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1 AGENCY FOR TOXIC SUBSTANCES & DISEASE REGISTRY (ATSDR)  
2 AND THE TENNESSEE DEPARTMENT OF HEALTH (TDH) COMMUNITY  
3 MEETING ABOUT THE PUBLIC HEALTH ASSESSMENT  
4 PROCESS FOR THE KINGSTON COAL ASH RELEASE  
5 HARRIMAN, TENNESSEE  
6 THURSDAY, JUNE 11, 2009  
7  
8

9 FACILITATOR: LA FRETA DALTON  
10

PANEL MEMBERS:

11 BILL CIBULAS, Director  
12 Division of Health Assessment and  
13 Consultation, ATSDR  
14 TRENT LeCOULTRE, Site Lead, ATSDR  
15 BONNIE BASHOR, TDH  
16 BOB SAFAY, ATSDR  
17  
18

19 MARY L. PHILLIPS  
20 REGISTERED PROFESSIONAL REPORTER  
21

22 P.O. BOX 22395  
23 Knoxville, Tennessee 37933-0395  
24 (865)966-2530  
25 Toll free (866) 966-2530

0002

1 MS. DALTON: Good evening. I'll wait  
2 for just moment to give everyone an opportunity  
3 to have a seat, and we'll get started  
4 with our meeting.

5 First of all, let me ask: Did  
6 everyone receive a copy of the agenda for this  
7 evening? If anyone needs a copy of the agenda,  
8 they are outside on the table as a handout. And  
9 I would certainly appreciate it if you would  
10 please take the time to complete our mailing  
11 list so that we can provide you information and  
12 future updates.

13 Good evening. My  
14 name is LaFreta Dalton, and I'm a health  
15 communications specialist with the Agency For  
16 Toxic Substances and the Disease Registry from  
17 Atlanta. I would like to introduce the members  
18 of the team that are here this evening to  
19 discuss the public health assessment process.

20 We have Dr. Bill  
21 Cibulas, who is the director of the Division of  
22 Health Assessment and Consultation with ATSDR;  
23 Trent LeCoultré, who is the ATSDR site team  
24 leader for the Kingston coal ash site. Bob  
25 Safay is our regional representative. My

0003

1 colleague Ricardo Beato is our media liaison.  
2 He's probably outside, right there at the door.  
3 Our court reporter for the evening is Ms. Mary  
4 Phillips, who is here up front.

5           With the Tennessee Department of  
6 Health Environmental Epidemiology Program we  
7 have Bonnie Bashor, who is on the panel up  
8 front, and also David Borowski, who is standing  
9 there in the back. With the Tennessee  
10 Department of Environment and Conservation we  
11 have Tisha Calabrese, who is the public  
12 information officer.

13           At this time I would like to  
14 acknowledge elected officials or the  
15 representatives that are here and other agency  
16 partners as well. So if you wouldn't mind,  
17 would you please stand. Your name, please.

18           MS. HICKMAN: Beth Hickman. I'm a  
19 field representative for Congressman Lincoln  
20 Davis.

21           MS. DALTON: Thank you for attending  
22 this evening. Others? Okay. If you would,  
23 please refer to your agenda. I'd like to take a  
24 moment to briefly review the agenda and the  
25 format for the meeting this evening. First

0004

1 , Dr. Cibulas will provide opening remarks  
2 and discuss the purpose of the meeting. Two  
3 presentations will follow. First, Trent  
4 LeCoultre will discuss the ATSDR cooperative  
5 agreement program, followed by Bonnie Bashor's  
6 presentation about the public health assessment  
7 process.

8           After the presentations there will  
9 be an open forum, which will be an opportunity  
10 to ask the presenters questions. I will return  
11 to moderate the open forum. Our basic ground  
12 rule for the evening is that our expectation is  
13 that respect will be given to and by all in  
14 attendance this evening.

15           A few housekeeping items. The  
16 ladies' lounge and also the men's lounge  
17 are down the corridor on your right.  
18 If you need assistance during the meeting,  
19 please see an ATSDR team member. We'll be at  
20 various locations throughout the room.

21           At this point I would like to turn  
22 it over to Dr. Cibulas.

23           DR. CIBULAS: Thanks very much,  
24 LaFreta. Can you hear me okay? And are you  
25 going control my slides or am I going to control

0005

1 them?

2 MS. DALTON: Let me get them going.

3 DR. CIBULAS: Good evening, everyone,  
4 and welcome. I'm really glad that you're here  
5 tonight to give us an opportunity to talk to you  
6 a little bit about the public health assessment  
7 that is being conducted by the Tennessee  
8 Department of Health in collaboration with our  
9 agency.

10 My name is Bill Cibulas, and I am  
11 waiting for my slides, which are just about to  
12 come up.

13 (Off-the-record computer projector discussion)

14 DR. CIBULAS: Okay. So again, my name  
15 is Bill Cibulas, and I am the director of the  
16 Division of Health Assessment and Consultation  
17 for the United States Agency for Toxic  
18 Substances and Disease Registry.

19 I'm here tonight, as you've heard,  
20 with a number of my colleagues as well as our  
21 partners in public health from the Tennessee  
22 Department of Health, and we want to talk to you  
23 a little bit about the public health assessment  
24 process and how you can be involved in this  
25 process.

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1 Let's see. First of all, I wanted  
2 to comment that judging from the public meeting  
3 that was held last week with Congresswoman Eddie  
4 Bernice Johnson and having had an opportunity to  
5 read some of the articles in the Knoxville  
6 News-Sentinel, it's very obvious that there are  
7 people in this audience and in this community  
8 that are very concerned about health issues  
9 related to the fly ash and other issues and  
10 concerns that have been brought and continue to  
11 come to your attention.

12 So with that, if I could have the next  
13 slide, please. I want to tell you, first of  
14 all, why we are here. And I had a little four  
15 quick bullets on the purpose of today's meeting.  
16 First of all, we need to explain who we are.  
17 We're a federal agency. We're the Agency for  
18 Toxic Substances and Disease Registry.

19 I doubt if many of you have ever  
20 heard of ATSDR, which is the acronym. So you  
21 need to understand and figure out who we were  
22 among the various federal agencies, state and  
23 local agencies, that are involved in the fly ash  
24 spill. So we're here today to tell you who we  
25 are and how we are supporting the efforts of

0007

1 your Tennessee Department of Public Health.

2 Secondly, we want to assure you of  
3 our commitment to providing the best science to

4 address your concerns. ATSDR and our  
5 collaborators and states are working in some 300  
6 to 400 sites across the country, and we  
7 owe every one of those communities top quality  
8 science work. You expect it out of us. You  
9 expect it out of your federal agencies. And if  
10 we don't meet those expectations, it's  
11 unacceptable to you and it's unacceptable to us.  
12 So we're here today to tell you a little bit  
13 about how we are assuring the science behind our  
14 work.

15           Thirdly, we want to talk to you  
16 about this public health assessment process so  
17 you understand the process and to provide you an  
18 opportunity to provide feedback in the process.  
19 I think the worst that can happen is that we  
20 conduct this public health assessment; you're  
21 not engaged; you don't know what it's all about;  
22 and at the end of the process you find you don't  
23 believe in its results. You're uncomfortable.  
24 You didn't have any involvement in the process  
25 and you're -- you know, it's just something

0008

1 that, you know, you find not credible.

2           So it's really important, I think,  
3 that in working with communities, they have an  
4 opportunity to provide feedback in everything  
5 that we do and to get involved. And finally,  
6 we're here most importantly because we want to  
7 listen to you; we want to know what your  
8 concerns are, and we want to answer your  
9 questions.

10           Now, there's probably going to be  
11 some questions tonight that we might not be able  
12 to answer right away. LaFreta and others, we're  
13 going to put those in the parking lot. We'll  
14 get answers to your questions, and we'll post  
15 those answers and the questions on the Tennessee  
16 Department of Public Health website just as  
17 quickly as we can. So, again, we want to hear  
18 your questions and we want to hear your  
19 concerns, and that's why we're here tonight.

20           Next slide, please. So I promise  
21 not to bore you too much, but I've got to spend  
22 just a few minutes about who ATSDR is so you  
23 have a sense of why we are here and what we are  
24 trying to accomplish and what our role is with  
25 the Kingston coal ash release.

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1           Okay. I have four quick bullets.  
2 First of all, ATSDR is a relatively new agency.  
3 I'm going to use the acronym ATSDR. But again,  
4 it's the Agency for Toxic Substances and Disease  
5 Registry. It's a terrible, boorish, long name.

6 The acronym is not much better, but we're going  
7 to go with ATSDR because it's easier for me to  
8 get out.

9 So ATSDR is a relatively newer  
10 federal agency. We were created in 1980 under  
11 the Comprehensive Environmental Response,  
12 Compensation, and Liability Act of 1980. You  
13 probably never heard of that act. Some of you  
14 probably have. It's more regularly known as the  
15 Superfund Act. I think probably most of you  
16 have heard of the Superfund Act of 1980.

17 ATSDR is not an environmental  
18 agency. We're not a regulatory agency. We're  
19 not here to clean up the site. We're not here  
20 to clean up your community. We're here to  
21 provide public health advice, science, and to  
22 look at the public health issues and concerns  
23 that you have, and to make sure those public  
24 health concerns are built into clean-up  
25 decisions. And more importantly, if there are

0010

1 public health issues associated with exposures  
2 to the fly ash, we want to be here and do what  
3 we can do to address those concerns.

4 Second bullet. ATSDR is also given  
5 some authorities under the 1976 Resource  
6 Conservation and Recovery Act which was amended  
7 in 1984. The first act of the Superfund Act  
8 generally has ATSDR involved with these  
9 abandoned waste sites across the country.  
10 That's where most of our activities occur.

11 Under this second act, which is  
12 known as RCRA, ATSDR has the authority to get  
13 involved with licensed, active permitted  
14 facilities like the Kingston Fossil Plant.  
15 Okay. And we can get involved on a more limited  
16 basis with these types of currently permitted  
17 operations if EPA asks us to get involved or if  
18 we get a petition or a request from community  
19 members who are concerned about exposures to  
20 hazardous substances. And that's how we got  
21 involved in this site, and we can talk a little  
22 bit more about that in a few minutes.

23 But again, under this particular  
24 act we have more limited authority to get  
25 involved, but upon invitation we can actually

0011

1 get involved, and that's how we got involved  
2 here. In 1985, interestingly it took five years  
3 before ATSDR was authorized before they finally  
4 began to put some bodies behind the agency. And  
5 the charge of putting this agency together was  
6 given to the director of the Centers for Disease  
7 Control. And that's why we're headquartered in

8 Atlanta.

9                   Interestingly, a little side piece  
10 is that you may have seen this week that we got  
11 a new director for the Centers for Disease  
12 Control. Dr. Tom Frieden just started with us  
13 this week. He comes to us from the New York  
14 City Health Department. But in his role as  
15 director of the Centers for Disease Control, he  
16 also has a dual hat. He is the administrator of  
17 ATSDR. So that's where we're located. We're in  
18 Atlanta with our colleagues from the Centers for  
19 Disease Control, which I'm sure you've heard of.

20                   Then one more quick tidbit here.

21 In 2004 ATSDR was actually sort of, I like to  
22 say, joined at the hip with our colleagues at  
23 one center within the Centers for Disease  
24 Control, and that one is the National Center for  
25 Environmental Health. And that particular

0012

1 center has some types of actions and mandates  
2 and responsibilities very similar to what ATSDR  
3 does, and it made sense to the administrators  
4 that NCEH, this National Center for  
5 Environmental Health, and ATSDR be sort of  
6 joined together. And that has happened. So  
7 sometimes now when you see us in the paper,  
8 you'll see instead of just ATSDR, you'll see  
9 NCEH/ATSDR, which stands for the National Center  
10 for Environmental Health and ATSDR. A little  
11 bit confusing.

12                   I'd like to explain this to you  
13 more if you would like afterwards, but that's  
14 pretty much what I'm going to go with, with the  
15 history of ATSDR. I want to tell you we're a  
16 very small agency by federal agency standards.  
17 We only have about 300 staff, and we have really  
18 a fairly small operating budget, only about \$62  
19 million.

