MEETING SUMMARY
Community Environmental Working Group

"Striving for Continuous Environmental Improvements at Intel"

Date: November 16, 2016
Time: 5:00–7:00 p.m.
Location: Corrales Senior Center

Members Attending

John Bartlit, NM Citizens for Clean Air & Water
Mike Williams, NM Citizens for Clean Air & Water
Hugh Church, American Lung Assc. in NM
Sarah Chavez, Intel
Dennis O'Mara, Corrales resident, Corrales Residents for Clean Air and Water

Non-Members Attending

Ron Eppes, Intel
Dr. Susan Smolinske, UNM

Facilitator

Shannon Beaucaire, Facilitator
CJ Ondek, Recorder

HANDOUTS

- Dr. Smolinske Bio & Slides
- CEWG Draft Agenda, Nov. 16, 2016
- Draft Meeting Summary, October 2016
- Action-Item Progress Report, Oct. 2016
- EHS Activity Report

PROPOSED AGENDA

Welcome, Introductions, Announcements and Brief Items
A Toxicologist's Perspective on MCS
Standing Agenda Items
Action Item Progress Report and Priorities
Adjourn

WELCOME, INTRODUCTIONS, ANNOUNCEMENTS, AND BRIEF ITEMS

John Bartlit opened the meeting by referring to the CEWG mission, which was to make environmental improvements at Intel, reduce chemical emissions at Intel, and improve community dialogue. Introductions were made.

Agenda—Revisions and Approval
No comment.

Meeting Summaries—Revisions and Approval
No comment.

Other Announcements
Dennis O'Mara said the Sandoval County Local Emergency Planning Commission (LEPC) met on November 4—the first time in 2016—at the Emergency Operations Center in Placitas. Attendees elected new officers. The old business topic of the preparedness guide came up again. It was never finalized because the acting secretary missed some comments. These were being added now and final approval was set for the next meeting in February. The finalized version would be posted on the Web site with the intent to stay there for one year or so. The LEPC would raise people's awareness about the guide, collect public feedback, make any needed additions or edits and then print copies to distribute to the public at community events after recommended revisions were made.

Mr. O'Mara said the other main discussion item was what the group was doing to uphold the primary responsibilities of an LEPC. These were: to write emergency plans; establish warning and evacuation procedures; provide governments and the community information about hazardous chemicals and the release of these chemicals in their communities; and to assist in the preparation of public reports regarding toxic releases in water and soil. John Bartlit asked if there was any connection between the latter and Dr. Smolinske as director of the Poison Center. Mr. O'Mara said that she could participate if interested, that the membership was wide and varied. Dr. Susan Smolinske said that in the summer she visited three LEPC's as part of ATSDR Region 6 efforts, and part of the agenda was how poison centers get involved in HAZMAT incidents. She said she had two people at the UNM Poison Center who were advanced HAZMAT instructors. If the LEPC had money to pay for materials they could provide training and certification. Mr. O'Mara said right now the LEPC did not have any funds, but if Dr. Smolinske was interested they would love to have her participate. The next meeting would be held at the Rio Rancho Emergency Operation Center on Sara Road, just north of Intel.

Public Comment
Lynne Kinis said she received a letter from Acturian Health asking Corrales area residents if they had any problems with knee or hip pain and arthritis for a research study in Corrales. She intended to contact them to get on the list to receive study results. Also, she informed about a recent article on tainted tap water in Newburgh, NY, that contained high levels of perfluorooctane sulfonate (PFOS), which has been linked to cancer, and found in the city's drinking water reservoir. She said this was another example of an "after the fact." Certain chemicals should not be allowed to be used—period.

A TOXICOLOGISTS'S PERSPECTIVE ON MULTIPLE CHEMICAL SENSITIVITIES (MCS) BY DR. SUSAN SMOLINSKE

Dr. Susan Smolinske introduced herself. She said she was not an expert on MCS but had taken care of patients with MCS in her 33 years as a toxicologist and was aware of the toxicological issues connected to it. She said she had some of the features of MCS and was extremely sensitive to perfumes. She said she was a doctor of pharmacology, a diplomat of the American Board of Applied Toxicology, and a member of the American College of Clinical Pharmacy. Dr. Smolinske said that in her presentation she would attempt to address, where she could, the questions CEWG members submitted in advance. Some of the questions she did not have the expertise to address.

