



DEPARTMENT of HEALTH and HUMAN SERVICES

**Fiscal Year
2010**

**Agency for Toxic Substances
and Disease Registry**

*Justification of
Estimates for
Appropriation Committees*

INTRODUCTION

The FY 2010 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/asrt/ob/docbudget/index.html>.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

MESSAGE FROM THE DIRECTOR

We are pleased to present the FY 2010 Congressional Justification for the Agency for Toxic Substances and Disease Registry (ATSDR). This budget request includes the FY 2008 Annual Performance Plan and the FY 2010 Online Performance Appendix as required by the Government Performance and Results Act of 1993.

ATSDR employs the best science, takes responsive action, and provides trustworthy health information to prevent and mitigate harmful exposures and related disease. ATSDR continues to prevent, determine, and mitigate health effects at sites with toxic exposures, and its successes in doing so across the nation illustrate how funding for ATSDR directly benefits Americans. FY 2008 successes for ATSDR include the following:

- Helped to protect the health of a high school rifle team from a community near Fairbanks, Alaska. Teenagers from the rifle team were being exposed to unhealthy levels of lead while using the high school rifle range. An investigation by state health officials revealed that members of the rifle team were being exposed to lead dust because of poor ventilation and cleaning practices. Once discovered, health officials working with parents and school officials took actions that included working with the community to correct the problems and minimize the exposures of students and high school staff.
- Worked with partners to identify potentially harmful levels of volatile organic compounds (VOCs) inside homes of 25 persons in Lancaster County, Pennsylvania. State health department staff worked with local, state, and federal authorities to assist in the installation of home exhaust systems and to provide health education to health care providers and the community. These efforts helped to reduce or eliminate exposures of impacted residents, thereby preventing a number of possible adverse health effects.
- Ensured that school grounds at Apple Valley Elementary School (Yakima, Washington) were made safe for students and visitors. Through an ATSDR Cooperative Agreement, the Washington State Department of Health (DOH) found potentially harmful levels of arsenate pesticides on the school grounds. State health officials advised state regulatory and school officials on the actions needed to reduce the health threat posed by the contamination and coordinated with both groups as well as students and parents to provide information on ways to keep school yard playgrounds and children safe.
- Took actions to protect the health of Dayton, Ohio residents impacted by groundwater contamination from the Delphi facility. Contaminant levels in the air within these homes posed a public health hazard and prompted actions by federal, state, and local health and environmental authorities to work with homeowners and private industry to install vapor abatement systems (VAS) in the affected homes. To protect other residential areas from being impacted by the groundwater contamination, Delphi company representatives installed a large-scale soil vapor extraction system on their property.
- Identified arsenic contaminated soil that posed a hazard to children attending the “My School Daycare” in Hampton, Connecticut. Immediate actions were taken to minimize exposures at the daycare. Health officials also engaged the Daycare Licensing Program to evaluate daycares that may be located on or near industrial sites and developed a draft protocol for evaluating new daycares and daycares up for license renewal to ensure that children will not be exposed to contaminants from past industrial use.
- Collaborated with state health department partners to conduct evaluations of sites that received asbestos-containing vermiculite from a mine in Libby, Montana. The [Summary Report: Exposure to asbestos-containing vermiculite from Libby, Montana, at 28 processing](#)

[sites in the United States](#) offers valuable information about facilities that exfoliated asbestos-containing vermiculite, identifies groups who experienced exposure to asbestos from these sites, and recommends re-evaluating existing data for former exfoliation sites where residual asbestos may be present. The report also proposes important public health activities to increase awareness about this type of asbestos exposure.

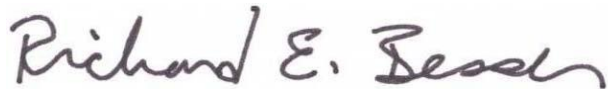
- Provided a comprehensive public health response to widespread flooding that occurred in Southern Wisconsin. Working with the Wisconsin Division of Public Health, ATSDR personnel staffed the Wisconsin Emergency Operations Center; presented on and coordinated daily conference calls for local public health departments; provided technical advice on topics, such as: mosquito control and disease prevention, volunteer health and safety issues, flooded and failed septic systems, beach safety, and surface water contamination and safety.

Under its Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) mandate, these examples illustrate ATSDR's continuing work in preventing and mitigating exposures and related health effects at sites across the nation.

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

This FY 2010 Congressional Justification provides more detail of ATSDR's successes, highlights current efforts, and describes how the budget request will allow us to continue serving Americans productively through the upcoming fiscal year.

Sincerely,



Richard E. Besser, M.D.

Acting Director, Centers for Disease Control and Prevention, and

Acting Administrator, Agency for Toxic Substances and Disease Registry



Howard Frumkin, M.D., Dr. P.H.

Director, National Center for Environmental Health/

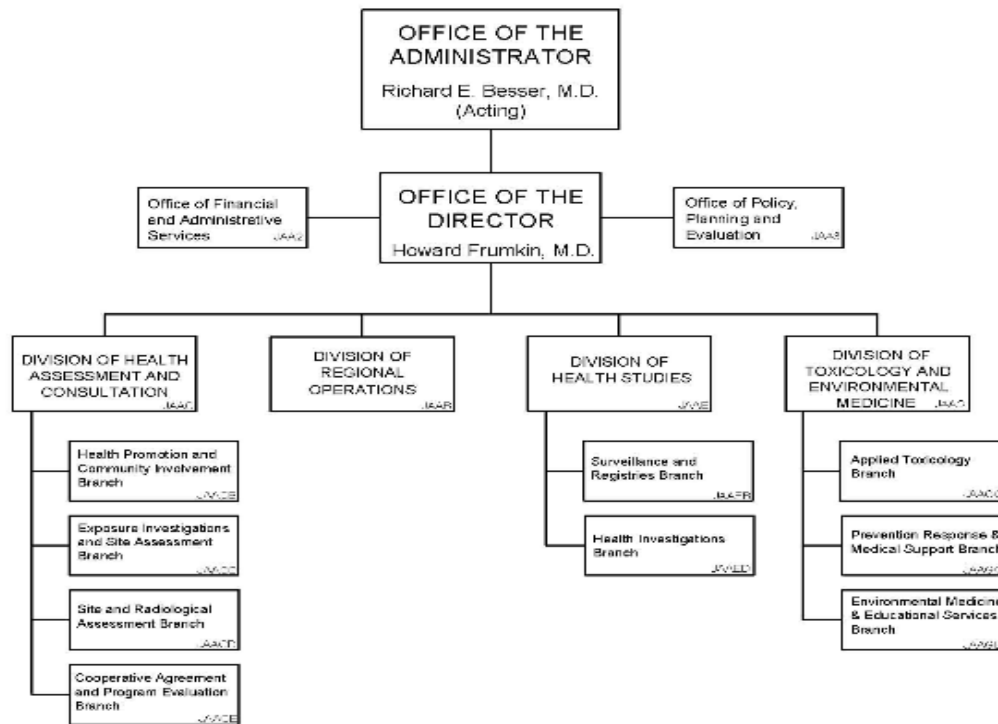
Agency for Toxic Substances and Disease Registry

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ORGANIZATIONAL CHART

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (J)**



APPROVED 4/2/2008

EXECUTIVE SUMMARY

INTRODUCTION AND MISSION

The Agency for Toxic Substances and Disease Registry (ATSDR) is the nation's public health agency for chemical safety. The agency's mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures and related disease.