20                   And if you think about what the  
21 projected costs for cleanup of the ongoing event  
22 here, which is about ten times that, you get a  
23 sense of just sort of how small we are. But we  
24 do an awful lot with that \$62 million and 300  
25 staff. As I said, we're involved in some 300 to

0013

1 400 sites across the country.

2                   Next slide, please. Really  
3 quickly, it's also important for you to know  
4 that ATSDR, as I said, is headquartered in  
5 Atlanta, but we also have staff across the  
6 country located in the EPA 10 regional offices  
7 because we work very closely with our colleagues  
8 at EPA.

9                   Think of it like this: Under the

10 Superfund Act, EPA has the responsibility to  
11 clean up sites. We have the responsibility to  
12 take care of public health issues at those  
13 sites. So we have a very close relationship  
14 with our partners at EPA, and we actually have  
15 staff co-located with them. And as you can see  
16 from this slide, Tennessee is in region 4, and  
17 the region 4 headquarters for EPA is actually in  
18 Atlanta. So our senior regional rep who is  
19 sitting with us right here, Bob Safay, is the  
20 representative who represents your state, and he  
21 is located in Atlanta.

22 I hope that you've had an  
23 opportunity to meet Bob either with this site or  
24 other sites that he's worked on here in  
25 Tennessee. He's a great guy, and you should get  
0014

1 to know him. So I just wanted to give you that  
2 little bit of information about ATSDR also.

3 Next slide, please. In the way of  
4 what do we do, when we talk about ATSDR's  
5 mandates, we talk about four specific things  
6 that Congress asked us to do. And I'll go over  
7 these real quickly. ATSDR's primary function --  
8 I like to call it our bread and butter -- is to  
9 protect people from hazardous chemical  
10 exposures. That's what we're doing here in  
11 Kingston. Our public health assessment process  
12 is designed to help us address this specific  
13 mandate, protecting people from hazardous  
14 chemical exposures.

15 Secondly, we have a mandate to  
16 build a science base about toxic chemicals.  
17 Okay. When we conduct our public health  
18 assessments, we conduct health studies and other  
19 studies at sites. We try to make that  
20 information, what we learn at these sites,  
21 available to the larger scientific community so  
22 that we're continuing to learn more and more  
23 about fly ash release sites and we can build on  
24 that experience.

25 We also develop toxicological

0015  
1 profiles on substances found at hazardous waste  
2 sites. This is a very important function that  
3 we do. For the most hazardous substances found  
4 at waste sites -- and we've done this for about  
5 200 substances to date -- we actually comb the  
6 scientific literature and develop these  
7 compendia that tells you everything that we know  
8 about exposure to these hazardous substances.

9 If you were to go to your worldwide web  
10 tonight and go to Google and type in some of  
11 these substances or chemicals that you're

12 concerned about with fly ash -- the mercury, the  
13 leads, the arsenics, et cetera -- and you type  
14 that chemical in, most likely the first hit  
15 you're going to get is the ATSDR website,  
16 because for the most part we've developed these  
17 profiles which are the most recent reviews of  
18 the scientific literature on these substances.

19 Thirdly, we have a mandate to  
20 educate people about exposures to toxic  
21 chemicals. We do this for both the community as  
22 well as health care providers. I know here in  
23 Kingston so far we've done health education for  
24 the primary care physicians, health care  
25 deliverers, of at least two times. We do this

0016

1 probably for just about every site we work at.  
2 There's some sort of health education that  
3 either the community or the health care  
4 deliverers need.

5 And finally, we also have a  
6 responsibility to maintain registries related to  
7 exposures. To be honest, we haven't done much  
8 of this at all. Our name, the Agency for Toxic  
9 Substances and Disease Registry, suggests that  
10 we should be registering people, keeping logs of  
11 people who are exposed to waste site chemicals.  
12 We don't do this very much.

13 The biggest one that you may be  
14 aware of is that we've been getting  
15 congressional funds for the last couple of years  
16 to develop a registry of exposed persons to  
17 World Trade Center dust. We have about 70,000  
18 people who are on that register right now, but  
19 that's one that's ongoing right now. But we  
20 really don't do that much at waste sites.

21 Next slide, please. We're going to  
22 talk with Trent and Bonnie here in more  
23 specifics about what a public health assessment  
24 is. I want to point out in this slide that our  
25 public health assessments may be routine or

0017

1 petitioned. By routine, I mean we have a  
2 mandate under the Superfund Act to conduct  
3 public health assessments at every abandoned  
4 waste site that ranks high enough to be put on  
5 the EPA national priorities list, the NPL.  
6 We have a mandate to do that. Every site that's  
7 on that NPL we're going to do a public health  
8 assessment. But we get involved in other sites  
9 through other ways.

10 And I mentioned earlier the  
11 petition program. And any citizen of the United  
12 States who believes  
13 they've been exposed to hazardous chemicals as a

14 result of a release from a facility can actually  
15 send us a letter and request that we do a public  
16 health assessment for them and look at, you  
17 know, if they've been exposed, to what levels,  
18 and to get a sense of whether or not there is  
19 public health implications of those exposures.  
20 And we're going to talk a little bit more about  
21 that.

22 But again, we actually received  
23 four petitions for this particular site from  
24 people who are in this audience and other places  
25 who are concerned about exposures to the fly

0018

1 ash. And as a result, we are doing a public  
2 health assessment for this particular site.

3 And I think that's the last thing  
4 I'm going to say. I have one more slide. It  
5 goes with the next steps, but we're going to  
6 leave that for a little bit later. And so what  
7 I'd like to do now is introduce you to Trent  
8 LeCoultre. And Trent is going to talk to you  
9 about our cooperative agreement program with the  
10 Tennessee Department of Health.

11 MR. LeCOULTRE: All right. Thanks,  
12 Bill. As a matter of introduction, my name is  
13 Trent LeCoultre. I'm actually from north  
14 Knoxville, right down the road. Some of you  
15 actually I've ran into tonight I've actually met  
16 before, so it's good to see you folks again.

17 But I am the ATSDR site lead, and  
18 basically I'm kind of the conduit from the  
19 Tennessee Department of Health, and I want to  
20 explain that relationship with you tonight and  
21 the rest of ATSDR. So I'm kind of the point  
22 person between those two entities.

23 Okay. So how does ATSDR work with  
24 the Tennessee Department of Health, and what is  
25 a cooperative agreement? We work with the

0019

1 Tennessee Department of Health through a  
2 cooperative agreement. Now, what is that?  
3 Well, the Federal Government has three major  
4 ways that we get money out the door to get  
5 people to do things for us.

6 One is through contracts, which  
7 most of you are very familiar with, living this  
8 close to the Oak Ridge facility. They have a  
9 contract -- I believe it's Bechtel right now,  
10 used to be Martin Marietta, probably a few in  
11 between. There's contractors all over this  
12 site. So that's one way we get money out the  
13 door.

14 The two other ways are through  
15 grants and cooperative agreements. Now, what is

16 the difference between a grant and a cooperative  
17 agreement? They're really similar in a lot of  
18 ways, but there's two words that really define  
19 what a cooperative agreement is, and it's  
20 "substantial involvement."

21 With a cooperative agreement it's  
22 really more of a partnership in that both ATSDR,  
23 the funding agency, has substantial involvement  
24 in the work that goes on with our funded partner,  
25 and we like to use the word partner -- you'll

0020

1 see it in my slides -- because it really is a  
2 partnership. And we work together at every  
3 site. So since it is a partnership, each side  
4 of the partnership has their own set of  
5 responsibilities.

6 For ATSDR, our responsibilities  
7 include providing resources. Number one, money.  
8 That's obvious. We provide funding to the  
9 state. We fund -- I believe in the cooperative  
10 agreement program, we fund between two and six  
11 people, depending on the state size, depending  
12 on the number of waste sites they have, and a  
13 lot of other things. So we provide money.

14 We also provide technical expertise  
15 at these sites. Some state programs don't have  
16 certain expertise in house, so we'll provide  
17 that expertise. Health physicists is a good  
18 example, epidemiologists, statisticians. And  
19 there's other scientific and technical fields  
20 that may not be available within our state  
21 partners programs, so we'll provide those. At  
22 this site we've actually -- Tennessee Department  
23 of Health has asked us to provide technical  
24 assistance in the form of a health physicist.

25 We also assist and collaborate in

0021

1 other technical and policy-related issues, and  
2 we provide training to the states. The  
3 responsibilities of our partners include to  
4 actually conduct the public health assessment  
5 activities at the state level. They go out;  
6 they do the work; they're on the ground.  
7 They're the ones who are crunching the numbers,  
8 and they are really doing the hard work in the  
9 state.

10 We also ask them to maintain  
11 specific documentation and provide periodic  
12 updates. We ask for a couple financial reports  
13 each year just to make sure the money is being  
14 spent the way that we agreed that it would be  
15 spent. We ask them to participate in the  
16 trainings that are put on. And, you know,  
17 occasionally we'll get congressional requests

18 and other requests from other sources that we'll  
19 ask them to help us fulfill those requests.

20 So currently we have 30 partners.  
21 We have 29 states. And when I showed this slide  
22 previously, I've gotten the comment, well, is it  
23 the green ones or the gray ones? The green ones  
24 are our partners. We have 29 state partners and  
25 the Gila River Indian Community. You can see

0022

1 the Gila River Indian Community in Arizona is  
2 one tribe. It's a partner of ours.

3 So we're going to produce a  
4 document. That's going to be the end result.  
5 That's the product of our work here. This says  
6 health consultation, but the document that we're  
7 going to be producing is a public health  
8 assessment. But either way, they go through a  
9 review process. Now, this review process is  
10 after it gets to ATSDR, the Tennessee Department  
11 of Health will provide their own internal review  
12 and scrutiny of the document.

13 And when they do, I've got the  
14 cooperative agreement partner -- that's  
15 Tennessee in this case -- so they'll send it to  
16 the technical project team which consists of me  
17 as the technical project team leader, and I'm  
18 throwing a lot of words out. But other members  
19 of the team are Bob Safay, our regional rep, and  
20 LaFreta is the health communications lead on our  
21 technical project team.

22 After we've all -- we'll review it  
23 concurrently. And then once we've all signed  
24 off on it, we'll send it up to my first-level  
25 boss, the cooperative agreement team leader. He

0023

1 reviews the document and he sends it to his  
2 boss, the branch chief. He reviews it, clears  
3 it. At any point in the process it can bounce  
4 back for comments and revisions, et cetera.  
5 This looks kind of busy, but it's really a nice  
6 streamlined process. This is typical document  
7 review.

8 There are exceptions to this  
9 process. One is an exposure investigation,  
10 which we're not really here to talk about that,  
11 but those are special situations. Focus site --  
12 which I'm not sure we really use that word  
13 anymore -- but Oak Ridge is a focus site. It  
14 was big. It has a lot of interest. I think  
15 this site could probably be considered a focus  
16 site. But, you know, we don't really use that  
17 terminology anymore. But there's been other  
18 sites with congressional interest, which,  
19 clearly this qualifies. So this is the review

20 process for this document.

21 Now, I know that this looks  
22 incredibly bureaucratic and over the top, but I  
23 want to assure you guys that we do this to  
24 ensure the quality of this document each step of  
25 the way. And as this document goes through,

0024

1 it's going -- to it's already been blessed, and  
2 it will be placed on the top of everybody's pile  
3 on the way by. So a lot of these are the same  
4 as the previous slide.

5 When we get down here to branch  
6 chief, it keeps going. It goes on up to our  
7 director of science in our division. She'll  
8 review it. She'll provide comments. And then  
9 it actually goes up to Bill, who is the DHAC,  
10 which -- I put these acronyms defined over here  
11 on the right because there is no way I could  
12 spell them all out -- but Bill is the director  
13 of the Division of Health Assessment and  
14 Consultation.

