EXHIBIT 25

(Provisionally Filed Under Seal
Pursuant to Notice of Filing Under Seal)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

BRENT NIX, individually and on behalf of all others similarly situated, Plaintiff, v. THE CHEMOURS COMPANY FC, LLC, THE CHEMOURS COMPANY, E.I. DUPONT de NEMOURS AND COMPANY, INC., E.I. DUPONT CHEMICAL CORPORATION, ELLIS H. MCGAUGHY, and MICHAEL E. JOHNSON, Defendant.	Civil Action No. 7:17-CV-00189-D
ROGER MORTON, individually and on behalf of all others similarly situated, Plaintiff, v. THE CHEMOURS COMPANY FC, LLC, THE CHEMOURS COMPANY, E.I. DUPONT de NEMOURS AND COMPANY, INC., E.I. DUPONT CHEMICAL CORPORATION, ELLIS H. MCGAUGHY, AND MICHAEL E. JOHNSON; Defendants.	Civil Action No. 7:17-cv-00197-D
VICTORIA CAREY, MARIE BURRIS, MICHAEL KISER, and BRENT NIX, individually and on behalf of all others similarly situated, Plaintiffs, v. E.I. DUPONT de NEMOURS AND COMPANY and THE CHEMOURS COMPANY FC, LLC, Defendants.	Civil Action No. 7:17-CV-00201-D

EXPERT REPORT OF
DAVID A. SAVITZ, PH.D.

REQUIREMENTS FOR EPIDEMIOLOGIC STUDY OF HEALTH EFFECTS OF PFAS EXPOSURE IN EASTERN NORTH CAROLINA

I. Introduction

1. I have been retained by plaintiffs in the above-referenced matter to assess the need for and to describe an approach to the development of a study of the human health effects of exposure to PFAS resulting from the decades-long environmental contamination of the Cape Fear River Watershed in Eastern North Carolina through air and water discharges from the Fayetteville Works plant in Fayetteville, North Carolina.

2. I understand that plaintiffs claim that, as a result of historical and ongoing exposure to PFAS originating from the Fayetteville Works plant, defendants should be required to fund a health study to ascertain the extent of any adverse medical conditions resulting from their conduct.

3. For the reasons set forth in this report, it is my opinion that a health study of the exposed population is essential in order to ascertain existing medical conditions and adverse health effects resulting from long-term exposure to these PFAS including through drinking PFAS-contaminated water. I have also provided my opinions regarding the proper scope and requirements of such a study.

II. Qualifications and Experience

4. I am Professor of Epidemiology at the School of Public Health and Professor of Obstetrics and Gynecology and Pediatrics at the Warren Alpert Medical School of Brown University in Providence, RI. A copy of my C.V. is attached as Exhibit A. I received my Ph.D. in epidemiology from the University of Pittsburgh's Graduate School of Public Health in 1982 and have had academic appointments at several academic institutions since 1981. Throughout my career, I have served as the Principal Investigator on approximately 40 public health studies and have been an author on more than 400 articles in the peer-reviewed, scientific literature and more than 20 book chapters.

5. I have extensive experience analyzing the health effects of per- and polyfluoroalkyl substances (PFAS) in humans, including PFOA. I have published thirteen scientific papers in the peer-reviewed literature regarding the health effects of PFOA, most focused on health effects related to pregnancy and children, which are listed and highlighted in Exhibit A. I was asked to serve as a Peer Reviewer of the June 2018 Draft Toxicological Profile for Perfluoroalkyls (a class of chemicals that includes PFOA) by the United States Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR).[1] I recently chaired a scientific panel to advise the State of Michigan PFAS Action Response Team on addressing the health and environmental concerns related to PFAS exposure and chaired a Scientific Advisory Committee that generated a report entitled "Scientific Evidence and Recommendations for Managing PFAS Contamination in Michigan.[2] I was also one of three epidemiologists chosen to serve on the C8 Science Panel to evaluate the probable causal link between exposure to PFOA and the development of certain diseases.[3]

6. I provide this report in support of plaintiffs' Motion for Class Certification. I receive compensation of $500 per hour for my time working on this matter plus expenses. My compensation is not dependent on the outcome of this litigation and I have no personal interest in it. The conclusions I present are a result of my own judgment.

III. Background on Epidemiology

7. Epidemiology is the study of the patterns and determinants of disease in human populations, seeking an understanding of the causes of disease in order to determine needed actions to improve the health of the public. As trained epidemiologists, we conduct and review studies of populations first to determine whether there is evidence indicative of a statistical association between some potentially causative agent and a human illness or condition. This typically requires comparing the frequency of disease in a group that has relatively elevated exposure to the frequency of disease in a group that is unexposed or has a lower level of exposure.

[1] https://www.atsdr.cdc.gov/toxprofiles/tp200.pdf
[2] https://www.michigan.gov/documents/pfasresponse/Science_Advisory_Board_Report_641294_7.pdf
[3] http://www.c8sciencepanel.org/

8. When we determine those who are more highly exposed have an elevated risk of disease relative to those who are not, we conduct analyses needed to make an informed judgment regarding whether it is likely that the exposure has in fact caused an elevated risk of disease. While this cannot be proven with 100% certainty, the field of epidemiology has developed clear principles and methodologic tools to make a reasoned, scientifically grounded judgment as to whether a causal effect of exposure on risk of disease is present. By considering alternative explanations of the association, including biases and random error, and conducting analyses to address those alternative explanations, the case for a causal interpretation can be strengthened or weakened, depending on what is found. I co-authored a book devoted to practical strategies for making such inferences in a methodical, transparent, informative manner. (Savitz DA, Wellenius GA, Interpreting Epidemiologic Evidence: Connecting Research to Applications. New York: Oxford University Press, 2016.)

9. The question of causality is central to epidemiology because the study of statistical associations alone without evaluating the causal significance offers no guidance for methods of preventing disease to improve public health. There is a continuum of evidence that can support causal inferences, with the example of smoking and lung cancer being one for which the evidence of a causal effect is compelling, yet for many years was challenged with the simplistic mantra "correlation is not causation." The judgment to be made is whether the evidence of an association is or is not likely to reflect a causal impact. While scientific certainty of causality is difficult to establish with any exposure and may take decades of study to reach this level, epidemiologists are able to make informed use of available data to address questions of causality. By considering the body of scientific evidence and interpreting it with an appreciation of the underlying methodologic strengths and limitations, reliable judgments can be made, including about when a causal link is more likely than not to be present.

10. An important point that needs to be emphasized is that in epidemiology, a negative study, *i.e.*, a study that does not show a statistically significant association between an exposure and a specific illness, also needs to be scrutinized for its validity in suggesting there is no

association. Just as for a positive indication of an association, studies that generate an absence of association are subject to biases and random error that can generate a false negative finding, *i.e.*, failing to find an association even when a causal effect is truly present. There is no reason to automatically accept "lack of correlation" as a clear indicator of "no causal effect" any more than to accept "presence of correlation" as a clear indicator of "causal effect present." The interpretation of either result calls for a thorough assessment. An overall assessment considers the full range of studies that provide pertinent information regardless of their results and integrates the full range of relevant studies. Negative studies may reflect insufficient statistical power to detect associations due to small populations or limited range of exposure, a particular challenge in studying rare diseases like cancer. Studies that do not measure exposure accurately are also more likely to fail to detect a true association that may be present, with the error in exposure estimation tending to shift measures of association towards the null value (showing little or no association).

11. Epidemiologists cannot ethically conduct experiments where one group of people is intentionally exposed to a suspected toxic agent while an unexposed control group is not and then follow these groups to compare how many from each group develop a particular disease. Epidemiologists must instead study groups that have already been exposed to assess the incidence of disease in comparison to an unexposed population to determine whether those who were more highly exposed to the toxic substance have a greater risk of disease than those not exposed. Epidemiologists may study occupational exposures, where people in a particular occupation are exposed through their work to a suspected toxicant, or community exposures, which are often more difficult to study because of the challenge in measuring exposure and possible confounders that may be associated with exposure. For this reason, the C8 Health Project was unique in that it enabled the study of nearly 70,000 people whose exposure was markedly elevated in some cases and could be reconstructed given the well-defined source of contamination. The extensive data collection on this large, highly exposed population substantially advanced our understanding of the potential human health effects of elevated exposure to PFOA.

