



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Fiscal Year
2011**

**Agency for Toxic Substances
and Disease Registry**

*Justification of
Estimates for
Appropriation Committees*

INTRODUCTION

The FY 2011 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2011 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS FY 2009 Summary of Performance and Financial Information. These documents are available at <http://www.hhs.gov/asrt/ob/docbudget/index.html>.

The FY 2011 Congressional Justifications and accompanying Online Performance Appendices contain performance summaries and performance strategic plan. The Agency Financial Report provides fiscal and high-level performance results. The Summary of Performance and Financial Information summarizes key past and planned performance and financial information.

MESSAGE FROM THE DIRECTOR

We are pleased to present the FY 2011 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). This budget request includes the FY 2009 Annual Performance Plan and the FY 2011 Online Performance Appendix as required by the Government Performance and Results Act of 1993.

ATSDR serves the public through responsive public health actions to promote healthy and safe environments and to prevent harmful exposures. ATSDR continues to prevent, determine, and mitigate health effects at sites with toxic exposures, and its successes in doing so across the nation illustrate how funding for ATSDR directly benefits Americans. Just a few of ATSDR's successes in FY 2009 are highlighted below:

- Backyard soils near a former pesticide facility in Norwood, Ohio, were found to be contaminated with arsenic. ATSDR's state grantee recommended that the U.S. Environmental Protection Agency (EPA) remove the contaminated soil. EPA initiated and completed a time-critical removal action. ATSDR's grantee reviewed soil sampling results following the removal to confirm that soil no longer posed a public health threat for children in the area.
- Based on ATSDR findings of elevated levels of lead in synthetic turf products, the Consumer Product Safety Commission has requested the elimination of non-essential uses of lead in synthetic turf products. The synthetic turf industry has responded through public statement that they plan to voluntarily reduce the lead content in synthetic turf products in U.S. markets.
- When a catastrophic tank failure sent a wave of liquid fertilizer flowing into a residential community in Chesapeake, VA, ATSDR staff supported the EPA and state emergency response efforts. ATSDR helped responders understand levels of fertilizer in ambient air, recommended removal and containment options, and analyzed environmental data to help make important decisions to keep residents healthy.
- Local health departments often lack the staff and resources to engage in land reuse and redevelopment decision making. ATSDR has developed two tools that help local health departments provide timely feedback to developers and policy makers on potential health issues associated with reuse of a property that may have chemical contamination.

ATSDR monitors its performance through long-term performance measures that evaluate our success in mitigating exposures at the most urgent and hazardous sites. These measures assess and document the impact of ATSDR's efforts on the health of people exposed to toxic substances.

This FY 2011 Congressional Justification provides more detail of ATSDR's successes, highlights current efforts, and describes how the budget request will allow us to continue serving Americans productively through the upcoming fiscal year.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and
Disease Registry



Henry Falk, M.D., M.P.H.
Acting Director, CDC National Center for
Environmental Health/ Agency for Toxic
Substances and Disease Registry

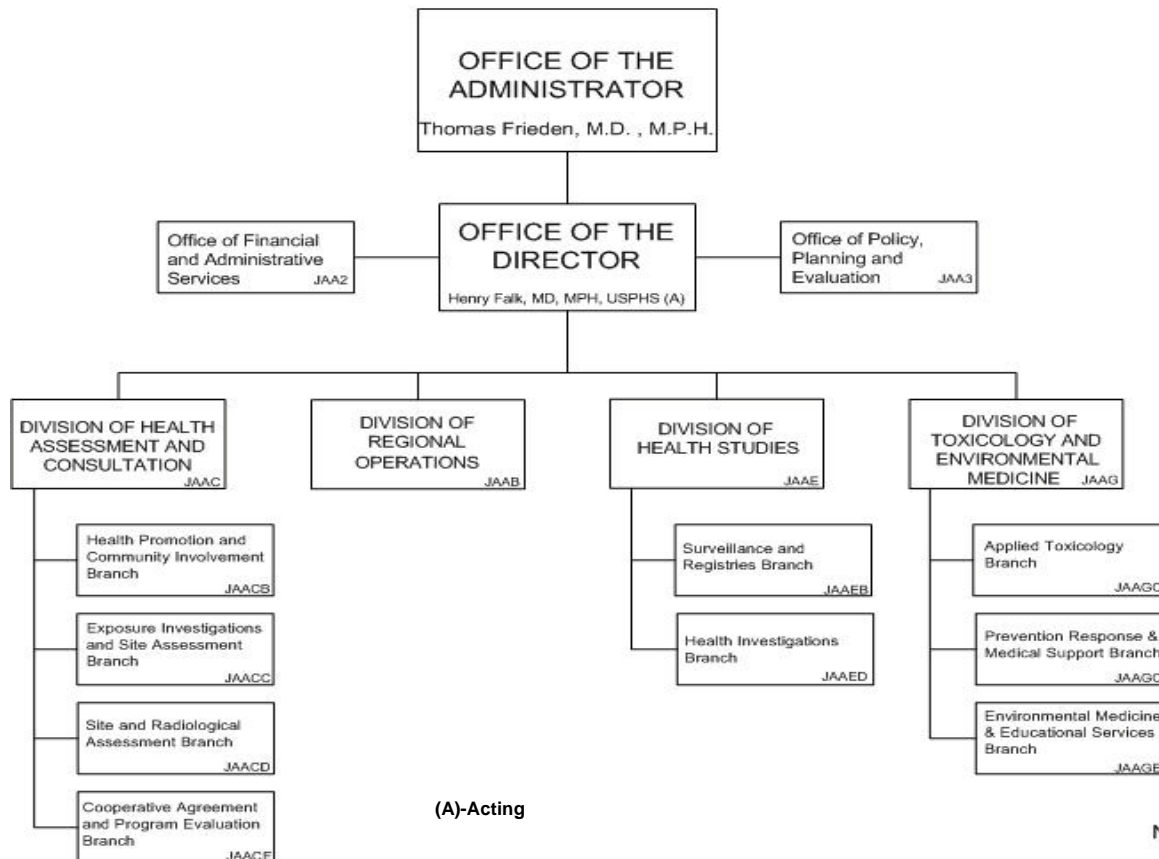
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ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (J)



APPROVED 4/2/2008
Names updated 01/06/10

EXECUTIVE SUMMARY

INTRODUCTION AND MISSION

The Agency for Toxic Substances and Disease Registry (ATSDR), along with National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC), is committed to the vision of safer and healthier people in safer and healthier environments.

First organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, more commonly known as the Superfund law. In 1986, Congress passed the Superfund Amendments and Reauthorization Act (SARA). Through these and other legislative actions, Congress responded to the public's demand for a more complete accounting of toxic chemicals and releases. In addition, Congress was—and remains—concerned by other pathways of potential exposure, including food, water, air, and consumer goods.

