

Senate Health and Social Services
Minutes
152nd General Assembly
Wednesday, January 24, 2023
5:30 – 7:52 p.m.
Joint Finance Committee Hearing Room

Meeting Attendance

Committee Members

Senator Sarah McBride, Chair
Senator Nicole Poore, Vice Chair
Senator Stephanie Hansen
Senator Marie Pinkney
Senator Laura V. Sturgeon
Senator Eric Buckson
Senator David Wilson

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Attendees

Attendees are listed in Appendices A and B.

Agenda

Senator McBride commenced the meeting at 5:35 pm by conducting attendance.

All Senators were present; a quorum was met.

Senator McBride opened the committee meeting by underscoring the need for our students to have clean water and the steps that have been

Senator McBride stated that the committee will discuss the current realities of lead contamination as they effect students, the school lead testing program, the mistakes so that were made so that we can prevent them in the future, and what the state will do going forward to prevent lead poisoning.

A. School Lead Testing Program and Childhood Lead Poisoning Prevention

Secretary Mark Holidick, Department of Education, summarized the original lead testing that was conducted with the support of a grant from EPA and by DPH. They began a sampling process in 2020 to assess the lead levels in schools. Secretary Holidick admitted to a number of mistakes in this process, including conducting the testing during COVID, testing nonconsumption sources, not testing all consumption sites, and not communicating the results nearly as well as needed with districts, communities, or state as a whole.

Secretary Holidick continued that last month DOE contracted with Batta Environmental Associates, a Newark based testing facility, to test all consumption points in schools statewide. The original testing relied on school facilities staff. This time trained staff are conducting the testing. Results from sampling in December and Early January have been communicated with Indian River and Capital school districts

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and actions have been taken such as removing faucets from use and posting signage. DOE will meet with each district as results are received and families received calls from schools; he said it was also posted on school websites. He said that DOE will continue this process until they test every school consumption site. He also added that DOE is moving forward with the development of the facilities assessment tool as required by SB 270.

Secretary Molly Magarik stated that the state began the sampling initiative in oct 2020 with the goal of understanding the levels of lead in Delaware school drinking water sources. DHSS provided technical support to DOE during this process. DHSS fully acknowledges that there were mistakes and missteps and fully understand the concern that this has caused parents students and teachers. She stated that the number one priority is making sure that students and teachers have clean drinking water. Since November all faucets that registered at or above 7.5ppb in the original testing were turned off or had signs placed to state that the water was not for consumption. The state has developed a new webpage to share updates and resources for families. They are publishing the results down to the exact fixtures that they come from. Over the last few months, they have discussed screening recommendations and resources within the community to ensure equitable access. Many access points already exist, and Nemours and their partners' network cover 60% of children in Delaware and already conduct blood lead screening. DHSS also conducts blood lead screening at state service sites.

Secretary Magarik continued that DPH also provides blood lead screenings through mobile units. She added that this month the Delaware chapter of the American Academy of Pediatrics (DEAAP) noted in recommendations that the levels in schools is unlikely to be the primary source of blood lead in children. They do not recommend universal testing for all children if they are not symptomatic but encourage parents to speak with their children's doctors to identify if blood lead testing is recommended for their individual child.

Secretary Magarik shared the link to the state site for information about the issue, de.gov/schoolwater

Secretary Magarik shared the symptoms of lead poisoning, cited from Nemours, which include loss of appetite, feeling tired or irritable, poor growth, nausea and vomiting, constipation, stomach pain, joint pain and muscle weakness, and headaches. She continued that those under six are most at risk for lead due to their brain developmental stage. She emphasized that the state's focus is on removing lead from water and school drinking systems but again noted that lead can enter blood through not just drinking water but also sources like lead-based paint in homes built before 1978, imported items and the food stored within them, cosmetics, and toys.

Experts introduced themselves. Dr. Jonathan Miller is the Chief of Primary Care at Nemours, Vice President of the Delaware Chapter of the American Academy of Pediatrics, and Chair of the Childhood Lead Poisoning Committee.

Dr. Stacey Fox is a general Pediatrician from Beacon Pediatrics and the Secretary of the Delaware Chapter of the American Academy of Pediatrics.

Dr. Vibha Sanwal is a general Pediatrician, the Co-Owner of Rainbow Pediatrics, and Councilor of the Delaware Chapter of the American Academy of Pediatrics.