IV. Background on Responses to Environmental Contamination

12. Responding to episodes of environmental contamination begins with immediate remediation to reduce and, if possible, eliminate ongoing and future exposure of the affected population as a public health measure. But such episodes also provide an important opportunity for research of direct scientific and public health value. Such research helps to inform regulatory policy pertaining to those contaminants, assesses the need for actions to mitigate possible long-term health consequences to the affected population through enhanced health care, and advances the level of scientific knowledge regarding the human health effects of toxicant exposure. In contrast to the low levels of PFAS that are ubiquitous in the environment and in people, where a community has been exposed to elevated levels of exposure (for example, as a result of large-scale discharges into the air and water), the ability to conduct etiologic research that addresses the causal impact of exposure is markedly enhanced.

13. The environmental contamination with PFOA from DuPont's Washington Works plant in West Virginia resulted in exposure to a large population (around 70,000 people) residing in the Mid-Ohio Valley of Ohio and West Virginia over an extended period of time. This resulted in a class action lawsuit leading to a legal settlement that included an agreement to conduct an ambitious research program to address the potential health consequences resulting from exposure to elevated levels of PFOA in the drinking water supply. This large, scientifically rigorous, and highly informative research program provides a compelling model for a research program that can and should be developed in the affected population of the Cape Fear River Watershed. The work in the Mid-Ohio Valley and resulting scientific publications were a milestone in advancing knowledge of the health effects of PFOA and PFAS. The features of that episode and resulting studies that were most critical to its achievements, which are discussed in detail below, included:

1) Historical information on releases of PFOA from the manufacturing plant over time;

2) Development of a sophisticated fate and transport model to connect the releases to estimated levels of PFOA in the drinking water supplies, identifying a wide range of levels of exposure within the study area;
3) Development of a pharmacokinetic model to link levels of PFOA in drinking water to estimated blood levels of PFOA, with the opportunity to calibrate the model using recent measurements of PFOA in the blood of area residents;
4) Ascertainment of a range of health outcomes both retrospectively and prospectively based on self-reported information from questionnaires and interviews, records provided by health departments serving the affected communities, and biospecimen (blood and urine) collection and analysis;
5) Focused sub-studies to address serum half-life of PFOA and assess immunologic response to vaccines, changes in cholesterol over time, and other issues of particular concern;
6) Conduct of rigorous analyses of the resulting data culminating in dozens of highly influential papers published in the peer-reviewed literature.

14. The C8 Science Panel generated an extensive volume of high-quality research (http://www.c8sciencepanel.org/publications.html). Based on original research that we conducted and both epidemiologic and toxicologic studies by others, the C8 Science Panel reached probable link findings for six health outcomes (http://www.c8sciencepanel.org/prob_link.html): hypercholesterolemia (elevated cholesterol), preeclampsia and pregnancy-induced hypertension, thyroid disease, ulcerative colitis, testicular cancer, and kidney cancer. We also considered a wide range of other diseases and based on the evidence available at that time we did not find sufficient support to judge that a probable link was present.

15. The research program in the Mid-Ohio Valley was logistically challenging for a number of reasons. The population was not chosen for ease of conducting research, obviously, and lived across a large rural and semi-urban region spanning two states. Health care was provided through a range of private and public sources. The contamination and resulting lawsuit were highly

contentious in the community, with many concerned about the impact on their health, property values, and potential for the manufacturing plant to be closed with the resulting loss of jobs. Community studies of this nature are always challenging given the need to obtain data from multiple sources; obtain the cooperation and assistance of the community's residents; manage a vast amount of data; collect, assay and store biospecimens; and oversee a team of research staff in a coordinated, time- and cost-efficient manner. One key contributor to the difficulty of the research was a lack of coordination at the outset between a team that was developed to identify the population and collect interview and biospecimen data and the epidemiologic research team brought in later. There are valuable lessons learned from the work in the Mid-Ohio Valley that would be of great benefit in planning and implementing an analogous program in the Cape Fear River Watershed.

16. The marked advancement in knowledge of PFAS sources, environmental contamination, human exposure, and health effects in the decade following the research in the Mid-Ohio Valley informs the approach to a new research program focused on health effects of PFAS. There are at least three other ongoing studies of geographic areas that have been affected by PFAS contamination in Ronneby, Sweden; Veneto, Italy; and a set of areas in the U.S. proximal to military bases that resulted in PFAS contamination. Each of these research initiatives offers helpful information for planning a study in the Cape Fear River Watershed. The goal of such a research program would include addressing the relationship between exposure and health outcomes in the specific population in which the studies are conducted as well as advancing knowledge of health effects of PFAS more generally in a manner that would be applicable to regulation, policy, and public health programs. To make the research as informative as possible, it would need to be designed at the outset with the ambitious, explicit goal of assessing and quantifying the causal relationship between PFAS exposure and health outcomes.

V. Justification for Health Study in the Cape Fear River Watershed

17. Upon the identification of environmental contamination as has occurred with regard to PFAS in the Cape Fear River Watershed, there are a series of immediate and longer-term actions

needed to address public health concerns. Potential health implications of the exposure are of course directly relevant to the population involved but also provide information to address concerns with PFAS health effects more generally.

18. The immediate need for an appropriate public health response calls for assessment of the scope of the contamination and actions to eliminate the exposure source. Even before there is an opportunity to assess whether or not there have been health impacts, given background knowledge on the toxicants of concern, PFAS, it is clear that elevated exposures place affected populations at risk. The source of the contamination and population exposed as a result of that contamination provide the information needed to eliminate exposure to the population as soon as possible. In this case, the primary concern is with drinking water supplies, so that uncontaminated water sources must be provided.

19. The next question, following mitigation of exposure, is whether there have been adverse health effects as a result of the (now past) exposure. There is a public service in having information to respond to inevitable and well-justified questions from those who were exposed – "Has my health been harmed by the water contamination with PFAS? Am I at increased risk of future health problems?" Although past studies of PFAS exposure and experience of other populations are informative and provide a scientific basis for speculating about likely impacts in the affected community, there is a distinct value for studies of the specific population that was exposed. In the Cape Fear River Watershed, there is a unique mix of PFAS to which the community has been exposed and uncertainty in extrapolating information from other settings. The information that comes from studies of the affected population provides a public health service to those individuals.

20. In addition, episodes such as this one provide a rare opportunity to advance scientific knowledge about health effects of PFAS more generally. In contrast to the many epidemiologic studies of populations with background levels of exposure from diet, consumer products, and low levels in drinking water, studies of populations like the one in the Cape Fear River Watershed with a distinct source of elevated PFAS have multiple important strengths for

conducting research. As illustrated by the notable contributions of the studies in the Mid-Ohio Valley, the potential for highly informative research in the Cape Fear River Watershed is compelling for several reasons:

1) A distinct source of exposure allows for historical reconstruction of past exposure levels, which is needed for the study of health outcomes that develop over many years;

2) The notably higher exposures resulting from environmental contamination and the sharp contrasts in exposure levels across groups enable a more informative study of health effects compared to studies with a narrow range of low-level exposure;

3) There are limitations that call into question the result of studies of background exposure concerning metabolic differences between people and the interpretation of differences in blood levels of PFAS that are circumvented in studies of specific environmental sources of exposure.

21. While the goal of advancing our overall understanding of health effects of PFAS is embraced by the public health and regulatory community, they do not have the expertise or resources to pursue this research effectively. Therefore, in order to provide an appropriate and informed public health response, it is necessary to directly assess the health impact of PFAS contamination in the Cape Fear River Watershed through a large, scientifically rigorous set of epidemiologic studies. Such an undertaking would provide public health agencies with the information they need to address community concerns, provide valuable information to guide regulation of PFAS, and significantly advance scientific knowledge on this set of ubiquitous and incompletely understood environmental toxicants.

VI. Historical Reconstruction of PFAS Releases

22. For estimating PFAS exposure during the period prior to routine environmental measurements, it is necessary to start with information on releases of the chemicals into the environment. Historical reconstruction of exposure requires knowing when releases first occurred, the approximate volume of material released through air and water, the physical and chemical

characteristics that would affect its dispersion in the environment, and how it changed over time, from first release to when it ended. This requires full cooperation with the commercial entity that is the source of the contamination (in this case, DuPont and Chemours) since their records, combined with any relevant government documents pertaining to the industrial site, provide the best starting point for estimation of levels of contaminants in the drinking water supply.

23. Historical measurements of PFAS in drinking water are presumably limited or absent for the earlier part of the period of interest in the Cape Fear River Watershed as was the case in the Mid-Ohio Valley. Whereas the concern in the Mid-Ohio Valley was with PFOA alone, a chemical that is persistent in both the environment and in people, the concerns in the Cape Fear River Watershed include a range of specific chemicals, some of which have a shorter half-life in serum, which would need to be taken into account in reconstructing historical environmental and human exposure.

