions that host the NEJAC should, therefore, empower our
14 communities to participate in the policy dialogue.

15 We request the NEJAC to develop a process to review and adopt
16 policy recommendations contained in our report and others
17 recommended in this public comment period.

18 That's the end of that particular report. I'd like to point out that you
19 may notice that our turnout for this NEJAC in Region 4 is small
20 compared to the previous meetings that were held here in Atlanta, the
21 first NEJAC that was held here in Atlanta, as well as the interagency

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1 hearing that was held, mandated by the President's Executive Order.
2 There's a reason for that.

3 Each time we turned out large numbers of our network it was at a
4 cost to us because it is very expensive to have people travel here and
5 stay in these expensive hotels.

6 Two, we have come to realize that although we have made some
7 major reforms to the NEJAC process, the bottom line is that too often
8 the Environmental Protection Agency has to kowtow to state
9 government and therefore we are shifting our major effort toward
10 targeting state government for their lack of enforcement and
11 compliance.

12 Tomorrow in the Waste and Facility Siting Subcommittee we will
13 be giving a presentation on RCRA facilities. We are aware that RCRA
14 facilities are tomorrow's Superfund sites and we are in a state of
15 emergency as a result of that.

16 We hope that the NEJAC will begin to concentrate on the failure of
17 EPA to give oversight to delegated state enforcement and compliance
18 responsibilities.

19 Thank you.
20 (Applause.)

21 MS. SHEPARD: Thank you, Connie. Next, please, state your

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1 name.

2 PRESENTATION BY MR. EDGAR E. MOSS

3 McINTOSH ENVIRONMENTAL AND ECONOMIC TASKFORCE,
4 INC.

5 MR. MOSS: Hello, everybody. I'm Edgar Moss, Vice President of
6 the McIntosh Environmental and Economic Justice Taskforce. I am
7 retired from Ciba Geigy Chemical Corp.

8 McIntosh is located in Washington County, Alabama where Ciba
9 Geigy and Olin Chemical companies are located fenceline to the
10 African-American communities, and a Native American community, a
11 short distance away. Although our communities are located a short
12 distance from the city hall, we are not included within the city limits.

13 Ciba Geigy produces pesticide agricultural chemicals and
14 chemicals that cause cancer and developmental problems in children.
15 Olin produces caustic soda, chlorine. The companies have
16 contaminated the basin of the Tom Bigbee River and created a
17 Superfund site.

18 Acute cancer and other permanent diseases are prominent among
19 workers at an early age. The community is sick and dying. Our
20 children suffer from reduced learning, learning disabilities.

21 Although our community workers have been exposed to deadly

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1 chemicals since the 1950s, there has been no help intervention from the
2 state or federal agencies.

3 In addition, our community is surrounded by railroad tracks which
4 often block our exits and entrance to and from the communities.

5 We request the NEJAC to ensure and immediately help
6 interventions in McIntosh and investigate our urgent needs for
7 relocation.

8 Additionally, this Olin Chemical plant, they produce 200 tank cars
9 of chlorine per day, and that's yards from the community which we're
10 wanting 300 families relocated.

11 Thank you.
12 (Applause.)

13 MS. SHEPARD: Thank you. Next, please state your name.

14 PRESENTATION BY MS. USHA LITTLE

15 NORTH AMERICAN ENVIRONMENTAL PROTECTION COALITION

16 MS. LITTLE: Good evening. My name is Usha Little. I'm the
17 Director of the Native American Environmental Protection Coalition.

18 MR. TURRENTINE: Speak into the --

19 MS. SHEPARD: A little closer.

20 MS. LITTLE: I'd like to thank you all, the committee members and
21 participants, for having the patience to stay late and discuss these very

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1 important issues.

2 Our president started talking about the Gregory Canyon landfill
3 yesterday and my colleague earlier, a representative of the Pechanga
4 Indian Reservation talked earlier about this landfill and I'm here to give
5 you more specifics about this project.

6 There are not enough people in this room that can talk about this
7 project because the environmental impact report prepared by the
8 proponent is 900 pages long. It's a one-foot long document and we
9 already reviewed once last year and they came up with another version
10 this year. And I understand just yesterday they're going to be coming
11 again with another version.

12 This project has been going on for the last six or seven years. Let
13 me tell you a little bit about what is the Gregory Canyon landfill. It is a
14 project that would convert 1,770 acres of canyon land, part of the San
15 Luis Rey River Watershed that replenishes the groundwater sources in
16 southern California, San Diego County, which ultimately drains down to
17 the Pacific Ocean within 20 miles of distance.

18 This is a habitat that includes diverse native plants and animal
19 population. It's surrounded by six Indian Tribes within 15 miles of
20 radius. They include, Pala, Pechanga, Pauma, Rincon, San Pasquale,
21 and La Jolla.

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1 This dump site is basically -- is a disaster to Native American
2 Tribes. It's a significant impact to the livelihood of minority population
3 whose voices are weak, unheard, and our resources are limited
4 technology and monetarily. We cannot continue to fight about this and
5 review EIR again and again every year. And that apparently has been
6 their strategy. It's to make us exhausted.