The discovery of contamination in New York State's Love Canal during the 1970s first brought the problem of hazardous wastes to national attention. Similarly, the health threat from sudden chemical releases came into focus in December 1984, when a cloud of methyl isocyanate gas released from a Union Carbide facility in Bhopal, India, seriously injured or killed thousands of people.

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

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

Under its CERCLA mandate, ATSDR's work falls into four functional areas:

- Protecting the public from hazardous exposures;
- Increasing knowledge about toxic substances;
- Educating health care providers and the public about toxic chemicals; and
- Maintaining health registries.

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

BUDGET OVERVIEW

The FY 2010 President's Budget Request of \$76,792,000 for ATSDR, represents an increase of \$2,753,300 above the FY 2009 Omnibus. This reflects \$753,000 for pay increases and \$2,000,000 for non-pay increases. The FY 2010 funds will support public health activities to identify and evaluate exposures to hazardous substances and to take appropriate actions to prevent and mitigate future exposures.

ALL PURPOSE TABLE

	FY 2008 APPROPRIATIONS	FY 2009 OMNIBUS	FY 2009 RECOVERY ACT	FY 2010 PRESIDENT BUDGET
BA	\$74,039,000	\$74,039,000	\$0	\$76,792,000

BUDGET EXHIBITS

APPROPRIATION LANGUAGE

ATSDR

For necessary expenses for the Agency for Toxic Substances and Disease Registry (ATSDR) in carrying out activities set forth in sections 104(i) and 111(c)(4) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended; section 118(f) of the Superfund Amendments and Reauthorization Act of 1986 (SARA), as amended; and section 3019 of the Solid Waste Disposal Act, as amended, [\$74,039,000] \$76,792,000, of which up to \$1,000 [to] *per eligible employee of the Agency for Toxic Substances and Disease Registry shall remain available until expended [, is]* for Individual Learning Accounts [for full-time equivalent employees of the Agency for Toxic Substances and Disease Registry]: *Provided*, That notwithstanding any other provision of law, in lieu of performing a health assessment under section 104(i)(6) of CERCLA, the Administrator of ATSDR may conduct other appropriate health studies, evaluations, or activities, including, without limitation, biomedical testing, clinical evaluations, medical monitoring, and referral to accredited health care providers: *Provided further*, That in performing any such health assessment or health study, evaluation, or activity, the Administrator of ATSDR shall not be bound by the deadlines in section 104(i)(6)(A) of CERCLA: *Provided further*, That none of the funds appropriated under this heading shall be available for ATSDR to issue in excess of 40 toxicological profiles pursuant to section 104(i) of CERCLA during fiscal year [2009]2010, and existing profiles may be updated as necessary.

APPROPRIATIONS LANGUAGE ANALYSIS

PURCHASE AND LANGUAGE PROVISION	EXPLANATION
“... <i>per eligible employee of the Agency for Toxic Substances and Disease Registry shall...</i> ”	This language is consistent with CDC bill language.
[“...for full-time equivalent employees of the Agency for Toxic Substances and Disease Registry...”]	This language is inconsistent with CDC bill language.

AMOUNTS AVAILABLE FOR OBLIGATION

FY 2010 BUDGET SUBMISSION			
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY			
DISEASE, CONTROL, RESEARCH AND TRAINING			
AMOUNTS AVAILABLE FOR OBLIGATION ¹			
	FY 2008	FY 2009	FY 2010
	Actual	Estimate	Pres. Budget
General Fund Discretionary Appropriation:			
Annual	75,212,000	74,039,000	76,792,000
Rescission	(1,173,000)	-	-
Unobligated balance permanently reduced - Bulk Monovalent	-	-	-
Subtotal, adjusted Appropriation	74,039,000	74,039,000	76,792,000
Transfers to Other Accounts (Section 202 Transfer to CMS)	-	-	-
Transfers from Other Accounts (Office of the Secretary)	-	-	-
Transfers from Other Accounts (Department of State)	-	-	-
Subtotal, adjusted General Fund Discr. Appropriation	74,039,000	74,039,000	76,792,000
Receipts from CRADA	-	-	-
Recovery of prior year Obligations	-	-	-
Unobligated balance start of year	843,000	846,000	-
Unobligated balance expiring	(227,000)	-	-
Unobligated balance end of year	846,000	-	-
Total Obligations	75,501,000	74,885,000	76,792,000

¹ Excludes the following amounts for reimbursements: FY 2008 \$3,237,000; and FY 2009

SUMMARY OF CHANGES

FY 2010 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SUMMARY OF CHANGES (DOLLAR IN THOUSANDS)				
	2008 Enacted		Change from Base	
	FTE	Base Funding	FTE	Proposed Level
2010 Budget (Budget Authority)		Dollars		FTEs
		\$76,792		306
2009 Enacted (Budget Authority)		\$74,039		292
Net Change		\$2,753		14
Increases:				
Proram Increase	292	\$74,039	0	\$2,000
Pay Raise	N/A	\$753	0	\$753
Total Increases	292	\$74,792	0	\$2,753
Decreases:				
	N/A	\$0	---	\$0
Total Decreases	N/A	\$0	0	\$0
Built-In:				
1. January 2009 Pay Raise/Locality Pay	---	---	---	0
2. Annualization of FY 2008 Pay Increase	---	---	---	0
3. Changes in Day of Pay	---	---	---	0
4. Within-Grade Increases	---	---	---	569
5. Rental Payments to GSA and Others	---	---	---	149
6. Inflation Costs on Other Objects	---	---	---	252
Total Built-In	292	\$74,039	0	\$970
1. Absorption of Current Services			0	(\$970)
Total	N/A	N/A	0	(\$970)
Total, Increases (Budget Authority)	N/A	N/A	14	\$3,723
Total, Decreases (Budget Authority)	N/A	N/A	0	(\$970)
NET CHANGE - INTERIOR, ENVIRONMENT, AND RELATED AGENCIES BUDGET AUTHORITY	292	\$74,039	14	\$2,753

AUTHORIZING LEGISLATION

DOLLARS IN THOUSANDS	FY 2009 AMOUNT AUTHORIZED	FY 2009 OMNIBUS	FY 2010 AMOUNT AUTHORIZED	FY 2010 BUDGET
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY:				
ATSDR	INDEFINITE	\$74,039	INDEFINITE	\$76,792
<i>THE GREAT LAKES CRITICAL PROGRAMS ACT OF 1990, 33 U.S.C. § 1268 SECTION 104(i) OF THE COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT OF 1980 (CERCLA), AS AMENDED BY THE SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (SARA), 42 U.S.C § 9604(i) THE DEFENSE ENVIRONMENTAL RESTORATION PROGRAM, 10 U.S.C. § 2704 THE RESOURCE CONSERVATION AND RECOVERY ACT, AS AMENDED, 42 U.S.C § 321 ET SEQ. THE CLEAN AIR ACT, AS AMENDED, 42 U.S.C. § 7401 ET SEQ.</i>				

APPROPRIATIONS HISTORY

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

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

NARRATIVE BY ACTIVITY

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

	FY 2008 APPROPRIATIONS	FY 2009 OMNIBUS	FY 2009 RECOVERY ACT	FY 2010 PB	FY 2010 +/- FY 2009
Budget Authority	\$74,039,000	\$74,039,000	\$0	\$76,792,000	+\$2,753,000
FTEs	313	292	\$0	306	+ 14

AUTHORIZING LEGISLATION

The Great Lakes Critical Programs Act of 1990, 33 U.S.C. § 1268, Section 104(i) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), 42 U.S.C § 9604(i), The Defense Environmental Restoration Program, 10 U.S.C. § 2704, The Resource Conservation and Recovery Act, as amended, 42 U.S.C § 321 et seq, The Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.

