DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2006

Agency for Toxic Substances and Disease Registry

Justification of Estimates for Appropriations Committee

TABLE OF CONTENTS

Message from the Leadership of ATSDR **2**

Organizational Chart **3**

Performance Budget Overview **5**

Statement of Mission and Discussion of Strategic Goals 6

Overview of Performance 7

Overview of Budget Request 9

PART Summary Table 10

Exhibits **11**

Exhibit E-1. Appropriations Language 12

Exhibit E-2. Appropriations Language Analysis 13

Exhibit F-1. Amounts Available for Obligation 14

Exhibit G. Summary of Changes 15

Exhibit I. Budget Authority by Object 16

Exhibit J. Salaries and Expenses 17

Exhibit K. Significant Items in Committee Reports – House 18

Exhibit L. Authorizing Legislation 20

Exhibit M. Appropriations History Table 21

Narrative Justification (Exhibits N, O) **23**

Supporting Information **31**

Exhibit Q. Detail of Full-Time Equivalents (FTEs) 32

Exhibit R. Detail of Positions 33

Exhibit U. Detail of Performance Analysis 34

Exhibit V. Summary of Full Cost 42

Exhibit W. Changes and Improvements Over Previous Year 43

Exhibit X. Links to HHS and ATSDR Strategic Plans 44

Exhibit Y. Partnerships and Coordination 45

Exhibit Z. Data Verification and Validation 46

Exhibit AA. Performance Measurement Linkages 47

Exhibit BB. FY 2004-2005 One-Page PART Summaries 49

Exhibit CC. FY 2004-2005 PART Recommendations 50

Exhibit DD. Summary of Measures 53

MESSAGE FROM THE LEADERSHIP OF ATSDR

We are pleased to present the Fiscal Year (FY) 2006 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). This budget request includes the FY 2006 Draft and FY 2005 Final Performance Plans as well as the FY 2004 Final Performance Report as required by the Government Performance and Results Act of 1993 (GPRA).

ATSDR continues to serve the American public by working to prevent and mitigate human exposures to toxic substances. These efforts are the overarching focus of all agency activities. The accomplishments described in this budget highlight some of ATSDR's successes in improving public health. For example, in 2004 ATSDR's programs helped Americans all over the country:

- In one Missouri town, ATSDR recommendations helped families reduce lead exposures;
- The agency's Great Lakes Human Health Effects Research Program advanced public health policy in Great Lakes states and helped foster similar programs elsewhere;
- ATSDR's knowledge in creating health registries played a vital role in the launch of the World Trade Center Health Registry, which now has over 70,000 participants;
- In an Ohio township, agency interventions helped trigger enforcement actions by the Ohio Environmental Protection Agency; and
- ATSDR provided critical emergency response expertise and personnel when ricin was discovered in a Capitol Hill office.

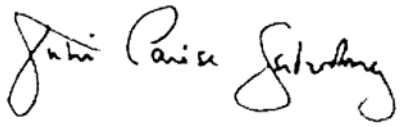
In addition to this core work, ATSDR is especially proud of two achievements in 2004. Both advanced the agency's accountability and directly addressed specific Office of Management and Budget Program Assessment Rating Tool (PART) recommendations.

The first is our significant improvement of management efficiencies, which allows us to dedicate more resources to frontline public health. This achievement was made possible by the agency's administrative consolidation with the Centers for Disease Control and Prevention's (CDC) National Center for Environmental Health in early 2004. As the consolidation progresses, we continue to seek efficiency opportunities that will further help us target our resources.

ATSDR has also adopted and implemented long-term performance measures to assess its success in mitigating exposures at its most urgent and hazardous sites. The reporting of these new measures has significantly enhanced the agency's ability to demonstrate the positive impact of its activities on the health of people living in communities exposed to toxic substances.

Above all, this budget illustrates ATSDR's renewed dedication to serve the public well, both scientifically and fiscally, as a key partner in public health.

Sincerely,



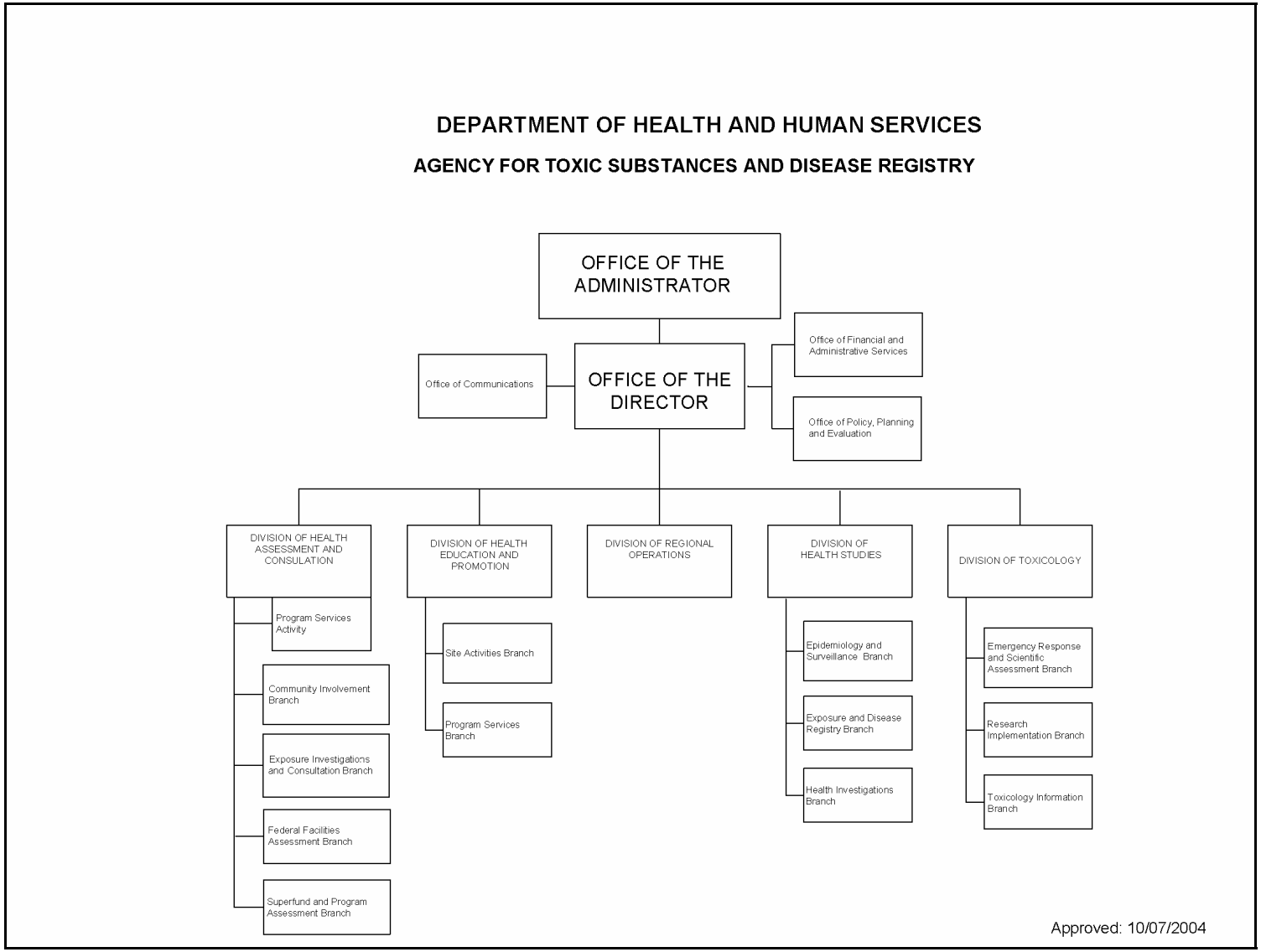
Julie Louise Gerberding, M.D., M.P.H.

Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Henry Falk, M.D., M.P.H.

Assistant Administrator, Agency for Toxic Substances and Disease Registry
Rear Admiral, U.S.P.H.S. (Retired)

ORGANIZATIONAL CHART



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PERFORMANCE BUDGET OVERVIEW

STATEMENT OF MISSION AND DISCUSSION OF STRATEGIC GOALS

STATEMENT OF MISSION

ATSDR's mission is to serve the public by using the best science, taking responsive public health actions and providing trusted health information to prevent harmful exposures and disease related exposures to toxic substances.

Since the discovery of contamination in New York State's Love Canal first brought the problem of hazardous wastes to national attention in the 1970s, thousands of hazardous sites have been identified around the country. The U.S. Environmental Protection Agency (EPA) has targeted more than 1,500 National Priorities List sites for cleanup. ATSDR is the lead federal public health agency responsible for determining human health effects associated with toxic exposures, preventing continued exposures, and mitigating associated human health risks.

Formally organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), more commonly known as the Superfund law. The Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR's role is to perform parts of the Superfund law specifically related to human health, including health research, exposure investigations, and education.

DISCUSSION OF STRATEGIC GOALS

ATSDR's mission, focus and overarching strategic goals are complementary to the HHS Strategic Plan. The agency's strategic goals are the following:

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is able to prevent ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and appropriate actions are taken. Therefore, ATSDR's strategy is to take an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt ATSDR's public health and safety recommendations.

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.

ATSDR works to determine the relationship between toxic exposures and disease. These efforts include various health studies, toxicological research, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling gaps in knowledge about effects from exposure to hazardous substances. ATSDR strives to fill critical data gaps associated with the 275 priority hazardous substances – those substances most often found to impact health at Superfund sites.

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.

In the past, ATSDR reported its progress on this goal by detailing its work with partners to provide health education and to evaluate a community's behavior changes as an impact. In future years, ATSDR will continue to use behavior change as a measurement but will also focus on more outcome-oriented measures, such as comparing morbidity/mortality rates, measuring the reduction of environmental exposures, performing biomarker tests, and monitoring the behavior change of relevant community members.

GOAL 4: BUILD AND ENHANCE EFFECTIVE PARTNERSHIPS.

ATSDR works through partnerships to build environmental public health capacity outside the agency as a means of protecting a greater number of people against exposures to hazardous substances. Ultimately, working with partners allows ATSDR to reach more people than it ever could alone.

GOAL 5: PROMOTE EFFECTIVE AND EFFICIENT AGENCY MANAGEMENT.

This goal represents the agency's efforts to promote efficient and effective management. ATSDR highlights its activities and accomplishments associated with the President's Management Agenda (PMA).

For additional information on the link between ATSDR's budget and HHS strategic goal, please refer to the Budget by Strategic Goal Table in the FY 2006 HHS Annual Plan.

OVERVIEW OF PERFORMANCE

AGENCY SUCCESSES

The following success stories illustrate how ATSDR's new focus on the impact of its work is improving the effectiveness of ATSDR's efforts in public health as well as the agency's practice in measuring those efforts.

GOAL 1

ATSDR Recommendations Help Reduce Lead Exposures (Missouri)

ATSDR collaborated with the Missouri Department of Health and Senior Services (DHSS) to release a January 2004 health consultation that prevented potentially significant lead exposures to farmers and families living near the Elvin/Rivermines Mine Tailings site. Chat (mine tailings) containing high levels of lead was being sold as agricultural lime to local farmers by the Lead Belt Materials Company. EPA and the responsible parties agreed in August 2003 to cease the sale of tailings for use as agricultural lime. Under pressure by local farmers and politicians to reverse that decision, however, EPA asked DHSS for advice on the threats associated with this use of chat.

A previous exposure study (by ATSDR and DHSS) of children's blood lead levels concluded that children living in the Old Lead Belt had higher blood lead levels, on average, than children in the control area and that exposure to mining waste (chat and tailings) was the most reasonable explanation for the difference in blood lead levels. On the basis of those results, the fact that no controls were in place to track the movement of the tailings, and the likelihood of significant exposures, DHSS concluded that the decision to cease use of chat for agricultural lime is protective of public health. On the basis of the ATSDR/DHSS blood lead study and DHSS's health-based advice, EPA continues to prohibit the use of chat as lime, preventing potential exposures to area farmers and their families.