While ATSDR shares common concerns with other federal agencies and institutes, such as the Environmental Protection Agency (EPA) or CDC's National Institute for Occupational Safety and Health (NIOSH), ATSDR is unique in its focus on the human health impact of exposures to hazardous substances. The agency's mission is to serve the public through responsive public health actions to promote healthy and safe environments and prevent harmful exposures.

Since the creation of ATSDR, thousands of hazardous sites have been identified around the country. The Superfund program remains responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR has also been at the forefront in protecting people from acute toxic exposures that occur from hazardous leaks and spills, environment-related poisonings, and natural and terrorism-related disasters.

ATSDR's work falls into four functional areas:

- Protecting the public from hazardous exposures;
- Building the science base on toxic substances;
- Educating health care providers and the public about toxic chemicals; and
- Maintaining health registries.

Through its work in these areas, ATSDR continues to prevent and mitigate exposures and related health effects at hazardous waste sites across the nation.

BUDGET OVERVIEW

The FY 2011 President's Budget Request of \$76.3 million for ATSDR, represents a decrease of \$455,000 below the FY 2010 Omnibus for contract and travel savings (Please see Page 17 of the CDC Congressional Justification for more information). The FY 2011 funds will support public health activities to identify and evaluate exposures to hazardous substances and to take appropriate actions to prevent and mitigate future exposures.

ALL PURPOSE TABLE

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Budget Authority	\$74,039,000	\$0	\$76,792,000	\$76,337,000	(\$455,000)

BUDGET EXHIBITS

APPROPRIATIONS LANGUAGE

ATSDR

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended; section 118(f) of the Superfund Amendments and Reauthorization Act of 1986 (SARA), as amended; and section 3019 of the Solid Waste Disposal Act, as amended \$76,792,000, of which up to \$1,000 per eligible employee of the Agency for Toxic Substances and Disease Registry shall remain available until expended for Individual Learning Accounts: *Provided*, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited health care providers: *Provided further*, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: *Provided further*, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year [2010] 2011, and existing profiles may be updated as necessary

AMOUNTS AVAILABLE FOR OBLIGATION

FY 2011 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION DISEASE, CONTROL, RESEARCH AND TRAINING AMOUNTS AVAILABLE FOR OBLIGATION ¹			
	FY 2008 Actual	FY 2009 Actual	FY 2010 Pres. Budget
General Fund Discretionary Appropriation:			
Annual	74,039,000	\$76,792,000	\$76,337,000
Rescission	-	.	.
Unobligated balance permanently reduced - Bulk Monovalent	-	-	-
Subtotal, adjusted Appropriation	74,039,000	76,792,000	76,337,000
Transfers to Other Accounts (Section 202 Transfer to CMS)	-	-	-
Transfers to Other Accounts (CDC)	(1,137,000)	(311,000)	-
Transfers from Other Accounts (Office of the Secretary)	-	-	-
Transfers from Other Accounts (Department of State)	-	-	-
Subtotal, adjusted General Fund Discr. Appropriation	72,902,000	76,481,000	76,337,000
Receipts from CRADA	-	-	-
Recovery of prior year Obligations	-	-	-
Unobligated balance start of year	843,000	-	-
Unobligated balance expiring	(180,000)	-	-
Unobligated balance end of year	-	-	-
Total Obligations	73,565,000	76,481,000	76,337,000

¹ Excludes the following amounts for reimbursements: FY 2009 \$4,438,000; and FY 2010 \$8,757,000.

SUMMARY OF CHANGES

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF CHANGES (DOLLARS IN THOUSANDS)				
	Dollars		FTEs	
FY 2011 Budget (Budget Authority)	\$76,337		306	
FY 2010 Enacted (Budget Authority)	\$76,792		306	
Net Change	(\$455)		0	
	FY 2010 Appropriation		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority
Increases:				
Pay Raise	---	N/A	---	\$153
Total Increases	N/A	N/A	N/A	\$153
Decreases:				
Travel and Contract Reductions	---	N/A	---	(\$608)
Total Decreases	N/A	N/A	0	(\$608)
Built-In:				
1. Annualization of Jan - 2010 Pay Raise	---	---	---	\$44
2. Changes in Day of Pay	---	---	---	\$0
3. Within-Grade Increases	---	---	---	\$599
4. Rental Payments to GSA and Others	---	---	---	(\$22)
Total Built-In	306	\$76,792	0	\$621
1. Absorption of Current Services	---	---	---	(\$621)
Total	---	---	---	(\$621)
Total Increases (Budget Authority)	306	\$76,792	0	\$774
Total Decreases (Budget Authority)	N/A	N/A	0	(\$1,229)
NET CHANGE - L/HHS/ED BUDGET AUTHORITY	306	\$76,792	0	(\$455)

AUTHORIZING LEGISLATION

<i>DOLLARS IN THOUSANDS</i>	<i>FY 2010 AMOUNT AUTHORIZED</i>	<i>FY 2010 OMNIBUS</i>	<i>FY 2011 AMOUNT AUTHORIZED</i>	<i>FY 2011 BUDGET</i>
<i>AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY:</i>				
<i>ATSDR</i>	<i>INDEFINITE</i>	<i>\$76,792</i>	<i>INDEFINITE</i>	<i>\$76,337</i>
<i>THE GREAT LAKES CRITICAL PROGRAMS ACT OF 1990, 33 U.S.C. § 1268 SECTION 104(i) OF THE COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT OF 1980 (CERCLA), AS AMENDED BY THE SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (SARA), 42 U.S.C § 9604(i) THE DEFENSE ENVIRONMENTAL RESTORATION PROGRAM, 10 U.S.C. § 2704 THE RESOURCE CONSERVATION AND RECOVERY ACT, AS AMENDED, 42 U.S.C § 321 ET SEQ. THE CLEAN AIR ACT, AS AMENDED, 42 U.S.C. § 7401 ET SEQ.</i>				

APPROPRIATIONS HISTORY

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY APPROPRIATIONS HISTORY TABLE				
	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1997	58,000,000	60,200,000	60,200,000	64,000,000
1998	64,000,000	80,000,000	80,000,000	74,000,000
1999	64,000,000	74,000,000	74,000,000	76,000,000
2000	64,000,000	70,000,000	70,000,000	70,000,000
2001	64,000,000	70,000,000	75,000,000	75,000,000
2001 Rescission				(165,000)
2002	78,235,000	78,235,000	78,235,000	78,235,000
2002 Rescission				(32,000)
2003	77,388,000	88,688,000	81,000,000	82,800,000
2003 Rescission				(538,200)
2004	73,467,000	73,467,000	73,467,000	73,467,000
2004 Rescission				(433,455)
2005	76,654,000	76,654,000	76,654,000	76,654,000
2005 Rescission				(613,000)
2006	76,024,000	76,024,000	76,024,000	76,024,000
2006 Rescission ¹				(361,874)
2006 Rescission				(756,620)
2007	75,004,000	76,754,000	75,004,000	74,905,000
2008	75,004,000	75,212,000	75,004,000	75,212,000
2008 Rescission				(1,173,000)
2009	72,882,000	72,882,000	74,039,000	74,039,000
2010	76,792,000	76,792,000	76,792,000	76,792,000
2011	76,337,000			

¹FY 2006 funding for ATSDR includes a rescission of 0.476% for Interior, Environment, and Related Agencies.