FY 2009

Authorization.....Indefinite

Allocation

Methods.....Direct
Federal/Intramural; Competitive Grants/Cooperative Agreements; Contracts; Other

PROGRAM DESCRIPTION AND ACCOMPLISHMENTS

In 1980, the Agency for Toxic Substances and Disease Registry (ATSDR) was created by the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), also known as the Superfund Law. ATSDR’s purpose is to lead federal public health efforts at Superfund and other sites with known or potential toxic exposures. Its mission is to use the best science, take responsive action, and provide trustworthy health information to prevent and mitigate harmful exposures and related disease.

ATSDR shares common concerns with other federal agencies and institutes, such as the Environmental Protection Agency (EPA), the National Institute for Occupational Safety and Health (NIOSH), and the Chemical Safety and Hazard Investigation Board (CSHIB). What distinguishes ATSDR is its unique focus. In the area of toxic substances, other federal agencies’ efforts address substances in the environment and/or the workplace. ATSDR concentrates almost exclusively on the human health effects of substances. A non-regulatory agency, ATSDR often serves in an advisory capacity to other agencies, delivering authoritative scientific expertise on the human health effects of hazardous environmental exposures. ATSDR’s programs are also distinctive in their emphasis on both community involvement and environmental justice.

The ATSDR Cooperative Agreement Program helps the Agency accomplish its mission in communities nationwide. This extramural grant program funds 29 states and one tribal government to build their ability to assess and respond to site-specific issues involving human exposure to hazardous substances in the environment. The Agency’s partners use these funds to support approximately 100 environmental public health professionals who serve as front-line responders in site assessments, emergency spills, and community concerns. In addition, ATSDR maintains regional staff located in EPA regional offices around the country. This structure enables ATSDR to respond quickly to emergencies.

ATSDR is directed by Congressional mandate to perform specific activities concerning the effect on public health of hazardous substances in the environment. These activities generally fall into one of four functional areas:

- 1) Protecting the public from hazardous exposures – ATSDR applies its public health expertise to the task of identifying, preventing, and responding to exposures at hazardous waste sites. The Agency also leads the public health component of responses to acute or short-term releases of hazardous substances resulting from accidents, natural disasters, and terrorist events. An important feature of this work is respectful, culturally sensitive, inclusive engagement with communities. To accomplish this work, ATSDR assesses and evaluates exposures to hazardous substances and documents its findings through the following:
 - *Public Health Assessments (PHAs)* document findings from a review of information about hazardous substances found at a waste site. PHAs document scientists' evaluations of whether people living or working at the site or nearby may be exposed to harmful levels of these substances. These assessments may also contain recommendations for EPA or other agencies to take certain actions to protect public health, such as conducting blood tests for children, providing clean drinking water, or remediating a waste site. ATSDR conducts a PHA for each site proposed for the National Priorities List (NPL) and for other sites in response to petitions from communities.
 - *Exposure Investigations* are the scientific collection and analysis of data from biological tests and environmental sampling. ATSDR scientists use the results of these investigations to determine whether people have been exposed to hazardous substances.
 - *Health Consultations (HCs)* are a mechanism for ATSDR scientists to provide guidance on specific, health-related questions about hazardous wastes in communities. ATSDR scientists use health consultations to convey information and provide recommendations in a concise and focused manner.
 - *Technical Assistance* reports are mechanisms for ATSDR scientists to provide public health input to address specific requests from regulatory agencies, public health agencies, and the public, related to hazardous waste sites, chemical releases, hazardous chemicals, and related environmental public health issues. ATSDR scientists use technical assistance reports to provide timely information for requests that do not require an evaluation of data.
 - *Emergency Responses* are conducted by ATSDR scientists to provide immediate help to protect the public's health during emergencies. ATSDR provides resources, staff, and technical assistance when needed anywhere in the U.S.
- 2) Building the science base on toxic substances – ATSDR increases knowledge of the scientific community, decision-makers, and the general public regarding the human health effects from toxic substances by regularly reviewing existing scientific knowledge and synthesizing this work in a variety of state-of-the-art scientific publications. ATSDR also identifies information gaps and takes steps to fill these data gaps by encouraging research by others, conducting research, or sponsoring partners. Under this function, ATSDR's products and services include:
 - *Toxicological Profiles (ToxProfiles)* interpret, evaluate, and synthesize available data and possible health effects of hazardous substances found at NPL sites. To date, 302 toxicological profiles have been published or are under development. Of these,

289 profiles have been published as final, seven are being revised on the basis of public comments, and four are out for public comment. These profiles are regularly updated and are used by health and scientific professionals worldwide.

- *Toxicologic Research*, especially computational toxicology, provides rapid, cost-effective information on health effects of chemicals, especially useful in assessing emergency releases.
- *Collaboration in interagency research priorities* with EPA, NIOSH and the National Institute for Environmental Health Sciences (NIEHS). This Tri-Agency Superfund Applied Research Committee (TASARC) coordinates research related to filling priority data needs. ATSDR partners with industry via a voluntary research program to aid in the completion of research questions related to hazardous substances.
- *Health Studies* help determine whether exposures to hazardous substances can lead to increased risk for various health problems such as cancer, birth defects, auto-immune or neurological disorders, respiratory diseases, and other illnesses. ATSDR conducts its own health studies and supports others through agreements with state health departments and universities.
- *ATSDR's Hazardous Substances Emergency Events Surveillance (HSEES) System* is recognized as the only federal database collecting information on the public health impact of acute hazardous substance releases. In collaboration with 14 state agencies and the National Response Center, HSEES tracks and reports hazardous substances releases, enabling ATSDR and its partners to depict patterns of releases and plan for release prevention and response.

3) Educating health care providers and the public about toxic chemicals – ATSDR translates and communicates scientific information on the human health effects of exposures to toxic substances and provides education to community groups and health professionals on how to prevent or mitigate the health effects of toxic substance exposures. Education is provided directly to the public and local health care providers to meet local circumstances and nationally, via the Internet. ATSDR's products and services include:

- *Community Health Education Services*. ATSDR health educators and communication specialists provide information and promote adoption of protective behaviors or actions that individuals and/or communities can take to assess, control, or prevent exposure to hazardous substances in their environment.
 - ATSDR Community Environmental Health Education Presentations are 20-minute instructional presentations that can be used in face-to-face education with community groups to increase environmental health literacy. Community Environmental Health Education presentations are available in two versions: Community Environmental Health Instructional Presentation Kits, and Community Environmental Health Web Stream Presentations. Presentation kits consist of detailed scripts, PowerPoint slides, and learner support materials.
- *Community Involvement Services*. ATSDR health educators and communication specialists provide culturally appropriate messages and materials to enhance the ability of cooperative agreement partners, programs, and community organizations to reach out to affected communities at hazardous waste sites. Community Involvement products include risk communication training and presentations; community involvement training; needs assessments; focus group and community meeting facilitation; and tool kits with PowerPoint slides.

