U.S. House of Representatives
Committee on Science & Technology
Subcommittee on Investigations & Oversight

HEARING CHARTER

Preventing Harm – Protecting Health:
Reforming CDC's Environmental Public Health Practices

Thursday, May 20, 2010 – 9:00 a.m. to 11:00 a.m.
2318 Rayburn House Office Building

The Investigations and Oversight Subcommittee of the House Committee on Science and Technology will convene a hearing at 9:00 a.m. on Thursday, May 20, 2010, to examine the policies and procedures used by the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) of the Centers of Disease Control (CDC) to assess, validate and release public health documents and to detail specific instances where these offices have relied upon flawed science and incomplete data to draw critical public health conclusions. Resolving these policy and procedural issues within ATSDR and ensuring that the CDC's public health documents in general rely upon sound scientific data to reach public health conclusions is essential to ensuring the health and safety of the public. The purpose of this hearing is to help lay down a new road map for CDC in helping to reform its environmental public health practices, largely carried out by NCEH/ATSDR.

The Subcommittee plans to release two new reports at this hearing, one prepared by the Government Accountability Office (GAO) regarding ATSDR's clearance policies and procedures regarding release of its public health documents and a Subcommittee staff report on how the CDC responded to the District of Columbia's 2003/2004 lead-in-water crisis. This will be the Subcommittee's third hearing regarding ATSDR's public health practices in the past two years.[1] The hearing will also provide an opportunity for Members to question CDC regarding commitments made at the Subcommittee's last hearing to re-examine ATSDR's passed public health investigations on the island of Vieques in Puerto Rico, for instance, and to re-visit the agency's assessment of public health hazards in Midlothian, Texas.

[1] In April 2008, the Subcommittee held a hearing on a flawed public health consultation written by ATSDR for the Federal Emergency Management Agency (FEMA) that addressed human health issues regarding exposures to formaldehyde in toxic trailers that were provided to victims of Hurricanes Katrina and Rita. That hearing also examined retaliation by ATSDR's leadership against Dr. Chris De Rosa, then the agency's chief toxicologist, for concerns he raised with both the quality of this report and public health concerns he had with these trailers. Links to witness statements and other material from this hearing are available here: http://www.science.house.gov/publications/hearings_markups_details.aspx?NewsID=2133. Last year the Subcommittee held another hearing on specific investigations by ATSDR that were criticized by outside scientists and local communities they affected as being woefully inadequate, based upon faulty scientific data or omitting critical information. Links to this hearing's material are available here: http://science.house.gov/publications/hearings_markups_details.aspx?NewsID=2376.

GAO Review & Recommendations Regarding ATSDR Clearance Policies

Ms. Cynthia Bascetta, the Director of Health Care Issues at the GAO is responsible for leading reviews of programs designed to protect and enhance public health. She will provide testimony regarding the GAO's recent investigation of ATSDR's clearance policies. The GAO report based on her team's investigation concludes that the policies and procedures that ATSDR has established for preparing and releasing its public health documents lack "critical controls to provide reasonable assurance of product quality." Further, GAO finds that the roles and responsibilities of the agency's management regarding the development of ATSDR's products, their oversight and eventual clearance are not well defined. The agency also lacks a comprehensive risk assessment process for evaluating priorities regarding its development, review and release of public health documents.

The lack of policies and procedures guarantees that ATSDR's products will be of variable quality. Further, problems with the clearance and review of critical public health documents has been exacerbated since 2007 when ATSDR took its database tracking system called the Hazardous Substance Release and Health Effects Database or HazDat off line. According to ATSDR, the database "contained scientific and administrative information on the release of hazardous substances from Superfund sites or from emergency events and on the effects of hazardous substances on the health of human populations."[2] To replace the HazDat database ATSDR designed a database called Sequoia intended to track requests, exposure data, work flow for site-specific products, and to improve the flow of information about newly initiated work between management and staff. But ATSDR officials told GAO that it is still unclear if the agency will need additional database systems to provide them with all the information they need to effectively manage the agency's activities.[3] In addition, the Sequoia database is not yet fully operational.