7 Where is Gregory Canyon landfill? The Gregory Canyon itself for
8 Native American Tribes it's on the place where they worship, Medicine
9 Mountain, what the people call Gregory Mountain these days. For the
10 Luiseño people the mountain, they call it Chokla, which is the home of
11 Taakwic, the most powerful and feared guardian spirit of the First
12 People.

13 For centuries Medicine Rock and the entire mountain has been a
14 place for a Native to get connected with their ancestors, religion and
15 spiritual knowledge that has been passed down from generation to
16 generation.

17 I am sorry, I didn't realize time goes by that fast when you are
18 talking on such important issues here.

19 There are -- let me quickly wrap here -- 22 prehistoric and historic
20 sites within this site, and there are nine vegetation communities which
21 includes three sensitive vegetations within the California Environmental

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1 Quality Act. That is, the engelman oak, rainbow manzanita and
2 prostatespineflower. This project impacts 100 percent of the engelman
3 oak.

4 Traffic, it's going to be 1,410 additional trucks, eight-ton dump
5 trucks on that road. Air is going to impact seven different reservations.
6 It's in the flood zone. It's in the earthquake zone.

7 I am just really surprised how come this project has continued to
8 proceed, and I request to this advisory council to advise to those who
9 are going to be responsible for giving the permit, including director of
10 the county environmental health office, Mr. Gary Urbick (phonetic), the
11 San Diego Water Authority, the San Diego Water Quality Control Board,
12 the Army Corps of Engineers. They all need advice from you all
13 experts.

14 This project is a disaster environmentally, culturally, and
15 desecration to the Native American people.

16 Thank you.
17 (Applause.)

18 MR. TURRENTINE: I just want to -- Connie Raines, are you still
19 in the room?

20 MS. RAINES: Yes.

21 MR. TURRENTINE: Connie, Ms. -- is it Levot?

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1 MS. LEVERETTE: Leverette.

2 MR. TURRENTINE: Leverette. Connie, could you raise your
3 hand. She asked a direct question about any EPA involvement in her
4 community regarding the problems. So, Connie, can you get with her
5 -- from Region 4 -- and tak with her and try to provide some kind of
6 dialogue and get some movement on that, please?

7 I really -- I apologize for putting you on the spot but I think her
8 question begs for an answer and I think we would be remiss if we
9 walked away from this session without at least putting you all together.

10 PARTICIPANT: (Inaudible.)

11 MR. TURRENTINE: Thank you.

12 MS. SHEPARD: Okay, thank you very much. The next group of
13 presenters --

14 MS. LITTLE: If I could just take a second, I wanted to introduce
15 this video documentary to you all because there were so many Tribal
16 leaders and community members that wanted to be here and they could
17 not be here so they made this documentary where their voices are
18 recorded.

19 Please take eight minutes of your time and review -- I have two
20 copies and if you need, I can bring some more. Thanks.

21 MR. TURRENTINE: Thank you. We'll take that and well make

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1 that a part of the official record of this meeting.

2 MS. SHEPARD: Tom.

3 MR. GOLDTOOTH: We did talk to them and both the chair of the
4 Waste and Facility Siting Subcommittee and the Indigenous Peoples
5 Subcommittee are going to work with them tomorrow, just to let you
6 know.

7 MS. SHEPARD: Okay, thank you.
8 (Applause.)

9 MS. SHEPARD: All right. The next group is Hazel Johnson,
10 Evelyn Elaine Yates, Sterling --

11 MS. MILLER-TRAVIS: Could you just review how many more
12 people you have because we're operating from a totally different list
13 than you have. To us it looks like we've just finished and your list
14 definitely is not finished.

15 MS. SHEPARD: I've got 15.

16 MS. MILLER-TRAVIS: We have a very different list, so if we could
17 --

18 MR. TURRENTINE: Let's not take time to go over that now.

19 MS. MILLER-TRAVIS: No, we're just saying, Haywood, that we
20 can't follow the conversation, we don't know who we're looking at, we
21 don't know what the information is. We're lost at this point. And the

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1 only person that has the information is Peggy.
 2 MS. SHEPARD: A number of people have been -- whospoke last
 3 night -- the list at the end.
 4 Hello, Hazel. Again, Hazel Johnson, Evelyn Elaine Yates, Sterling
 5 Gologergen, Gilbert Sanchez, Doris Bradshaw, Kenneth Bradshaw,
 6 Elodia Blanco, MaVymne Oshum Betsch, Jeannie Economas, Marvin
 7 Crafter, Mark Mitchell, Bill Burns, Elizabeth Crowe, Jeannie Economas
 8 -- oh, she's on twice -- James MacDonald, and Damu Smith. And those
 9 are the last speakers.

10 Ms. Johnson, please begin.

11 PRESENTATION BY MS. HAZEL JOHNSON

12 PEOPLE FOR COMMUNITY RECOVERY

13 MS. JOHNSON: Thank you all for taking this time out

14 MS. SHEPARD: Speak into the microphone, Hazel.

15 MS. JOHNSON: Thank you all for giving us this time to voice our
 16 concerns. I am the founder of People for Community Recovery and I'm
 17 also a former NEJAC member.