- *Basic Community Site Kit*. Tools that allow ATSDR site teams to have a more uniform and comprehensive approach to site work.
 - *Community Environmental Health Literacy Kit*. Tools designed to help community members analyze their situation and make decisions regarding environmental health concerns.
 - *Health Professional Education Services*. Enhances the environmental medicine capacity of physicians, nurses, and other professionals to prevent environmental exposures through patient counseling, to detect environmentally related illnesses, and to mitigate health effects through patient's treatment or referral to specialty care.
 - ATSDR Case Studies in Environmental Medicine (CSEM) are self-instructional, continuing-education primers designed to increase primary care providers' knowledge of hazardous substances and aid in the evaluation of patients potentially exposed to hazardous substances. Each CSEM comes with companion Patient Education and Care instruction sheets.
 - ATSDR Grand Rounds in Environmental Medicine (GREM) are 1-hour seminars and video Web streams designed for medical educators, health-care providers, and other professionals involved in environmental health. GREM can be used for face-to-face education and are available in two versions: 1) Instructional Presentation Kits, containing a detailed script, PowerPoint slides, learner support materials, Patient Education and Care Instruction sheets; and 2) Video recorded Web streamed presentations.
 - *ATSDR ToxGuides™* are quick reference pocket guides. Developed for field use, they provide information such as chemical and physical properties, sources of exposure, routes of exposure, minimal risk levels, children's health issues, and health effects from exposure. The ToxGuides™ also discuss how the substance might interact in the environment. ToxGuides™ are excerpted from the corresponding toxicological profiles.
 - *ToxFAQs™* provide a shortened, simple version of ATSDR's ToxProfiles™ and Public Health Statements. Each document provides answers to the most frequently asked questions (FAQs) about exposures to hazardous substances found around sites and the effects of these exposures on human health. The ToxFAQs™ and Public Health Statements have been translated into Spanish.
- 4) Maintaining registries – ATSDR maintains selected exposure registries that enumerate people with defined exposures to toxic substances, track them over time to understand associated health impacts, and provide health information to registrants as appropriate. Registries can help scientists understand the extent of exposures and provide data that can be used to demonstrate exposures and health outcomes. The *Rapid Response Registry (RRR)* instrument was developed and tested for data collection in a terrorism or emergency event of public health significance. The RRR is capable of responding to any size event and any type of agent (e.g., weapon of mass destruction, radiological dispersal device [RDD] and other radiological and nuclear, biological or chemical). ATSDR is currently maintaining two registries:
- *Tremolite Asbestos Registry* traces, locates, and tracks individuals affected by the tremolite asbestos mined in Libby, Montana.
 - *World Trade Center Registry* tracks long-term health effects among workers, residents, and school children who were most directly exposed to smoke, dust, and

debris resulting from the World Trade Center disaster. This registry is maintained in collaboration with the New York City Department of Health and Mental Hygiene.

Significant accomplishments:

The following are examples of recent ATSDR accomplishments at various sites across the nation:

Alaska

- Alaska health officials, funded through a cooperative agreement with ATSDR, took quick actions to protect the health of a high school rifle team from a community near Fairbanks. Teenagers from the rifle team were being exposed to unhealthy levels of lead while using the high school rifle range. An investigation by state health officials revealed that members of the rifle team were being exposed to lead dust because of poor ventilation and cleaning practices. Once discovered, health officials working with parents and school officials took actions that included working with the community to correct the problems and minimize the exposures of students and high school staff.

Pennsylvania

- The Pennsylvania Department of Health, an ATSDR Cooperative Agreement partner, identified potentially harmful levels of volatile organic compounds (VOCs) inside homes of 25 persons in Lancaster County, Pennsylvania. Groundwater under the affected homes was contaminated with chemicals used during the manufacturing process at the Berkley Products Company. As a result, vapors seeped into the homes through basements and foundations. State health department staff worked with local, state, and federal authorities to assist in the installation of home exhaust systems and to provide health education to health care providers and the community. These efforts helped to reduce and eliminate exposures of impacted residents, thereby preventing a number of possible adverse health effects.

Washington

- Making school grounds safe for students and visitors - School officials and families of the 354 students at Apple Valley Elementary School in Yakima, Washington, are now taking appropriate actions to reduce exposure to lead arsenate pesticides in their school yard playground. Through an ATSDR Cooperative Agreement, the Washington State Department of Health (DOH) found potentially harmful levels of arsenate pesticides on the school grounds. State health officials advised state regulatory and school officials on the actions needed to reduce the health threat posed by the contamination and coordinated with both groups as well as students and parents to provide information on ways to keep school yard playgrounds and children safe.

Ohio

- The Ohio Department of Health (ODH) in partnership with ATSDR, U.S. EPA, and the Public Health Departments of Dayton & Montgomery County took actions to protect the health of Dayton residents impacted by groundwater contamination from the Delphi facility. Investigations in this area identified 30 homes which had been impacted by the infiltration of chemical vapors from groundwater contaminants. Contaminant levels in the air within these homes posed a public health hazard and prompted actions by federal, state, and local health and environmental authorities to

work with homeowners and private industry to install vapor abatement systems (VAS) in the affected homes. To protect other residential areas from being impacted by the groundwater contamination, Delphi company representatives installed a large-scale soil vapor extraction system on their property.

Connecticut

- Investigations by ATSDR's cooperative partners in the Connecticut Department of Public Health identified arsenic contaminated soil that posed a hazard to children attending the "My School Daycare" in Hampton. The daycare was located at a former waste site, and although the site had been cleaned prior to the construction of the daycare facility, contaminant levels in the playground area had never been tested. Immediate actions were taken to minimize exposures at the daycare. Health officials also engaged the Daycare Licensing Program to evaluate daycares that may be located on or near industrial sites and developed a draft protocol for evaluating new daycares and daycares up for license renewal to ensure that children are not exposed to contaminants from past industrial use.

Libby, Montana Vermiculite Sites

- ATSDR, in collaboration with state health department partners, conducted evaluations of 28 sites that received asbestos-containing vermiculite from a mine in Libby, Montana. These 28 site evaluations focused on potential past, current, and future pathways of exposure to the asbestos associated with vermiculite from the Libby mine. Most of the processing facilities at these sites operated for different time periods in the past, during the 1920s to the early 1990s. The [Summary Report: Exposure to asbestos-containing vermiculite from Libby, Montana, at 28 processing sites in the United States](#) offers valuable information about facilities that exfoliated asbestos-containing vermiculite, identifies groups who experienced exposure to asbestos from these sites, and recommends re-evaluating existing data for former exfoliation sites where residual asbestos may be present. The report also proposes important public health activities to increase awareness about this type of asbestos exposure.

Wisconsin

- During the summer of 2008, ATSDR's cooperative agreement partners in the Wisconsin Division of Public Health (DPH) staff were involved with providing a comprehensive public health response to widespread flooding that has occurred in Southern Wisconsin. DPH personnel staffed the Wisconsin Emergency Operations Center; presented on and coordinated daily DPH conference calls for local public health departments (LPHDs); enlisted experts from other agencies to provide LPHDs with technical advice related to flooding that has public health implications; coordinated the testing of flood-impacted private wells; developed and disseminated public health information (minutes from interagency meetings, media releases, public health fact sheets, updated flood information on agency web sites, linking with other relevant information resources); and, provided technical advice on mosquito control and disease prevention, volunteer health and safety issues, flooded and failed septic systems, beach safety, and surface water contamination and safety.

PROGRAM ASSESSMENT RESULTS

When ATSDR was reassessed by the Office of Management and Budget (OMB) in 2007, the Agency achieved an “Effective” rating, the highest rating for federal programs. OMB cited ATSDR’s ability to demonstrate impact on the health of people living in communities exposed to toxic substances as strong attributes of the program.