15 So Bill will actually review this  
16 document, and then he'll bump it up to our  
17 senior-level management in ATSDR. And after  
18 they review the document, it's going to be ready  
19 for release, the first release. And Bonnie is  
20 going to talk more about the various releases we  
21 have.

22 But each and every one of you is  
23 going to get the opportunity to review this  
24 document with a fine-toothed comb, you know,  
25 make sure we've dotted our i's and crossed our

0025

1 t's. If we haven't answered your questions, we  
2 want you to bring those questions forward and  
3 we're going to incorporate those in our final  
4 version of the document. But Bonnie is going to  
5 talk more about the release process. So that's  
6 it. That's what this document is going to be.  
7 It's going to be scrutinized at the highest  
8 level just to make sure that we've done  
9 everything that we know to do to make the  
10 science strong and this document what you would  
11 expect it to be.

12 So I just want to -- this is my  
13 last slide. I'll try not to bore you with  
14 PowerPoint tonight and get to your questions.  
15 But I want to talk about a little bit of the  
16 experience that ATSDR has in Tennessee, both  
17 independently as an agency, because we do our  
18 own work that's not part of the cooperative  
19 agreement, but also the work that we've done  
20 with the Tennessee Department of Health at Oak  
21 Ridge.

22 I picked out some that are in East  
23 Tennessee that you guys all know. The Tennessee  
24 Department of Health back in the late '90s did a  
25 fantastic Dose Reconstruction at the site,

0026

1 wonderful work. ATSDR actually wrote the public  
2 health assessments. We ended up with seven  
3 public health assessments for the Oak Ridge site  
4 which were produced out of our Federal  
5 Facilities Branch at ATSDR.

6 Bonnie and her group did a  
7 wonderful job on the Loudon County hazardous air  
8 pollutants right down the road in Loudon County,  
9 and they're currently working on Lenoir Car  
10 Works, which was an exposure investigation site  
11 where they actually worked with other parts of  
12 the state health department and went out and  
13 took blood samples at the site and analyzed  
14 those and got those results back to the  
15 community members because of the elevated lead  
16 at that site.

17 And then we work on. You know, I  
18 can't list all the sites that Tennessee is  
19 involved with on the state level. And, you  
20 know, from Memphis to Bristol and everywhere in  
21 between, we're doing good public health work in  
22 the state.

23 Just as a point of note, I think  
24 the Tennessee Department of Health puts all  
25 their documents on their website, which, you can

0027

1 find those. But you can also find all of them  
2 at our website which is listed below. So if  
3 you're interested in some of the work that we've  
4 done, if you want to see for yourself and this  
5 is your first time hearing about our agency,  
6 then I invite you to go there and just browse  
7 around and look and learn a little bit about us.

8 So that's it. With that, I want to  
9 hand it over to Bonnie. She's going to talk  
10 about -- we're kind of fine-tuning it. Bill did  
11 a really nice introduction about our agency,  
12 where it came from. I'm talking about our  
13 relationship with the state, and now Bonnie is  
14 finally going to get down to the public health  
15 assessment process and what we're here to do.

16 (Off-the-record discussion)

17 MS. BASHOR: I'm Bonnie Bashor. I'm  
18 the director of the Environmental Epidemiology  
19 Group with the Tennessee Department of the  
20 Health. And we'll talk about us a little bit so  
21 you know who we are, and then we'll get to the  
22 health assessment process.

23 Our mission is that we are

24 responsible for all the environmental public  
25 health activities that relate to chemicals and  
0028

1 pollution in Tennessee. There have been four of  
2 us. There's now five of us. So you can see  
3 that there's a lot of sites in Tennessee that we  
4 work on, and we've put most of our efforts since  
5 January here on this site. But we still have to  
6 keep our other work going, too. That's one of  
7 our sites in Memphis (pointing to slide).

8 This is who we are. We're part of the  
9 Department of Health. The Commissioner reports  
10 to the Governor. Under that there is a large  
11 section called Communicable and Environmental  
12 Disease Services, and that's where we are. We  
13 sit with the people who do regular surveillance  
14 in epidemiology, who work on getting rid of  
15 tuberculosis, with immunizations, emergency  
16 preparedness. FoodNet is a group that deals  
17 with food poisoning like your salmonella in your  
18 pizza and things like that.

19 And what's not up there (on the organization chart  
slide) is the

20 HIV/STD group, who recently joined us. And I  
21 made us bigger (on the chart) because I think we're the most  
22 important. Okay. First, I wanted to start off  
23 by explaining that there are two different  
24 health projects ongoing in this area right now.  
25 And it can be very confusing because we both use

0029  
1 the words "health assessment." Okay. What we're  
2 doing is called Public Health Assessment, and it  
3 looks -- it's going to look at the big picture.  
4 We're going to look at all the data and get the  
5 implications for public health. We don't look  
6 at individual people. We look at all of public  
7 health, which is a little different.

8 ORAU, the Oak Ridge Associated  
9 Universities, and Vanderbilt University Medical  
10 Center are in the process of setting up clinics  
11 where people can go who are worried about their  
12 health maybe as a result of the coal ash  
13 release, and that will be individual patient  
14 care. And I wanted to put that up because we  
15 both advertise that as health assessment. But  
16 we're the top one (on the slide), and ORAU and Vanderbilt are  
17 the individual patient care.

18 Okay. You might wonder. I'm sure  
19 you've never heard of Environmental Epidemiology  
20 either, and we abbreviated it as EEP, because  
21 it's a big long word, too. We've actually been  
22 here since the beginning. We've been in the  
23 background a lot. We were on the phone going  
24 over health implications of what was found from

25 December 23rd, I believe. We're part of the

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1 incident command center and the joint  
2 information center. Dr. David Kirschke, who is the  
3 deputy state epidemiologist, and David Borowski  
4 were part of those. We were part of the  
5 environmental sampling activities. One of our  
6 staff accompanied TDEC and EPA to make sure that  
7 there were samples taken where we thought we  
8 could look at the impact on people.

9 We did door-to-door surveys. Some  
10 of you probably had somebody come to your door  
11 where we asked you some questions. We've been  
12 to all the public meetings, and we review daily  
13 data reports. Sometimes now they're just twice  
14 a week, but we still review those.

15 What we're doing now is we still  
16 reviewing the data. We're part of the interagency  
17 team that's reviewing the cleanup plans, and we  
18 look at those from a public health perspective.  
19 We're here tonight because you asked us to do a  
20 Public Health Assessment, or you asked ATSDR and  
21 we will be doing it with them. And we will  
22 write the public health assessment.

23 And then I have another little  
24 interjection from the logical flow that if we  
25 had seen something that we thought was an urgent

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1 health hazard that was going to hurt you, we  
2 would say forget the report, and we would have  
3 done something to protect you. We don't like  
4 writing reports just to write reports. We would  
5 rather protect people. So if we had seen  
6 anything, we would have been here making noise.

7 Okay. For a public health  
8 assessment -- this is in general -- there's two  
9 primary objectives: to evaluate whether the  
10 people in the community have contacted -- I'm  
11 going say this not so confusing -- whether in  
12 the past you've gotten into environmental  
13 pollution, whether you're contacting it now or  
14 you might contact it in the future. And then we  
15 decide would that contact hurt you. And we make  
16 some judgments about that.

17 Just to interject again, the public  
18 health assessment will be about the general big  
19 picture public health implication, not about  
20 individual health problems or linking any health  
21 problems to the ash. If we see the need for  
22 that last thing, we can possibly look into it.  
23 We (TDH) will never be individual health care  
24 providers related to this.

25 Okay. How do we write this thing?

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1 Well, we review all the information we can find  
2 about the site first, get the history, what was  
3 here, you know, how are the dredge ponds  
4 oriented in the community, what they're like, so  
5 we can give you some good background, how many  
6 people live around it.

7 And then we look at the  
8 environmental data, and we evaluate it to see if  
9 could people be exposed to it. You know, did  
10 people get out in the ash? Are they breathing  
11 the dust from it? Were they drinking it in  
12 their water, whether it's surface water or well  
13 water?

14 We listen to community concerns.  
15 We've done that in a couple of ways. We had the  
16 Epi Aide, the door-to-door survey that we did. And  
17 we've talked to people at public meetings. And  
18 if we need to, we'll find other ways to talk to  
19 you. And we'll talk to you tonight. We do all  
20 that, and we formulate conclusions about what  
21 all that means. And they'll be spelled out in  
22 the public health assessment, both at the  
23 beginning and at the end, so you get to read  
24 them twice.

25 We make recommendations from what

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1 conclusions we've made. Might be -- well, we  
2 don't know what it will be in this situation.  
3 For other things, we've recommended that the  
4 responsible party keep the site closed off from  
5 people so people can't get there. Or we make  
6 recommendations for more sampling so that we can  
7 make better decisions. There's all kinds of  
8 recommendations we can make, and we create a  
9 public health action plan from that.

10 Okay. This is the data that we're  
11 going to be looking at here. We're going to be  
12 looking at data from TVA about the ash itself,  
13 about what's in the air and what's in the water,  
14 surface water and ground water. We'll look at  
15 EPA's data, which is the same, plus soil data,  
16 and TDEC's. The Department of Environment and  
17 Conservation has done a lot of sampling. We'll  
18 look at all their data.

19 There's been a lot of other  
20 organizations that aren't part of the government  
21 who have done sampling. We'll look at their  
22 data. And then we'll look at the chemicals that  
23 are in the ash, both from what are their  
24 physical properties, what is the physical  
25 properties of the ash itself, what is the

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1 toxicology of the different chemicals. And  
2 we'll do that from peer review literature, from

3 the ATSDR toxicological profiles. And we'll use  
4 some of EPA's toxicology data. They have a  
5 wealth of information stored at a thing called the  
6 Integrated Risk Information System, IRIS for  
7 short. And they have screening tables for  
8 chemicals that are quite useful at times.

9 Okay. Now, this is just an example  
10 of what we're looking at. Last Thursday, I  
11 received a data set from TVA that had 35,000  
12 data points for surface water, and I've learned  
13 more about using Excel than I thought was  
14 possible. We've gotten 16,000 surface water  
15 sample points from the Department of Environment  
16 and Conservation. We've got data on more than a  
17 hundred private wells and springs. We've got  
18 all the data for the water going into Kingston  
19 and Rockwood treatment plants and the water  
20 coming out, and that wasn't included in the  
21 16,000 up there.

22 I couldn't count the air samples,  
23 but there's thousands of air samples. And we've  
24 got just about 25 residential soil samples, but  
25 that was enough to see that the soil is the

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1 soil, and it's not impacted. It's just soil.  
2 Okay.

3 In each of those samples we're  
4 looking at about 20 different metals that may be  
5 found in coal ash, look into concentrations of  
6 those. For the health assessment we had to put  
7 a cutoff somewhere, so we're looking at about 22  
8 weeks of environmental sampling for the health  
9 assessment. And at the end of it there will be  
10 an addendum to it, something stuck on the back  
11 that says what we've seen from the ongoing  
12 review of the data.

13 We've got several weeks of health  
14 syndromic surveillance data, which is a big way  
15 to say we looked at hospital discharge records  
16 and emergency room visits to see if there were  
17 any spikes in things like respiratory disease or  
18 anything that was unusual happening here in the  
19 weeks after the ash release.

20 We're looking at all exposure  
21 pathways. We're considering things that will  
22 happen in the future, and we will be getting  
23 your comments on health assessment. These are  
24 the things that we think right now are ways you  
25 could be exposed to the coal ash. You could

0036

1 touch it. You could -- when we say eating ash  
2 and metals, normally what we would say it is  
3 incidental ingestion. That means that you got  
4 in it, you ate something without washing your

5 hands. You didn't mean to do it. It just  
6 happened.

7           You could breathe the ash if it  
8 became airborne. You could drink it if it  
9 contaminated your surface water or the municipal  
10 drinking water. And you could get in Watts Bar  
11 reservoir and boat, swim, fish, whatever people  
12 do here in the summer on the river. And right  
13 now that's what we think are the exposure  
14 pathways. And if you have another one, we want  
15 to know of it.

