



## **CHEJ Unequal Response Unequal Protection** **Combined Meetings Notes – August 20 and September 10 2020**

Below are ideas and comments that highlighted our initial conversations. There was a general consensus that we should proceed with a conversation about developing a new public health response to environmental chemicals with input from communities. Most participants agreed that COVID-19 and the election season provide potential big opportunities for success. We are excited about moving forward to address this important issue.

### **What would the entity or agency we create look like?**

- What about creating a third-party group – **totally disconnected from any government agency** and have them work closely with community leaders and a selected policy group.
- If we establish an investigative team, it must be **outside of government**, citing conflicts that government has managing its own waste.
- I had many dealings with ATSDR. They came in and said yes, you have a problem and then walked away. **Maybe we need an independent agency.**
- Everyone on this call has experience with bad health studies, ATSDR/ universities and so on. **There are good people within some of the government agencies (NIEHS), but their hands are tied.** The need for a national multi-level campaign that will likely take years. The challenge is: how do we do this; how do we move that forward?

### **Three step proposal:**

- 1) Design the response we want (agencies, budget, authority, etc.);
  - 2) create a model for how a response would work;
  - 3) implement a trial in a volunteer community as a demonstration and for troubleshooting.
- Agree, it is multi leveled campaign and need to **involve unions and workers.**
  - ATSDR can do great work when they want to; this plan is a good idea but **we shouldn't try to kill ATSDR** because sometimes they do help people.
  - There are really good and detailed plans on how ATSDR is supposed to respond, and the problem is that no one follows them, but this would/could be a **template** to use.

### What are general considerations to keep in mind based on our experience?

- Our situation was different in that they came out and said yes, you could have been exposed and you could have been harmed. But there was **no follow-up after they said this and no guidelines** for where to go from there. And, it was afterwards so we couldn't protect ourselves. This is a great time for this campaign.
- Reminds me of an old study called Inconclusive by Design. Prevention is the ultimate goal including both acute and chronic problems. There is new science such as bio-markers. **We need to have conversations with scientists, but not forget the knowledge of our community people.** Children and workers are key to focus on.
- **The community needs to lead and control the data.** Remember government and universities work for us, and that's the way it should be. We need to be in control. Don't give anyone your voice.
- One big difference between infectious disease and a chemical exposure: **with a chemical exposure there's a responsible party**, and that's where all hell breaks loose.
- Cancer is a latent disease, so you don't have immediate symptoms like with infectious disease/food contamination, and this is a problem for detection and for proving to companies/governments what the cause is. We would also need **long-term follow up** that isn't necessary in infectious disease/food contamination.
- State and federal agencies (ATSDR in particular) have provided basically no help, even when they're alerted to problems.
- With COVID there's an **opportunity to pump money into public health infrastructure.**

### What are specific things we'd like to include?

- Chemical plants are next to communities. The fence line community is especially affected. There should be a perimeter around these places – **a radius of safety** – that limits future exposures. We need **a ring of field monitors** around our community.
- When a place is determined to be impacted, **air monitors** should go up immediately and testing should be on-going. Samples could be split.
- I live in Chemical Valley where there's 20 miles of chemical plants. Many of the plants have shut down and today there aren't many jobs. The natural gas fracking industry is

now moving in and bringing back air pollution problems. State needs to put **monitors** in that community.

- I live in Death Alley that use to be called Cancer Alley. The risks increase every day. That is right, it is unequal protection. One key thing is that we have to **stop more facilities from coming into Death Alley**
- Important that whatever we produce out his effort needs to be **culturally appropriate and language sensitive**
- Chemical exposure usually just looks at cancer risk, not **health effects more generally**.
- **At the state level there's a bias towards caring about population risk rather than level of exposure of individuals** (i.e., if single people/workers are heavily exposed no one cares as long as on average the risk to the community is low) so that will be a challenge.
- **Triggers** could be useful, but there wouldn't be a single kind that works for everything so there should be a capacity to respond that doesn't require a scientific line in the sand.