Currently, CDC is undergoing an agency-wide process to achieve significant efficiencies through the Public Health Integrated Business Services High Performing Organization (PHIBS HPO). The PHIBS HPO was approved by OMB in March of 2007.

GOALS AND MEASURES

CDC implemented four overarching Health Protection Goals (described earlier in the Program Description and Accomplishments section) to ensure efficient and effective use of resources to achieve health impact. The following goals guide activities and performance, organize the Agency’s portfolio by priority to activities that have the greatest health impact and reduce health disparities, align the agency’s annual budget to the priorities, and demonstrate accountability. ATSDR’s actual performance results are reported in the Agency’s on-line performance appendix, www.hhs.gov/budget/docbudget.htm.

Efficiency Goal: Reduce the cost to deliver health findings and recommendations.

Measure: Reduce the average cost per site to deliver public health findings and recommendations to the public.

In the event of a known or suspected public health threat, the timeliness with which critical information is delivered to the public may greatly influence the speed with which site managers, public health agencies, and the American people can take protective actions. Toward this end, ATSDR is working to provide critical public health findings and recommendations to the public in the most expedient manner. Historical data demonstrate that ATSDR’s Health Consultations can be conducted in a fraction of the time (and therefore at less cost) required to conduct PHAs. In many cases, HCs are sufficient to provide the public with the information it needs; therefore, ATSDR is working to increase the proportion of sites that are addressed with HCs rather than PHAs, where appropriate.

Goal 1: Assess current and prevent future exposures to toxic substances and related human health effects.

Measure: Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA’s, state regulatory agencies’, or private industries’ acceptance of ATSDR’s recommendations at sites with documented exposures.

ATSDR responds to toxic substance releases when they occur or as they are discovered. One of the agency’s primary responsibilities during these events is to provide information and to recommend actions, from a public health perspective, to the agency or industry responsible for cleaning up the released toxins and/or mitigating the likelihood of future releases. Since ATSDR serves in an advisory capacity, with no regulatory or enforcement authority, the protection of the public’s health from toxic substance releases is dependent on the extent to which ATSDR’s recommendations are adopted by those entities that do have enforcement authority (e.g., EPA and state regulatory agencies), and private industries adhere to ATSDR’s recommendations and regulations. This measure reports the percentage of ATSDR’s public health and safety recommendations accepted by EPA, state regulatory agencies, and private

organizations. The annual results may fluctuate as decisions are made regarding pending adoption of ATSDR recommendations.

Goal 2: *Determine human health effects associated with exposures to priority hazardous substances.*

Measure 1: *Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health.*

A significant part of ATSDR's work is determining the relationship between human exposures to hazardous substances and health effects. As required by law, ATSDR prepares ToxProfiles™ for hazardous substances found at the NPL sites and upon request from the scientific community. This "Priority List of Hazardous Substances" is a catalog of the hazardous substances most commonly found at NPL facilities and those that pose significant potential threat to human health. Hazardous substances may be added or deleted from the NPL annually; therefore, each year there may be substances for which ToxProfiles™ must be developed.

To date, 302 Toxicological Profiles have been published, or are under development. Of these, 289 profiles have been published as final, seven are being revised on the basis of public comments, and four are out for public comment.

Each profile provides a comprehensive evaluation and interpretation of available scientific information on a substance. Because ToxProfiles™ are intended to be comprehensive in nature, when there are insufficient data to provide a complete picture of the health effects of a toxic substance, ATSDR identifies what data are needed and works to collect needed information to complete the profile. This measure tracks the number of identified data gaps that are resolved annually.

Measure 2: *Fill data needs for human health effects/risks relating to hazardous exposures.*

ATSDR works to determine the relationship between toxic exposures and disease through health studies, disease tracking, and surveillance activities. ATSDR's research findings 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.

This measure tracks the number of data needs (i.e., gaps in knowledge about effects from exposure to hazardous substances) that ATSDR fills through the completion of site-specific or broader research studies. A data need is a specific question posed by a community or other stakeholders at sites where ATSDR provides services. It may also be a question ATSDR seeks to answer under its research agenda.

Goal 3: *Mitigate the risks of human health effects from toxic exposures.*

Measure: *Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures.*

This outcome measure captures the impact of the agency on human health in communities where actual or potential exposures exist. The long-term measure tracks the percentage of sites where human health risks or effects have been mitigated. The measure compares documented human health risks or effects at the time of the initial site assessment to those after intervention, thus measuring the reduction in people's actual or potential exposures. Depending on the toxic substance(s) and route(s) of

exposure, the impact of interventions on human health can be measured through the following:

- Morbidity/Mortality rates that measure, for example, the reduction in childhood cancer or birth defects rates.
- Biomarkers, which signal the presence of toxic substances in the body, are used in cases where reliable and affordable tests are available.
- Environmental monitoring that measures reduction in environmental contaminants to levels below human health concern.
- Behavioral change that documents changes in behavior that prevent future exposures.

FUNDING HISTORY TABLE

FISCAL YEAR	AMOUNT
FY 2005	\$76,041,000
FY 2006	\$74,905,000
FY 2007	\$75,212,000
FY 2008	\$74,039,000
FY 2009	\$74,039,000

BUDGET REQUEST

CDC's FY 2010 request includes \$76,792,000 for ATSDR, an increase of \$2,753,000 above the FY 2009 Omnibus. This reflects \$753,000 for pay increases and \$2,000,000 to conduct epidemiologic studies of health conditions caused by non-occupational exposures to uranium released from past mining and milling operations on the Navajo Nation.

FY 2010 funds will support public health activities to identify and evaluate exposures to hazardous substances and to take appropriate actions to prevent and mitigate future exposures. Findings of these investigations will be documented through:

- Public health assessments of waste sites.
- Public health consultations concerning specific exposure scenarios and hazardous substances.
- Health surveillance and registries.
- Responses to emergency releases of hazardous substances.
- Applied research in support of public health assessment activities.
- Information development and dissemination.
- Education and training concerning exposure and hazardous substances.
- Support of approximately 30 cooperative agreement programs to states and other partners who work in concert with ATSDR to protect the public health of impacted communities.

Examples of ATSDR current and FY 2010 activities include the following:

- Brownfield Sites – Brownfield sites are defined as properties whose expansion, redevelopment, or reuse may be complicated by the presence of hazardous substances. Redevelopment is occurring nationwide, with approximately 450,000

sites being re-utilized. There are public health concerns regarding redevelopment of these properties. Engagement by local public health officials in land reuse decisions is limited because of the shortage of environmental public health staff at the municipal level. In order to optimize the participation of the available environmental health staff in redevelopment issues, ATSDR is developing a number of tools to help health officials prioritize which sites need their immediate attention. ATSDR has funded seven community-based health projects for land reuse and land redevelopment.