VII. Fate and Transport Models of Exposure Pathways

24. The primary pathways by which the industrial releases of PFAS reach people must first be defined. Clearly, contamination of drinking water is a major one, perhaps the only one of significance with respect to health outcomes, but others should also be considered, including air releases leading to inhalation of PFAS or contamination of the soil, exposure through recreational water contamination, or PFAS contamination of water or soil used in agriculture leading to uptake in vegetation or local livestock or game animals. In the Mid-Ohio Valley, the dominant if not only source of exposure was contamination of the drinking water supplies, which is likely to be true in the Cape Fear River Watershed as well. This is in part a function of our ability to accurately assess exposure, with drinking water more clearly delineated than the other pathways, but also reflecting the relative magnitude of exposures that are likely for the other routes. In addition to the absolute magnitude of *exposure*, for the epidemiologic study, the most important pathways are the ones that generate human *exposure variation* in the population. For example, all of the residents have background PFAS exposure though the food supply, food packaging, and household products, but

the research is based on contrasts resulting from other sources of exposure that are not so evenly distributed in the population.

25. The fate and transport models connect the releases of PFAS to the environmental media that generate human exposure. The technology is universal but the determinants are local, including such factors as wind direction and speed, precipitation, water flow in streams and rivers, and hydrogeology. Expertise is needed to develop and apply these models to the environmental sources of human exposure, starting with a scoping exercise to determine the primary contributors and then allocating effort towards the most important ones. Assuming drinking water contamination will be dominant, this would be the main target for assessment with the other pathways less influential.

26. The Mid-Ohio Valley situation was rather complex, starting with release of PFOA into the air from the factory. We determined that direct exposure through airborne PFOA and inhalation was not likely to be significant. The released PFOA deposited in the surface water (Ohio River) as well as the soil in the surrounding area. Drinking water supplies were not from the Ohio River but from adjacent groundwater sources, so that the impact of the river contamination was through leaching of PFOA into the proximal groundwater sources. As they drew in groundwater, the community wells enhanced the leaching of contaminated river water and evolved over time. The pathways linking releases to drinking water contamination in the Cape Fear River Watershed are presumably quite different and need to be worked through to determine the primary pathway(s) of interest. For the key pathway(s), it will be necessary to model variation in specific forms of PFAS which will vary due to their chemical properties and the levels of exposure across the study region for the entire time period of concern.

27. While concerns extend to private wells as well as community supplies, the dominant human exposure would be through community supplies based on the numbers of people served. To the extent possible, estimates of groundwater levels can be assigned spatially such that exposures to those served by private wells can be estimated based on their locations, but it is inefficient to attempt to pinpoint exposures one household at a time for private well users.

VIII. Individual Exposure Estimates

28. Having estimated levels of PFAS in the drinking water and other important pathways over time, the next step is to generate individual exposure estimates for area residents. First, their residential histories have to be established to determine the time period during which they were served by contaminated drinking water. Second, pharmacokinetic models based on standard estimates of water ingestion must be developed that take into account the rates of uptake and excretion of PFAS. Unlike in the Mid-Ohio Valley, where contamination involved solely PFOA, in the Cape Fear River Watershed it may be necessary to adjust models for the different chemical forms of PFAS to which residents were exposed.

29. The product of this effort would be a year-by-year estimate of blood levels of all known PFAS for members of the study population based on their age, the time period of exposure to elevated levels of PFAS in the water supply, and pharmacokinetic models. The research would be most informative if there is substantial variation in exposure levels in the population, which is quite likely if water PFAS levels very spatially, combined with varying duration of use and age.

IX. Ascertainment of Health Outcomes and Related Information

30. In order to obtain the information needed for a complete study, it is necessary to ascertain health experience over time, which means directly communicating with the study participants. While parents can report for small children, and to some extent one household member can report for others in the home, individual surveys or interviews are needed. In addition to health data, there is a need for information on other factors that may affect health outcomes unrelated to PFAS in order to isolate any health effects due to PFAS.

31. In the Mid-Ohio Valley, a local organization was established, Brookmar, managed by a retired physician and a retired hospital administrator, to set up a series of clinics that would collect blood and administer questionnaires. Because there was sizable financial compensation for participating, they had to document that the individual was in fact eligible based on residence. But the financial incentive also resulted in a very high participation rate as would be expected, with around 70,000 participants.

32. The survey included collection of background information on each person that consisted of sociodemographic characteristics, health behaviors (tobacco, alcohol, drug use), residential history, occupational history, medical history, and potential influences on exposure such as consuming homegrown fruits and vegetables. The medical history queried disease diagnoses with dates of onset and in some cases, medications used to treat the condition. While there were a number of omissions in the Brookmar survey that could be addressed in a new research program, it does provide a baseline model for how survey participation and data collection might be done in the Cape Fear River Watershed. Consideration would need to be given to the mode of data collection, by paper questionnaires, web-based questionnaires, or telephone or in-person interviews.

33. Blood was collected primarily to ascertain PFOA levels but also to provide basic clinical chemistry including serum lipids, glucose, liver enzymes, uric acid, etc. The results of the blood tests provided valuable information that could not be ascertained based on the questionnaire alone. Expansion to include other measures such as height and weight would have been advantageous but was not done.

34. In addition to using the information from the baseline data collection, the C8 Science Panel conducted a follow-up study to ascertain new cases of disease in the period following enrollment. This allowed for use of measured PFOA levels and prospectively determined the onset of new cases of disease. It also included medical record review, as feasible, to confirm self-reported diagnoses. It may be worthwhile to conduct such a study in the Cape Fear River Watershed, although the time and expense of a prospective study is substantial.

X. Analysis and Interpretation of Results

35. Having collected all needed information, the last phase is data analysis. The relationship between PFAS exposure and the occurrence of disease is examined directly using statistical models. These models provide estimates of disease in relation to levels of PFAS exposure either expressed as a risk per unit change in PFAS or across groups such as quartiles or quintiles of exposure. The estimates of health risk based on blood levels can be interpreted with

an understanding of the relationship between water levels and blood levels, allowing water PFAS levels to be quantitatively related to disease risk.

36. It is critical that the examination of PFAS and disease take into account the other potential determinants of those diseases since these other correlated factors would otherwise distort the measured association between PFAS and health outcomes. In the Mid-Ohio Valley, water PFOA levels were more or less randomly distributed with respect to social and demographic indicators, which was advantageous for our ability to isolate any effect of PFOA from correlated factors in the study population. In many settings, the most socially deprived sector of the population has the highest exposure which can pose a challenge to isolating the impact of the environmental agent. The pattern of exposure in the Cape Fear River Watershed population would need to be examined and described.

37. The work of the C8 Science Panel culminated in a series of publications in the scientific literature (http://www.c8sciencepanel.org/publications.html) in addition to the required generation of probable link reports that were provided to the Court. While the probable link reports were thorough, there were a number of important advantages to publishing the research in academic journals. We were able to disseminate the information to other scientists and policy makers concerned with PFAS, obtain feedback from other scientists through peer-review, and establish the legitimacy of the research as a credible scientific product. The work of the C8 Science Panel advanced knowledge for use in regulatory decisions, to guide subsequent research efforts, and to inform the public, going beyond the narrow goal of fulfilling the charge to the Panel from the settling parties in the litigation.

XI. Important Differences Between the Mid-Ohio Valley and the Cape Fear River Watershed Circumstances Relevant to Epidemiologic Research

38. There are a few important ways in which the plans for a study in the Cape Fear River Watershed and the historical experience in the Mid-Ohio Valley differ, including evolution of knowledge and the key differences in the nature and source of contamination.

1) There has been a profound change in the level of scientific knowledge and public awareness of PFAS toxicity in the intervening period. Many epidemiologic and toxicologic studies have been conducted, markedly expanding our understanding of the potential health effects of PFAS, so that efforts can be more effectively targeted to specific health outcomes. While there remain a wide range of conditions that may be linked to PFAS exposure, there are a subset that can be highlighted for more concentrated study based on the advances in research.

2) The concern in the Mid-Ohio Valley was strictly with PFOA, and other forms of PFAS were not elevated. The situation in the Cape Fear River Watershed is more complex in that it involves a number of different PFAS which may have different determinants, temporal patterns, and health consequences.

3) Although much remains to be learned, the understanding of exposure determinants has advanced, with improvement in the quality of fate and transport modeling and pharmacokinetic modeling as well as an improved understanding of contributions from sources other than drinking water.

4) Logistical considerations in conducting an epidemiologic study are affected by the social, demographic, and cultural characteristics of the study populations. These factors can have direct impact on the feasibility of research in that there is a need for the cooperation of area residents through participation in a study. Furthermore, the pattern of elevated exposure determines the potential for confounding if there is a correlation between PFAS levels and other characteristics of the population. In the Mid-Ohio Valley, circumstances were favorable in that the levels of exposure were essentially unrelated to social and demographic characteristics of the population but that is not known for the Cape Fear River Watershed.