Dr. Miller testified that lead intoxication in kids can lead to permanent developmental changes and stressed that we need to do what we can to avoid any exposure in the first place. It is important to consider the age of the child when we conduct screening; they do not recommend screening asymptomatic children who have not been exposed to lead in any specific way but we screen all children at one and two years old regardless.

Dr. Miller continued that it is recommended to screen children who have specific risk factors if they are six and under. He stated that older children are not nearly as at risk of problems of lead contamination as younger children are as they are less likely to absorb lead than younger kids; it often just passes through their system. The status of the blood-brain barrier puts younger children at greatest risk of long-term damage. He again emphasized that symptomatic children who have acute symptoms of lead poisoning like belly pain should be tested regardless of age.

Dr. Miller continued that the priority should be primary prevention. We need to make sure that children are not poisoned by lead and get the lead out rather than wait until children are poisoned by lead. If it is found that kids six and under are at risk then we should consider conducting sampling. He noted that even if we sample kids six and under, some will have elevated lead due to home environments, so we would need to conduct careful sampling to make sure that we are able to assess if schools are the source. He stated that DEAAP is here to support the response and to make recommendations on appropriate groups for sampling.

Senator McBride asked Secretary Holidick to walk through the current program and the process for communication and remediation.

Secretary Holidick deferred to technical expert Neeraj Batta.

Neeraj Batta stated the protocol as follows: they get in touch with the school itself with someone knowledge about the water system to get a floor plan and listing of all the consumption sites. They do a walk through before they do the actual testing to chart and map out all the points. They flush all consumption points according to EPA guidelines, which is to leave water stagnant for greater than 8 hours but no more than 18 hours before testing. They collect a first draw/initial sample and then collect a sequential sample and a flush sample, each done at a certain volume to assess what the lead content is, if any. The samples are brought back and documented on a laboratory chain of custody. Each sample location point is photographed to cross reference the locations that the samples come from. Samples are sent to a state of Delaware certified drinking water laboratory, and they report the analysis back to us within 7-10 days. They do quality control on the data to make sure everything matches up and every Monday they submit an up-to-date excel workbook with the sampling data. All sampling personnel are trained and experienced.

Senator McBride asked what happens when a fixture tests high.

Secretary Holidick responded that regardless of results there is a meeting with the district superintendent, and the head of facilities. He provided Indian River and Colonial as examples. They have concerns about the reliability of first line of testing, but those schools came in high so wanted to review them first. He explained that on January 9th of this year they had initial conference call with Ms. Klein and they walked through the data they received. On January 10th they provided the results and the district either removed fixtures or posted signs. By January 13th results data was posted on the website.

Secretary Holidick continued that the way that they are going about this round of testing is very different from the first round in the way we are collecting data, how quickly we are getting that data back and communicating it, as well as how quickly the fixtures are removed from circulation.

Secretary Holidick clarified that they are testing consumption points and will test every consumption point: water fountains, water filling stations, etc. They don't want to test sinks where students are just washing their hands, they want to communicate with the school to identify what consumption points actually are, like if people are filling coffee pots in a faculty bathroom sinks. He continued that options when a fixture tests high are to either shut it off or to post signage to indicate that the site is not for consumption/for hand-washing only.

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Secretary Holidick continued that they are getting good data about where they have high levels of lead and where they need to remediate. He clarified that they are not comfortable with levels of 7.5ppb, that is just where they are starting. They need to get to undetectable levels of lead and they believe that this is achievable.

Senator McBride asked for clarification on clinical guidelines for asymptomatic children six and under who have been exposed to lead. She asked what we are doing for children who are repeatedly testing for elevated levels of lead and what we are doing specifically to facilitate what appears to be recommended or what should we be doing to ensure that these children access what is recommended.

Jonathan Miller clarified that they should do *sampling* of asymptomatic children six and under.

Secretary Magarik responded that it is about the risk in dosage of exposure. She continued that she understands and appreciates the level of concern and never wants to tell people that their feelings are not justified, but that she wants to make sure we understand the level of risk. She gave an example of if there is a fixture in a fifth-grade wing that is rarely used they do not want to overstate the risk to kindergarteners who do not use that fixture.

Secretary Magarik continued that there are many other sources of lead exposure so the conversation about the risk must also include other sources children interact with; that we need a “both and” conversation to focus on other sources that can cause harm.

Dr. Natalie Exum of Johns Hopkins stated that as a public health risk assessor the first step is to identify their hazard; the next thing they do is characterize the exposure. She expressed her empathy as a parent and a pregnant woman but emphasized that she does not want people to panic and think that there is mass contamination. When the first testing sites came back the water was immediately taken offline. She added that we need to be cautious: if we see a high level come back in a fixture that had been turned off since the first test it may be because sitting water creates prime time for lead to leech.

