

# Coordination & Engagement on Issues Related to the JH Baxter Facility

## COMMUNITY ENGAGEMENT CORE TEAM

### Meeting 7

Monday July 26, 2021

### Facilitator's Summary

ACTION	WHO	BY WHEN
Schedule next Core Team meeting for early September.	DSC	ASAP
Conduct cancer analysis.	OSCaR	End of August/first of September
Bring JHB storyboard to Core Team for input.	Agency team	September session

**Participants for all or part of the meeting:** Lisa Arkin (BT), Ali Aasum (Community Member), Jeremy AAsum (Community Member), Robin Bloomgarden (Community Member/ABC), Jenny Boyd (ABC), Mary Camarata (DEQ), Dylan Darling (DEQ), Diane DeAutremont (Community Member), Ed Farren (Community Member/ABC), Courtney Fultineer (OHA), Max Hueftle (LRAPA), Ryan Josef-Maier (Community Member/BT), Travis Knudsen (LRAPA), Mike Kucinski (DEQ), Kelby Land (LCPH), Emily Pyle (Community Member/ABC), Diana Rohlman (OSU), Julie Sifuentes (OHA), Jeff Soule (OR State Cancer Registry), Sheryl Stohs (US EPA), Susan Turnblom (DEQ), Jon Wilson (City of Eugene), David Farrer (OHA).

**Facilitation Team:** Donna Silverberg and Emily Stranz, DS Consulting.

**Welcome and Introductions** - Facilitator, Donna Silverberg, welcomed the group to the 7<sup>th</sup> Core Team meeting. Group members introduced themselves and their affiliation. Participants included West Eugene community members, and representatives from the Active Bethel Community (ABC), Beyond Toxics (BT), City of Eugene, Oregon Department of Environmental Quality (DEQ), Lane County Public Health, Lane Regional Air Protection Agency (LRAPA), Oregon Health Authority (OHA), Oregon State Cancer Registry Oregon (OSCaR), State University (OSU), and U.S. Environmental Protection Agency (EPA).

Emily told the group that there no edits were received on the June 23rd meeting summary and no additional edits were suggested. Emily will send the final summary to DEQ for posting on the JH Baxter webpage.

Donna stated that the purpose of this session is to continue to build understanding and relationships between impacted community members who are willing to work with agencies to improve the air, soil, and water conditions at and near the JH Baxter facility in West Eugene. In particular, the session's focus was to agree on the process and purpose of the Core Team moving into the future, to enhance community understanding about health-based assessments that the agencies are doing that relate to the air, soil, and water conditions at and near JH Baxter facility in West Eugene; and to update data and other information from all members.

**Core Team Proposed Protocols** - The group was divided into five smaller "break out" rooms to discuss the Core Team's protocols for working with each other into the future. There were suggested additions, which were captured in the draft document. The revised/draft document is provided in a separate document and will be approved at the next session.

**Health-Based Issues** - Donna reported that a subgroup of the Core Team met with OHA and Oregon State Cancer Registry (OSCaR) to discuss information needs around health-based issues, as well as a potential OSCaR assessment of cancer levels in the Bethel and Trainsong communities. Donna reviewed the questions generated at that session, as well as via Core Team email correspondence, and provided a Google Jamboard link for team members to pose any additional questions. The Jamboard link will remain open for the team to continue adding questions.

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A list of Core Team questions as of 7/29/21 is provided below, along with initial responses to some of the questions provided by David Farrer, OHA, during the Core Team meeting.