XII. Steps Required to Develop and Implement the Research Program

39. In order to conduct an epidemiologic study of the affected population, several key steps are required. Development of a detailed protocol would require extensive data gathering and

evaluation, with the basic considerations in designing a study summarized below. The very first step in implementing a study would be development of a comprehensive research plan by members of the study team, which would include experts in all of the relevant scientific disciplines. The research would include the following components:

1) Identify the affected geographic area and relevant time period over which water contamination was present. This would require establishing geographic and temporal boundaries for the study and making sure that the study region is broad enough to include a range of exposure levels, ideally some at or near background as well as the most highly exposed segments of the population. The approximate timing of exposure onset and cessation would also need to be assessed.

2) Determine water supply sources for members of the study population over time, including all relevant community supplies and private wells. The geographic scope of community water supplies would need to be defined, and changes over time in that distribution would be documented. The source of the water (surface or ground) and any concerns with water contaminants in addition to PFAS would need to be assessed.

3) Conduct a preliminary assessment of the range of exposures likely to have occurred based on available measurement or modeling data to ensure that relatively low exposure areas are included, or expand the study area to include lower exposure areas.

4) Based on the nature and timing of releases from the plant, develop a detailed fate and transport model to generate estimates of PFAS levels in drinking water over the historical period of interest.

5) Enumerate the source population for study, identifying all those who lived in the affected area for some minimum period of time (*e.g.*, one year) during the period when the water supply was contaminated. Given the lack of a population roster, this can be quite challenging to assemble and can only be estimated based on U.S. Census data and

any relevant local sources of information. While the individuals who reside or have resided there in the past cannot be identified by name, approximate numbers can be generated.

6) Recruit members of the source population for participation in a longitudinal study of health outcomes. This requires communicating with local residents and inviting their voluntary participation in a study. It might include advertising in local media, posting information about the study in commercial settings such as pharmacies, churches, or health clinics, use of social media, or mailing letters. It may also include financial incentives, as in the Mid-Ohio Valley.

7) Reconstruct residential histories for study cohort members, both within and outside the study area, including water supply sources, and current addresses.

8) Tabulate the study population by year of birth, sex, and other social and demographic characteristics, both for the total study area and for subsets defined by drinking water supplier.

9) Collect baseline blood specimen to measure PFAS and clinical chemistry (cholesterol, uric acid, etc.), and measure height and weight. This is the only aspect of study participation that would require in-person contact and could be done in homes or at study clinics.

10) Conduct a detailed interview that includes health history (with information on health care providers who diagnosed the condition), other health determinants *(e.g.*, body mass index, tobacco use), and social factors (*e.g.*, ethnicity, socioeconomic status). This could be done by paper and pencil or electronic self-administered questionnaire, telephone interview, or in-person interview.

11) Obtain permission to review medical records and link to cancer registries or other data sources for additional information. The ability to confirm self-reported disease diagnoses can be quite informative, and linkage to disease registry and vital records (births, deaths) at the state level can provide important additional information on health experiences.

12) Depending on numbers of participants and study plans, seek permission to recontact them subsequently (3-5 years later) to identify new onset of disease. The need for and feasibility of a longitudinal study would need to be examined and may or may not be advisable.

XIII. Resource Needs for Conducting Research Program

40. As noted above, developing a detailed research proposal analogous to the documents required by the National Institutes of Health in a research proposal would be a major undertaking that includes generating preliminary data and developing detailed documents on the study methods. However, it is possible to provide a general description of the types of expertise needed from the team of investigators and the research staff activities that would be required to execute the study.

41. The team of investigators would be led by experts in environmental epidemiology who have the breadth of knowledge and experiences to oversee the diverse activities involved. Collaborating investigators would include:

- fate and transport modelers to acquire and develop the data on releases and resulting environmental distribution culminating in water contaminant levels;
- pharmacokinetic modelers to translate environmental PFAS levels into human blood levels based on an understanding of the uptake, metabolism, and excretion of PFAS;
- biostatistician to guide all quantitative aspects of the study from population size to data analysis;
- clinical epidemiologist to address the specific diseases of concern, guiding the collection of self-reported data, medical record confirmation, and interpretation of resulting data; and
- survey research methodologist to inform the approach to data collection including use of varying modes (questionnaires, interviews), strategy to generate sufficient participation, community relations pertaining to the study, etc.

42. The investigators would design, guide, and oversee the actual field work involved in conducting the study but substantial additional support staff would be needed to implement the protocol. The general set of activities would include the following:

- demographic/survey/geography staff to identify study area, enumerate the population, and determine water supply sources;
- environmental science staff to acquire and manage the data on PFAS releases and distribution in the environment;
- survey research staff for recruiting participants, interviewing participants, developing web-based data collection, managing the data, and documenting data quality;
- field office staff to collect, process, and manage biospecimens; and
- data analysis staff to manage incoming data and conduct statistical analyses.

XIV. Estimated Timeline for Developing and Conducting Study

43. Conduct of a study as challenging and complex as the one that has been described would require an estimated four-year period from start to finish, possibly five, taking inevitable delays into account. While parts of the study could be done in parallel, some aspects must be sequenced, and the scale of the research program and many component parts require very detailed planning to ensure success.

44. Year 1: Scope out the study setting and population; develop preliminary data on exposure distribution and levels; enumerate potential study participants to be contacted; assess sources of medical care for area population; develop local partnerships with community leaders and establish a community advisory board; and determine optimal setting for blood draws and exams. By the end of the first year, all aspects of the protocol would be developed, pilot-tested, and refined, and preparations would be made for scaling up for the full study.

45. Years 2-3: Recruit and enroll study population; collect blood; conduct initial interviews/surveys; refine exposure models to assign water PFAS levels by place and time; and develop pharmacokinetic models to link residential histories to estimated levels of exposure.

46. Year 4: Conduct medical record validation; link to cancer registry and other data sources; conduct preliminary analyses of historical disease data; complete final data cleaning and analysis; and prepare report and publications on study findings.

Dated: __June 21, 2021_

David A. Savitz

Exhibit A

CURRICULUM VITAE

June 2021

David A. Savitz, Ph.D.
Providence, RI 02912
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David_Savitz@Brown.edu

EDUCATION

BA, **Brandeis University,** Waltham, Massachusetts - 1971-1975

Ohio State University College of Medicine, Columbus, Ohio
(Passed Part I, National Boards) - 1975-1976

MS, **Ohio State University,** Department of Preventive Medicine
Columbus, Ohio - 1976-1978

PhD, University of Pittsburgh, Department of Epidemiology
Graduate School of Public Health
Pittsburgh, Pennsylvania - 1979-1982

HONORS/AWARDS

1975 - Highest Honors in Psychology
Brandeis University
B.A., summa cum laude
Brandeis University

1983 - Excellence in Teaching Award, Second Year Medical Students, University of Colorado School of Medicine

1999 - Elected to American Epidemiological Society

William R. Gemma Award, Outstanding Alumnus, Department of Preventive Award, Ohio State University

2003 - Slone Memorial Lecturer, Slone Epidemiology Center at Boston University

2004 - Advancing Knowledge Award, Coalition for Excellence in Maternal and Child Health Epidemiology

Distinguished Graduate Award, University of Pittsburgh Graduate School of Public Health

2007 - Elected Member, National Academy of Medicine (formerly Institute of Medicine)

2011 - Distinguished Lecturer, Occupational and Environmental Epidemiology Branch, National Cancer Institute

2019 – David Rall Medal for Distinguished Leadership as Chair of Study Committee, National Academy of Medicine

2019 – John Snow Award, Epidemiology Section, American Public Health Association

ACADEMIC APPOINTMENTS

2020 (July-Aug)	Interim Dean for the School of Public Health School of Public Health Brown University Providence, Rhode Island
2010–Present	Professor of Epidemiology School of Public Health Professor of Obstetrics and Gynecology Professor of Pediatrics The Warren Alpert Medical School Brown University Providence, Rhode Island
2018-2019	Associate Dean for Research School of Public Health Brown University Providence, Rhode Island
2013-2017	Vice President for Research Brown University Providence, Rhode Island
2006-2010	Charles W. Bluhdorn Professor of Preventive Medicine Director, Disease Prevention and Public Health Institute Mount Sinai School of Medicine New York, New York
2003-2005	Cary C. Boshamer Distinguished Professor Department of Epidemiology School of Public Health University of North Carolina Chapel Hill, North Carolina
1999-2005	Associate Director, Center for Infectious Diseases
1996-2005	Professor and Chair
1993-1996	Professor
1992-2005	Member, Lineberger Comprehensive Cancer Center
1989-1992	Associate Professor
1986-2005	Fellow, Carolina Population Center
1985-1989	Assistant Professor
1981-1985	Assistant Professor Department of Preventive Medicine and Biometrics University of Colorado School of Medicine Denver, Colorado