18 (Applause.)

19 PARTICIPANT: A survivor.

20 MS. JOHNSON: I come here today to seek help for my
 21 community, and I've been crying for over 20 years about my community.

1 We have so much toxin in our community that I call it a toxic donut.
 2 What I am requesting today is to do a health study. Not by no
 3 people from the state or the health department. What I'm talking about
 4 is training residents to knock on doors and get this information regarding
 5 the health problem that we have in our community.

6 The reason why I'm saying the residents in our community, then
 7 we'll know that the information that we receive is a true information
 8 because a lot of times we have been misled by government people. We
 9 don't trust them any longer.

10 The reason why I'm saying that because about the PCBs that we
 11 had in our community that we didn't get the true analysis of it. We had
 12 to get Northwestern University to come in and do the right analysis of
 13 what they found in our community.

14 Now we are having a class action suit against the public housing
 15 because they did not inform the residents of the conditions that were in
 16 our community to make the choice whether we want to live in that
 17 community or not to live in that community.

18 The young lady that had worked with me for ten years died this
 19 past March of liver problems.

20 We have a lot of people in my community that are on dialysis. We
 21 have three people that's in the hospital now; it's just a question of time.

1 Some weeks we have eight people in our community that die.
 2 That's too many people. And I feel with all these chemicals that are in
 3 my community are a form of genocide of the black people.

4 And I am concerned about my people not just only in my
 5 community. This is happening all around the country. It's time for
 6 agencies to wake up and start doing something for these people
 7 because a lot of people in my community can't even afford medical, how
 8 expensive as medicine is today a lot of people cannot afford to pay for
 9 it.

10 It's time for someone to do -- we also have children that have skin
 11 problems that never heal. We have the pink eye. We have cancer. We
 12 have so many illnesses in my community.

13 If you have a pattern of something, then you know something is
 14 wrong somewhere. If you see one or two people have it, then you know
 15 it might not be something serious; but if you have a lot of people with
 16 the same complaints, you know something is wrong there somewhere.

17 What I would like to also see is that someone come in and train our
 18 people on how to help the children that have high levels of lead,
 19 educate their parents where to look for the lead, how to clean it up, and
 20 what diet to put the children on to try to help reduce the level, the high
 21 level of lead.

1 The second part of this, I would like to see a lot of doctors and
 2 nurses being trained because a lot of people have been misdiagnosed
 3 because the doctors don't know about the environmental illnesses and
 4 we need to educate our doctors and nurses on this. This is a serious
 5 problem that we're having throughout this country and something needs
 6 to be done.

7 I thank you very much.

8 (Applause.)

9 MS. SHEPARD: Thank you, Hazel. Dr. Mitchell.

10 PRESENTATION BY DR. MARK MITCHELL

11 CONNECTICUT COALITION FOR ENVIRONMENTAL JUSTICE

12 DR. MITCHELL: I'm Dr. Mark Mitchell with the Connecticut
 13 Coalition for Environmental Justice and I also do some consulting to
 14 community groups on training on how to do door-to-door health
 15 assessments and also interpretation of --

16 MS. SHEPARD: Could you speak a little louder, please.

17 DR. MITCHELL: I'm sorry. I'm Dr. Mark Mitchell with the
 18 Connecticut Coalition for Environmental Justice and we do -- I also
 19 consult to community groups on regarding providing training on how to
 20 do door-to-door health assessments and also interpretation of health
 21 data.

1 I wanted to answer some of the questions that were asked
2 originally about priorities in research that we would recommend.

3 We've done some community-based, community-driven research
4 that's actually been funded by EPA on behalf of ONE/CHANE
5 Incorporated, and we have some preliminary analysis.

6 As I mentioned previously, we now have the highest documented
7 rate of asthma in the United States based on a study done by the
8 Connecticut Children's Medical Center, where 41 percent of our children
9 have asthma out of the first 7,500 that have been studied.

10 We believe that it's important to look at these high rates of asthma
11 and the relationship to air toxins and even, for example, look at the
12 relationship between nickel in the air and chromium-6.

13 We are concerned about trash and sewage sludge, incineration,
14 and we're very concerned that trash and sewage sludge is not part of
15 the Toxic Release Inventory. Even though in our community it accounts
16 for more than 2,000 tons of air toxins per year, it doesn't show up in the
17 Toxic Release Inventory.

18 We are also concerned that we found a new kind of condition --
19 we've documented it -- that we're in the process of documenting a new
20 kind of condition that affects 22 percent of people in Hartford, but also
21 it seems to be common around the country in urban areas. We call it

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1 chronic recurrent respiratory ailment.

2 These are respiratory illnesses that last several months, like minor
3 colds that last several months, but that aren't really asthma, that aren't
4 associated with allergies, and really haven't been described in the
5 literature.

6 We're very concerned about this type of illness and if I had the
7 time, I would like to ask how many people have had this kind of
8 condition because -- how many people have had the condition?