16           We'll have conclusions about each  
17 pathway, and the conclusions will be based on  
18 how likely it was for you to be exposed, how  
19 toxic the chemicals are, and how much of the  
20 chemical was there. Our recommendations will be  
21 to protect public health and to reduce risk.

22           This is the publication process.  
23 First we'll have what ATSDR calls a red cover  
24 edition, and that's the first basic draft. And  
25 it will go to EPA and Department of Environment

0037

1 and Conservation so that they can look at the  
2 data that we used and tell us did we get all the  
3 data and did we understand what we got. That  
4 will be the stage where we correct, not our  
5 interpretation of the data, but correct any  
6 misses that we made.

7           There may be a data set that we  
8 didn't know about that we'll need to look at.  
9 Or some of it we may have misunderstood what the  
10 data was. Some of the ways we've received data  
11 have been a little weird. We've gotten PDFs of  
12 individual lab sheets. We've gotten enormous  
13 Excel spreadsheets. We've gotten more  
14 documents. So it would be easy to get some  
15 misinterpretation of what the data actually was.

16           Then this thing will go to peer  
17 review, outside peer review. ATSDR will pick  
18 these people who are outside the agency, outside  
19 Tennessee Department of Health, nothing to do  
20 with TVA, outside objective people who will  
21 review the document. There will be at least  
22 three reviewers.

23           Then after that -- I mean, we'll be  
24 making revisions after each of these -- there's  
25 what's called the brown cover edition, and

0038

1 that's the one that goes out to you. And you  
2 will have -- we will give you plenty of time to  
3 review it because it's not easy light reading.  
4 I mean, it won't be. And we want your comments  
5 on it. And every comment we get, whether it's  
6 called in to us or written or e-mailed, we will

7 answer your comment, either by changing the  
8 report or by a question-and-answer list in the  
9 back, whichever is most appropriate.

10 And then once we get all that done,  
11 the final will come out, and it will have a blue  
12 and white cover. It's a long involved process,  
13 and we want to get you a document that is useful  
14 to you and that explains in a transparent way  
15 how we came to our conclusions. If you want a  
16 copy of it, please fill out the stuff out front  
17 so that we have your contact information, and  
18 let us know how you want your copy. We can send  
19 it to you any way you want it. And we will  
20 e-mail you or somehow get updates to you as we  
21 go through this process, which is sort of long  
22 and involved.

23 This is how you can contact us.  
24 It's our telephone number, our toll-free  
25 telephone number, our fax number, and you can

0039

1 see us afterward and get our e-mails.

2 And I think that concludes it, and  
3 we'll take questions.

4 DR. CIBULAS: I've got one more slide.  
5 So the first question: Why are things taking so  
6 long? Why is this Public Health Assessment  
7 going to take so long? I think the answer is  
8 it's thousands of data points that are being  
9 analyzed and the process that we put in place to  
10 assure quality science. But just think about  
11 having to analyze all of those tens of thousands  
12 of data points.

13 I have one more, my very last  
14 slide. It sort of follows up what Bonnie was  
15 talking about. We're at the next step on the  
16 agenda, and then we're going to go to question  
17 and answer. And I want to point out that Bob  
18 Safay does not have a speaking presentation  
19 tonight, but Bob is here because Bob has been  
20 involved in this fly ash release within 24 hours  
21 after it happened. He is our expert, along with  
22 Bonnie and David and others who have been  
23 working on this site diligently for the last six  
24 months. So Bob from the ATSDR perspective knows  
25 as much about this site as anybody here in this

0040

1 audience.

2 So, no presentation but Bob is  
3 going to answer some very tough questions, I'm  
4 sure. All right. So in the way of next steps,  
5 Bonnie sort of outlined what they are. I just  
6 want to sort of give you sort of the timeline  
7 here. So we will have a draft document, we  
8 anticipate, early this fall, and that document

9 is going to go to outside peer review.

10 We are already an independent  
11 public health agency. We have no ties to any of  
12 the organizations as we've talked about already,  
13 so it is our independent evaluation of the data.  
14 But we want to make sure we have one more layer  
15 of science review to that document, and at that  
16 time we are going to go out and find experts who  
17 have no ties with us even.

18 Generally these experts come  
19 academia in the universities, and we'll get  
20 people who have expertise in fly ash, in  
21 toxicology, epidemiology, et cetera, and have  
22 them review that document one more time for us.  
23 That's going to happen in the fall. That will  
24 probably take about two months.

25 And at that time we'll take any

0041

1 comments that they have. We'll revise the  
2 document. We anticipate that to be about  
3 wintertime. And at that time the document will  
4 be made available to anybody who wants it, as  
5 we've said. And we really do need to hear from  
6 you if there are things in that document that  
7 you have questions about, concerns. That's the  
8 opportunity where you will review it, and we  
9 will respond to every question, as Bonnie  
10 indicated.

11 And finally, as Bonnie said, you  
12 have to sort cut the data off sometime. As you  
13 know, as Bonnie indicated, they're continuing to  
14 develop more and more data on this. So we're  
15 sort of at a stopping point right now where we  
16 have to be able to do the assessment at this  
17 time.

18 But there's going to be continuing  
19 data that comes in, and so we will be continuing  
20 to analyze that. And if there is anything else  
21 that we learn during that additional analysis  
22 time, as Bonnie said, we'll add that to our  
23 document and make those results available also.

24 And so that is it. We are now  
25 going to go ahead and open it up for public

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1 comment. And I think that LaFreta is going to  
2 go ahead and keep this organized for us. And we  
3 are all up here to answer any questions that you  
4 have and to hear any concerns that you might  
5 have.

6 MS. DALTON: Good evening again. We're  
7 now to the portion of our agenda where we have  
8 an open forum. And let me just briefly go over  
9 some ground rules for the open forum. Again, as  
10 I mentioned earlier, our expectation is that

11 respect be given to and by everyone that's  
12 participating here this evening, and we would  
13 certainly appreciate that.

14 Another thing is that our court  
15 reporter would like to record the names of  
16 individuals as well as your questions.  
17 I'm going to put a microphone  
18 here on the stand. If you have a question, if  
19 you would please speak into the microphone and  
20 first state your name and then your question.

21 There will be a two-minute limit  
22 per person for the initial round of questions to  
23 give everyone an opportunity to ask their  
24 questions this evening, and the panel will  
25 respond to questions one at a time.

0043

1 So at this time if you have any  
2 questions, we'll start the forum. And I will be  
3 recording the questions up here on the flip  
4 chart. If there is an item that we can't  
5 respond to this evening, I'll put it on the  
6 parking lot, and we will provide a response at a  
7 later date with the PHA, the Public Health  
8 Assessment.

9 MS. LINEBERGER: My name is Dora  
10 Lineberger, and I live in Harriman. I live  
11 about a half a mile by water to the ash spill.  
12 As a family of four, we have had a hard time  
13 finding a doctor that would even see us in  
14 Harriman. We actually moved here less than one  
15 year ago.

16 We went to our other family doctor  
17 in another part of the Tennessee, and we all  
18 have tested positive for one heavy metal. My  
19 husband has actually tested positive for two  
20 heavy metals. Now he can't find a hematologist  
21 or a toxicologist to see us because of our  
22 address. Is there anyone that can help us?

23 DR. CIBULAS: I'll start with that. I  
24 would say that we talked a little bit about what  
25 is being proposed with the Oak Ridge Associated

0044

1 Universities, and I would support that. I mean,  
2 I would encourage you to take advantage of that  
3 opportunity. This happens at a number of sites  
4 that we work with that there is some sort of  
5 clinic that is set up that has the expertise to  
6 screen for the types of health effects that  
7 could possibly be associated with the  
8 contaminants of concern at a site.

9 So this is not unusual. It does  
10 happen. So I would, first of all, encourage you  
11 to take advantage of that opportunity. ATSDR  
12 supports it as well as the Tennessee Department

13 of Health. As Bonnie indicated and Trent  
14 indicated, ATSDR does not provide medical  
15 services ourselves, but we do have relationships  
16 with a number of different physician groups, and  
17 we can at times make those physicians available  
18 to individuals also. And we have done that.

19 So we can consider and follow along  
20 what's happening here and make these physicians  
21 available if necessary to review medical records  
22 if there is a need for that. But the first  
23 step, I would certainly encourage you to see  
24 your own family doctor, and I understand you're  
25 having trouble with that.

0045

1 MS. LINEBERGER: We have called  
2 everywhere. And, I mean, we even got past two  
3 of you guys. That's probably one of the reasons  
4 you're out here. But, I mean, I don't know. We  
5 thought we had an ? ??epidemiologist??. but because he  
6 doesn't want to get involved -- they don't want  
7 to get involved.

8 DR. CIBULAS: Well, again, I would  
9 certainly encourage you to go ahead and follow  
10 through with what is being provided to you  
11 through Oak Ridge Associated Universities and  
12 with Vanderbilt. And then we'll continue to  
13 follow along and see what other kind of support  
14 could be found.

15 As I was alluding to, we do have  
16 relationships with different organizations. We  
17 have a relationship and we fund more  
18 specifically an association of environmental  
19 clinics across the country, and we do refer  
20 patients generally to see those physicians if  
21 need be.

22 And we also have relationships with  
23 pediatric environmental health specialty units  
24 which we fund across the country, and we'll make  
25 referrals to those groups also. And these two

0046

1 groups of physicians have special expertise in  
2 dealing with and have knowledge about exposures  
3 to hazardous substances. So we'll be glad to  
4 work with you and make those referrals as  
5 appropriate.

6 MS. LINEBERGER: Thank you.

7 MS. SEGER: My name is Donna Seger.  
8 I'm one of the medical toxicologists at  
9 Vanderbilt, and we are working to set up a  
10 clinic that hopefully we'll be doing the end of  
11 July. And I just wanted to let you all know  
12 that as medical toxicologists, there're only  
13 about 300 some of those in the country and that  
14 our specialty is evaluating patients that have

15 had exposures and determining whether or not the  
16 symptoms they are feeling are indeed the effects  
17 of that exposure.

18 We have no ties with TVA or anybody  
19 like that. We don't get paid any extra  
20 individually for evaluating patients. This is  
21 what we do every day. So we're going to be  
22 setting up a clinic that will be close to here.  
23 And my colleague will be coming down to evaluate  
24 each of you on an individual basis. Our goal  
25 will be the care of you.

0047

1 We've got all these wonderful  
2 agencies that are going to be evaluating the  
3 environment and evaluating what's going on  
4 around you, and that's obviously very important  
5 in terms of looking at our information. But our  
6 goal as medical toxicologists will be talking to  
7 you individually, doing examinations, doing the  
8 appropriate lab tests and then making a  
9 decision.

10 DR. CIBULAS: Thank you for coming  
11 forward.

12 MS. CAM: My name is Vinh Cam. I  
13 used to work for EPA, and I just wanted to take  
14 this opportunity to commend ATSDR and the state  
15 agency for having responded quite quickly to  
16 this incident.

17 I just have a couple questions if  
18 you could answer. One question regards the  
19 publication of your public health document.  
20 Have you considered a couple risk factors like  
21 occupational health exposure or lifestyle  
22 habits?

23 My second question is I know you  
24 mentioned you have been using the IRIS database  
25 coming from EPA. I understand the IRIS database

0048

1 is basically a compilation of the kind of  
2 literature is out there. It doesn't necessarily  
3 validate, you know, whether it's accurate or  
4 not. It doesn't necessarily deal with the  
5 uncertainty factors.

6 I was at EPA just before the time  
7 the IRIS database was going to set up. So my  
8 question to you is: In your investigation, did  
9 you happen to see certain type of issues that  
10 have not been addressed at the ATSDR database or  
11 the IRIS database? Do you have the authority to  
12 suggest new research projects? I think that  
13 would be very helpful. Thank you.

14 MS. BASHOR: Yes, that could certainly  
15 be one of our recommendations, that we need some  
16 help on toxicology of some chemicals. And there

17 may well be some of the metals from an air  
18 exposure viewpoint that we know very little  
19 about.

20 DR. CIBULAS: She asked about whether  
21 or not we are going to include lifestyle factors  
22 and occupational factors in the public health  
23 assessment.

