



CHEJ Unequal Response Unequal Protection Meeting Notes- September 24, 2020

Participants

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Goal of the meeting: Begin to determine an approach for addressing health impacts in communities exposed to toxic chemicals

Two fundamental questions we want to discuss:

- Is the chemical contamination in our community impacting our public health?
- What can be done to help address it?

Highlights from first 2 meetings:

- What would the agency we want look like?
 - Disconnected from gov; works closely with communities
 - Multilevel national campaign that will take years
 - Design the response we want
 - Create a model for what response we want
 - Run a trial in an impacted community
 - Involve union and workers.
 - Don't completely eliminate ATSDR; they do have some worthwhile guidelines.
- General considerations
 - ATSDR sometimes comes to communities and doesn't follow up.
 - ATSDR is reactive not proactive. Need to prevent chronic problems before the fact.
 - Need conversations between scientists AND community leaders.
 - Communities need to control their own data.
 - Difference between infectious disease and chemical exposure - chemical exposure has a responsible party.

- o Be mindful that cancer is a latent disease; becomes problematic when trying to prove cause and effect.
- o With COVID, there's an opportunity to put money into public health infrastructure.
- What do we need?
 - o Radius of safety around communities
 - o Should have testing immediately
 - o Monitoring fracking and air pollution
 - o Stop facilities from coming into death valley
 - o Whatever we generate should be culture sensitive
 - o Government has a bias toward evaluating population risk, not exposure at individual level
 - o One trigger is not likely to be applicable to every scenario
- A repeated theme in both meetings was concern about air emissions from large clusters of industrial plants: the failure to measure cumulative exposures; the need to monitor emissions and stop these places from growing and creating sacrifice zones. To address these concerns, CHEJ briefly shared information about another campaign that connects closely with this effort.

CHEJ's No More Sacrifice Zones Campaign

- Both campaigns organized around people suffering from pollution and corporate greed
- NMSZ: Prevent the sacrificing of families from chemical emissions
- Disproportionately found in minority and low-income communities
- Unification of people suffering from cancer and birth defects
- Share stories and build power to ultimately generate change
- Text messaging campaign: Way of reaching out to people across the country to generate political change
 - o Building campaigns from the ground up based on local fights
 - o Conversation between locals and government representatives

Sample Federal Health Model

- CDC has outreach response team that has specific protocol for responding to infectious disease that includes the following steps:
 - o Define the cause
 - o Generate a hypothesis about the source
 - o Hypothesis testing
 - o Find the source
 - o Control outbreak through recalls, facility improvements and industry collaboration
 - o Determine whether the outbreak is over.

Facilitated Conversation (Break out into small groups)

What's the problem	What can be done to address the problem
<ul style="list-style-type: none"> -They decide what we're testing for -Testing areas too small -Can't prove a direct cause to cancer -Reactionary protocols -Nobody listens to communities -Lack of trust between community and EPA -Only testing for one chemical at a time -Citizens doing majority of the research -Tests don't measure cumulative effects -Corporations have a head start in gathering information -Health Information outdated -Former legislators on board of responsible parties - conflict of interest -Communities can't afford to pay for the work of the experts -Permitting new plants/land uses -Safe distances undermined by local corruption -Acceptable levels of pollution are not acceptable -Politics and environmental response are intertwined -Neglected mental toll of contamination/ fighting for justice in communities -Testing geared to understand environment, not environment's impact on public health 	<ul style="list-style-type: none"> -Communities driving what the government tests for -Broader testing areas -Testing should be implemented as soon as carcinogens discovered -Proactive protocols -Don't involve local government - they're "dirty" and "compromised" -Need social workers or some other party to help facilitate communication -Unions have lawyers to challenge companies -Government should take on some of the research and be responsible for collecting data -Involvement of epidemiologists, doctors, and scientists -Need agencies apart from gov (i.e., independent testing) -Legislators pass laws that are protective -Assume that chemicals are dangerous until proven safe -Create new standard for "acceptable levels" of a chemical -Create incentives for companies to not neglect the environment -Community determines what health experts come in -Look at how global organizations are responding to chemical contamination

Remaining Questions

- Does the government have the same responsibility to protect people from contamination in the same way they ensure food safety / disaster management? If so, which level of government?
- Who in the community gets to decide what experts come in?
- What is the trigger to get the government to pay attention to local communities?
 - Permit application
 - Disease outbreak
- Who else should have a seat at the table?
 - Scientists – epidemiologists, doctors, researchers
 - Other organizers/grassroots groups
 - Academic groups
 - Grassroots groups

Next Meeting: Thursday October 15, 2020, 3 pm EST.