1	MEETING
2	OF THE
3	SCIENTIFIC REVIEW PANEL ON TOXIC AIR CONTAMINANTS
4	CALIFORNIA AIR RESOURCES BOARD
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10	EXTENSION CENTER UNIVERSITY OF CALIFORNIA, RIVERSIDE
11	1200 UNIVERSITY AVENUE RIVERSIDE, CALIFORNIA
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17	THURSDAY, APRIL 13, 2000
18	9:00 A.M.
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22	
23	REPORTED BY: Susan M. Kline,
24	

25 Our File No. 1-63045

1 APPEARANCES:

- 2 MEMBERS PRESENT:
- Dr. John Froines, Chairman 3
- Dr. Roger Atkinson
- 4 Dr. Paul Blanc
- Dr. Craig Byus Dr. Gary Friedman 5
- Dr. Hanspeter Witschi
- 6
- 7 MEMBERS PRESENT BY TELEPHONE:
- 8 Dr. Standon Glantz
- 9
- 10 REPRESENTING THE OFFICE OF ENVIRONMENTAL HEALTH HAZARD ASSESSMENT:
- 11
- Dr. George Alexeef, Deputy Director for Scientific Affairs Dr. Bob Blaisdell, Staff Toxicologist Dr. James Collins, Staff Toxicologist Dr. Melany Marty, Senior Toxicologist Dr. Andrew Salmon, Chief, Air Toxicology and Risk 12
- 13
- 14
- Assessment
- 15
- REPRESENTING THE DEPARTMENT OF PESTICIDE REGULATION: 16

Mr. Paul Gosselin, Assistant Director Dr. Andrew Rubin, Staff Toxicologist

- 18
- 19 REPRESENTING THE CALIFORNIA AIR RESOURCES BOARD:
- 20 Peter Venturini, Chief, Stationary Source Division
- 21
- 22 ALSO PRESENT:
- 23
- Dr. Elinor Fanning, Associate Toxicologist 24
- 25

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1		INDEX	
2	AGE	NDA ITEMS:	PAGE
3	1	Closed Session - Litigation	1
4	2	Review of Draft Report: Air Toxics Hot Spots Program Risk Assessment Guidelines,	6
5		Part IV: "Technical Support Document for Exposure Assessment and Stochastic Analysis"	
6	3	Review of addendum to Appendix A of the Air	26
7	5	Toxics Hot Spots Program Risk Assessment Guidelines, Part III: "Technical Support	20
8		Document for Noncancer Chronic Reference Exposure Levels"	
9	4	Consideration of findings based on the	46
10	-	report: "The Evaluation of Methyl Isothiocynate (MITC) as a Toxic Air	40
11		Contaminant"	
12	5	Toxic Air Contaminant Program Update	72
13	Ad	journment	116
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

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1 PROCEEDINGS 2 CHAIRMAN FROINES: So we will officially open the meeting of the Scientific Review Panel. 3 4 Stan, can you hear me? 5 DR. GLANTZ: It would be nice if they could 6 make it a little louder.

7 CHAIRMAN FROINES: We can hear you fine.

8 DR. GLANTZ: Now I can hear a lot of feedback, 9 but I can't hear you any better. So maybe they should 10 try again. CHAIRMAN FROINES: What I was saying for the 11 12 purpose of the record is that we will formally open the 13 public meeting of the Scientific Review Panel for 14 April 13, 2000. 15 And we are going to go immediately into a 16 closed session in order to discuss with counsel the litigation entitled California Trucking Association, 17 18 et al. versus California Air Resources Board, et al. 19 So that we've asked everyone, all the public, to leave the room. 20 21 So this is a closed meeting, and the only 22 person here is the -- only persons here are the Scientific Review Panel members, the court reporter and 23 24 Mr. Kirk Oliver, who is representing the Attorney 25 General's office with respect to the litigation.

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1 DR. BLANC: I move that we go into closed 2 session.

CHAIRMAN FROINES: So moved. 3 4 DR. BLANC: Is there a second? 5 DR. FRIEDMAN: Second. CHAIRMAN FROINES: All in favor? 6 7 (Show of hands.) 8 (Whereupon a recess was taken.) CHAIRMAN FROINES: We will officially reopen 9 the meeting. I should say that during the discussion 10 with the attorney from the Air Resources Board, Kirk 11 12 Oliver, that the panel members who were present were 13 Craig Byus, Roger Atkinson, Hanspeter Witschi, Paul Blanc, Gary Friedman and John Froines, and Stan Glantz 14 was on the telephone. There were no other persons 15 present in the room during those discussions. 16 So, Melanie, we're going to start with the next 17 -- with the Exposure Assessment and Stochastic 18 Guidelines. Stan has about 20 minutes before he has to 19 go off. Because he is leaving, he asks that we take 20 this up because he has been the lead for the panel on 21 22 this topic area. We know that in terms of discussing the issues, 23 any issues that might arise is going to take longer than 24 25 we're going to take up today. So I think we see this as

1	an introduction, any comments from Stan, and then we'll
2	basically move on.
3	DR. MARTY: Okay. Thanks.
4	Melanie Marty from OEHHA.
5	Today we're just going to give an overview of
6	the document
7	CHAIRMAN FROINES: Pull your microphone closer.
8	DR. GLANTZ: Yeah, and shout.
9	DR. MARTY: Is that better, Stan?
10	DR. GLANTZ: That's better.
11	DR. MARTY: Today we're going to talk about an
12	overview of the Air Toxics Hot Spots Program Risk
13	Assessment Guidelines, Part IV. It's the Technical
14	Support Document for Exposure Assessment and Stochastic
15	Analysis. And the presentation is going to be given by
16	Robert Blaisdell of my staff.
17	And essentially what we just wanted you guys
18	have actually already heard parts of this presentation,
19	but it's been a few years. It was prior to our response
20	to the public comments. So we gave the panel the latest
21	revisions, which include revisions made via the public
22	comment process and also some revisions made by
23	preliminary comments from the panel.
24	So, Bob, can you come on up?
24 25	So, Bob, can you come on up? CHAIRMAN FROINES: Stan, do you want to say
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25 1 2 3 4 5 6 7 8 9 10 11 12 13	CHAIRMAN FROINES: Stan, do you want to say 6 BARNEY, UNGERMANN & ASSOCIATES 1-888-326-5900 anything before this starts? DR. GLANTZ: Yeah, just because I may have to leave before they're done. As Melanie said, this document has been gestating for quite a long time. I have reviewed the draft that's being was distributed to the panel, and I think it's quite good now. And I've also reviewed all of the public comments and the response to the comments, and I think the staff did a good job. There were many changes made to the document in response to the comments that I thought were in part responsive. There were other comments that I thought were either not germane or not correct, and I think the

17 myself will find more things to pick at, because, you

18 know, different people have different areas of

19 expertise.

20 But overall, I think it's come quite a long 21 way, and this is actually one of the more impressive 22 things that's come out of the process now that I've been 23 on the panel. I think it's really going to be a seminal 24 document that's going to affect the way that people look 25 at the stochastic model.

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1 So at least as of right now I'm quite happy 2 with it. I mean, maybe Melanie has snuck something by 3 me that I missed. I guess I shouldn't say that. I was 4 joking. For the record, I was joking. But I'm quite 5 happy with it.

CHAIRMAN FROINES: I had one comment just to 6 mention before we start that really relates more to 7 8 George than the document. I think that at some point, 9 both with respect to the risk assessment and the exposure documents, that one of the issues will be as a 10 11 discussion of policy on how one takes stochastic 12 modeling and actually makes use of it beyond the risk 13 assessment process in terms of decision making on management. And I think OEHHA and ARB should hold a 14 workshop or conference on that issue. 15 And it goes beyond the scope of this panel, but 16 I think that one can generate thousands of numbers using 17 Monte Carlo modeling. And when you're all finished, you 18 19 may say we don't want to use a bright line, but somebody has to make decisions about what are the criteria you 20 use to then make decisions and using the data that's 21 22 generated. And so I think you should consider, George, 23

24 that at some point you hold a small meeting or workshop 25 to talk about the implications of this. We'll deal with

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1 the science, but let's look and see where does it go

2 from here once you've got it.

3 DR. GLANTZ: If I could just chime in on that,

4 I mean, I think that in the end, as part of the

5 regulatory process, you know, there is going to be a

6 number that somebody's going to have to come up with.

7 There will be a lot of hand ringing and concern and this

8 and that. But as a practical matter, there will be a

9 bright line.

I think that the thing which the stochastic
 modeling approach does, though, is it's going to give us
 a much better idea of not just the uncertainties in --

13 which I think we've already been dealing with reasonably

14 well, but the effect of population variability on where 15 that line should be.

16 And instead of just simply dealing with average 17 numbers, we're going to be able to take into account the

18 fact that there are some more and some less sensitive

19 people. So I think it will give rise to bright lines

20 that have a much more thorough rationale than, you know,

21 some of the older approaches to take.

I mean, I think that your suggestion is a good didea, John, but the way that I look at this is that it's

24 just giving us, you know, a much more quantitative

25 approach to realizing, when you do draw that line, who's

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being left out and who's being covered on a population
 basis.

3 So, I mean, I think it's a very useful process4 actually.

5 CHAIRMAN FROINES: Well, I was trying to be

6 very careful on what I said. That's why I said that the

7 issue for our a meeting or a workshop would be on

8 criteria of how you end up selecting what you end up

9 selecting.

10 DR. GLANTZ: Yeah, I agree.

11 CHAIRMAN FROINES: Okay. Sorry, Melanie.

12 DR. MARTY: Okay. Bob Blaisdell is --

13 DR. GLANTZ: I'm going to disappear in like

14 seven minutes.

CHAIRMAN FROINES: We'll note by your silence.
 DR. GLANTZ: Okay.

17 DR. BLAISDELL: I'm going to give a brief

18 overview of our Technical Support Document for Exposure

19 Assessment and Stochastic Analysis.

20 May I have the next slide, please?

21 OEHHA was mandated under SB-1731 to establish a

22 "likelihood of risk" approach to risk assessment and "to

23 estimate the maximum actual exposure."

24 May I have the next slide?

25 This outlines our general approach for

stochastic analysis. Stochastic analysis in our 1 2 document is confined to variability rather than uncertainty. The distributions recommended in the 3 document are derived by OEHHA from the raw data of 4 5 existing studies or obtained from the literature. The distributions are for major exposure 6 7 parameters and not for dose response. 8 The stochastic approach is recommended for 9 cancer risk only. 10 May I have the next slide? 11 Okay. In general, our General Approach to 12 Exposure Assessment is outlined on this slide. Risks 13 from airborne emissions from stationary facilities are 14 evaluated. 15 We mostly do the inhalation pathway for the -we mostly do the inhalation pathway because most of the 16 17 chemicals we're dealing with are volatile. 18 Noninhalation pathways are also evaluated for a few semi-volatile chemicals and metals. 19 20 The pathways that we evaluate include dermal, breast milk, and ingestion of water, produce, soil, 21 meat, milk and eggs. 22 23 May I have the next slide, please? 24 These are some of the general limitations of 25 Stochastic Risk Assessment that we've run into as we've

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1 prepared our document.

2 Data are available for estimating variability for some parameters. 3 Data that are available are short-term studies 4 5 that do not necessarily capture individual average intake over long periods of time. 6 7 Future research may provide more information to 8 develop distributions from longer-term studies. May I have the next slide? 9 10 Okay. We released our Exposure Assessment and Stochastic Analysis document for a 90-day comment period 11 in December of 1996. We presented an overview to the 12 Scientific Review Panel in March of 1997. We have 13 responded to public comments and incorporated changes 14 15 into the document. Next slide? 16

- 17 The 1996 Draft recommended evaluating three
- 18 exposure duration scenarios, 9, 30 and 70 years.
- 19 We have generated exposure distributions
- 20 corresponding to ages 0 to 9 and ages 0 to 70 in our new
- 21 draft.
- 22 We recommend the use of the 0-to-70-year
- 23 distribution for evaluating the 30-year exposure
- 24 duration.
- 25 May I have the next slide?

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1 DR. FRIEDMAN: Could you explain why that is, 2 why you're doing that? З DR. BLAISDELL: Well, it was essentially in the 4 interest of simplifying the document. It's a slight underestimation of the 30-year exposure, but it doesn't 5 underestimate it by much. 6 7 DR. GLANTZ: This is Stan. I actually have to go now. So have fun, guys. And I apologize, but I'm 8 getting a call now. 9 10 DR. BLAISDELL: I think you'll get a better picture of that as we proceed. 11 DR. GLANTZ: Bye-bye. 12 DR. BLANC: Bye. 13 14 DR. BLAISDELL: The nine-year exposure duration is for the first nine years of life and is therefore 15 protective of children. Children receive a higher dose 16 17 in terms of milligrams per kilogram body weight than do 18 adults. May I have the next slide? 19 OEHHA recommends a tiered approach in which a 20 21 point estimate approach is used before the stochastic 22 approach. The 1996 draft used USEPA RCCRA/CERCLA values 23 that reflect "central tendency" and "high end" for 24

25 exposure point estimates.

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Our revised draft recommends using point
 estimate exposure paramaters that are the mean and 95th
 percentiles from the available distributions.
 These values reflect more revent studies than
 the USEPA defaults and create an internally consistent

6 approach within our document.

7 Okay. I'm going to run through briefly the 8 derivation of our breathing rate distributions. This is 9 the Dose Algorithm for Inhalation, simply dose times breathing rate times the concentration in the air times 10 11 the unit conversion factor. 12 May I have the next slide? 13 The California Air Resources Board sponsored a 14 study of breathing rates at various lab and field 15 activities in children and adults. 16 Minute ventilation, heart rate and breathing 17 frequency were measured during various activities. 18 Okay. These minute ventilation rates were divided by each subject's body weight to give us 19 20 liters-per-minute per kilogram body weight. 21 We selected a mean breathing rate for specific activities to represent breathing rate at resting, 22 23 light, moderate, moderately heavy, and heavy activities. 24 Next slide? The California Air Resources Board also did two 25

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studies of activity patterns in adults, and we used 1 these to evaluate our activity patterns. That gave us 2 the minutes that we spent on various self-reported 3 4 activities. Individual reported activities are assigned a 5 resting, light, moderate, et cetera, breathing rate. 6 7 Next slide? 8 A distribution of breathing rates, daily breathing rates, are constructed from the sum of the 9 products of the liters-per-minute per kilogram body 10 weight times the minutes at that activity over a 24-hour 11 12 period for each individual in the activity patterns 13 study. 14 We did separate distributions for adults and children. 15 And we simulated a 70-year distribution using 16 Monte Carlo technique with crystal ball by 17 proportionately combining the children and adult 18 distributions. 19 Okay. This is the children's breathing rate 20 distribution that we came up with. You'll notice that 21 the 95th percentile is around twice the 5th percentile, 22 indicating this is a fairly narrow distribution. 23 24 For those of you that are used to thinking in 25 terms of meters per day, we have that on the right.