24 MS. BASHOR: Yes. Yes, as a short  
25 answer.

0049

1 MS. CAM: From a couple of comments  
2 that I heard here before, I would suggest that  
3 there be more publicity about the clinics that  
4 you have set up because this perception out  
5 there that it's difficult to get help because of  
6 retaliation issues. I dealt a lot with  
7 communities in superfund sites, so I could  
8 relate to that.

9 So it's wonderful you tried  
10 initiatives, but it doesn't mean everybody knows  
11 about it. So there needs to be some kind of  
12 effort to explain to people, you know, there is  
13 a way to get tested without getting any kind of  
14 retaliation, especially if people work for TVA  
15 or some other public entity.

16 MS. BASHOR: Since it's not our  
17 project, it's Oak Ridge Associated Universities,  
18 we can work with them to see how to get more  
19 publicity out.

20 MS. DALTON: Thank you.

21 MS. BUSH-RODDY: My name is Carolyn  
22 Bush-Roddy, and I reside at 1025 Swan Pond Road.  
23 I understand what this young lady is talking  
24 about right here. How will we be notified of  
25 where and when the clinics are? And is there a

0050

1 number to contact ORAU or Vanderbilt so that we  
2 can get set up or processed or anything, because  
3 a lot of people can't afford these tests on  
4 their own, and that's what we've come up  
5 against.

6 I have a family of four, and my  
7 husband is diabetic, and plus he has some asthma  
8 problems. It's just a number of things.

9 MS. BASHOR: There is a phone number  
10 for you to call, and I don't know it in my head.

11 MR. BOROWSKI: I've got it right here,  
12 Bonnie.

13 MS. BASHOR: Okay. Mr. Borowski's  
14 going to write it up there.

15 MS. BUSH-RODDY: Thank you. Is there  
16 any specific person or department that we need  
17 to talk to?

18 MS. BASHOR: I think whoever answers

19 the phone should know how to get you to the  
20 person you need to talk to.

21 MS. BUSH-RODDY: Okay. Thank you.

22 MR. BOROWSKI: So the number for Oak  
23 Ridge Associated Universities is (865) 576-3115.

24 DR. CIBULAS: One more comment about  
25 the use of the IRIS database. That EPA database,  
0051

1 if there is a value published on that IRIS  
2 database, it is verified by the EPA and it is  
3 their accepted health screen value for that  
4 substance.

5 In our documents we are going to  
6 use health screening values to help us sort out  
7 whether or not we think there is a public health  
8 risk. We do have to use the health screening  
9 values, but I want to point out that we actually  
10 derive a lot of those ourselves.

11 In our toxicological profiles we  
12 develop minimal risk levels, which is done in a  
13 manner analogous to how EPA derives their  
14 values, but we verify them ourselves. We send  
15 them out for peer review and public comment. So  
16 we feel pretty good about the set of  
17 health-based screening values that we use in our  
18 documents.

19 MS. BROWN: Hello. I'm Carol Brown.  
20 We live near Kingston Gravel Pit Park, and we  
21 watch the water when it's real turbulent, and  
22 it's muddy and it's ugly looking. We assume  
23 that there is fly ash in the water coming down  
24 during these turbulent times. We live in a cove  
25 where the water swirls and whatever is in the

0052  
1 water settles on our bank where our  
2 grandchildren play.

3 You mentioned that you're looking  
4 at points of contact from air, from ash, from  
5 soil, and water, but is anybody looking at  
6 what's in the riverbed where people may be going  
7 in to swim, trot along, and stir it up?

8 MS. BASHOR: The short answer is yes,  
9 but I'm going to defer that one to EPA and the  
10 Department of Environment and Conservation  
11 because they know exactly what they're doing and  
12 I don't.

13 MS. CALABRESE: I know there are water  
14 samples taken, but there's also been an effort  
15 to map the ash as it traveled. And we had some  
16 very heavy rains at the beginning of May, and so  
17 there was some ash that was visible moving down  
18 the river. And so there is an effort under way  
19 to map that.

20 Some of that has been done, and

21 there was some difficulty because not just ash  
22 was moving but sediment was moving as well. And  
23 so it was difficult to determine by some of that  
24 mapping what was ash and what was sediment. And  
25 so there's some additional work being done now,

0053

1 I believe, to try and map that further. But no  
2 one has taken samples of the riverbed to see  
3 what the concentrations are, any level where  
4 somebody might be walking in the riverbed.

5 MR. FRANCENDESE: Leo Francendese,  
6 EPA's on-scene coordinator. We put out a new  
7 advisory. This morning I think it went public  
8 on the website. That advisory includes help  
9 from ATSDR, CDC, Coast Guard, TDEC. And it  
10 basically goes from mile marker 4 on the Emory  
11 to the mouth of the Emory and the Clinch.

12 And there is a -- if have you  
13 access to the Internet, there is a -- pictures  
14 speak better than words. There is a great  
15 visual on the website at EPAKingstonTVA.com. In  
16 terms of your next question, we put that  
17 advisory up there because there is ash in that  
18 section, lots of ash.

19 The May event moved between -- this  
20 is a guess, because I have weak data -- moved  
21 between 75,000 and 200,000 yards of ash further  
22 downriver from where it originally was. It's  
23 into the Clinch. The sediment -- I'm sorry.  
24 I'm tired. The sediment at -- the water column  
25 at the Clinch is good enough for recreational

0054

1 activities.

2 The water column in the Emory  
3 River, the lower Emory, is not. And there's  
4 plenty of construction activity there that's a  
5 far greater risk than the incidental contact  
6 with the ash. But the ash nonetheless is an  
7 incidental risk in terms of ingesting and  
8 inhalation.

9 In terms of the final question  
10 about what are we going to do in terms of  
11 defining it better, on the 23rd we have a  
12 high-resolution sounding which allows us to  
13 define down to centimeter accuracy, and it also  
14 tells the difference between what is ash and  
15 what is sediment. So that's coming on the 23rd.

16 I have a report to build on that  
17 weak data set that I had before we go with  
18 this -- it's like a toy. It's not a toy, but  
19 it's a toy to me. It's a device to sample the  
20 sediment quickly to tell proportions, how much  
21 is ash and how much is sediment. And it goes  
22 probably as far down right now -- it's at the

23 Emory in feet, but we'll go down 0 to one  
24 millimeter, very small measurement, probably  
25 eight miles from the site.

0055

1 MS. DALTON: Okay. Thank you very  
2 much.

3 MR. FRANZENDESE: You're welcome.

4 MR. CAPELL: Hi. My name is Bob  
5 Capell, and I'm with the Roane County  
6 Environmental Review Board. I have two  
7 questions, and I'll just ask them and then hang  
8 up, okay, and you can answer them after I leave.

9 One is does the public health  
10 assessment use a control population like a  
11 normal epidemiological study to see, you know,  
12 what the baseline is or to compare it to a  
13 baseline? Or if you don't, then how do you  
14 compare your results?

15 The second question really relates  
16 more to the safety and health of the operation  
17 itself. The question is: Does ATSDR interact  
18 at all with the safety and health managers or  
19 the industrial hygiene folks that may or may not  
20 be responsible for the workers that are  
21 conducting the cleanup?

22 We only have to look at the  
23 responders to 9/11 to know that you could have a  
24 pretty serious follow-up problem with workers if  
25 they're not looked at or properly protected

0056

1 while the cleanup is going. You have a  
2 community problem right now. You may have a  
3 follow-up problem otherwise. So those are the  
4 two questions.

5 DR. CIBULAS: I'll start with the  
6 second one first. ATSDR does not have the  
7 authority to address worker safety. That comes  
8 under the purview of OSHA and NIOSH. We did  
9 check with EPA's -- we did check with Leo and  
10 talked a little bit about what's going on to  
11 protect the workers on site before we came here,  
12 and he assured us of the worker safety plans  
13 that are in place.

14 And he can speak very intelligently  
15 about what is going on to protect workers at the  
16 site, but it is not the responsibility or  
17 authority of ATSDR to assure worker safety. We  
18 deal with the public and the offsite exposures.

19 As far as the public health  
20 assessment, it is not a research study. There  
21 is not a control population. What we do  
22 basically is we identify the population  
23 potentially exposed. We look to see what levels  
24 or what the chemicals are that they're being

25 exposed to. We look and make judgments about  
0057

1 what are the exposure levels. We do some dose  
2 calculations. We look at exposure estimates,  
3 and we compare those estimates of exposure that  
4 we get with what's available in the literature  
5 to make decisions on whether or not the  
6 exposures that we are looking at are of concern  
7 to us.

8 So it's basically, you know, as I  
9 said, doing our own sort of exposure  
10 calculations and comparing what we get to the  
11 literature to see whether or not we think that  
12 there are exposures of concern. So it's not a  
13 control population type of study.

14 DR. KIRSCHKE: So to follow on that, as  
15 I understand it, one of the recommendations of  
16 the public health assessment, though, could be  
17 to do a further study which might include  
18 potentially doing a study where you have a  
19 control population.

20 DR. CIBULAS: Well, absolutely. If we  
21 did a health study, there would be an exposed  
22 population and a control population where we  
23 would want to compare exposed versus unexposed  
24 populations. But for the health assessment, no,  
25 that is not part of the health assessment

0058  
1 process.

2 MS. FULTON: Hi. I'm MaryAnn Fulton,  
3 and I just want to go back to the previous  
4 lady's question to make sure I completely  
5 understood the answer.

6 Last Friday the news reported that  
7 the ash has moved 10 miles down the Tennessee  
8 River. So my question is: Based on your  
9 answer, are you saying that our kids are safe in  
10 the Tennessee River?

11 And secondly, I read on the  
12 Internet that they suggested installing a shower  
13 at the dock and if the kids get out of the  
14 water, to have them shower off. Is there any  
15 truth to that, or would that somehow help  
16 protect the kids? Thank you.

17 DR. CIBULAS: Leo, we appreciate you  
18 being here.

19 MR. FRANZENDESE: I think the best  
20 blend to the answer -- I'm neither a doctor nor  
21 a health expert, and really what you're  
22 describing is what happens if you're exposed to  
23 ash while you're swimming. I know there's ash  
24 in the river, and I know it's in the riverbed.  
25 I know where it's in the water column. But

0059

1 that's two different exposure situations.

2 And again I want to emphasize that  
3 what we're talking about is something that's not  
4 a dermal exposure -- and correct me if I'm off  
5 base. It's incidental ingestion and/or  
6 inhalation problem. So if you come in contact  
7 with the fly ash, washing with soap and water is  
8 appropriate.

9 The easiest thing I can tell you is  
10 if you see fly ash, don't allow your children to  
11 swim there. It's fortunate that we can see the  
12 fly ash. That's what I would do with my own  
13 child.

14 MS. FULTON: And you're going to see it  
15 on the top of the water? If you don't see it,  
16 it's okay?

17 MR. FRANZENDESE: Well, after a strong  
18 rain you can see it in the water column. If it  
19 has settled in an area that's in the mud, when  
20 you stir up the mud, you'll see gray coming into  
21 the water column. I wouldn't let my child swim  
22 there.

23 MS. LINEBERGER: I was going to say it  
24 was reported in one of the newspapers that they  
25 could go swimming in the local swimming hole as

0060

1 long as they showered after they got -- if they  
2 touched the fly ash. And that was this past  
3 week's local newspaper.

4 MR. FRANZENDESE: So, ma'am, don't --  
5 I don't want to confuse this. If you come in  
6 contact with fly ash, wash yourself. It's an  
7 ingestion issue and an inhalation issue, not a  
8 dermal issue. If you see fly ash in the water,  
9 don't swim there. I don't know how I could be  
10 more clear about that. Bob, is there --

11 MR. SAFAY: That's right, Leo. If your  
12 children go swimming, whether or not there is  
13 fly ash there or not, and they come out and  
14 they've got mud on their legs, I would wash them  
15 off.