NARRATIVE BY ACTIVITY

PROTECTING THE PUBLIC FROM HAZARDOUS EXPOSURES

In the last half century, a dramatic shift occurred in the health burden of the U.S. population from infectious diseases to diseases such as cancer, birth defects, and asthma, many of which may be associated with exposures to hazardous substances. Advances in industrial science and technology led to the development and production of tens of thousands of chemical compounds, which are now ubiquitous in our air, water, food, and homes. Serious health threats, from contamination in Love Canal, New York and gas released in Bhopal, India, brought the problem of environmental contamination to national attention in the 1980s.

Established by Congressional Mandate, the Agency for Toxic Substances and Disease Registry (ATSDR) plays a critical role in maintaining and improving the health of the American people by promoting healthy and safe environments and preventing harmful exposures. While ATSDR shares common concerns with other federal agencies and institutes, such as the Environmental Protection Agency (EPA) or CDC's National Institute for Occupational Safety and Health (NIOSH), ATSDR is unique in its focus on the human health impact of exposures to hazardous substances. ATSDR's primary focus is on preventing exposures in communities near toxic waste sites. However, the Agency is committed to better understanding how chemical exposures affect human health. After assessing these exposures, ATSDR works with government agencies, community groups, and industry to implement actions that protect the public's health and safety.

EPIDEMIOLOGY

According to the World Health Organization, an estimated 24 percent of the disease burden (healthy life years lost) and an estimated 23 percent of all deaths (premature mortality), globally, are attributable to environmental factors. Each day people are exposed to thousands of chemicals through food, air, water, soil, and consumer products. Some examples of exposures include: chemicals from landfills leaking into drinking water supplies; mercury contaminating fish in a local stream, kids who live next to an old factory showing elevated blood lead levels; and fumes that smell like gas or oil seeping into neighborhood basements. Biomonitoring data suggests widespread exposure in the U.S. population for some industrial chemicals, including polybrominated diphenyl ethers (PBDEs), bisphenol-A (BPA), and several perfluorinated compounds.

More than 80,000 chemicals are manufactured or used in the U.S. Research demonstrating the health impacts associated with these chemicals exists for, at most, a few thousand of these chemicals. Available research, though limited, provides strong evidence linking more than 20 types of cancer and nearly 25 reproductive, birth, developmental, neurobehavioral, and endocrine disorders with exposure to environmental contaminants. For example, there are demonstrated associations between lead and learning disabilities, asbestos and respiratory cancers, radon gas and lung cancer, ozone and respiratory effects, particulate matter and cardio-pulmonary disease, and perchlorate and thyroid disease.

Annual releases of toxic pollutants into the air amount to over two billion pounds, with a similar amount released into surface water, land, or underground. In 2006, nearly 38 percent of the U.S. population, or 114 million people, lived in a county where measured air pollutants reached concentrations above EPA standards. In addition, more than 10,000 accidental and illegal releases of hazardous substances occur annually in the United States.

The EPA estimates that 41 million people live within a four mile radius of the 1270 most hazardous waste sites in the U.S. (uncontrolled or abandoned places that contain hazardous substances and are designated on the EPA's National Priority List (NPL) for high priority sites). People have been exposed to a range of toxic substances at these sites—from industrial metals and chemicals to naturally-occurring asbestos to residual pesticides.

HEALTH DISPARITIES/SOCIAL DETERMINANTS

Based on a geographical analysis of 2000 census data, minority residents make up 38 percent of the population living within one mile of an NPL site (compared to minority residents making up 22.9 percent of the total US population). In addition, 13.7 percent of individuals living within one mile of a toxic waste site fall below the poverty line (compared to 12.4 percent of individuals in the US population.) As a result, low income and minority populations are at a higher risk for adverse health outcomes that are potentially associated with exposures to hazardous substances.

Tribal reservations contain a disproportionate number of hazardous waste sites as a result of the mining, drilling, and processing of natural resources. Additionally, communities with multiple brown fields (land reuse and redevelopment sites with possible residual chemical contamination from former uses) characteristically have lower socioeconomic conditions and poor health status.

A growing body of research suggests that maternal exposure to chemicals poses a risk to women’s health (asthma, breast cancer and hormonal imbalances) as well as to fetal and health and development (miscarriage, birth defects, growth restriction, and motor/cognitive delays). Children are at an increased risk of exposed to hazardous substance exposure and of adverse health effects from their exposure. Their small body size and developing systems also place them at a greater risk of health effects than adults. ATSDR estimates about three million children live within one mile of a National Priorities List (NPL) hazardous waste site.

EVIDENCE-BASED ACTIVITIES

ATSDR conducts a range of activities to protect the public from harmful exposures. The efforts described below highlight the broad scope of ATSDR’s evidence-based activities.

Protect the public from hazardous exposures	<ul style="list-style-type: none"> • ATSDR scientists identify pathways of exposure to hazardous chemicals and advise EPA, other agencies, and the public of actions needed to mitigate harmful exposures. • ATSDR’s Emergency Response Team can be deployed at any time to the site of a toxic substance release or natural disaster upon request of state or federal authorities.
Build the science base on toxic chemicals	<ul style="list-style-type: none"> • Toxicological Profiles evaluate and interpret exposure pathways and possible health effects of hazardous substances found at NPL sites. These toxicological profiles are used by health and scientific professionals worldwide. • ATSDR’s National Toxic Substance Incidents Program (NTSIP) collects and organizes information about where toxic substances are used and transported and details about any spills that may occur. • ATSDR’s health studies link chemical exposures to diseases and other health effects. Health studies may also answer a specific question that a community has about the impact of a hazardous exposure in the community.
Deliver information on toxic chemicals	<ul style="list-style-type: none"> • ATSDR educates community groups and health professionals on how to prevent exposures and how to diagnose and treat patients exposed to hazardous substances.
Implement Registries	<ul style="list-style-type: none"> • Exposure Registries enumerate people to increase understanding of the associated health impacts and provide health information as appropriate.