- Mercury Vapors – Synthetic gymnasium flooring and outdoor track surfaces installed in schools from the 1960s to the 1980s were formulated with polyurethane containing mercury. Over the past several years, ATSDR has addressed health concerns that mercury vapors may have been released from the flooring at levels that cause health effects. School-age children are the most likely receptor of these exposures. There is a high degree of variability in the mercury vapor concentrations released from the flooring. In order to be able to make generalized conclusions about why some floors are emitting unacceptable amounts of mercury vapor while others are not, ATSDR has analyzed the conditions of several school sites and will continue to monitor other schools to determine what conditions result in exposure risks to students.
- The 11 Pediatric Environmental Health Specialty Units (PEHSUs) are a source of medical information and advice on environmental conditions that influence children's health. PEHSUs are academically based, typically at university medical centers, and are located across the United States. These PEHSUs form a network that is capable of responding to requests for information throughout the U.S. and offering advice on prevention, diagnosis, management, and treatment of environmentally related health effects in children. The overall intent of the PEHSU program is to improve children's environmental health through medical consultation, health education, and specialty care referral.
- Evaluating Environmental Exposures – ATSDR funds the development of physiologically based pharmacokinetic models that will evaluate environmental exposures to a class of emerging environmental contaminants called perfluorochemicals (PFCs). These chemicals have documented endpoints for cancer and noncancer effects in rats, mice, rabbits, monkeys, and humans. However, numerous uncertainties, extreme species, and gender variability have slowed the understanding of the toxicological and public health issues surrounding PFCs. They are resistant to both physical and biological degradation, and very recent investigations have shown that the contaminants are persistent in humans, wildlife, and the environment world-wide. PFCs are widely used as water, stain, and grease repellants for food wrappings, carpet, furniture, and clothing. The completion of the project is expected to produce exposure evaluation tools that will have applications world-wide.
- Environmental Exposure to toluene diisocyanate (TDI) and Respiratory Effects – ATSDR is supporting the North Carolina Department of Health and Human Services in a study of environmental exposures to TDI and respiratory health effects, as some workers exposed to this chemical develop asthma. TDI is a chemical used in production of many products, including polyurethane foam (used for bedding, furniture, and automobiles), and floor coatings. The purposes of the study are to determine whether community members living near TDI sources (such as foam factories) have a higher proportion of residents reporting asthma-like symptoms than those living further away; whether community members living near TDI sources have

more antibodies to this chemical in their blood than people living further away; and, if air samples collected in communities near these facilities detect this chemical in the air more often than in communities further away.

- **Asbestos Exposure Review** – ATSDR is helping protect Americans from exposures to asbestos fibers and resulting health effects. Over 200 facilities around the country received and processed vermiculite ore from Libby, MT., which is known to have contained asbestos. ATSDR’s national Asbestos Exposure Review continues to investigate these sites and is helping local agencies educate those who may have been exposed to asbestos, particularly plant workers and their families, about preventing and coping with asbestos-related disease. ATSDR is also conducting the National Asbestos Health Project (NAHP) to identify persons with past radiographic or spirometry-related evidence of asbestos associated health conditions. To date, the NAHP has successfully screened former workers of the former Zonolite/W.R. Grace & Company site in Hamilton Township, NJ and their household members. In 2007, the NAHP conducted additional screenings at additional facilities in California, Arizona, and Minneapolis. A manuscript will also be developed detailing reported exposure and frequency of radiographic and spirometry-related abnormalities.
- **Tremolite Asbestos Registry (TAR)** – ATSDR implemented the registry in FY 2003 to include persons eligible for medical testing (e.g., chest x-rays and pulmonary function tests) as well as vermiculite workers and their household contacts. In cooperation with the Montana Department of Health and Human Services, ATSDR also invited participants in the Montana Asbestos Screening and Surveillance Activity (MASSA) to enroll in the TAR. To date, 83 percent of former workers and their household contacts in Libby, MT, have been located. Approximately 4,600 persons from the MASSA program and the first new screening site have been added to the TAR. The MASSA program ceased screening in September 2008 and, consequently, ATSDR is no longer actively enrolling registrants in the TAR. ATSDR is currently (Spring 2009) exploring options for restarting screening in Libby and TAR enrollment.
- **World Trade Center Health Registry** – Over 71,000 registrants in the World Trade Center Health Registry, launched in September 2003, will be interviewed periodically over the next 20 years to track the long-term health effects of exposure during the event. The first follow-up interviews were conducted in November 2006 and continued through 2008. Data collected from participants on health outcomes will be analyzed and reported in quarterly newsletters and peer reviewed publications.
- **Great Lakes Human Health Effects Research Program** – ATSDR’s Great Lakes program is designed to characterize exposure to toxic chemicals via fish consumption and investigate the potential for short- and long-term health outcomes from that exposure in vulnerable populations. The program has established cohorts of over 30,000 people, and identified sensitive human health endpoints. Research findings have established body burden levels of Persistent Toxic Substances (PTSs), (i.e., PCBs, methylmercury, dioxin, mirex, dieldrin and toxaphene) in the populations. Certain PTSs were eight times greater in sport fish consumers in comparison to background levels found in the general U.S. population. In working with partners in the Great Lakes region, these health findings were instrumental in the implementation of a uniform Great Lakes sport fish advisory used by all eight Great Lakes states. Because of these human health findings, ATSDR is working with the Great Lakes State Health Departments to develop culturally appropriate messages to help interdict future exposures to persistent toxic substances.

- Hazardous Substances Emergency Events Surveillance (HSEES) System – ATSDR’s HSEES System is the ongoing, systematic collection, analysis, and interpretation of information that describes the characteristics of acute uncontrolled and/or illegal releases of hazardous substances as well as the injuries and evacuations associated with such events. The system has critical uses both in public health and terrorism planning and response, and 14 states currently participate: Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, New Jersey, New York (Hinchey–D, NY), North Carolina, Oregon, Texas, Utah, Washington (Dicks–D, WA; Appropriations Chair), and Wisconsin (Obey–D, WI). The goal of HSEES is to reduce the injury and death that result from hazardous substances events, which are experienced by first responders, employees, and the general public. HSEES data and research have been used in numerous instances by states and their partners to forge new legislation and laws covering hazardous substances releases. For example, HSEES data and publications have been used in several states to develop laws regarding methamphetamine production in homes where children are present. Additionally, data was used in Minnesota to create a law to cease the selling of mercury thermometers. HSEES has also been cited as a preferred data collection method in several federal legislative bills.
- National Chemical Incidence Surveillance and Prevention Program - This initiative aligns with the Department of the Homeland Security Presidential Directives and fulfills the mandates of multiple federal agencies and is therefore proposed as a multi-agency initiative with multiple facets. In the U.S. there is no cohesive national system that actively tracks acute hazardous substance releases and subsequent public health impacts. Tracking these incidents will improve emergency response and preparedness planning for incidents as well as the development of prevention-based interventions to reduce the number of releases and their public health impact.
- Building the Nations’ Environmental Health Capacity - The ATSDR Cooperative Agreement Program provides funding to build the capacity of 29 states, and one tribal nation to evaluate environmental public health issues at toxic waste sites. Funding levels range from \$125,000 to \$750,000 per partner. This Program supports about 100 environmental public health professionals in state and tribal health departments. The primary goal of the ATSDR’s Cooperative Agreement Program is to provide training, guidance, and administrative support to each of the partners so that they can assess and respond to public health issues related to human exposure to hazardous substances. Another important goal is for funded programs to collaborate their site activities with communities, EPA, and other state and local agencies so that actions to stop exposure to hazardous materials can be implemented as quickly as possible. In 2008 ATSDR’s Cooperative Agreement Program evaluated over 300 sites and implemented activities to protect the health of impacted communities. The close collaboration between federal and state health agencies has greatly enhanced ATSDR’s ability to support the development and growth of the nation’s environmental public health capacity.
- Amyotrophic Lateral Sclerosis (ALS) - ATSDR, will begin working with several state health departments on establishing state-wide ALS registries to support a National ALS/MND (Motor Neuron Disease) registry. Also, ATSDR will be working with the the Kaiser Permanente Northwest and some other member sites of the HMO Center for Health Research (HMORN) on advancing and enhancing methods of ALS/MND cases’ ascertainment to support a national ALS/MND registry. Additionally,

ATSDR/DHS will work on maintaining the National ALS Registry web portal it is currently completing.