Senator Nicole Poore referenced the comments about how lead is throughout our state and emphasized that we are here to discuss lead in our schools. She asked about last year’s [HB 222](#) and asked if we have a status update on pediatricians’ implementation of that legislation.

Secretary Magarik responded that they still are in the process of setting the regulations for that and the guidance as to what compliance with the legislation means. She stated that there are smaller practices where it will be difficult to get the equipment necessary for screening, so DHSS will help with the compliance.

Senator Poore responded that that causes her great concern that we are lacking the equipment in some of the areas with high-risk children but is glad that we’re trying to find other ways to provide this screening.

Secretary Holidick responded that the Nemours school-based health centers do currently have lead screening capacity.

Senator Poore responded that we have an obligation to our children who are spending eight hours in schools. Even though we may be turning some areas off, can you reverse damage already done?

Dr. Miller responded clarifying that this is irreversible developmental damage.

Senator Poore asked if any of our Delaware schoolchildren have tested with high levels of lead.

Secretary Holidick responded that they just issued report and they routinely have children with elevated blood lead levels but that poisoning and hospitalization is very rare so they cannot get into details due to the risk of identifying the children.

Dr. Fox explained that children who screen at 3.5ppb or higher are immediately sent to get a serum blood draw full testing at a lab, but that she has patients who screen high but do not actually have elevated blood lead levels after full testing is conducted.

Senator McBride clarified the benefit of screening to emphasize the peace of mind it gives to families rather than risk not knowing and then discovering later on that there are health issues that may have been caused by lead. She asked if are there symptoms that can be mitigated with early intervention.

Dr. Fox responded that if a child has elevated levels they can mitigate the exposure.

Senator McBride clarified her question to ask if there information from the screening that would enhance the care the child provides—that would mitigate *consequences* of exposure.

Dr. Miller responded that there is not a lot that can be done after exposure has already happened. He added that they are already screening for developmental delay at well visits with or without knowledge of lead exposure, so there is not a lot that changes care-wise.

Secretary Magarik responded that if a child comes back with a blood lead level of 7ppm or higher there is case management and work is done to assess sources, but that it may not be school contamination causing problems. She noted that apple juice is allowed to have 50ppb of lead in it per the FDA, and that while we need to get to nondetectable levels of lead in drinking water, that is not the only source, and we need to pay attention to those as well. She does not want families to think there is nothing else to worry about if there is not school lead exposure but there are possible alternative continued risks to the child.

Senator Pinkney responded that she can appreciate that there are many ways that we can be exposed to contaminants, but asked when these cases come up if there is a plan for how we attempt to trace back where the source. It may not be from the school but how do we trace it back, is there a public health plan around that?

Secretary Holidick responded that there is a DPH program that seeks to case manage children with blood lead levels of 7ppm or higher and work with the child's "medical home." She stated that they are hoping to see funds in the Governor's recommended budget for home remediation. She stated that that is the largest source, a home with lead paint that has not been remediated. She stated that landlords have option based on existing building statements to opt not to remediate when they are notified that there is lead and that we need to get funds for this.

Senator Hansen asked about the rollout of testing and the future of it. She cited the requirements of [SS 1 to SB 270](#), which she worked on for five years. She asked for clarification: starting in Indian River, are they seeing any correlation with the current testing and the past testing or are they completely dissimilar? Are they going to be able to train people to do this in schools or will we need people to do this in the future?

Secretary Holidick responded there will be need to do additional lead testing in the future, but that it will look different than it does now as far as data collection goes. He emphasized the importance of the filter-first approach and investing in replacing fixtures rather than repeated testing. He emphasized the need to move towards assessing how often filters need to be replaced. He cited the Brandywine School District as a district that is in very good place on this. He affirmed that the data is telling us we have a lot of work to do moving forward but it will not look like this kind of statewide lift, but that that decision wouldn't be his alone it would involve multiple stakeholders. He said they are currently hyper focused on getting this

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round of sampling right and collecting accurate data and quickly remediating those hot spots, getting them offline and fixed and communicating to rebuild trust. They are retesting any fixture that was turned off with the original testing; the initial standard was 15 ppb but the EPA suggested that due to the question of reliability of those results, anything above 7.5 ppb from the initial testing should be turned off.