The result of having unclear policies and procedures combined with the lack of an information infrastructure that can help assess critical toxic exposure data, track specific public health investigations, or coordinate and synchronize management and staff assessments of potential human health hazards due to toxic exposures is a haphazard, ad hoc review of the agency's public health reports prior to their release. In fact, critical determinations regarding whether or not an ATSDR public health assessment or health consultation should be submitted for external peer review, the GAO found, are left largely to the discretion of the agency's management and staff. In addition, ATSDR's leadership has repeatedly argued that the vast bulk of the agency's products, including public health consultations and public health assessments are exempt from peer review.

The 1986 Superfund Amendments and Reauthorization Act (SARA), which amended the Comprehensive Environmental Response, Compensation, and Liability Act

[2] "Hazardous Substance Release and Health Effects Database," Agency for Toxic Substances and Disease Registry, U.S. Department of Health and Human Services, available here: www.atsdr.cdc.gov/hazdat.html.
[3] "Agency for Toxic Substances and Disease Registry: Policies and Procedures for Public Health Product Preparation Should Be Strengthened," Government Accountability Office, GAO-10-449, April (ck) 2010.

(CERCLA), *did* exempt ATSDR's public health assessments from mandatory peer review.[4] Congress has never revised that exemption and this language has repeatedly been cited by ATSDR leaders as the reason they do not subject their public health assessments to a scientifically credible and rigorous peer review process. The SARA amendment, however, never forbid or banned ATSDR from conducting peer review of its public health assessments. The agency simply chooses not to submit the vast majority of its public health documents for any sort of external peer review.

ATSDR does claim that its scientific "studies" are subjected to peer review.[5] However, the agency argues that public health consultations—the main product coming out of the agency—are not scientific studies and therefore not required to go through the peer review process. As a result of these attitudes by management, GAO found a vanishing small number of ATSDR products in 2008 underwent peer review. GAO's review shows that only 2 of the 282 public health assessments and health consultations ATSDR published in FY2008 underwent external peer review. In 1991, nearly twenty years ago, GAO recommended that at least a sample of future ATSDR public health assessments undergo external peer review. However, GAO's most recent review in 2010 found that "ATSDR does not currently have such a policy and instead relies on management and staff discretion to determine which public health assessments should be submitted for external peer review." According to GAO, 80-percent of non-management ATSDR staff believe that external peer review would be beneficial in ensuring the quality of ATSDR public health products.

The Subcommittee DC / CDC Lead Staff Report

These sorts of systemic failures that fail to appropriately design public health studies, fail to adequately validate public health data, or fail to sufficiently examine public health conclusions can result in flawed, incomplete or scientifically unsound public health recommendations and conclusions that may result in serious public health consequences. A key example of the impact these systemic problems can have is documented in a Subcommittee staff report on the investigation into how the CDC responded to the Washington, D.C. lead-in-water crisis in 2004.

On Saturday, January 31, 2004, *The Washington Post* published a story that informed the public for the first time that water tests conducted the previous summer by the D.C. Water and Sewer Authority (WASA) showed that thousands of DC homes, two-

[4] "Superfund: Public Health Assessments Incomplete and of Questionable Value," General Accounting Office, RCED-91-178, August 1, 1991, p. 13, available here: http://archive.gao.gov/t2pbat7/144755.pdf. The new law also set an arbitrary deadline of December 1988 for the poorly funded and poorly staffed agency to conduct public health assessments at an astounding 951 Superfund sites. In order to accomplish a quantitative victory by conducting these assessments at so many sites in so little time the quality of the reports, exempted from peer review, suffered as a result.