Potential for Explosion Identified at Norfolk Naval Shipyard (Virginia)

A review of Navy documents found that methane had been detected within one disposal area at concentrations up to 81.2 percent of air by volume. Although an explosion would be unlikely at that level, as explosions are unlikely if the concentration is below 5 percent or over 15 percent by volume, study results indicated that the gas could potentially migrate beyond the landfill boundaries and become diluted to explosive levels. The results also suggested that the landfill was still actively producing methane gas in its interior.

ATSDR recommended that the Navy evaluate the possibility for a methane explosion and assess the potential for migration and human exposure to contaminants. The Navy has agreed to include the evaluation of methane gas as part of its landfill feasibility study. The additional recommendation for site characterization will allow necessary protective measures to be put in place, if needed, to prevent a potentially urgent health hazard.

GOAL 2

Great Lakes Human Health Effects Research Program Helps Advance Needed Public Health Policy (Great Lakes States; Gulf States; Hawaii)

Environmental public health policy has changed directly as a result of research conducted by ATSDR's Great Lakes Human Health Effects Research Program. In 1995, just two of the Great Lakes states targeted women of reproductive age for their educational programs about fish advisories. ATSDR research, however, has significantly helped in identifying which local subpopulations, namely women of reproductive age and young children, are particularly vulnerable to pollution affecting Great Lakes fish. Now, all eight Great Lakes states target advisories to women of childbearing age, as well as to young children.

EPA's annual listing of fish advisories also reflects the impact of ATSDR's Great Lakes program research. Originally, just one type of advisory was in place to protect the general population and such subpopulations. Today, there are five. ATSDR's Great Lakes research continues to assist EPA and other enforcement agencies. EPA's Gulf of Mexico program has sought the Great Lake program's expertise in developing uniform guidelines for mercury in fish, and the Hawaii Department of Health has asked for the program's assistance in developing a similar program.

Advancing Public Health after September 11: The World Trade Center Health Registry (New York/New Jersey)

ATSDR enhanced its partnership with the New York City Department of Health and Mental Hygiene in developing a health registry that will help fill data gaps associated with the events of September 11, 2001. The World Trade Center Health Registry (WTCHR), launched in early FY 2004, is a comprehensive and confidential health survey of those most directly exposed to the events of 9/11. It will give health professionals a clear picture of the health consequences of 9/11, which will affect the way CDC and other public health agencies respond to emergencies in the future. Now among the largest health registries ever developed, the WTCHR has enrolled more than 70,000 participants and will track enrollees' health for 20 years.

GOAL 3

Interventions Trigger Environmental Enforcement (Ohio)

Construction and demolition debris landfills have become a serious problem across the country because of hydrogen sulfide (H_2S) emissions resulting from the disposal of ground gypsum drywall. ATSDR responded when the Warren Township (Ohio) Trustees and the local school board petitioned the agency to investigate H_2S odors apparently coming from a nearby landfill. Students and other residents complained about a smell of "rotten eggs" and reported health problems including headaches, nausea, vomiting, and eye irritation—all classic symptoms of H_2S exposure.

ATSDR assembled a multi-agency team that included members from local, state, and federal health and enforcement agencies. Five months of sampling and H_2S monitoring data showed that the landfill posed an urgent public health hazard. ATSDR recommended immediate measures and began working with the community to create emergency response strategies that included monitoring and evacuation plans for schools during times when H_2S odors are highest. ATSDR also worked with Ohio EPA to establish a 24-hour H_2S odor complaint hotline, which fielded well over 1,000 odor calls during FY 2004.

Assisted by ATSDR's efforts, Ohio EPA and the U.S. EPA have taken enforcement actions to improve air quality in the community. Earlier this year, the Ohio Department of Health requested an emergency health investigation. Data collected over two years at the site have provided enough evidence for EPA to justify a CERCLA emergency removal action, which began in October 2004.

ATSDR Responds to Ricin Emergency on Capitol Hill (District of Columbia):

The FY 2004 Capitol Hill ricin incident demonstrated ATSDR's high standards in training and readiness for emergency response. EPA asked ATSDR for decontamination recommendations and other environmental health support. Two ATSDR staff members traveled to the scene immediately, and additional personnel followed. EPA's Office of Emergency Planning, Preparedness, and Response asked ATSDR to provide a duty officer at EPA Emergency Operations Center during this response. ATSDR advised EPA on the proper personal protective equipment for responders entering the Dirkson Building. The agency also supplied expertise on sampling and cleanup strategies, evaluation of sampling data, and clearance standards for building reoccupation. Thanks in part to ATSDR's efforts in emergency response, the building was safe for re-entry in a short period.

PERFORMANCE APPROACH

ATSDR's FY 2006 Congressional Justification contains seven performance measures: two outcome measures, three output measures, and two efficiency measures. As of January 2005, ATSDR reported and met 100 percent of the measures in its FY 2003 and 2004 Performance Reports.

ATSDR has made significant progress in integrating performance with budget decision-making. The agency ties its budget request to agency goals and, for FY 2004, extended reporting to office- and division-level performance measures. Each office/division met with the ATSDR Office of the Director and the Office of Policy, Planning, and Evaluation (responsible for GPRA) to discuss its annual performance. On the basis of these discussions, ATSDR eliminated or reduced funding for certain programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals.

ATSDR's performance approach is also evident in its development of new measures specifically designed to assess the agency's effectiveness. For instance, the PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The new measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as EPA. Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations to greater than 75 percent by 2006. To improve the process's effectiveness, ATSDR now uses a database to track recommendations and follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also enhancing the agency's effectiveness and efficiency.

In addition to tracking recommendations, ATSDR has also adopted a set of impact-driven measurements to assess its success in mitigating exposures at its most urgent and hazardous sites. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. The agency now measures the impact of its interventions by comparing pre- and post-intervention morbidity/mortality rates, measuring reductions in environmental exposures, performing biomarker tests, and measuring community behavior changes. These indicators will give ATSDR important new data to use in targeting its resources.

OVERVIEW OF BUDGET REQUEST

ATSDR's FY 2006 budget request of $76.0 million represents a decrease of $17,000 below the FY 2005 Enacted level to reflect savings related to information technology costs.

PART SUMMARY TABLE

(DOLLARS IN MILLIONS)				
FY 2005 PART	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Narrative Rating
Agency for Toxic Substances and Disease Registry	$73.0	$76.0	$76.0	Adequate

Level funding is requested for FY 2006. ATSDR's activities align to the Department's Strategic Goal #1: Reduce the major threats to the health and well-being of Americans.

EXHIBITS

EXHIBIT E-1. APPROPRIATIONS LANGUAGE

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)(14) 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 [$76,654,000] *$76,024,000, of which up to $1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of ATSDR: 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 of 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 [2005] 2006, and existing profiles may be updated as necessary.

EXHIBIT E-2. APPROPRIATIONS LANGUAGE ANALYSIS

PURCHASE AND LANGUAGE PROVISION	EXPLANATION
"…of which up to $1,500,000, to remain available until expended, is for Individual Learning Accounts for full-time equivalent employees of ATSDR…"	CDC's appropriation includes language to provide funding for Individual Learning Accounts. The inclusion of language in the ATSDR appropriation allows this funding to be available to employees whose salaries are paid through this appropriation.

EXHIBIT F-1. AMOUNTS AVAILABLE FOR OBLIGATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY AMOUNTS AVAILABLE FOR OBLIGATION [1] ($ in 000)					
	FY 2004 Actual		FY 2005 Appropriation		FY 2006 Estimate
Appropriation:					
Annual	$73,467,000		$76,654,000		$76,024,000
Rescission	($433,455)		($613,232)		$0
Unobligated balance start of year	$0		$0		$0
Unobligated balance end of year	$0		$0		$0
Unobligated balance lapsing	$0		$0		$0
Total obligations	$73,033,545		$76,040,768		$76,024,000

[1] Excludes the following amounts for reimbursements: FY 2004 - $12,389,000; FY 2005 - $24,610,000; and FY 2006 - $25,164,000.

EXHIBIT G. SUMMARY OF CHANGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY OF TOXIC SUBSTANCES AND DISEASE REGISTRY
SUMMARY OF CHANGES
($ IN 000)

	Dollars	FTEs
2005 Enacted	76,041	429
2006 Estimate	76,024	429
Net Change	(17)	0

	2005 Enacted Budget Base		Change from Base	
	FTE	Budget Authority	FTE	Proposed Level
Increases:				
A: Built-In/Mandatory Costs:				
1. January 2006 Pay Raise/Locality Pay @ 2.6%.....	---	---	---	1,193
2. Annualization of FY 2005 Pay Increase @ 3.5%.....	---	---	---	535
3. Within-Grade Increases.....	---	---	---	1,101
4. Rental Payments to GSA and Others.....	---	---	---	2
5. Inflation Costs on Other Objects @ 2.0%.....	---	---	---	580
Subtotal, Built-In/Mandatory Increases	429	76,041	0	3,411
B: Program Increases:				
1. N/A.....	N/A	0	---	0
Subtotal, Program Increases	N/A	0	0	0
B: Program Decreases:				
1. IT Reduction.....	N/A	0	---	(17)
Subtotal, Program Increases	N/A	0	0	(17)
Subtotal, Increases (Budget Authority)	N/A	N/A	0	3,394
Decreases:				
A. Built-In:				
1. Absorption of Current Services			0	(3,411)
Total, Decreases (Budget Authority)	N/A	N/A	0	(3,411)
NET CHANGE - L/HHS BUDGET AUTHORITY	429	76,041	0	(17)

EXHIBIT I. BUDGET AUTHORITY BY OBJECT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
OBJECT CLASSIFICATION - DIRECT OBLIGATIONS
($ IN 000)

	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005
Personnel Compensation:			
Full-Time Permanent(11.1)	22,765	23,731	966
Other than Full-Time Permanent (11.3)	760	792	32
Other Personnel Comp. (11.5)	931	970	39
Military Personnel (11.7)	4,427	4,507	80
Special Personal Service Comp. (11.8)	2	2	0
Total Personnel Compensation	28,885	30,002	1,117
Civilian personnel Benefits (12.1)	6,186	6,448	262
Military Personnel Benefits (12.2)	1,954	1,989	35
Benefits to Former Personnel (13.0)	0	0	0
SubTotal Pay Costs	37,024	38,439	1,415
Travel (21.0)	1,125	1,018	(107)
Transportation of Things (22.0)	104	99	(5)
Rental Payments to GSA (23.1)	125	125	0
Rental Payments to Others (23.2)	4	4	0
Communications, Utilities, and Misc. Charges (23.3)	1,004	903	(101)
Printing and Reproduction (24.0)	157	149	(8)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	5,620	5,535	(85)
Other Services (25.2)	2,536	2,536	0
Purchases from Government Accounts (25.3)	13,726	13,029	(697)
Operation and Maintenance of Facilities (25.4)	3	3	0
Research and Development Contracts (25.5)	3,987	3,785	(202)
Medical Services (25.6)	20	20	0
Operation and Maintenance of Equipment (25.7)	439	417	(22)
Subsistence and Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services	26,331	25,325	(1,006)
Supplies and Materials (26.0)	259	246	(13)
Equipment (31.0)	1,174	1,064	(110)
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	8,734	8,652	(82)
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	39,017	37,585	(1,432)
Total Budget Authority	76,041	76,024	(17)

EXHIBIT J. SALARIES AND EXPENSES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
SALARIES AND EXPENSES
($ IN 000)