1 This is for an 18-kilogram person, which is the average 2 body weight over ages 0 to 9. З Next slide, please? 4 DR. BLANC: Average kilogram -- go back to that one second. Average, you mean the mean body weight over 5 that time? 6 7 DR. BLAISDELL: That's the average of the mean 8 body weights over the nine-year period. 9 DR. WITSCHI: Zero to one, two to three, three 10 to four. 11 DR. BLANC: And how linear would that weight be by year? Is it appropriate to use the mean? Or is 12 13 there a lot of time when the weight is most of the time 14 -- it's been a long time since I did pediatrics. And I'm trying to think about the growth curve, but it's not 15 linear, is it? 16 17 DR. BLAISDELL: No, it curves off. 18 DR. MARTY: I think what we've done here is just, for an example, to see how it works, if you 19 20 weighed 18 kilograms and you breathed at the mean of our 21 distribution, you would be breathing about 8.1 cubic 22 meters per day. 23 DR. BLANC: Okay. So it's not for -- okay. 24 I'm just trying to get a sense of whether it throws

25 things off in any other larger way.

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1 DR. MARTY: Well, yeah, I think your point's 2 well taken. What we see for some future work is to look at infants more closely. The activity pattern study and 3 the breathing rate studies -- the activity pattern study 4 had information for everybody from zero to I think 97 5 was the oldest person. But the breathing rate studies 6 which formed the basis for the breathing rates assigned 7 to the activities, the youngest child was three. 8 And what we've done is assumed that before the 9 age of three the breathing rates for light, moderate 10 11 heavy, et cetera, would be the same. It's probably not true for infants because they do breathe very rapidly 12 relative to an older child. So it's an area for future 13 14 study.

DR. BLANC: Okay.

- 16 DR. BLAISDELL: May I have the next slide,
- 17 please? 18 This is our adult breathing rate distribution. Again, a fairly narrow distribution. The 5th and 95th 19 20 percentile vary by a factor of two. We have the meters 21 per day for a 70-kilogram person, corresponding to an adult. So you can get some sense of where that fits in. 22 23 May I have the next slide, please? 24 Okay. This is the distribution that we
- simulated from the two distributions, proportionately 25

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combining the time spent as a child and the time spent as an adult. And as you can see, in terms of 2 3 liters-per-kilogram body weight, it falls in between the 4 adult and the children's breathing rate. And we've done the meters per day for a 5 63-kilogram person, which is the average body weight 6 7 over a 70-year lifetime. 8 May I have the next slide? We've received some comments on the use of 9 10 short-term data for breathing rate distribution. 11 Short-term surveys are all that are available right now. So we were curious to see if that -- if our breathing 12 rate distribution corresponded to the energy expenditure 13 literature, and we found in general that the energy 14 expenditure literature supported the range of our 15 breathing rate distribution. The details of that 16 17 analysis are in Appendix K. I'm going to talk just briefly about the Food 18 Consumption Distributions. We used raw data from the 19 "Continuing Survey of Food Intakes of Individuals" that 20 the USDA did. We developed distributions for chicken, 21 beef, pork, dairy and eggs; also, leafy, root, 22 protected, and exposed produce, all in terms of 23 24 grams-per-kilogram body weight per day. 25 May I have the next slide, please?

18

- 1 For the breast milk pathway, we developed data
- on the first year of life, and we developed a 2
- distribution of breast milk consumption for the first 3
- 4 year of life.
- 5 We combined data from the Dewey study and also

the Hofvander study to generate that distribution. 6 7 DR. BYUS: How do you determine how much breast 8 milk an infant consumes a day? 9 DR. BLAISDELL: Well, they actually weigh 10 them --11 DR. BYUS: Oh, they weigh them? DR. BLAISDELL: -- before and after feeding and 12 13 take into account --14 DR. MARTY: There's a little flow meter that you attach. 15 DR. BYUS: Yeah. 16 17 Do they really? 18 DR. BLAISDELL: Yes. 19 DR. BYUS: Okav. 20 DR. BLAISDELL: For our Water Consumption 21 Distribution, we utilized distributions generated by 22 Ershow and Cantor from the '77-78 National Food 23 Consumption Survey also conducted by the USDA. 24 We simulated the tap water consumption 25 distribution for ages 0 to 9 from the published 19 BARNEY, UNGERMANN & ASSOCIATES 1-888-326-5900

distributions of Ershow and Cantor.

1

Next slide? 2 3 For Fish Consumption, we used raw data from a study conducted in the Santa Monica Bay to further 4 characterize a fish consumption distribution. 5 The Fish Consumption Distribution accounts for 6 fish caught and consumed by fishers at a contaminated 7 water body, not commercially caught fish. 8 9 Data were not available for children so we used the same distribution in terms of 10 milligrams-per-kilogram body weight per day for ages 0 11 to 9, 0 to 30 and 0 to 70. 12 13 Oops, you're right. Next slide? 14 In summary, we have developed a stochastic approach using the best available distributions either 15 developed from data or already published in the 16 17 literature. We've developed a point estimate approach based 18 on the mean and a high-end, the 95th percentile, from 19 20 our distributions. We used a point estimate for exposure 21 parameters where inadequate data for characterizing data 22 for variability were available, such as for the soil 23 24 ingestion pathway.

25 Any questions?

1 CHAIRMAN FROINES: Is it fair to assume that most of the panel haven't spent a good amount of time 2 3 reading the actual document? 4 If that's the case, I think what we would do, unless people have specific questions that they've 5 developed either from your presentation or from looking 6 7 at the document, that we would defer further discussion 8 until the panel's actually had a chance to look at the document in a little bit greater detail. 9 10 DR. BLANC: John, just as a process question, 11 would we have the benefit of some draft written comments 12 from Stan in advance of the meeting, the next meeting, 13 that would allow us to look at the document ourselves in 14 light of his comments? 15 CHAIRMAN FROINES: We could ask him to do that. 16 DR. BLANC: Rather than coming to the meeting 17 and having him at the meeting raise the points that he might raise. And I guess my follow-up technical 18 19 question is are we then as a panel, is OEHHA looking to us for a brief resolution, saying that we have read and 20 accepted the document in the same way that we -- they're 21 22 not looking -- you're not looking for findings, per se, 23 simply a brief statement that we've read it and on the model that we used I think for the last one we had; is 24 25 that right?

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1 DR. MARTY: Yes. 2 CHAIRMAN FROINES: So we would take a vote to -- with some language we'd have to craft but basically 3 saying we've read it, we think it represents sound 4 scientific approach, and that would be pretty much it. 5 6 Is that --7 DR. MARTY: Yes. DR. ALEXEEF: George Alexeef from OEHHA. 8 9 And also any suggestions you have for improving 10 the document, that would be pretty much what we'd 11 request. CHAIRMAN FROINES: As a procedural matter, 12 Paul, we actually have in here -- if you'll notice, 13 14 there are responses to comments that they've received. So there is some information that would be useful. 15

20

- 16 We actually could divide the document into
- 17 pieces and have people look at individual pieces of it
- 18 and come in so that everybody doesn't have to read

19 everything. My sense is that's a little cumbersome and

- 20 it would be better if people took a look at the entire
- 21 document. But I think that's another option.
- 22 Comments on that?
- 23 DR. MARTY: Dr. Froines, I have one additional
- 24 piece of information. We had a 30-day public comment
- 25 period on this draft. We received one comment letter,

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1 and it was from one of the air pollution control 2 districts, with questions, clarification-type questions, on the air dispersion modeling piece. And we received 3 no other comments on this draft. 4 CHAIRMAN FROINES: Well, the point here 5 procedurally is that there are eleven chapters in this 6 7 document. Now, does the panel want to have everybody read eleven chapters or go over eleven chapters, or do 8 9 you want to divide them up in some form? DR. FRIEDMAN: I'd rather divide them up if it 10 makes sense to do that. In other words, can you -- can 11 each chapter be evaluated independently of having 12 13 carefully read other chapters? 14 DR. MARTY: I think everyone needs to read Chapter 1. Otherwise, the rest of -- you won't know why 15 16 we did what we did. 17 DR. FRIEDMAN: But after you've read 1, then each --18 19 DR. MARTY: Yes. 20 DR. FRIEDMAN: -- chapter can be looked at 21 independently? DR. MARTY: Yes. And there are appendices that 22 are cited within a chapter that go with that chapter so 23 you'd want to read those appendices too. 24 25 CHAIRMAN FROINES: And the chapters -- one

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1 chapter is on air dispersion modeling, and so Roger and

- 2 Tony would be clearly the two people who would read
- 3 that. After that, the -- there is no epidemiology

4 chapter. It's not by discipline.

5 So that we would -- using Gary as a foil here,

- 6 Gary might end up looking at water intake, fish
- 7 consumption and body weight. But that doesn't
- 8 necessarily bring his expertise to bear. And so once
- 9 you get past the first chapter on air dispersion, then
- 10 it's -- since it's not disciplinary driven, it's
- 11 basically taking responsibility for some of the other
- 12 chapters. And I think we could almost do that randomly.
- 13 What do you think?
- 14 DR. BYUS: Okay.
- 15 CHAIRMAN FROINES: Do you want me just to sit
- 16 down and send out some assignment with no prejudice
- 17 involved?
- 18 DR. ATKINSON: Surely.
- 19 CHAIRMAN FROINES: And if there's any area of
- 20 particular expertise that we can identify, we'll do
 21 that.
- 22 DR. MARTY: Dr. Froines, Appendix E would
- 23 probably benefit from review by Dr. Atkinson.
- 24 CHAIRMAN FROINES: So we'll get that to the
- 25 panel and -- is that reasonable?

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It's also useful -- even if people look at 1 individual chapters, it's useful to skim everything to 2 3 get a sense of the overall document. But I think 4 that --Melanie, do you agree that the individual 5 6 chapters in a sense can be read as a complete piece? DR. MARTY: Yes, they can be individually read 7 as a complete piece. But I also agree with the last 8 thing you said. To get really an overview of what it is 9 10 we're doing, everybody has to read Chapter 1, and it 11 would be nice to skim through a few other chapters just to see what else went on for those pathways. 12 13 CHAIRMAN FROINES: Our hope would be to move this one through pretty quickly. So as long as you're 14 still sitting there --15 DR. MARTY: Shall we do the chronic RELs? 16 CHAIRMAN FROINES: It's either that or --17 DR. MARTY: Yeah. 18 CHAIRMAN FROINES: -- bring up Paul Gosselin. 19 20 You might as well grab the spot when you've got it. And as far as I know, while they're getting 21 here, Paul has to leave at 2:00. 22 23 Is that correct? DR. BLANC: Earlier than that. I would say 24

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CHAIRMAN FROINES: One, two, three, four, five. Go ahead. DR. MARTY: Okay. We have a short presentation, just going over the changes that were made for the 16 Chronic Reference Exposure Levels that the panel was sent for review. These are chemicals that everyone's already seen. We had suggestions from the panel for changes to make. We've incorporated those suggestions, and we'd just like to briefly run those through a presentation. The presentation today is going to be given by Dr. Andy Salmon. DR. SALMON: Thank you. Well, I'll just start by reminding you what the document that you have in front of you is. I think you've got a --

16 17 CHAIRMAN FROINES: Excuse me, Andy. Do you have the handouts from --18

19 DR. SALMON: I'm afraid I don't have it. I've 20 only got a few slides, and we --

CHAIRMAN FROINES: Okay. Can we -- Jim or 21

22 Peter, can we make sure that we get the -- thank you.

23 DR. SALMON: What you I hope do have is the

stack of toxicity summaries and the table of the 24

25 numbers.

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1 Anyway, so this is a -- in fact a part and an 2 addition to the Appendix to the Technical Support 3 Document for Chronic Reference Exposure Levels. If I could have the next slide, please. Δ And this is the Part III determination. And 5 you saw the methodology section and the previous group 6 7 of chemicals just previously. If I could have the next slide. 8 And just for reference, I've included a 9 reminder of the definition of Reference Exposure Level. 10 Key point here is that it's meant to protect most 11 people, including sensitive individuals, although we're 12 13 unable to account for idiosyncratic responses. Therefore, exceedence of the REL does not 14

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15 necessarily result in the appearance of adverse health

16 consequences, although it may increase the probability

17 that such consequences might be seen.

18 If I could have the next slide, please. Could
19 you pull that down just a shade? Thank you.
20 The modifications which we've made basically in
21 response to your previous comments, and the first thing
22 that we have done is in fact reevaluated several of the
23 proposed RELs, which were based on USEPA RFCs. And to

24 -- rather than simply following the USEPA

25 recommendation, we've reevaluated these levels in

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accordance with our methodological guidelines. 1 2 And the first group of chemicals, the change 3 was essentially to drop the modifying factor from the uncertainty factors which USEPA uses on a number of 4 occasions but without particularly consistent rationale. 5 6 And it's not in fact included in our guidelines. 7 And so for the four compounds listed here, ethyl chloride, hydrogen cyanide, hydrogen sulfide, 8 9 manganese, this was the substantial change. 10 In the case of hydrogen sulfide, the other 11 uncertainty factors were slightly different than those 12 used by USEPA. But apart from the dropping the modifying factor, the other changes are not -- don't in 13 fact result in a substantial difference in the final 14 15 number. If I could have the next slide, please. 16 Some other changes which I will describe more 17 specifically, for hexane, we reevaluated the data, and 18 rather than using the earlier RfC result, which was 19 20 criticized by the panel on the grounds that the results in the key human study were somewhat questionable and 21 involved potentiating co-exposures, we in fact developed 22 23 a new REL, which is substantially higher, which was based on a one-year animal study with multiple exposure 24 25 levels and which clearly avoids the problem of the

28

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- 1 potentiating co-exposures.
- 2 In addition to the change I mentioned earlier

3 for hydrogen sulfide --

4 CHAIRMAN FROINES: I'm not sure I'd like to be

5	exposed to 7,000 micrograms per cubic meter of hexane.
6	It seems like going from 207,000 is a big jump.
7	DR. SALMON: It is a substantial change, yes.
8	DR. COLLINS: You're the key reviewer.
9	CHAIRMAN FROINES: I understand.
10	DR. SALMON: Essentially, we were following the
11	recommendation to look at the animal studies in
12	reference to the human study. And this is
13	DR. BLANC: In that particular case?
14	DR. SALMON: In this specific instance, because
15	of the problems with the human study. I and this is
16	the number that going with the animal studies comes out
17	with. If you have further specific direction on how we
18	should address this, then obviously we will
19	DR. BLANC: Can you just translate that into
20	parts per million? I'm going through the document.
21	DR. MARTY: It's 2 ppm.
22	DR. SALMON: Yeah, 2 parts per million.
23	DR. BLANC: Okay. And the current just for
24	order of magnitude, the current OSHA
25	DR. COLLINS: I think it's 50 ppm.