[5] See Appendix C, "ATSDR Peer Review Policy," Revised: March 1, 1996, on pages 22-27 in: "Public Health Response Plan: Midlothian, Texas, Public Comment Release, January 21, 2010, prepared by The Agency for Toxic Substances and Disease Registry and the Texas Department of State Health Services, available here: www.atsdr.cdc.gov/sites/midlothian/docs/Midlothian_Public_Comment%201_25_10.pdf.

thirds of those tested, had elevated lead levels in their tap water above the Environmental Protection Agency's (EPA) limit of 15 parts-per-billion (ppb).[6]

In mid-February 2004 the CDC responded to a request from the District of Columbia government to help evaluate potential human health affects of elevated lead levels in the city's drinking water. This assistance resulted in the publication of a CDC "Morbidity and Mortality Weekly Report" (MMWR) article, published on an "emergency basis" on March 30, 2004 that concluded: "The findings in this report indicate that although lead in tap water contributed to a small increase in BLLs [blood lead levels] in DC, no children were identified with BLLs >10μg/dL [10 micrograms of lead per deciliter of blood], even in homes with the highest water lead levels. In addition, the longitudinal surveillance data indicate a continued decline in the percentage of BLLs >10 μg/dL."[7] The paper, and talking points prepared by the CDC's primary author of the MMWR, to respond to the public, press, congressional and other inquiries regarding the MMWR article reassured the public that there was no evidence of human health harm due to elevated lead levels in DC's water.

The MMWR included two distinct studies. One looked at 84,929 historical blood lead level (BLL) test results provided to the District of Columbia's Department of Health (DCDOH) between January 1998 and December 2003, primarily from commercial laboratories that conducted these tests for physicians' offices, health clinics and hospitals. According to the MMWR this longitudinal analysis showed that between 1998 and 2000 the percentage of children with elevated BLLs decreased substantially, but that the decline for those living in homes with lead service pipes declined less dramatically from 2000 to 2003. This leveling off of the decline came just after WASA added chloramines to the drinking water supply.[8]

The Subcommittee's investigation, however, found that the number of children in the District of Columbia who had elevated blood lead levels (BLLs) in 2002 and 2003 is more than *three times* higher than the CDC reported either at the time of the crisis or since. Today, the CDC maintains that 315 DC children suffered from elevated blood lead levels in 2002 and 2003, yet the laboratories that conducted these tests informed the Subcommittee that in reality at least 949 DC children had elevated blood lead levels at the time. The DC government's own database now show that 963 children suffered from elevated blood lead levels in 2002 and 2003. By early 2004, the CDC was aware of critical data integrity issues regarding public health surveillance data it had on DC blood lead tests yet it failed to clearly address or thoroughly investigate these issues even as they relied on that data to construct the MMWR article.

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[6] David Nakamura, "Water in D.C. Exceeds EPA Lead Limit; Random Tests Last Summer Found High Levels in 4,000 Homes Throughout City," *The Washington Post*, January 31, 2004, p.A1.

[7] "Blood Lead Levels in Residents of Homes with Elevated Lead in Tap Water — District of Columbia, 2004," *Morbidity and Mortality Weekly Report* (*MMWR*), MMWR Dispatch, Vol. 53, March 30, 2004, available here: http://www.cdc.gov/mmwr/pdf/wk/mm53d330.pdf.

[8] "Blood Lead Levels in Residents of Homes with Elevated Lead in Tap Water — District of Columbia, 2004," *Morbidity and Mortality Weekly Report* (*MMWR*), MMWR Dispatch, Vol. 53, March 30, 2004, available here: http://www.cdc.gov/mmwr/pdf/wk/mm53d330.pdf.

The table below shows the break out of children with elevated lead levels as reported by the CDC, the District and through the Subcommittee's own efforts to work with health labs that analyzed District blood tests in 2002 and 2003.