9 Okay, this condition is not described in the literature. We believe
10 that it's associated with the environment. Our studies show that this
11 condition is not evenly distributed throughout the city; it doesn't have the
12 same distribution as asthma. It looks like it's more concentrated in the
13 areas of higher rates of air pollution and maybe traffic. We're not sure.
14 But we believe that this needs to be looked into.

15 Hartford had a fire in our sewage sludge incinerator and we're
16 concerned about the dioxin and parasites which were produced in the
17 air, that we measured in the air. But we know that people got asthma
18 from this fire, and so we're very concerned about what might have
19 caused asthma attacks from this fire -- or, the accumulation of asthma
20 from this fire.

21 We believe that asthma is a two-step process, just like cancer, that

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1 there's an initiator and a promoter, and we believe that toxins are the
2 initiators and that other air pollutants and many other things -- allergens,
3 dust mites, and cockroach parts -- can be promoters of asthma once it
4 has started.

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

12 We also believe that we should be looking at hormonal mimics
13 such as PCBs and dioxin. Although PCBs and dioxin have been
14 studied a lot and there's a lot known about PCBs and dioxin, but we
15 believe that there are other hormone mimics and other immune
16 modulators that should be looked at, and it should be studied, that may
17 cause allergies and autoimmune conditions.

18 On strategies, to address this, we again talked about community-
19 based organizations having representation on the committees. We
20 believe that there should be voluntary biomonitoring, that people's blood
21 should be tested for chemicals, for known toxins, to see whether there

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1 is a relationship between the increase in chemicals -- particularly in
2 children -- and the association of disease.

3 We believe that there should be required reporting of results of
4 studies to the community, and we believe that the approach that the
5 FDA takes -- that is, that any new chemicals introduced into the
6 environment should be proven safe before they're allowed to be
7 introduced into the environment.

8 In summary, we believe that the focus should be on health
9 outcomes rather than on engineering controls. We need to look at
10 resolving environmentally related diseases such as asthma, lead
11 poisoning, diabetes, cancer, allergies and low birth weight.

12 So we believe that these are the kinds of approaches that would
13 be helpful to our communities in addressing environmental health
14 issues.

15 Thank you.

16 MS. SHEPARD: Thank you.

17 (Applause.)

18 MS. SHEPARD: Next, please state your name.

19 PRESENTATION BY MS. MAVYNNE OSHUN BETSCH
20 A.L. LEWIS HISTORICAL SOCIETY

21 MS. BETSCH: First the bad news, then some good news. Don't

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1 you want to hear some good news tonight? Well, I'm going to give it to
2 you. Just hang on.

3 The bad news is Jacksonville. The people were not able to show
4 up tonight so I want this to be on the record, that the Forest Street
5 incinerator, Fifth and Cleveland incinerator, and Lonnie C. Millist Senior
6 Park, are three dump sites in Jacksonville, Florida that need to be
7 addressed by EPA.

8 So, please, I want that to be in. I think you have it. Someone
9 should have given it to you in your packet. This is Jacksonville, Florida.

10 I am MaVynne Betsch from American Beach, better known as the
11 Beach Lady. And, folks, I am an environmental injustice survivor.

12 I think I would like to recommend that you have a special working
13 group of people who have survived this injustice. Let me give you a
14 rundown now.

15 I'm a retired opera singer. I mean, who else would be just like this
16 but someone from the theater. Come on.

17 (Laughter.)

18 MS. BETSCH: I've lived in London when they had coal-fired
19 plants. Can you believe this? Here I am, graduating at the top of my
20 class, singing in the opera Solome (phonetic), the most difficult opera
21 there is. I have to dance. I have to sing, do the whole nine yards.

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1 We had to wear surgical masks, so polluted was the air there. I
2 sang there for ten years. I was only 21 years old. After ten years of
3 singing I went to London and that was my fatal mistake because the
4 coal-fired plants there were even worse.

5 I came home breathing like this (indicating). Can you imagine with
6 a voice that -- well, I hate to brag, but it was pretty spectacular. And
7 here I am coming home with this.

8 I'm depressed beyond belief. The doctors are telling me not only
9 will I never sing again, but I've got colon cancer, the whole nine yards.

10 I had a dream of my great grandfather, who founded American
11 Beach back in 1935. He said, "Baby, don't give up. There's a way to
12 do it. Remember what your mama used to say, eat those vegetables."
13 And I read Dick Gregory's book. I became a strict vegetarian. Man, I'm
14 so healthy it's frightening. I mean, I even -- to the point that I have my
15 friends -- you'd be surprised, I speak at all the schools and I have them
16 all eating natural foods.

17 So, the point I'm trying to make, there is a way to fight this. Even
18 the dogs -- a lot of people are allergic to the dip that they give to their
19 dogs. They come to American Beach and let the dogs go in the salt
20 water. That heals them.

21 So I'm thinking you should have record of people who have stood

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1 up to this horror and have survived, even to the point of the fact that you
2 know how black folks love all that pork and their meat -- pork in their
3 greens and everything. I've even found a substitute for that. Guess
4 what it is? Peanuts.