Secretary Holidick continued that they just recently started in the Capital School District. He stated that the state school lead website has a draft timeline for when schools and districts will be tested. He emphasizes the word “draft,” as there are additional factors and usages of buildings that impact the schedule. He cited an example of testing being scheduled for a Saturday but then a team winning a championship and needing to be in the building that day. He stated that he wants people to see that there is a plan for moving forward and communicating effectively. He said that once testing is all said and done that would be an opportune time to reconvene, likely in the spring. He added that they have districts that could share best practices.

Senator Sturgeon noted that first round that we do not feel confident about was funded by the WIIN grant and asked how this this round is being paid for.

Kim Klein responded the funding is coming from state general funds from OMB.

Secretary Holidick responded that they have a meeting February 14th with folks from the EPA regarding the original WIIN grant. He said that the balance from original grant is \$150,000 and they hope to be able to utilize those remaining funds in early childhood centers if and when they get clearance from the EPA.

Senator Sturgeon asked what the cost of this testing is.

Secretary Holidick responded \$1.2-1.5 million.

Senator Sturgeon asked how long they anticipate it to take to test every consumption point.

Secretary Holidick responded that the goal is late April. He said he would have said early April but they have had some challenges come up. He said he feels they have a thoughtful group supporting his team. He would rather slow it down and have things be done carefully and correctly rather than rushing and possibly mis-stepping like they did before.

Senator Sturgeon asked to clarify that there is not the intent for continual re-testing. She asked if there plans in progress for what to do beyond responding to the imminent threat. She says she recognizes that the issue extends beyond schools and that she’s only focusing on schools, but that she wants to know the plan.

Secretary Holidick responded that a number of districts have done testing over the years and as a statewide project this is an unusual process for a state to undertake. He said he does believe that there will be a continuing need for resampling but want to focus on this round. He said that they will retest things they remedy. He said they want to be proactive and cited work implementing SB 270 and changing filters.

Secretary Holidick continued. He stated that the original grant was \$209,000 and that they did that first round of testing on a low-budget and in hindsight should not be that surprised they didn’t get the best results.

Senator Buckson asked if addressing the school drinking water issue will fully address the issue of levels of lead.

Dr. Exum responded that it will not, but that we have made a lot of progress. She stated that the average blood lead level when she was growing up was 15ppb and that children seem smarter now because they

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are; they have lower levels of lead impacting development. She stated that activated carbon filters very effectively but that it gets harder to eliminate lead as we get closer to zero lead.

Dr. Sanwal responded that this program will eliminate the lead from the schools but that it doesn't address the other sources of exposure, so would not eliminate the problem

Dr. Fox added that any amount of lead is bad, so we need to get it out of schools.

Senator Buckson responded that we need to come up with a useful plan to deal with those schools with high levels of lead. His fear is that once we've done with this there are still all these other sources and that since we know this doesn't cure the problem, he would like them to tell us how to do that.

Senator McBride responded that her hope is the attention that this program is receiving does reinforce that this is a larger problem that does need holistic solutions. She stated that the reality as a state government is that they have a constitutional obligation to make sure that our schools are not contributing to the problem, regardless of what degree it is contributing to it, because we know that any exposure is dangerous. She stated that to do that people need to have faith that the program is trustworthy, efficient, producing good, reliable results. She doesn't think we can do that unless we dive into the mistakes of the past. She stated that communication was clearly a major problem impacting the accuracy of the results, as well as communication to the districts. She expressed the concern from members of the public regarding the response the state gave to media stories; that we followed the grant that we received. So, she wants to know why we were told originally that essentially the grant was followed to a T.

Secretary Holidick responded acknowledging that the way in which the department delivered the grant was unacceptable and has led to a hit in public trust. He says the best way to own all of that is to deliver on what we're doing now. He restated the timeline: as a department they applied for the grant in September 2019. In February 2020 were awarded the grant. Schools closed March – June 2020 due to COVID. In March 2020 they contacted buildings to get contacts for who to send packages to for sampling. Initial water testing began in October 2020. He does not believe his predecessor was aware of the issues; he feels that if somebody had come to the Secretary and explained that plan it would have raised concern. He said that it is difficult to rely on building chiefs to ensure water is stagnant between 8 and 16 hours and to collect samples according to the standards that BATTA is following now. He acknowledged that the data we collected was unreliable. He said that there were a number of turnovers in the Department, including the person who wrote the grant, who left in June 2020. An ed. associate ran the program for four months, and then another ran it for 10 months before leaving the Department in July 2022. He believes the people who were responsible for grants did not fully understand the responsibilities of it. He emphasized that the Department went for this grant and that he does not believe there was nefarious intent. He believes that people at DOE thought DPH was covering things that they were not and miscommunications there contributed to the program. At some point throughout the staffing turnovers the assumption was made that once we get all the data, we will then give it to the districts. That was too late, should have been providing in as real-time as possible. The protocols we relied on were poor.