	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005
Personnel Compensation:			
Full-Time Permanent (11.1)	22,765	23,731	966
Other than Full-Time Permanent (11.3)	760	792	32
Other personnel Comp. (11.5)	931	970	39
Military Personnel (11.7)	4,427	4,507	80
Special Personal Service Comp. (11.8)	2	2	0
Total Personnel Compensation -	28,885	30,002	1,117
Civilian Personnel Benefits (12.1)	6,186	6,448	262
Military Personnel Benefits (12.2)	1,954	1,989	35
Benefits to Former Personnel (13.0)	0	0	0
Subtotal Pay Costs -	37,024	38,439	1,415
Travel (21.0)	1,125	1,062	(63)
Transportation of Things (22.0)	104	98	(6)
Rental Payments to others (23.2)	4	4	0
Communications, Utilities, and Misc. Charges (23.3)	1,004	948	(56)
Printing and Reproduction (24.0)	157	148	(9)
Other Contractual Services:			
Advisory and Assistance Services (25.1)	5,252	4,929	(322)
Other Services (25.2)	2,536	2,394	(142)
Purchases from Government Accounts (25.3)	57	48	(9)
Operation and Maintenance of Facilities (25.4)	3	3	0
Medical Services (25.6)	20	20	0
Operation and Maintenance of Equipment (25.7)	439	414	(25)
Subsistence and Support of Persons (25.8)	0	0	0
Subtotal Other Contractual Services -	8,307	11,764	3,457
Supplies and materials (26.0)	259	244	(15)
Subtotal Non-Pay Costs -	10,960	10,312	(648)
Total Salaries and Expenses -	47,984	48,751	767

EXHIBIT K. SIGNIFICANT ITEMS IN COMMITTEE REPORTS – HOUSE

SIGNIFICANT ITEMS FOR INCLUSION IN

THE FY 2006 CONGRESSIONAL JUSTIFICATION

AND OPENING STATEMENTS

HOUSE REPORT NO. 108-67

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

AND

AGENCY FOR TOXIC SUBSTANCE AND DISEASE REGISTRY

Item

Environmental hazards research – The Committee is aware of the high quality of work being conducted by the nation's schools of public health in the area of environmental hazards research and effective response protocols for accidental or intentional releases of toxic substances. Within the increase provided, the Committee encourages the agency to expand its collaborations with schools of public health in these areas**. (Page 89/90)**

Action taken or to be taken

In FY 2005, ATSDR will expand its collaborations with the nation's schools of public health in the area of environmental hazards research or effective response protocols for accidental or intentional releases of toxic substances. Possible examples of opportunities for environmental hazards research include, but may not be limited to, assessing health effects in individuals non-occupationally exposed to asbestos, analyses of World Trade Center Health Registry data, or establishing environmental hazards Centers of Excellence.

Item

Cooperative agreement with minority health professions – The Committee encourages ATSDR to provide adequate funding in fiscal year 2005 for its cooperative agreement with the minority health professions community. **(Page 90)**

Action taken or to be taken

In 1991, the Conference Report on the Departments of Veterans Affairs and Housing and Urban Development and Independent Agencies Appropriations Act for Fiscal Year 1992 directed ATSDR to develop a "research program in cooperation with the Association of Minority Health Professions Schools" to fill data gaps for hazardous substances as required by the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). In response to this directive, the Minority Health Professions Foundation (MHPF) established the Environmental Health and Toxicology Research Program (EHTRP) and provided research that addressed the data gaps ATSDR had identified for hazardous substances found at CERCLA waste sites and other sources in the environment. FY 2005 is the second year in the 3rd funding cycle of this program (September 2003 – September 2008).

The EHTRP studies also support the Presidential Executive Order on research initiatives for children's health, and help achieve departmental goal in environmental justice and women's health initiatives. The cooperative agreement currently funds six projects at the following Historically Black Colleges and Universities: Florida A & M University (2 projects), Hampton University, Morehouse School of Medicine, Tuskegee University, and Xavier University (2 projects).

Item

Lead Poisoning at Tar Creek – The Committee recommends $76,654,000 for the Agency for Toxic Substances and Disease Registry (ATSDR), which is the same as the budget request and $3,620,000 above the fiscal year 2004 enacted level. The ATSDR is directed to continue to assess the level of lead poisoning of families, especially children, at the Tar Creek Superfund site in Oklahoma and at Herculaneum, Missouri. **(Page 83)**

Action taken or to be taken

Tar Creek Superfund Site, Oklahoma: In November 2004, ATSDR submitted its Report to Congress on the Tar Creek Superfund Site summarizing the agency's activities at the site. ATSDR reviewed the blood lead and environmental data from the Ottawa County Health department, the Oklahoma State Health Department, and the

U.S. Environmental Protection Agency (EPA), to define the extent of exposure among children in the Tar Creek area and to identify potential sources of exposure. The Report concludes that mine tailings and lead based paint are two potential sources contributing to lead exposure among children living in the Tar Creek area. The average blood lead level and the percentage of elevated blood lead levels decreased among children aged one to five years from 1995-2003. Although the decrease in blood lead levels is encouraging, there is a continued risk of exposure to lead from the Tar Creek Superfund Site from chat piles, mill and mine residue, and floatation ponds. The Report to Congress recommends continuation of certain ongoing activities, and additional measures to assess and address health risks from the site.

In FY 2005, ATSDR will continue to evaluate potential exposures to lead and to evaluate the health risks of other site-related contaminants in connection with its ongoing health assessment. The Ottawa County lead screening and education programs funded by ATSDR, through funds received from the EPA, will continue in FY 2005 as well.

Herculaneum, Missouri: Doe Run Lead Smelter: ATSDR has worked with EPA and the Missouri Department of Health and Senior Services (MDHSS) since 2001 on issues of concern at the Doe Run Smelter. Initial study activities were directed to a blood lead study of children in the area. The results of that study indicated that educational and environmental interventions implemented over the prior 10 year period had been effective in reducing childhood blood lead levels. Following completion of the child lead study, issues of adverse health impacts of lead exposure on the adult population were raised. ATSDR and the MDHSS are working together to determine if the adult population around the site is large enough to design a study that can answer questions concerning changes in bone density in women with lead exposure, or cancers related to lead exposure. Another concern was raised regarding the number of cases of Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS) in Herculaneum and their potential linkage to lead exposure.

A determination will be made in FY 2005 whether either the bone density or selected cancer studies will progress further based on the size of the population. The data has been collected for the MS/ALS study and is currently being analyzed. A report should be available later in FY 2005.

EXHIBIT L. AUTHORIZING LEGISLATION

DOLLARS IN THOUSANDS	FY 2005 AMOUNT AUTHORIZED	FY 2005 APPROPRIATION	FY 2006 AMOUNT AUTHORIZED	FY 2006 BUDGET ESTIMATE
ATSDR (non-add)				
Comprehensive Environmental Response, Compensation, and Liability Act § 104(I) Resource Conservation and Recovery Act § 3001 Great Lakes Critical Programs Act of 1990 Clean Air Act of 1990 Housing and Community Development (Lead Abatement) Act of 1992	Indefinite	$76,041	Indefinite	$76,024
Total Appropriation –Proposed Law		$76,041		$76,024

EXHIBIT M. APPROPRIATIONS HISTORY TABLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY APPROPRIATIONS HISTORY TABLE				
	FY 2006 Estimate	House Allowance	Senate Allowance	FY 2005 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			

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NARRATIVE JUSTIFICATION (EXHIBITS N, O)

NARRATIVE JUSTIFICATION (EXHIBITS N, O)

AUTHORIZING LEGISLATION

The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980 (as amended) §104(I); the 1984 amendments to the Resource Conservation and Recovery Act (RCRA) §3001; the Great Lakes Critical Programs Act of 1990; the 1990 amendments to the Clean Air Act; the Housing and Community Development (Lead Abatement) Act of 1992; the Defense Environmental Restoration Program.

Agency for Toxic Substances and Disease Registry (ATSDR) (Dollars in Thousands)	FY 2004 Actual	FY 2005 Enacted	FY 2006 Estimate	FY 2006 +/- FY 2005
BA	$73,034	$76,041	$76,024	($17)
FTE	419	429	429	0

STATEMENT OF THE BUDGET

The FY 2006 budget request of $76,024,000 for the Agency for Toxic Substances and Disease Registry represents a decrease of $17,000 below the FY 2005 Enacted level of $76,041,000.

PROGRAM DESCRIPTION

Since the discovery of contamination in New York State's Love Canal first brought the problem of hazardous wastes to national attention in the 1970s, thousands of hazardous sites have been identified around the country. The U.S. Environmental Protection Agency (EPA) has targeted more than 1,500 National Priorities List (NPL) sites for cleanup. ATSDR is the lead federal public health agency responsible for determining human health effects associated with toxic exposures, preventing continued exposures, and mitigating associated human health risks.

Formally organized in 1985, ATSDR was created by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), more commonly known as the Superfund law. The Superfund program is responsible for finding and cleaning up the most dangerous hazardous waste sites in the country. ATSDR's role is to carry out parts of the Superfund law specifically related to human health, including health research, exposure investigations, and education.

ATSDR is headquartered in Atlanta, Georgia, and has ten regional offices. The agency's multidisciplinary staff includes epidemiologists, physicians, nurses, toxicologists, engineers, public health educators, and other specialists. In 2004, ATSDR and CDC's National Center for Environmental Health (NCEH) officially consolidated their Offices of the Director. The two public health agencies now share a management team and support staff under NCEH/ATSDR Director, Dr. Henry Falk. The Administrator of ATSDR and Director of CDC is Dr. Julie Louise Gerberding.

ATSDR's mission is to serve the public by using the best science, taking responsive public health actions and providing trusted health information to prevent harmful exposures and disease related exposures to toxic substances.

SAFEGUARDING COMMUNITIES

ATSDR helps communities cope with the uncertainties of living near hazardous waste sites or spills by providing the following types of health activities:

- Exposure investigations collect and analyze site information and perform biological tests, when appropriate, to determine whether people have been exposed to hazardous substances.
- Public Health Assessments (PHAs) review information about hazardous substances—such as lead, arsenic, mercury, or volatile organic compounds—found at a waste site. PHAs evaluate whether people living or working at the site or nearby may be exposed to harmful levels of these substances. To help keep the community safe, these assessments may advise EPA or other agencies to take certain actions, for instance, to institute blood tests for children or to remediate a waste site. ATSDR conducts a PHA for each site proposed for EPA's NPL of hazardous waste sites. ATSDR also assesses sites in response to petitions from communities.

- Health Consultations provide guidance on specific, health-related questions about hazardous wastes in communities. More limited in scope than PHAs, health consultations may be written or oral, and they may contain recommendations.
- Health Education programs offer information and training to affected communities and their medical professionals about ways to assess, control, or prevent exposure to hazardous substances in the environment.
- Health Studies help determine whether exposures to hazardous substances can lead to increased risk for various health problems, such as cancer, leukemia, multiple sclerosis, asthma, and other illnesses. ATSDR conducts its own health studies and supports those conducted by state health departments and universities.

Funding for ATSDR for the last five years:

FY	FUNDING
2001	$74,835,000
2002	$78,203,000
2003	$82,262,000
2004	$73,034,000
2005	$76,041,000

PERFORMANCE ANALYSIS

GOAL: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.

ATSDR prevents ongoing and future exposures by responding to toxic substance releases when they occur or as they are discovered. The agency is able to prevent ongoing and future exposures when EPA, state regulatory agencies, or private organizations accept the agency's recommendations and appropriate actions are taken.

Therefore, ATSDR's strategy is to take an active approach of following up on its recommendations with the regulatory agencies to ensure they adopt (i.e., implement) ATSDR's public health and safety recommendations. To meet this goal, ATSDR works in partnership with EPA regional representatives and state cooperative agreement partners to conduct site-specific health activities. These activities include public health assessments, health consultations, exposure investigations, community involvement activities, health education, follow-up health investigations/studies, and other programs related to exposure to hazardous substances in the environment.