Slide 1: What is IEI (idiopathic environmental Illness/multiple chemical sensitivity (MCS))?

"Acquired chronic disorder characterized by recurrent symptoms, referable to multiple organ systems, occurring reproducibly in response to exposure to many chemically unrelated compounds at doses far below those established in the general population to cause harmful effects."

American Academy of Pediatrics. Pediatric Environmental Health, 3rd Ed. 2012.

Dr. Smolinske offered a definition of IEI/MCS in her first slide, which she read. She said she took this definition from the *Pediatric Environmental Health* text published by the American Academy of Pediatrics. She said this definition, from 1999, was more encompassing of the MCS.

Slide 2: Does IEI/MCS constitute a syndrome? What are accepted signs/symptoms?

Most have an initial "sensitizing" exposure, usually at work

Any organ

- Headache, fatigue
- GI problems
- Joint and muscle pain
- Skin problems
- Upper respiratory

In slide 2 Dr. Smolinske said one of the questions the CEWG asked was if IEI/MCS was a syndrome and what were the accepted signs and symptoms. She said most experts agrees that a person had to have an initial "sensitizing" exposure, a strong odor possibly. For her it was incense at church, and afterwards she was sensitive to fragrances, etc.

Slide 3: Does IEI/MCS constitute a syndrome? What are accepted signs/symptoms?

Most have a neurological or psychological effect.

- Mental fog

Impaired cognition
Confusion
Memory loss
Paresthesias
Irritability
Depression

Dr. Smolinske said that having a neurological or psychological effect was considered one of the defining conditions of IEI/MCS, with some of the symptoms being mental fog, impaired cognition, confusion, tingling in hands or feet, etc. Also, it could be difficult to discern what came first. Slide 3 listed some of the signs/symptoms.

Slide 4: Does IEI/MCS constitute a syndrome? What are accepted signs/symptoms?

Symptoms wax and wane
Sensitivity generalizes to multiple chemicals
Odor is a predominant trigger factor
Organ systems migrate/switch
Progressive with smaller doses
Restricts patient's activities and habitat

Dr. Smolinske continued that because systems waxed and waned and different organ systems were affected at different times IEI/MCS was difficult to diagnose. One month the respiratory system could be affected and the next month could be brain fog. She said for her personally, she had to stay away from the "toxic chemical aisle" in grocery stores or the fragrance section of department stores. Also, IEI/MCS tended to progress with smaller doses and restricted a person's activities and habits—sufferers had to make adjustments to living situations and diets.

Slide 5: Who gets IEI/MCS?

12 to 18% of the population
Women more than men
Rises with age
Office workers in tightly closed buildings.

Reviewing slide 5 Dr. Smolinske said from reviewing patient surveys, about 18% of the population profess to have at least some of the IEI/MCS symptoms, with about 80% women to 20% men. Symptoms increased as people got older, and IEI/MCS was quite rare in children. Also, IEI/MCS was closely associated with "sick building syndrome," where office workers in tightly closed buildings tended to experience symptoms.

Slide 6: What causes IEI/MCS?

The TRPV or vanilloid receptors may be involved*
- Primary receptor for capsicum
- Located in trigeminal nerve which innervates face, eyes, upper airway
- Located in the brain olfactory nuclei, hypothalamus
- Early warning or sensory irritation for irritant chemicals
- Stimulation is followed by desensitization

**Pall ML, Anderson JH. The vanilloid receptor as a putative target of diverse chemicals in multiple chemical sensitivity. Arch Environ Health 2004;59:363-75.*

With slide 6 Dr. Smolinske addressed some of the science behind IEI/MCS. She said she worked for a company that developed a free app for download that had algorithms that told a person when they had to go to a hospital or call the poison center. She investigated 1300 compounds for this app. One of them was frankincense, which was used as a dietary supplement for arthritis and the same ingredient she was exposed to in incense. It turned out that it had a TRPV receptor, part of vanilloid receptors, and the primary receptor for capsicum (Hatch green chile). The issue was experiencing the hotness. These receptors were located in the brain and part of flight or fight response. If a person had stuck their hands in green chile, the poison center would tell them to stick their hands in cold water and use vegetable oil to dissolve the chile ingredient. But in truth, after 5 minutes or so they wouldn't feel the pain anyway—this receptor depleted the nerves that caused a person to feel pain. So the stimulation of this receptor was followed by desensitization.