1	CHAIRMAN FROINES: 2 ppm?
2	DR. SALMON: 7,000 is 2 ppm, which is
3	standard
4	DR. BLANC: It's 7 milligrams per cubic meter.
5	CHAIRMAN FROINES: I stand corrected.
6	DR. BLANC: It just sounds worse when it's in
7	micrograms.
8	CHAIRMAN FROINES: No, that's exactly right.
9	I'm wrong. I'm wrong. It's okay.
10	DR. SALMON: Okay. Should I proceed with
11	hydrogen sulfide now?
12	Okay. If I could have the next slide, please.
13	One of the concerns which the panel directed us
14	to address at the previous consideration of hydrogen
15	sulfide was
16	Bob, could you pull that one up a bit so people
17	can see it? Thank you.
18	was the question of odor thresholds.
19	And what I have here actually is a summary of
20	some data from a paper which was published a while ago
21	which considered the issue not only of odor thresholds
22	in laboratory measurements but also what would be likely
23	to be detected and identified in a practical situation.
24	The odor threshold reported here for hydrogen

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laboratory odor thresholds which have been reported in 1 2 the literature, some of which are significantly below 3 this level but others significantly above. The authors also made the point that although 4 5 these thresholds represent levels which could be 6 distinguished and isolated in a controlled laboratory 7 situation that such evidence as they were able to find on the issue suggested that in a practical situation in 8 9 the outside world that odors which would be noticed 10 and/or found objectionable would be occurring at a 11 rather substantially higher level, something around 12 about 50 times higher, I think, isn't it? But at least 13 in order of magnitude higher as possible. But even taking a, you know, somewhat 14 15 statistical approach and looking at a lower bound on it, you would probably expect not to find people noticing 16 levels lower than about five times this 17 18 laboratory-determined threshold. Their report was about 40 parts per million as producing reports in the field 19 of noticeable and identifiable hydrogen sulfide odors. 20 Anyway, the conclusion which we drew from this 21 22 specifically as regards hydrogen sulfide was that our 23 health-based reference exposure level was likely to exclude all but the most extreme tale of the 24

25 distribution of practical nuisance finding in exposures

31

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1 outside in the general environment as opposed to

2 laboratory based detection.

However, it was also pointed out in this paper 3 that one of the key problems with nuisance complaints 4 5 involving hydrogen sulfide is that typically emissions of hydrogen sulfide are associated with emissions of 6 other chemicals, including several of the mercaptans, 7 which are similar in their objectionability from the 8 9 odor point of view but have a considerably lower odor threshold. 10 And it has been pointed out that many of the 11 complaints about odors associated with hydrogen sulfide 12 emission may well be complicated by the co-exposure to 13

14 other mercaptans, which are -- which have considerably

15	lower odor threshold. And this is something that is,
16	you know, a factor in this consideration of this issue.
17	If I could have the next slide, please.
18	DR. BLANC: Could we just close the loop on
19	that one?
20	DR. SALMON: By all means.
21	DR. BLANC: Therefore, just remind us therefore
22	we're not likely to have a REL which is so high that
23	people are going to be complaining of the odor and we
24	won't have achieved the REL? Was that the point?
25	DR. SALMON: The point was the point with

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1 regard to hydrogen sulfide is that it's unlikely that --2 if the REL is observed, it's unlikely that there will be 3 hydrogen sulfide related odor complaints. However, 4 we're not able to exclude by that mechanism the 5 possibility that there might be odor complaints 6 associated with co-exposure to some of these mercaptans 7 which often appear in the same emission stream. 8 DR. BLANC: But the reason why anyone would 9 care would be because if people were being irritated by the odor, you wouldn't want to be then turning around 10 and saying, well, yeah, but we have -- but it's not even 11 12 high enough to be the REL. That's the point of that 13 exercise; right? DR. SALMON: Yes. 14 15 DR. BLANC: Okay. I just wanted to make sure I 16 followed that. DR. SALMON: And I think Dr. Witschi pointed 17 out at the previous meeting that adverse odor experience 18 19 is itself of deleterious impact and so that we would not be comfortable with --20 21 DR. BLANC: Yes, yes. No, I think it's a 22 reasonable point. That's why I was trying to clarify that. 23 DR. SALMON: Okay. If I -- well, I'll proceed 24 25 to methanol.

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1 The methanol was basically a revision of the

2 methodology. We have made some comparisons of the

3 benchmark dose methodology, and our preference as

4 specified in the current version of the guidelines is

that the benchmark concentration BMC 05 is a better 5 6 basis for calculating the REL than the BMC 10, which was 7 used by USEPA RfC. So we're proposing that the REL be reduced to 8 9 4,000 micrograms per liter cubed, which is based on the 10 benchmark. This is the lower confidence found on the five-percent effective benchmark concentration plus the 11 12 appropriate uncertainty factors. 13 The fenol, the reexamination of the study led to a recommendation of that subchronic uncertainty 14 15 factor should be three and not one in this case. This 16 results in a change in the REL to 200 micrograms per meter cubed. 17 18 Next slide, please, Bob. 19 CHAIRMAN FROINES: Before you go ahead, on the sheet that I'm looking at, you have naphthalene, and 20 21 you're at nine micrograms per cubic meter for your REL. 22 Can you give me an estimate of the parts per billion? DR. SALMON: Yes, certainly. 23 24 DR. MARTY: It's two parts per billion. 25 DR. SALMON: Thank you.

34

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CHAIRMAN FROINES: It's two parts per billion? 1 2 What's the ambient level, Roger? DR. ATKINSON: Oh, it used to make it up to 3 about one. We've seen lower values than that but 4 5 certainly fairly close to a ppb would be expected or 6 anticipated. CHAIRMAN FROINES: In --7 DR. ATKINSON: Maximum. 8 9 CHAIRMAN FROINES: If you have the basis, how 10 about over here? DR. ATKINSON: The times when we had the 11 highest -- well, it was in summer about ten years ago 12 when we were measuring consistently about one ppb in 13 Azusa area. Here recently it's been lower by maybe up 14 to a factor of 10. But that's -- you know, and so much 15 16 depends on meteorology and just when you're doing the 17 measurements. CHAIRMAN FROINES: And if you added in the one 18 19 methyl, two methyl naphthalene --DR. ATKINSON: They would only kick it up by 20 maybe 20 percent, so not very much. Naphthalene totally 21 22 dominates over -- oh, not totally but dominates fairly well over one and two methyl naphthalenes. 23

CHAIRMAN FROINES: So we're --

25 DR. ATKINSON: But you're getting close to --

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1	you know, you could reach that in the atmosphere and
2	rotate inversion and close to an emission source.
3	DR. BLANC: Well, maybe that's appropriate
4	then.
5	CHAIRMAN FROINES: Well, it shows you this
6	number, this naphthalene number, is actually quite
7	important
8	DR. ATKINSON: Yeah.
9	CHAIRMAN FROINES: because you're right on
10	the border here with it. And for people like me who
11	think these things then become quinones and start all
12	surgent things
13	DR. BLANC: Can you leave your obsession for
14	just a few minutes and go on?
15	DR. ATKINSON: People who used to live in the
16	entomology museum here have been exposed to much higher
17	concentrations than that for a full lifetime.
18	DR. BYUS: Well, that's no recommendation.
19	DR. ATKINSON: No, I know. Maybe they were a
20	bit
21	CHAIRMAN FROINES: They were a survivor
22	population.
23	DR. ATKINSON: The few of them that were left.
24	DR. SALMON: Well, I think I could also
25	reemphasize the point I made at the beginning, that the

36

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1 REL is designed to be a concentration of which is a 2 reasonable expectation that there would be no adverse health consequences. It's not -- you know, it's 3 4 deliberately designed to be below the effect level 5 except in case of idiosyncratic responses. And obviously that's -- in the interest of protecting the 6 7 public health, that's the way we would want it to be. 8 CHAIRMAN FROINES: But later today, which I don't think we'll get to, but if we talk about -- if we 9 talk about priorities, one of the issues becomes the 10 11 two- and three-member ring pH's. Let's go ahead. 12

13 DR. SALMON: Styrene, the -- we in fact

14 originally had a USEPA RfC for styrene, which was based

15 on the NOAEL and uncertainty factor method.

16 There was some recent work on benchmark dose analysis of this study done by OEHHA which enabled us to 17 18 propose a revised REL using the BMC 05 method which I've 19 just referred to. And this in fact resulted in a very minor change in the proposed REL. But we feel it's a 20 21 methodologically sound derivation. 22 The toluene proposal is significantly modified from where it was before, primarily in methodological 23

24 terms. The original proposal was the USEPA RfC based on

I compt the of Iginal proposal has the optimite sabea o

25 an epidemiological study with a LOAEL derivable and

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somewhat fully quantified exposure. 1 2 The revised proposal actually uses as the primary key study an animal experiment. However, there 3 are a number of other supporting studies based on other 4 5 animal studies and also some supporting human studies. 6 And when we examined this set of data in its totality, we concluded firstly that all these studies were 7 8 indicating effect levels which, after correction for 9 exposure durations and inter-species comparisons and 10 things like that, were basically pointing at a somewhat similar level. 11 12 And secondly, we felt that the availability of the supporting human studies actually reduced the 13 overall uncertainty with which we were having to deal in 14 using the animal study as the primary basis. 15 So taking all these factors into consideration, 16 we came up with a revised REL of 300 micrograms per 17 meter cubed, which we feel represents a level expected 18 to be protective of the adverse effects, which are 19 primarily central nervous system based, of course, on 20 the basis of both the animal and the human studies. 21 22 May I have the next slide, please? CHAIRMAN FROINES: Andy, just one quick 23 question. 24

25 DR. SALMON: Yeah.

38

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1 CHAIRMAN FROINES: Have you gone through and 2 looked at how the numbers that you are developing here 3 -- how they may compare with any regulatory numbers 4 under Prop 65, and are --

5 DR. SALMON: We --6 CHAIRMAN FROINES: -- they consistent? 7 DR. SALMON: Are they consistent? Yeah, one of 8 the things that we actually do and which is described in 9 the text for toluene, we do review the toluene reproductive and developmental toxicity data. And this 10 REL as proposed would be protective of those effects 11 12 according to our methodology and --DR. COLLINS: The NSRL for toluene is 7,000 13 micrograms per day, and at 300 micrograms per cubic 14 15 meters times 400 liters out to 6,000. So quite similar. 16 CHAIRMAN FROINES: So would you -- based on this, would you then change that number to be 17 18 consistent? 19 DR. SALMON: No, I think the Proposition 65 process is relatively inflexible in terms of its -- the 20 21 way it calculates the numbers. So I don't know that we 22 have any discretion to change the way that they calculated their number. 23 24 CHAIRMAN FROINES: Oh, that's right. Because

25 in the past --

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1 DR. SALMON: But I think what they're saying, as far as any practical consideration is concerned, we 2 are consistent with that. And we're not -- that was a 3 point which we were at pains to establish when we were 4 considering the overall toxicity situation here. 5 Well, that's the end of the individual 6 7 compounds discussions. I'll finish at this point unless you need to ask me any further questions. 8 CHAIRMAN FROINES: Does the panel have further 9 questions or queries on these chemicals? 10 DR. BLANC: Just a process question. Did you 11 12 find that the way we did it was as useful as it could have been for you, or did we just make your life 13 miserable or --14 15 DR. COLLINS: Do we have counsel here? DR. BLANC: Yeah, because if we're going to go 16 forward and then reiterate this work in progress with 17 18 this next batch --DR. COLLINS: I'd like to speak to that because 19 I do the crunch work, and I found it very helpful. It 20 made us put in more comparisons, to put actual data in, 21 22 to go check federal references for some of the physical chemical stuff. So I think it was helpful. 23

25 comments we got were really good and improved the

40

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document tremendously. I think some of the pain was 1 2 more coming here to the panel and not knowing yet what your concerns were, making it difficult to address them 3 on the spot. That's a little painful sometimes. 4 5 But the only other way to do it that I see is 6 to have the panel members who are assigned to chemicals 7 write out comments and submit them to OEHHA. I don't 8 know if that's something that you would be willing to do 9 or had the time to do or if it makes sense to do it that 10 way. That's --11 DR. SALMON: We're very happy to accept any 12 comments on that basis. 13 CHAIRMAN FROINES: Well, we have assigned - and 14 everybody in the room has forgotten what they've been 15 assigned to - the next group of 40 chemicals, if that's 16 the right number. 17 DR. BLANC: Have we? CHAIRMAN FROINES: Yup. 18 DR. BLANC: Well, I don't -- not only do I not 19 remember which ones they were, but I don't remember the 20 21 next group. CHAIRMAN FROINES: Have they got them? 22 Oh, no. The good news is you haven't got them. 23 24 The bad news is we've done it. DR. BLANC: You know, in the ideal world, what 25

41

1	you say is correct, that it would probably be useful if
2	we supplied written comments.
3	But I can tell you that from a practical point
4	of view, as long as you feel comfortable enough with
5	sort of doing, you know, the live-TV version rather than
6	the pretaped broadcast, it's easier, I think at least
7	for me, speaking personally, it's easier to do it the
8	way we did it.
9	And I'll always sort of give you my scribbled
10	notes, but I would actuall to provide something
11	coherent, I would have to sit down and word process
12	something and
13	DR. MARTY: Right.

14 DR. SALMON: I think if there were any, you

15 know, specific major concerns that the panel member had,

16 obviously, we'd be very pleased to hear about them as

17 soon as possible, even by -- you know, even verbally, if 18 that's permissible.

DR. BLANC: Well, what I would say is that if
-- if reviewing chemicals, I say, you know, there's -you know, John Smith studies cited here, rather than
just come here and say John Smith study, I'll at least

23 bring you the abstract citation that I can hand to you 24 at the time.

25 And similarly, I would suggest that if people

42

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-- and people have done this already, is that -- you 1 know, this doesn't sound right for the boiling 2 temperature for, you know, whatever, that if you have a 3 Merck manual, you can just bring it in at the time. So 4 we're not talking off the top of our heads, but if we 5 don't have to prepare formal written reviews, I would --6 7 CHAIRMAN FROINES: Well, is the compromise in this that the panel members know which chemicals they 8 have; they receive the information on the chemical; if 9 they were -- Paul may not do it, but Gary may or what 10 11 have you. Some may submit written comments or 12 communicate with you somehow. Otherwise, we'll continue it. I think that's the compromise. 13 14 I think that the -- I think it's nice of you to 15 say that the process worked well. But as we all know, without making it too explicit, this has been a very 16 slow process too. And so that if there's a way in which 17 we could speed it up, I think we would all benefit. 18 19 Because, you know, you're in this position about saying, oh, my God, here come those 40 chemicals again and again 20 and again. But we want to do a thorough 21 job too. So any suggestions that would work. 22 I frankly think it would be better if people 23 did take the time to send you comments, but practical 24

25 limitations may prevent it.

43

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1 DR. ATKINSON: I have some minor comments just 2 on the chemical properties and the usage stuff. I've 3 got them written down so I'll just hand them to you.

4	DR. SALMON: Thank you.
5	CHAIRMAN FROINES: Do we need a motion then to
6	formally accept?
7	DR. COLLINS: We did last time.
8	CHAIRMAN FROINES: We did? So we've done it.
9	Jim, do you we have Jim says that we had
10	an acceptance resolution at the last meeting. So we
11	don't need to do anything because we're really cleaning
12	up loose ends at this one.
13	DR. MARTY: I think the last meeting, though,
14	it was the methodology plus the first 22 chemicals, and
15	this meeting it's 16 more. So we may want to make that
16	clear.
17	DR. BLANC: That does confuse me. The 16 more
18	ones that we did discuss?
19	DR. MARTY: Correct.
20	DR. BLANC: But there were 20 or so that we
21	already grandfathered in or were done?
22	DR. MARTY: We couldn't keep up with getting
23	all of them to you the last meeting in February.
24	DR. BLANC: Right.