1979-1981	Public Health Service Trainee in Psychiatric Epidemiology Department of Epidemiology Graduate School of Public Health University of Pittsburgh Pittsburgh, Pennsylvania
1977-1979	Researcher (Epidemiology) Ecology and Ecosystems Analysis Section Battelle-Columbus Laboratories Columbus, Ohio

OTHER PROFESSIONAL APPOINTMENTS

Elected Positions in Professional Societies

Society for Epidemiologic Research

1987-1991	Secretary-Treasurer
1994-1997	Executive Committee Member
1999-2000	President-Elect
2000-2001	President
2001-2002	Past President

International Epidemiological Association

1996-2001	North American Regional Councilor

Society for Pediatric and Perinatal Epidemiologic Research

2003-2004	President-Elect
2004-2005	President

International Society for Environmental Epidemiology

2012-2014	Executive Council Member

Appointed Membership to Editorial Boards

1988-1990, 2010-Present	Associate Editor, American Journal of Epidemiology
1990-1998	Editor, American Journal of Epidemiology
1989-1990	Editorial Board, Bioelectromagnetics
1993-1997, 2009-Present	Editorial Board, Environmental Health Perspectives
1996-2001	Editorial Board, Japanese Journal of Epidemiology
1998-2005	Editorial Board, Pediatric and Perinatal Epidemiology
2001-2013	Editor, Epidemiology
2005	Editorial Board, Annual Reviews in Public Health
2008-2012	Editorial Board, Journal of Neurodevelopmental Disorders

Manuscript Review	American Industrial Hygiene Association Journal American Journal of Epidemiology American Journal of Industrial Medicine American Journal of Obstetrics and Gynecology American Journal of Preventive Medicine American Journal of Public Health Annals of Epidemiology

Bioelectromagnetics
Birth Defects Research A
British Journal of Obstetrics and Gynecology
CA -- A Cancer Journal for Clinicians
Cancer Epidemiology Biomarkers and Prevention
Cancer Causes and Control
Cancer Research
Critical Reviews in Toxicology
Developmental Origins of Health and Disease
Drug Safety
Environment International
Environmental Health Perspectives
Environmental Research
Environmental Technology Letters
Epidemiology
Ethnicity and Diseases
International Journal of Epidemiology
Journal of the American Medical Association
Journal of Clinical Epidemiology
Journal of Exposure Analysis and Environmental Epidemiology
Journal of the National Cancer Institute
Journal of Occupational and Environmental Medicine
Journal of Pediatrics
Journal of Toxicology and Environmental Health
Journal of Urban Health
Mayo Clinic Proceedings
New England Journal of Medicine
Obstetrics and Gynecology
Occupational and Environmental Medicine
Occupational Hygiene
Pediatric and Perinatal Epidemiology
Pediatrics
PLOS One
Preventive Medicine
Reproductive Toxicology
Risk Analysis
Sleep
Teratology

Intramural/Extramural Committees

University of Colorado

1982-1983	Member, Faculty Senate
1982-1985	Member, Admissions Committee Department of Preventive Medicine and Biometrics
1983-1985	Chairperson, Comprehensive Examination Committee Department of Preventive Medicine and Biometrics
1983-1985	Member, Appointments and Promotions Committee Department of Preventive Medicine and Biometrics
1984-1985	Director, Epidemiology Program Community Health Section Department of Preventive Medicine and Biometrics

University of North Carolina

1986-1992	Chair, Seminar Committee Department of Epidemiology
1986-1989	Member, Institutional Review Board on Research Involving Human Subjects School of Public Health
1986-1991, 1994-1996	Member, Admissions Committee Department of Epidemiology
1987-1996	Member, Training Committee Carolina Population Center
1987-1990	Co-Chairperson, Low Birth Weight Prevention Task Force, Center for Health Promotion and Disease Prevention
1988-1990	Member, Seminar Committee Carolina Population Center
1989-1990	Alternate Member, University Faculty Council
1989-1994	Advisory Council, Carolina Population Center
1989	Member, Search Committee, Nutrition Department Chair
1990	Member, Strategic Planning Task Force School of Public Health
1991-1993	Member, Academic Programs Committee School of Public Health
1993-1996	Member, Appointments and Promotions Committee School of Public Health
1994-1996	Member, Advisory Committee for the Center for Environmental Medicine and Lung Biology
1996- 2004	Member Advisory Board, Sheps Center for Health Services Research
1996-1997	Member, Search Committee, Director of Lineberger Cancer Center
1997-1998	Chair, Search Committee, Department of Biostatistics Chair
2002-2003	Chair, Search Committee, Department of Maternal and Child Health Chair
2004-2005	Chair, Advisory Board, Sheps Center for Health Services Research
2005	Chair, Search Committee, Department of Nutrition Chair

Brown University

2010-2011	Member, Admissions Committee
2010-2012	Chair, Search Committee, Environmental Epidemiology Faculty Recruitment
2012	Chair, Methods Curriculum Review Committee
2018-Present	Associate Director, Center for the Study of Children at Risk
2018-Present	Chair, Internal Advisory Committee, Advance-CTR
2020	Chair, Search Committee for the Chair of Epidemiology, School of Public Health

Grant Review

1983	Grant Review, American Cancer Society New York, New York
1983-1989	Grant Review, National Science Foundation

	Washington, D.C.
1984, 1986	Grant Review, March of Dimes
1985, 1988, 1991, 1993	Member, Special NIH Study Section
1986-1987	Grant Review, Electric Power Research Institute
1989	Grant Review, National Institute of Environmental Health Sciences
1989	Grant Review, Health Effects Institute
1989-1992	Member, March of Dimes Research Advisory Committee on Reproductive Hazards in the Workplace, Home, Community and Environment
1990, 1992, 1994	Grant Review, Health and Welfare Canada
1990	Grant Review, U.S. Department of Energy
1991-1993	Special Reviewer, Epidemiology and Disease Control I Study Section, National Institutes of Health
1994-1998	Charter Member, Epidemiology and Disease Control I Study Section, National Institutes of Health
1994	Grant Review, Dutch Cancer Society
1998	Special Reviewer, Radiation Epidemiology Branch National Cancer Institute
1999	Special Reviewer, Occupational Epidemiology Branch National Cancer Institute, Johnson Foundation
1989-1992	Member, March of Dimes Research Advisory Committee on Reproductive Hazards in the Workplace, Home, Community and Environment
1994-1998	Charter Member, Epidemiology and Disease Control I Study Section, National Institutes of Health
2005	March of Dimes Birth Defects Foundation, Social and Behavioral Sciences Review Committee
2005	Young Epidemiology Scholars Program, Robert Ward
2012	Reviewer, Autism Networks and Center Programs Study Section, National Institutes of Health
2012	Ad Hoc Member, Infectious, Reproductive, Asthma, and Pulmonary Conditions Study Section, National Institutes of Health
2012	Reviewer, Core Infrastructure and Methodological Research for Cancer Epidemiology Cohorts Study Section
2012	Chair, Contract Review, Exposure to Contaminants in the Generation R Study, National Institute of Environmental Health Sciences
2014-2019	Member, National Institutes of Health Grant Review, Conflict/Special Study Sections (multiple)
2016, 2017	Chair, GULF Synthesis Grants Review Committee, GULF Research Program, National Academies of Sciences, Engineering, and Medicine

Other Scientific Review Committees, Congressional Testimony, and Related Professional Activities

1982-1983	Member, Planning Committee Cancer Prevention Conference AMC Cancer Center and Penrose Hospital
1983	Member, Governor's Advisory Group on Rocky Flats, Colorado State Government
1984	Member, Extremely Low Frequency Electromagnetic