Slide 7: Compounds with Vanilloid Activity

Hydrocarbons
- Toluene
- Benzene, ether
- Clove oil

Formaldehyde

Mold toxins
- Others
- Acids
- Sulfur dioxide (pollution)
- TDI (in polyurethane)
- Chlorine

Dr. Smolinske said that the compounds listed in slide 7 contained vanilloid receptors. Also, people with IEI/MCS had unusual food sensitivities.

Slide 8: Effects of Activation of TRPV receptor

Vasodilation (flushing)
Asthma
GI irritation
Pain

Ear, nose, throat irritation

In slide 8 Dr. Smolinske described what happened when the TRPV receptor was triggered. These were: flushing, asthma, gastrointestinal irritation, pain, and ear, nose, throat irritation.

Slide 9: How does this explain IEI/MCS?

Accounts for "masking"
Previous exposure causes decreased response
4 day absence causes return to full sensitivity
Treatment by deliberate exposure to small amounts may be helpful
Initial large dose exposure causes inflammation, which up-regulates TRPV activity
IEI/MCS patients often sensitive to capsicum

In slide 9 Dr. Smolinske connected the TRPV receptor to IEI/MCS. She said this receptor accounted for a masking effect, so if a person had a previous exposure they might get a decreased response at times. It could also help with therapy, in that exposure to tiny amounts might allow people to tolerate certain exposures. Also, a response to capsicum told the body to make more of these receptors, which caused future sensitivity.

Slide 10: Behavioral Conditioning

IEI/MCS patients often have comorbidity
Affective disorder
Anxiety
PTSD
Somatoform disorder
Overlap with fibromyalgia, CFS, SBS, Gulf War syndrome
Allergic disorders are more common
Humans can learn to develop physical symptoms when odors are paired with stimuli
Once learning is gained, exposure is not required for recurrence

Dr. Smolinske said sometimes a person who experienced a response might actually condition themselves to have a specific effect. For example, she said she was most likely allergic to only one perfume, but she was also bothered by other perfumes and had difficulty being around them. Many patients with environmental illnesses also had co-morbidities and didn't know which illness came first. There was also an overlap with fibromyalgia or chronic fatigue syndromes, neither of which was well defined but had payment codes. People could learn to develop a physical symptom when an odor was paired with a stimuli, for example, chlorine odor and nose burning, so that once a person learned this response it was difficult for them to unlearn it. She referred to behavioral conditioning as multi-factorial and poorly understood and had not been studied well.

Slide 11: How is IEI/MCS diagnosed?

There is a lack of a true "case definition"
United States 1999 Consensus
- Chronic
- Reproducible symptoms
- Multiple organ systems
- Response to low levels of exposure
- Multiple unrelated chemicals
- Improves or resolves when removed from exposure

In slide 10 Dr. Smolinske discussed diagnosis. She added that part of the problem was that there was not a case definition that could be used in epidemiological studies. A case definition needed to be specific enough to identify people and compare exposures to conduct a case controlled study. Basically all they knew about IEI/MCS was that it was chronic, reproducible, affected multiple organ systems, there was a response to low levels of exposure, and the situation improved once a person was removed from exposure. The bottom line, she said, was to not be exposed to things that caused sickness.

Slide 12: Possible additional criteria

At least 6 months duration
Significant lifestyle or functional impairment
Must have CNS with self reported odor hypersensitivity
CNS plus at least one other organ system

In slide 12 Dr. Smolinske looked at additional IEI/MCS criteria. She said a group in Europe expanded the criteria to include: chronic—a person had to have the symptoms at least 6 months; it had to cause a lifestyle or functional impairment; brain fog or hypersensitivity must occur with the odor as well as at least one other organ system response.

Slide 13: Are there accepted objective diagnostic tests to confirm the diagnosis?

Detailed questionnaire (ATSDR)
Laboratory studies
- Inflammatory indices (ESR, C reactive protein, ANA titer)
- Immunoglobulin levels
- Viral titers for CMV, EBV, Lyme disease
- Allergy tests: Can test and build up antibodies

Spirometry

Dr. Smolinske said they could not yet objectively diagnosis IEI/MCS, however there were different tests that could be run, most of which were to rule out other things. She discussed these tests in slide 13. She gave an example of a woman with a high blood mercury level. They

investigated her home to detect where the mercury was coming from, and couldn't find mercury anywhere in the house. Then Dr. Smolinske conducted a detailed questionnaire of this woman's history, lifestyle habits, diet, etc. The result was that because of her severe dietary restrictions, this woman would only eat wild boar meat. They analyzed the wild boar meat and found it contained large amounts of mercury.