5 Think about it. It tastes just like pork. It does. It does.

6 (Laughter.)

7 MS. BETSCH: So, anyway, the point I'm trying to make is there
8 is a way to survive this. And even AIDS. You all are not talking about
9 AIDS.

10 I have a friend here in Atlanta, Georgia, Dr. Andoh, his telephone
11 number is 404-767-4786. This man is the world's authority on the
12 botanical world of Africa. He's found the cure for AIDS. Trust me. It's
13 in the rain forests. The little pygmies know where it is. In fact, I danced
14 -- there's a record I'll call Deep Forest -- ten percent goes to help the
15 pygmies.

16 The pharmaceutical companies want to go to the rain forest, get
17 the pygmies out, and get to the trees. Dr. Andoh, he lives right here in
18 Atlanta, call him. He has found out that AIDS immediately takes effect
19 in places that have been polluted.

20 And listen to this now because you need to listen to a lot of
21 folklore. In Jamaica they deliberately let the mosquitoes bite them

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1 because they say if you survive malaria, the body is ready to fight AIDS.

2 So what I'm saying is, listen to some of these old wive's tales and
3 folklore and maybe it will work.

4 My grandmother was a root lady. And, of course, a lot of black
5 people, when organizations come to tell them, they are white and they
6 don't talk to them in a way -- they tell them, you know, you should eat
7 tofu -- that's white folks food. I won't eat no tofu.

8 So when I talk to them, they see me with all this seven feet of hair,
9 you know, and I say, "Listen, baby, now do you realize those chickens
10 don't do it?" They say, "What you talking about they don't do it?" I say,
11 "There's no sex."

12 MS. SHEPARD: Well, thank you. Please wrap up.

13 MS. BETSCH: Well, it's only one minute.

14 So anyway, the point is you have to talk to them on their level,
15 understand the cultural thing that they're coming from. So when I tell
16 them about the chickens and the fact that they're not doing it, one man
17 said, "Well, that's it, I'm not going to eat another egg if they aren't even
18 doing it."

19 Plus the fact, with milk, if you tell black people that you're going in
20 with this very sophisticated and all your statistics, oh, lactose
21 intolerance. I mean, this is going to turn them off. I say, "Listen, baby,

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1 do you know they're giving those cows stuff so that that thing is hanging
2 down to the ground?" They saying, "What? What you talking about?"
3 I say, "That's rape."

4 That's rape. That's exactly what it is. They force those sperm into
5 that cow to make her produce milk over and over again. And so I got
6 the black people off of milk.

7 So my point is, use culture. Use folklore. Whatever. And use me.
8 I'll gladly be an example for you. Who else is seven feet and a half?
9 Babe, I feel so good it's a sin.

10 MS. SHEPARD: Thank you.

11 (Applause.)

12 MS. SHEPARD: Damu Smith.

13 PRESENTATION BY MR. DAMU SMITH

14 GREENPEACE

15 MR. SMITH: Thank you very much. As most of you all know,
16 tomorrow there will be a two-hour session, a joint session of the Health
17 and Research Subcommittee and the Waste and Facility Siting
18 Subcommittee focusing on the dioxin and health crisis in Mossville,
19 Louisiana.

20 The reason I wanted to speak tonight, Mr. Chairman, is because
21 I know that many members of the Council will not be able to make that

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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
3 from Mossville, Louisiana tomorrow.

4 I want everybody to understand that while we will be focusing on
5 the health and dioxin crisis in Mossville, we want the NEJAC to look at
6 the policy implications growing out of the experience of the community
7 of Mossville with the government agencies in dealing with this very
8 serious health crisis which includes very severe dioxin contamination in
9 that 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
12 documentation, demonstrate how serious the health crisis is in
13 Mossville, how serious the dioxin crisis in Mossville. You've already
14 heard from Pat Costner, the senior scientist from Greenpeace. We've
15 critiqued the ATSDR dioxin study and we have presented our own
16 findings and we will rehash those at the meeting tomorrow.

17 But more importantly, or as important as that information, is how
18 the 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
21 mobilize the resources of its community to compel federal and state

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1 agencies to 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
4 that 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
7 that in doing that they do everything possible to discredit and undermine
8 the work of Mossville Environmental Action Now, the organization that
9 has been organizing and mobilizing their community for more than three
10 years in trying to bring environmental justice to the people there.

11 So one of the things that we want the committee to look at
12 tomorrow is a couple of things. One, how do you conduct health studies
13 in communities like Mossville where you document a problem, and how
14 do you do the follow-up. What is the most effective and meaningful
15 follow-up.

16 The second thing is, we want to address the issue of the role of the
17 federal and state agencies and what is the proper and effective role for
18 federal agencies when state agencies fail to act and when state
19 agencies actively do everything possible to frustrate the efforts of a
20 community like those who are in Mossville.

21 The other thing that we will be doing tomorrow is releasing yet

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1 another report on the Mossville, but also other communities in
2 Calcasieu Parish where Mossville is. Mossville is one of many
3 communities in that area that are severely polluted and very sick.