16 I have not read the newspaper  
17 article. I don't know where they got that type  
18 of information. But if your children come out  
19 and you think they've been swimming in an area  
20 that has ash, you can wash them off with soap  
21 and water. That would take care of that. As  
22 Leo said and Bonnie said and as the other  
23 physician said, what we're very concerned about  
24 is the ingestion of the ash by either inhalation  
25 or ingestion.

0061

1 But as far as your children  
2 swimming in it and you think there is ash there,

3 as a concerned parent you might want to just  
4 tell your children don't swim that day. I don't  
5 have any children, but as Leo said with his  
6 child and I'm sure with anybody else's child, if  
7 you think there is a hazard there, don't subject  
8 your children to it.

9 MS. DALTON: Excuse me. The lady in  
10 pink, would you please state your name.

11 MS. LINEBERGER: I'm sorry. I'm Dora  
12 Lineberger.

13 MR. CUNNINGHAM: I'd like to ask a  
14 question of you.

15 MS. DALTON: I'm sorry, sir. Your  
16 name, please.

17 MR. CUNNINGHAM: Charles Cunningham.

18 MS. DALTON: Thank you.

19 MR. CUNNINGHAM: Have you all done a  
20 study of ash pond spill like this before? I've  
21 got another question. Do you look at the  
22 history records of the TVA of the people that  
23 have worked and been exposed to this fly ash  
24 down through the last 55 years? That's how long  
25 this plant has been operating, and they're

0062

1 exposed to it each and every day. I worked in  
2 it for 27 years.

3 DR. CIBULAS: We are not doing the  
4 medical records review. And again, the worker  
5 safety issues and the concern about workers  
6 would be a NIOSH issue, and the National  
7 Institute of Occupational Safety and Health  
8 would be the organization that if there was a  
9 concern about exposures in the workplace, they  
10 are the organization that conducts studies of  
11 workers.

12 It's interesting that former  
13 workers are sort of a black hole sometimes in  
14 that no organization really has the  
15 responsibility to take care of former workers.  
16 But there are studies in public health  
17 assessments that we do where there are former  
18 workers out in the community, and they become  
19 part of our public health assessment. But there  
20 is no organization that really has the  
21 responsibility.

22 If we figure out 15 years from now  
23 that former workers of a particular plant may be  
24 of health concern for a particular reason, there  
25 is not an organization out there that has a

0063

1 responsibility to go back and look at former  
2 workers, interestingly enough.

3 So again, we are not looking at  
4 medical records of former workers of the

5 Kingston plant as part of the work that we are  
6 doing.

7                   Your other question as far as our  
8 experience with looking at fly ash sites, we've  
9 looked at fly ash releases in about 10 different  
10 states at ATSDR. The most recent one that I'm  
11 aware of happened in Allegheny County in  
12 Pennsylvania around the Pittsburgh area about  
13 two years ago -- not anywhere near the size of  
14 the release that we have here in Kingston.

15                   Our health consultation there, as  
16 I'm recalling it -- and if you guys recall it  
17 any better than me -- did not identify current  
18 public health concerns for the individuals who  
19 may have had incidental contact to that fly ash.  
20 But I can make that document available to anyone  
21 who would like to see it.

22                   On a national level I can tell you  
23 that EPA is going to take a real hard look at  
24 fly ash impoundments across the country. We  
25 have been talking with EPA to see how we can get

0064

1 involved with them. There's some 800  
2 impoundments across the country, and we have, as  
3 I said, been talking very deliberately with them  
4 to see how we can provide public health support  
5 to them.

6                   Many of these are in communities  
7 unfortunately just like here in Kingston, and so  
8 that will be an effort that's ongoing right now.  
9 I am asking my colleagues: You don't happen to  
10 know any more about the Allegheny County fly  
11 ash?

12                   MR. SAFAY: No, but we can get them for  
13 them.

14                   DR. CIBULAS: Yeah. I'll be glad to  
15 get that last health consultation, as I said,  
16 that we did in Pittsburgh and send it to you.  
17 But again, I am sure of the conclusion that we  
18 did not find any current public health hazards  
19 as a result of the incidental exposure.

20                   You get these cleaned up as quickly  
21 as you can. You tell people not to get in  
22 contact with them. In general, a lot of the  
23 contaminants of the fly ash are really at lower  
24 levels, which is a good thing, which is a good  
25 thing obviously. But that's the last one that I

0065

1 know that we did. So we can get a copy of it  
2 and share it with anybody who would like to see  
3 it.

4                   (Off-the-record discussion)

5                   DR. CIBULAS: My colleagues have just  
6 said we'll be setting up repositories where

7 we'll make our public health assessment for  
8 Kingston available. We'll also include in that  
9 repository other assessments that we've done on  
10 fly ash impoundments. Okay? So we'll make  
11 those available.

12 You look like I didn't quite answer  
13 everything that you wanted me to. Is there --

14 MR. CUNNINGHAM: You didn't.

15 DR. CIBULAS: Okay. What specifically  
16 can I help you with?

17 MR. CUNNINGHAM: What I was thinking,  
18 the literature and things that have been put out  
19 in the newspapers and to the public read is  
20 disturbing to me, and you would think that if  
21 you went out there and you got some of that fly  
22 ash on you, you're liable to break out in a  
23 rash; or if you walk by and breathe it, why, it  
24 will clog your lungs up or something like that.

25 There's people working out there in

0066

1 that powerhouse, and they're exposed to fly ash  
2 every day. And they breathe it, I know, when  
3 they get in it. I've been in it up to my eyes,  
4 and I'm still alive. I'm 86 years old. I've  
5 been retired 26 years from that place.

6 What I'd like to see is somebody to  
7 put something out to the public that would  
8 relieve their mind that it's not as bad as it  
9 sounds. It's unfortunate that it happened and  
10 it damaged people right around there, but I  
11 don't think just getting the fly ash on you, you  
12 should run and wash it off right then to keep  
13 from getting some kind of disease or something.

14 It never did bother me any. And as  
15 far as I know, I never did see anybody going to  
16 the health department to be treated for fly ash  
17 exposure. And that's the reason why I was  
18 asking: Do you study the health records of  
19 the -- the history records of the health of the  
20 people that work there in making your  
21 documentation?

22 And they've got records on their  
23 pond that they've kept that I'm sure that you  
24 know of, that they go out there and sample that  
25 water where ash is pumped out to each day, kept

0067

1 records of reading the pH of that water.

2 DR. KIRSCHKE: So we're obviously glad  
3 to hear that you've had no problems, but there  
4 are -- you know, we take it very seriously, the  
5 health of workers.

6 MR. CUNNINGHAM: Appreciate that.

7 DR. KIRSCHKE: And I know that EPA is  
8 trying to use as strict a standard as they can

9 to ensure the health of the contractors that are  
10 there now. We know by looking at the material,  
11 safety data sheets, that fly ash contains  
12 silica, which is sand-type particles, which over  
13 long periods of time when people are exposed to  
14 a high degree like people that are actually  
15 inside the boilers working with the stuff, you  
16 know, over many years they can develop health  
17 problems from exposure to that.

18 And that's one of the things that  
19 we're trying to -- that EPA and the folks that  
20 are involved in this are trying to make sure  
21 that people that are working with the fly ash,  
22 if there is any level of exposure, that they use  
23 respiratory protection to prevent them from  
24 having health problems down the road.

25 So the health of workers is

0068

1 something that is being taken very seriously,  
2 and we can attest to that.

3 MS. DALTON: Thank you.

4 DR. CIBULAS: And talking about making  
5 things available in the repository, I will  
6 follow up with our colleagues at the National  
7 Institute of Occupational Safety and Health and  
8 find out if there has been any studies done on  
9 workers, and we will make those available also.  
10 So we'll try to follow up and get as much  
11 literature as we can on considerations of worker  
12 safety and what has been done for workers and  
13 make that available. It's obviously a concern.

14 MS. DALTON: Thank you. Next question.

15 MR. TURPIN: My name is Mark Turpin. I  
16 live three-quarters of a mile from the spill  
17 site. I want to congratulate you for making it  
18 to 86 and being healthy. There are a lot of  
19 things out there that just destroy me, like hay.  
20 I mean, it might not bother you, but it bothers  
21 me. And there's a lot of folks out there that  
22 are very sensitive to a little bit of stuff  
23 where you might not be.

24 There's guys that live in Swan Pond  
25 who are Vietnam vets who have problems breathing

0069

1 already, and they've got 700 coal trucks going  
2 by there every day carrying limestone, and  
3 they're having problems with that. I mean, it  
4 goes well beyond just fly ash spill. It goes  
5 into the legacy that Y-12 and K-25 dumped into  
6 the river years ago, and TVA stirred it up.

7 I grew up in Oak Ridge. I'm in no  
8 way a chemist or anything. I was brought up in  
9 a family of engineers, chemists, and all that  
10 good stuff. And my dad would say, you know,

11 just don't stir the pot. You know, if it's on  
12 the bottom of the river, leave it there.

13 And TVA did not leave it there. It  
14 is now their problem to deal -- in my mind, it's  
15 their problem to deal with what they've churned  
16 up. I mean, they can't get everything up that  
17 they spilled without getting up what they  
18 spilled prior to all this.

19 I live out there very close to it.  
20 I'm an artist. I live at home. I work at home.  
21 And I'm outside probably 80 percent of my day.  
22 After the fly ash spill, just being upset, I  
23 mean, like you say, the newspapers make it sound  
24 bigger than it really is. But it really is as  
25 big as the concerns people have for it.

0070

1 I've been out there every day, and  
2 I've been sick from it. I mean, I have a huge  
3 flu virus that came through. And I know the  
4 difference between the flu thing that people had  
5 and getting sick from the dust out there. If a  
6 guy is working with me, a friend of mine, he got  
7 the same sickness I got. Starts in the back of  
8 the throat, itchy throat, sinuses.

9 And if you add to that the  
10 thousands of tons of grass seed they've dumped  
11 and then spraying perma-seal on it to keep it  
12 from washing away, I mean, did I breathe all  
13 that stuff? I was out there all night long  
14 sometimes because I could not sleep, and every  
15 once in a while I'd get grit in my teeth just  
16 inhaling stuff.

17 It's in the air, and it would come  
18 and go and come and go. The next night you  
19 wouldn't get any. The next night you would get  
20 some. You could feel it. All the tools in my  
21 yard, everything I own, if you rub it, you get a  
22 handful of black stuff or gray stuff.

23 And I got them to come out there  
24 and test some stuff, and the report read, I  
25 think it was, quartz or -- I mean, is that all

0071

1 coming from the gravel quarry there? And they  
2 say, well, you live next to a gravel quarry.  
3 You get what you expect. But, you know, they are  
4 working 24 hours a day, blowing stuff up,  
5 grinding 24 hours a day. I hear it all day and  
6 all night long.

7 And it's, I mean, that's their  
8 fault that that quarry is putting out that much  
9 gravel. It's everything. It's not just that  
10 fly ash. It's everything that has come from it  
11 to what has happened now. I mean, they started  
12 this ball rolling, and I've been sick from it,

13 my wife is sick from it, my dog has been sick  
14 from it, cats have been sick from it.

15 I sweep the floor and there's more  
16 gray stuff in there than I've ever seen before.  
17 And I look across the river, and God help the  
18 people who live right there. I got it lucky  
19 compared to them. But, I mean, I got sick from  
20 it. I mean, it's just out there. I mean,  
21 animals, how about our animals? I mean, is  
22 someone going to look into that? They track in  
23 our house. Are we supposed to just lock them  
24 up?

25 I mean, I probably ingested tons of  
0072

1 it just having the cat come in and get on the  
2 counter. I mean, it's everywhere where I live.  
3 And for them to say we're not affected just  
4 burns me up, and I just hope that you all can do  
5 what you can because I'm just fed up with it.

6 MS. DALTON: Thank you.

7 DR. CIBULAS: Thank you. We appreciate  
8 your comment and recognize that there are a lot  
9 of people who feel the same way and have the  
10 same concerns. Thank you.