	Fields Bioeffects Review Committee American Institute for Biological Sciences
1985-1986	Expert Witness, Benzene Regulation Hearings U.S. Occupational Safety and Health Administration
1986-1988	Member, Family Health International Protection of Human Subjects Committee
1986	Member, Electric Power Research Institute Program Review on Non-Ionizing Radiation
1986-1991	Member, National Council on Radiation Protection and Measurements Scientific Committee 79 Extremely Low Frequency Electric and Magnetic Fields
1987	Testimony, U.S. House of Representatives Subcommittee on Water and Power Resources and Human Development Planning Conference
1988	Participant, National Institute for Child Health on the Reproductive Effects of Video Display Terminal Use
1988	Member, Ad Hoc Committee on Reproductive and Developmental Epidemiology U.S. Environmental Protection Agency
1989-1992	Member, Peer Review Committee Woburn Environment and Birth Study
1989-1992	Chair, Working Group on Electromagnetic Fields Environmental Epidemiology Planning Project Health Effects Institute
1990	Member, Planning Committee for International Symposium on Birth Defects Epidemiology March of Dimes Birth Defects Foundation
1993-1996	Vice Chairman, Committee on Possible Effects of Electromagnetic Fields on Biologic Systems National Research Council, National Academy of Sciences
1994-1996	Member, Committee to Review the Health Consequences of Service during the Persian Gulf War, Institute of Medicine, National Academy of Sciences
1997-2001	Member, Maternal and Fetal Medicine Network Advisory Committee, National Institute of Child Health and Human Development
1999	Member, Panel of Court Appointed Scientific Experts (CASE) for the American Association for the Advancement of Science (AAAS)
1999-2004	Member, Board of Scientific Counselors, National Cancer Institute
1999	Co-Chair, Scientific Organizing Committee, NIEHS Conference on Epidemiology in the Twenty-First Century
1999-2000	Member, External Advisory Board, The University of Iowa College of Public Health
2000-2002	Member, American Cancer Society Breast Cancer Prevention Forum
2000-2013	Member, Standing Committee on Epidemiology, International Commission on Non-Ionizing Radiation Protection
2001	Witness, Senate Cancer Coalition, Hearing on Cancer

	Clusters
2001-2005	Member, Advisory Committee for the Trucking Industry Particle Study, Harvard University
2002	Panel Member, Joint Science, Technology, and Law Program and American Law Institute, National Academy of Sciences
2002	Panelist, Health Canada Workshop Held to Identify Critical End Points for Assessment of the Health Risks Related to Trihalomethanes in Drinking Water
2002-2003	Member, Expert Panel on Risks and Benefits of Policies to Reduce Human Methyl Mercury Exposure through Fish Consumption, Harvard Center for Risk Analysis
2002-2003	Member, Advisory Panel on Health Effects of Blood Lead Levels <10μg/dl in Children, Centers for Disease Control and Prevention, National Center for Environmental Health
	Consultant, Case-Control Study of Gynecologic Cancers in Northern Vietnam, Family Health International
2002 – 2012	Member, Agricultural Health Study Advisory Committee
2004 - 2005	Armed Forces Epidemiologic Board
2004	Chair, National Children's Study Sampling Design Workshop
2004-2005	Member, Committee on EPA's Exposure and Human
2004-2006	Health Reassessment of TCDD and Related Compounds, Board on Environmental Studies and Toxicology, National Academy of Sciences
2005-2006	Member, Committee on Preterm Birth: Causes, Consequences, and Prevention, Institute of Medicine, National Academy of Sciences
2006—2009	Member, Advisory Panel on Research, Association of American Medical Colleges
2006 – 2010	Member, University of North Carolina School of Public Health External Advisory Board
2006– 2008	Chair, Committee on Making the Best Use of the Agent Orange Exposure Reconstruction Model, Institute of Medicine, National Academy of Sciences
2007 – 2009	Chair, Committee on Contaminated Drinking Water at Camp Lejeune, National Research Council, National Academy of Sciences
2008 – 2009	Member, Committee on Reexamination of IOM Pregnancy Weight Guidelines, Institute of Medicine, National Academy of Sciences
2009	Member, International Agency for International Research on Cancer, Monograph 100 Working Group
2010 – 2011	Member, Committee on Obesity Prevention Policies for Young Children, Institute of Medicine, National Academy of Sciences
2010	Member, Planning Committee for Institute of Medicine Workshop on Assessing the Effects of the Gulf of Mexico Oil Spill on Human Health
2012 – 2014	Member, Centre for Research in Environmental Epidemiology Scientific Advisory Committee

2015 – Present	Co-Chair, ISGlobal (formerly Centre for Research in Environmental Epidemiology [CREAL]) Scientific Advisory Committee
2013-2014	Chair, Committee to Review of EPA's Draft Paper on State of the Science on Nonmonotonic Dose Response, National Research Council
2013	Member, Advisory Council, Population Sciences and Epidemiology Integrated Review Group Evaluation, Center for Scientific Review, National Institutes of Health
2014-2016	Member, Board on the Health of Selected Populations, Institute of Medicine, National Academy of Sciences
2015	Chair, World Health Organization Workshop on the Effect of Maternal Influenza and Influenza Vaccination on the Developing Fetus, Montreal, Canada
2015-2017	Chair, Committee to Assess the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry, National Academy of Medicine
2017-2018	Member, Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems (ENDS), National Academy of Medicine
2017-Present	Academic Advisor, Michigan PFAS Action Response Team
2018-Present	Chair, Research Committee, Health Effects Institute
2019-2020	Chair, Committee to Review the Long-Term Effects of Antimalarial Drugs, National Academy of Medicine
2019-2020	Committee to Review NTP Monograph on the Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects
2020-Present	Chair, Committee to Reassess the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry, National Academy of Medicine

TRAINING RECORD AS PRIMARY ADVISOR TO MASTERS AND DOCTORAL STUDENTS

Masters

University of North Carolina

1988	Lisa Feingold, MSPH
	Peter S. Kapernick, MPH
1989	Sally S. Harris, MPH
1990	Michael T. O'Shea, MPH
	Sara M. Sarasua, MSPH
1991	Kathryn M. Menard, MPH
1992	Josephine A. Evans, MPH
1996	Kurtis Andrews, MSPH
	Michael Gallagher, MSPH
	Gayle Shimokura, MSPH

1997	Valerie King, MPH
2004	Nora Franceschini, MPH
	Yevgeniy Sheyn, MPH
2005	Cherrie Heller, MPH
2010	Michele La Merrill, MPH

Brown University

2012	Paul Davis, MPH
	Hannah Shamjii, MPH

Doctoral

University of North Carolina

1987	Hillary Klonoff-Cohen, PhD
1989	Debora Barnes, PhD
1990	Ester John, PhD
1991	Katherine M. Brett, PhD
	Martha Ann Keels, PhD
	Howard Morrison, PhD
	Shao Lin, PhD
1992	Cheryl Blackmore, PhD
	Debra E. Irwin, PhD
1993	Elizabeth M. Barnett, PhD
1994	Tye E. Arbuckle, PhD
	Laurie Elam Evans, PhD
	Kristine-Anne ToloPhD
	Suzanne L. West, PhD
	Jun Zhang, PhD
1996	Cande Ananth, PhD
	Kathryn Curtis, PhD
	Linda, Kaste, PhD
1997	Linda Pastore, PhD
1998	Amy Sayle, PhD
1999	Katherine E. Hartmann, PhD
2001	Nancy Dole, PhD
	Rukmini Bagchee Balu, PhD
2002	Juan Yang, PhD
	Lisa Pompeii, PhD
2004	Sherry Farr, PhD
2005	Emily Harville, PhD

Brown University

2014	Valery Danilack
2017	Kimberly Glazer

TEACHING ACTIVITIES

University Courses

University of Colorado

1981-1985	Discussion group leader, Epidemiology course for Medical Students – 12 contact hours each year
1983	Excellence in Teaching Award, Second Year Medical Students, University of Colorado School of Medicine
1982-1984	Introduction to Occupational and Environmental Health – 30 contact hours
1984-1985	Advanced Epidemiologic Methods – 30 contact hours

University of North Carolina

1985-1996, 1998-2005	Epidemiologic Research Methods – 35 contact hours
1986-1994	Reproductive Epidemiology – 26 contact hours
1997	Advanced Epidemiologic Methods – 30 contact hours

Brown University

2011-2012	Environmental and Occupational Epidemiology – 40 contact hours
2011	Critical Epidemiology – 40 contact hours
2013, 2016-2017, 2019-2021	Interpretation and Application of Epidemiology – 40 contact hours
2018-2019	Reproductive Epidemiology – 40 contact hours

Other Teaching

1988	New England Epidemiology Institute Summer Program Course on Occupational and Environmental Epidemiology
1991	University of Michigan Summer Program in Epidemiology Course on Environmental Epidemiology
1997	Faculty for the Society for Epidemiologic Research Student Workshop

GRANT AND CONTRACT SUPPORT

Completed

Reproductive Hazard Surveillance Among Oil, Chemical, and Atomic Workers Union Members (M. Orleans, Principal Investigator, D. Savitz, Co-Investigator) March of Dimes, $32,000, January 1, 1981-August 31, 1984.