Dr. Smolinske then went through the list of different tests that she felt were most useful to patients. IEI/MCS tended to provoke an inflammatory response, so she would send patients to a rheumatologist first to check for inflammatory panels. Also, there might be some association with previous viral illnesses that had not been treated. She also suggested allergy tests, which could be useful to build up antibodies through allergy shots. Another test was spirometry, which was a breathing test that included blowing into tubes.

Slide 14: What tests to avoid?

- Provocation tests
  - No value, may exacerbate symptoms
- Blanket testing of hair, blood, urine for environmental chemicals
- Chelator provoked testing
- PET scans
  - No value shown

Next Dr. Smolinske went through a list of tests to avoid, as listed in slide 14. This list was recommended by the American Academy of Clinical Toxicology, of which she was a member. All people living in an industrial society had all the elements found in provocation tests. A positive test did not mean the substance was causing a problem. Also, when a person ingested a metal or chelator it might provoke a toxic response, which had killed some people in the past. These tests were not of value.

Slide 15: What is the relationship between IEI/MCS with other environmental illnesses such as CO, pesticides, solvents, metals, etc.?

- Carbon monoxide
  - Easily measured, dose-response, similar vague symptoms
- Pesticides
  - Many are strong allergens
  - Others have distinct dose related mechanism
  - Many contain fragrances, additives that linger after pesticide is gone
- Solvents
  - Distinctive effects (benzene), CNS predominates
- Metals
  - Complex
  - Lead is the best understood
  - Yes, you should remove your amalgams, eventually

In discussing slide 15, Dr. Smolinske said carbon monoxide was easily measured, and people had alarms in their home to detect it. There's also a dose-response, from headache to confusion to coma, so it was not dose related. Many pesticides are strong allergens and came from the chrysanthemum family. Others had a dose-response relationship, and many fragrances lingered in the air longer than the pesticide. Some solvents had a very distinctive effect, such as cancer. Other solvents caused dizziness or confusion. Metals were very complex and did strange things to the body. Cadmium likes the kidney, lead likes the bone, and mercury likes the brain. She suggested removing mercury amalgams eventually from the teeth. Fillings these days are made of porcelain.

Slide 16: New Carpet Syndrome

"I have seen entire families including dogs, cats and birds affected by new carpet syndrome so severely that humans were hospitalized and pets died. I take this potential toxin to be very serious indeed. Contacting the manufacturer is often frustrating and filled with misinformation, as these are hard to prove (but very obvious problems nevertheless) cases."

New carpet syndrome was a common workplace event that Dr. Smolinske said she encountered. She said she found the quote on slide 16 on the Internet.

Slide 17: Sources of exposure

- Stain repellants
    - Fluorocarbons in nano amounts can cause severe pulmonary injury
- Adhesives
    - Formaldehyde
    - Other VOCs
- My story
    - New carpet installed at Michigan poison center
        - Employees immediately got headaches, respiratory illness, asthma
        - Investigation showed this was a new carpet supplier who used different chemicals than previous work
        - Same carpet installed at Children's hospital pharmacy caused staff evacuation
        - Replacement with another type of carpet resolved both worksites

In slide 17, Dr. Smolinske discussed sources of exposure. Fluorcarbons were used as a stain repellant and had tiny atoms that could be volatized and cause respiratory illness. There was an epidemic in Michigan where people were hospitalized with severe respiratory illness from a certain water stain repellant for boots that someone was selling door to door. The Clean Air Act restricted volatile hydrocarbon atoms, with the result of fluorine atoms being used more often. To make them soluble enough to put in an aerosol, they had to mixed in a different solvent that

carried fluorine into the lungs and caused damage. Every water proofing substance had this problem, so she suggested not using them. If a person had to use them, then to use them outside and hold their nose. Wait until the boots dry before bringing them in the house. A manufacturer tried to sue the Poison Center for trying to find out the ingredients in a certain substance that was causing problems. The Poison Center was able to get the product pulled off the market.