- Table 1 -
Number of Individual DC Children Under Six Years Old with Elevated Blood Lead Levels in 2002 and 2003

YEAR	CDC[9]	DC DOH[10]	I&O Subcommittee[11]
2002	122	637	457
2003	193	326	492
TOTAL	315	963	949

The MMWR report also included a separate study known as the "Cross-Sectional Study" that specifically targeted homes in DC with extraordinarily high water lead levels of 300-parts-per-billion (ppb) or above, and attempted to correlate those high levels of lead in water to the incidence of elevated BLLs among residents in those homes. The MMWR found that even in 98 DC homes with the highest levels of lead in their drinking

[9] Cities and states that have cooperative agreements with the CDC and obtain CDC grant funds for their lead programs are required to provide CDC with their raw public health surveillance data regarding lead screening tests each year. Since 1992, the District of Columbia has received nearly $12 million in CDC lead grant funding. Once the CDC receives this raw surveillance data, which is supposed to include *all* blood lead tests performed that year, then CDC publishes a separate list based upon the number of children tested, not the number of tests conducted, on the CDC lead branch web-site. The incomplete raw surveillance data CDC received from DC regarding the city's 2003 blood lead tests in early 2004 were provided to the CDC for use in the March 2004 MMWR report. The numbers posted by CDC on its web-site in March 2005 regarding the number of individual children who had elevated blood lead tests in DC in 2003 was based on this incomplete and flawed data and remain there today, available here: www.cdc.gov/nceh/lead/data/State_Confirmed_byYear_1997_to_2006.xls.

[10] The District of Columbia government's numbers in this chart are based upon records provided by the DC government to the Subcommittee in summary forms called LeadTrax Management Reports. The DC government switched from a CDC developed database that tracked blood lead level test results called STELLAR in 2004. This database had many technical problems and management issues in the DC lead office contributed to a tremendous backlog of test data being entered into STELLAR. As a result the 2003 blood lead test data in STELLAR was woefully incomplete. When the DC government switched from STELLAR to a new database tracking system called LeadTrax that replaced STELLAR in April 2004 the DC lead program re-obtained 2002 and 2003 blood lead test data from the laboratories and re-loaded it into the new LeadTrax database. As a result, DC had much better, more complete and accurate 'historic' blood lead test data entered into LeadTrax by 2005. Somehow, either through miscommunication or misunderstandings between the DC lead branch and the CDC lead branch CDC never seems to have realized this critical fact and never attempted to obtain this new data to revise the original findings of the 2004 MMWR article.

[11] The Subcommittee obtained summary data of the number of individual children five years old or younger who had elevated blood lead levels above the CDC "level of concern" of >10μg/dL [10 micrograms of lead per deciliter of blood] in 2002 and 2003 that were reported to the DC Department of Health. The Subcommittee wrote to all seven laboratories providing blood lead test data to DC back in 2002 and 2003, so that we could compare the data CDC posted on its website with the data the labs reported to DC. Under the CDC's lead grants to the District, copies of the raw public health surveillance data regarding blood lead tests provided to the DC government from these laboratories was supposed to be provided to the CDC.

water none of the 201 residents from these homes had elevated BLLs above the CDC's level of concern.

The Subcommittee found that many of the study participants did not drink the tap water at all therefore eliminating any potential health risks resulting from elevated blood lead levels. In fact, the majority of the participants in this study reported drinking bottled water, according to a spreadsheet containing raw data for this study. But this was never mentioned in the MMWR article. In addition, at least one child who was found to have an elevated blood lead level in a home with drastically elevated water lead levels was inexplicably dropped from the study altogether.

All of the federal and District agencies involved in this study¸ including the DC Department of Health, the CDC and the U.S. Public Health Service claim that they have been unable to identify any of the raw data, survey questionnaires or other key records which form the basis of this Cross-Sectional Study. A single spreadsheet of raw data for this study obtained from the DC government via a Freedom of Information Act (FOIA) request by water expert Dr. Marc Edwards from Virginia Polytechnic Institute and State University in 2006 shows such fundamental flaws as individuals with test dates *after* the study was completed. The NCEH study, however, was used to reassure the public that there was no evidence of public health harm due to elevated water lead levels in the District of Columbia. The Cross Sectional Study was widely cited by local public health officials dealing with their own elevated water lead issues in Michigan, North Carolina and Washington State, for instance, and they used it to publicly discount any correlation between their own elevated water lead levels and elevated BLLs that could result in public harm. In 2007, Dr. Edwards wrote a formal letter to CDC requesting clarification regarding concerns he had about the data used in the 2004 MMWR article and the public health conclusions reached by the CDC. Dr. Edwards will testify about his experience attempting to gain answers to his questions and his own independent research on the DC lead-in-water crisis that completely contradicts the findings of the MMWR article and the CDC.