PROGRAM ACTIVITIES TABLE

(Dollars in Thousands)	FY 2009 Enacted	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Agency for Toxic Substances and Disease Registry	\$74,039	\$0	\$76,792	\$76,337	-\$455

Research. ATSDR will provide funds to universities and other research organizations through grants for investigator initiated peer reviewed research. ATSDR will allocate remaining funds through contracts, intramural research, personnel, technical assistance, and other programmatic oversight.

Fiscal Year	Amount
FY 2006	\$74,905,000
FY 2007	\$75,212,000
FY 2008	\$74,039,000
FY 2009	\$74,039,000
FY 2010	\$76,792,000

Budget Request: Agency for Toxic Substances and Disease Registry

In FY 2011, the Agency for Toxic Substances and Disease Registry (ATSDR) will identify, assess, and respond to community-level, site-specific issues involving human exposure to hazardous substances in the environment. ATSDR’s field staff located in EPA regional offices and state-level staff supported by the Cooperative agreement program compose a national network of public health experts that respond to a broad range of hazardous waste and chemical release related issues. ATSDR’s FY 2011 activities serve four inter-related functions: 1) Protecting the public’s health from hazardous exposures; 2) Building the science base on toxic chemicals; 3) Delivering information on toxic chemicals to health professionals and the public; and 4) Implementing Registries.

Budget Request: Protect the Public’s Health from Hazardous Exposures

ATSDR protects the health of the American public by assessing potential health hazards at hazardous waste sites and making recommendations to partner agencies, private industry, and communities about steps they can take to stop and prevent human exposures to hazardous substances. While much of ATSDR’s work occurs at hazardous waste sites, ATSDR also evaluates human exposures to chemicals at other “release” sites, for example, the air emissions from a manufacturing plant or a spill of manufacturing or combustion by-products.

ATSDR documents the findings and recommendations of its investigations in Public Health Assessments, Health Consultations, and exposure Investigations. In addition, ATSDR also provides technical assistance on environmental public health issues to health and environmental agencies as well as the public.

ATSDR provides support services and responds to chemical spills and other emergency events—from natural disasters and fires to illegal dumping. ATSDR advises federal, state, and local officials about when to evacuate communities; what levels of chemical pose a health threat; when to allow residents to return; how to educate the public regarding the released chemicals; and how to ensure the safety of responders and medical professionals.

In FY 2011, ATSDR will continue to provide technical support and collaborate with communities, health care providers, EPA, and other agencies to implement effective methods to stop exposures to hazardous materials. ATSDR’s FY 2011 resources will support a range of activities, which are described below.

- More than 260 Public Health Assessments, Consultations, and Exposure Investigations will be conducted by ATSDR, in collaboration with partners, at hazardous waste sites in FY 2011. The recommendations from these assessments will be used to protect communities from hazardous exposures to chemicals.
- Over 1,400 technical assists will be completed in response to requests from external stakeholders (e.g., regulatory agencies, public health agencies, and the public). ATSDR’s technical input and/or educational information will facilitate informed decision-making regarding environmental health issues.

- In order to support brownfield redevelopment, ATSDR will provide technical assistance on approximately 50 properties undergoing redevelopment; participate in at least five community health pilot projects for brownfield and land reuse sites; and develop additional assessment tools for local health departments to engage in redevelopment decisions and policy.
- ATSDR will respond at least 200 requests of a time-critical nature from federal, state, and local emergency response personnel addressing chemical releases associated with emergency events.

Rationale and Recent Accomplishments: Human exposures to toxic substances can lead to a range of poor health outcomes, from cancer to asthma to developmental delays. ATSDR works to decrease the exposures that lead to these harmful health effects. In 2009, ATSDR completed evaluations of environmental exposures at 211 sites by issuing 233 public health assessments and consultations. Federal, state, and local authorities adopted 85 percent of ATSDR's recommendations made in these assessments, resulting in healthier and safer environments for Americans. While the complete impact of ATSDR's evaluation work is difficult to quantify, four key examples described below provide a glimpse into the substantial health benefits that result from ATSDR's work.

- In 2009, an ATSDR supported investigation identified naturally-occurring asbestos, a cancer-causing substance, at a recreational gem mine in North Carolina. The investigators evaluated air sample data and recommended suspension of gem mining to prevent additional public exposure to asbestos. The gem mining ceased and a site-specific asbestos factsheet was developed for local health departments.
- At least 5,000 school children exposed to mercury have been safeguarded by ATSDR's work. For example, at one Arizona High School, students found a large amount of elemental mercury in a school storage room, spilled it on school buses and took it home—exposing their families and community to this harmful substance. ATSDR ensured that families of exposed students were alerted and educated about mercury poisoning and that all mercury was removed from the storage rooms.
- Through efforts at 281 time-critical and/or emergency events ATSDR's efforts ensured that first responders and clean-up crews took steps to stay safe while cleaning up homes, workplaces, and communities. In 2009, ATSDR's response in these time-critical events resulted in removal of contaminated soils, provision of alternate water supplies, and/or mitigation of air release exposures.
- In 2009, ATSDR provided emergency response when a containment wall failure resulted in the release of fly ash in Tennessee. As part of the emergency response, ATSDR reviewed large data packages, provided key action levels for contamination, coordinated an epidemiological study with EPA, and participated in several media interviews. As a result of ATSDR's work, community members were able to make informed decisions to protect themselves during the cleanup period. For example, residents were assured that public water supplies were safe but that private wells needed to be evaluated before use.

Health Impact: ATSDR works to protect the public from exposures to hazardous substances by assessing sites and properties, responding to environmental emergencies, and working with government agencies, industries, community organizations, and the public to take action to mitigate and prevent exposures to hazardous substances. In FY 2011, ATSDR will ensure that EPA, state and regulatory agencies or other responsible entities will act on at least 85 percent of ATSDR's public health recommendations. Human exposures to toxic chemicals decrease when ATSDR's recommendations are followed resulting in a reduction in the negative health impacts that are associated with exposure (*Please see outputs 17.C, 17.D, and 17.E and outcomes 17.1.1, 17.3.1 for specific information*).

Budget Request: Building the Science Base on Toxic Chemicals

ATSDR works to build the knowledge of the scientific community, policy-makers, and medical professionals regarding the human effects of toxic substances. ATSDR's applied research includes both toxicological and epidemiological research. Additionally, ATSDR collaborates with other government agencies, universities, and volunteer organizations to address critical toxicological data needs. ATSDR's scientific research often grows out of site-specific public health activities. In FY 2011, ATSDR's resources will support the key activities to build the science base on toxic chemicals noted below.