Senator McBride mentioned the finger-pointing, asked for clarity on the response.

Secretary Holidick responded he thinks folks at the Department believed that communications had occurred. The Department of Education was having meetings with delegates from the facilities. Communication was happening, but it is safe to say that we cannot just rely on building chiefs and their facilities managers to properly administer these tests and instead we should have managed the testing properly. Ultimately it was our responsibility to communicate with the districts directly and we should have done a better job of doing that in real time like we are now.

Senator Poore thanked Secretary Holidick for his testimony and for owning the problem. It does concern her that we must revert to using general funds when there was a grant. Does the \$1.3 million figure the

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department referenced include replacement fixtures? How are we positioning our school districts to fund some of these fixes?

Secretary Holidick responded that that amount does not include remedy.

Kim Klein responded that assessing the cost of fixes will come as we get more results. FY23 LEAs got an additional \$15 million or \$50 million** (it is unclear from the recording which figure Kim said.)** The mini-bond bill was recently introduced that allows them to use enhance MCI funds for these purposes.

Senator Poore \$15 million could be eaten up pretty quickly, so do we have an estimate of total cost?

Secretary Holidick responded that if we run into large-scale problems we will work with OMB. Meeting with Senator Carper office to explore opportunities in future to use federal funds for this. Perhaps a combination of state and local dollars as well as perhaps another federal grant could be utilized. As we come across fixtures or pipes that need replacement, they will work with districts to remedy the situation.

Senator Poore says she wanted to clarify that this is not something that will not require that districts go to referendum. Asked Secretary Magarik if they have data on visits to the website they've created.

Secretary Magarik responded that she can get that data. The website is not hosted on the DHSS site, which needs to be revamped. The original website hosted by DHSS redirects to the new site.

Senator Poore it is traumatizing for even adults to get needles. Is concerning that screenings are not necessarily reliable; can they do a second screening?

Dr. Fox screenings will have low levels of false positives but also ensures that they do not miss anyone. Would rather have false positives than false negative.

Senator Poore asked how many of false positives are possible or occurred from the screenings.

Dr. Fox said the manufacturers of the screenings have that.

Senator McBride said we can look into that. Affirmed that it's better to have people get it who don't need it than the other way around but that it's a valid concern.

Senator Poore says if we don't have the data to show how many are testing falsely at a high level how can we know how effective this is. Do we use our health van in the evenings?

Secretary Magarik, Social Vulnerability Index metrics to assess the highest need for and impact of these services. Also work with community partners who want to take a proactive approach. Another "both, and" how do we put resources in the right places and also work with community partners who may be more trusted than state workers; acknowledged that we learned this with COVID that we may not always be the right messengers.

Senator Pinkney what is the guidance for the consumption site's before they are tested?

Secretary Holidick After the initial testing, in fall, DPH went to all the schools that had consumption points have been remedied or have been shut off until they can be tested.

Senator Pinkney Are the schools that tested positive the only ones that will be remediated?

Secretary Holidick started with those with highest levels of lead from original tests but will be testing all sources.

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Senator McBride asked about funding moving forward and how the general assembly can be helpful.

Secretary Magarik DHSS has requested about \$1million to enhance and hire additional support for case management. A lot of these children are living in landlord-tenant housing and how can we do remediation there and use state funds. Maybe 15-20% of landlords are willing to do the remediation, the rest say they don't have the funds.

Senator McBride concluded that there have been significant improvements to the school lead testing program. It does sound like there is a constant interrogation as to what the appropriate clinical response is but she appreciates the forthrightness of the testimony, the willingness to admit to mistakes, and to get us to a system where we have trust.

Senator McBride introduced public comment. Everyone will have two minutes to make comments. They will start with in-person and then move to virtual.

James Berryhill can submit by email James.Berryhill@delaware.gov.

B. Public Comment

Chuck Wagner expressed concern that adult testing has not been mentioned and asked about adults in these schools.

Dawn Alexander We have missed a lot of opportunities to educate the public about lead poisoning and how it has been an issue in our state. Asks the state to commit to a public awareness campaign and to fund this work rather than relying on advocates to do this work. Many families do not know the risks. She wants to make sure that there are no more broken promises and that we need to rebuild public trust.