The Subcommittee has found that the 2004 CDC MMWR article was based on flawed, misleading and incomplete data. Key problems with the underlying scientific integrity of the data used to write the MMWR were known to the article's primary author, Dr. Mary Jean Brown, head of the CDC's lead program, *before* the report was published, yet these flaws were not shared with co-authors, the publication's editors, CDC's leadership or the public. Efforts to resolve critical data integrity issues *after* the report was published were belated, weak and ineffective. Despite the clear scientific integrity questions that surrounded the CDC's blood lead screening data it obtained from the District of Columbia in early 2004, by 2007 scientists at the CDC were pushing forward with attempts to publish a peer reviewed journal article in the aftermath of the DC lead crisis based on the same faulty and incomplete data.

Remarkably, despite the clear gaps in the data the CDC was using for this new study, they reached drastically different conclusions from the original 2004 MMWR article. The new study, for instance, concluded that children living in homes with partial lead pipe

replacements were four times more likely to have an elevated blood lead level than children living in homes without lead pipes. This issue has national implications since many cities have conducted partial lead pipe replacements as a means of reducing elevated water lead levels. The conclusions reached by CDC clearly have significant public health consequences as well.

Rather than attempting to broadly inform the public about these results and local public health officials or water utilities by publishing the CDC's findings in the agency's Morbidity and Mortality Weekly Report (MMWR) the agency has spent years trying to get their findings published in a peer reviewed scientific journal. Early last year the report was rejected twice by the CDC's Associate Director for Science. In the end, NCEH/ATSDR's Deputy Director, Dr. Tom Sinks, became a co-author of this proposed article and the paper was then cleared for release. It was rejected by one peer review scientific journal and sent to a second. The new CDC Director put a hold on trying to publish this article until all of the surveillance data this article is based upon could be obtained and reviewed by CDC. That data has now been obtained by CDC and they are attempting to publish their new study in a peer reviewed scientific journal. This is a welcome step, but it has taken the CDC six years to follow through on something that should have been done back in 2004. In addition, because this information reveals significant public health concerns it would seem more appropriate to use the CDC's MMWR to get the information out rapidly rather than waiting many more months to get it accepted and published in a scientific journal.

The mission of ATSDR "is to serve the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances."[12] But, nearly since its inception ATSDR has been criticized for not living up to that charge. Stephen Lester, Science Director at the Center for Health, Environment and Justice has been one of those critics and will testify about his own efforts to help the agency reform itself for the past two decades. Lester and others have criticized ATSDR for repeatedly failing to adequately investigate public health concerns. Last year, at the Subcommittee's ATSDR hearing we looked into some of the cases listed below and ATSDR committed to re-visiting some of these past investigations as a result.

Vieques Island, Puerto Rico

From 1941 to 2003 the U.S. Navy engaged in live bombing practice activities on and off the coast of Vieques Island in Puerto Rico spreading munitions containing toxic chemicals into the sea and local ecosystem. In November 2003, ATSDR issued a summary of its work on the island. "Residents of Vieques have not been exposed to harmful levels of chemicals resulting from Navy training activities at the former Live Impact Area," ATSDR concluded. "It is safe to eat seafood from the coastal waters and

[12] "Statement of Mission," Agency for Toxic Substances and Disease Registry, undated, available here: http://www.atsdr.cdc.gov/about/mission.html.

near-shore lands on Vieques," they said.[13] Those assessments have been widely criticized. One of those critics has been Dr. John Wargo, Professor of Environmental Risk Analysis and Policy at Yale University, who has investigated the public health consequences of toxic contamination on Vieques for the past seven years and will testify at Thursday's Subcommittee hearing.