4 And so one of the things we will also show tomorrow through this
5 new report is how bad the toxic exposure is for all of the people of
6 Calcasieu Parish and the very severe health impacts that have come
7 about as a result of the pollution coming from more than 52 polluting
8 industries in that area.

9 I want to take this opportunity to thank the co-chairs of both of
10 those committees for providing this time tomorrow to do this, and I want
11 to thank the NEJAC for its continued support for the people of Mossville
12 in addressing the dioxin crisis.

13 Thank you very much.

14 (Applause.)

15 MS. SHEPARD: Thank you, Damu. Please state your name.

16 PRESENTATION BY MS. ELIZABETH CROWE

17 CHEMICAL WEAPONS WORKING GROUP

18 MS. CROWE: Thanks. My name is Elizabeth Crowe. And it's
19 late, isn't it.

20 I wasn't intending on making comments again tonight until I
21 realized this morning that there are some things missing in the

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1 discussion about community-based health assessments and I actually
2 haven't heard some of these things raised up yet

3 I realize that for some of this I might be preaching to the choir, but
4 I think it's important to get it into the record.

5 It's regarding assumptions made when we look at doing
6 community-based health assessments and risk assessments, and that
7 I've heard little measure of precautionary principle and no mention at all
8 of alternatives assessment in shifting the burden of proof over to
9 industry and the military, which is where it belongs. So just a few
10 statements on that.

11 First of all, some assumptions I think need to be made as NEJAC,
12 EPA, and agencies talk about developing a just -- that is, a justice-
13 based community-based health assessment, and that can't happen, that
14 will not happen until these agencies -- EPA and other agencies -- stop
15 presuming that chemicals are innocent until they're proven guilty.

16 It should be exactly the opposite. We should assume that these
17 chemicals are going to do harm and make that assumption until the
18 industries have proven otherwise.

19 Another point is that the absence of evidence of pollution of toxics
20 of doing harm to our health does not equal the evidence of absence. If
21 the information is not there, if there are scientific data gaps, we should

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1 not assume by that that there is not harm. Just like I said before, we
2 should just assume exactly the opposite, that chemicals that are
3 unidentified can cause just as much harm, and it should be assumed
4 so, as those for which we know the harm exists.

5 The precautionary principle uplifts both of those assumptions and
6 then states that when science cannot fill the data gaps, even with the
7 absence of evidence, we err on the side of precaution. That is, of
8 protecting public health. A very simple concept.

9 This provides us a bridge from health assessments and science,
10 to policy, which is often where the risk assessments come in. Former
11 EPA Administrator Bill Ruckelshaus said about risk assessments that
12 "they are like a captured spy; if you torture it enough, it will tell you
13 whatever you want."

14 I think that's something that communities know full well about risk
15 assessments; that the assumptions going in will very much dictate what
16 comes out. Policymakers rely on risk assessments oftentimes the tool
17 for what I believe is not much different than premeditated murder.

18 When you give a name -- all these communities that we heard
19 tonight citing all the deaths in their communities, the only difference
20 between a risk assessment which identifies one person in a million, one
21 person in a thousand, one person in a hundred, one in ten -- whatever

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1 it is as being identified as the people who are acceptable of getting
2 cancer or other effects -- the only difference to me between that and
3 premeditated murder is that those people in the risk assessment are not
4 named.

5 The people in these communities, all that you heard today, talked
6 very eloquently about the deaths and the illnesses in their community.
7 It's not acceptable.

8 A far more protective model closely linked with a precautionary
9 principle is the alternatives assessment, which if implemented says that
10 if an action is too dangerous it will be unacceptable from a public health
11 standpoint to a community that that assessment -- that you don't go
12 along with trying to manage what risks there are. That is unacceptable
13 to the community. That you find an alternative.

14 And without such an assessment, I believe, the EPA and other
15 agencies provide little incentive for development and use of cleaner
16 technologies and they actually allow -- the same insight we heard earlier
17 today from the Deputy Administrator of EPA, that sitting on a dioxin
18 health assessment for seven years while allowing facilities to continue
19 polluting communities for seven years, where precaution could have
20 been taken but it was not because we were waiting for guidance to
21 come down from there -- I don't buy the statement that EPA was

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1 checking its fact and making sure that the document was scientifically
2 credible.

3 To me that translates into seven years of having to get their stories
4 straight so they didn't have to answer for the industry.

5 So those are the things I'd like to leave with you. Also the fact that
6 again, you know, the whole issue of community health assessment is
7 continuing to put the burden of proof on communities like Mossville and
8 every other one here. These folks are dying. They should not have to
9 be the ones to prove that they're being harmed.

10 The burden of proof should be on industry, the military and the
11 government to prove before they take action that that action is not going
12 to result in any harm.

13 My time is up. Thank you very much.

14 MS. SHEPARD: Thank you.

15 (Applause.)

16 MS. SHEPARD: Mr. MacDonald.

17 PRESENTATION BY MR. JAMES MacDONALD

18 PITTSBURG UNIFIED SCHOOL DISTRICT

19 MR. MacDONALD: Hi. My name is Jim MacDonald. I'm a trustee
20 with the Pittsburg Unified School District in California.