11 MS. ANDREWS: My name is Sharon  
12 Andrews. I live at 492 Swan Pond Circle. Sort  
13 of in response to the last two gentlemen, I  
14 worked at Bull Run and Kingston TVA, started out  
15 as a laborer. In the '70s we wore paper masks  
16 called painters' masks. In the '80s when we  
17 started what I could say vacuuming the rooms out  
18 of fly ash, we suited up in those white paper  
19 suits and wore respirators.

20 And I know in the '70s when I was a  
21 material tester, which is taking samples of the  
22 coal, you could go through the plant and see  
23 particles flying. Well, the insulators just  
24 wore those painters' masks then.

25 And as far as the ash, yeah, I'm

0073

1 like the last gentleman. Some people,  
2 they're -- it's the body chemistry, I think, and  
3 depending on your health. But it's not so much  
4 with me because, like I said, I've been in a  
5 room this full and had to vacuum it out of fly  
6 ash, and it was all the way to the ceiling. But  
7 I was suited up.

8 It's just the particles that break  
9 down in the fly ash, the silica, the arsenic,  
10 the other stuff. When it comes in contact like  
11 with water or certain other materials, that's  
12 the danger, I think, or that's my opinion.

13 MS. DALTON: Thank you.

14 MS. ANDREWS: Thank you.

15 MS. DALTON: Thank you for your  
16 comment. Sir?

17 MR. WRIGHT: My name is Don Wright. I  
18 live at 999 Swan Pond Road, and we live right  
19 across the street from the Kingston steam plant.  
20 We've been living there for 33 1/2 years.

21 About five years ago my wife come  
22 down with two diseases. I don't know whether  
23 it's associated with this or not. She had the  
24 blepharospasms of the eye, which is dry-eye  
25 syndrome, and then it went down to her throat,

0074

1 which is called dysphonia. And every three to  
2 four months we have to take her out to  
3 Vanderbilt Hospital to get Botox shots for her  
4 throat. And then up at the Oak Ridge,  
5 Dr. Powers in Oak Ridge, he gives her Botox  
6 shots for her eyes.

7 And I noticed the last couple of  
8 years that I've had a hard time breathing. And  
9 in our house we have air purifying systems, and  
10 she vacuums the house every day. But when she  
11 cleans the grids on those air purifiers,  
12 stainless steel grids, the rag will be black and  
13 brown with the coal dust from the coal pile.

14 So we're getting bombarded. And  
15 our house, we have white vinyl on it, and it's  
16 almost real brown. And our cars, they stay  
17 filthy. We have to wash our cars about once or  
18 twice a week. So we get bombarded with it. But  
19 TVA bought us out a couple days ago, so we're  
20 going to get us another house.

21 MS. DALTON: Thank you for your  
22 comments, sir. Appreciate it. Okay. Last  
23 question.

24 UNIDENTIFIED SPEAKER: I don't know if  
25 it's a question, but our environment down at

0075

1 Lowe's, which is right near the entrance to TVA,  
2 during the first bit of this mess, I mean, it  
3 was just gray out there. They fixed that. If  
4 you go across the new centers bridge from  
5 Kingston back to K-25, that bridge is just  
6 covered with gray.

7 I mean, I've been living out here  
8 for 20 years, and if you look at the puddles on  
9 the side of the road, they're just gray. That  
10 stuff is everywhere. And if you ingest it by  
11 breathing it or getting it on your hands -- I  
12 mean, it's your choice if you work in a place --  
13 I've worked in places that I didn't like, and I  
14 quit because I didn't like the health hazards.  
15 I mean, that's your choice.

16 But to live somewhere and have this

17 put upon people, that's just unacceptable. And  
18 it's all in our environment. I mean, it's  
19 everywhere. I have never seen anything like it.

20 MS. DALTON: Thank you for your  
21 comment. I appreciate it.

22 DR. CIBULAS: Another question right  
23 here in the front?

24 MS. DALTON: One last question.

25 MR. LANDON: Okay. So my name is Matt

0076

1 Landon. I'm the volunteer staff for United  
2 Mountain Defense. I'd like to know: When did  
3 the citizens get the same training that the  
4 medical professionals have received?

5 Also, on Sunday, June 7th, Leo  
6 Francendese of the EPA was so kind as to state  
7 that the water in the Emory River was not safe  
8 for swimming. At this time he also stated that  
9 no one should swim in the Clinch River near the  
10 Kingston city park if it was muddy.

11 So I am wondering why is TDEC, the  
12 Tennessee Department of Health, and the ATSDR  
13 ignoring this fact and not posting "no swimming"  
14 signs? I know that the situation is changing  
15 from day to day, but I keep hearing mixed  
16 signals, keep hearing mixed things.

17 I've recorded all of the statements  
18 that have been made by EPA, and basically it  
19 keeps changing. It's safe one day; it's not  
20 safe the next day. I just want to know what it  
21 is so we can tell people for sure, you know,  
22 don't swim there.

23 The health impacts from the  
24 airborne coal fly ash have been documented at  
25 least 10 miles from the disaster site in all

0077

1 directions. And so I'm just wondering when will  
2 the ATSDR expand their health inquiry, because  
3 Swan Pond Road, it's not limited to Swan Pond  
4 Road, or you know the immediate vicinity around  
5 there. You've got Kingston, Rockwood, Midtown.

6 So millions -- also millions of  
7 people get their drinking water from the  
8 Tennessee River. So when will the help outreach  
9 go downriver as well, and when will the people  
10 of Kingston be warned to stop drinking their  
11 coal-ash-laden water? It's been reported that  
12 there was coal fly ash that hit the intakes of  
13 Kingston City, and people are still drinking it.  
14 They're serving it at Sonic.

15 So when will the independent heavy  
16 metal testing for independent groups including  
17 United Mountain Defense be included in the ATSDR  
18 review so they can write the health assessment

19 report? I think maybe this gentleman over here  
20 was saying that the information was you guys  
21 weren't able to understand the information.

22 And also I wanted to let you know  
23 that out of the thousands of air-monitoring  
24 samples that CTH has been using, they were using  
25 low-volume air monitors to show compliance with

0078

1 EPA and meeting air-quality standards, which is  
2 not acceptable scientific practice as defined by  
3 the EPA standards. So why is Tennessee  
4 Department of Health and ATSDR going to use this  
5 substandard data and initially waste your time  
6 on this incomplete data?

7 I'm also making a formal request  
8 for physicians to be available to review medical  
9 records from the ATSDR. And I want, you know,  
10 that meeting to be set up here in Roane County  
11 somewhere so folks can come -- and more than one  
12 meeting about that with the physicians.

13 I also want to know where was the  
14 EPA, TDEC, Tennessee Department of Health, and  
15 the ATSDR when TVA was publicly stating that  
16 coal fly ash was safe and there was no danger to  
17 anyone. I just want to know: Will your  
18 organizations be held accountable as more people  
19 continue to get sick, just as happened in New  
20 York City?

21 Thank you very much.

22 MS. DALTON: Thank you. And I believe  
23 we have all of your questions documented for the  
24 record at this time.

25 DR. CIBULAS: I don't know where to go with this.

0079

1 There was a lot of questions, and we'll follow  
2 up.

3 MS. BASHOR: Okay. Matt, you had a lot  
4 of questions, and I'm not going to get them all,  
5 because I can't remember all of them. But I  
6 will address some of the air-monitoring data. I  
7 know that the thousands of samples taken with  
8 the walk-around meters are not used to judge  
9 whether the air is meeting ambient standards.  
10 Those are just instantaneous readings to give an  
11 indication if there is a problem in any one  
12 particular area.

13 The monitors that are set up  
14 surrounding the site that are labeled 6 through  
15 9, and then the monitor in Harriman are -- I'm  
16 sort of losing the word for it, but they are  
17 meeting -- they're done the way they're --  
18 they're operated the way they're supposed to be  
19 to tell if the air is meeting national ambient  
20 air-quality standards.

21                   So we put some anecdotal weight to  
22 the instantaneous readings and really look at  
23 the 24-hour average samples in a much more  
24 detailed way.

25                   One more. The drinking water,

0080

1 about the ash at Kingston. There was visible  
2 ash that was near the intake. The intake water  
3 was sampled and was okay, and the water went  
4 through the treatment process which can deal  
5 with particles and ash. And the water coming  
6 out of the plant that has been sampled every day  
7 by TDEC for a while, and then once a week, and  
8 still Kingston is sampling it every day. The  
9 water has met all water-quality standards every  
10 day.

11                   MR. LANDON: So you're saying the  
12 treatment process at the Kingston public water  
13 system can handle removal of coal fly ash and  
14 the associated heavy metals that are involved in  
15 that with that coal fly ash?

16                   MS. BASHOR: From what I have read  
17 about that from regulatory agencies, it has been  
18 able to.

19                   (Off-the-record discussion)

20                   MS. DALTON: Excuse me. I'm going to  
21 have to conclude this session for right now, but  
22 we will be happy to meet with you in a few  
23 minutes if you don't mind. Thank you.

24                   DR. KIRSCHKE: Actually, we have a  
25 couple more responses for Matt, and then we can

0081

1 take one more question.

2                   MS. DALTON: Okay. Go ahead.

3                   MR. FRANZENDESE: Wow. Okay. It's  
4 hard to read it, Matt. I just -- one of them  
5 was the low volume question, the samples?

6                   MR. LANDON: Yes, the air-monitoring  
7 low volume, thousands of samples had been taken.

8                   MR. FRANZENDESE: I have a memo here  
9 from June 7th. That's a recent memo. We've  
10 submitted all the data from TVA and TDEC for  
11 review by our national expert in our region for  
12 these purposes. And as of June 7, 2009, data  
13 collected from ambient air monitors at the  
14 Kingston site continues to show compliance with  
15 national ambient air-quality standards for  
16 particulate matter.

17                   At the end of the month, we're  
18 bringing in a team that will actually go to  
19 those monitors to further evaluate the method.  
20 But the method is included in that evaluation.

21                   There seems to be some confusion  
22 between you and I about -- and I'm sorry that

23 I'm not clear enough about the mud in the  
24 swimming hole. If you see fly ash in a swimming  
25 hole, the agencies involved recommend that you  
0082

1 don't swim there. If it's a muddy hole as in,  
2 you know, normal dirt, well, that's different.  
3 I'm sorry if I haven't been clear  
4 about that, and I really don't want to be --  
5 this is fun time in the summer. I want to be  
6 clear about that. If you see ash in a swimming  
7 hole, don't swim there. The Kingston Water Park  
8 was actually -- we actually sent somebody there  
9 to investigate the ash in the swimming area.

10 Barbara, do you want to answer  
11 those?

12 MS. SCOTT: At the request of the  
13 community, we sent a senior biologist from TDEC  
14 to the area at the Kingston boat ramp and  
15 swimming area, and we asked him to look at the  
16 sediment both at the shoreline and down in the  
17 swimming area as if a child were coming in  
18 contact, what his feet would come in contact.

19 Jonathan waded in up to his chest, went  
20 down, got samples of the sediment. The ash is  
21 very visible, and he's been on this site since  
22 the beginning and is well aware of what the ash  
23 looks like. In that area it happens to be very  
24 pebbly, very gravelly sediment bottom.

25 Pulled up some sample, saw no

0083

1 evidence of ash. Walked quite a bit of that  
2 area up to his chest looking for different  
3 sediment samples, also to check the bank area.  
4 Dug into that, didn't see ash underneath the  
5 surface or at the surface.

6 He also did a water column test.  
7 We're waiting for the results. The water column  
8 test is what the designation of use is based on,  
9 the water column test is, under the Water  
10 Quality Act. But we're waiting for those  
11 results to come back, but there was no visible  
12 ash in that area, in that boat ramp area, that  
13 recreational area, in the area that he was able  
14 to traverse as kids would if they were swimming  
15 and touching the bottom. Any deeper they  
16 wouldn't be touching the bottom anyway.

17 But that test was done a week ago  
18 last Monday, whatever that day is.

19 MR. FRANZENDESE: Is there any lack of  
20 clarity in that explanation? Because I really  
21 want to get this right. It's summertime; people  
22 are swimming; kids want to play. Is there  
23 anybody who's not clear about the difference  
24 between muddy and ash?