Dr. Smolinske discussed a new carpet syndrome incident at her place of work that made employees sick, even though she had checked the ingredients beforehand. They immediately conducted tests that showed the carpet supplier used a different chemical than they had used previously. The same carpet was also installed in the hospital pharmacy next door, and it also made employees sick. Both carpets had to be replaced.

Slide 18: Are there accepted treatments for IEI/MCS?

- Avoidance strategies are most effective
  - Increase ventilation at home and work
  - Avoid damp places
  - Avoid exposure to irritants
  - Follow CDC Air Environmental Quality Policy

In slide 18 Dr. Smolinske discussed treatment. The best strategy, she said, was avoidance.

Slide 19: CDC Air Environmental Quality Policy

- Prohibit scented or fragranced products at all times in interior spaces
- Do not apply personal care products at or near workstation or restrooms
- Be fragrance-free when you arrive to work
- Let employees know in advance when new chemicals are introduced
- Smoke-free workplace

In slide 19, Dr. Smolinske discussed the Center's for Disease Control's Air Environmental Quality Policy that was hundreds of pages long. She said she hoped Intel would consider implementing this policy.

Slide 20: Other therapies

- Desensitization immunotherapy
- Corticosteroids (too toxic)
- Cognitive-behavioral therapy
- Psychological deconditioning
- Biofeedback

Dr. Smolinske outlined other therapies in slide 20. Desensitization immunotherapy was used if

allergies were part of the problem. She did not recommend corticosteroids because they were too toxic over the long term. She recommended cognitive-behavioral therapy to decondition Pavlov-style responses. Some studies showed that biofeedback was also beneficial, she said.

Slide 21: What therapies to avoid

Chelation therapy
- Unless proven by a toxicologist
  - Immunoglobulin injections
- Cathartics (colon cleansing)
- Severe restricted diets
- Herbal medicines
- Sweat lodge

Slide 21 listed therapies that Dr. Smolinske recommended avoiding. She said to only use chelation therapy if recommended by a toxicologist. The other don'ts were colon cleansing, restricted diets, and herbal medicines, which might trigger responses and might contain heavy metals. She also did not recommend a sweat lodge because it could lead to dehydration, although people could sweat out certain chemicals such as mercury.

John Bartlit commented that over the years the CEWG encountered uncertainty around the difference between odors and toxins. Dr. Smolinske said that odors were toxins. An odor existed because of chemicals in the air. Mr. Bartlit said they could be separate things but not necessarily. Dr. Smolinske agreed. Dennis O'Mara asked if patients had to carry epi-pens to avoid anaphylactic shock. Dr. Smolinske responded that only patients with a co-morbidity of allergies had to carry one around.

Mike Williams asked for more information on fluorine. Dr. Smolinske said that in order to cause deep lung damage, it had to be a small enough particle and have a vehicle to carry it deep into the lungs. This only occurred with aerosols whose nozzles were misdesigned and created a fine enough mist to carry hexane combined with fluorine molecules up into the air. Mr. Williams asked what happened when hydrogen fluoride was mixed with hexane in an urban atmosphere. Dr. Smolinske said there was nearly not enough hexane in the atmosphere as in an aerosol spray can, so she did not have an answer for that, but she said hydrogen fluoride caused severe symptoms. Inhalation exposure was much less common.

Dennis O'Mara asked about decades-long exposure at low levels to some of these chemicals, including hydrogen fluoride. Dr. Smolinske said the best place where that was studied was in Sweden, because they had a system where all workers were registered, enrolled in the same health system, and tended to stay long-term at their jobs. Some larger companies such as Dow Chemicals in Michigan had looked at this, but in general this issue was not studied as much in the US.

Lynne Kinis said the government had tested these chemicals individually, but Intel was emitting chemicals with synergistic effects. Dr. Smolinske said chemical mixture studies are more complicated and complex to study.

Lynne Kinis said she had a sensitivity to formaldehyde. She also had trigeminal neuralgia in the past, and the pain seemed to occur with no trigger. She also had a childhood PTSD diagnosis and found Bowen therapy to be noninvasive and effective after six sessions.

Mike Williams said tests were conducted that found aldehydes in the area that were 40 times the environmental screening levels. Dr. Smolinske said she would have to know which specific aldehydes were found. The only thing she really knew about aldehydes was that they were produced in electronic cigarettes.