- ATSDR will develop eight Toxicological Profiles and will expand and update 40 existing Profiles. ATSDR will also develop 16 shortened versions of these documents, known as quick reference guides for scientists, health providers, and the public to find information about a particular substance. ATSDR has developed over 300 Toxicological Profiles, which are comprehensive reference documents synthesizing the toxicology and possible health effects of the hazardous substances most often found at hazardous waste sites.
- Information from ATSDR's National Toxic Substance Incidents Program (NTSIP) is used to establish policy and guidance that helps keep first responders, employees, and the public safe during a chemical event. In FY 2011, ATSDR will fund seven state and local health departments to collect data on uncontrolled or illegal releases of hazardous substances and the injuries/evacuations associated with those events for the NTSIP database. ATSDR will also educate 35,000 people about chemical exposure event data collected through the NTSIP system.
- ATSDR partners with industry and other federal agencies to answer research questions related to hazardous substances. In FY 2011, ATSDR will collaborate with partners on research to fill more than 25 scientific data gaps that have been identified in the area of exposure to hazardous substances.
- ATSDR will use computational toxicology and exposure-dose reconstruction to create models and other science-based methods for understanding how chemicals impact health when traditional resources are lacking. ATSDR's modeling activities are used to provide rapid and cost effective information on health effects of chemicals.
- ATSDR will respond to 160 requests from State and Local Health Departments for assistance with geospatial information systems (GIS). In addition, ATSDR will advance geospatial science and systems as applied to environmental health, chronic disease, infectious disease, health care access, and emergency preparedness & response via applied research and GIS services, consulting, and training. ATSDR's GIS expertise has supported the visualization of the complex relationship between health and the environment, in addition to supporting other community health efforts across CDC.
- ATSDR will study health effects and exposures in specific communities and will:
 - o Use the estimated \$2 million allocation to examine uranium exposure and pregnancy and neonatal complications of Navajo mothers, and provide educational outreach to increase prenatal care and mitigation of uranium exposure on the Navajo Reservation;
 - o Continue to address Camp Lejeune community concerns and provide a significant contribution to gaps in the scientific knowledge about health effects of exposures to high levels of solvent-contaminated drinking water; and,
 - o Characterize exposure pathways for persistent toxic substances in the Great Lakes basin with an emphasis on developing new methods and assessing the relationship between exposure pathways and body burden in vulnerable populations.

Rationale and Recent Accomplishments: More than 80,000 chemicals are used or manufactured in the United States and little is known about how most of these impact human health. ATSDR's Toxicological Profiles are an indispensable resource for environmental and health professionals around the world and are used to make decisions about cleaning up sites, responding to emergencies, and treating patients exposed to chemicals. The Toxicological Profiles form the scientific background of ATSDR scientists' assessment work, resulting in action recommendations that are grounded in the most up-to-date science on toxic chemicals.

Many states and partners have developed specific legislation and policies using NTSIP's predecessor database, the Hazardous Substances Emergency Events Surveillance (HSEES) system. For example, HSEES data have supported several state efforts to prevent the growing problem of methamphetamine lab exposures and to minimize mercury releases in schools. HSEES data also support the counter-terrorism and response planning of agencies or facilities that make or store chemicals in the United States.

Two examples that show the benefit of ATSDR's modeling activities are described below.

- In FY 2009, ATSDR scientists used computational toxicology to develop models that describe how mixtures of chemicals could affect health at 11 different chemical disaster sites. As a result, first responders were able to take appropriate steps to keep themselves, and nearby residents safe.
- In Oatland Island, GA, ATSDR's exposure model was used to persuade state regulators to use a monitoring plan as a final remedy instead of the more expensive in-situ groundwater treatment, resulting in cost savings of \$1.0 million dollars.

ATSDR geospatial accomplishments include the following activities noted below.

- ATSDR scientists provided geospatial support to the 2009 H1N1 Influenza response. Using ATSDR's maps, CDC officials were able to geospatially visualize critical public health information. With maps depicting disease spread, vaccine tracking, and community mitigation efforts, officials were able to make the best recommendations while considering multiple factors.
- In FY2009, ATSDR released the Community Health Status Indicator (CHSI) GIS Analyst, a web-based GIS interface that can geographically analyze and visualize community health data. This new interface will encourage a dialogue among community advocates and stakeholders to take action to improve a community's health.

ATSDR performs health studies toward the goal of producing scientific knowledge that is applicable to other situations involving similar exposures and diseases. Health studies may also answer a specific question that a community has about the impact of a hazardous exposure in the community. While there can be many uncertainties due to long latency periods and/or multiple causes of sickness or diseases, health studies may ultimately help establish a link between an exposure and a health effect. Noted below are additional details about select ATSDR health studies.

- A yearlong evaluation in the Ohio River Valley recently completed by ATSDR found high levels of airborne manganese. ATSDR is developing a follow-up study to compare the prevalence of nervous system dysfunction among a community exposed to manganese with the prevalence in a similar non-exposed community.
- In FY 2009, ATSDR initiated a surveillance project to evaluate myeloproliferative neoplasm (MPN) diagnosis and reporting to state registries on a national level. Data from this project may help identify prevention strategies and enable the collection of more accurate polycythemia vera (PV) and MPN data in cancer registries.

Health Impact: In FY 2011, ATSDR will engage in surveillance and research activities to increase the knowledge base on the health effects of toxic substances. The findings of this research will be used as scientists, health providers, and policy makers design and implement community/site clean-up activities,

emergency responses, individual treatment plans, and environmental/land use policies. Additionally, the visualization of ATSDR findings on maps will serve as a powerful communication tool for staff working in communities. By applying ATSDR's research, policy makers, government agencies, and health providers will be able to make science-based decisions that will protect the public from exposures to hazardous substances (*Please see outputs 17.G, 17.H, 17.I and 17.L and outcome 17.2.1 for specific information*).

Budget Request: Deliver Information on Toxic Chemicals to Health Professionals and the Public

ATSDR translates and communicates scientific information on the human health effects of exposures to toxic substances and provides education to community groups and health professionals on how to prevent the health effects of toxic substance exposures. ATSDR provides targeted education at the community level to meet local needs and also broadly distributes educational materials through the internet and other mechanisms. By working with communities, ATSDR helps to ensure that the places in which people live and play are safe and healthy.

ATSDR experts and funded partners meet with individuals through community gatherings, in open forums, and even at their homes to listen to environmental health concerns, provide information, and conduct investigations. ATSDR develops and provides medical education to assist health professionals in diagnosing and treating conditions related to hazardous exposures. ATSDR's FY 2011 resources will support a broad range of efforts to educate health professionals and the public on key environmental health topics. Several key examples of ATSDR's work in this area are noted below.

