

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[Program Announcement 03054]

Disease Progression in Persons Exposed to Asbestos Contaminated Vermiculite Ore; Notice of Availability of Funds

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 104(i)(1)(E), (6), (7), (14) and (15) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980 as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 (42 U.S.C. 9604(i)(1)(E), (6), (7), (14), and (15)). The Catalog of Federal Domestic Assistance number is 93.161.

B. Purpose

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement program to conduct health studies of disease occurrence and progression in persons exposed to vermiculite ore in Libby, Montana (MT) or shipped from Libby to other locations for packaging and processing. This program addresses the "Healthy People 2010" focus area of Environmental Health.

The purpose of the program is to conduct follow-up medical screening programs for persons exposed to vermiculite ore in Libby, MT or shipped from Libby to other locations for packaging and processing, who had past exposures to asbestos-contaminated vermiculite ore during processing and/or packaging, and who underwent past medical testing for asbestos related diseases. The findings of the follow-up medical screening program will then be compared with the pre-existing medical data on the same group of individuals to evaluate occurrence, severity, and progression of asbestos-related abnormalities. (See Attachment 1 of the announcement, as posted on the CDC Web site.)

Measurable outcomes of the program will be in alignment with the following performance goals for ATSDR:

1. Evaluate the human health risk from toxic sites and releases, and take action in a timely and responsive manner.
2. Ascertain the relationship between exposure to toxic substances and disease.

C. Eligible Applicants

Applications may be submitted by state and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, the Republic of Palau, and federally recognized Indian tribal governments, and political subdivisions of states (in consultation with states)).

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately \$160,000 is available in FY 2003 to fund one to two awards. It is expected that the average award will be \$80,000. It is expected that the awards will begin on or about July 1, 2003, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Funds may be expended for reasonable program purposes, such as personnel, travel, supplies, and services. Funds for contractual services may be requested; however, the grantee, as the direct and primary recipient of grant funds, must perform a substantive role in carrying out project activities, and not merely serve as a conduit for an award to another party or provide funds to an ineligible party. Equipment may be purchased with grant funds; however, justification must be provided. This should include a cost comparison of a lease versus purchase. The title to the equipment will be retained by ATSDR.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and ATSDR will be responsible for the activities listed in 2. ATSDR Activities.

1. Recipient Activities

a. Develop a protocol, conduct an evaluation of the target population and prepare a final report of the project. The protocol and report will each undergo scientific peer review as required by ATSDR.

b. Using an existing dataset, locate and trace individuals outside of Libby, MT who were exposed to vermiculite shipped from Libby. These individuals must have undergone previous medical screening (at least chest x-rays or spirometry, but optimally both chest x-rays and spirometry) for asbestos-related pulmonary abnormalities. Elapsed time should allow for latent abnormalities to become evident, e.g., minimum 20 years latency.

c. Recipient must have access to medical records, previous x-rays and spirometry records related to past screening activities conducted for the eligible population.

d. Provide follow-up medical screening to the eligible population (as defined in b. and c. above), to include chest x-rays, spirometry, symptom questionnaire. The questionnaire should also ascertain details of potential exposures to asbestos.

e. Compare previous records to current findings and evaluate occurrence, severity, and progression of abnormalities consistent with asbestos exposure.

f. Provide results of testing and related education and counseling to the eligible population. Inform participants of actions that they and their health care providers can take to prevent or decrease the adverse impact of these potential asbestos exposure and related health effects, if any.

g. Identify deceased individuals among those who originally underwent testing. Obtain death certificates for these deceased persons and evaluate causes of mortality for inclusion in the final report. Specific attention should be given to asbestos-related mortality (e.g., lung cancer, asbestosis, Mesothelioma, etc.).

2. ATSDR Activities

a. Work closely with the recipient in the design, review and development of the protocol and evaluation of the data. ATSDR will prepare and submit materials to the CDC Institutional Review Board (IRB) and external peer review.

b. Assist with the tracing and locating of individuals with past exposure.

c. Work with recipient to review available medical records for the eligible population.