25 DR. MARTY: So we just brought some of them

44

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1 back to you, and the rest of them that you've already looked at, these are the rest of the ones you've already 2 3 looked at. 4 DR. BLANC: Okay. CHAIRMAN FROINES: So we need a motion to 5 accept these chemicals. 6 7 DR. BLANC: I move that we accept the modified 8 document as presented. 9 DR. ATKINSON: Second. 10 CHAIRMAN FROINES: All in favor? 11 DR. BLANC: Aye. DR. BYUS: Aye. 12 (Show of hands.) 13 14 CHAIRMAN FROINES: Unanimous. Thank you. DR. MARTY: Thank you. 15 DR. COLLINS: Thank you. 16 17 CHAIRMAN FROINES: It's quarter to 12:00. We have a couple of constraints. One, we have Paul leaving 18 at 1:30. We can go on now to the issue of MITC, or we 19 20 can break for lunch. DR. BLANC: How about if we took a ten-minute 21 22 break and then started with MITC and, if it seems as if

23 $\,$ it's going to drag on forever, then we took a lunch

24 break?

25 CHAIRMAN FROINES: The panel -- members of the

45

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1	panel should think, because if we want to run through
2	and go as far as we can go until 1:30 without taking a
3	lunch break and then stop the meeting and then have a
4	lunch break after that
5	DR. FRIEDMAN: Is there food here that we could
6	bring back and eat while we're meeting?
7	CHAIRMAN FROINES: I think so. He says there's
8	a cafe.
9	DR. BYUS: There's a cafe.
10	CHAIRMAN FROINES: So if we took a break and
11	brought food back, we could be meeting while we
12	DR. BLANC: How about a 15-minute break right
13	now?
14	CHAIRMAN FROINES: Fifteen-minute break right
15	now with a potential to bring some food back, is that
16	acceptable to everybody?
17	(Whereupon a lunch recess was taken.)
18	CHAIRMAN FROINES: Paul, you want to Elinor?
19	Andy?
20	Let me review for the panel where we are as I
21	understand it. At the last meeting, the panel voted for
22	a resolution that Paul Blanc presented which approved
23	the documents for MITC. The title of that resolution
24	was that, "The Panel Approves the Documents for
25	Metam-Sodium and Breakdown Products." And that was a

46

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1 point of departure because the document had been labeled as MITC. But the discussion during the day focused on 2 3 the role of metam -- MITC vis-a-vis MI -- MITC. 4 So then, as we normally do, we went off to develop the Scientific Review Panel's findings. And as 5 we've done in the past, the lead agency develops a draft 6 7 for the panel, which we then modify as we so choose and then take it to the panel for final approval. 8 9 So Andy was nice enough to put together a draft 10 document for us. And then Elinor and I took a look at it, and Roger Atkinson and Peter Witschi looked at it. 11

12 And one of the things to say at the outset is

13 that I think that the only prior panel findings that DPR

14 really had to work from in terms of drafting something

15 may have been diesel or lead or some documents from the

16 past which were unique more or less unto themselves.

17 They weren't our usual, pardon the expression,

18 run-of-the-mill findings.

So what Andy did was to prepare what is
 essentially a very long document. And that's okay

21 because you can always take a long document and tighten

22 $\;$ it up. It became -- it looked a little bit too much

23 like another executive summary of the overall document.

24 I don't mean that as a criticism. I mean it's just that

25 it needed to be tightened up.

47

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1 So having gotten a draft from them, what we did was to ask Elinor to then develop a draft for us that 2 3 could go to the panel. And she did that. 4 So what you have before you, what you received, 5 is Elinor's preliminary draft. And she did it in a very short period of time. So she and I recognized that it 6 7 wasn't going to be a final document for the panel to 8 approve today. But it was a first step, and we will approve a document that will be completed at the next 9 10 meeting. 11 And so that's a little bit of the history. During the course of all this, I went back and looked 12 over the exposure assessment in the original report 13 based on what I read from Andy, because in Andy's 14 document I had some trouble figuring out what was --15 what actually had happened in terms of some of the 16 averaging relative to the exposure. 17 And so it was clear to me from the draft 18 findings that there were some exposure issues that were 19 problematic. I then went back and looked at the 20 21 original document and realized that there are some -some issues of consequence. 22 23 So at this point what I'd like to do is to 24 propose that we discuss this document to the degree that people have had a chance to read it; that Elinor and I 25

48

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1 and the leads, Peter and Roger, can go back and develop

2 a more complete document that will sort out some of the

- 3 exposure issues and try and bring a more final document
- 4 to the panel and so that we can improve the metam-sodium

5 MITC document at the next meeting. So that's my

6 proposal for the procedure.

7 I think that there are issues about exposure 8 that we will not take up when we take up the findings but we'll take up in a subsequent meeting, we hope maybe 9 in July, which begins to look -- take the findings from 10 11 our workshop and discuss some issues of exposure assessment more thoroughly further. 12 And my view is that there are issues -- in 13 14 looking at exposure assessment, I would say there are 15 three issues that we need to focus some effort on. One is the issue of the representativeness of the samples 16 17 that are collected. Often we find ourselves drawing 18 major conclusions about a document from samples but in which we haven't had any -- we haven't had discussions 19 20 in the document about the representativeness of those 21 samples. 22 Secondly, we haven't looked very effectively, I 23 think, at distributional issues, that is, issues of

24 variability, and we haven't addressed as fully as we

25 might issues of uncertainty.

49

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1 And so representativeness, variability and uncertainty are sort of the key words that seem to me to 2 be issues that we can take up. And this has to do not 3 with MITC, this has to do with all the things that we 4 are talking about in the future. 5 So those are the issues I think that we need to 6 take up at a meeting. So that we're talking about two 7 8 meetings, one in which we finalize the MITC document and a subsequent meeting in which we talk about some of the 9 -- which is basically a follow-up discussion to our 10 11 workshop and findings on exposure. Now, having said that, we've created a slight 12 13 contradiction. We're saying that there are some issues 14 that are not adequately dealt with in the document. However, I do think that Paul's motion was correct and 15 we shouldn't go back on it because I think what happened 16 is we recognized that the exposure data that was in the 17 document does indicate that the exposures that occur are 18 sufficient to meet the criteria to recommend the 19 compounds as toxic air contaminants. 20 So that the fundamental decision hasn't been 21 called into question. It's more how we look at exposure 22

23 issues rather than that there's any fundamental problem.

24 So that, as far as I'm concerned, we can go

25 forward with the documents as they are because we have

50

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1	met the basic criteria that we would normally use to
2	make a resolution and bring it to closure.
3	And so I think that what Paul suggested last
4	time, the resolution that we voted on, is still
5	consistent and we can go forward and correct these
6	problems. And some of them some of the things are
7	not problems. They're larger issues which I think will
8	have implications well beyond MITC and will be a matter
9	of some interest intellectually and scientifically.
10	So that's where we are. Is that all clear?
11	Did I say that clearly?
12	DR. BLANC: Well, the only thing that was
13	slightly confusing in what you said was when you used
14	the word "document," you were referring to the findings,
15	not "the document" referring to the whatever the
16	correct technical term is for the original report.
17	We've already approved the report, but what we still
18	have not yet approved is the language of the findings.
19	CHAIRMAN FROINES: Findings.
20	DR. BLANC: So when you say we'll approve the
21	document at our next meeting, we'll approve the written
22	form of the findings; is that correct?
23	CHAIRMAN FROINES: That's correct.
24	DR. BLANC: Just to clarify.
25	CHAIRMAN FROINES: We have what I'm saying
	51

1	is we have approved the report, and I don't propose that
2	we go back to that issue.
3	DR. BLANC: Right, right.
4	CHAIRMAN FROINES: We haven't approved the
5	findings.
6	DR. BLANC: Right.
7	CHAIRMAN FROINES: And I'm saying at the next
8	meeting we will go back to that issue.
9	DR. BLANC: Right.
10	DR. FRIEDMAN: Do you want us to comment on it?
11	CHAIRMAN FROINES: Yes. Yes, so that the
12	what I think we should do is to get as many comments as

13	we can right now and then because that will be very
14	valuable in terms of completing the thing.
15	And I think the one as you notice, the part
16	that's most missing in here is the exposure so
17	DR. FRIEDMAN: Well, I had a few suggestions.
18	Item 22, you go into the carcinogenicity
19	studies toward the end, and then you say, "When
20	combined, the incidence rate at the high dose achieved
21	statistical significance with respect to
22	controls DPR concluded that these findings do
23	not provide sufficient evidence to conclude that MITC is

24 an animal carcinogen"

25 And I just -- in reading this, when I read

52

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1 this, it sounded like there was evidence it was a 2 carcinogen, and it seemed like some of the reasons why 3 you might not have concluded that is because you didn't 4 take the overall data as the criterion but you 5 subdivided it. And maybe it's in the subdividing that 6 you lost statistical significance. 7 So I think maybe there's nothing wrong with -as I read this, it doesn't quite jibe. You know, the 8 9 conclusion doesn't fit with the findings. I think maybe 10 it needs some changes or more said there, Elinor. DR. FANNING: Yes. That finding is a little 11 bit problematic. I was trying to work with the 12 13 discussion that we had at UCSF in February where we 14 spent quite a bit of time going through the data. You 15 know, I would definitely be interested in 16 recommendations for changing the language. 17 I don't know if Dr. Witschi would like to comment on this. I have -- in front of me I actually 18 have a version that has a slightly modified finding 19 20 number 22 based on language that he's recommended. I don't know if you'd like to read and discuss that. 21 22 DR. WITSCHI: Yeah, why don't you go ahead and 23 read it? DR. FANNING: Okay. 24 25 DR. WITSCHI: I don't have it with me.

53

-- or whatever part you've modified as it touches on it. 3 4 DR. FANNING: Okay. It modifies slightly the 5 description of the studies and the results. The final concluding sentence is somewhat similar. The sentence 6 7 says -- it reads now -- with Dr. Witschi's suggestions, 8 says, "The data do not allow to conclude that MITC is an 9 animal carcinogen." So --10 DR. FRIEDMAN: Well, the stuff you show here 11 does sound like it is. DR. BLANC: Well, let me -- maybe I could 12 13 expand on it, just a more generic point in terms of the 14 structure of the findings consistent with what John said, that this is not an executive summary of their 15 document, this is our findings based on reading their 16 17 document and touches on the extent to which we feel that scientific -- scientifically appropriate approaches were 18 19 used or whatever limitations there may be. And 20 therefore I actually think the last sentence is superfluous. 21 22 I don't really actually care whether DPR wrote 23 in their document whether it was or it wasn't a 24 carcinogen. These are the descriptive data that they used in assessing its carcinogenicity, and they in fact 25

54

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1 are open to interpretation.

But the important feature is that the data were 2 3 looked at. And since the carcinogenicity is not driving 4 the risk assessment here, I don't think we're -- we don't -- our requirement is not -- I don't find it 5 helpful simply to repeat what DPR's conclusions were. I 6 7 would rather if we -- if we differ or we have our own 8 conclusions to say what those are. But then that takes us down a different slope. 9 10 DR. WITSCHI: That was my own conclusion. In the last sentence, that's what in fact DPR concluded or 11 thought there. What I did in this rewrite was writing 12 it as if this was the panel's conclusion. 13 14 Why don't you read the sentence once more? 15 DR. FANNING: The --DR. WITSCHI: Why don't you read the whole 16 17 thing? DR. FANNING: Shall we go through the whole 18 thing? 19 20 CHAIRMAN FROINES: Well, don't go through all the data part. 21

22	DR.	WITSCHI:	It's much shorter.
23	DR.	FANNING:	Okay.

24 DR. BYUS: Read it.

25 DR. FANNING: Okay.

55

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1 DR. BYUS: If you wouldn't mind. DR. FANNING: Okay. We'll read it. 2 3 "Long-term oral toxicity studies of MITC have 4 been conducted in dogs, rats and mice. No bioassays of inhalation exposure were identified. A suggestion of 5 6 oncogenic potential was noted in rats and mice exposed 7 to MITC in drinking water. In female rats given 2, 10 or 50 ppm of MITC in drinking water for 104 weeks, the 8 9 incidence of benign and malignant mammary gland tumors 10 was significantly higher in the 10 ppm but not the 2 or 50 ppm groups. Comparison of controls versus all 11 12 exposed animals did not show a statistically significant 13 increase in overall tumor incidence." 14 So that's that study. And then, "In the mouse drinking water study, a small increase in cutaneous 15 16 fibrosarcomas was observed in the highest dose group of 17 males and females. When the data from both sexes were combined, the increase in tumor incidence was 18 19 statistically significant." And the "p" value is given. 20 Then the final sentence once again, "The data do not allow to conclude that MITC is an animal 21 carcinogen." 22 23 DR. FRIEDMAN: What would it take to allow you to conclude that? 24 25 DR. WITSCHI: Well, the rat study is -- as I

56

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1 said, if you lump all the groups together and do a 50

2 squared, then there's no significant increase in

3 incidence. As a matter of fact, the instance was from

4 50 percent controls to 62 percent in the treated ones.

5 In the mouse study, it's even worse because

 $\ensuremath{\mathsf{6}}$ $\ensuremath{\mathsf{ there}}$ there the incidence goes from zero percent in the

7 controls to .46 percent if you use all the treated ones.

8 And I think this is a significance only. If there had

 $9\,$ $\,$ been one animal in the control group, it would not be $\,$

10 significant.

11 DR. FRIEDMAN: But there wasn't.

12	DR. WITSCHI: There wasn't, yes.
13	DR. BLANC: Well, wouldn't I think that the
14	consensus view when we discussed it would the fairest
15	way to summarize what the consensus was was that we all
16	agreed that the data were not conclusive
17	DR. WITSCHI: Yeah.
18	DR. BLANC: in regards to carcinogenicity.
19	DR. WITSCHI: To address Gary's question, there
20	wasn't. You know, this is also somewhat you can't
21	draw necessarily this conclusion because when we're
22	dealing with 30 controls about the total of 120 treated
23	ones. And if you have 120 controls, your chances of
24	finding one there would be bigger.
25	DR. BYUS: Right.

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1	DR. BLANC: But would people feel more
2	comfortable with that wording? It's a nuance issue.
3	DR. WITSCHI: Yeah, I mean
4	DR. BLANC: Because the issue is not some
5	people will look at those data and say if one uses
6	the words, "This does not indicate carcinogenicity,"
7	well, there are some indications, but it's certainly not
8	something that's it's conclusive that it's carcinogenic,
9	and I think that's the thrust of it.
10	CHAIRMAN FROINES: So you're suggesting that
11	the data are
12	DR. BLANC: That the final sentence should be
13	that, "These data are not conclusive in regards to
14	carcinogenicity."
15	DR. FRIEDMAN: I would feel better about that
16	than to say they don't show it.
17	CHAIRMAN FROINES: "These data are not
18	conclusive with respect to carcinogenicity."
19	However, I'm going to write another paragraph
20	to go with this. And you can just throw it out or agree
21	with it. Because I think that there needs to be a brief
22	discussion in which we look at the fact that there's
23	evidence of carcinogenicity for metam-sodium, MITC and
24	MIC.
25	There is some consistency across the primary

58

cannot be ignored in my view. And so we may end up with 2 З the conclusion that it's all -- it is not conclusionary, but I think we also need to signal that this is an area 4 that requires further evaluation. 5 6 DR. BLANC: Well, I think you're sort of 7 segueing into the uncertainties and other relevant findings section. I mean, that's where you're saying 8 9 you would put something like that. 10 CHAIRMAN FROINES: Right. DR. FANNING: Yeah, you might want to look at 11 the language that's currently there for point 47, which 12 13 is an attempt to address that point. 14 DR. BLANC: But you still have other points to make, don't you? 15 16 DR. FRIEDMAN: I have a couple. This is 17 probably -- this may not even be appropriate, but under number 34, the benchmark of at least 10 is considered by 18 19 DPR to be protective, is there any definition in here of 20 benchmark? That seems to -- I don't work in this field very much. I know we've heard it and I've heard it 21 22 defined before, but shouldn't that definition be in the 23 document? DR. FANNING: Perhaps it would be clearer to 24

25 say a benchmark MOE, Paul?