Sarah Bucic has been in legislative hall for seven years advocating and is glad that this is finally a priority. Delaware needs a filter-first policy immediately to correct lead contamination problems. We need to stop providing false assurances regarding lead contamination statistics; The state needs to more than have meetings or exchange, instead public officials need to have direct dialogue with the affected communities.

There was no more in-person public comment.

Charline Ganthier-Cine moderated virtual public comment.

John Rumpler, invited by Lead-Free Delaware. The good news is we have some strong solutions. He was incredibly heartened that we need to get to nondetectable levels. A filter-first policy means don't wait for more test results instead we should immediately put filters on every tap used for consumption. He has worked with advocates all across the country on this. Some experts have estimated that you need to test more than 1,000 times to get a reliable average. Best to just preemptively put the filters on: \$3,000 per filter, \$4million for the entire state

Len Damico is grateful for the forum but is still fuzzy on the state's plan to get lead out, keep it out, and to implement the recommendations. He's not sure how the state plans to ensure that the rollouts of these programs are equitable. He hopes that he will not have to hear about it from the News Journal and that communication will be improved. He expressed that turning off taps sounds like a band-aid. He emphasized the importance of the Green Amendment.

Robert Overmiller says a lot of plumbers in the state still use lead-based solder? In pipe repair. He suggests we ban the usage of lead-based solder.

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Donald Farrell is a landlord and tenants' rights advocate. Because of the discontent between the EPA and the FDA, he implores the committee to follow the recommendations of the primary prevention subcommittee's limit for lead in accordance with the recommendation of the American Academy of Pediatrics of 1 part per billion. Let's get rid of getting lead out of schools and then we can get lead out of housing.

Darlene Battle would like a town meeting with the elected officials. Years ago, she was certified to test homes for lead and found thousands of homes still had lead in the homes. She would like to see more restrictions on landlords before they rent homes to make sure homes are lead-free before they rent them.

Julia Rice is a teacher states that while we focus on tests for those under six but there is still concern for older students and teachers. How do we address the long-term effects for teachers? The screening is only effective within 30 days of exposure.

C. Conclusion

Senator McBride thanked everyone who joined both in-person and virtually. She thanked everyone for their passion.

Senator Poore motioned to adjourn

Senator Pinkney seconded the motion.

The meeting was adjourned at 7:52 p.m.

Appendix A: Virtual Attendee List

Amy Roe	Laurel Patterson
John Rumppler	Rachel Sawicki
Nick Wasileski	Deanna Bikecki
Laura Henderson	Jaehn Dennis
Sharon Kimmel	Theresa Kudlick
Lavaida Owens-White	Jamie Mack
Amy Fierro	Neeraj Batta
Sandy Spence	Shelley Meadowcroft
Virginia Eisenbrey	Jennifer Carlson
Alanna Mozeik	John Smith
Amanda Fries	Roger Holt
Bruce Orr	Ethan Bodin
Vonderlear Smack	Coby Owens
Kenneth Haggerty	Scott Farnan
Cyndie Romer	Julia Rice
Len Damico	Ashleigh Hercules
Chantae Vinson	Shirley Klein
Christina Bryan	Mary Darby
Marcin Michalski	Jamie Walko
Dana Rohrbough	Jonathan Kirch
Shari Rosen	Darlene Battle
Jay Owens	Kurt Olinger
Jill Fredel	Harold Stafford
Sherry Long	Al Liebeskind
Robert Overmiller	Malika Yates
Tanya Hettler	Meredith Seitz
Cassandra Codes-Johnson	Charles Stirk
Karen Mann	Sandra Smithers
Stephanie Ingram	Silence Dogood
Rick Hong	Sade' Truiett
Annette Miller	Donna Snyder White
Kim Siegel	Erin Nescott
Charlotte Phillips	Meghan Walls
Donald Farrell	Janice Barlow
Alison May	Anna Miller
Donna Oconnor	Christine Downing
Dr. Priscilla Mpasi	Zuneera Masood
Courtney Stewart	Rachel Krantz
Mike Oxbig	Becca Cotto

Appendix B: In-Person Attendee List

**Heather Warren
James Hanes
Chuck Wagner
Stacey Fox
Jonathan Miller
Kristin Dwyer
Mollie Poland
Dawn Alexander
Natalie Exum
AJ Schull
Kim Gomes
Moses Martinez
Taylor Hawk
Edwin Hernandez**