- Polycythemia Vera (PV) - ATSDR will implement projects to: 1) improve the reporting of PV to state-cancer registries, 2) educate and encourage doctors to use the appropriate diagnostic techniques when evaluating patients who may have this condition, and 3) continue evaluating the PV cluster in Pennsylvania to identify potential risk factors for this cancer.

OUTCOME TABLE

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
Long Term Objective: Reduce cost to deliver health findings and recommendations.				
17.E.1: Reduce the average cost per site to deliver public health findings and recommendations to the public. (<i>Efficiency</i>)	FY 2008: 15% (Target Not Met)	16%	17%	Maintain
Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
Long Term Objective: Assess current and prevent future exposures to toxic substances and related human health effects.				
17.1.1: Reduce exposures to toxic substances and mitigate the likelihood of future toxic exposures by increasing EPA's, state regulatory agencies', or private industries' acceptance of ATSDR's recommendations at sites with documented exposures. (<i>Outcome</i>)	FY 2008: 96% (Target Exceeded)	84%	85%	+1
Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
Long Term Objective: Mitigate the risks of human health effects from toxic exposures.				
17.3.1: Protect human health by preventing or mitigating human exposures to toxic substances or related health effects at sites with documented exposures. (<i>Outcome</i>)	FY 2008: 82% (Target Exceeded)	74%	74%	Maintain

OUTPUT TABLE

Key Outputs	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
Long-Term Objective 2: Determine human health effects associated with exposures to priority hazardous substances.				
17.2.1: Advance understanding of the relationship between human exposures to hazardous substances and adverse health effects by completing toxicological profiles for substances hazardous to human health. (Output)	FY 2008: 16 (Target Not Met)	18	18	Maintain
17.2.2: Fill data needs for human health effects/risks relating to hazardous exposures. (Output)	FY 2008: 35 (Target Not Met)	34	34	Maintain
Long Term Objective: Mitigate the risks of human health effects from toxic exposures.				
17.3.2: Provide services to mitigate the risks of health effects from exposure to hazards from disasters. (Output)	FY 2008: 100% (Target Met) (Deploy staff as requested to emergency events in a timely manner 100% of the time)	100%	100%	Maintain
Other Outputs: ¹				
1. Cooperative Agreements	FY 2008: 30	30	30	Maintain
2. Sites Evaluated/Chemical Release Responses	FY 2008: 590	500	500	Maintain
3. Public Health Assessments/Health Consults (includes chemical specific health consults)	FY 2008: 398	300	300	Maintain
4. Technical Assists ²	FY 2008: 1569	1400	1400	Maintain
5. Exposure Investigations	FY 2008: 9	9	9	Maintain
6. Emergency Responses and Exercises	FY 2008: 132	58	58	Maintain
7. Health Studies	FY 2008: 45	45	45	Maintain
8. Surveillance (# of states) and Registries (# of registries by exposure type)	FY 2008: 11	11	11	Maintain
9. Hazardous Substances Emergency Event Surveillance (states and events)	FY 2008: 14 states/ 10,316 events	14 states/ 8,062 events	5 states/ 8062 events ⁸	Maintain
10. Great lakes Research Projects (studies)	FY 2008: 4	4	4	Maintain

Key Outputs	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>11.</u> Minority health Professions Foundation (grants)	FY 2008: 5	2 ⁶	2	Maintain
<u>12.</u> Toxicological Profiles	FY 2008: 13	13	13	Maintain
<u>13.</u> Information Dissemination	FY 2008: 8,195,132 ⁷	8,400,000 ⁷	8,820,000 ⁷	+ 420,000
<u>14.</u> Pediatric Environmental health Specialty Units	FY 2008: 11	11 ⁵	11 ⁵	Maintain
<u>15.</u> Health Professionals Trained	FY 2008: 73,586	63,600	63,600	Maintain
<u>16.</u> Community Members Educated	FY 2008: 251,513	133,000	133,000	Maintain

¹ In FY 2005, outputs were reorganized into different categories. Information comprising FY 2004 outputs are not consistent with those reported in FY 2005 and beyond.

² FY 2007 actual represents Technical Assists which were ATSDR –specific. For FY 2007 and forward, Technical Assists are now accomplished among other CDC CIOs (CDC Information Center, the Director’s Emergency Operations Center, and the Office of Terrorism Preparedness and Emergency Response) and therefore not tabulated by ATSDR. Future target years have been adjust to reflect this change.

³ In FY 2007, the Great Lakes Human Health Effects Research (GLHHRP) program began its new cycle of competitive funding which resulted in funding 4 projects.

⁴ The outputs/outcomes are not necessarily reflective of all programmatic activities funded by the appropriated amount.

⁵ A new funding announcement is planned for release in FY 2009.

⁶ In FY 2009, the AMHPS program will change its approach to addressing minority health professions and will announce a funding opportunity announcement to fund 2 projects.

⁷ The 2008 target was not met because of the following circumstances. As a result, future targets have been changed. 1) When the Library MEO stood up in early 2008, the ATSDR/NCEH library was moved to NCPHI. Therefore, library-related statistics included in the past as part of information dissemination outputs could no longer be included in the 2008 result. CDC changed the date for the Library MEO to stand up several times without prior notice, so we had no way of determining when we would no longer include library-related statistics. 2) During 2008, ATSDR completed its transition to the CDC/ATSDR toll-free number (1-800-CDC-INFO) system. Calls that at one time came directly to ATSDR started going to CDC-INFO which is located in NCHM. Therefore, public inquiry statistics we included in the past did not exist in 2008 because those inquiries were handled by CDC-INFO. The transition was gradual, and we did not know when the transition would be completed. We had to wait until NCHM completed the transition to be able to give an updated set of targets. 3) In 2008, there was a change in statistics relates to the Web. Based on user-centered research conducted in 2007 and early 2008, ATSDR reconfigured the information architecture for the ATSDR Web site. This new information architecture resulted in smaller folders and fewer site files. Therefore, when we generated our statistics, we had a smaller number of folders and files to report about.

⁸ The target was lowered because CERELLA funding has not been received in order to support the sates in HSEES Surveillance activities