21 I know you received this flyer yesterday (indicating). It's one that

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1 says "Distributed by the Californians for Renewable Energy
2 Incorporated."

3 Some strategies. First of all, I think we need to tell the truth to the
4 public about what this committee is up against. The fact of the matter
5 is that there have been decisions made in the EPA and above which
6 basically makes impossible environment justice.

7 While I've heard a lot of good things said, most of these programs
8 and suggestions which are being made can be easily bypassed by
9 industry simply by saying that there is no impact from the industry, and
10 thus, no studies need to be done.

11 I find this fairly peculiar. Even the EPA seems to say that this is
12 a credible finding, that if in fact you believe that there is no impact to the
13 community, then you don't have to do the studies to find out if there is
14 impact to the community.

15 Again, this is the type of double-talk that I continually go through.

16 I hope that this committee isn't mislead. Well, first of all, I want to
17 say that it is extremely important, the work that groups are doing as far
18 as trying to find out the cause and cure of diseases. It has very little to
19 do -- and we saw a great pony and horse show from EPA about
20 everything that they're doing to find all these problems -- but that is not
21 really a manifestation of environmental justice.

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1 This would have been going on whether or not environmental
2 justice was an issue. Wealthy people get sick from these diseases too
3 and these types of studies would be done.

4 They are trying to sidetrack you -- what she was telling you in this
5 community-based stuff, they want you to stay with this argument of
6 cause and effect. This is something that they can argue for years.

7 You only have to look at the tobacco industry. The only reason the
8 tobacco industry got hit was because of insiders giving you the
9 information and their own industry saying, you know what, my friends
10 are lying to us. Okay? If it wasn't for that, they'd still be arguing that
11 cigarettes have no effect.

12 So what you need to be concerned about is what environmental
13 justice is. It's a civil rights matter. Everybody has the right to breathe the
14 same quality of air.

15 I was in Washington, D.C. and we heard the testimony about
16 basically discrimination, how African-American were segregated,
17 industries were put into those communities. This is the exact same
18 mechanism that caused public education to be segregated. Okay? It's
19 the exact same argument. It's discrimination, it's racism.

20 The zoning practices of today came from racism and
21 discrimination. Okay? It's the exact same argument for why we

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1 desegregated public education. The issue needs to be addressed in
2 that fashion.

3 Secondly, thirdly or fourthly, who is to blame? Well, I'm an elected
4 official and when I got advice on how to get elected the first I was told
5 was, don't waste your time in low income and minority communities
6 because they don't vote. And don't waste a lot of time in the working
7 class because you don't have a president or a governor on the ballot so
8 they're probably not going to show up. So, out of a community of
9 60,000 people, Mr. MacDonald, you basically have to get to 4,000 of
10 them and convince them to vote for you.

11 Okay? Eight thousand people out of a community of 60,000
12 voted. I won by three votes.

13 Most of the people in this room don't even know -- I'm sure -- don't
14 even know who their school board people are, have no idea. I was
15 guilty of it. Okay?

16 This is the problem. Minority -- the people run this country. We
17 are the government. I hear people say -- and, yes, the EPA is at fault,
18 yes, these other agencies are at fault. But I'll tell you what, they are doing
19 -- they are doing exactly what the people who -- the officials that were
20 elected, the people who voted those people in, told them to do.

21 Because you people are sitting back there moaning and groaning

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1 and complaining about this body not doing anything when in reality it's
2 your school board and what's called the Carl Perkins Act -- I know you
3 probably don't know about this, it's a federal grant. You know what my
4 job is under that? My job is at sixth grade I'm supposed to say, oh, your
5 child is going to vocational school; I think your child -- yeah, I think your
6 child could go to college; no, your child is going to vocational school;
7 your child is going to go to college. Okay?

8 That's not my job, my job, as far as I'm concerned. And then, you
9 know, I'm up here talking to you, your industry is telling me about me
10 coming to things like this -- they go, what the hell are you doing, Mr.
11 MacDonald? Your job is to train those kids to be skilled workers or to
12 do what labor needs, what the employer needs.

13 Okay? That's my job as far as the majority of industry is
14 concerned. My job is to train these kids to be happy individuals -- you
15 know, this thing about regardless of the good grades or bad grades,
16 everybody gets rewarded for being losers. Okay.

17 MS. SHEPARD: Could you --

18 MR. MacDONALD: Okay. So they're happy, so they're happy
19 about getting low income jobs and the whole bit.

20 All I've got to say is, Caucasians aren't the only ones that fall
21 victim to greed. Don't listen to what your politicians tell you; go down

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1 to your city council -- your city council's got more control over what
2 happens than most of you can understand. Most of your city councils
3 are controlled by big business and commercial interests and you need
4 to see how they vote. And when they come to you and ask you for their
5 vote, don't look at how many signs they've got up there; ask them this
6 one question: When you get elected, are you going to put a resolution
7 in --

8 MS. SHEPARD: Please wrap up.

9 MR. MacDONALD: -- front of the city council that any new industry
10 or any new pollution source that comes to your community must do an
11 environmental justice impact study? And don't say "I'll work on it," or
12 "I'll think about it." If you get a yes, fine. If he says no, don't vote for
13 him.