Case-Control Study of Invasive Cervical Cancer (R.F. Hamman, Principal Investigator, D. Savitz, Project Director), National Cancer Institute through Westat Subcontract, $140,961, June 1, 1982-July 31, 1984.

Oil Shale Technology Health and Environmental Effects Risk Analysis (W. Marine, Principal Investigator, D. Savitz, Co-Investigator), U.S. Department of Energy, $20,723, September 1, 1982-August 31, 1983; $25,000, December 1, 1983-September 30, 1984.

Ethnicity and Cancer Risk in Colorado Hispanics (D. Savitz, Principal Investigator), Biomedical Research Assistance Committee, University of Colorado, $5,670, September 1, 1982-February 28, 1983.

Cancer Risk among Oil, Chemical, and Atomic Workers Exposed to Halogenated Hydrocarbons (D. Savitz, Principal Investigator), American Cancer Society Institutional Research Grant, $5,000, October 1, 1982-December 31, 1983.

Childhood Cancer and Electromagnetic Field Exposure (D. Savitz, Principal Investigator), Health Research, Incorporated, New York State Department of Health, $391,000, December 1, 1983-August 31, 1987.

Association of Parental Occupation with Late Fetal Mortality and Low Birth Weight (D. Savitz, Principal Investigator), March of Dimes, $50,000, January 1, 1986-November 30, 1987.

Low Birth Weight among Offspring of Smokeless Tobacco Users: A Feasibility Study (D. Savitz, Principal Investigator), University of North Carolina Research Program, $1,500, January 1, 1987 - December 31, 1987.

Epidemiologic Study of Utility Workers Exposed to Electric and Magnetic Fields (D. Savitz, Principal Investigator), Electric Power Research Institute, $5,381,303, July 1, 1987 - December 31, 1997.

Adverse Pregnancy Outcomes among Cosmetologists. (D. Savitz, Principal Investigator with doctoral student, E. John), National Institute for Occupational Safety and Health, $30,000, October 1, 1987-May 31, 1990.

Adverse Pregnancy Outcomes among Cosmetologists. (D. Savitz, Principal Investigator with doctoral student, E. John), March of Dimes, $53,000, December 1, 1987-March 31, 1990.

Development of Capabilities for Microcomputer Data Analyses of Epidemiologic Data (D. Savitz, Principal Investigator), University of North Carolina Junior Faculty Development Award, $3,000, January 1, 1988-December 31, 1988.

Epidemiology of Pregnancy Outcome in a Textile Community (D. Savitz, Principal Investigator), National Institutes of Health, National Institute of Child Health and Development, $350,000, March 1, 1988-February 28, 1993.

Menstrual Cycle Patterns and Risk of Breast Cancer (D. Savitz, Principal Investigator with doctoral student, E. Whelan), National Institutes of Health, National Cancer Institute, $25,000, August 1, 1988-December 31, 1989.

The Effect of Exposure to Mercury Vapor and Nitrous Oxide on the Risk of Spontaneous Abortion among Female Dental Assistants (D. Savitz, Principal Investigator with doctoral student, A. Rowland), March of Dimes, $50,000, January 1, 1989-December 31, 1990.

Phenoxy Herbicides and Spontaneous Abortions in Ontario (D. Savitz, Principal Investigator with doctoral student, T. Arbuckle), National Institutes of Health, National Institute of Environmental Health Sciences, $404,982, May 15, 1991 - April 30, 1995.

Lead in Pregnancy, Hypertension, and Neonatal Health (I. Hertz-Picciotto, Principal Investigator, D. Savitz, Co-Investigator), National Institutes of Health, National Institute of Environmental Health Sciences, $855,694, August 1, 1991 - July 31, 1994.

Case-Control Study of Risk Factors in Neuroblastoma (A. Olshan, Principal Investigator, D. Savitz, Co-Investigator), National Institutes of Health, National Cancer Institute, $1,211,736, September 30, 1991 - August 31, 1997.

Genetic susceptibility and dietary factors in ovarian dysfunction: galactose consumption, metabolism, and reproductive impairment (D. Savitz, Principal Investigator with doctoral student, Glinda Cooper), March of Dimes Birth Defects Foundation, $39,216, January 1, 1992 - July 31, 1995.

Mercury and Reproductive Health in Women Dentists (D. Savitz, Principal Investigator, L. Kaste, Co-Investigator), National Institutes of Health, National Institute of Dental Research, $34,245, May 1, 1992 - April 30, 1993.

Parental Occupation and Pregnancy Outcome: Analysis of the National Maternal and Infant Health Survey (D. Savitz, Principal Investigator), March of Dimes Birth Defects Foundation, $54,285, April 1, 1993 - March 31, 1995.

Parents' Drinking, Toxicant Interactions, and Pregnancy (D. Savitz, Principal Investigator), National Institute of Alcoholism and Alcohol Abuse, $50,000, July 1, 1993 - June 30, 1995.

Psychosocial Risks and Preterm in African-American Women, (D. Savitz, Principal Investigator), Centers for Disease Control, $122,222 October 1, 1996 - September 30, 1998.

Cancer Mortality in Minority Workers (D. Loomis, Principal Investigator, D. Savitz, Co-Investigator), National Institute of Occupational and Statistical Health, $243,895, September 30, 1995 - September 29, 1997.

Epidemiology of Preterm Premature Rupture of Membranes (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, $1,182,246, January 1, 1995 - December 31, 1998.

Pesticides and Breast Cancer in North Carolina (D. Savitz, Principal Investigator), National Institute of Environmental Health Sciences, $883,813, January 1, 1995 - December 31, 1998.

Predictors of Urinary Tract Infection during Pregnancy, (L. Pastore, Principal Investigator, D. Savitz, Co-Investigator), Agency for Health Care and Policy Research, $20,000, September 1, 1995 - December 31, 1996.

Environment and Breast Cancer (D. Savitz, Principal Investigator), National Cancer Institute, $201,793, September 30, 1994 - September 29, 1998.

Supplement to Epidemiology of Preterm Premature Rupture of the Membranes on Cocaine and Preterm Delivery, (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, $492,914, September 9, 1996 - December 31, 1998.

Research to Advance Environmental Epidemiology: Improving the Use of Human Data in Risk Assessment (D. Savitz, Principal Investigator), US Environmental Protection Agency, $1,584,928, July 1, 1992 - June 30, 1999.

Nutritional Biochemistry and Epidemiology of Cancer Training Grant (L. Kohlmeier, Principal Investigator), National Institute of Environmental Health Sciences, $423,297, July 1, 1997 – June 30, 2002.

Pfiesteria-Related Illness Surveillance and Prevention (C. Moe, Principal Investigator), North Carolina Department of Health and Human Services, $1,362,821, April 1, 1998 – March 31, 2001.

Influence of Iron, Zinc and Folate on Preterm Delivery (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, $1,405,542, January 1, 1999 – December 31, 2001.

Occupational Exertion and Preterm Delivery (D. Savitz, Principal Investigator), March of Dimes Birth Defects Foundation, $94,877, June 1, 1999 – May 31, 2000.

Psychosocial Factors in African-American and Preterm Birth, (D. Savitz, Principal Investigator), Association of Schools of Public Health/Centers for Disease Control and Prevention, $170,952, September 9, 1999 – September 8, 2002.

Community-Level Social Influences on Preterm Birth, (D. Savitz, Principal Investigator), Association of Schools of Public Health/Centers for Disease Control and Prevention, $196,791, October 1, 1999 – September 30, 2002.