59

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DR. BLANC: In the document? 1 DR. FANNING: Yeah. It's essentially a number 2 to which the MOE is compared. So I don't believe 3 there's a formal -- the word benchmark is sort of just Δ chosen to indicate that. That's the comparison point. 5 DR. FRIEDMAN: I just think a few more words 6 7 there to explain --DR. FANNING: Okay. 8 DR. FRIEDMAN: -- explain what you mean, if you 9 10 could. And then in number 47, you talk about drinking 11 water studies. I think it would be worth adding the 12 13 words "in animals." Because when I think of drinking water, I always think of people. 14 15 DR. FANNING: Good point. 16 DR. FRIEDMAN: That's all. CHAIRMAN FROINES: Paul? 17 DR. BLANC: Well, returning to the theme of 18 executive summary versus findings, we very intentionally 19 approached the document, the report, as addressing 20 metam-sodium and its breakdown products. The actual 21
- 22 organization of the report was weighted as an evaluation
- 23 by and large of MITC. And some of that has -- has
- 24 hampered, I think, the structure of the findings in a
- 25 way that makes the findings less logical in their

60

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1 progression than they might otherwise be.

2 And therefore I would suggest that -- and I'll 3 give you my written notes afterwards, but I would 4 suggest that in the initial health effects section of 5 metam-sodium that you take the -- any human reports, and 6 most specifically the Dunsmuir spill, and place it under 7 that section.

8 Because the assumptions have been made and the 9 publications people focused on MITC because they 10 realized after the fact that that was the most salient breakdown product of metam-sodium. But in fact we have 11 12 no way of knowing how much of the Dunsmuir symptoms were 13 not related to MIC. It was never measured, nor was MITC measured really in any realtime way. 14 15 So I think it's logical to have your health effects of metam-sodium, the first part be animal 16

17 studies where you say these are mostly -- these are not 18 inhalation studies because metam-sodium isn't -- isn't 19 vol -- isn't in itself volatile. But the human studies 20 would be any human outbreak or case report that was from 21 metam-sodium.

22 So that would just be one logical outline. I 23 think that there are a number of ways in which the text 24 has to be carefully edited for being more cautious or

25 specific in language. And I'll just give you notes. I

61

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1 don't want to go over that here.

2 But in terms of the more generic issues, to me 3 the issue with exposure in exposure assessment in the original document is from a public health point of view, 4 that all of the errors, omissions and uncertainties, and 5 the fragmentary and limited nature of the exposure 6 assessment data would all drive towards underestimation 7 of exposure. 8 Therefore, if our finding is that this is a 9 10 toxic air contaminant, even given the limited nature of the exposure data that there is, if you had better 11

exposure data, it could only drive it in the other way. 12 13 There is no -- we have no scientific basis upon which to 14 assume that the error would be in the other direction of overestimation. And I think that's a point that needs 15 16 to be made in the uncertainties section. 17 I've drafted a little language, and I'll just read it briefly. I'm not wedded to this, but this is my 18 19 thought: 20 "The current database assessing ambient exposures to metam-sodium breakdown products is 21 22 limited in important ways. These limitations may 23 lead to potential underestimation of MITC and, to an even greater extent, to MIC following application of 24

25 metam-sodium. The limitations of current data do

62

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not indicate a meaningful likelihood of 1 2 overestimation of exposure to MITC or MIC. Thus, 3 estimates based on available data that nonetheless identify excess risk are inherently conservative." 4 5 DR. WITSCHI: Sorry. I don't understand the last --6 DR. BLANC: In other words --7 DR. WITSCHI: Can you reread the last sentence? 8 9 DR. BLANC: "Thus, estimates based on available 10 data that nonetheless identify excess risk are inherently conservative." In other words, I missed 90 11 12 percent of the exposure. Even with the 10 percent of 13 the exposure, when I do all my little risk calculations, the ratio is greater than ten to one or less than ten to 14 one or whatever it has to be. 15 16 DR. FRIEDMAN: Paul, again, I think the problem is the use of the word "conservative." Because I know 17 exactly what you mean --18 19 DR. BLANC: I'm not wedded to the language. DR. FRIEDMAN: -- but they often use the word 20 in health conservative --21 DR. BLANC: That's right. 22 DR. FRIEDMAN: -- meaning you want to go the 23 other way. 24 DR. BLANC: Well, I'm not wedded to the 25

63

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2 about. 3 DR. WITSCHI: No, that's what threw me off, 4 because --DR. BLANC: Right. 5 6 DR. WITSCHI: -- you say what we are doing --7 DR. BLANC: Right. DR. WITSCHI: -- is very health conservative, 8 9 but it is not because we do not have the data. We --10 DR. BLANC: Yeah, okay. That's fine. Whatever you want. 11 12 CHAIRMAN FROINES: I'm not sure you are 13 agreeing right now. DR. BLANC: All I'm saying is if they found an 14 15 effect with the lousy data that they have, we have a real -- enough to say qualitatively, not quantitatively, 16 that this is a toxic air contaminant. If you had even 17 18 better data, then you would say it five times over that 19 it is a toxic air contaminant. DR. WITSCHI: But you want to say if we had 20 better data what we have might actually be 21 22 underestimating the risk because of the lousy data. 23 CHAIRMAN FROINES: That's what he's saying. DR. WITSCHI: Well, that's not what I --24 25 CHAIRMAN FROINES: He's saying the opposite of

64

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1 the bias towards the null with exposure

2 misclassification. He's saying with the limitations

3 with the exposure, of the bias -- we have enough to find

4 an increase to -- we have -- MOE just means the5 criteria.

DR. BLANC: I can even word it better. If it 6 confused you, it will confuse somebody else. So it 7 should definitely be worded differently as long as you 8 9 find that I think there should be some kind of finding. DR. WITSCHI: It's the conservative versus not 10 conservative that confuses me. 11 DR. BLANC: Right. Now, the other thing is I 12 think in the of final -- the other sort of policy issue, 13

I think that the very final finding should also allude
to MIC. I think that -- you're saying that -- what you
say is that we want to list MITC as a toxic air

17 contaminant, we want to list metam-sodiam as a toxic air

18 contaminant and dazomet as a toxic air contaminant, but

19 unless MIC is already a toxic air contaminant -- which

20 it may be. I don't know.

21 DR. FANNING: Yeah, MIC is a HAP. So --

- 22 DR. BLANC: Right.
- 23 DR. FANNING: -- as a hazardous air
- 24 pollutant --
- 25 DR. BLANC: So we don't have to. Then forget

65

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it. 1 2 DR. FANNING: -- it would be listed. 3 CHAIRMAN FROINES: Is that right? DR. FANNING: That's my understanding. We 4 5 looked at --6 CHAIRMAN FROINES: But it's listed from the standpoint of George. It's not necessarily listed from 7 Paul's standpoint. 8 9 DR. RUBIN: If anything's listed as a HAP, if it's a pesticide, we also list it. 10 11 CHAIRMAN FROINES: You do? 12 DR. BLANC: Well, then we should just make a 13 separate point that we're not going to -- you know, we recognize that MIC has already been listed. 14 15 Then why are we going through this whole 16 exercize? If you proved that seven percent of metam-sodium breaks down in this thing, don't you have 17 to list metam-sodium as a toxic air contaminant? Why 18 19 did we go through all this? DR. BYUS: Remember, they couldn't prove that 20 it came from that maybe. I don't know. Forget it. 21 22 CHAIRMAN FROINES: The --DR. BLANC: Well, never mind. 23 DR. BYUS: Never mind. 24 DR. BLANC: Anyway, you've done it. 25

66

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DR. BYUS: We've done it. We've done it. 1 DR. BLANC: I mean, I have to say that as a 2 occupational health person, the thing that surprised me 3 the most in the document, in the original document, was 4 the data about MIC. Because in all of this sort of 5 6 discussion of Dunsmuir among colleagues and, you know, the issue about MITC, we recognized there are structural 7 similarities to MIC and sort of always emphasized, well, 8 9 it's not MIC, but it's sort of structurally related, not quite as toxic. 10

11 But nobody every said in all those discussions 12 that, by the way, you know, this breaks down to MIC. 13 So --CHAIRMAN FROINES: Well, there's another issue 14 15 -- which I don't want to even open the can of worms, but 16 the issue -- this metam-sodium breaks down to carbon disulfide, hydrogen sulfide, MIC, MITC. And there's 17 potential for quite significant toxicity associated with 18 19 that. DR. BLANC: Yeah, I thought that in the draft 20 findings that that was weighted sufficiently. I thought 21 22 that -- I didn't see a lot of places where the issue of 23 carbon disulfide and hydrogen sulfide needed to be

24 brought up more than it was. I thought it was

25 appropriately alluded to in the findings.

67

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I mean, I might feel differently when I see the
 next version, but just my initial take on it was that it
 wasn't -- it was --

4 CHAIRMAN FROINES: I'm going to add -- I think 5 I'm going to look and try and design a table in which on 6 the one side you have chemicals and on this side we have 7 end points. And I want to see with all those chemicals 8 where there is commonality in end points to give a sense 9 of where interactions might have some significance.

10 DR. BLANC: Again, for your limitations and 11 uncertainties section?

12 CHAIRMAN FROINES: Somewhere in there, yeah. 13 DR. BLANC: Because, you know, it seems to me that the uncertainties section is where you talk about 14 things that the document didn't talk about, but you 15 16 can't really use the document to infer things that the document didn't say anything about. So you have to be 17 18 cautious about where you place such findings. 19 I think this is -- has been more or less cautious in that regard, but I'm just saying if you 20 start to -- and it may be of use. I don't know what is 21 22 more -- of more use to the pesticide, the DPR, and ARB in terms of driving further work, but we could certainly 23

24 -- I would like to see the findings be a useful tool for

25 you to justtify allocation of resources and research

priorities as well as the obvious regulatory outcomes. 1 2 DR. RUBIN: Yeah, and if I can answer that, add 3 to that, I think both issues, the narrow issue of viewing and accepting the risk assessment document we 4 5 have for subsequent regulatory action is important. But 6 also equally a lot of the discussions here and the uncertainty issues and the things that where data may 7 lead us to certain areas that need further scrutiny are 8 9 also important for us to take a look at for further action, working with ARB on; if we have to do more 10 monitoring designs and other assessments in the future, 11 12 to keep looking at this. I think both are equally 13 important. 14 DR. BLANC: I mean, isn't there a fundamental 15 disconnect between the DPR and OEHHA in terms of this 16 MOE business? DR. RUBIN: No, I think what we've actually 17 18 tried to do in our documents is move and incorporate the 19 REL format. And I think we've also internally taken a look that, you know -- and not just this document but 20 21 all the preceding ones -- is that the exposure data we 22 have are very dated. Use practices have changed by the time the documents reach here. And the MOE calculations 23 24 may still be relevant if the uses have all stayed the same. And some have. But -- and in most cases the uses 25

69

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haven't. 1 2 And so for our long-term view, the REL calculation is sort of the foundation from which we 3 4 would take the completion of these documents to continue evaluating different uses, different practices that go 5 6 forward. So I think we're moving a lot closer in the 7 viewpoint on that so --8 CHAIRMAN FROINES: So you would be willing to 9 adopt something as a toxic air contaminant without the 10 calculation of an MOE? 11 12 DR. RUBIN: Well, the way it stands now is we do have that regulatory section that has at least that 13 criteria or threshold for listing materials as toxic air 14 15 contaminants. And that's one of the things we'll have to go back and take a look at. But that's sort of the 16 guidant principle for listing. 17 But once things get listed, we're going to have 18

19 to view this as almost a continuous process to keep an

20 $\,$ eye on the use of these materials, whether they exceed a

- 21 threshold that causes us to put in additional
- 22 restrictions, that uses may change and we need to keep
- 23 an eye on these things through some surveillance

24 monitoring program.

25 CHAIRMAN FROINES: Done?

70

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1	DR. BLANC: I'll give you my written notes.
2	CHAIRMAN FROINES: Craig, I think not
3	DR. BYUS: I haven't read it all. I do like
4	the way Hanspeter rewrote that last carcinogenicity
5	paragraph. I think it's much better that way he wrote
6	it. It's much clearer. And I agree with him.
7	CHAIRMAN FROINES: Roger's given his
8	DR. ATKINSON: On the first part. I'm
9	certainly happy to help any way I can on the exposure
10	part.
11	CHAIRMAN FROINES: So for the moment for the
12	moment, unless Peter, do you have additional comments
13	for this meeting?
14	DR. WITSCHI: No.
15	CHAIRMAN FROINES: So thank you. I think I
16	think this is actually going to turn out to be very
17	useful in the long run. It may be a little slower, but
18	I think it will be better. And I frankly think that
19	metam-sodium is an incredibly important compound, and so
20	we should try and have our findings really be the best
21	that we can be, if you don't mind the so thank you.
22	And we should move on before Paul leaves. But
23	all those comments I think from Gary and Paul and
24	Hanspeter were very valuable and useful.
25	We have two items on the agenda.

71

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1 DR. BLANC: We do? Can we -- John, can I make a suggestion that we do number 5 before we do number 4, 2 sort of a logical --3 4 CHAIRMAN FROINES: Where's my agenda? We can. 5 We can't? Paul? Paul? We're not prepared to do 5. 6 7 DR. BLANC: So we won't be doing 5 today? 8 CHAIRMAN FROINES: No. We're going to do the Toxic Air Contaminant Program Update. And what Peter 9 10 Venturini and I talked about is that they're going to

11 make a presentation. And because Peter Witschi would

12 like to make the same plane you're going to make, that

13 what we may do is we'll go as far as we can.

- 14 Peter will certainly get through his
- 15 presentation, and then if we want to have subsequent
- 16 discussion at a future meeting, we can do that. I mean,

17 that's -- well, we'll see where we get to, and then we

18 can decide. We don't need to prejudge.