John Bartlit mentioned another issue that the CEWG wrestled with. Some people in Corrales would smell an odor in the middle of the night, and the symptoms were not always consistent. The CEWG discussed taking an air sample in the location of the complaint to test the emissions, but they never had an opportunity to implement the sample testing. Dr. Smolinske said this was not a bad idea. Ms. Kinis said it happened more frequently in the past than it did now

John Bartlit thanked Dr. Smolinske for her presentation to the group.

STANDING AGENDA ITEMS

ALS Study

Dennis O'Mara said he called Heidi Krapfl to ask for a progress report, and she replied that no progress had been made because her unit was down 5 staff members.

EHS Report

Sarah Chavez said Intel was conducting site maintenance and testing that might result in water flowing off the roof and water shooting out of pipes. Also Intel submitted two required regulatory reports: a chemical data report to the EPA and the monthly ammonia discharge report to ABCWUA.

Oregon Community Activities and Proposed Permitting Process Update

Dennis O'Mara said he had nothing to report, since he hadn't been able to reach his contact in Oregon for an update. He suggested taking this item off the "standing item" list, and he would update when he could.

ACTION ITEM: Shannon Beaucaire will remove this item from the Standing Agenda.

Regulatory Engineering Update

Sarah Chavez said she had no updates. John Bartlit said he would like to have a specific contact person to contact at Intel on Regulatory Engineering. Ms. Chavez said there were multiple people working on the issue now when in the past there was only one person.

ACTION ITEM: Sarah Chavez will check into Intel's assigning a Regulatory Engineering contact person.

UNM Cancer Study

Dennis O'Mara said he did not have anything to report.

REVIEW ACTION ITEM PROGRESS REPORT

Sarah Chavez reported on #4, and said she needed to bring the documents up to date (the last update occurred in April).

Ms. Chavez also reported that item # 9 was completed.

On #7, John Bartlit asked, in light of this evening's talk, if he should continue to reach out to Dr. Kesler, consider Ann McCampbell again, or declare the issue complete. He reminded that Peter Kowalski recommended Dr. Smolinske, and a doctor from Intel recommended Dr. Kesler. The group agreed that Mr. Bartlit should keep trying to contact Dr. Kesler.

ACTION ITEM: John Bartlit will continue to attempt to contact Dr. Kesler.

John Bartlit reported that item #11 was completed, and Shannon Beaucaire had sent the cover letter to Ann Kelleher at Intel in Oregon with a copy to Mindy Koch.

On item #6, Mike Williams said he suggested modifications on his original letters, which were sent to the group to review on November 16. The group had until November 23 to comment.

REVIEW PRIORITIES

The group reviewed priorities for 2017, with the following agreement:

In process:

Mike Williams interesting questions

Completed in 2016:

Letter to Intel encouraging awarding employees who found ways to reduce emissions
Letter to Intel expressing CEWG's interest in reducing HAPs.

2015 Annual Report
Steve Dickens presentation
Review Meeting Summaries of Super Critical CO2

Keep for 2017:

- Regulatory Engineering
- ALS Group—Dependent on study results.
- Invite NM Dept of Health to a CEWG meeting
- Attract new members to CEWG
- CEWG funding
- Explore complementary abatement technologies
- Update Web site
- Discuss CEWG process and procedures

Remove for 2017:

Discussion of language (John Bartlit's paper)

Shannon Beaucaire raised the issue of how to compile the 2016 annual report. She said that the report was written last year by several people who had the most knowledge on a certain issue. She asked if they wanted to stick with that process. Sarah Chavez said in the past it was put together by the facilitator. Mr. Bartlit said there was standard boilerplate language that could be cut and pasted. The other items were usually written by individuals. Mr. Bartlit asked Ms. Beaucaire to get the standard language together, and to list the items that were worked on, and then divvy them up among who's best to write about it. The group agreed to the following action process:

ACTION ITEMS:

Shannon Beaucaire will compile two paragraphs of boilerplate language from past reports to send to John Bartlit along with a list of what items had been completed.
John Bartlit will write a sentence or two about these items or send to another person to add more information.
The group will review the report as a whole.

ADJOURN

NEXT MEETING: December 21, 2016, 5 to 7 pm, Corrales Senior Center.