- ATSDR and its partners will educate more than 133,000 community members through public meetings, emails, factsheets, and online videos. ATSDR will share information about toxic substances present in communities, ways to decrease exposure, and other vital public health guidance. Community members can use this guidance to make healthy decisions about minimizing exposures and seeking appropriate treatment.
- In order to build medical system capacity to appropriately treat and refer patients exposed to hazardous substances, ATSDR collaborated with partners to educate 32,000 health professionals in toxicology, risk assessment, and clinical care.
- In collaboration with EPA, ATSDR will continue to support a six-year (2009-2015) cooperative agreement for 11 regional Pediatric Environmental Health Specialty Units (PEHSUs) and one satellite PEHSU in Ohio. The PEHSUs and partners at the American College of Medical Toxicology work to provide education, health consultation, and risk assessment to health care providers and the public on a range of environmental topics including toxic mold in homes, mercury in schools, and the health effects associated with imported drywall from China.
- To support the minority health professions community in their efforts to eliminate environmental health disparities, ATSDR will support two universities as part of Minority Health Cooperative Agreement for Environmental Health and Toxicology Educational Research Program. ATSDR's support for these Universities focuses on training and research.
- As part of an enhanced community engagement model, ATSDR will work with communities to use available resources to address their health concerns. Community assessments provide critical data on social determinants of health in the community and contribute to the development of effective and innovative community involvement initiatives. These assessments can also help to reduce the health disparities experienced at many sites, including those designated Environmental Justice sites.

Rationale and Recent Accomplishments: Building the science base on toxic substances is useful only if that knowledge and information is communicated to health providers, community members and policy makers. The work of ATSDR, EPA, and other agencies to clean up sites and prevent exposures is most

effective with active participation from local community members and health care providers. Despite research linking environmental exposures to poor health outcomes, the study of environmental medicine is largely omitted from U.S. medical school curriculum, leaving health care providers ill equipped to provide environmental preventive or curative patient care. In FY 2009, ATSDR worked to educate the public and health professionals in several ways described below.

- ATSDR supported the education of more than 300,000 community members on the basics of toxic chemicals in the environment and how communities can reduce and prevent exposures. ATSDR utilizes community meetings, flyers, posters, phone calls, email, and the internet to reach people with these environmental health messages.
- ATSDR developed an educational curriculum guide entitled *Real Environment Action Created by Teens and Texts*. This curriculum utilizes new social media and mobile technologies to teach teens (through youth organizations) how to address environmental hazards in their communities by developing leadership skills and environmental health knowledge.
- ATSDR staff and the American College of Medical Toxicology collaborated with the Indian Health Services (IHS) to conduct grand rounds training on uranium and radiation exposures for nearly 150 clinical staff serving Navajo tribal members living near uranium mines and mills. In addition, ATSDR developed a DVD to ensure these messages will be communicated to future clinical staff.
- ATSDR's funding of the Minority Health Research and Education Cooperative Agreement provides local communities with the tools needed to impact environmental health disparities in minority and underrepresented communities. For example, the program provides environmental health education to graduate students and works to improve community member knowledge, skills, and awareness of key environmental health issues.

Health Impact: In FY 2011, ATSDR will educate the public about chemicals present in their homes, schools, and communities. Informed community members can take the steps they need to reduce their exposures to chemicals and other hazardous exposures, thus reducing health effects associated with those exposures. ATSDR's support for the education of primary care providers and other health professionals will ensure that these health professionals know how to prevent, diagnose, and treat illnesses caused by hazardous substances. People exposed to chemicals can then obtain early and proper treatment (*Please see outputs 17.A, 17.N, 17.O, and 17.P for specific information*).

Budget Request: Implement Registries

ATSDR maintains registries, which are confidential databases designed to collect, analyze, and track information about groups of people who share a defined exposure or illness. ATSDR provides information to people about health services and other services that are available to them. In addition, these registries may help to illuminate the relationship between exposure to hazardous substances and disease.

- In FY 2011, ATSDR will continue to build and maintain the Amyotrophic Lateral Sclerosis (ALS) registry. ATSDR will use this database to provide prevalence information on national ALS data to the medical, public health, and stakeholders' community, and help further research and understanding of the contributing factors of ALS.
- In FY 2011, ATSDR will continue to update data and enrollment in the Tremolite Asbestos Registry (TAR). The TAR is a registry of people exposed to tremolite asbestos originating in Libby, Montana and includes contact, demographic, exposure, and health outcome data for each registrant.

Rationale and Recent Accomplishments: ATSDR maintains registries with the goal of producing scientific knowledge about particular diseases or exposures. Analysis of registry data can be used to

inform medical treatment of a registrant. The registry may also generate information that can be applied to similar situations or exposures. Two of ATSDR's accomplishments in the area of registries during 2009 are noted below.

- In October 2009, ATSDR launched the National ALS Registry website with funding from CDC. In the future, this website will include an online portal where people with ALS can enroll in the ALS Registry. ATSDR also completed four pilot studies that lead to the development of the National ALS Registry.
- ATSDR collaborated with HRSA on a health care program for the Libby, MT Community to provide screening services and medical care to community members exposed to Libby Asbestos so that individuals impacted can receive information and healthcare services.

Health Impact: In FY 2011, ATSDR will use funds to respond to selected community concerns regarding possible linkages between hazardous substances and health impacts. In response to a congressional mandate, the agency will develop national surveillance efforts for ALS and other neurological diseases (as appropriate). As a result, awareness about diseases and health effects will be increased across the globe. ATSDR is committed to maintaining exposure registries to help enumerate people with defined exposures to toxic substances, track them over time to understand associated health impacts, and provide health information to registrants as appropriate. Registries will continue to also help scientists understand the extent of exposures and provide data that can be used to demonstrate exposures and health outcomes (*Please see output 17.H for specific information*).

IT INVESTMENTS

ATSDR invests in numerous Information Technology (IT) systems which support strategic and performance outcomes. The IT systems have diverse purpose, scope and composition. The systems provide electronic capabilities for gathering, storing, manipulating and disseminating valuable data for public health monitoring and tracking activities. The investment and use of IT systems are necessary to meet established goals and performance outcomes. The systems track non-infectious diseases and other health effects that may be associated with environmental exposures, maintain and collect standardized data from surveillance systems at the state and national level, and provide this data to develop and evaluate effective public health actions to prevent or control diseases.

OUTCOME TABLE

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
Efficiency Measures:				
<u>17.E.1:</u> Reduce the average cost per site to deliver public health findings and recommendations to the public. ¹ (<i>Efficiency</i>)	FY 2009: 11% (<i>Not Met</i>)	17%	N/A	N/A
<u>17.E.2:</u> Maintain the percentage of cost savings each year for CCEHIP as a result of the Public Health Integrated Business Services HPO. (<i>Efficiency</i>)	FY 2007: 39% (<i>Exceeded</i>)	29%	30%	1%
Long Term Objective 17.1: Assess current and prevent future exposures to toxic substances and related human health effects.				
<u>17.1.1:</u> Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (<i>Outcome</i>)	FY 2009: 85% (<i>Exceeded</i>)	>85%	>86%	+>1%
Long Term Objective 17.3: Mitigate the risks of human health effects from toxic exposures.				
<u>17.3.1:</u> Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures. (<i>Outcome</i>)	FY 2008: 82% (<i>Exceeded</i>)	74%	74%	Maintain

¹Measure has been retired and replaced by 17.E.2.