25  
0084

Okay. Next one. We had in May --

1 first week in May, we had a, I believe it was, a  
2 five-year rain event. We've had three of them  
3 since 1990. There is the distinct possibility  
4 that we'll get a rain storm again. And if we  
5 do, I really want you to check the advisory that  
6 exists on EPAKingstonTVA.com. If we change  
7 it -- and, Stephanie, you need to help me with  
8 this -- we'll have to put an ad in the paper.  
9 Not everybody gets the Internet.

10 And really, folks, I'm not trying  
11 to dramatize what's going on. I'm trying to  
12 give you reality, and I'm trying to inform you.  
13 I don't want to exaggerate. I don't want to  
14 under-exaggerate. The two primary risks of an  
15 exposure are what you breathe and what you come  
16 into contact with and ingest.

17 So, please, if we're not  
18 communicating properly or if, you know, Matt, if  
19 I confuse the issue with muddy versus ash, ask  
20 me about it and, you know, I'll clear the air.

21 The rest of these questions here, a  
22 lot of the questions were for ATSDR. So I'll  
23 let them handle that the way they would. All  
24 right. And I answered the question about the  
25 credibility of the air monitoring. And the

0085

1 formal request for physicians, that's probably  
2 them, their part too.

3 MR. LANDON: Is there any way you  
4 could -- how do you define muddy compared to  
5 ashey? How do you tell a little kid, like, no,  
6 that's ashey; that's muddy?

7 MR. FRANCENESE: When my son used to  
8 be a little kid, I would say to him, "This is  
9 why I tell you not to swim in there." He  
10 doesn't know the difference, right? That's a  
11 parent's responsibility. There needs to be --  
12 parents need to do their job. And I know  
13 parents do their job, but just be aware. If you  
14 see ash, don't let your kids swim there. If  
15 it's muddy like river-bottom mud -- my parents  
16 wouldn't let me swim in river-bottom mud because  
17 my suit would get dirty, and my mother wouldn't  
18 want to wash it.

19 So just, if you see ash, as a  
20 concerned parent, keep them away. It's gray in  
21 matter, it's gray in composition, it's rather  
22 easy to see. So does that help better?

23 MR. TURPIN: If you want to see it,  
24 come up to my house. I'll show it to you.

25 MR. FRANCENESE: You live on the other

0086

1 side of the Emory River?

2 MR. TURPIN: I live right past the  
3 sandbar going away from it.

4 MR. FRANCENESE: You live right smack  
5 in the advisory?

6 MR. TURPIN: Yeah, we're in the  
7 sediment pond. I have no better word for it.  
8 It stinks.

9 MR. FRANCENESE: I have compassion for  
10 you. It's not a pleasant situation. You used  
11 to live in Paradise.

12 MR. TURPIN: I called it my Garden of  
13 Eden.

14 MR. FRANCENESE: Right, and I have  
15 compassion for you. The best I can tell you is  
16 that we've moved the schedule up from three to  
17 five years, to two to three years, to five to  
18 seven months.

19 MR. TURPIN: All right. Great.

20 MR. ANDREWS: I live within 300 yards  
21 of that paradise this guy is talking about. My  
22 name is Donnie Andrews, and I live at 492 Swan  
23 Pond Circle Road. And as far as the fly ash,  
24 and the toxicity of the thing, I was a biology  
25 major when I went to college. And the vermin,

0087

1 the coons and foxes and rats or mice, skunks,  
2 turtles, frogs, you name it, they're surviving  
3 just fine. And their metabolisms are similar,  
4 quite similar to ours.

5 And I'm not seeing them dropping  
6 like flies, you know, although they are moving  
7 into the populated areas where the garbage cans  
8 are and where they can scavenge for food because  
9 their normal habitat has been destroyed and  
10 they've got to feed somewhere.

11 So they have moved, but they're not  
12 getting sick. They don't appear to be sick.  
13 They appear to be hungry. But that's all I  
14 wanted to say. You know, the fly ash is not a  
15 big deal. It's what's in the fly ash; it's not  
16 the ash itself.

17 I've been there since 1954. And if  
18 fly ash would kill you, I wouldn't be here right  
19 now. Thank you very much.

20 MR. LANDON: Should we turn in our  
21 addresses to get answers to our questions? How  
22 do we get answers to our questions?

23 MS. BASHOR: Can we look at them again? (referring the  
24 paper list of questions Mr. Landon was holding)

24 Sorry. My memory is not that good.

25 (Off-the-record discussion)

0088

1 DR. CIBULAS: I don't know -- I guess

2 we can try to work on these.

3 When does the citizens get the same  
4 training that medical professionals receive? We  
5 do, as I indicated earlier, provide both  
6 community education as well as professional  
7 health care deliverer education. We have not to  
8 this time provided any community health  
9 education. It's usually part of the public  
10 health assessment process.

11 And we generally provide that as we  
12 make our conclusions as far as what our findings  
13 are, and that sort of helps us tailor what the  
14 health education message needs to be to the  
15 community. So typically, that is done towards  
16 the part where we're actually providing the  
17 document to the community.

18 So we have it on record here that  
19 the community needs health education, and I'm  
20 sure that would be one of our conclusions. It  
21 made sense to provide medical professionals  
22 education as soon as we could so that the  
23 doctors in the community know what to look for,  
24 know what the concerns are. So that was  
25 provided early on. Let's see.

0089

1 (Off-the-record discussion)

2 DR. CIBULAS: I can tell you now what  
3 we're going to do, is we're going to take these,  
4 as I committed earlier, and all the questions  
5 that we receive, we're going to provide a  
6 response. And we're going to do that by way of  
7 the Tennessee Department of Health website. And  
8 it will also be part of the public health  
9 assessment process and in the document, and  
10 we'll make sure that it is included in there if  
11 we don't get the answers to you tonight.

12 MR. SAFAY: What about the heavy metal  
13 question?

14 DR. CIBULAS: "Will the independent  
15 heavy metal tests be included in the data that  
16 ATSDR will receive to write the health  
17 assessment report?" And Bonnie has an answer to  
18 that one.

19 MS. BASHOR: It will not, because that  
20 is private individual medical testing. And so  
21 we can't publish that because it would be a  
22 violation of privacy.

23 We, as a State, are not in a  
24 position to evaluate that kind of data, but we  
25 hope that the clinics that ORAU and Vanderbilt

0090

1 set up will be able to help people interpret  
2 that themselves, help their doctors interpret  
3 that. And we will get a report that's sort of a

4 summary that doesn't identify anybody but gives  
5 us the trends. And we might can use that,  
6 although that may not be available by the time  
7 the health assessment is done.

8 But people who have had testing can  
9 certainly go see the clinical toxicologist from  
10 Vanderbilt and get some assistance with that.

11 DR. CIBULAS: Let me add to that also.  
12 Over the last nine years the Centers for Disease  
13 Control has been putting out a report every two  
14 or three years called the national exposure  
15 report, and there is a real emphasis on  
16 biomonitoring going on in this country. And the  
17 Centers for Disease Control is establishing  
18 background levels of a lot of substances from  
19 populations that have, you know, no known  
20 unusual exposures to these chemicals across the  
21 United States.

22 This particular database of  
23 biomonitoring results is very important to us,  
24 and it can help us put into perspective any data  
25 that's collected by populations that think they  
0091

1 have exposures to chemicals. And so we would be  
2 very interested in seeing the summary reports of  
3 the data take has been collected, and we could  
4 help put that data into perspective on whether  
5 or not it shows any unusual exposures compared  
6 to populations across the United States that  
7 have not been exposed.

8 So we can do a pretty good job of  
9 helping to put those data in perspective once,  
10 you know, it's sort of summarized and brought to  
11 our attention. And we -- you know, we should be  
12 able to help provide some assessment of whether  
13 or not these are unusual exposures and different  
14 from just normal background exposures across the  
15 United States.

16 Was there anything else that we --  
17 should we keep this and make sure we've got  
18 everything, or should we copy it? But as far as  
19 having a hard copy of this to make sure that  
20 we've captured everything, there might be a  
21 question or two on here that we haven't  
22 addressed yet. So we probably --

23 MR. LANDON: What about as far as  
24 expanding and making the diameter of the health  
25 inquiry bigger?

0092

1 (Off-the-record discussion)

2 DR. CIBULAS: The question up here is  
3 basically the breadth of the public health  
4 assessment. And, you know, right now our public  
5 health assessment will include all the data

6 that's available out there. So we are relying  
7 on the environmental sampling that's been  
8 conducted by EPA and TDEC, et cetera. You know,  
9 they make the decisions on how far out to extend  
10 the sampling. You know, based on our review and  
11 what we find, we can make recommendations for  
12 additional sampling if that seems to be  
13 relevant.

14 But we are to some extent dependent  
15 on the data that's provided to us. Our health  
16 needs assessment that was conducted as a result  
17 of the Epi Aide concentrated on an area of one and a  
18 half miles in radius around the Kingston fossil  
19 plant, and that made sense to look for the  
20 highest possible exposed population to see if  
21 there was anything unusual going on at that  
22 time. And that's why we focused on a population  
23 that had the most likelihood of seeing any sort  
24 of health effect in that population.

25 I don't have any knowledge that

0093

1 we're considering expanding that right now.  
2 We'll look at the results of the public health  
3 assessment and make recommendations beyond that.  
4 But that's the reason that that group was  
5 chosen, about one and a half miles around.

6 "Where was EPA, TDEC, TDH, and  
7 ATSDR when TVA was publicly stating that coal  
8 fly ash was safe?" I'm not sure what that is  
9 referring to, but I don't know. We will be  
10 providing information on the TDH website as we  
11 learn more and more through our public health  
12 assessment. We will develop a fact sheet. And  
13 I know there is one up there already, but if  
14 that fact sheet and our conclusions need to be  
15 amended based on our analysis, we certainly will  
16 do that.

17 Our assessment will be independent.  
18 And if there are findings and conclusion that  
19 come out of our documents, as I said, they will  
20 be made available on the TDOH website.

21 Anything else? We will look at the  
22 rest of the questions and try to come up with or  
23 we will come up with a response to everything  
24 that's on there. Okay. LaFreta, are there  
25 other questions?

0094

1 MS. DALTON: Are there additional  
2 questions? comments?

3 DR. CIBULAS: We can be available for a  
4 few minutes if you want to come down afterwards  
5 and have questions for us. Absolutely. Feel  
6 free to come down. Please. Go ahead.

7 MR. TURPIN: I probably missed it in

8 all my ranting and raving, but the stuff that  
9 they sprayed on all that grass seed, is there  
10 any information on the formula of that, what  
11 that crap was, because it made me sick?

12 DR. CIBULAS: Is there anybody here  
13 that can answer that?

14 MR. LANDON: I have a materials safety  
15 data sheet.

16 MR. TURPIN: I would love to see that  
17 because I could not find it anywhere.

18 MR. LANDON: It's actually listed as  
19 toxic to aquatic life, and so it appears to be a  
20 hazardous substance as well.

21 DR. CIBULAS: All right. So we should  
22 make that material safety data sheet available  
23 so that people can see what is on that.

24 So I want to thank you for your  
25 participation, for your candor. I expected

0095

1 nothing less, and we appreciate it. It's clear  
2 that you have many concerns about your health  
3 and other issues, and we commit to you that we  
4 will do the best job we can in conducting this  
5 public health assessment, making it available to  
6 you, continuing to answer your questions, and to  
7 be available to you. That's the commitment of  
8 ATSDR, and that's the commitment of the  
9 Tennessee Department of Health.

10 And with that, LaFreta, I think,  
11 has one more thing she wants to say. Is that  
12 right?

13 MS. DALTON: Outside in the hallway  
14 you'll find light refreshments. And if you  
15 would please complete our feedback sheet, we  
16 would certainly appreciate it. There is a box  
17 on the table to deposit the sheet.

18 Thank you for attending the  
19 meeting this evening. Your feedback, your  
20 questions, and your comments are appreciated.  
21 Have a good evening.

22 (Meeting adjourned)

23  
24  
25