1. What toxic chemicals come from Baxter (current and historical)?
  - a. *OHA Response: The DEQ and LRAPA/OHA risk assessment processes are designed to answer this question in the future.*
  - b. *DEQ Response: The agencies may not have information to measure old releases where there is no data vs. what we can measure in recent past, currently and moving forward.*
2. How do toxicity levels compare to what EPA has said is safe for different demographic groups (chronic vs. acute)?
  - a. *OHA Response: The DEQ and LRAPA/OHA risk assessment processes are designed to answer this question in the future.*
3. If the levels are or are not found to be safe, what urgent actions might the agencies take and when?
  - a. *OHA Response: The DEQ and LRAPA/OHA risk assessment processes are designed to answer this question in the future.*
4. What are the outreach plans to the broader community about these health issues, and how will the answers to 1-3 be addressed in plain language they can understand?
5. If a health assessment is done, how will vulnerable people be involved and notified (e.g. elderly, children, people of color, and immune-compromised people)?
  - a. *OHA Response: The risk assessment is designed to be protective of vulnerable populations. It takes the "worst case" scenarios into account and includes a safety buffer, within the assessment, that accounts for a wide variability of sensitivities across people exposed to contaminants.*
6. Can agency reps look at pollution & contamination data holistically, collaboratively assembling a picture of risk to the most vulnerable members of the community?
7. Is there enough data to say that, when there are strong odors, Baxter is not in compliance? Can you take it a step further and say that it correlates to a certain level of contamination? Is it possible to make this correlation? Would you need certain data to do that?
8. How can we get asthma and other health information (e.g. COPD, ER, stroke, etc.)?
  - a. *LCPH Response - LCPH Epidemiologists are working to pull together data on asthma and other health concerns; this information will be provided to the Core Team once it is compiled.*
9. Regarding outreach to the broader community, does anyone have experience using door-to-door surveys or something like that? I wouldn't want to irritate anyone by knocking on doors, but it might be a tool we can use. Maybe people can sign-up for this if they choose to...?
10. What other tools/analyses need to be considered to answer community questions?
11. Is it possible to use soil core samples to look at the past 20 years of deposition around Baxter and track contamination over time?
  - a. *OSU Response: We are reaching out to an OSU professor who does soil samples professionally to ask this question and will get more information back to the Core Team following their response.*
12. Would community health information, shared with and tracked by Beyond Toxics, be helpful to the agencies for understanding health risks (specifically, door-to-door surveys etc. to identify people that moved out of the neighborhood and developed cancer)?
13. How can agency representatives work collaboratively and creatively to push the system's boundaries in order to protect the community they serve and solve these problems for the long term?
14. How can we speed this whole process along?

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- a. *OHA Response: This collaborative process with the Core Team and Cross-Agency Teams has been coordinated to help address the urgency of the situation and the importance of this effort. Because of the collaboration, things ARE moving as quickly as possible.*
15. Will LRAPA use information from the Core Team to expedite the emissions inventory due date? Give them a compliance date?
  16. We understand that cancer registry data is limited for many reasons, so the question is: how can the Core Team use community health survey data on cancer to augment the cancer registry data and our shared understanding of cancer as a disease in West Eugene?
  17. What is the difference between immediate health concerns from JH Baxter and long-term health concerns? Are there immediate health concerns?
  18. Why does each agency have their own screening values and their own risk assessment procedures?

**Health-Based Assessments** - Dave Farrer, OHA, provided more information on the Cleaner Air Oregon, soil and air health-based assessments that are being conducted in relation to JH Baxter (see PowerPoint presentation below). He focused on what they are and are not, timelines for action, and what data is currently available.

**What we know currently:** Dave explained that soil samples taken in public right-of-ways near JH Baxter in 2020 showed that the concentrations of dioxins were above health screening levels (aka the “worst case” assumptions), but they were not so high as to pose immediate health risks. The data set collected at that time was not enough to answer questions on the potential risk, so DEQ is working to gather more data in order for everyone to have a clearer understanding of any health risks that may exist.

Regarding air toxics monitoring: LRAPA has had an active monitor half a mile away from JH Baxter since 2018. This monitor captures levels of contaminants from JHB and other sources, and has shown slightly higher levels of naphthalene. Dave noted that the naphthalene levels recorded are at levels that indicate a 5 in 1 million chance of developing cancer from the exposure. Similar levels have been measured near another wood preservation facility in The Dalles, OR, and in other locations outside of Oregon.

Community members were concerned about this information, noting the increased chance of developing cancer in the area and that naphthalene is one of multiple contaminants that could have negative health impacts to them. For community members, this information highlights that something is wrong and they expressed concern that the regulatory system seems skewed towards allowing industry to pollute, regardless of impacts to the community living here.

**What we don't know:** Dave noted that the extent of the contamination and specifics, of what and how much is emitted from JH Baxter, where it travels, who is being exposed to air and soil contamination, and what health risks may be associated with contamination, are still unknown. He noted the difference between a health risk (the probability of health problems occurring) versus a health outcome (health problems that have happened), and explained that the LRAPA, DEQ and OHA health risk assessments will address the probability of health problems, whereas the cancer analysis that OSCaR can conduct looks at health outcomes.

LRAPA's Cleaner Air Oregon risk assessment is scheduled to be completed in spring/summer 2022; this effort will include a health risk assessment related to air toxics. The DEQ's soil and ground water sampling data is expected this fall and will feed into a risk assessment conducted by OHA. OHA expects to have their assessment done by late winter/early spring 2022. The OSCaR data will show how many cancer cases occurred and whether that number is more or less than is expected. Those results could be expected in late August 2021.

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***Strengths and Limitations of a Cancer Analysis:*** Diana Rohlman, OSU, provided information on cancer assessments.