OUTPUT TABLE

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
Long Term Objective 17.2: Determine human health effects associated with exposures to priority hazardous substances.				
<u>17.2.1:</u> Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health. (<i>Output</i>)	FY 2009: 16 (<i>Not Met</i>)	18	18	Maintain
<u>17.2.2:</u> Fill data needs for human health effects/risks relating to hazardous exposures. (<i>Output</i>)	FY 2009: 37 ¹ (<i>Exceeded</i>)	10	10	Maintain
Long Term Objective 17.3: Mitigate the risks of human health effects from toxic exposures.				
<u>17.3.2:</u> Provide services to mitigate the risks of health effects from exposure to hazards from disasters. (<i>Output</i>)	FY 2009: 100% (<i>Met</i>)	100%	100%	Maintain

¹Beginning in FY 2010, ATSDR will reflect completed studies only.

OTHER OUTPUTS

Outputs	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
<u>17.A.</u> : Cooperative Agreements	FY 2009: 30	30	20	-10
<u>17.B.</u> : Sites Evaluated/Chemical Release Responses	FY 2009: 818	500	500	Maintain
<u>17.C.</u> : Public Health Assessments/Health Consults (includes chemical specific health consults)	FY 2009: 332	300	260 ¹	-40
<u>17.D.</u> : Technical Assists	FY 2009: 1468	1400	1400	Maintain
<u>17.E.</u> : Exposure Investigations	FY 2009: 56	9	9	Maintain
<u>17.G.</u> : Emergency Responses and Exercises	FY 2009: 94	58	58	Maintain
<u>17.H.</u> : Health Studies	FY 2009: 39	36	36	Maintain
<u>17.I.</u> : Surveillance (# of states) and Registries (# of registries by exposure type)	FY 2009: 11	11	11	Maintain
<u>17.J.</u> : National Toxic Substances Incident Program (surveillance states and events)	FY 2009: 14 states/ 6,339 events	7 states/ 3,000 events ²	7 states/3,000 events ²	Maintain
<u>17.K.</u> : Great lakes Research Projects (studies)	FY 2009: 4	4	4	Maintain
<u>17.L.</u> : Minority health Professions Foundation (grants)	FY 2009: 5	2	2	Maintain
<u>17.M.</u> : Toxicological Profiles	FY 2009: 13	13	13	Maintain
<u>17.N.</u> : Information Dissemination	FY 2009: 7,147,521 ³	6,200,000 ³	6,200,000 ³	Maintain
<u>17.O.</u> : Pediatric Environmental Health Specialty Units	FY 2009: 11	11	11	Maintain
<u>17.P.</u> Health Professionals Trained	FY 2009: 62,112	63,600	47,097	-16,503
<u>17.Q.</u> Community Members Educated	FY 2009: 336, 263 ⁴	133,000	133, 000	Maintain

¹ In FY 2010, the Site-Specific Cooperative Agreement Program will begin a new cycle of competitive funding with 20 anticipated grantees. Reduced outputs correlate to the decrease in the number of grantees from 30 to 20.

² The target was lowered because CERCLA funding is no longer available to support the states in HSEES surveillance activities.

³ ATSDR is no longer responding to requests for publications stored in the warehouse. In the beginning of FY 2009, the CDC-INFO team started doing that work, so those numbers would not be included in our report for ATSDR. Also, in FY 2009 there were fewer ATSDR page views than in FY 2008. The reduction can be attributed to two factors: (1) In FY 2008 ATSDR experienced multiple one-time events of particular interest to the general public (including Camp Lejeune Congressional testimony, the release of multiple Great Lakes Area of Concern reports, and the release of formaldehyde studies related to FEMA Trailers); and (2) In FY 2009 an increasingly large number of our users came through Google rather than through the ATSDR home page. By accessing pages directly through Google search results, users took a more direct path to content and therefore reduced the number of intermediary pages visited. The result is fewer overall page views, but better quality access to content.

⁴ There was a drastic increase in the FY 2009 number of community members educated due to a prevention activity that targeted 250,000 local utility customers by giving out a fact sheet in a newsletter. Since these large activities can't be foreseen the targets for 2010 and 2011 have not been increased based on this result

SUPPLEMENTAL MATERIAL

DISCUSSION OF THE ADMINISTRATIVE CAP

In FY 2009, the administrative charge to ATSDR was \$12,090,000, or 16.3 percent of their FY 2009 Budget. ATSDR provided these funds to CDC via an interagency agreement to fund activities such as: rent/utilities/maintenance, human resources management, information technologies systems, telecommunications, and financial management.

In FY 2010, the administrative charge will remain at \$12,090,000, or 15.7 percent of their FY 2010 budget. Over the past several fiscal years, reorganizations and changes in budget structure have rendered CDC's administrative cost formula outdated. CDC is recommissioning another study to update the method for determining administrative costs to Programs (e.g. ATSDR, Vaccines for Children, etc.).¹ The results of the impending study will be used to assist in determining ATSDR's administrative charge in FY 2011. Until a new formula is determined, CDC will continue to apply the existing method to determine administrative charges.

¹ In FY 2005, CDC created the Business Services Support and Leadership & Management budget lines, which centralized funding for administrative support services for the Agency's CIOs that receive their appropriation through the Labor/Health and Human Services/Education bill. After the inception of those budget lines, those CIOs were no longer billed for administrative costs. CDC did continue to directly bill Programs that are not funded through the Labor/Health and Human Services/Education appropriation, such as ATSDR, for administrative support services.