SUPPLEMENTAL MATERIAL

BUDGET AUTHORITY BY OBJECT

FY 2010 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY OBJECT CLASSIFICATION - DIRECT OBLIGATIONS (DOLLARS IN THOUSANDS)			
Object Class	FY 2009 Estimate	FY 2010 Estimate	FY 2010 +/- FY 2009
Personnel Compensation:			
Full-Time Permanent(11.1)	20,061	20,525	464
Other than Full-Time Permanent (11.3)	729	746	17
Other Personnel Comp. (11.5)	958	980	22
Military Personnel (11.7)	3,555	3,637	82
Special Personal Service Comp. (11.8)	0	0	0
Total Personnel Compensation	25,302	25,888	586
Civilian personnel Benefits (12.1)	5,750	5,883	133
Military Personnel Benefits (12.2)	1,471	1,506	34
Benefits to Former Personnel (13.0)	0	0	0
SubTotal Pay Costs	32,524	33,277	753
Travel (21.0)	1,100	1,150	50
Transportation of Things (22.0)	72	75	3
Rental Payments to GSA (23.1)	5,501	5,749	248
Rental Payments to Others (23.2)	23	24	1
Communications, Utilities, and Misc. Charges (23.3)	5,569	5,820	251
NTWK Use Data TRANSM SVC (23.8)	11	11	0
Printing and Reproduction (24.0)	87	91	4
Other Contractual Services:			
Advisory and Assistance Services (25.1)	1,441	1,506	65
Other Services (25.2)	9,445	9,871	426
Purchases from Government Accounts (25.3)	1,534	1,603	69
Operation and Maintenance of Facilities (25.4)	52	55	2
Research and Development Contracts (25.5)	1,737	1,816	78
Medical Services (25.6)	0	0	0
Operation and Maintenance of Equipment (25.7)	338	354	15
Subsistence and Support of Persons (25.8)	0	0	0
Consultants, other and misc (25.9)	121	126	5
Subtotal Other Contractual Services	14,668	15,329	661
Supplies and Materials (26.0)	491	513	22
Equipment (31.0)	566	591	26
Land and Structures (32.0)	0	0	0
Investments and Loans (33.0)	0	0	0
Grants, Subsidies, and Contributions (41.0)	13,427	14,161	734
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	41,515	43,516	2,000
Total Budget Authority	74,039	76,792	2,753

SALARIES AND EXPENSES

FY 2010 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY SALARIES AND EXPENSES (DOLLARS IN THOUSANDS)			
	FY 2009 Estimate	FY 2010 Estimate	FY 2010+/- FY 2009
Personnel Compensation:			
Full-Time Permanent(11.1)	\$20,061	\$20,525	\$464
Other than Full-Time Permanent (11.3)	\$729	\$746	\$17
Other Personnel Comp. (11.5)	\$958	\$980	\$22
Military Personnel (11.7)	\$3,555	\$3,637	\$82
Special Personal Service Comp. (11.8)	\$0	\$0	\$0
Total Personnel Compensation	\$25,302	\$25,888	\$586
Civilian personnel Benefits (12.1)	\$5,750	\$5,883	\$133
Military Personnel Benefits (12.2)	\$1,471	\$1,506	\$34
Benefits to Former Personnel (13.0)	\$0	\$0	\$0
SubTotal Pay Costs	\$32,524	\$33,277	\$753
Travel (21.0)	\$1,100	\$1,150	\$50
Transportation of Things (22.0)	\$72	\$75	\$3
Rental Payments to Others (23.2)	\$23	\$24	\$1
Communications, Utilities, and Misc. Charges (23.3)	\$5,569	\$5,820	\$251
Printing and Reproduction (24.0)	\$87	\$91	\$4
Other Contractual Services:			
Advisory and Assistance Services (25.1)	\$1,441	\$1,506	\$65
Other Services (25.2)	\$9,445	\$9,871	\$426
Purchases from Government Accounts (25.3)	\$1,534	\$1,603	\$69
Operation and Maintenance of Facilities (25.4)	\$52	\$55	\$2
Medical Services (25.6)	\$0	\$0	\$0
Operation and Maintenance of Equipment (25.7)	\$338	\$354	\$15
Subsistence and Support of Persons (25.8)	\$0	\$0	\$0
Subtotal Other Contractual Services	\$12,810	\$13,387	\$578
Supplies and Materials (26.0)	\$491	\$513	\$22
Subtotal Non-Pay Costs	\$20,152	\$21,061	\$909
Total Salary and Expense	\$52,675	\$54,337	\$1,662
Direct FTE¹	278	292	14

¹ This table reflects ATSDR Direct FTEs only.

DETAIL OF FULL TIME EQUIVALENT EMPLOYMENT (FTE)

**FY 2010 BUDGET SUBMISSION
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
DETAIL OF FULL-TIME EQUIVALENT EMPLOYMENT (FTE)**

	FY 2008 Actual	FY 2009 Estimate	FY 2010 Estimate
Agency for Toxic Substances and Disease Registry	313	292	306

DETAIL OF POSITIONS

FY 2010 BUDGET SUBMISSION AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY PROGRAM ADMINISTRATION DETAIL OF POSITIONS ²			
	FY 2008 Actual	FY 2009 Estimate	FY 2010 Estimate
Executive level I	-	-	-
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
<i>Subtotal</i>	-	-	-
Total-Executive Level Salary	-	-	-
<i>Total - SES</i>	-	-	-
Total - SES Salary	-	-	-
GS-15	12	12	12
GS-14	81	81	81
GS-13	71	71	71
GS-12	35	35	35
GS-11	11	11	11
GS-10	1	1	1
GS-9	14	14	14
GS-8	4	4	4
GS-7	13	13	13
GS-6	4	4	4
GS-5	0	0	0
GS-4	1	1	1
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
<i>Subtotal - GS</i>	247	247	247
Total - GS Salary	\$23,632,701	\$24,459,846	\$25,169,181
Average GS Grade	12.4	12.4	12.4
Average GS Salary	92,145	92,145	92,145
Average Special Pay Categories			
Average Comm. Corps Salary ¹	80,515	80,515	80,515
Average Wage Grade Salary	66,443	66,443	66,443

¹ Includes special pay and allowances.

² This table reflects "positions" not full-time equivalent(s) (FTEs)

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SIGNIFICANT ITEMS

SIGNIFICANT ITEMS IN APPROPRIATIONS REPORT HOUSE

**SIGNIFICANT ITEMS FOR INCLUSION IN
THE FY 2010 CONGRESSIONAL JUSTIFICATION
AND OPENING STATEMENTS
HOUSE REPORT NO. 110-xxx**

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

Item

Administrative Cost -- The Committee is aware that in recent years the Centers for Disease Control (CDC) has charged the Agency over 16 percent for administrative costs. This is more than double the amount assessed when Congress legislatively capped administrative expenses. Therefore, the Committee believes it is prudent to limit administrative costs paid to the CDC in an effort to maximize the programmatic resources available to the Agency. The Committee's action results in an additional \$2,915,000 for programmatic work above what the budget request assumed without an administrative cap. The Committee expects the Agency to use a portion of these funds to restore staff and contracts/grant support proposed for reduction in the President's budget. (Page 150)

Action taken or to be taken

In 2001, CDC commissioned a study to determine an appropriate formula for assessing administrative costs to its various Centers and Offices. When this formula was applied to the administrative support services for ATSDR, it was found that the costs well exceeded the legislatively capped administrative charges and were adjusted to represent these actual costs. CDC understands that changes in budget structure and organizational reorganization have rendered the administrative formula being used outdated. CDC is looking to re-commission a similar study to update the way it determines administrative costs, including for ATSDR. CDC and ATSDR management officials have been in discussions to identify a reasonable interim administrative charge until a new formula can be determined. It is necessary to ensure accurate administrative costs to prevent an augmentation of appropriations on either side. In FY 2009, the administrative charge to ATSDR was \$12 million. In FY 2010, the amount charged will be based on recommendations from the proposed study.

Item

Minority Health Professions Institutions -- The Committee encourages the Agency to continue to support the minority health professions community in its effort to eliminate environmental health disparities through education, research and capacity building under its cooperative agreement activities in fiscal year 2009. (Page 150)

Action taken or to be taken

ATSDR is committed to supporting the minority health professions community in its efforts to eliminate environmental health disparities. In 2009, ATSDR will announce a Funding Opportunity Announcement (FOA) which will be published on Grants.gov web site. Minority health institutions, both public and private entities, will be eligible to apply. The focus of the FOA will be training and research.