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/CANCER/OSCAR/Pages/index.aspx>

Diana explained that a cancer analysis is a tool to analyze: the number of cancer cases that occur in a group of people, in a particular area, over a limited period of time. The data is readily available and, in Oregon, it has been collected since 1996. One “pro” to this assessment is that there is not a need to collect additional data, so it can be done in a matter of weeks.

To conduct the assessment, the agency (in this case, OSCaR) works with the community to identify the cancer types to analyze, selects the location via census tract(s), selects a comparison area, and then analyzes the data. The analysis results in an assessment of the number of cases that would be expected compared to what is reported for the assessment area: are we seeing more or fewer cases than would be expected?

The OSCaR database includes: data on cancer diagnosis, address at time of diagnosis, age, race and ethnicity, and gender. The OSCaR database include the “incidences” of cancer, as well as mortalities. There is a 2-year lag time in reporting cancer diagnosis in the registries. As of now, the OSCaR assessment would likely include diagnoses from 2000-2018, but not yet from 2019-2020.

Diana explained, research shows that in most cases when cancer is caused by environmental exposure, the cancer likely “shows up” 10-15 years later, thus the assessment is looking backward in time. However, this is not the same for childhood cancers, as they do not take as long to materialize after exposure.

One limitation is that the cancer registries do not track the residence of cancer patients before or after diagnosis; so, if someone lived in an area for years and then moved, their cancer diagnosis is recorded in their place of residence when diagnosed.

Additionally, cancer registries do not link environmental exposures to cancer incidence. They simply show the following possibilities:

1. If there are less cases observed than expected.
2. If there are more cases observed than expected; or,
3. If the cases are equal to what would be expected.

Dave expanded on the cancer analysis and noted that the agencies are proposing to do the analysis, if the community members are supportive. He provided a list of the cancers that would be included in the assessment, noting that the list was developed from the sub-group input, past cancer analysis, and cancers associated with chemicals detected in the area. Some of the cancers noted (in blue font on slide below) are not related to JH Baxter, but are related to an old cleanup site of Union Pacific groundwater contamination in the Trainsong neighborhood.

Dave noted that the method would be to compare census tracts in the area to rates of county-wide census tracts. Jeff Soule, OSCaR reiterated that the OSCaR assessment will not provide an explanation for how individuals in the area developed cancer. However, the data is part of the overall picture and provides a description of cancer rates in the area. He echoed the community, noting that as a community, we want to take what action we can to improve the environmental conditions around us and the quality of life. He recognized that this is a difficult issue for everyone because there is so much emotion attached to it.

Community members provided insights and questions regarding the information presented:

- Consider comparing the cancer registry results to those of other parts of town, maybe south Eugene.
- It is frustrating that the regulatory approach is centered on the status quo for industry and feels like the assumption is that everyone will get cancer. Community members would like to see a shift to more precautionary regulation that prevents illness and forces facilities to be cleaner.

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- Consider looking at the chemicals from other facilities in the area that have cleanup plans such as Trus Joist, which had a ground water plume within the census tracts identified.
- What about cancers associated with the heavy metals that are used in the wood treatment process (arsenic, chromium, zinc)? (It was noted that these metals are associated with cancers that are on the list already, mainly lung and bladder cancers.)
- OSCaR should do what it can to incorporate data on where people lived before they were diagnosed. (It was noted that this is very resource intensive, and it is not yet possible for the registry to get consistent enough information over time for analysis and causation.)

The community was supportive of OHA and OSCaR conducting the proposed analysis.

**Next Steps** - Moving forward, OSCaR will work to conduct their cancer analysis; this is expected to take a month or so. DEQ is in the process of reviewing the revised offsite soil plan and expects that sampling will take place in August. Additionally, DEQ received a public records information request regarding JH Baxter, so they are working to gather information related to the facility. Mike reminded everyone that correspondence with and from the Core Team members could end up in collection of information.

Regarding communication with the community:

- In response to Core Team input, the cross-agency team is working to develop a storyboard to provide information to the public.
- LRAPA sent 25,000 postcards to neighbors of JH Baxter to get their input on how they would like to receive information/provide input as part of the CAO process.
- As requested by the Core Team, Donna will work with EPA to request that Sheryl share information about EPA's involvement with the Core Team to further the Core Team's process and mission.

The group agreed that the next Core Team meeting should take place in 5-7 weeks. DS Consulting will coordinate to find a date that works well for the group.

With that, Donna thanked the team for their contributions and the meeting was adjourned.