Current Activities

- ATSDR's partners served more than 968,000 people in 693 communities in FY 2004.
- For FY 2004, 30 percent of the 56 public health hazard recommendations recorded have been adopted. For FY 2003, 218 (75%) recommendations were adopted. ATSDR continues to follow-up on the FY 2004 recommendations and expects to achieve its target of >75% adopted by FY 2005 year-end.

Significant Accomplishments

- Lead Exposures in Elvin, Missouri – ATSDR collaborated with the Missouri Department of Health and Senior Services (DHSS) to release a January 2004 health consultation that prevented potentially significant lead exposures to farmers and families living near the Elvin/Rivermines Mine Tailings site. Chat (mine tailings) containing high levels of lead was being sold as agricultural lime to local farmers by the Lead Belt Materials Company. EPA and the responsible parties agreed in August 2003 to cease the sale of tailings for use as agricultural lime. Under pressure by local farmers and politicians to reverse that decision, however, EPA asked DHSS for advice on the threats associated with this use of chat.

  A previous exposure study (by ATSDR and DHSS) of children's blood lead levels concluded that children living in the Old Lead Belt had higher blood lead levels, on average, than children in the control area and that exposure to mining waste (chat and tailings) was the most reasonable explanation for the difference in blood lead levels. On the basis of those results, the fact that no controls were in place to track the movement of the tailings, and the likelihood of significant exposures, DHSS concluded that the decision to cease use of chat for agricultural lime is protective of public health. Informed by the ATSDR/DHSS blood

lead study and DHSS's health-based advice, EPA continues to prohibit the use of chat as lime, preventing potential exposures to area farmers and their families.

- Potentially Explosive Levels of Methane measured at Norfolk Naval Shipyard in Virginia – Review of Navy documents found that methane was detected at concentrations ranging from zero percent to 81.2 percent methane within one disposal area. Study results indicated that the landfill was still actively producing methane gas in its interior and that migration of methane beyond the landfill boundaries was possible. Methane gas, therefore, is present in the disposal area at concentrations that could fall between the explosive limits of five percent and fifteen percent of air by volume.

  ATSDR recommended that the Navy evaluate not only the potential migration of and exposure to contaminants, but also the potential for methane to pose an explosion hazard. The Navy has agreed to include the evaluation of methane gas as part of its landfill feasibility study. The additional recommendation for site characterization will allow necessary protective measures to be put in place, if needed, to prevent a potentially urgent health hazard.

GOAL: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.

ATSDR works to determine the relationship between toxic exposures and disease. These efforts include various health studies, toxicological research, disease tracking, and surveillance studies. ATSDR's research findings improve the science base for environmental public health decision-making by filling gaps in knowledge about effects from exposure to hazardous substances.

ATSDR strives to fill critical data gaps associated with the 275 priority hazardous substances, that is, those substances most often found to have health impacts at Superfund sites. For instance, ATSDR has identified a need to determine the effects on nervous system development in fetuses whose mothers may be exposed to trichloroethylene in their drinking water. ATSDR also prepares and publishes a series of Toxicological Profiles (ToxProfiles). Each profile provides a comprehensive evaluation, summary, and interpretations of available toxicologic and epidemiologic information on a substance.

Current Activities

- Identifying and Filling Data Needs — ATSDR has identified 263 data needs for the top 60 substances at waste sites. Research partnerships with private industry have saved ATSDR some $10 million in research costs and have filled, or are in the process of filling, at least 16 priority research needs. For FY 2004, ATSDR and its partners initiated studies to fill at least ten additional data needs.

- Consolidating Scientific Knowledge on Contaminants —ATSDR published and released 14 ToxProfiles. The Profiles and related products, including 180 Spanish-language ToxFAQs, are available on the web (www.atsdr.cdc.gov) and are available in CD-ROM. In 2003, approximately 13,000 ToxProfiles were distributed on CD ROM. In 2004, the ToxProfiles web page was accessed over 200,000 times.

- ATSDR and Partners Launch the World Trade Center Health Registry (WTCHR) – Launched in September 2003, the registry has enrolled over 70,000 people.

- Following-Up in Libby, Montana — ATSDR will re-screen people with past exposure while processing asbestos-containing vermiculite ore in Libby, Montana. In FY 2004, 98 percent of the original 513 cohorts from a study conducted 20 years ago have been located. Of the 425 persons located, 297 (70%) are participating.

Significant Accomplishments

- Toxicological Profiles Aid West Nile Virus Research and Malaria Control – These included profiles for pyrethrins and malathion pesticides that are significant to mosquito abatement efforts in response to control of the West Nile virus. The World Health Organization is also evaluating pyrethrins as a possible replacement for DDT in malaria control. The profiles were cited 652 times in U.S. journals during 2004.

- Advancing Public Health Policy under ATSDR's Great Lakes Human Health Effects Research Program – In 1995, just two of the Great Lakes states targeted women of reproductive age for their educational programs about fish advisories. ATSDR research, however, has significantly helped to specify which local subpopulations, namely women of reproductive age and young children, are particularly vulnerable to pollution affecting Great Lakes fish. Now, all eight Great Lakes states target advisories to women of childbearing age, as well as to young children.

EPA's annual listing of fish advisories also reflects the impact of ATSDR's Great Lakes program research. Recently, just one type of advisory was in place to protect the general population and such subpopulations. Today, there are five.

ATSDR's Great Lakes research continues to assist EPA and other health organizations. EPA's Gulf of Mexico Program has sought the Great Lake Program's expertise in developing uniform guidelines for mercury in fish, and the Hawaii Department of Health has asked for the program's assistance in developing a similar program for Hawaii.

- ATSDR Strives to Track Effects of Libby Asbestos Nationwide – During the 1990s, ATSDR began its investigation of long-term asbestos exposures in Libby, Montana. Libby was a major source of vermiculite ore for decades. This vermiculite contained tremolite asbestos. An ATSDR study of Libby's death rates from 1979 to 1998 found that mortality from asbestosis was about 40 times higher for Libby than for Montana and 80 times higher than for the United States as a whole. Other findings also indicated elevated asbestos exposures: lung cancer rates for Libby residents, for instance, were 20 to 30 percent higher than usual. The health problems associated with Libby asbestos are clear.

  ATSDR has performed extensive work in Libby, including medical screenings and health education activities. Now the focus has expanded to include evaluation of some of the more than 240 sites across the United States that processed or handled Libby vermiculite. ATSDR is conducting health consultations at 28 sites, selected for the first phase of evaluation either because EPA mandated further action based on current contamination or because the sites each processed 100,000 tons or more of Libby vermiculite.

  In the health consultations completed to date, a common finding is former workers at these sites and presumably those who lived with them were exposed to hazardous levels of tremolite asbestos. As these consultations progress, ATSDR's efforts will impact potentially thousands of former workers and their household members.

- Hazardous Substances Emergency Events Surveillance – ATSDR's Hazardous Substances Emergency Events Surveillance (HSEES) again proved to be a significant resource in FY 2004 as a tool that policy makers can use to protect children. Georgia Governor Sonny Perdue used HSEES research to support legislation, passed in April 2004, which mandates prison time—two to fourteen years—for anyone who "intentionally causes or permits a child to be present where any person is manufacturing methamphetamine or possessing a chemical substance with the intent to manufacture methamphetamine." The law further bumps the sentence from five to twenty years if the drug activity causes major injury to the child.

  HSEES data was also used during FY 2004 in an article published in the American Journal of Emergency Medicine and is cited extensively in an important Office of Safety and Health Administration (OSHA) article on best practices for "victim first receivers" in mass casualty situations.

GOAL: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.

As a result of its 2005 PART audit, ATSDR adopted a new long-term goal and measure to capture the agency's impact on human health in communities potentially exposed to toxic substances. The new measure ensures that ATSDR and its partners follow-up on the implementation of its recommendations and provides evidence of reduced occurrence or risk of health effects as a result of ATSDR's interventions at its most urgent and hazardous sites. For each site, an ATSDR committee selects the most appropriate measure, such as comparing morbidity/mortality rates, reduction of environmental exposures, biomarker tests, and behavior change of community members and/or health professionals.

Current Activities

- In FY 2004, an ATSDR committee met monthly to review 53 urgent and public health hazard sites. The committee was able to select 43 of these sites for measurement and completed post-intervention measurement at 14 (33%) of those sites.

Significant Accomplishments

- ATSDR Intervenes to Reduce Indoor Air Exposures in Canton, Ohio – Indoor air levels of Volatile Organic Chemicals (VOC) warranted immediate intervention at a site in Canton. Groundwater contamination was initially discovered on the Bison Corporation property during a Phase II Property Assessment conducted in August 2000. Several chlorinated solvents, including trichloroethylene (TCE) and tetrachloroethylene (PCE), were present at elevated concentrations in groundwater both on and off the facility property. In 10 homes, concentrations in indoor air were high enough for the health agencies to call for immediate actions to cease exposures. Vapor remediation systems, similar to radon removal systems, were installed in the homes. Confirmation sampling completed in May 2003 found dramatically reduced VOC concentrations.

The public health evaluation at this site directly contributed to the reduction of exposures to potential carcinogens for an estimated 40 people.

- Interventions Trigger Environmental Enforcement In Warren Township, Ohio – Construction and demolition debris landfills have become a serious problem across the country because of hydrogen sulfide (H_2S) emissions resulting from the disposal of ground gypsum drywall. ATSDR responded when the Warren Township (Ohio) Trustees and the local school board petitioned the agency to investigate H_2S odors apparently coming from a nearby landfill. Students and other residents complained about a smell of "rotten eggs" and reported health problems including headaches, nausea, vomiting, and eye irritation—all classic symptoms of H_2S exposure.

  ATSDR assembled a multi-agency team that included members from local, state, and federal health and enforcement agencies. Five months of sampling and H_2S monitoring data showed that the landfill posed an urgent public health hazard.

  ATSDR recommended immediate measures and began working with the community to create emergency response strategies that included monitoring and evacuation plans for schools during times when H_2S odors are highest. ATSDR also worked with Ohio EPA to establish a 24-hour H_2S odor complaint hotline, which fielded well over 1,000 odor calls during FY 2004.

  Assisted by ATSDR's efforts, Ohio EPA and United States EPA have taken enforcement actions to improve air quality in the community. Earlier this year, the Ohio Department of Health requested an emergency health investigation known as an Epi-Aid. Data collected over two years at the site have provided enough evidence for US EPA to justify a CERCLA emergency removal action, which began in October 2004.

- Capitol Hill Ricin Response – The FY 2004 Capitol Hill Ricin emergency response and remediation demonstrated ATSDR's emergency-response training and ability. EPA asked ATSDR for decontamination recommendations and other environmental health support. Two ATSDR staff members traveled to the scene immediately, and additional personnel followed. EPA's Office of Emergency Planning, Preparedness, and Response asked ATSDR to provide a duty officer at EPA Emergency Operations Center during this response. ATSDR, coordinating with CDC, advised EPA on the proper personal protective equipment for responders entering the Dirkson Building. The agency also supplied expertise on sampling and cleanup strategies, evaluation of sampling data, and clearance standards for building reoccupation. These coordinated efforts led to the building's being safe for re-entry in a short period.

GOAL: BUILD AND ENHANCE EFFECTIVE PARTNERSHIPS.

This goal challenges the agency to work through partnerships to build environmental public health capacity outside the agency as a means of protecting a greater number of people against exposures to hazardous substances. Ultimately, working with partners allows ATSDR to reach more people than it ever could alone.

Current Activities

- For FY 2004, ATSDR re-evaluated its partnership priorities and goals based on CDC's Futures Initiative, NCEH/ATSDR's "Strategic Thinking Initiative," and its most recent long-term outcome goals. These efforts reflect the goal of shaping CDC's strategy to strengthen its impact on public health. In re-evaluating its goals, ATSDR is gathering health-issues information from its customers, partners, and stakeholders. Over 50 organizations responded by identifying environmental health issues, challenges, and ideas on potential partnership opportunities.