19 So, Peter, welcome.

20 MR. VENTURINI: Thank you. It's a pleasure

21 being here once again. I'm going to have a few slides

22 to walk us through this. I am Peter Venturini. I am

23 Chief of the Stationary Source Division at the Air

24 Resources Board.

25 And before I begin, I wanted to really express

72

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my appreciation to the panel that you asked to hear 1 about some of the other things that we're doing at the 2 Air Resources Board with our Air Toxics Program, 3 4 particularly with our risk management efforts. And today I do want to pretty much focus on 5 some of our risk management activities. I am going to 6 cover quite a bit of territory so my presentation will 7 8 of necessity be somewhat general to give you an overview. But if I've piqued your interest in any 9 particular area, I'd be more than happy to in the future 10 11 go into more detail with any of the programs and bring 12 some of the program people that really know a lot more about the details than I certainly do. 13 14 I also -- while I was looking over my 15 presentation last night, I reflected somewhat that it's 16 been about 15 years that I, my division, and OEHHA have been working with the panel on our air toxic programs. 17 And I just wanted to take a brief moment to express my 18 appreciation and joy at working with the panel over 19 these many years. 20 You've certainly dealt with a large number of 21 issues and compounds, and I know it's been a pleasure 22 for us. And I do know that the results of our 23 collective efforts have significantly improved public 24

25 health in California, and I think that's the -- our

73

collective objective, and appropriate. So I appreciate 1 2 all of your efforts. 3 My -- Robert, you want to go back one? You got ahead of me a little bit on the overview. 4 5 These are the areas that I plan to cover very briefly. I will focus primarily on the second two 6 7 bullets, our current actions and our future directions. 8 Just very, very briefly on the next slide, our 9 Toxics Air Contaminant Program is basically four separate elements. We've got our Criteria Air Pollutant 10 11 Program. And I mention that because although our formal 12 Air Toxics Program really got started with legislation enacted in the mid 80's, we really were in fact 13 14 addressing toxic air pollutants with our criteria program even in the early 60's because many of the VLC's 15 that were related in our early vehicle program and some 16 17 of our fuels programs actually did provide for 18 reductions in some of those toxic air contaminants, particularly, for example, benzene contributed to from 19 motor vehicles. 20 21 But then we really focused much more with the 22 legislation that created this panel and our formal Toxics Identification and Control Program, followed by 23 24 the Hot Spots Legislation. 25 Then in 1990 Federal Clean Air Act amendments

74

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1 put much more emphasis on air toxics nationwide.

2 So a little bit of background on our program.

3 The next slide basically I want to give you a

4 little perspective of where we've been. And what we did

5 is we took a look at a three year-period, '90 to '92,

6 and then the three-year period '95 to '97 and took a

7 look at those compounds for which we have ambient

8 monitoring data for. And we, based on that information,

9 from a general, overall statewide exposure, we've seen

and accomplished about a 30 percent reduction in riskstatewide overall.

And I want to emphasize that's the general exposure. It doesn't reflect what I believe are much more significant reductions in exposures that are near source, near facilities where we've adopted measures to get 80, 90 percent more reductions in emissions from specific facilities.
But overall, general populations exposure have

19 been reduced significantly. And I'll show you another

- 20 slide a little later why I think that's very important.
- 21 DR. WITSCHI: Can I ask you a question?
- 22 MR. VENTURINI: Certainly.
- 23 DR. WITSCHI: The reduced risk, that's just
- 24 exposure? This has nothing to do -- you haven't seen
- 25 fewer health effects or something like this?

75

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1 MR. VENTURINI: No. 2 DR. WITSCHI: Okay. MR. VENTURINI: Just in the calculated risk, by З 4 looking at the monitoring data, the reduced concentration in the atmosphere. 5 This slide kind of gets at that second point in 6 7 that we have over the years adopted a number of control 8 measures for some of the more significant toxic air contaminants that have been identified. 9 10 And the point I'd like to make here is you can 11 see the measures that we adopted have typically resulted 12 in greater than a 90, 90-plus, 95%-plus reduction in emissions of those pollutants. And in one case, with 13 14 cooling towers, we've basically eliminated the use of 15 hex chrome in cooling towers. 16 So persons that may be exposed or had been exposed to emissions near these facilities are probably 17 18 seeing much greater reductions in exposures than you would get by just looking at the general trends. 19 DR. BLANC: This is just for chrome, this data, 20 21 though? MR. VENTURINI: No, the first two are for 22 chrome. The metal melting included some of the metal 23 cadmium, cadmium, lead, and a few of the other metals 24 25 from metal foundry. The sterilized/aerators is ETO, and 76 BARNEY, UNGERMANN & ASSOCIATES 1-888-326-5900

medical waste incinerators included dioxin and other additional compounds that would be emitted from those types of facilities. CHAIRMAN FROINES: Is there a place in ARB where there is research or activity on the issue of looking into alternatives? MR. VENTURINI: In terms of when we look at a control measure?

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9 CHAIRMAN FROINES: Well, you decided to

10 eliminated the chromium VI in the cooling towers.

11	MR. VENTURINI: Yes.
12	CHAIRMAN FROINES: Did that
13	DR. BLANC: And replaced it with benones.
14	CHAIRMAN FROINES: Pardon?
15	DR. BLANC: They've replaced it with benones.
16	CHAIRMAN FROINES: And they aloud Julia Roberts
17	to make a movie about Erin.
18	MR. VENTURINI: Actually, our direction once
19	a compound has been identified, our direction under
20	statute is to basically reduce the emissions to the
21	maximum extent feasible, and it also requires us to take
22	a look at alternatives.
23	In fact, as I go a little further in my
24	presentation, one of the measures we will be taking to
25	our board the end of this month will be actually

77

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1 prohibiting the use of halogenated compounds in certain 2 cleaning activities. So to answer your question, yes, we do look at 3 4 alternatives as we develop and look at control measures. 5 That's part of our program. CHAIRMAN FROINES: Part of the reason I asked 6 7 the question is that it's very clear that the use of 8 Chromium VI is declining precipitously in the United 9 States, but in California it is still very widely used in all the aerospace industry. Every airframe has got 10 11 -- is coated with Chromium VI spray paint. And it seems to me that that should represent an area of intense 12 focus because it is so widely used in this state. 13 14 And the question is what do you use in place of Chromium VI on airframes for corrosion resistance? 15 MR. VENTURINI: Well, good point. No, there's 16 certainly a lot more work for us to do in this area. 17 The next slide is intended to give kind of an 18 overall perspective of the relative risks of the various 19 20 compounds that we have been dealing with that have been 21 identified. And the point here is that basically, as you can see from the bars, that the diesel PM represents 22 23 about 65 percent of the total risk associated with these 24 substances. Benzene, 1,3-butadiene, about ten percent. 25 The other thing to point out, those compounds

1 are mostly motor vehicle related. 2 Also, I think the 1,3-butadiene and benzene are much also lower relative contributors because we've had 3 4 significant reductions in emissions of those. 5 But one of the reasons for showing you this as well is where I'll be talking about some of our 6 7 priorities in terms of risk management efforts as we 8 move along. CHAIRMAN FROINES: Our colleague, Elinor 9 Fanning, is currently interested in -- the thing that's 10 11 missing from that, you know, Peter --12 MR. VENTURINI: Yes. 13 CHAIRMAN FROINES: -- is gasoline. 14 MR. VENTURINI: Yes. 15 DR. FROINES: We think gasoline is probably not good for you either. 16 17 MR. VENTURINI: Well, I would concur with that. 18 There's a lot of warning signs when you go to the pump. Although in our analysis I think the four significant 19 20 toxics associated with gasoline that comprise well over 21 90 percent of risk would be the 1,3-butadiene, benzene, formaldehyde and acetaldehyde. 22 23 CHAIRMAIN FROINES: But we still don't know the 24 role of particulates? MR. VENTURINI: No. 25 79 BARNEY, UNGERMANN & ASSOCIATES 1-888-326-5900

3 MR. VENTURINI: So one of the things why we feel pretty good about the reductions we've achieved, 4 5 not only in exposure to air toxics but also in a Criteria Pollutant Program, is we've received those --6 obtained those reductions in the light of very 7 8 significant growth in population in the state. That's about -- what is it? About 41 percent population growth 9 the last 20 years. And it just keeps going. I think 10 11 the statistic is well over half a million people a year added to California. 12 13 Vehicle miles traveled, increasing about 14 double. It has increased about double the rate of population. And of course our gross state product. 15 So despite the significant amount of growth in 16 California, we are making great strides in our air 17 quality program. 18

CHAIRMAN FROINES: -- absorbed compounds on

19 CHAIRMAN FROINES: One negative comment about

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particulants?

- 20 that.
- 21 MR. VENTURINI: Sure.

22 CHAIRMAN FROINES: That does reflect a little

23 bit that the risk reductions have occurred where you're

24 looking for the keys under the streetlight. On air

25 toxics, we still know so little about so many things

80

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1 that if you -- if we actually knew what the problem was,

 $2 \$ we might be more frightened by the answers than we

3 currently know.

4 So what we have done is with a certain number

5 of defined compounds. But Roger Atkinson could talk for

6 five days straight about nitro-PAHs and atmospheric

7 chemistry, and of course we haven't dealt with any of8 that issue.

9 MR. VENTURINI: And that also is just the

10 compounds that we have data for. And I think your point

11 is well taken. As I go further into some of the other

12 initiatives that we're pursuing, the area of near source

13 or micro scale is becoming something that we know we're14 going to have to look much closer at.

Now, let me go into a little bit some of our current actions. And I just thought I'd mention that here's a couple areas that will be directly affecting the panel.

19And this year we do intend to proceed with20entering crystalline silica into the 1807 process. We21have been discussing with OEHHA. We have some work

22 going on internally to try to get a handle on how we're

23 $\,$ going to do exposure and so forth. So I think that's $\,$

24 going to be a very interesting effort.

25 We are talking to OEHHA about taking a look at

81

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1 $\,$ some of the other PAH potency factors, see if there's $\,$

 $2 \quad \mbox{ any further information there. We recognize that could }$

3 be a very significant effort. And we don't want to

4 overly burden OEHHA on that, but we would like to get a

5 better perspective on some of the other PAHs.

6 And then we're initiating some health work,

7 reviewing some of the health studies on styrene that may

8 result in styrene in the next year or so being entered

9 into the identification process.

DR. ATKINSON: When you talk about PAHs, are 10 11 you limiting yourself just to the hydrocarbons, or is 12 that open to polycyclic aromatic compounds? MR. VENTURINI: From my perspective, I think 13 14 that's open. I'm not fully aware of all the details on 15 that. My staff is working with OEHHA. Would you suggest we do keep that open? 16 17 DR. ATKINSON: Yeah, because in the atmosphere 18 the micro compounds and the oxygenated compounds might be quite significant. 19 20 MR. VENTURINI: Okay. 21 DR. FRIEDMAN: When you talk about crystalline silica, are you referring to chip manufacturing, or are 22 23 you referring to things that deal with moving earth? 24 MR. VENTURINI: Primarily, I think, moving earth, quarries and so forth. And this is going to be, 25

82

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we think, a very difficult one to address. But I 1 understand IARC has identified crystalline silica, and 2 3 it did come up fairly high on our prioritization process. So there is some merit to taking a look at it. 4 CHAIRMAN FROINES: The PM Center at UCLA and 5 Riverside, Irvine and USC, of course, is going to place 6 7 a great deal of emphasis in research on what we might 8 call polar PAHs so that there's a lot of activity that's going to be happening in the next few years in Southern 9 10 California and has already happened with Roger and 11 Janet. MR. VENTURINI: Good. 12 Okay. I wanted to share what some of our 13 14 priority -- current priorities are for risk management 15 efforts. And number one on our list is particulate matter from diesel fueled engines. In fact, we have as 16 an organization made a major commitment to look at 17 diesel emissions, not only the PM from a toxic 18 perspective but also PM as a criteria pollutant. Also, 19 oxides of nitrogen. 20 So I think you're going to be seeing over the 21 next ten years that our efforts and our goals are to 22 substantially reduce emissions from diesel fueled 23 24 vehicles. 25 The good news is that the technology is just

83

1 like for gasoline vehicles. The technology to reduce 2 emissions from new diesel fueled engines and even existing engines is just developing rapidly. So that's 3 4 very encouraging. 5 We recognize cleaner diesel fuels are probably 6 going to have to be a part of that strategy, and EPA is 7 hopefully fairly soon going to be proposing some much 8 lower sulfur diesel fuel standards that will be 9 necessary to enable some of these technologies. So a 10 lot of effort and a lot of commitment from our 11 organization to focus on diesel from a wide range of perspectives. 12 13 The next item is actually, our board will be 14 hearing this item the end of this month. And what we're looking at is primarily consumer products that are used 15 16 in the repair, auto repair, and maintenance activities. 17 These are things like brake cleaners, carbon choke 18 cleaners and degreasers. 19 And one of the things that we learned is there 20 are many chlorinated products, particularly brake 21 cleaners, that contain Perc. And what we are going to be recommending to our board is a ban on the use of 22 23 Perc, methylene chloride and TCE in these automotive and 24 consumer products. We believe there are very viable alternatives 25

84

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available, and, even more importantly, there are aqueous
 cleaning systems that have become available that do very
 effective jobs.

4 So, Dr. Froines, this is an example where we 5 are looking at just replacement alternatives.

6 We also have another initiative under way that

7 will be going to our board this July, and that's a

 $8\,$ $\,$ revisiting of the Air Toxic Control Measure that we $\,$

9 adopted about ten years ago for asbestos on unpaved10 roads.

11 You may be aware that in Eldorado County there has been a great interest in asbestos emissions and 12 exposures to asbestos there. And we have been doing 13 14 some monitoring up there for the last couple of years and working with the county and the citizens, and we 15 felt it would be appropriate to update our Asbestos 16 17 Control Measure to basically -- in my view, to take a look at additional reasonable steps that can be taken to 18

19 reduce individuals' exposure to asbestos.

20 And in this case, the proposal that's out on

21 the street at this point in time is recommending that

22 serpentine containing -- serpentine rock, which contains

23 asbestos or can contain asbestos, be prohibited on

24 $\,$ unpaved roads. So you wouldn't in the future have this $\,$

25 asbestos-containing serpentine on an unpaved road where

85

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1 it can be kicked up with vehicle traffic.

2 DR. BLANC: But you can still build a housing 3 project in the midst of a serpentine containing bed? 4 MR. VENTURINI: Yes, although we are working with the Department of Real Estate to look at steps that 5 6 can be taken for disclosure. We're also looking at 7 preparing some guidance for steps that can be taken to minimize exposures during construction and quarrying 8 9 activities. 10 And we also would like to develop some guidance 11 that would be directed basically to a homeowner, where

12 they can be aware that they may have asbestos on their 13 property and steps that they could take to minimize the 14 exposure.

DR. BLANC: But couldn't you write regulatory 15 language that would essentially make it impossible for 16 17 such housing projects to be constructed because the construction phase would never be able to meet a 18 realistic standard if you wished as public policy to 19 prevent new housing construction in such areas, rather 20 than having a passive standard which after people were 21 22 forced to buy the houses because they couldn't afford anything else got a warning that raising their children 23 there would likely result in mesothelioma? 24

25 MR. VENTURINI: Well, I think, from my

86

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perspective, you're talking about land use decision
 making, which is basically going to have to occur at the
 local level. What we're trying to do is provide
 measures and steps that would minimize, say, during
 construction activities and so forth the exposure to
 people.
 DR. BLANC: But all I'm saying --

8 MR. VENTURINI: Yes.

9 DR. BLANC: -- is if you seriously had 10 regulations which did indeed limit the generation of 11 asbestos in construction, I mean, if that really had teeth in it, it would actually prevent the construction. 12 13 Because I don't think that they could use current 14 construction methods in those kinds of asbestos bearing areas and meet any kind of real standard. 15 It would have -- in other words, yes, you could 16 17 make some kind of a guideline that won't have any effect on this. But if you had a real guideline, wouldn't it 18 tend to have an indirect control on the whole problem, 19 20 at least insofar as new construction is concerned? 21 MR. VENTURINI: What we're looking at is 22 actually some regulatory language for construction 23 activities that would require, you know, specific 24 management practices occur to minimize dust and 25 hopefully eliminate much exposure to the dust from

87

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1 construction activities.