*This summary is respectfully submitted by the facilitation team at DS Consulting. Suggested edits are welcome and can be emailed to [emily@dsconsult.co](mailto:emily@dsconsult.co).*

Information from the Slide Shows:

### Agenda

1. Questions we've received
2. What we know, what we don't know, and what we're doing about it
3. Strengths and limitations of a cancer analysis
4. Proposed cancer analysis
5. Q&A

### What we know - Soil

- Soil, 2020 data
  - Did not show an immediate threat to health
  - Levels of dioxins were above health screening values, but a quick follow up risk assessment showed low risk
  - More sampling is needed to know more

## What we know - Air

- Air, (2018 - Present)
  - LRAPA air toxics trend site monitor located ½ mile from Baxter on Hwy 99
  - Purpose - measure long-term trends over time
  - Not perfect fit for representativeness relative to Baxter

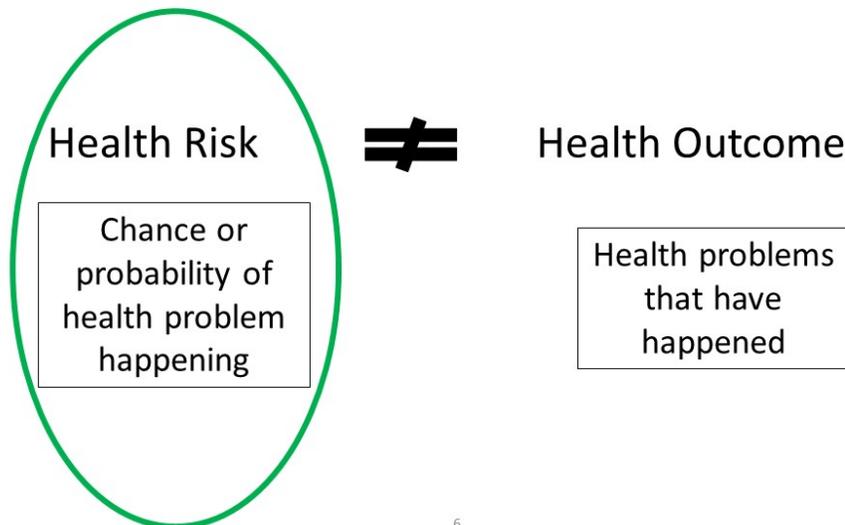
## What we know – Air - continued

- Air, (2018 - Present)
  - Naphthalene –
    - No single-day measurements have exceeded 24-hour acute risk-based concentrations
    - No annual averages have exceeded long-term non-cancer risk-based concentrations
    - Annual Averages have all exceeded long-term cancer-based risk-based concentrations by a factor of about 5. (Lung and respiratory cancer are the types associated with naphthalene)
    - Annual averages similar to The Dalles – both higher than typical urban levels
  - The JH Baxter facility has a history of emitting strong odors, which can cause physical reactions and produce a lot of anxiety

## What we don't know

- Extent of Contamination
  - What is emitted from JH Baxter overall and in what amounts?
  - What has been emitted and in what amounts in the past?
  - Where do emissions from JH Baxter go and in what amounts?
  - What contaminants are in the nearby residential soil and in what amounts?
- Health Risks/Outcomes
  - Who is exposed to the air emissions?
  - What are the health risks to neighbors from air emissions?
  - What are the health risks from contact with soil, sediment, groundwater, and surface water?
  - Are disease rates higher in the area than would be expected for the population size?
- Regulatory Action
  - What will JH Baxter be required to do to manage risk and maintain compliance?