- ATSDR continues to work with partners in its Voluntary Research Program, primarily those in the chemical industry, where work is being done at no cost to the agency — or the taxpayer — to fill critical data needs. Demonstrating the value of private-sector partnerships, this highly effective program includes four studies conducted within a year by the Halogenated Solvents Industry Alliance (HSIA).

Significant Accomplishments

- Under the Voluntary Research Program, private-industry testing has saved ATSDR roughly $10 million in research costs while also filling at least 16 priority research needs.

GOAL: PROMOTE EFFECTIVE AND EFFICIENT AGENCY MANAGEMENT.

This goal represents the agency's efforts to promote efficient and effective management. ATSDR highlights its activities and accomplishments associated with the President's Management Agenda (PMA).

Significant Accomplishments

- Strategic Management of Human Capital – ATSDR and CDC have addressed the issue of administrative redundancy through an administrative consolidation with CDC's National Center for Environmental Health (NCEH) to create a common NCEH/ATSDR Office of the Director. The consolidation became effective January 2, 2004, with the publication of an official announcement in the Federal Register [2004;69(1):86–87 and 90–92, respectively].
- Budget and Performance Integration - ATSDR has made significant progress in integrating its performance planning and measurement with budget decision-making, and it has tied its budget request to its goals and measures. ATSDR will also submit a combined FY 2006 Congressional budget justification/FY 2006 performance plan. In addition, FY 2004 budget decisions were based on past performance. ATSDR eliminated or reduced funding for programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals.

RATIONALE FOR THE BUDGET

The FY 2006 budget request of $76,024,000 for the Agency for Toxic Substances and Disease Registry represents a decrease of $17,000 below the FY 2005 Enacted level of $76,041,000.

IT REDUCTION

Funding for the Agency for Toxic Substances and Disease Registry activity includes an information technology savings of $17,000.

OUTPUT TABLE

OUTPUT TABLE	FY 2004 ACTUAL	FY 2005 APPROPRIATION	FY 2006 ESTIMATE	FY 2006 +/- FY 2005
State Cooperative Agreement (tribal nations, territories and jurisdictions)	32	25	25	0
Public Health Assessments	139	80	60	(20)
Emergency Response, Consultation, and Technical Assists (includes Public Health Evaluations and Remedial & Site Closure Planning)	1,582	1,100	1,300	200
Exposure Investigations (includes completed and ongoing)	15	15	15	0
Priority Health Conditions, Epidemiologic and Health Studies	45	36	27	(9)
Surveillance (includes state- and site-specific Surveillance, and tremolite asbestos Surveillance)	7	3	3	0
Hazardous Substances Emergency Event Surveillance (states)[1]	15	15	15	0
Exposure Registries (including WTCHR & Libby, Montana, subregistry) [number of sites]	25	23	23	0
Great Lakes Research Projects (grant)	5	6	0	(6)
Minority Health Professions Foundation	6	5	4	(1)
Toxicological Profile Development (includes drafts, finals, peer review, public health statements, and fact sheets)	14	6	6	0
Information Dissemination	371,751	400,000	400,000	0

OUTPUT TABLE	FY 2004 ACTUAL	FY 2005 APPROPRIATION	FY 2006 ESTIMATE	FY 2006 +/- FY 2005
Pediatric Environmental Health Specialty Units	11	11	5	(6)
Health Professionals Trained	57,530	39,000	22,000	(17,000)
Community Members Educated	29,155	9,500	8,500	(1,000)

1. Now being supported with terrorism funds, not CERCLA funds

SUPPORTING INFORMATION

EXHIBIT Q. DETAIL OF FULL-TIME EQUIVALENTS (FTES)

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY Detail of Full-Time Equivalent Employment (FTE)			
	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Agency for Toxic Substances and Disease Registry	419	429	429

EXHIBIT R. DETAIL OF POSITIONS

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PROGRAM ADMINISTRATION DETAIL OF POSITIONS			
	2004 Actual	2005 Estimate	2006 Estimate
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
Subtotal	-	-	-
Total-Executive Level Salary	-	-	-
Total - SES	*1*	*1*	*1*
Total - SES Salary	$143,498	$149,238	$155,207
GS-15	20	20	20
GS-14	97	97	97
GS-13	82	82	82
GS-12	51	51	51
GS-11	17	17	17
GS-10	1	1	1
GS-9	10	10	10
GS-8	8	8	8
GS-7	20	20	20
GS-6	6	6	6
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	*312*	*312*	*312*
Total - GS Salary	$24,897,485	$25,999,589	$26,389,583
Average GS grade	12.4	12.4	12.4
Average GS salary	79,800	82,992	86,311
Average Special Pay Categories			
Average Comm. Corps Salary[1]	87,690	91,198	94,846
Average Wage Grade Salary	0	0	0

[1] Includes special pay and allowances.

EXHIBIT U. DETAIL OF PERFORMANCE ANALYSIS

The legend below provides detail for the icons referenced within the Detail of Performance Tables.

DETAIL OF PERFORMANCE LEGEND	
E	Efficiency Measure
HHS#	HHS Strategic Plan Goal
HP#	Healthy People 2010 Objective
O	Outcome Measure
PAR	Performance and Accountability Report
PART	Program Assessment Rating Tool
#	President's Management Agenda Initiative

EFFICIENCY GOAL: PROMOTE EFFECTIVE AND EFFICIENT MANAGEMENT.			
Efficiency Measure	Targets	Actual Performance	Ref
1. By 2006, achieve a 20% cost savings and reduce the number of committee members from 28 to 16 as a result of the consolidation of the Advisory Committee to the Director, NCEH and the Board of Scientific Counselors, ATSDR. [E]	FY 2006: 20%/16 members FY 2005: 10%/21 members	FY 2006: 10/2005 FY 2005: 10/2005 FY 2003: $225,765 and 28 members (Baseline)	HHS-8, HP-8.12, -1, 3

Efficiency Measure 1:

ATSDR's Board of Scientific Counselors (BSC) and NCEH's National Center for Environmental Health Advisory Committee merged in December 2004. This consolidation decreased the total number of board members from 28 to 21. The joint group decided to decrease the number of members to 16 by FY 2006. This reduction will result in a 10% cost savings in FY 2005 and 20% in FY 2006.

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.			
Performance Measure	Targets	Actual Performance	Ref
1. By 2006, increase EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations by greater than 80% at sites with documented exposure. [O]	a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations: FY 2006: >80% FY 2005: >78% FY 2004: >75%	a) Increase EPA's, state regulatory agencies', or private industries' acceptance of recommendations: FY 2006: 12/2007 FY 2005: 12/2006 FY 2004: 12/2005 FY 2003: 75% FY 2002: 79% FY 2001: 74%	HHS-1, HP-8.12, 8.26, -4, PART

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.			
Performance Measure	Targets	Actual Performance	Ref
	b) Provide public health assessments: FY 2006: 60 FY 2005: 80 FY 2004: 136 FY 2003: 147 FY 2002: 110	b) Provide public health assessments: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 139 (Exceeded) FY 2003: 149 (Exceeded) FY 2002: 178 (Exceeded)	
	c) Provide public health consultations: FY 2006: 1,300 FY 2005: 1,100 FY 2004: 2,000 FY 2003: 2,000 FY 2002: 1,746	c) Provide public health consultations: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 1,582 (Unmet) FY 2003: 1,678 (Unmet) FY 2002: 1,811 (Exceeded)	
	d) Provide exposure investigations: FY 2006: 15 FY 2005: 15 FY 2004: 30 FY 2003: 30 FY 2002: 12	d) Provide exposure investigations: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 15 (Unmet) FY 2003: 19 (Unmet) FY 2002: 19 (Exceeded)	
	e) Provide recommendations to prevent harmful exposures at ATSDR-served sites with completed exposure pathways: FY 2004: 100% FY 2003: 100% FY 2002: Determine appropriate public health actions	e) Provide recommendations to prevent harmful exposures at ATSDR-served sites with completed exposure pathways: FY 2004: 100% (Met) FY 2003: 100% (Met) FY 2002: 29,400 recommendations (Baseline)	
	f) Ensure urgent health hazard and public health hazard recommendations are followed up: FY 2004: >75% FY 2003: 70%	f) Ensure urgent health hazard and public health hazard recommendations are followed up: FY 2004: 96% (Met) FY 2003: 100% (Exceeded)	
	g) Biomarkers and field applications to measure exposures: FY 2004: Pilot test proposed biomarker or field application FY 2003: Identify 2 new biomarker or field applications and design Exposure Investigation (EI) Compendium FY 2002: Develop database	g) Biomarkers and field applications to measure exposures: FY 2004: Met FY 2003: Met FY 2002: Met	
	h) Health Assessor Certification Program: FY 2004: Implement Program FY 2003: Pilot Program FY 2002: Develop Strategy	h) Health Assessor Certification Program: FY 2004: Unmet FY 2003: Met FY 2002: Met	

GOAL 1: PREVENT ONGOING AND FUTURE EXPOSURES AND RESULTANT HEALTH EFFECTS FROM HAZARDOUS WASTE SITES AND RELEASES.			
Performance Measure	Targets	Actual Performance	Ref
	i) Cooperative Agreement partners will complete at least 80% of productivity goals: FY 2006: 80% FY 2005: 80% FY 2004: 80% FY 2003: 75% FY 2002: 70% j) FY 2002 through FY 2006: Report number of communities/residents served.	i) Cooperative Agreement partners will complete at least 80% of productivity goals: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 34% (Unmet) FY 2003: 41% (Unmet) FY 2002: 70% (Met) j) FY 2002 through FY 2006: Report number of communities/residents served. FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 693 communities/ 968K people (Met) FY 2003: 633 communities/ 1.5M people (Met) FY 2002: 591 communities/ 1.7M people (Met)	

Goal 1, Performance Measure 1:

A) Ensuring Adoption of Recommendations Helps Prevent Exposures — ATSDR will track this new, long-term measure annually in response to OMB PART recommendations. In FY 2004, ATSDR strived to ensure that regulatory agencies accept (that is, implement) more than 80 percent of the agency's urgent health hazard and public health hazard recommendations made over the past year. For FY 2003, 163 (75%) of the 218 recommendations were adopted. For FY 2004, 16 (30%) of the 56 public health hazard recommendations recorded were adopted. ATSDR continues to follow-up on the FY 2004 recommendations and expects to achieve its target of >75% adopted by the end of FY 2005.

B–D) Public Health Activities — For FY 2004, ATSDR completed 139 public health assessments, 1,582 health consultations and technical assistance projects and 15 exposure investigations. These numbers include those conducted by ATSDR staff and those conducted by partners in collaboration with ATSDR. Recently, Exposures Investigations have been more complicated and costly than in the past. As a result, targets based on the historical data were more difficult to meet than expected. The health consults have also been a challenge due to staff vacancies and reassignments within ATSDR and among its cooperative agreement partners. Deployment of staff to support the hurricane relief efforts has also diverted resources. ATSDR is currently working on improvements to address resource management issues and identifying ways to streamline the health assessment/consult and exposure investigation process.

E) Making Recommendations to Protect Public Health — ATSDR made recommendations at 100 percent of ATSDR-served sites with completed exposure pathways. ATSDR has made 131 total site-related recommendations (of all types): 76 for site characterization and 55 for cease-and-reduce exposures. This work will prevent or minimize toxic exposures and thus improve the health of individuals at or near the sites.

F) Track Recommendations for the Most Serious Hazards — ATSDR continues to track the status of its recommendations on a quarterly basis; however, this measure has been replaced by Target A, which identifies ATSDR's goal of having regulatory agencies "accept" (that is, implement) the agency's public health recommendations. By the end of FY 2004, 96% of the recorded urgent and public health hazard recommendations had been followed-up.