ANCA Glomerulonephritis: From Molecules to Man (R. Falk, Principal Investigator, D. Savitz, Co-Investigator) National Institute of Diabetes and Digestive and Kidney Diseases $1,070,474, September 1, 2000 – August 31, 2005

Drinking Water Disinfection By-Products and Spontaneous Abortion (D. Savitz, Principal Investigator) American Water Works Association Foundation $3,500,000, November 1, 1999 – September 30, 2005

Reliability, Validity, and Variability in Behavioral Determinants of Drinking Water Disinfection By-Products Exposure (D. Savitz, Principal Investigator) US Environmental Protection Agency $471,000, September 15, 2001 – September 14, 2005

Drinking Water Disinfection By-Products and Male Reproductive Health: Semen Quality and Sperm Biomarkers (A. Olshan, Principal Investigator; D. Savitz, Co-Investigator) US Environmental Protection Agency $557,340, October 1, 2001 – September 30, 2005

Environmental Epidemiology and Exposure Assessment Training Grant Project (L. Kupper, Principal Investigator; D. Savitz, Co-Principal Investigator) National Institute of Environmental Health Sciences $5,642,423, July 1, 2002 – June 30, 2007

Epidemiology of Exertion, Stress, and Preterm Delivery Project (D. Savitz, Principal Investigator) National Institute of Child Health and Human Development $2,154,340, February 1, 2000 – January 31, 2006

Placental Vascular Compromise and Preterm Delivery (J. Thorp, Principal Investigator, D. Savitz, Co-Principal Investigator) National Institute of Child Health and Human Development $2,281,788, September 1, 2001 – August 31, 2006

National Children's Study Duplin County Vanguard Center (B. Entwisle, Principal Investigator; D. Savitz, Original Principal Investigator, consultant). National Institute of Child Health and Human Development $1,091,825, September 30, 2005 – September 29, 2008

Ethnicity and Birth Outcome in New York City (D. Savitz, Principal Investigator) National Institute of Child Health and Human Development, $275,000, January 1, 2006 – December 31, 2008

Risk Factors for Onset and Persistence of TMD (W. Maixner, Principal Investigator; D. Savitz, Co-Investigator through July 2009) National Institute of Dental and Craniofacial Research, $17,216,202, October 1, 2005 – July 31, 2012

National Children's Study Queens County Vanguard Center (P. Landrigan, Principal Investigator; D. Savitz, Co-Investigator). National Institute of Child Health and Human Development $1,091,825, September 30, 2005 – September 29, 2008

C8 and Reproductive and Neurodevelopmental Outcomes (D. Savitz, Principal Investigator, Garden City Group, Inc., $605,693 September 1, 2010 – August 31, 2013

The Epidemiology of Hospitalized Postpartum Depression (D. Savitz, Principal Investigator, NIH 5R21HD0588111-02, $116,629, September 1, 2010 – March 31, 2014

The National Standard for Normal Fetal Growth (E. Chien, Principal Investigator, D. Savitz, Co-Investigator). National Institute of Child Health and Human Development $8,815. September 30, 2010 – December 31, 2011

Metals in Hair and Child Neurobehavioral Development (C. Stein, Principal Investigator; D. Savitz, Subcontract Principal Investigator), Mount Sinai/NIEHS, $41,517, September 1, 2011 – August 31, 2013

Air Pollution and Pregnancy Outcome in New York City (D. Savitz, Principal Investigator), NIH 1-R01 - ES019955, $339,071, April 1, 2011 – March 31, 2015

The Epidemiology of Postpartum Depression and Associated Childhood Outcomes (M. Silverman, Principal Investigator; D. Savitz, Co-Investigator) NIH 1R21HD073010, $24,308, August 1/13- July 31, 2015

Residential Air Pollution and Preeclampsia (D. Savitz, Co-Investigator), NIEHS 1R21ES023073, $204,778, July 1, 2013 – June 30, 2016

Marcellus Shale Development, Respiratory & Reproductive Outcomes in Pennsylvania (B. Schwartz, Principal Investigator; D. Savitz, Co-Investigator)) NIH 1R21ES023675, $11,748, December 1, 2013 – November 30, 2015

Residential Air Pollution and Preeclampsia (G. Wellenius, Principal Investigator, D. Savitz, Co-Investigator) R21ES023073-01, $160,035, August 9, 2013 – July 31, 2017.

Effect of Iatrogenic Delivery at 34-38 Weeks' Gestation on Pregnancy Outcome (D. Savitz, Principal Investigator) 1R01HD077592-01A1, $345,602, May 15, 2014 – April 30, 2019

Children's Health Exposure Analysis Resource (CHEAR): Coordinating Center (U24) (B. O'Brien, Principal Investigator, D. Savitz, Co-Investigator) 1U24ES026539-01, $2,650,342, September 30, 2015 – August 31, 2019

CURRENT SUPPORT

Multi-Site Study of Health Implications of Exposure of PFAS-Contaminated Drinking Water – PA PFAS Study (L. Brown, Principal Investigator, D. Savitz, Co-Investigator) CDC ATSDR $41,186 10/01/2019 - 09/30/2020

The Prenatal and Childhood Mechanisms of Health Disparities: Protocol Development and Initial Recruitment and Attention (Disparities) (K. Batts, PI, D. Savitz, Co-Investigator) NICHD $119,803 10/01/2019 – 02/02/2021

Impact of Open Burn Pit Exposure on Respiratory and Cardiovascular Health among Military Veterans (D. Savitz, Principal Investigator) DOD IIRA $1,400,000 July 1, 2019 – June 30, 2022

Human Health Exposure Analysis Resource (HHEAR): Coordinating Center (B. O'Brien, PI, D. Savitz, Co-Investigator), NIEHS $817,221 September 5, 2019 – May 31, 2020

Multi-Site Study of Health Implications of Exposure of PFAS-Contaminated Drinking Water (L. Brown, PI) ATSDR $164,734 October 1, 2019 – September 30, 2024

Neonatal Cry Acoustics and Neurobehavioral Characteristics as Early Markers of Risk for Autism Spectrum Disorder (S. Sheinkopf, PI, D. Savitz, Co-Investigator) NICHD $753,899 September 9, 2019 – June 30, 2024

Clinical Markers of Neonatal Opioid Withdrawal Syndrome: Onset severity and Longitudinal neurodevelopmental outcome (B. Lester, E. Conradt, Co-PIs, D. Savitz Co-Investigator) NICHD $801,638 April 1, 2020 – February 28, 2025

PUBLICATIONS:

Published Peer-Reviewed Articles including Research with Original Data, Reviews, and Commentaries

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Baylor College of Medicine
Boston University
Brown University
Dartmouth University
Drexel University
Eastern Virginia Medical School
Emory University
Harvard University
Johns Hopkins University
Memorial Sloan Kettering Cancer Center
Mount Sinai School of Medicine
Michigan State University
New York State Department of Health
Ohio State University
Oregon State University
Robert Wood Johnson Medical School
State University of New York School of Public Health
University of Alabama at Birmingham
University of California, San Francisco
University of Buffalo
University of Chicago
University of Cincinnati
University of Connecticut
University of Michigan
University of Minnesota
University of Pittsburgh
University of Texas
Vanderbilt University

Other Organizations/Research Meetings

American College of Epidemiology
American Conference of Governmental and Industrial Hygienists
Center for Urban Epidemiologic Studies
Health Effects Institute Annual Conference
International Society for Environmental Epidemiology
National Academy of Sciences

National Cancer Center
National Institute of Child Health and Human Development
National Institute of Occupational Safety and Health
Norwegian Epidemiological Society
Population Association of America
Society for Epidemiologic Research SERTalks
Teratology Society

Invited International Presentations

Electromagnetic Fields and Childhood Cancer. Department of Environmental Epidemiology Seminar, Karolinska Institute, Stockholm, 1987

Epidemiologic Studies of Electromagnetic Fields and Cancer. Plenary Presentation, International Society for Environmental Epidemiology, Stockholm, Sweden 1993

Epidemiology of Childhood Cancer, Central Pediatric Hospital, Mexico City, Mexico, 1995

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David A. Savitz
Expert witness testimony by deposition or at trial

2020 ***PFAS in Ronneby Sweden*.** Deposition and Testimony on PFAS Contamination and Health Effects. Länsförsäkringar Blekinge. Karlshamn, Sweden
Blekinge District Court 21 September 2020
Expert on behalf of the defendants, the insurer of the municipal water supplier

2021 ***DIANA HOFFMANN, individually and as Independent Administrator of the Estate of THOMAS R. HOFFMANN, Deceased, et al., Plaintiffs vs. No. 17-L-517 SYNGENTA CROP PROTECTION, LLC, et al., Defendants***
In the Circuit Court Twentieth Judicial Circuit St. Clair County, Illinois
Expert on behalf of the defendants, Syngenta and Chevron

2021 ***MICHELE BAKER; CHARLES CARR; ANGELA CORBETT; PAMELA FORREST; MICHAEL HICKEY, individually and as parent and natural guardian of O.H., infant; KATHLEEN MAIN- LINGENER; KRISTIN MILLER, as parent and natural guardian of K.M., infant; JENNIFER PLOUFFE; SILVIA POTTER, individually and as parent and natural guardian of C.P, infant; and DANIEL SCHUTTIG, individually and on behalf of all others similarly situated, Plaintiffs v. SAINT-GOBAIN PERFORMANCE PLASTICS CORP., HONEYWELL INTERNATIONAL INC. f/k/a ALLIED-SIGNAL INC. and/or ALLIEDSIGNAL LAMINATE SYSTEMS, INC., E.I. DUPONT DE NEMOURS AND COMPANY and 3M CO.,*** *CIV. No. 1:16-CV-917 (LEK/DJS)*
Expert on behalf of the plaintiffs