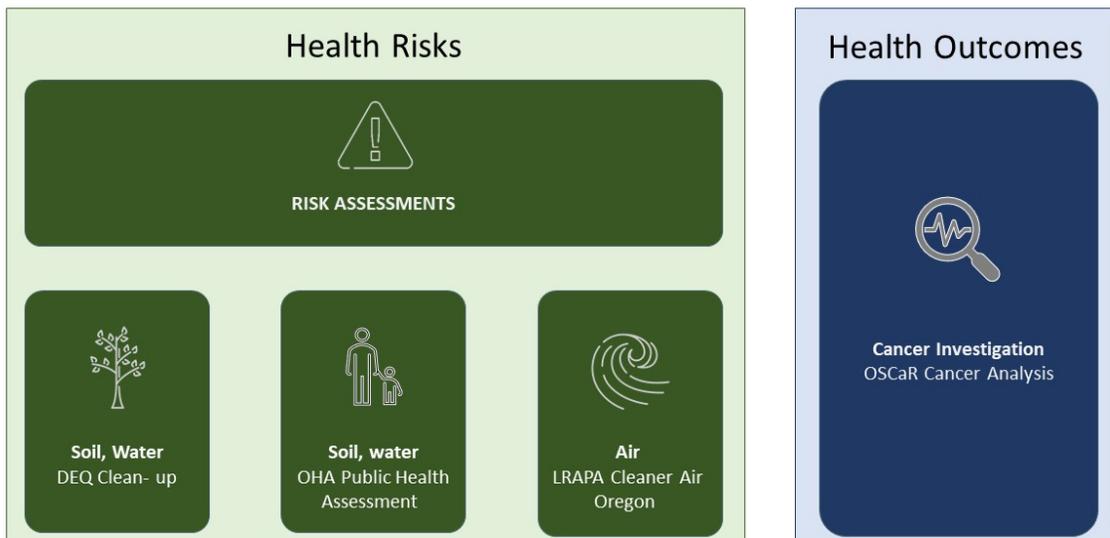
## Health Risk vs. Health Outcomes



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## What we are doing about it



## Cleaner Air Oregon

- Lead Agency: Lane Regional Air Protection Agency (LRAPA)
- Questions it will answer:
  - What is emitted to air from JH Baxter, and in what amounts?
  - What are the affected areas offsite, and who is exposed to the air?
  - What are the health risks to neighbors from the emissions?
- Anticipated Timeline: Emission inventory complete in September, Risk Assessment in spring or summer 2022



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## Soil & Groundwater Sampling

- Lead Agency: Oregon Department of Environmental Quality (DEQ)
- Questions it will answer:
  - Is JH Baxter the source of contaminants in the soil, sediment, groundwater, and surface water?
  - How widespread are the contaminants?
  - What contaminants are there and in what amounts?
- Anticipated Timeline: Sampling in August, lab results available in fall 2021.



## Health Assessment

- Lead Agency: Oregon Health Authority – Environmental Health Assessment Program
- Questions it will answer:
  - Are levels of contaminants in soil, sediment, groundwater, and surface water high enough to harm health?
  - What can community members do to reduce their risk?
  - What do agencies need to do reduce risks?
- Anticipated Timeline: Review of soil samples in fall of 2021 and OHA report on risks ready in late winter or early spring 2022.



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## Cancer Analysis

- Lead Agency: Oregon Health Authority – Oregon State Cancer Registry (OSCaR)
- Questions it will answer:
  - How many cancer cases have occurred among individuals living near JH Baxter?
  - Is there a greater than expected number of cancer cases among individuals living near JH Baxter?
- Anticipated Timeline: Preliminary results will be available in August 2021



## End of presentation

- Please feel free to ask clarifying questions. Add any group discussion questions to the Jam Board

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## How we identified cancer types to include

- Cancers included in previous analysis
- Input from last meeting with subgroup of Core Team members
- Reviewed data on known links between chemicals of concern in the neighborhood and cancer types
  - Agency for Toxic Substances and Disease Registry
  - Literature search of primary medical/toxicological journals
- Chemicals considered
  - Dioxins
  - Pentachlorophenol (PCP)
  - Naphthalene
  - Polycyclic aromatic hydrocarbons (PAHs)
  - Trichloroethylene (TCE)
  - Tetrachloroethylene (PCE)
  - Vinyl chloride
  - 1,1-Dichloroethene (DCE)

## Proposed cancer types to analyze

- All cancers together (dioxins)
- Non-Hodgkin's lymphoma (dioxins, PCP, TCE, PCE and past analysis)
- Multiple myeloma (dioxins, PCP, PCE)
- Lung (dioxins, PAHs, PCP, PCE, vinyl chloride and past analysis)
- Acute myeloid leukemia (past analysis)
- Brain (vinyl chloride, past analysis)
- Colon (Dioxins, TCE, PCE)
- Breast (Dioxins)
- Bladder (TCE, PCE)
- Cervix (PCE)
- Esophagus (PCE)
- Prostate (TCE, PCE)
- Leukemia (TCE, PCE, vinyl chloride)
- Pancreas (PAHs, PCP)
- Gallbladder (PCP)
- Liver (PCP, PCE, vinyl chloride)
- Thyroid (PCP)
- Nasal (PCP, past analysis – likely PAHs)
- Soft tissue sarcoma (dioxins, PCP)
- Kidney (PCP, TCE, PCE)
- Lymph (PCP, PCE, vinyl chloride)
- Blood (PCP)
- Hodgkins lymphoma (PCP, PCE community interest)

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## Proposed method of analysis

Compare observed rates of selected cancer types in selected census tracts over selected date ranges against rates expected for the population size based on county-wide rates over the same date ranges