BUDGET AUTHORITY BY OBJECT

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY OBJECT CLASSIFICATION - DIRECT OBLIGATIONS (DOLLARS IN THOUSANDS)			
Object Class	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Personnel Compensation:			
Full-Time Permanent(11.1)	20,525	20,606	80
Other than Full-Time Permanent (11.3)	746	749	3
Other Personnel Comp. (11.5)	980	984	4
Military Personnel (11.7)	3,637	3,651	14
Special Personal Service Comp. (11.8)	0	0	0
Total Personnel Compensation	25,888	25,990	101
Civilian personnel Benefits (12.1)	5,883	5,906	23
Military Personnel Benefits (12.2)	1,506	1,511	6
Benefits to Former Personnel (13.0)	0	0	0
SubTotal Pay Costs	33,277	33,407	130
Travel (21.0)	1,150	1,134	(15)
Transportation of Things (22.0)	75	74	(1)
Rental Payments to GSA (23.1)	5,650	5,672	22
Rental Payments to Others (23.2)	23	23	0
Communications, Utilities, and Misc. Charges (23.3)	5,720	5,742	22
NTWK Use Data TRANSM SVC (23.8)	11	11	(0)
Printing and Reproduction (24.0)	91	90	(1)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	1,506	1,485	(20)
Other Services (25.2)	9,871	9,738	(133)
Purchases from Government Accounts (25.3)	1,603	1,581	(22)
Operation and Maintenance of Facilities (25.4)	55	54	(1)
Research and Development Contracts (25.5)	2,016	1,791	(224)
Medical Services (25.6)	0	0	0
Operation and Maintenance of Equipment (25.7)	354	349	(5)
Subsistence and Support of Persons (25.8)	0	0	0
Consultants, other and misc (25.9)	126	124	(2)
Subtotal Other Contractual Services	15,529	15,123	(406)
Supplies and Materials (26.0)	513	506	(7)
Equipment (31.0)	591	583	(8)
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	14,161	13,971	(191)
Insurance Claims and Indemnities (42.0)	0	0	0
Interest and Dividends (43.0)	0	0	0
Refunds (44.0)	0	0	0

Subtotal Non-Pay Costs	43,515	42,930	(585)
Total Budget Authority	76,792	76,337	(455)

FY 2011 BUDGET SUBMISSION			
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY			
OBJECT CLASSIFICATION - DIRECT OBLIGATIONS			
(DOLLARS IN THOUSANDS)			
Object Class	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Personnel Compensation:			
Full-Time Permanent(11.1)	20,525	20,606	80
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Equipment (31.0)	591	583	(8)
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	14,161	13,971	(191)
Insurance Claims and Indemnities (42.0)	0	0	0
Interest and Dividends (43.0)	0	0	0
Refunds (44.0)	0	0	0
Subtotal Non-Pay Costs	43,515	42,930	(585)
Total Budget Authority	76,792	76,337	(455)

SALARIES AND EXPENSES

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY OBJECT CLASSIFICATION - DIRECT OBLIGATIONS (DOLLARS IN THOUSANDS)			
Object Class	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Personnel Compensation:			
Full-Time Permanent(11.1)	\$20,525	\$20,606	\$80
Other than Full-Time Permanent (11.3)	\$746	\$749	\$3
Other Personnel Comp. (11.5)	\$980	\$984	\$4
Military Personnel (11.7)	\$3,637	\$3,651	\$14
Special Personal Service Comp. (11.8)	\$0	\$0	\$0
Total Personnel Compensation	\$25,888	\$25,990	\$101
Civilian personnel Benefits (12.1)	\$5,883	\$5,906	\$23
Military Personnel Benefits (12.2)	\$1,506	\$1,511	\$6
Benefits to Former Personnel (13.0)	\$0	\$0	\$0
SubTotal Pay Costs	\$33,277	\$33,407	\$130
Travel (21.0)	\$1,150	\$1,134	(\$15)
Transportation of Things (22.0)	\$75	\$74	(\$1)
Rental Payments to Others (23.2)	\$23	\$23	\$0
Communications, Utilities, and Misc. Charges (23.3)	\$5,720	\$5,742	\$22
Printing and Reproduction (24.0)	\$91	\$90	(\$1)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	\$1,506	\$1,485	(\$20)
Other Services (25.2)	\$9,871	\$9,738	(\$133)
Purchases from Government Accounts (25.3)	\$1,603	\$1,581	(\$22)
Operation and Maintenance of Facilities (25.4)	\$55	\$54	(\$1)
Medical Services (25.6)	\$0	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$354	\$349	(\$5)
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0
Subtotal Other Contractual Services	\$13,387	\$13,207	(\$180)
Supplies and Materials (26.0)	\$513	\$506	(\$7)
Subtotal Non-Pay Costs	\$20,960	\$20,777	(\$182)
Total Budget Authority	\$54,236	\$54,184	(\$52)

DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)

FY 2011 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)			
	FY 2009	FY 2010	FY 2011
Agency for Toxic Substances and Disease Registry	296	306	306

FY 2011 BUDGET SUBMISSION CENTERS FOR DISEASE CONTROL AND PREVENTION DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)			
	FY 2009	FY 2010	FY 2011
Agency for Toxic Substances and Disease Registry	296	306	306

DETAIL OF POSITIONS

FY 2011 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PROGRAM ADMINISTRATION DETAIL OF POSITIONS ¹			
	FY 2009 Actual	FY 2010 Estimate	FY 2011 Estimate
Executive Level			
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
<i>Subtotal</i>	-	-	-
Total-Executive Level Salary	-	-	-
<i>Total - SES</i>	-	-	-
Total - SES Salary	-	-	-
GS-15	12	12	12
GS-14	81	81	81
GS-13	71	71	71
GS-12	35	35	35
GS-11	11	11	11
GS-10	1	1	1
GS-9	14	14	14
GS-8	4	4	4
GS-7	13	13	13
GS-6	4	4	4
GS-5	0	0	0
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<i>Subtotal - GS</i>	247	247	247
Total - GS Salary	\$24,459,846	\$25,169,181	\$25,899,087
Average GS Grade	12.4	12.4	12.4
Average GS Salary	92,145	92,145	92,145
Average Special Pay Categories			
Average Comm. Corps Salary ²	80,515	80,515	80,515
Average Wage Grade Salary	66,443	66,443	66,443

¹ This table reflects "positions" not full-time equivalent(s) (FTEs)

² Includes special pay and allowances.

SIGNIFICANT ITEMS

SIGNIFICANT ITEMS IN APPROPRIATIONS REPORT - HOUSE

***SIGNIFICANT ITEMS FOR INCLUSION IN
THE FY 2011 CONGRESSIONAL JUSTIFICATION
AND OPENING STATEMENTS
HOUSE REPORT NO. 111-180
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY***

Item

Minority Health Professional Schools — The Committee continues to support the work of minority health professional schools in the ATSDR effort to educate and train within minority and medically underserved communities. The Committee urges a greater focus on environmental health education and training to promote environmental health policy and behavioral change in impacted communities. (Page 147)

Action taken or to be taken

The Minority Health Research and Education Cooperative Agreement increases the capacity of local communities to impact health disparities in minority and underrepresented communities through research and education. The program provides environmental education to graduate students focusing on environmental health and safety. In addition, the program supports outreach to communities to improve their knowledge, skills, and awareness of key issues in environmental safety and health. The Texas A&M University Health Science Center and Florida A&M University were selected to participate in the Cooperative Agreement for Environmental Health and Toxicology Educational Research Program.