G) New Tools Enhance ATSDR's Ability to Prevent and Mitigate Exposures — In FY 2004, new public health tools under development include two new applications for computer-assisted models that improve exposure assessment. The first is a vulnerability assessment protocol for evaluating water supply resources and distribution. The second is an exposure dose reconstruction application to project past or future exposures at three sites. Using these tools, ATSDR initiated extensive projects on the reconstruction of the past water distribution system serving the U.S. Marine

Corps Base Camp Lejeune, North Carolina, in support of the DHS epidemiological study there. Testing in support of the computer modeling began in summer 2004.

H) ATSDR Seeks to Improve Public Health Assessment Work Nationwide — ATSDR continuously seeks opportunities and tools to enhance the quality of its site-related actions in order to take more effective public health actions. Drivers of this quality improvement include offering training in public health as well as the use of independent, external peer review of ATSDR products. As part of the quality improvement, ATSDR piloted the health assessor certification program, beginning with offering of the basic course in public health assessments in June 2003. ATSDR conducted a total of 37 courses for 666 participants, totaling 5,845 hours of training. Training more health assessors to perform according to ATSDR standards means building our capacity to serve more people. While the certification process was completed, the process is being re-examined using the CDC Logic Module approach. When resources become available, final adjustments to the process will be implemented.

I) Measuring Partner Productivity — Overall program accomplishments of ATSDR's 1043 partners included 15 exposure investigations, 139 public health assessments, and 1,582 public health consultations and technical assists. Productivity is still a challenge for many of the partners; however, ATSDR has implemented aggressive corrective-action plans. Reasons for failing to meet the goals are unique for each partner, such as increased number of high profile/complex sites, increased reviews of documents based on health calls, and overall complexity and difficulty of some sites.

J) Serving Americans — ATSDR's partners served 968,000 residents in 693 communities in FY 2004.

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.			
Performance Measure	Targets	Actual Performance	Ref
1. By 2006, fill at least 64 additional data needs related to the 275 priority hazardous substances. *	a) Fill data needs related to the 275 priority hazardous substances: FY 2006: 18 FY 2005: 15 FY 2004: 10 FY 2003: 6 FY 2002: 6 FY 2001: 9 b) Publish toxicological profiles (drafts/finals): FY 2006: 6 FY 2005: 6 FY 2004: 13 FY 2003: 13 FY 2002: 12	a) Fill data needs related to the 275 priority hazardous substances: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 10 (Met) FY 2003: 8 (Exceeded) FY 2002: 6 (Met) FY 2001: 9 (Met) b) Publish toxicological profiles (drafts/finals): FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 14 (Exceeded) FY 2003: 13 (Met) FY 2002: 12 (Met)	HHS-1, 4, 5, HP-8.12, -4, PART
2. Annually, conduct studies to determine the health impact of hazardous exposures.	a) Determine the link between the prevalence of Multiple Sclerosis near hazardous waste sites: FY 2006: Develop remaining reports FY 2005: Complete final reports FY 2004: Collect data for studies FY 2003: Finalize protocols for 5 new studies FY 2002: Complete 3 ongoing studies	a) Determine the link between the prevalence of Multiple Sclerosis near hazardous waste sites: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: Met FY 2003: 5 (Met) FY 2002: 3 (Met)	HHS-1, 4, HP-8.12, 8.26

GOAL 2: DETERMINE HUMAN HEALTH EFFECTS ASSOCIATED WITH EXPOSURES TO SUPERFUND-RELATED PRIORITY HAZARDOUS SUBSTANCES.			
Performance Measure	Targets	Actual Performance	Ref
	b) Determine the relationship between asthma and hazardous substances:	b) Determine the relationship between asthma and hazardous substances:	
	FY 2005: Complete 3 studies and publish findings	FY 2005: 12/2005	
	FY 2004: Collect data for studies	FY 2004: Met	
	FY 2003: Finalize protocols for 3 new studies	FY 2003: 3 (Met)	
	FY 2002: Complete 2 ongoing studies	FY 2002: 2 (Met)	
	c) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:	c) Cancer and mortality data related to exposure to vermiculite ore from Libby, Montana:	
	FY 2006: Develop draft of final report	FY 2006: 12/2006	
	FY 2005: Begin data analysis	FY 2005: 12/2005	
	FY 2004: Publish Results	FY 2004: Met	
	FY 2003: Increase assistance	FY 2003: Met	
	FY 2002: Assist 6 states to analyze data	FY 2002: 6 (Met)	
	d) World Trade Center and Tremolite Asbestos registries:	d) World Trade Center and Tremolite Asbestos registries:	
	FY 2005: Analyze Data	FY 2005: 12/2005	
	FY 2004: Implement Registries	FY 2004: Met	
	FY 2003: Implement World Trade Center and Tremolite Asbestos registries	FY 2003: Met	
	FY 2002: Develop World Trade Center registry	FY 2002: Met	
	e) Assess neurodevelopmental functions reportedly impacted by exposures:	e) Assess neurodevelopmental functions reportedly impacted by exposures:	
	FY 2004: Complete summary report of the validity of the neurobehavioral test battery	FY 2004: Met	
	FY 2003: Complete neurobehavioral test battery validation on 300 children	FY 2003: Met	
	FY 2002: Develop testing for at least 4 functions	FY 2002: 4 (Met)	

* Target figures are cumulative for this performance measure.

Goal 2, Performance Measure 1:

A) ATSDR has initiated studies to fill four substance-specific data needs through university-based research, interagency collaborations, and industry testing. Of the four, three will be filled using Association of Minority Health Professions Schools and one through the voluntary research program. In FY 2004, the Halogenated Solvents Industry Alliance also agreed to conduct a study to fill one additional data need on developmental neurotoxicity for TCE. To date, industry testing has saved ATSDR about $10 million in research costs and has filled, or is in the process of filling, at least 16 priority research needs.

B) Fourteen toxicological profiles were published and released in FY 2004. The profiles included 49 new minimal risk levels (MRLs). MRLs are screening values used by health assessors and other responders to identify contaminants and potential health effects that may be of concern at hazardous waste sites.

Goal 2, Performance Measure 2:

A–B) FY 2004 studies include:

- Multiple Sclerosis (MS) and/or amyotrophic lateral sclerosis (ALS) studies in the states of Illinois, Massachusetts, Missouri, Ohio, Texas, and Washington to assess exposures and genetic susceptibility in individuals with MS and/or ALS.
- Asthma studies in the states of Massachusetts, New Jersey, New York, and Utah to evaluate environmental risk factors for childhood asthma and to determine if asthma rates increase with proximity of residences to hazardous waste sites or industrial emission sources.

C) ATSDR continues to evaluate lung disease progression by re-screening persons who had past exposure during packaging and/or processing asbestos-contaminated vermiculite ore shipped from the mine in Libby, Montana. Protocol was developed and an award made to the University of Cincinnati, effective September 15, 2003, to study participants in the Marysville, Ohio area. The University has located 98 percent of the original 513 cohorts from a study conducted 20 years ago; 298 interviews have been completed. Of the 425 persons located, 297 (70%) are participating. Results of the data analysis are expected to be released in April 2005.

D) ATSDR partners launched the World Trade Center Registry (WTCHR). As of FY 2004, over 70,000 people have been enrolled in the WTCHR. In 2002, the Federal Emergency Management Administration (FEMA) funded ATSDR to track long-term health of those exposed to contamination from the collapse of the World Trade Center.

In addition, ATSDR is conducting a review of its National Exposure Registry (NER). Part of NER is ATSDR's effort to track of the health of individuals exposed to tremolite asbestos from mines in Libby, Montana. The registry has identified nearly 10,000 individuals exposed at the mines or indirectly as household contacts of mine workers. A complex project, this registry will attempt to track the health of people exposed more than 20 years ago in Libby and, perhaps, of those exposed to Libby asbestos at a number of processing sites around the country.

E) ATSDR has completed neurobehavioral testing on 264 children. The report is currently under external peer review. This test battery provides quantitative assessments of learning and memory function, visual functioning, auditory functioning, and fine motor skills. Once validated, this battery will provide the agency with a method to undertake the next step in defining the specific area(s) of neuralgic dysfunction. The battery will be used by ATSDR to characterize deficits in nervous system function detected through screening with the Pediatric Environmental Neurobehavioral Test Battery.

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.			
Performance Measure	Targets	Actual Performance	Ref
1. Document the reduced occurrence or risk of health effects by selecting for each urgent or public health hazard site the best or most appropriate measure for that site. [O]	Percentage of sites where human health risks or disease have been mitigated, based on the following select measures: • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals FY 2006: 65% FY 2005: 50% FY 2004: Develop Baseline	Percentage of sites where human health risks or disease have been mitigated, based on the following select measures: • Comparative Morbidity/Mortality Rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 33% (Baseline)	HHS-1, 5, HP-8.12, PART

GOAL 3: MITIGATE THE RISKS OF HUMAN HEALTH EFFECTS AT TOXIC WASTE SITES WITH DOCUMENTED EXPOSURES.			
Performance Measure	Targets	Actual Performance	Ref
2. Annually, maintain the highest standard for emergency response.	Maintain ATSDR staff who are OSHA compliant for Level C Personal Protective Equipment (PPE) chemical response events: FY 2006: 25 and 6 safety officers FY 2005: 25 and 6 safety officers FY 2004: 25 and train 6 safety officers FY 2003: 25	Maintain ATSDR staff who are OSHA compliant for Level C Personal Protective Equipment (PPE) chemical response events: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 25/6 (Met) FY 2003: 14 (Unmet)	HHS-1, 2, HP-8.12

Goal 3, Performance Measure 1:

In FY 2004, an ATSDR committee met monthly to review 53 urgent and public health hazard sites. The committee was able to select 43 of these sites for measurement and completed post-intervention measurement at 14 (33%) of those sites. Please refer to footnote in Exhibit CC for more information.

Goal 3, Performance Measure 2:

ATSDR continues to enhance its chemical response expertise. The agency met its target of having 25 staff compliant with Level C (the highest chemical danger) Personal Protective Equipment (PPE) chemical response. All ATSDR staff trained to support emergencies, including terrorism, are to report to the CDC Emergency Operations Center within 20 minutes of an emergency request. In addition, CDC/ATSDR requires that staff be ready to deploy to sites within six hours of notification.

GOAL 4: BUILD AND ENHANCE EFFECTIVE PARTNERSHIPS.			
Performance Measure	Targets	Actual Performance	Ref
1. Leverage academic, industry, and other partners to fill priority data gaps. [E]	a) Enhance ATSDR's partnership base: FY 2006: Evaluate partners' performance FY 2005: Evaluate partners' performance FY 2004: Establish 3 new partnerships FY 2003: Establish 3 new partnerships FY 2002: Establish partnership priorities and goals b) Solicit partners to fill priority data gaps through the Voluntary Research Program: FY 2006: 1 FY 2005: 2 FY 2004: 2 FY 2003: 2	a) Enhance ATSDR's partnership base: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: Unmet FY 2003: Met FY 2002: Met b) Solicit partners to fill priority data gaps through the Voluntary Research Program: FY 2006: 12/2006 FY 2005: 12/2005 FY 2004: 2 (Met) FY 2003: 2 (Met)	HHS-1, 4, 8, HP-8.12, -1, 3

Goal 4, Performance Measure 1:

A) For FY 2004, ATSDR did not meet its target of establishing three new partnerships because this activity was put on hold. ATSDR is re-evaluating its partnership priorities and goals based on CDC's Futures Initiative, NCEH/ATSDR's Strategic Thinking Initiative, and its most recent long-term outcome goals. These efforts reflect the goal of shaping CDC's strategy in order to strengthen its impact on public health. In re-evaluating its goals, ATSDR is gathering health-issues information from its "customers," partners, and stakeholders. Over 50 organizations responded by identifying environmental health issues, challenges, and ideas on potential partnership opportunities.