And beyond that, I think you start getting into 2 3 the area, as I say, of planning issues that hopefully 4 the local jurisdictions will need to be addressing. 5 And we've spent a lot of time looking and visiting, looking at different sites up there. And I 6 7 think there are some things that are reasonable to do. And it would be hard, I think, in order to do a 8 regulation that requires specific action on specific 9 10 properties. 11 But for a homeowner, I think there's specific things that they can be educated about, particularly 12 existing homeowners, that we think will lead to 13 14 minimizing the potential exposure. DR. BLANC: Let me go back to the coordinating 15 16 TACs too. 17 MR. VENTURINI: Yes. DR. BLANC: Because the one emerging problem in 18 19 the auto product category is the use of hexane, which 20 has increased dramatically. And I wonder if that's something that's going to come up in that discussion. 21 22 Because if you link the chlorinated TAC phaseout -- if 23 you don't link it more directly to soap and water, it's going to have the tendency to further increase the use 24 25 of hexane.

88

1 MR. VENTURINI: We are aware of that issue. 2 Our hope is that through this control measure that it 3 will hopefully move and cause many of these shops to 4 switch over to some of the aqueous cleaning systems. Currently, roughly about 40-plus percent of the shops 5 are now using aqueous systems. 6 7 We are aware of the hexane and end-hexane issue and have been in discussion with OSHA. And so I know 8 9 they're concerned. Whether that may be more worker 10 exposure issues versus, you know, general population 11 exposure, I'm not clear, but we are aware of that issue. 12 Finally, then, I just wanted to mention part of 13 our risk management is our continuing effort to reduce 14 mobile source emissions and cleaner fuels. This last December we adopted our Phase III 15 16 Reformulated Gasoline Regulations, which in addition to 17 phasing out MTBE by December 31, 2002, also we also reduced benzene, allowed benzene levels in gasoline 18 19 about another 20 percent. 20 Let me speak just very briefly, a couple slides, on our diesel risk management efforts. 21 22 Following the identification of --23 CHAIRMAN FROINES: Peter? MR. VENTURINI: Yes? 24 25 CHAIRMAN FROINES: Just a quick question on

89

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that. Carol Browner, you know, gives a press conference 1 2 announcing that she's moving away from MTBE. MR. VENTURINI: Yeah. 3 CHAIRMAN FROINES: And then she says, "But 4 we're going to now move towards ethanol," which for some 5 of us is a -- not a perfect decision. What are the 6 7 implications of what Carol Browner says about ethanol for California? 8 9 And I know OEHHA is working on a document which 10 is going to say everything's going to be wonderful. Those of us who are skeptics may find that document to 11 12 be convincing and some not. But the -- what is going to 13 happen? Is ARB going to take a position that ethanol is the oxygenate of choice? 14 MR. VENTURINI: Well, to the extent that the --15 right now California in about 70 percent of our gasoline 16 is under a federal mandate that that gasoline has to 17 contain about two percent oxygen, which translates to 18

19 about six percent ethanol or about 11 percent MTBE.

20 One of the things we have been doing with EPA

21 is we've been asked -- we've made a formal request of

22 EPA to waive the oxygen mandate for California. We

23 believe that we can and we've demonstrated that we can

24 achieve the air quality benefits associated with our

25 cleaner burning gasoline program without necessarily the

90

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1 use of oxygenates. And we have asked the EPA to provide California with that waiver. 2 3 If we are successful in getting that waiver, 4 that will allow California refineries to decide what 5 oxygenate to use. And basically with the -- either MTBE not being available and in our regulation that we 6 7 adopted in December, before anyone could use any other oxygenate, it would have to go through a review. The 8 only other oxygenate that's really available would be 9 10 the ethanol. And we believe refiners should have the ability 11 12 to decide which oxygenate and how much. In Southern California, since we have not 13 achieved the ozone standard in Southern California, 14 during the winter months we will still see oxygenate 15 16 usage, which will probably translate to ethanol usage of 17 around -- rough estimate, a hundred million-plus gallons per year to satisfy by that requirement at the 18 19 two-percent level. 20 It's uncertain. Browner's announcement would basically replace the oxygen mandate with a renewable 21 fuels requirement at I think it was 1.2 percent by 22 23 volume. And we don't have too much in the way of 24 details. 25 But we still feel strongly that California

91

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1 should be granted this waiver. But even with that

2 waiver, we do expect there will be a significant role

3 for ethanol because it does provide octane, and we will

4 see ethanol being used in California gasoline.

5 Earlier this year you may not aware the

6 Environmental Policy Council, which is made of the heads

7 of the various county EPA agencies, did have a meeting

8 where they reviewed all the information on ethanol and

so forth from health, water, air implications. And 9 10 their finding was that they didn't see any -- I guess in 11 lay terms, any significant effects that would preclude the use of ethanol. 12 13 So they basically indicated, in essence, it was 14 okay to proceed with ethanol usage. So maybe we'll 15 learn more down the road. So --16 CHAIRMAN FROINES: I don't want to pursue this, 17 but everybody thought MTBE was going to be just dandy for about ten or 15 years. So the predictions of how 18 19 wonderful something's going to turn out --20 DR. BLANC: Well, we do have a longer experience of ethanol. 21 22 CHAIRMAN FROINES: Yeah, and we know how good 23 that is when we drink it. DR. BLANC: What do you mean we? 24 25 DR. FRIEDMAN: Would you mind commenting a bit

92

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on these new hybrid engines? I've heard an opinionated
 talk show host say not only do they burn less gasoline,
 but the engine itself, the gasoline engine itself, can
 be virtually nonpolluting and that this may go a long

5 way to solve the air pollution problem produced by 6 automobiles.

MR. VENTURINI: Sure. I'll tell you what I 7 know about the program. As part of your Low Emission 8 9 Vehicle and now our Low Emission Vehicle II Program is 10 basically a progressive program to bring all vehicles down to basically near zero, even zero, zero emissions. 11 And the hybrid's kind of one path in that direction. 12 13 One of the nice things about a hybrid is the 14 engine can run at a fairly constant speed, and so you

15 can reduce the emissions to near zero, zero levels. In
16 fact, it's amazing to me that many of the cars that are
17 being -- newer cars that are being certified now, once
18 they get past the startup from the cold startup, the
19 emissions are essentially zero or near zero.
20 So we're seeing very low levels of emissions

21 from new vehicles. So as a fleet turns over, we're 22 going to be seeing much reduced emissions.

23 And the hybrid is a very effective technology,

24 kind of is on the path to the zero emission vehicle.

25 There's a lot of work being done on fuel cells as well.

1 So you can get the hybrid engine to very low levels of 2 emissions. 3 A little bit more on the diesel risk 4 management. After we identified diesel PM, we convened 5 an advisory committee that's about 300 strong to guide 6 us in the risk management effort. And there are two 7 main focuses. 8 One is to provide some guidance to the local 9 air districts to help them deal with the permitting, 10 like stationary diesel engines. And then the second effort is to develop a 11 12 diesel risk management plan to identify what further 13 regulatory actions that we want to take to address diesel PM emissions. 14 15 On the next slide, this is basically focused on 16 the guidance for the permitting of new sources. We've been at this for about a year. We hope to have a draft 17 out this spring. 18 19 And one of the things that has come to light 20 is, as I mentioned earlier, the technology that's advancing rapidly to reduce PM emission in terms of trap 21 22 and catalyst technology and cleaner diesel fuel. 23 So we're working on this guidance, which we 24 think will be focusing largely on identifying 25 performance standards and technology requirements that 94 BARNEY, UNGERMANN & ASSOCIATES 1-888-326-5900

hopefully districts then will be able to use this 1 information when they permit new diesel engines. 2 The next slide focusing more on the overall 3 diesel risk management plan. And this will be taking a 4 broad look at diesel engines from the PM perspective. 5 We'll be looking at both existing stationary, portable 6 engines, mobile sources, and fuels. 7 And basically by this fall when we go to the 8 board, we'll be presenting the board with an overall 9 strategy of steps, additional steps, that we believe 10 should be pursued. And with the board's concurrence in 11 that strategy, we'll go into the rule making process. 12 So it's basically laying out a plan, 13 identifying the priorities, and then executing the plan. 14 Some of the things that we're considering, of 15 course, additional mobile source standards, improvements 16 in fuel, stationary sources, and also incentives. 17

18 We currently have a -- it's called a Carl Moyer

19 Program. And I believe this year or last year it's \$25

20 million dedicated to that program. And that's money

21 that's being used by districts to provide incentives for

 $\ensuremath{\texttt{22}}$ $\ensuremath{\ }$ individuals to replace dirtier engines with cleaner $\ensuremath{\ }$

23 engines. And that program seems to be very, very

24 successful and I believe may even be expanded this year.

25 I think I already covered the Perc, Perc item

95

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1 the board will be considering this month so I'll just

2 move on to the next slide.

with you in the past.

3 As I mentioned, on the asbestos we'll be

4 looking at unpaved surfaces, grading, construction

5 activities, and quarries and surface mining operations.

6 And our board will be considering that this July.

7 A little bit about the future. And this first
8 thought I want to mention does have some impacts on you
9 as a panel. And I don't know if this has been discussed

11This is Senate Bill 25 that was enacted last12year. And the focus of this bill is to ensure that our

13 ambient air quality standards and our toxics program are14 fully protective of infants and children.

15 There are three basic elements to this program.

16 It first requires a review of the ambient air quality

17 standards to assure that they are protective of infants

18 and children. It requires an expansion of our air

monitoring efforts to focus specifically on schools anddaycares.

21 We're required to do some monitoring in six

22 communities throughout the state, and we're in the

23 process now of taking a look in developing some criteria

24 for that effort.

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25 And then finally, there are some significant

96

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1 enhancements to the air toxics program.

2 A few key dates here. OEHHA is to by the end

3 of this year conduct an initial review of the ambient

4 standards to determine if they adequately protect

5 children. Then by the end of '02, ARB is to update the

6 highest priority air quality standard and then evaluate

7 the others in one-year time frames.

8	With respect to the monitoring efforts, we'll			
9	probably we're required to do the monitoring, as I			
10	said, in six communities to get an assessment of what			
11	exposures there may be for children near in daycares			
12	and schools, and we're supposed to do an evaluation of			
13	that by 2003.			
14	Now, with respect to the air toxics program, by			
15	July of 2001, OEHHA is to identify up to five TACs for			
16	which children may be especially susceptible. And their			
17	review will come to this panel, as you do with other			
18	reviews, to assure and review the scientific basis for			
19	their determinations.			
20	DR. BYUS: Peter?			
21	MR. VENTURINI: Yes?			
22	DR. BYUS: Does that include DPR and pesticides			
23	or not?			
24	MR. VENTURINI: No, it does not.			
25	DR. BYUS: Why is that? I mean, granted			

97

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MR. VENTURINI: It was not addressed in legislation. DR. BYUS: Okay. MR. VENTURINI: Then by 7 of '04, OEHHA is to identify another 15 TACs that are susceptible for children. And then there's a continuing process for them to take a look at other TACs. For a risk management perspective, when OEHHA identifies up to those first five compounds, we will have basically two years to either review existing control measures that we have in place for those to amend them, if necessary, to ensure the control measure provides adequate protection of children and infants. And then we have an ongoing program then to develop additional measures that are based on the lists that OEHHA develops. So over time what we're going to be seeing here is a look at all the TACs to assure that the risk assessment addressed children and infants, and then based on that assessment, we will have to go back and either update control measures or possibly generate and develop new measures that assure that children and infants are fully protected. The next slide -- these are some of the criteria that will have to be used in some of those

assessments. I just want to mention that OEHHA on May 1 $% \left[{\left[{{\left[{{L_{\rm{B}}} \right]} \right]_{\rm{B}}}} \right]} \right]$ 1 and 2, I believe -- is that Oakland? 2 3 DR. MARTY: Yeah. MR. VENTURINI: -- in Oakland will be 4 conducting a symposium on children's health to -- I'm 5 6 going to start giving them some information to help them do their initial assessment. 7 8 Now, this is an area that we're finding quite 9 interesting, this area that we're moving into of 10 community health issues. And what this slide is, kind of just to give an indication of relative risks in 11 12 different parts of the state. 13 But it's also a kind of the precursor to what I see our program evolving into is we've been dealing 14 15 pretty much with some large general population exposures 16 and specific sources. And I think Dr. Froines mentioned 17 earlier kind of a prelude to this. 18 One of the things we're starting to look at 19 much more closely is more of a neighborhood or, say, community health, where we actually started focusing on 20 21 certain communities to see what particular exposures, risks, and problems there may be at this more of a --22 23 say a micro scale. 24 And we do have some initiatives --25 DR. FRIEDMAN: Could you go back?

99

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1 MR. VENTURINI: Sure. DR. FRIEDMAN: I didn't understand what those 2 3 bars represent. MR. VENTURINI: Oh, those bars represent 4 relative risks for the air toxics that we've monitored 5 6 for and just to give you a perspective for the different 7 areas of the state. 8 DR. FRIEDMAN: Is any of them low risk? Are 9 they all supposed to be high risk or some higher? I can't quite make it out. 10 MR. VENTURINI: Well, okay. The risk for --11 let me give you some exact numbers in perspective. For 12 Los Angeles, we're probably looking on the order of 13 about 1,000 per million. When you get to the Sacramento 14 valley, we're around 500. 15 16 DR. FRIEDMAN: 500 what? MR. VENTURINI: Potential cancers per million 17

18 risk.

19 DR. FRIEDMAN: Over a lifetime?
20 MR. VENTURINI: Yeah, our standard methodology.
21 But this -- I guess I kind of interpret this
22 that if you live in an urban area in California you're
23 exposed to something on the order of 500 per million
24 risk, just general background as you're living there.
25 On the south coast, it's maybe about double that.