In the wake of last year's Subcommittee hearing, ATSDR management engaged in some positive actions regarding Vieques. The former NCEH/ATSDR director, Dr. Howard Frumkin, visited Vieques and committed to re-evaluating ATSDR's past public health assessments of the island. The agency held a meeting last year with Puerto Rican scientists and other experts in what it described as a "scientific consultation" to discuss steps ATSDR should take to re-evaluate its past public health reports and recommendations regarding future action to evaluate toxic contamination on Vieques. Some scientists are frustrated, however, that ATSDR has been slow in developing any plans to launch new public health evaluations and these scientists are uncertain whether that will ever happen. The agency, for instance, never conducted a comprehensive food intake survey on the island, a critical step in evaluating potential chemical exposures to the island's residents and it is unclear if ATSDR plans to conduct one in the future. ATSDR had intended to issue a report for public comment in March that details information gaps, research needs and recommended actions regarding Vieques. But the agency now says that report won't be ready for release until mid-to-late summer.

Midlothian, Texas

At our last ATSDR hearing, the former ATSDR director also committed to re-focusing the agency's attention on Midlothian, Texas home to three cement plants and one steel mill that have released more than one billion pounds of toxic chemicals into the local environment since 1990. In 2005 the agency accepted a public petition to conduct a health consultation on the potential health effects of toxic substances released from Midlothian's cement kilns. A draft version of the study was released in 2007 and received wide-spread criticism from independent scientists and local community members. A final version of the health consultation has still not been released. In addition, a second health consultation which was supposed to address air monitoring data of specific toxic chemicals was never initiated.

In the wake of our hearing ATSDR did get more involved in Midlothian, although actual progress has been more difficult to measure. The agency held a public meeting, it conducted a survey of the local community's public health concerns, it formed a Community Assistance Panel (CAP) and it detailed two veterinarians to help examine health concerns regarding the town's animal population, including dogs, horses and goats that have exhibited what appears to be abnormally high numbers of stillbirths, birth defects and deformities.

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[13] "A Summary of ATSDR's Environmental Health Evaluations for the Isla de Vieques Bombing Range, Vieques, Puerto Rico," Agency for Toxic Substances and Disease Registry (ATSDR), November 2003, available here: http://www.atsdr.cdc.gov/sites/vieques/vieques_profile.pdf.

Virtually all of these actions, however, have been criticized by local community members. It is unclear to them when the veterinarians' evaluation will be completed or what to expect from it. One local resident says it seems ATSDR is treating the animal investigation as simply a veterinarian issue and not an important and urgent indicator of potential human health harm from exposure to toxic contamination. Local residents also complain that ATSDR's public meetings were not well publicized. ATSDR established a local Community Assistance Panel (CAP) to reportedly help provide input to ATSDR's activities regarding public health evaluations in Midlothian. Yet, the panel formed by ATSDR had an overwhelming number of representatives from the very industries that have contributed to the toxic contamination in and around Midlothian in the first place. There were reportedly six industry representatives, one representative from the local school board, one from the city and two community representatives. ATSDR apparently hand-selected the two community representatives that it believed were "fair and balanced" based on interviews that were conducted with local residents last summer.

The Subcommittee and many others have repeatedly criticized ATSDR for paying undue heed to the corporate interests or local politicians that have vested interests in concluding that there are no actual or potential public health hazards due to toxic exposures in local communities. In the Midlothian case, for instance, ATSDR never offered a seat on the panel to the agency's most vocal critics from the community. But the town's corporate interests that were responsible for the pollution were well represented. The perception in Midlothian is that ATSDR was attempting to silence its critics once again. In the end, ATSDR disbanded the short-lived Community Assistance Panel because of these concerns. These sorts of clearly avoidable and continuing blunders by the agency do not instill confidence in its ability to reform itself.