B) ATSDR has initiated studies to fill four substance-specific data needs through university-based research, interagency collaborations, and industry testing. Of the four data needs, three will be filled via AMHPS institutions and one via the voluntary research program. ATSDR works with many partners to fill critical data needs relative to priority substances found at Superfund sites. Through the agency's VRP, partners – primarily those in the chemical industry – work at no cost to the agency or the taxpayer – to fill critical data needs about the effects of specific substances on human health. Demonstrating the value of private-sector partnerships, this highly effective program not only plays a critical role in the agency's mission to understand and mitigate health risks, it has also saved ATSDR roughly $10 million in research costs.

EXHIBIT V. SUMMARY OF FULL COST

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGENCY FOR TOXIC SUBSTANCES AND DIESEASE REGISTRY FULL COSTS TABLE			
Budget, Full Costs, & Goals/Annual Measures	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Estimated Full Cost……..	$73.0	$76.0	$76.0
Prevent Ongoing and Future Exposures	$23.9	$24.9	$24.9
Measure 1	*$23.9*	*$24.9*	*$24.9*
Determine Human Health Effects	$35.8	$37.2	$37.2
Measure 1	*$16.0*	*$16.6*	*$16.6*
Measure 2	*$19.9*	*$20.7*	*$20.7*
Mitigate the Risk of Human Health Effiects	$13.4	$13.9	$13.9
Measure 1	*$11.0*	*$11.5*	*$11.5*
Measure 2	*$2.3*	*$2.4*	*$2.4*

EXHIBIT W. CHANGES AND IMPROVEMENTS OVER PREVIOUS YEAR

In 2003, the Office of Management and Budget (OMB) evaluated ATSDR's planning efforts using its Program Assessment Ratings Tool (PART). The PART audit led to revised goals and measures, which ASTDR is now aggressively implementing. While further measure refinements will continue in annual plans for FY 2006 and beyond, the agency is already realizing improved results.

New Measure Improves Tracking and Effectiveness — The PART-initiated revision of ATSDR's goals led the agency to develop a measure to capture evidence of its impact on public health. The new measure requires ATSDR to track the implementation, or acceptance, of the public health recommendations it makes to enforcement agencies, such as the U.S. Environmental Protection Agency (EPA). Specifically, ATSDR adopted a new process aimed at boosting the "acceptance" rate of the agency's public health recommendations to greater than 75% by 2006. To improve the process's effectiveness, ATSDR now uses a database to track recommendations and follows up on those not yet accepted. Because recommendations identify ways to prevent or mitigate human exposures to toxic substances, ATSDR expects this effort to improve public health while also improving the agency's effectiveness and efficiency.

Improving Measurement and Impacts at Sites with Documented Exposures — ATSDR has always strived to mitigate the risks associated with exposures. In the past, the agency reported its progress on this goal by detailing its activities with partners in providing various services in affected communities. In FY 2003, ATSDR changed its focus. The agency now measures the impact of its interventions at its most urgent and hazardous sites by comparing pre- and post-intervention morbidity/mortality rates, measuring reductions in environmental exposures, performing biomarker tests, and measuring community behavior changes. These indicators will give ATSDR important new data to use in targeting its resources.

Linking Strategy, Budget, and Performance — ATSDR has made significant progress in integrating its performance planning and measurement with budget decision-making, and it has tied its budget request to its goals and measures. ATSDR now links its budget with agency goals even more powerfully by extending reporting to the level of performance measures. For FY 2003, the agency was able to calculate the human resources and financial costs associated with each performance measure. Each office/division met with the Office of the Director and the Office of Policy, Planning, and Evaluation (responsible for GPRA) to discuss its annual performance. On the basis of these discussions, ATSDR cut or reduced funding for certain programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals.

Achieving Efficiency in the Management of Human Capital — ATSDR has achieved greater administrative efficiency through its administrative merger with CDC's National Center for Environmental Health (NCEH). The consolidation became effective January 2, 2004. ATSDR and NCEH now share a common Office of the Director. The administrative consolidation achieved cost savings by shifting redundant OD staff positions to front-line public health positions in the divisions (e.g., public health analysts and scientists) and through staff retirements.

EXHIBIT X. LINKS TO HHS AND ATSDR STRATEGIC PLANS

The table below illustrates links from ATSDR's GPRA goals to the HHS Strategic Plan. Note that efficiency goals are not included in this table.

GPRA PROGRAM	GPRA GOAL	HHS STRATEGIC GOAL
Agency for Toxic Substances and Disease Registry	Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases.	1
	Determine human health effects associated with exposures to superfund-related priority hazardous substances.	1, 4, 5
	Mitigate the risks of human health effects at toxic waste sites with documented exposures.	1, 2, 5

EXHIBIT Y. PARTNERSHIPS AND COORDINATION

ATSDR maintains and is growing strong, cooperative partnerships with organizations across the country. The following examples illustrate how ATSDR leverages the capacity of partners to serve more Americans:

- EPA (Headquarters and Regional Offices) - ATSDR continues to work closely with EPA to ensure that the agency meets EPA remediation timelines. ATSDR and EPA hold joint mid-manager meetings at least once yearly to discuss progress on specific sites, better coordinate ongoing efforts, and increase communication between the two agencies. ATSDR also has posted staff members in each of the 10 EPA regional offices, a step that enhances effective coordination and planning between the two Agencies.
- State Cooperative Agreement Partners – ATSDR funds state health agencies through cooperative agreements to help ATSDR carry out its mission of preventing exposure to contaminants at hazardous waste sites and preventing adverse health effects. Staff from funded states actively coordinate with federal, state, and local health and environmental officials to provide public health expertise on human exposure issues related to the hazardous substances at waste sites, spills, and releases. They focus on public health issues that may arise as part of a site's characterization, the emergency removal of hazardous substances from sites, and site remediation. They may also conduct site-specific health education for the community and for health professionals or conduct health studies at sites.
- Other Federal Agencies - ATSDR is working with an increasing number of other federal agencies and will continue to work with them. These agencies include the Agency for International Development, Chemical Safety and Hazard Investigation Board, Department of Defense, Department of Energy, and National Aeronautics and Space Administration.
- Government Researchers - ATSDR must continue to draw on the scientific advances of CDC, the National Institutes of Health and other organizations to ensure that the agency remains at the forefront of applied toxicology and epidemiology. For example, important studies have been published by CDC to document asbestos exposure and related health effects. These studies continue to provide the framework for assessing asbestos exposure in affected communities.
- National Organizations - ATSDR works with constituent groups including physicians; nurses; toxicologists; state, territorial, county, and city health officials; and a variety of environmental health organizations. Examples of national organization partners include the American Academy of Pediatrics, the American Association of Occupational Health Nurses, the American College of Medical Toxicologists, the American College of Preventive Medicine, the American Public Health Association, Association of Schools of Public Health, the Minority Health Professions Foundation, the National Association of County and City Health Officials, the National Alliance for Hispanic Health, and the National Environmental Health Association.
- Affected Citizens - Examples of effective partnering with affected citizens include ATSDR's efforts in Calcasieu Parish, Louisiana; Endicott, New York; Herculaneum, Missouri; Libby, Montana; Midland, Michigan; and Tarpon Springs, Florida. ATSDR continues emphasizing the need for community involvement and outreach, and citizen cooperation has greatly enhanced the agency's public health activities.
- State and Tribal Governments and Associations - Local groups remain the best information source for local environmental impact understanding. Any toxic exposure and surveillance program depends on awareness and cooperation of local groups. Most agency success stories begin with the involvement of a local community or local organizations in a community (for example, the Bureau of Indian Affairs' request for an investigation of toxaphene contamination in soil from approximately 82 former sheep dipping vats in the Navajo Nation). In FY 2004, ATSDR's major state cooperative agreement program included 32 state and territorial partners. In addition, ATSDR continues to partner with tribal groups, such as the Eight Northern Indian Pueblos Council (New Mexico), Coeur d'Alene Tribe (Idaho), Colville Confederated Tribes (Washington), Ely Shoshone Tribe (Nevada) and others.
- The Federal Emergency Management Agency (FEMA)/New York City Health Department for World Trade Center (WTC) Registry - FEMA provided $20 million in funding to ATSDR to develop a registry to track the health of 100,000–200,000 people who may have been exposed to substances emanating from the collapse of the WTC after the September 11, 2001, terrorist attacks. ATSDR provided funding to and worked with the New York City Department of Health and Mental Hygiene in creating and maintaining the registry. Currently, over 70,000 people have been enrolled and interviewed.
- Academic Institutions - The agency coordinates research with academic institutions because agency professionals can successfully apply knowledge gained from academic research. An excellent example of such research is the exposure and dose-assessment research that has been particularly helpful in correlating high consumption of Great Lakes fish with symptoms in local residents.

EXHIBIT Z. DATA VERIFICATION AND VALIDATION

In FY 2004, ATSDR made significant progress in developing and maintaining useful data. ATSDR is using two complementary systems to capture various sources and levels of data and statistics to support the agency's scientific work as well as to support its strategic planning, performance evaluation, and reporting needs:

Project Profile — The Project Profile system has been fully implemented. ATSDR's newest effort to track how agency programs support its strategic goals and objectives, Project Profile will establish and maintain a strong management link between the agency budget, strategy, and performance. This link will help ATSDR remain in compliance with GPRA guidance and the PMA. The Project Profile system has been fully implemented.

HazDat — HazDat maintains information on all aspects of ATSDR's work. The system was migrated in FY 2004 from a mainframe system to a Web-based system. In addition, the STARS system, developed to collect progress and performance information from the cooperative agreement grantees, was integrated into the HazDat system. The completion of the migration of HazDat to the Web-based technology platform has allowed ATSDR to meet agency-wide goals, such as:

- Compatibility with the new architecture and standards of the Public Health Information Network (PHIN);
- The capability of using standard Web services for integration and interoperation with other Web-based systems in PHIN, including Global Information System (GIS), Emergency Response systems, and other CDC and EPA systems; and,
- Portability to other platforms including Personal Data Assistants (PDAs).

In short, this migration has made HazDat more accessible and easier to use. In addition, it has positioned HazDat for full participation in the planned Environmental Public Health Tracking Network (EPHTN) and PHIN.

EXHIBIT AA. PERFORMANCE MEASUREMENT LINKAGES

COST ACCOUNTING

CDC/ATSDR incorporates elements of full and marginal costing in the FY 2006 Congressional Justification. These elements are based on cost accounting principles, and can be used to inform budget decisions.

CDC/ATSDR conducted full cost exercises in the FY 2005 Annual Performance Plan and Report and FY 2006 Congressional Justification. The full cost of a program includes both direct and indirect costs. These costs are allocated to each of the agency's GPRA goals and measures. Full cost information provides the agency with a better understanding of the total resources applied to a particular goal or measure, and an analysis of the costs associated with the achievement of specific performance results.

CDC/ATSDR's marginal costing methodology was piloted with the Tuberculosis program. The marginal costing methodology relies upon the full costing methodology. The marginal costing methodology provides information relating to the marginal cost required to achieve a long-term performance goal. This information will inform policy and budget decisions and help CDC decision-makers to weigh the benefits of investing in one program versus another.

INFORMATION TECHNOLOGY PLANNING

The accurate reporting of performance data increasingly relies on technology. Obtaining reliable information is invaluable to CDC, as well as to public health programs at local, state, and national levels. Planning for technology needs, and associated investments, can be as critical as planning for public health events. Data systems need to produce information of sufficient quality and precision to detect relatively small changes in performance. Information technology (IT) investments may be required for larger sample sizes for surveys, new technologies that improve data quality or new systems that automate the collection and analysis of data.

CDC/ATSDR has implemented the requirements under the Clinger-Cohen Act of 1996 (CCA) for IT capital investment planning, monitoring, and performance measurement. The Information Technology Investment Review Board (ITIRB) process has been established and is a component of CDC's budget planning process. Major IT investments associated with budget initiatives required the development of a Capital Asset Plan and Business Case (Exhibit 300) as part of the submission. Also, in compliance with CCA, CDC has developed several components of the agency's information technology architecture, such as certain health data standards, networking and telecommunications architecture, information security, and the majority of the agency's administrative procedures. More extensive work on other core business processes, information flows, and process and data models is ongoing.