14 MS. SHEPARD: Okay, thank you.

15 (Applause.)

16 MS. SHEPARD: Last but not least, Donnel Wilkins.

17 PRESENTATION BY MS. DONNEL WILKINS

18 DETROITERS WORKING FOR ENVIRONMENTAL JUSTICE and

19 MICHIGAN ENVIRONMENTAL JUSTICE COALITION

20 MS. WILKINS: I get to say good night, the last word.

21 I'm Donnel Wilkins. I represent Detroiters Working for

1 Environmental Justice out of Detroit, Michigan. I'm also here on behalf
2 of the Michigan Environmental Justice Coalition.

3 I have to say at the outset that I'm humbled by all of the comments
4 that were made previous to me and I appreciate the position that I'm in
5 tonight in having the last word. I would also like to thank you for
6 allowing me to come and speak, realizing that my name was not on the
7 list. But I appreciate your bringing that to closure.

8 I'm here today because I'm also humbled by the EPA's mission,
9 which includes an assurance to protect human health. And I'm here to
10 ask the question: Ain't I human?

11 More importantly, I'm here to ask the question about Shantel. Was
12 she human?

13 Shantel, a 15 year old, recently applied for a summer job, had a
14 great future in front of her. Was offered the job, and the day that she
15 was supposed to start her new job the agency received a call to inform
16 us that she had died because of an asthma attack.

17 Now, there are many, many other stories like that across the
18 country and even in my own community and I won't belabor that today.

19 What I'd like to do, appreciating the amount of time that I have left,
20 is begin to offer up what I believe and what the people in my community
21 believe are strategies for addressing the issues that are before us. This

1 is a tremendous issue that I know you all and I don't take lightly.

2 I certainly believe that we need a common sense approach to
3 addressing the health impacts and issues in our community. And we
4 need to embrace and utilize the tools that we have within our own
5 hands. So I submit the following strategies.

6 I believe that there should be a remedial education project
7 designed and developed with agency representatives from federal,
8 state, and local communities with them in mind, involving community
9 representation in the design of that educational project, because I
10 believe, like Ms. Crowe said, that there is an assumption that prevails
11 in our community, one, that community members don't understand the
12 issues that they face, and, two, that there is a disregard for the inherent
13 wisdom and knowledge that they possess.

14 I really believe that agency people really need to engage in a
15 process to understand the issues they learned from people who are
16 impacted by it. The community involvement is an absolute must.

17 I believe before we are able to come up with the appropriate
18 strategies that there needs to be a moratorium placed on new permitted
19 sites until we find out that the community can bear it.

20 I believe that we also need to enforce existing laws. If people in
21 our community want the Michigan Department of Environmental Quality,

1 the Detroit Department of Environmental Affairs, to enforce what is
2 already on the books, health must be placed first, not last.

3 I also believe that there needs to be a reversal of the trend that
4 places the burden of proof on the community to prove that health
5 disparities exist and that there are linkages.

6 One quick example is our recent fight against a hospital that had
7 a medical waste incinerator operating out of compliance. First, the idea
8 that a hospital could do such a thing is shocking. But, secondly, to
9 learn that the highest rates of asthma surrounded this facility, this
10 hospital, was an amazing discovery.

11 We were successful in defeating that, in closing that facility down.
12 But it's really important to understand that the community had to prove
13 -- nothing was absolute -- we had to prove that the health of our
14 community was somehow linked to what was coming out of the stack
15 of this hospital incinerator.

16 I don't pretend to be a scientist nor a researcher, but I do believe
17 that we need to address what is already existing in agencies and
18 research the tools and resources that exist and encourage the
19 continuance of interagency interaction between those entities.

20 I believe that the answers that we're looking for already exist and
21 there needs to be a push and a demand from this body to dig deeper

1 into making certain that agencies are speaking with each other, sharing
2 resources, and are talking to one another.

1 matter, was adjourned, to reconvene on Friday, May 26, 2000.)

3 I find it very interesting, even on a local level, how our local health
4 department has no idea about the issues of environmental health and
5 their associations with what's in our communities.

6 And I believe that education needs to occur right at that very level.

7 There also needs to be a tod to address the cumulative impacts.
8 Discontinue the discussions about it and just get with it. We need to
9 understand the cumulative impacts and its burden on our health and our
10 communities.

11 I'm going to leave you with that and ask the question: Ain't I
12 human too? And I say good night.

13 (Applause.)

14 MS. SHEPARD: Thank you very much.

15 The Council is going to be in recess until Friday morning. We'll be
16 in subcommittees tomorrow.

17 MR. COLE: Madam Vice Chair, I'd like to congratulate you on your
18 first evening, your fair but firm hand on the gavel, and my colleagues,
19 all 21 of us who stayed until the bitter end.

20 (Applause.)

21 (Whereupon, at 11:15 p.m., the meeting in the above-entitled

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