100

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1 One of the things we're looking at in our 2 Community Health Initiatives is to assess impacts of air 3 toxics by enhancing our monitoring effort, doing more 4 localized inventory efforts and actually developing 5 protocols and methods to assess these more localized 6 community exposures. 7 And there's effort under way now to kind of develop a program and a plan to try to address some of 8 9 these community issues. And one of the areas that we are spending some effort in now is the Barrio Logan area 10 11 in San Diego. 12 This is an area where there's quite a bit of mixed development of residential and small light 13 industrial. And there have been significant community 14 15 concerns that have been raised. 16 We've initiated some ambient monitoring in that area last fall and are planning to continue monitoring 17 18 for some time. And this is -- we're kind of looking at 19 this as somewhat of a pilot program to help guide us and develop our plan and our procedures for looking at other 20 21 areas. 22 So we're working very closely with the district 23 and some community groups on this. And it's getting at looking more at a much more narrow emphasis, this 24 community micro scale type of analysis. And we'll be --25 101

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I think, around the end of the year or so be having our
 data from this and drawing some inferences.
 That's a very interesting effort. And as I
 said, that will be kind of a pilot for other efforts.
 What I'd like to wrap up on is a little bit
 about the federal program. We have spent significant
 amount of our resources over the last five years and

continue to put resources into the -- what we call the 8

9 integration of the Federal Air Toxics Program into

10 California's program.

With the Federal Toxics Program in 1990, many 11 12 of those requirements have put duplicative requirements, 13 particularly for reporting and record keeping, on our 14 sources. Many of those requirements are overlapping 15 some of the regulations which we've already adopted. 16 So we've had considerable effort to work with 17 EPA districts and industry in California to integrate 18 those programs as much as possible so they're 19 complementary rather than getting in the way of each other. 20 21 And we do have basically a memorandum of 22 understanding that's been developed with California and EPA that hopefully in the near future we'll be able to 23

24 finalize and then have the districts buy into it, which

25 will assure that California's program can continue with

102

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1 integration of the federal program to eliminate

duplication and overlap. 2

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There are two emerging federal programs that we're spending some time with at this point to assure, 4 5 once again, that it's merged with our program. These are the Residual Risk Program and the Urban Air Toxics 6 7 Program. EPA's initial program basically focused on 8 technology standards, and these two programs are moving into a risk-based strategy for EPA. 9 The Residual Risk Program basically is that 10 once they've adopted a mapped standard or a 11 12 technology-based standard for an air toxic, within eight years they have to take a look at the residual risk 13 associated with that measure. 14 15 And if they feel they need to enact further reductions, they have to -- from that category, they 16 have to develop such measures. And the first such 17 residual risk standard should be hitting around 2001. 18 The Urban Air Toxics Strategy is a very 19 different program, and under that strategy the goal is 20 to achieve about a 75 percent reduction in cancer - and 21 I think it's incidence in the act - in urban areas from 22 non-mobile sources. 23 And EPA has been putting together -- or they 24

25 have put together a list of HAPs that would be subject

to this Urban Air Strategy. And the objective is that 1 2 over I think it's about a ten -- roughly a ten-year 3 period from when this program is begun that there be demonstrated a 75 percent reduction in the potential 4 5 cancer incidence associated with these HAPs. 6 We are working with EPA to try to provide some 7 flexibility in that program because the HAPs that EPA 8 may give priority to nationwide may not be a priority 9 here in California. For example, coke oven emissions, we don't have coke ovens in California. But vet coke 10 11 oven emissions is one of the items on their list. 12 So we've been working to see if we can get a little bit of flexibility to focus -- and states can 13 14 focus in a little more on their own priorities. 15 One of the things we are concerned about and are discussing with EPA along with OEHHA is, when they 16 go into a risk-based program, how are they going to 17 18 determine the risk, what unit risk factors. Are they 19 going to recognize the risk factors that you folks have recommended, that OEHHA has, or will everything have to 20 21 default to the EPA risk factors. And we know there are 22 some differences there. Also, what type of risk assessment methodology 23 will EPA require to be used. And we would like to not 24

25 $\,$ be in a situation where we're tied to specific EPA risk $\,$

104

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assessment methodology. And we in California have done 1 an awful lot of work in risk assessing methodology. 2 3 So these are some of the policy issues we're trying to work with on EPA as we deal with that 4 strategy. 5 So finally, I think, you know, we have taken 6 some significant steps to reduce exposures to air toxics 7 in California. We do have a ways -- we do have more 8 work to do. And as I mentioned, one of the areas we're 9 moving more into is more of the community, the 10 neighborhood efforts; diesel is a very high priority for 11 us; and working with the federal EPA to achieve 12 flexibility in their programs. 13 So that's a very brief and broad overview of a 14 15 lot of activities. And I hope it gives you a flavor and a perspective of some of the risk management efforts 16

17 some of the other things we have ongoing in the ARB.

18 And if you're interested in more focused dialogue in any

19 of these, we would be happy to do that in the future.

Thank you for the opportunity. 20

- 21 DR. BLANC: Thanks.
- 22 DR. FRIEDMAN: Thank you.

Could I ask whether in your work on trying to 23

improve diesel emissions the organizations that are 24

25 suing us are cooperating, or are they going along with

105

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1 this program to reduce emissions? Are they resisting 2 it?

MR. VENTURINI: I can tell you that the Western 3

4 States Petroleum Association and the Engine

5 Manufacturers Association, which are not party to the

lawsuit, have been working with us, particularly 6

7 providing information and data to help us understand

8 what the technology is today and what technology is

9 available in the future.

So we've been -- I feel we've been having very 10 11 good technical dialogue.

12 DR. FRIEDMAN: How about the truckers? Are they --13

MR. VENTURINI: They are participating. You 14

know, they certainly have their issue and their 15

perspective with regard to the risk assessment. And 16

really, from our perspective, what we're trying to do is 17

focus on what steps can we take to reduce the exposure. 19 So a lot of our discussions that we have are

focused on what can we do in terms of control measures 20

and so forth because the risk assessment has already 21

22 been conducted.

18

DR. FRIEDMAN: Would these control measures 23 have a big impact on them economically? I mean, would 24

25 people who own trucks have to spend a lot of money to

106

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upgrade their engines or get new engines? 1 2 MR. VENTURINI: A lot of the technology, some of the trap technology -- and a lot of it would be on 3 new engines. And I don't have specific numbers of what 4 that would be. We're looking at, say, for stationary 5 engines, the technology for traps can vary from, you 6

7 know, several hundred dollars all the way up to several 8 thousands of dollars. 9 So one of the things we'll be doing as part of our assessment in looking at these measures is also what 10 11 is the impact on individuals and so forth, the cost 12 impact. CHAIRMAN FROINES: Okay? 13 14 DR. ATKINSON: Yeah, I'd like to point out that 15 laboratory studies would indicate there are many chemicals in the atmosphere for which we have 16 degredation products, atmospheric degradation products, 17 18 directly from chemicals for which we have essentially no 19 ambient data for, no health effects data. 20 So this potential is a whole host of the 21 compounds out there which may not be good for one which 22 we don't know anything about. What's the prognosis for 23 research in that area? 24 MR. VENTURINI: Well, I guess the best way I

25 can respond to that is that we need to probably take a

107

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look at some of that. I obviously don't know a lot of

the specifics, but I think what my view, being 2 associated with this for 15 some years, is we're making 3 4 progressions to our program. And as we move along, as we learn more, we're 5 going to find there's some things we don't know much 6 about, and we're going to have to investigate those 7 further and weave them into the programs. I see a lot 8 9 of these as just natural progressions of our program. CHAIRMAN FROINES: Craig? 10 DR. BYUS: Just thanks, Peter. I enjoyed the 11 12 talk very much. Interesting to see. CHAIRMAN FROINES: Roger is much nicer than I 13 am. He approached that with some delicacy. Let me take 14 15 a different tack here. MR. VENTURINI: Sure. 16 17 CHAIRMAN FROINES: Less friendly. 18 I thought that this was a very nice presentation so don't misunderstand what I'm about to 19 say. But this is a group of scientists who benefit from 20 getting an overview of the whole program, I think. 21 That's the good side. 22 The bad side is what you basically said to us, 23 though, is that in terms of the panel's taking things 24 up, at some point silica is going to come down the pike. 25

1 There may be some potencies of PAHs, which will be 2 hydrocarbons, I'm sure. And then there's the styrene issue. 3 4 So if we take the thousand toxic air 5 contaminants or 2,000, 500, whatever number you want to come up with, basically what's being said is we did 6 7 diesel and we've been doing pesticides ever since, and 8 the only thing we're going to have is basically styrene 9 and silica over the foreseeable future. 10 And I think, as Roger alluded to, that there 11 are a lot of compounds out there that deserve 12 designation as toxic air contaminants. I'll tell you 13 one is PAN. Why don't we have PAN before us? Why don't we have quinones? Why don't we have nitro-PAHs? Why 14 15 don't we have -- and on and on and on. I mean, we could put -- a group of scientists could put together a very 16 17 good list of compounds that should be dealt with as 18 toxic air contaminants. So what we get is a broad overview, Peter, but 19 20 what we don't get are a list of compounds that represent important toxic air contaminants. And this panel wants 21 to know the answer to that question. 22 MR. VENTURINI: Actually, I'm not troubled by 23 24 your question at all. I think it's a very good

25 question.

109

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I wanted to focus here on basically risk 1 2 management, kind of gave you an overview of what we saw, some of the things that will be coming to you as the 3 next compounds. 4 And I think one of the things that we've done 5 collectively very well is we periodically do this list 6 7 update where we update the list of compounds that are on our list, which is 200 and something. And we actually 8 have developed a methodology, kind of ranked these and 9 10 prioritized these. 11 And what I suggest that we might want to initiate is, you know, in the next year or whatever's 12 appropriate, take another look at that list, take 13 another look at that prioritization. And, you know, 14 15 there are categories on that list of compounds to be evaluated further to then enter into the process. 16

- 17 And I think that would be a very good dialogue,
- 18 you know, with us, with you folks, with OEHHA, to say
- 19 what are -- you know, over the next several years, what

20~ do we think is going to be the next important ones to

21 bring to the panel.

- 22 So I don't want to leave you that, you know,
- 23 three more compounds and we're done. I don't think
- 24 that's the case at all. But that's just where we are at
- 25 $\,$ this point. And then we need to continually update that $\,$

110

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list and see what should be next, what should the next
 priorities be.

3 CHAIRMAN FROINES: Well, the -- Jim Pitts and I
4 have been arguing to take up nitro-PAHs since about
5 1985. And one gets the impression sooner or later that

6 there's an avoidance process going on. Because we keep

7 saying it every year, and everybody says uh-huh, uh-huh.

8 And Janet actually mentioned nitro-PAHs in a phone

- 9 conversation at one point. So I know it was on her
- 10 radar screen.

I think that the problem with the priority 11 system tends to be -- it's one of the problems with 12 DPR's priority system too. They tend to take the things 13 14 where there is a certain kind of information available, and they don't take -- they don't try and look at things 15 where the sort of regulatory information isn't 16 17 available, it's less available. 18 So the science may be there. There may be some science there, but there's -- less regulatory 19 attention's been given to it. And it seems to me that 20 21 we need to do that. 22 I would argue, yeah, sure, let's go back to that document, but I would argue at some point that 23 OEHHA and SRP and you all should put together a meeting 24 in which we actually spend a day talking, having a 25

111

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- 1 conference in which people make presentations about what
- 2 are the issues around toxic air contaminants in
- 3 California and try to come up with a laundry list that
- 4 might then be taken seriously. In other words, it
- 5 should be a process, it seems to me.
- 6 Roger and Janet have been pushing their issue,

7 the issue of atmospheric chemistry transformation, for, 8 you know, as long as you and I have been here. And --9 but it hasn't gotten translated into -- I mean, there is no reason why this panel shouldn't take up 20 nitro-PAHs 10 11 as toxic air contaminants. I think -- I don't think 12 that's far off. 13 Roger? 14 DR. ATKINSON: No. Well, a dozen for sure. 15 CHAIRMAN FROINES: I mean, you know, an estimate. 16 17 DR. ATKINSON: As a class. 18 MR. VENTURINI: And we should have that dialogue. 19 20 DR. ATKINSON: And there are new -- there are 21 chemical classes for which there probably are no health effects data but which until recently there was no 22 23 definitive data that they would be present in the 24 atmosphere. Maybe they'll turn out to be nontoxic, but

25 $% 10^{-1}$ it would be nice to have some view of them or somebody

112

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1 start thinking about it from a toxics viewpoint, are

2 they going to be a problem or aren't they? I don't 3 know.

4 MR. VENTURINI: Melanie just reminded me as 5 part of my presentation we did mention that we are 6 asking OEHHA to take a look at the PAHs. And she just 7 mentioned that they'll be looking at the mitro PAHs as 8 well. So maybe that's a precursor to bringing it to the

9 panel.

10 CHAIRMAN FROINES: Polar PAHs is the correct

11 compounds. Because it's not going to be just nitro

12 compounds. It's going to be ketones. It's going to be

13 -- I mean, go back to Schutsell's papers in the early

14 80's on what's in these, and you've got thousands -- or

15 at least hundreds of compounds that are ketones,

16 aldehydes, quinones, fenols, et cetera, et cetera. And

17 those are all potential candidates.

18 Now, to the degree that we deal with diesel,

19 you don't have to deal with some of those. But to the

20 degree you're dealing with compounds that are

21 atmospherically generated, it's a little different

22 issue.

23 DR. ATKINSON: Yeah, what you breathe is not

24 necessarily just what's emitted.

25 MR. VENTURINI: Right.

1 DR. ATKINSON: Unless you're behind a diesel 2 bus.

З MR. VENTURINI: Well, you know, one thing that 4 I've been busy working with the panel is that we have at times stepped back and taken a look at things and do we 5 need to do things a little differently, do we need to 6 7 reprioritize. And, you know, it could be that we're at 8 that point again. 9 CHAIRMAN FROINES: Well, I think the panel can 10 spend every -- can meet every month over the next five years, and we will cover hun -- a few dozen pesticides. 11 But the question is what's going to happen with the air 12 13 toxics.

14 MR. VENTURINI: Okay. Well, I will -- let me chat with OEHHA and my folks, and we'll talk to you 15 further and see where we can go. 16 17 CHAIRMAN FROINES: I think we could have a 18 day-long meeting about this issue that would be pretty interesting if it was coupled with people actually 19 20 presenting science about what -- you know, it's not just 21 sort of what's on the high-risk list or what's on the hierarch list and that sort of thing, but what's the 22 23 emergent science indicate. And, clearly, the issue that 24 we're not talking about are the non-cancer effects.

25 MR. VENTURINI: Yes. And just a comment on

114

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that. Historically, we haven't focused that much in 1 2 risk management on that because it's been our experience, looking at the data, the ambient data, that 3 the ambient levels have been far below those non-cancer 4 effect levels. But that may change as we start looking 5 at these more micro-scale assessments. 6 So I think we're moving into some new territory 7 with our control program, and I think also with the --8 CHAIRMAN FROINES: Every meeting, at least once 9 in our meetings, Paul Blanc says the following: "We are 10 not being driven by the carcinogenic end point with this 11 particular chemical." And he's always happy when he can 12 say that because he feels that we are driven by 13 14 carcinogenic end points much too much.

15 And if you watch, listen, because he says it

113

16 every time. And it represents a philosophical point of 17 view. And it's -- we think the same thing around diesel 18 and asthma. You know, so it's -- anyway, thank you very much. 19 20 MR. VENTURINI: My pleasure. 21 DR. FRIEDMAN: Thanks a lot. MR. VENTURINI: I enjoyed the dialogue. 22 23 CHAIRMAN FROINES: The overview was very 24 important, I think, for everybody. We got to ask our MTB issue, and Gary got to ask his hybrid question. 25

115

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1 MR. VENTURINI: Super. And we will be glad to do this periodically in the future, and I appreciate 2 3 your interest in the risk management side. 4 CHAIRMAN FROINES: And we wanted to meet with you to talk because we think we should be doing some of 5 that monitoring because we're going to be in six sites 6 7 anyway. 8 MR. VENTURINI: Super. CHAIRMAN FROINES: Shall we have a motion to --9 10 adjourn? Adjourn? 11 DR. ATKINSON: That's the word. DR. FRIEDMAN: Not part of your regular 12 vocabulary. 13 14 CHAIRMAN FROINES: I keep having these senior 15 moments. MR. VENTURINI: You're not alone. 16 17 CHAIRMAN FROINES: So any motion to adjourn? DR. BYUS: So moved. 18 19 DR. FRIEDMAN: Second. 20 (Show of hands.) 21 (Whereupon the proceedings adjourned at 1:45 22 p.m.) 23 24 25

116

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6	do	herby	certify:
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7	That I reported the foregoing meeting in
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9	writing to be transcribed into typewriting.
10	I further certify that I am not in anyway
11	interested in the outcome of said meeting.
12	EXECUTED this 1st day of May, 2000.
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117

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