CDC/ATSDR has made significant progress in developing and maintaining useful data. Exhibit Z provides additional information associated with specific ATSDR IT investments.

CAPITAL PLANNING: HUMAN CAPITAL

The strategic management of human capital is a priority for CDC/ATSDR. Initiatives include reducing layering, eliminating administrative positions through consolidation, further improving the supervisory ratio, and supporting the transition of CDC/ATSDR's workforce toward providing more frontline public health functions.

ATSDR and CDC have addressed the issue of administrative redundancy through an administrative merger with CDC's National Center for Environmental Health (NCEH). NCEH and ATSDR now share a common NCEH/ATSDR Office of the Director. The consolidation became effective January 2, 2004, with the publication of an official announcement in the Federal Register [2004;69(1):86–87 and 90–92, respectively]. Administrative cost savings were achieved through redeployment of staff to front-line public health positions in the divisions and from staff retirements.

CAPITAL PLANNING: IMPROVED FINANCIAL MANAGEMENT

CDC/ATSDR will continue to pursue an aggressive strategy to upgrade and improve fiscal management activities to provide timely, accurate, and pertinent information. CDC's impeccable scientific integrity and excellent record of fiscal stewardship and accountability are integrally related to provide the best programmatic and performance results.

CDC/ATSDR was selected to be the first HHS operating division to fully implement the Unified Financial Management System (UFMS). Implementation of this state-of-the-art financial system is underway. With the successful completion of phases 1 and 2, the General Ledger, Accounting For Pay System (AFPS), and Grants Processing modules are in place. General ledger includes CDC's overall accounting "books." Implementation of AFPS aligns CDC's method of payroll accounting with a department-wide standardized process. With grants processing, CDC will process two critical business functions – representing over 55 percent of its dollars and transactions – in UFMS. Full UFMS implementation is planned for April 2005.

PROGRAM EVALUATION

In FY 2001, ATSDR initiated a strategic planning process to define its strategic direction for FY 2002–2007. Following the completion of the strategic plan, ATSDR developed and implemented a performance planning and evaluation process. The process integrated strategy, budget, and performance information. The agency has made significant progress in integrating its performance planning and measurement with budget decision-making and has tied its budget request to its goals and measures.

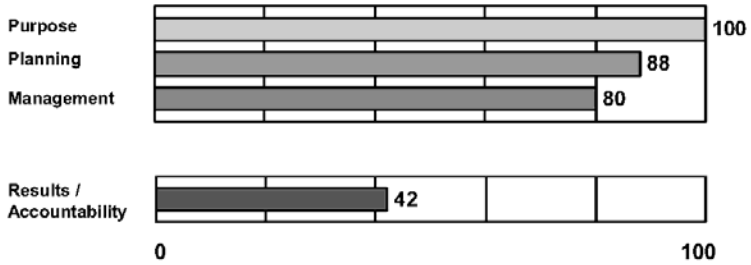
In addition, ATSDR has made significant improvements to its strategic plan by revising its goals and measures as a result of its FY 2005 OMB PART audit. In FY 2004, ATSDR implemented two long-term, outcome measures and has provided examples of program outcomes in Exhibit N,0: Narrative Justification. Additional details may also be found in Exhibit CC: FY 2004-2005 PART Recommendations.

EXHIBIT BB. FY 2004-2005 ONE-PAGE PART SUMMARIES

Program: *Agency for Toxic Substances and Disease Registry*

Agency: *Department of Health and Human Services*

Bureau: *Agency for Toxic Substances and Disease Registry*



Key Performance Measures from Latest PART	Year	Target	Actual
Long-term Measure: Percentage of sites where human health risks or disease have been mitigated, based on comparative morbidity/mortality rates, biomarker tests, levels of environmental exposures, and behavior change of community members and/or health professionals. (Baseline in 2004)			
Annual Measure: Percentage of EPA, state regulatory agency, or private industry acceptance of ATSDR s recommendations at sites with documented exposure	2002		78%
	2003	55%	73%
	2005	78%	
	2006	80%	
Annual Measure: Fill additional data needs related to the 275 priority hazardous substances	2002		6
	2003	6	8
	2005	15	
	2006	18	

Rating: *Adequate*

Program Type: *Competitive Grant*

Program Summary:

The Agency for Toxic Substances and Disease Registry (ATSDR) addresses the health effects of toxic substances in coordination with Federal, State and local partners. The program works to prevent harmful exposure and disease related to toxic substances through science, public health actions and health information.

The initial assessment found that the program is managed well and has a clear purpose, but has not demonstrated the impact of the program on the health of people living in communities exposed to toxic substances. The program has taken a number of steps to address deficiencies identified through the PART assessment:

- In response to initial findings that the program did not have long-term outcome measures, the program has developed performance metrics for each site in which it works where there is a public health hazard. The program will track the percentage of sites where human health risks or disease have been mitigated, based on select measures: comparative morbidity/mortality rates, biomarker tests, levels of environmental exposures, behavior change of community members and/or health professionals.
- The original PART assessment found that the program has administrative redundancies with the Centers for Disease Control and Prevention (CDC). ATSDR has combined its office of the director with the office of the director of CDC' s National Center for Environmental Health. ATSDR will now be able to improve the overall administrative efficiency of the program by more fully consolidating the two offices of the director.
- The original PART assessment found that the program had made progress in integrating budget and performance, but still needed to take additional steps. Over the last year, ATSDR systematically reviewed the goals and performance information of all of its major activities and reallocated its annual resources according to that information.

In response to these new findings:

1. ATSDR will continue to develop site specific metrics to measure the outcome of interventions on human health risks or disease across the program.
2. The program will also work to realize improved administrative efficiencies following the consolidation.
3. ATSDR will continue to make progress on tying budget requests for new resources to anticipated levels of performance.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
73	76	76

EXHIBIT CC. FY 2004-2005 PART RECOMMENDATIONS

ATSDR was evaluated by PART during the FY 2005 budget cycle. Detailed information is provided below about the status of their PART recommendations.

RECOMMENDATION	COMPLETION DATE	ON TRACK? (Y/N)
Establish a baseline and target(s) for ATSDR's new long-term outcome measure. New Measure: Document reduced occurrence or risk of health effects by selecting for each urgent or public health hazard site the best or most appropriate measure for that site: • Comparative Morbidity/Mortality rates • Biomarker Tests • Levels of Environmental Exposures • Behavior Change of Community Members and/or Health Professionals	9/30/04	Y

COMMENT ON STATUS

This recommendation has been completed. On September 30, 2003, ATSDR approved and implemented four protocols for measuring the results of its interventions at the most urgent and hazardous sites. In FY 2004, ATSDR implemented its new long-term measure and established a baseline. A committee composed of agency division and office staff meets monthly to review the sites and select the most appropriate measure for each site. In 2004, the committee reviewed 53 sites and determined that 43 sites[1] will be measured. For some sites, more than one measure was selected. To date, the committee has selected 53 measures, 14 of which have been completed (or 33 percent of the 43 sites). For FY 2005 and FY 2006, ATSDR expects to increase the percentage of sites measured to 50 percent and 65 percent, respectively.

[1] The committee concluded that some of the sites categorized as urgent or public health hazard sites could not be measured because the site 1) was a past public health hazard where intervention has already taken place and no pre-data exists; 2) was a past public health hazard on the basis of historical emissions records, and the site categorization is based on theoretical exposure data; 3) is classified as a potential future public health hazard on the basis of future land use; however, no immediate removal actions are planned because safeguards are in place to prevent current exposures; or 4) resources are not available to complete post-measure follow-up actions.

NEXT MILESTONE	NEXT MILESTONE DATE	LEAD ORGANIZATION	LEAD OFFICIAL
None	None	CDC/ATSDR	Karen Long

RECOMMENDATION	COMPLETION DATE	ON TRACK? (Y/N)
Merge budget justification with its performance plan report and tie the performance measures to its budget description and funding requests.	9/30/04 (FY 2006 Budget Submission)	Y

COMMENT ON STATUS

This recommendation has been completed. The agency has made significant progress in integrating its performance planning and measurement with budget decision-making and has tied its budget request to its goals and measures. To date, the agency has completed or initiated the following:

- FY 2004 budget decisions based on past performance – Using its internal performance plans to evaluate projects' performance and relevance to the agency's mission and goals, ATSDR cut or reduced funding for certain programs/projects that had performed poorly and/or had low relevance to the agency's mission and goals. For FY 2004, the program rated 130 projects, 28 of which lead to reductions in funding. Using quarterly reports, the program rated the performance of each project and also measured each project's alignment with the agency's goals. Thirteen programs with low ratings were discontinued. Fifteen programs were reduced. The total reductions made up $7.6 million, or 10 percent of the agency's FY 2004 budget.
- Full budget request integrated with specific performance measures – ATSDR submitted an integrated FY 2006 Congressional Justification, combining budget and performance information.

NEXT MILESTONE	NEXT MILESTONE DATE	LEAD ORGANIZATION	LEAD OFFICIAL
None	None	CDC/ATSDR	Karen Long

RECOMMENDATION	COMPLETION DATE	ON TRACK? (Y/N)
Increase independent evaluations within the agency.	On-going	Y

COMMENT ON STATUS

NCEH/ATSDR has recently begun performing program peer reviews for research and public health programs. Through its Board of Scientific Counselors, approximately three program reviews will be performed each year. The purpose of these reviews is to evaluate program accomplishments, to assess the quality of science, to evaluate program impact and direction, and to make recommendations on continuing, improving and modifying the program. The first such review was conducted for the ATSDR National Exposure Registry (NER) program. The peer review panel was formed under the ATSDR BSC and included external experts to assist in the review. Additional detail about the NER review is below.

- The review was highly successful and has encouraged NCEH/ATSDR to conduct additional peer reviews on other research and service programs. The newly consolidated advisory committee will be providing oversight, and members will serve on each panel with additional external scientific experts.
- Since the release of the draft peer review of the NER, ATSDR convened a panel to develop and implement changes. ATSDR's next steps are to obtain and review the final NER report and to implement changes as agreed to by NCEH/ATSDR management.

NEXT MILESTONE	NEXT MILESTONE DATE	LEAD ORGANIZATION	LEAD OFFICIAL
None	None	CDC/ATSDR	Karen Long

RECOMMENDATION	COMPLETION DATE	ON TRACK? (Y/N)
Demonstrate improved efficiencies or cost effectiveness in achieving program goals each year. Note: This is a new recommendation that was developed after ATSDR's re-review.	2/28/05	Y
COMMENT ON STATUS		
This recommendation has been completed. CDC and ATSDR addressed a previous OMB recommendation to eliminate redundancies within the agency by completing an administrative merger with CDC's NCEH and by consolidating ATSDR's and NCEH's Advisory Committees. In FY 2004, NCEH/ATSDR achieved a 14% ($4.6M) reduction from FY 2003 in administrative costs as a result of the consolidation. These savings were achieved through redeployment of staff to front-line public health positions in the divisions and from staff retirements.		

NEXT MILESTONE	NEXT MILESTONE DATE	LEAD ORGANIZATION	LEAD OFFICIAL
None	None	CDC/ATSDR	Karen Long

The following recommendation for ATSDR has also been completed:

- Eliminate redundancies within the agency.

EXHIBIT DD. SUMMARY OF MEASURES

The table below provides a summary of ATSDR's performance measures.

SUMMARY OF MEASURES								
FY	Measures				Results			
	Total in Plan	Outcome	Output	Efficiency	Reported	Met	Unmet	Unreported
2002	23	N/A	N/A	N/A	23	21	2	0
2003*	6	2	4	1	6	6	0	0
2004	6	2	3	1	6	6	0	0
2005	7	2	3	2	N/A	N/A	N/A	N/A
2006	7	2	3	2	N/A	N/A	N/A	N/A

* FY 2003 data have been revised based on updated information.