Polycythemia Vera Cancer Cluster Funding

In another case, CDC approved $2.5 million in FY2010 funding for research into a cluster of rare blood cancers called polycythemia vera in eastern Pennsylvania, after our hearing last year. Senator Arlen Specter had been pushing for this funding to investigate the potential scope and cause of these cancers. Part of the funding was intended to fund research efforts that would investigate potential links between this cancer cluster and environmental contamination. Again, after our hearing drew attention to this issue ATSDR engaged in some positive actions. They assisted in forming a Community Action Committee (CAC) that would help provide information on the government's research into the polycythemia vera cluster to the public and ATSDR secured funding to support various research efforts regarding the polycythemia vera cluster.

Yet, a few weeks ago the agency apparently attempted to "reprogram" the $2.5 million in funds for this effort without informing Congress or the local affected communities in Pennsylvania. Once Senator Specter became aware of this issue and wrote to the Department of Health and Human Services the reprogramming effort reportedly ceased. The CDC says that it "considered a number of options for reallocating resources. At this point, CDC does plan to continue funding the polycythemia vera cancer cluster in FY2010."

The Value of a National Conversation?

The recommendations offered by GAO in its new report on ATSDR provide a guidepost for essential reform of the agency. None of the critical and constructive reforms necessary will occur, however, without strong leadership at the top of the agency that recognizes the agency's past miscues and missteps and is able and willing to step in a new direction. It seems clear to the Subcommittee that the current cadre of ATSDR's top management, many of whom have been at the agency for decades and have been in positions capable of executing necessary changes at the agency, have been unable or unwilling to implement the critical reforms necessary to help protect the public's health from potentially toxic contamination. They have simply failed to rely on sound science and rigorous reviews of the public health documents the agency releases to the public.

Unfortunately, over the past year, for instance, the agency's leadership has been focused on what it has described as a "National Conversation on Public Health and Chemical Exposures," "a 2-year project to create a national action agenda for strengthening the United States' approach to protecting the public from harmful chemical exposures." The project is being sponsored by both CDC and ATSDR.[14] These extravagant efforts appear to have been a clear and present diversion from any real reform efforts at the agency. This process has refocused attention inside ATSDR away from rectifying the agency's own problems and strengthening its own public health procedures towards a broad ranging discussion of environmental contamination and public health that appears to overstep the agency's congressional mandate and its public health mission. This effort, begun under the agency's former director, has diverted attention, financial resources and energy from any attempt to quickly and aggressively fix the known and unambiguous problems that have hindered the agency's scientific credibility, data integrity and public health value since its creation two decades ago.

The former director of ATSDR was removed from his position late last year. The current director of the Centers for Disease Control and Prevention (CDC) now has an opportunity to appoint a strong, solid director and new management team at ATSDR that is committed to inaugurating sound scientific practices that will serve the local communities that the agency was established to both advise and help protect.

Dr. Robin M. Ikeda, Deputy Director for the Office of Noncommunicable Diseases, Injury and Environmental Health and Acting Director for the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) will be our last witness and will respond to Members' questions about CDC's environmental public health practices and inform the Subcommittee where CDC is on the road to reform at NCEH and ATSDR.

[14] See details here: http://www.atsdr.cdc.gov/nationalconversation/index.html.

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Hearing on

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9:00 a.m. – 11:00 a.m.
2318 Rayburn House Office Building (WEBCAST)

Witnesses:

Panel I

Ms. Cynthia A. Bascetta, Director, Public Health and Medical Services, Government Accountability Office (GAO)

Mr. Stephen Lester, Science Director, Center for Health, Environment & Justice (CHEJ)

Dr. John P. Wargo, Professor of Environmental Risk Analysis and Policy, Yale University

Dr. Marc Edwards, Charles P. Lunsford Professor, Department of Civil and Environmental Engineering, Virginia Polytechnic Institute and State University, Blacksburg, Virginia

Panel II

Dr. Robin M. Ikeda, MD, MPH, Deputy Director for the Office of Noncommunicable Diseases, Injury and Environmental Health and Acting Director for the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC)