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Fraud

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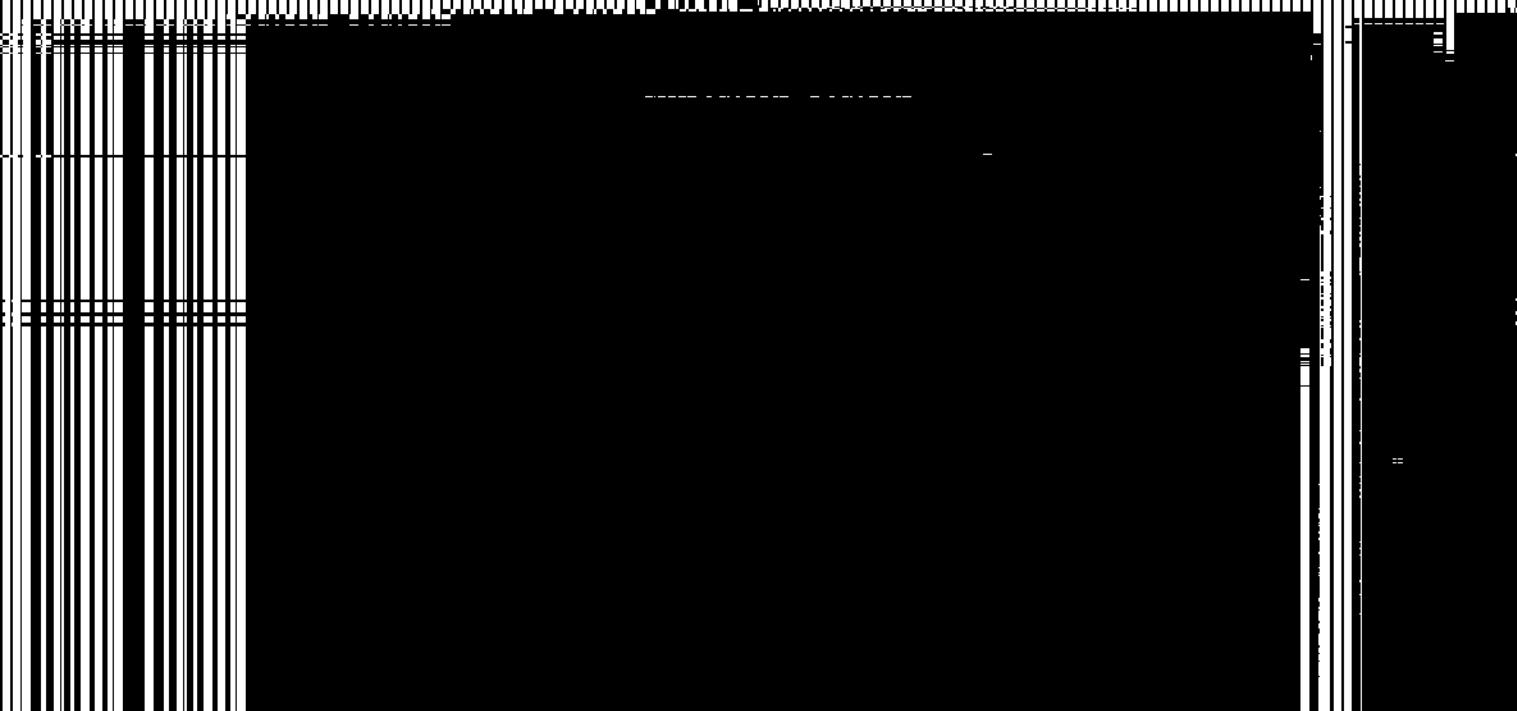
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Planning

EXPOSURE

Federal Environment Health Protection



An Investigative Study by

John T. Nichols Campaign Fund

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Inconclusive by Design: *Waste, Fraud and Abuse in Federal Environmental Health Research*

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One of the conspicuous casualties in the war against toxic wastes is the public's regard for public health officials. More often than anyone would like, frustrated and concerned citizens have received little sympathy, understanding, or help from local, state, or federal health agencies. Instead, officials have tried to minimize public

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This Report Is De

On The Uncounted Multitudes
Whose Lives Were Taken by Toxic Pollution

Waste, Fraud and Abuse

In Federal Environmental Health Research

and the National Toxics Campaign Fund

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Systemic Environmental Health Problems Demand Syste

But instead of systematically applying precautionary public health principles consistent with their legal and ethical duties, the agencies have engaged in politically-driven "winnowing."

They have become virtual propaganda tools of industry industries, making public health protection their foremost focus! One result has been to increase public complacency and government inaction at many sites where further precautions or protective measures are merited.

The methods of disease prevention in the environmental health sciences are often less than adequate. Although many studies have been conducted, they are often based upon a single technique or approach, but underlying most of their activities is a single theme. The studies in which they are engaged often may appear to be formal and scientific, but behind this veneer are *inconclusive by design*.

The following 8 points describe some of the following factors:

; studied, including refusals to study the sickest

o Inadequate contact with populations being

populations "in the relevant communities:

- o Reliance upon testing techniques entirely inappropriate to the type of exposure that is involved;
- o Reliance upon statistical methods of inquiry which are entirely unsuited to the small and mobile populations residing around waste sites;

o Contracting with researchers who are known to have drawn no significant conclusions between toxic pollution and disease;

Studying the wrong types of illnesses, e.g. focusing on death studies where health problems experienced to date have been nonlethal, such as respiratory illnesses or reproductive problems.

Verifying the existence of an association has become virtually routine. Quite predictably, no funding currently cost over \$30 million per year in federal tax monies. The

concern and justify cutting corners on remedial expenditures needed to avoid long-term damage to taxpayers' money they are jeopardizing our nation's health. This, in addition to wasting billions of tax dollars have indicated that many of these

precautionary measures to reduce public exposures to

public health. More rigorous public health evaluations communities should be used to evaluate acute chemical wastes.

Health Threat

ion of synthetic chemicals in the United States, during

aware that at many locations air water and land

Through the federal Superfund program, which

much as one trillion pounds of toxic

A Massive Environmental

After decades of sharply rising production in the 1980's our society suddenly became

become saturated with chemical wastes.

chemicals to air, water and land continues today. As many as 100,000 chemicals are emitted to the environment.

Many of these chemicals have been shown through testing on animals, by nationwide
epidemiological data, and by workplace exposure data, to pose significant health hazards capable of attacking virtually every organ system of the human body.

epidemiologic studies they are capable

Human beings have become saturated with man-made chemicals, so has the human exposure trend, incidences of cancer and other diseases are rising rapidly in the American population. Since 1950, the incidence of cancer per

prevalence of disease reported 2.28 percent

in the incidence of all forms of cancer from 1950 to 1977. Various studies have demonstrated clear associations between childhood cancers and exposure to chemicals. Fertility rates are decreasing among Americans in their prime reproductive years (their 20's).

In response to the chemicals and resulting health conditions in our population, the federal environmental health agencies have been charged with assessing pollution hazards and recommending precautionary measures.

Centers For Disease Control

Superfund Whitewashes

In communities where CDC has assessed Superfund sites, residents and their experts assert that the agency has engaged in whitewashes of pollution impacts. In one case, CDC deliberately omitted strong evidence of the toxic effects of dioxin on human health, despite its severe impacts. At Times Beach, Missouri, where citizens were evacuated due to dioxin exposure, CDC found no health hazards posed by dioxin. CDC concluded that the residents suffered no health effects from dioxin exposure. But local residents know they suffered health effects because, according to the CDC report, "there were no health problems reported by the community." These included four people with chronic symptoms, including one woman who miscarried, and one person with a skin disease caused by dioxin. In contrast, to CDC's biased inquiry, other studies of former Times Beach residents showed distinct evidence of immune system abnormalities.

At Love Canal, the site in New York State that first focused the nation's attention on the dire consequences of toxic waste disposal, CDC conducted a study into a study.

When the Love Canal crisis was blocked by the residents, CDC poached a second study and birth defects in the community were attributed to a defective methodology.

In Jacksonville, Arkansas, where one quarter of the residents have died since 1970, CDC seemed to believe that the Vietnam War was the major source of death, but it did not look to local physicians to be related to a chemical waste disposal site. But CDC narrowed its study of health effects in the community, and refused to test the tissues of one hundred SIDS victims which a physician at the Arkansas Children's Hospital believed to contain high levels of toxic chemicals.

Intentionally Misleading Congress, EPA and the Public on Dioxin

At the helm of CDC's

CDC's Center for Disease Control's health efforts has been Dr. Vernon Houck, director of the National Institute for Occupational Safety and Health. Dr. Houck has been instrumental in convincing the scientific community that dioxin is a "dioxin-like" compound, i.e., dioxin-like toxic effects can occur at low levels of exposure. In 1980 the safe exposure level for dioxin-like chemicals known as TCDD was set at 1 part per billion. In 1980's the safe exposure level for dioxin-like chemicals known as TCDD was set at 1 part per billion.

the recommendations in these health assessments have been followed. These recommendations are the final word of the health assessors. They have been made by EPA as clean-up activities and on whether to move them, cleaner water up to the residents of Myrtle Beach.

One of the most serious and pervasive defects of the health assessments program has been a lack of ATSDR contact with local residents. The result has been an appalling absence of even the most basic understanding of local conditions. Homeowners who have suffered from respiratory difficulties, chronic stomach, kidney, and liver problems, fever, and reproductive difficulties, ATSDR's health assessment team, after failing to interview anyone living at the site, concluded that there was no health risk in the community.

ATSDR has also failed to engage in appropriate contact with communities after completing its assessments. For instance, in Lexington, for example, ATSDR concluded that the toxic

Superfund site in Uniontown, Ohio

ATSDR has conducted health assessments for the Uniontown site, which may contain 15 homes along the margin of the Sweetwater River. The site is located in a residential area just outside the city limits of Uniontown. ATSDR has stated that the site is not currently considered a threat to public health, although no formal health assessment has been completed. The agency is continuing its efforts to protect the health of Uniontown residents.

ATSDR Health Assessments

When ATSDR performs environmental health assessments, the agency sometimes conducts more in-depth studies. These studies have been plagued with credibility problems because they are often unable to identify specific sources of contamination or draw any reliable conclusions regarding environmental health problems.

ATSDR has largely relied upon traditional epidemiological approaches in their studies; even though the approach employed by epidemiology are not readily adaptable to hazardous waste sites. When applied to the small populations involved in a particular neighborhood around a hazardous waste site, such studies ordinarily result in inconclusive findings. This is because predictive statistical types of analyses do not work when the sample size is small. In addition, the population is small and there are numerous other potentially confounding variables. For example, if the rate of cancer were double or triple the normal rate for the population, in many small

After ATSDR completes health studies... These

activities that are inappropriate or inconsistent with the needs of the affected local public.

visit only 165 of the more than 950 health assessments it has conducted to revisit any of its earlier health studies. By "locking in" the studies and failing to conduct follow-up assessments, ATSDR is failing to fulfill its responsibility to ensure the health of the communities it previously assessed may be healthy and safe. There are no plans to reassess these communities to determine the actual health effects of the hazards to which they are exposed.

RECOMMENDATIONS

KEY RECOMMENDATIONS

Placing environmental health more firmly. Federal environmental health agencies should be to identify situations in which additional resources are needed to reduce exposures to environmental health hazards by recommending actions such as relocation and alternative water supplies.

Restructuring or eliminating environmental health role of Centers for Disease Control and Prevention. The environmental health role of CDC, and in particular Vernon Hollingshead's Center for Health Statistics, appeared from the outset to be haphazardly planned and ill-conceived. The reason is never clear, but the result is that CDC's environmental health and the transfer of all environmental health responsibilities from CDC to ATSDR should explore the elimination of CDC's Center for Environmental Health and the transfer of all environmental health responsibilities from CDC to ATSDR.

End federal funding of community-based environmental health studies. With the exception of the Superfund program, which is authorized solely to advise methods and standards for cleanup, there should be provided for community health studies for which specific funding is not available.

Revisit past ATSDR assessments and studies. ATSDR should thoroughly revisit all health assessments and health studies con-

ducted after the agency was established as an independent Federal agency with authority, mandates, budget, and personnel separate from CDC. In addition, the agency should have the power to order the relocation of residents in areas contaminated by environmental health hazards. This action should include the power to order removal of contaminants. In addition, there should be a mandated time frame within which F.P.E. can respond to the findings of these assessments and health studies. The agency should be required to monitor follow-up on ATSDR recommendations.

Establish health technical assistance grants. Health studies should only be con-

Overhaul health assessment and health studies procedures Health assessment and health studies processes must be overhauled. The fundamental direction or such studies should be to aim centrally harmful exposures and local communities in accordance with voluntary principles to end no harm. The local community's right to veto the undertaking of health studies should be explicitly in federal legislation. Experts utilized in such assessments and studies should be thoroughly scrutinized for biases and their public report should be added to the pool of experts available for such studies.

Enhance environmental health literacy Environmental health education under A1 SLECS mandate should be expanded to include a commitment to environmental health training and conducted by universities and by public health advocacy program funded by A1 SLECS. The training should be to educate communities on health risks.

sources often find it economically and technically impossible to bring suits due to the high costs of evidence, and the over-reliance by many courts on industry documents. Such studies, by their standards, would establish a system to provide conclusive results.

For people whose diseases are likely to be linked to exposure, the presence of certain chemicals combined with the disease, which may or may not be linked to exposure, would trigger the right to care. Examples might include ensuring treatment for bladder cancer for people exposed to benzene, or ensuring treatment for birth defects in children born to mothers exposed to vinyl chloride.

Finally, a national health care program may be the only practical way to eliminate a portion of the injustices suffered in toxic-exposed communities. Millions of people in the United States live in areas where the need for such resources is most acute. In many of these communities we have studied, chemical exposures and the lack of available health care together force residents to escape.

*Waste, Fraud and Abuse
in Federal Environmental Health Research*

Chapter One:

THE ENVIRONMENTAL HEALTH CRISIS

adequately identifying, assessing or ranking exposures and their potential effects on

public health policy makers leave a margin of

regarding potential health risks from

dangerous waste sites. We do not know

whether we have made progress in establishing

criteria for scientific credibility. We must include an

ethics component when the health and quality of life of Americans are at stake.

"[T]he nation is not prepared to deal with the hazardous waste site crisis. Public health and safety are provided for only when there are no exposures to hazardous wastes."

National Research Council

National Academy of Sciences, 1991¹

Since 1940, the annual production of synthetic organic chemicals has increased

required for the first time to disclose the amount of toxic chemicals they discharge to air, water and land. In 1989, according to EPA, 22,650 industrial plants and facilities reported emitting 1.5 billion pounds of toxic chemicals into the environment, releasing 578 billion pounds of toxic chemicals into the air, water and land. Total emissions are actually far higher, since the 330 hazardous substances reported by the EPA's Toxic Release Inventory do not include more than 1,500 other substances regulated under other environmental laws. In addition, many companies are flouting the law by failing to provide the legally required information to the public. Right-to-Know laws, which require companies to tell one analysis has estimated that a more accurate assessment of toxic emissions in the U.S. is about

impairments seemingly correlated with polluted air, water, or soil.⁷ For

A third study on cancer in Africa countries found a pattern consistent with their manufacturing industries' paper,

solvents and paints.⁸

The NRC's conclusion:

"...there is no direct link between potential severity of chemical hazards from

occupational sources and health risks to workers in their workplaces....One particularly revealing group of studies relates to death rates

among miners. Numerous studies show that miners in developing countries have higher death rates than miners in developed countries."

Historical Background on the Federal

TOXICOLOGICAL HEALTH ASSESSMENT

In case after case, otherwise inexplicable clusters of illness have emerged.

Toxic Demand

Neighborhoods have suffered toxic epidemics of miscarriages, birth defects, and cancers as well as respiratory disease, skin disease, and depressed immune systems. No one can get sick near a hazardous waste site. Sick people are blamed as trouble-makers or publicity hounds; or at best, as victims of randomly occurring illness who seek to pin the blame on the nearest target. Not surprisingly, the victims of these sites often feel alone and voiceless.

Connecting toxic pollution with specific clusters of illness is scientifically difficult and politically charged. In an ironic turning of the tables, sick people residing near toxic waste sites are often blamed by local officials as if they are mere trouble-makers or publicity hounds; or at best, as victims of randomly occurring illness who seek to pin the blame on the nearest target. Not surprisingly, the victims of these sites often feel alone and voiceless.

gences, it has a broad mission to monitor public health and conduct education and research activities. It has become involved in environmental health issues through its **Community Center for Environmental Health**, from the first community discovery at Love Canal, and other early toxic sites.

Congress charged the Agency for Toxic Substances and Disease Registry (ATSDR), in the Comprehensive Environmental Response, Compensation, and Liability Act (Superfund), with assuming a principal role in identifying health problems related to the release of hazardous substances into the environment and to establish public health strategies to prevent or mitigate such releases. ATSDR's main tasks include conducting health assessments of Superfund waste sites, developing toxicological profiles of the hazardous substances identified at these sites, assessing health risks associated with these substances, and educating the public and professionals in regard to hazardous substances. The agency's current annual budget is \$54 million.

In the 1980's first CDC and then ATSDR were cast in the leading role for the investigation of public health effects of toxic pollution.

From the standpoint of the communities who were investigated, the first ten years of the CDC and ATSDR were a period of disappointment.

During the 1980's, the CDC and ATSDR were cast in the leading role for the investigation of public health effects of toxic pollution.

From the standpoint of the communities who were investigated, the first ten years of the CDC and ATSDR were a period of disappointment.

Two fundamentally different tasks may be subsumed under the heading of public health protection of people exposed to toxic substances in their environment.

The first task is to utilize available scientific data to protect the public health of people exposed to toxic substances.

The second task is to insure that their exposures are safe, so as to prevent health exposures.

Research advanced the state of science in this role; it is the job of public health professionals to devise

new methods of studying people and populations, in order to insure that they can do their job.

Unfortunately, our federal public health officials have often erred by confusing

these two tasks. As a result, the many predictably inconclusive health

assessments and studies in local communities have been allowed to misinform

public decisions regarding precautionary health protection measures; i.e., to

prevent and even discourage appropriate action from being taken to reduce

toxic exposures.

The purpose of this paper is to review the history of the federal agency's of

and make recommendations for changes to ensure that the next ten years

will serve the citizens of the United States well.

Chapter Three

Chapter Three

The Centers for Disease Control: A Legacy of Environmental Health

Another CDC study was planned, this time assessing chromosome damage by

few years had passed and the "Times Beach" story had been drawing blood. But by then a
federal review had found many residents were
away from the area, in some cases having been sent to live elsewhere.
any
reproductive problems, their efforts not prevail.
chromosome study and found no abnormal statistics among the residents.

Times Beach

The Citizen's Clearinghouse for Hazardous Wastes, which published a 1985 report detailing CDC's lack-the-other-way approach to dioxin contamination, claims the
maximum exposure to the toxic hazard posed by dioxin in its study of the
contamination others, which resulted from waste oils sprayed on local roads to
CDC selected 82 residents from 3,700 households in the town of Times Beach, Missouri, for
exposure. But many residents showed no abnormal effects from dioxin exposure.
study claimed that they were too ill to participate. CDC reported no cases of chloracne (a skin
disease caused by dioxin exposure), yet in its own report stated that four
people with chloracne symptoms had been diagnosed with the disease. A later
CDC study, published in *Journal of American Medical Science*,
wed distinct evidence of immune system abnormalities in former residents
of the area.

An anonymous CDC witness confirmed
that the CDC knew about the presence of
dioxin residues have been measured
and led to the evacuation of
citizens complained about ill health,

Arkansas health director, Dr. Ben Saltzman, requested help from CDC. CDC
agreed to analyze data on the health effects of toxic chemicals in Jacksonville, Arkansas.

At that time, the only other tests had been conducted by the Mount Sinai
Medical Center, which found "effects of unknown significance" on nearly

nearly all of 55 former chemical plant workers tested. Despite a state recommendation that all toxics be considered in the CDC's investigation, CDC examined only the EPA's analysis of dioxin levels in Jacksonville soil samples at levels well above the

Jacksonville

In July 1985, CDC decided not to undertake a fatty-tissue study of
residents. Their reasoning, which was contradicted by EPA studies,
was that the dioxin problem was not as severe as that of Times Beach. In December 1985, tests by the Arkansas Children's Hospital detected high levels
of several man-made chemicals in the tissues of a victim of Sudden infant
Death Syndrome (SIDS). However, however, refused the hospital's request for
further investigation of this SIDS case. CDC also refused to conduct assays
on the tissues of approximately one hundred other SIDS victims which were

then stored at the same hospital.²² (See *CASE STUDY: Jacksonville, Arizona*, page 26.)

Since the inception of CDC's Center for Environmental Health, Dr. Vernon

has been senior advisor

Scandal

Dioxin

epidemiological specialist with the JSI Research & Training Institute in Boston, Massachusetts. He has also been a member of the Massachusetts Department of Registry of Isotopes. Ironically, he has written extensively about environmental exposures causing significant human disease. Certainly when it comes to hazardous waste site exposure, he has not been open to that possibility. In fact, his condition of employment has become routine for CDC.

one of the most
exposed individuals

Dioxin is widely known within the scientific community as one of the most toxic man-made chemicals known. In the early 1980's the saf-

Houk arranged for blood tests of 646 Vietnam veterans, selected on the basis of their probable exposure, to look for elevated levels of dioxin in blood.

blood levels. But this was no surprise, since the exposures

None had abnormal

the veterans tested had minimal exposure to dioxin.

None had abnormal

CDC's budget has been driven clearly and consistently by political pressure from the White House. At times, CDC's weakness in protecting public health has been driven by political pressure from the White House. A recent example under the Bush Administration involved children's exposure to lead, which can cause lead to lead severe damage to the development of children.

assessments. The report concluded that the assessments were of questionable

concentrations that may result in adverse health effects.³⁶ The local

"U.S. identified on-site contaminants and polluted groundwater. After the assessment was completed, the Carver Terre Haute Community Action Group learned of its existence and content. They began describing EPA as "irresponsible" for keeping the secret. Study: Texarkana, Texas page 2

particularly deficient at 117 defense-related sites on the NPL list. U.S. Congressman Gerry Faso's situation at a congressional hearing in

Deficient Assessments at Department of Defense Sites

Health assessments have been performed at Federal facilities on the Superfund list.

Within a year of the date on which the sites were proposed for the NPL list, EPA's NPL Superfund list. Even though some of these sites have been listed for many years, health assessments were to be performed within a year of the date on which the sites were proposed for the NPL list. Even though some of these sites have been listed for many years, health assessments were to be performed within a year of the date on which the sites were proposed for the NPL list.

ATSDR has a fundamental credibility problem because of its subordinate relationships to both CDC and EPA.

CDC and ATSDR function under separate congressional mandates, but they are joined at the top as arms of the Public Health Service. Prior to 1986, when the Superfund law was amended, ATSDR was no more than a CDC

the institutional memory and biases of CDC have simply been transferred into numerous ATSDR staff. Although ATSDR, because CDC has such a poor reputation with communities on pollution-related issues, ATSDR has some effort to further separate itself from its mother agency.

Agency is another
ns based on scientific
uch ATSDR employs

ATSDR's relationship to the Environmental Protection Agency is a serious impediment to ATSDR's ability to make decision judgments, and to their credibility with the public. Although

verdication of

the environmental hazards of toxic wastes. In fact, the public health consequences of such wastes have often been overlooked or downplayed by government agencies and by the scientific community.

Public health officials seldom has provided either

communities are often misled into thinking that the insensitive studies funded

contaminants in the community, including the cancer-causing chemicals hydrazine and trichloreethylene through its drinking water supply. Four childhood cancer cases occurred in the neighborhood; twice as many as would be expected if the average number of cases occurred. But according to Dr. David Stangoff, who has testified in a court case on this situation, no significant excess of cancer cases occurred in the neighborhood, and it would take more than a simple doubling, would be needed for the statistical increase to be "significant." In other words, the excess cases are statistically insignificant.

Environmental epidemiology can work, but only where there are large exposed populations or tightly controlled laboratory conditions. So, this does not mean that the cases in Fernald are not attributable to the chemical exposures. It only means that epidemiologists are incapable of drawing the correlation.

Adde
to the problem of sample size in epidemiological studies of community
exposures are other confounding variables to muddy the findings.

typically, these variables include a lack of detailed information on chemical exposure levels; the presence of multiple chemicals at a single site exposing the population to other disease promoters such as cigarette smoke, the movement of many exposed people out of study areas making study samples incomplete until 1973 appeared inconclusiveness of

and the long lag times that typically result from exposure to disease symptoms. Each of these variables cloud the epidemiology studies at Superfund sites. As a result, most review conducted for the community of North Hampton, New Hampshire, used in this study is not capable of either proving or disproving a causal relationship between any specific exposure and any disease. See Case Study on North Hampton.

The methodology in studies where a neighborhood has been exposed to toxic chemicals proof of the connection between their toxic exposures and their illnesses an apologetic statement is included even in numerous people exhibiting strong clear cause.

The outcome of the proliferation of these "inconclusive" studies is a lessening of credibility in studies of environmental health problems. For instance, out of 108 preceding record of equivocating reports, for instance, out of 108 studies by CDC following cancer clusters over 2 years, none revealed a clear cause.

Although the problem of establishing causation of diseases after long latency periods is tractable, the problem of keeping track of exposed populations for a long enough time to establish registries, instead of a National Exposure Registry, is not yet operational.

on statistics such as death statistics. ATSDR sometimes uses biomarkers to detect exposure to environmental hazards. A biomarker is defined by the NRC as "biologic marker" is any cellular or molecular change in an organism that is induced by an exposure to a hazard.

In addition to the use of population

Misusing

ATSDR's report to Congress on Woburn, Massachusetts, was described by Boston public health experts as a continuing disaster. This study was conducted by University researchers in the Woburn area in the 1970's and early 1980's. Contaminated wells in Woburn were shut down at that time. Because no additional patients have been diagnosed with leukemia since 1986, a determination was made by ATSDR to look for birth defects and adverse current exposures.⁵⁹ The preliminary two-year report of the Massachusetts study has not yet been completed by ATSDR. However, analysis of the data has not yet been completed. ATSDR has not yet determined if there is a significant increase in birth defects since 1986. It is believed that ATSDR has a high proportion of inexperienced scientists.

Inconclusive findings in their study has often been delivered at death khe for attempts to relocate residents away from toxic exposures. "Inconclusive by the National Research Council has stated after review of ATSDR's efforts. Translates to inconclusive studies are often used to deliver local industries and politicians fall back on inaction. Inconclusive studies often experience all potential health hazards to health threatening populations to expose the public.

"We are concerned that populations may be at risk that have not been adequately identified, because of the inadequate program of site assessment."⁶⁰ Moreover, they stated that while they "are currently unable to answer the question of the overall impact on public health of hazardous wastes." Until better evidence is developed, prudent public policy demands that a margin of safety be provided regarding potential health risks. We must less in designing bridges and buildings. We do no less in establishing criteria of scientific credibility. The first safety of research, and the health and well-being of life of Americans are at stake."⁶¹

"Health studies in the absence of action recommendations do not adequately serve many Trust funds. In communities to serve communities. At least two examples of dealing with the experiences of communities will serve to illustrate this point:

1. In the late 1970's, in Kinston, North Carolina, a neighborhood where the now-closed Kellogg factory had been located for decades, ATSDR, CDC and local agencies have monitored blood-lead levels in children for over 15 years. In the most recent round of testing, 1500 children under seven were found to have blood-lead levels in excess of ten micrograms per deciliter. At this level, lead is known to cause neurological damage and other health problems. Yet despite the continuous

ensure treatment or relocation of the lead-exposed children. Instead, the
effort, and has turned a deaf ear to citizens' calls for genuine action to protect
health.⁶²

In Tijuana, Mexico, an ATSDR health assessment of the Cafver terrace neighborhood indicated that "Long-term exposures to contaminated soils in the residential area" pose a potential health risk for ingestion and skin absorption of soil contaminants, and that "Groundwater beneath the site is contaminated and would pose a potential health risk if used for drinking water or swimming."⁶³ The

ATSDR assessment found at least 25 identified on-site contaminants such as polychlorinated biphenyls, dioxins, dioxin-like compounds, furans, pentachlorophenol, were detected in sub-surface soil, ground water, air, and surface soil.

ATSDR also described 15 off-site contaminants of concern, some also in more than one medium.

state officials to investigate the area's rate of miscarriages after personally
conducting 170 interviews with women who had experienced a miscarriage within one
year of the study period. The study was conducted over a 26-month period. Funded by ATSDR, with technical assistance being provided by CDC, Florida University's School of Public Health and Tropical Medicine conducted a health study. The original ATSDR protocol specified door-to-door interviews by trained professionals. That specification was amended to allow study participants by public notices and mailings. These notices were then reviewed over the phone by college students from

levels in blood samples were higher than national levels. Some individuals

ATSDR the majority were "for the most part" within the typical range of use

communities remain.

In North Hampton, New Hampshire, for years

contaminated. Several residents contracted extraordinary ailments such as enlarged organ systems, which led to heart attacks and other organ failures.

1988; the closest to an actual health study was done by a local resident, who

problems? ATSDR's role in investigating health problems in the community is to help identify potential health hazards and to advise the public on how to reduce their exposure to those hazards.

Instead they relied solely upon health assessors knocked on no doors at all. Instead, information gathered by the state, whose own study of death certificates shows that residents cannot understand the cause of death.

ATSDR has passed over the depth health studies, especially cancer rate in the entire state.

to prepare profiles of pollutants' toxicological

ATSDR

ATSDR is required by law to

SOME STEPS CITIZENS CAN TAKE TO IMPROVE ATSDR

Petition for health assessments. The Superfund Act requires ATSDR to consider all petitions filed for health assessments at sites of hazardous materials releases. A petition by an individual or a group requesting a health assessment should include:

- Name, address, and telephone number.
- Organization represented, if any.

ATSDR has responded to this mounting pressure by facing a groundswell of public and scientific criticism. A Public Relations department made a few small structural changes. For instance, the agency And Public Protection forms of biological markers besides blood and urine

Despite these marginal improvements, the fundamental shortcomings of ATSDR's approach remain uncorrected. Most of the community health assessments ATSDR has performed have been based on the same old, familiar, and often irrelevant health statistics. These data are frequently considered to be subordinate to EPA and linked to CDC through the agency's public relations staff.

The agency has also begun establishing more community advisory panels. However, such panels have been established by ATSDR in the past without actually increasing ATSDR's responsiveness. For instance, in St. Louis, ATSDR has consistently one of the communities studied in this report, put together a community advisory panel. Citizens on the panel have numerous recommendations, which the agency may or may not employ, unless these panels are given real power.

How Many Deaths? The sordid record of ATSDR's and CDC's innumerable studies which were

inconclusive by design is causing genuine harm to many thousands of people. The vast majority of the thousands of health assessments performed by ATSDR and CDC have been inconclusive. The communities affected by these assessments are struck down by a combination of ignorance, fear, and despair.

Inconclusiveness by Design?

Chapter Five:

The Local Environmental Five-Cent Standard

JACKSONVILLE, ARKANSAS

2 miles from the capitol of Little Rock, dioxin has been measured in Jacksonville at levels well above the same that led to EPA's 1983 designation of the area as a Superfund site. In 1983, one-quarter of the "Agent Orange" used to defoliate the jungles of Vietnam.

Reach, Missouri. For more than 40 years, three companies

manufactured a "host" of toxic chemicals here - including approximately one-quarter of the "Agent Orange" used to defoliate the jungles of Vietnam.

Today, EPA is moving forward with plans to impose strict controls on the 10,000 barrels of toxic waste still contained behind the closed plant gates of the last remaining occupant, Vertac Chemical Corporation.

Citizens complained about ill health, Arkansas

In 1983, after numerous requests from citizens, the Arkansas Department of Health agreed to conduct a study of disease rates in Jacksonville. CDC agreed to analyze data on Jacksonville chemicals. At that point, the only other tests that had been conducted were by the Mount Sinai Medical Center. They found "effects of unknown significance" on nerve conduction in 46 percent of the 35 former chemical plant workers tested.

Despite a state recommendation that all toxics be considered, CDC examined only EPA's measured dioxin levels in Jacksonville. In July 1985, CDC decided not to undertake a fatty-tissue study.

Investigator, EPA studies which concluded that Jacksonville's dioxin problem was not as severe as that of Times Beach, Missouri.

An informal survey taken in 1985 by the Arkansas Democrat newspaper of children living near to two Superfund dump-sites in Jacksonville found 10 of

11 children with serious health problems, including spina bifida, heart defects, and a baby born with part of her brain outside the skull. One of seven

degrees to just 10% over 1 month's time. This is a significant finding. What follows is the story of efforts by the Shelton child's parents and other physicians to involve CDC in determining whether industrial chemicals had been the cause of the child's death.

After the otherwise healthy Shelton baby had received a routine physical examination at the hospital's cribside clinic, he was admitted to the hospital's pediatric intensive care unit (PICU) on September 6, 1985, only hours after birth. He had been born at 37 weeks gestation, weighing 5 pounds, 10 ounces. A week later another child, 17-month-old Jeff Shelton, began having seizures and was rushed to the hospital. The director of pediatric neurology at

"thought we had all the material they needed to get some very definitive answers, and their excuse made no sense to me."

After CDC turned down further testing of the Shelton baby, Dr. Brewster

contacted our lawyer across town to see if he could contact a California lab and have it test urine samples from the

assays, including the Shelton's, for a \$10,000 fee. In the interim, Dr. Brewster

s of SIDS victims being preserved

that don't feel right that I should have gathered them in a safe," she says.

Finally, under prodding from Arkansas doctors and health officials, CDC did agree to do a study to gauge children's exposure levels to chemicals in the "control groups" of 100 children from Jacksonville and Conway, a town 30 miles away. The study did not show substantially higher levels of

chemicals in the Jacksonville children than in the control group.

Dr. Brewster then asked state health officials if they could obtain CDC's

urine of the Jacksonville children; no, her request was

denied by CDC. "They said the remaining bottles of urine

were too small to test," says Dr. Brewster.

became

Paul Connett, a biochemist at New York's St. Lawrence University, b

rought up the dioxin in 1981. In a New York Times article, he asserted that

the death of the Shelton baby was the result of dioxin exposure.

One of the claims that the industry always makes is that no one has ever

shown that dioxin causes cancer in humans. And once that can be shown, it's a whole

different ball game. (See "Vietnam veterans demand 'no Agent Orange'

for many other people.)

TEXARKANA, TEXAS

About a mile from the Texas-Arkansas state line and approximately

one-and-a-half miles west of downtown Texarkana, a city of 33,000, lies a

residential area known as the Carver Terrace Subdivision. Its citizens are all

black, their family incomes averaging between \$10,000 and \$20,000 annually.

When a business consortium purchased 12 acres of land and built 79

single-family homes on the north side,

The neighborhood has existed since 1964, called Carver Terrace, Inc. purchased these 6

Terrace - and for over fifty

years before that - activity of an entirely different

these 62 acres. EPA summarizes the history: "In 1910, the National Lumber and Creosote Company began operating a wood treatment facility at this site."

In 1938, the land and the wood treatment facility were sold to the Wood

Preserving Corporation, which was eventually acquired by Koppers Company.

Koppers Company made creosote until 1963, when they closed the facility and sold the land.

Carver Terrace's beginnings:

E. "Sonny" Fields, who has lived there since Carver Terrace's beginning, remembers: "Three years after Koppers departed, members of the neighborhood all over this vicinity - even in the outlying areas - it gets strong at times. I don't know what kind of smell? Creosote, but nobody knew it was a hazard to their health."

as and Koppers Company
d with chemicals commonly
arsenic and creosote. In

sick back in the earlier days never knew what was wrong, or the cause, until these test results began to leak out. (The first test results made public) that was before 1980.

Superfund program.

EPA recounts: "In the early 1980's, the State of Texas found that soil and ground water were contaminated with pentachlorophenol (PCP),

Responsible Parties (PRPs) for the site, to place clean soil and sod in the yards of some homes in the Carver Terrace subdivision to prevent residents from being exposed to contaminated soils while the site was being studied.

Company agreed to conduct a Remedial Investigation and Feasibility Study (RI/FS) of the site. The RI determined the types, amounts, and location of contaminants...

The Koppers Company
Feasibility Study,
and location of con-

& after RI/FS completion, EPA selected Mechanical Site
mitigation to treat contaminated soils on the site into prevent an
exposure of contaminated soils below the ground surface.

"In September 1988, EPA began washing the additional risk. Us-

Around the same time, Roy Irwin of the Fort Worth office of the U.S. Fish & Wildlife Commission, wrote a 19-page letter to EPA after visiting the Carver Terrace site and reviewing EPA documents. Irwin noted serious flaws in EPA's \$8-million study that could have resulted in an underestimation of the long-term hazards posed by contaminants.

"what is supposed to protect me and my family?"

For the health assessment required under Superfund, ATSDR relied largely on EPA data about the extent of the contamination. ATSDR also came to

Carver Terrace in May 1988, to find "they didn't really talk to

anybody. They didn't even know what they were talking about."

At the time, Carver Terrace residents suffered from respiratory problems, cancer, heart trouble,

kidney, liver, and skin disorders, and depression. The health agency's

assessment was published on April 10, 1989. But nobody in Carver Terrace

heard about it.

Almost a year later, on March 23, 1990, local environmentalists called a press conference. Linda James, speaking for the Carver Terrace Community Action Group, called EPA "irresponsible" for not informing the community about the

ATSDR report which "proves beyond a doubt" residents of Carver Terrace are

being poisoned every day, the year round.⁷⁸

Roger Meacham, the spokesman for EPA's Region VI office in Dallas, responded: "We certainly have not kept this report secret. It has been a matter

of public record, and available to anyone who requested it since the day of

the publication of the assessment, which was in April 1989.⁷⁹ This means the

ATSDR seemed to have made the slightest effort to let the people of

Carver Terrace know what the health assessment contained. Or even that it

had been published at all.

According to Meacham, the ATSDR report simply concluded what EPA had

been saying all along—that there is no evidence of imminent or substantial

endangerment to citizens in the subdivision.⁸⁰ But a close examination

of the ATSDR report reveals that the agency did not believe its findings were conclusive.⁸¹

The report states that "soil contamination is a significant concern because of contaminated soils in residential areas."⁸²

"Ground water beneath the site is contaminated and poses a potential health risk if used for potable [drinking water] purposes."⁸³

On-site contaminants include oil, ground water, air, and

soil, such as dioxins, furans, pentachlorophenol, and polycyclic aromatic hydrocarbons (PAHs).⁸⁴

The ATSDR assessment told of at least 35 identified

contaminants, including cancer-causing dioxins and furans. Some

pentachlorophenol were detected in sub-surface

soils at concentrations higher than background levels.⁸⁵

One medium-sized oil tank, located to the east of the site, also

included polycyclic aromatic hydrocarbons (PAHs) in concentrations

higher than background levels.⁸⁶

substances at concentrations that may result in adverse health effects.

Sonny has kept a record on his cancer patients since 1985. He has counted 26.

...and life, from the sweatshop, the ranks of chemicals
ences are clustered among the chemical plants, PVC
state, and a ...
Assault way, origina
netime resident of St. Gabriel.
ever a prisoner escapes from one of the prisons, pursuit on horseback
stigare

Small groups of resi
located in St. Gabriel are a woman's prison, the only one in the
processing center for women, this prison
other prisons. According to Mr. Gentry, a
the effect of the leak

and often among them are
cancer-causing agents (carcinogens) and/or teratogens (reproduction-affecting agents). In 1985 the figures

The original protocol specified door to door interviews by trained professionals. That specification was jettisoned in favor of a telephone survey. The telephone survey was conducted by volunteers by public notices and

announcements who were then interviewed over the phone by college students from local campuses. Thus the accuracy of the report was cast in doubt from the outset.

In the words of Jim Gaudet:

"They [the people of St. Gabriel] are not easily involved." For the miscarriage

accuracy, one hundred percent community participation was

reported to be achieved. In addition, it was necessary to eliminate lives 24 hrs. and decide

which ones were to be included in the survey to obtain a representative sample.

miscarriages

and her group was Paul Templett. At the time he

was the advisor to Kay Gaudet a

community." There were all these federal medical

Vicky Allova has been with the Louisiana Department of Environmental Quality (DEQ) and EPA in Washington, D.C. While in the DEQ she said the present studies actually do show that you should be concerned for a higher incidence of cancer around high risk point sources, also spontaneous abortion and miscarriage. Tarnai said that a study like

We the answers up to suggest it is is inconclusive. The report is necessarily going to have to be inconclusive. I think unconscionable when scientifically it hasn't been solved at all.

NORTH HAMPTON, NEW HAMPSHIRE

they let us drink this water. It had been through the land fill site. There is no water there. It's scary because what we've done to be stuck here with no place says a woman who raised a family for those ten years on Lafayette Terrace in North Hampton, New Hampshire, a street adjacent to the Superfund site known as the Coalie Landfill. Her attitude is typical of the residents of that street who feel they were neglected and alone to deal with a catastrophe.

Originally the Coalie Landfill was to be a sanitary landfill before the landfill operation began, the

town of North Hampton stated the landfill would be for household refuse only.

A woman living on adjacent Lafayette Terrace (who requested anonymity) said she and her neighbors used to come home from work and danger. "I saw them by going up the at night with a friend. The barrels were marked 'corrosive' and had little triangles on them." It wasn't long before the residents of Lafayette Terrace began to notice problems with their water. In 1975 the first complaints

the problem was bacterial, they then began boiling their water, thereby

Then in 1982, it first called the presence of possible carcinogens in the Lafayette Terrace water. Incredibly, the people most concerned were not the official health inspector. Instead, Ruth Martin, who had requested the test, was told that she should go around and inform her neighbors. The Water Department, stating that there was "the presence of significant levels of industrial chemicals" in the water, did notify the North Hampton Board of Selectmen. At this time the Water Department also urged the extension of town water to Lafayette Terrace, an order followed to shut town-wide contaminated wells.

With no water at all, the residents tried to use local schools and fire stations for water sources and for hygienic purposes. They were told that they could do this for up to 10 days. As the townspeople by paying between \$1200 and \$1500 per house for a temporary line so they finally get municipal water.

Soon thereafter, in September of 1983, EPA published a new National

Policy for Superfund sites mandated for cleanup under CERCLA. EPA much

these [chronic health] risks would be expected to be very small but not nonexistent." Again, the recipients of the letter were not reassured.

Then in 1988 came two studies that the residents of Lafayette Terrace

believed there was substance to their complaints. One, conducted by the Bureau of Disease Control and Prevention's Division of

Public Health, surveyed cancer incidence around the Coakley Landfill.

The federal ATSDR didn't share information with the Bureau of Disease Control and Prevention, so the two studies were conducted in 1988 and apparently New Hampshire reports came to the state

in 1989. Martha Bailey, a

resident of either

between any specific exposure and

Rather than a study at all, they might be asked,

Hampshire, thus excluding the death of anyone

who had gone, for example, to the nearby and renowned medical facilities

also conducted by the state. Ruth Martin doesn't know

what good the survey

ever what I was reading

item.

of the ATSDR study

the status of the survey, which was never done in New Hampshire.

It was really happening, since EPA had already declared the

Lafayette landfill a Superfund site, followed by another federal agency

and would see that their health had been and was

Martha Bailey comments: "I'm very disappointed in the state study, and I'm even more disappointed in the fact that ATSDR did not do a full study but instead performed simply an assessment. They haven't gone around and asked people about illnesses in their families, or what was bothering them. The state did a survey five years ago. Alan Wylie went around and asked people about their health problems. He spoke to the women in the community and asked her neighbors about their health problems. They used information that the state gathered."

Frank, the federal government's Sergeant-at-Arms, says he has no information on the area southern Rockingham County, has the highest cancer rate in the

HOPE, MAINE

Hope, Maine, by Dr. Ray Esposito. Dr. Esposito purchased a part of the land from the family of Carolie Larner.¹ In the deed for the five acres purchased, a covenant was made that no hazardous wastes would be stored or handled on the property. This covenant was broken by the new owner.

In 1969, Dr. Esposito began to store solvents from his laboratory at the site. In 1971, he sold the site to Chemclean, another company owned and operated by Dr. Esposito on the same site which manufactured patented solvent recovery systems. Chemclean had been formed to provide capacity to handle the reclamings of solvents from other companies in addition to Chemclean. A solvent recovery unit was soon expanded and recycling of solvents from other companies was begun. A fluidized-bed incinerator was built at the site in 1981 to destroy the residuals from the site.

This was repeatedly

Beginning in 1979 and continuing for years, Union Chemical, Inc., a company owned and operated by Dr. Esposito, was cited by the Maine Department of Environmental Protection (MDEP) for flagrant violations of its several operating licenses. They stored barrels of hazardous waste, some of them rusted and dented, stacked four high, with the

In December of 1979, some of the neighbors, led by Carolie Larner, had forced the town of Hope to hold a public meeting!!! They wanted to know exactly what was going on at Union Chemical. Why did the air around the plant smell so badly and why had there lately been the construction and use of large boilers? Until this time, the community had believed what they had been told about Union Chemical, that the plant was engaged in the manufacture of paint removers.

at Union Chemical

At the town meeting, they discovered for the first time that Union Chemical was engaged in the recycling of its own used paint removers as well as solvents. It was engaged in the disposal of other wastes such as paint removers and other hazardous wastes. What was the waste site? To their surprise they learned that some in the town government were not as ignorant of the activities at Union Chemical as they were. Also present at the meeting was a man named Clifford Goodall, who identified himself as an attorney for EPA. Under the name of Clifford Goodall, he was actually in the employ of Ray Esposito, owner of the plant. He was not an attorney, but was Chemical

better organize themselves. Right after Christmas, the neighbors decided they had better organize themselves. Right after Christmas, they formed the "Concerned Citizens of Hope" organization and in January of 1980, CCH (Concerned Citizens of Hope) was organized. At first CCH worked at the town level. When Union Chemical applied for an incinerator, CCH managed to force the application to a public hearing and initially blocked the permit, though it was later granted.

After establishing a working relationship with the town, CCH moved on

they would train people who tried snitching on them to do the same. For instance, by their methods, in some cases since these people's earnings would be recorded as not being worked.

of me nonmetal symphonies

they also did not conduct any study

on the release of toxic gases by the death of canaries which may bring into the cones of Long Maine mallard ducks. These birds may have served as the equivalent of a canary. One day, Linda Larner noticed that the incinerator was putting out something strong, which was cutting nicholes in peoples' T shirts and burning their skin. When she returned home she found that seven of her young mallard ducklings and their mother were all dead. One of the ducks was sent to lab for autopsy, the lab listed "poisoning" as cause of death. The lab tested the ducks feed and found no contamination there. On another instance, a sheep died in the same sudden manner.

ATSDR officials seemed initially interested in the situation with the ducks, but due to Union Chemical. They said that if the citizens wanted to prove that citizens should themselves get

the deaths were due to Union Chemical, the citizens were to certify each death as due to chemical exposure.

ing to Larner the agency

Yet, when the ATSDR reports came out, accord-

Conclusions and Recommendations

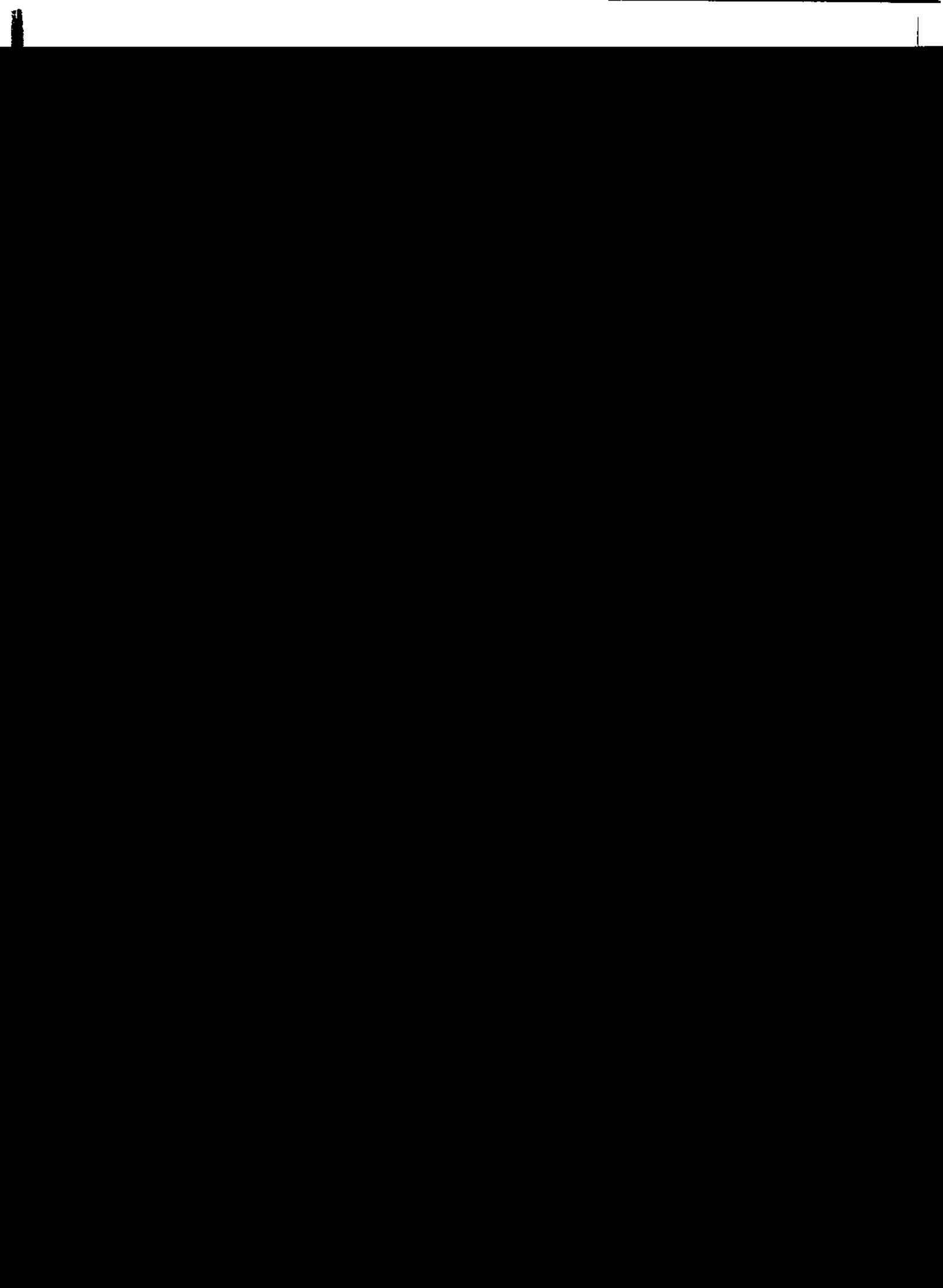
THE PRECAUTIONARY APPROACH: AN URGENT PROMISE OF ENVIRONMENTAL HEALTH SCIENCE

Over the last few years, as we have conducted environmental health programs, we have identified extensive deficiencies in the way these programs are conducted. There have been drastic deficiencies in agency structure and leadership, in responsiveness to local communities, and in the manner in which public health investigations are conducted. Our recommendations to remedy these continuing deficiencies are set forth below.

The federal government's environmental health agencies were established to aid communities at risk. But instead of serving the people for whom they were created, the agencies have been virtually throwing away millions of inconclusive findings that are entirely predictable even before the studies are implemented.

These predictably meaningless studies have become the bane of many communities where serious toxic-related health epidemics are suffered or threatened. Instead of inducing precautionary action to mitigate contamination and exposure, they have increased the suffering and delay in numerous communities.

Despite the dreadful record of our national environmental health agencies, there remains a pressing demand for a genuinely helpful science of



Load in particular Vernon Houk, the director of the Center for

Environmental Health, have appeared from time to time to be biased against

the public interest. The agency's CDR has been criticized by

Congress should

Health Role --- agency can do its job credibly. If it cannot be cleaned up,

ATSDR should be disbanded and its functions transferred to CDC.

OVERHAUL OF HEALTH STUDIES PROCEDURES

in short, the federal government should not fund environmental health studies which are inconclusive or which have no environmental health studies should be funded in the future unless they first determine the study design and make it plausible that the study would find an effect. For instance, if the size of a community is so small that results would only emerge in a study which found a normal population's occurrence of a disease

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to occur and what type of study they will support. A citizens' group which has not yet already received a copy of this document should be entitled to receive a copy.

Overhaul of Health Assessments Procedures

ATSDR's health assessment process must be overhauled to specify:

- 1) The kinds of data required for a health assessment. The law should require ATSDR officials to speak with people residing in the community that is being assessed, and to secure all available public health and environmental data whenever that would be appropriate in view of the types of releases.
- 2) The uses of health assessments. A health assessment review of available data regarding a site, of such assessments should be limited to exposure and determining whether current or future exposure to hazardous substances, immediate measures such as relocation, alternative water supplies which should be taken to end exposure, and advising residents as to possible medical implications of exposure; (c)

essment is a relatively new concept. The purpose and uses of such assessments should be limited to (a) identifying routes of exposure to hazardous substances; (b) identifying needs of residents or provision of immediate measures such as relocation, alternative water supplies which should be taken to end exposure, and advising residents as to possible medical implications of exposure; (c) ascertaining whether there are health issues, such as emergency potential emergency circumstances which may spread hazardous substances, such as floods, hurricanes, earthquakes or human activities, and prescribing medical measures to prevent harm from such contingencies. In contrast, the law should utilize as the final word on whether a site presents a health threat to the community, not to recommend some remedial measures.

The law should provide that at RCRA sites, a health assessment must be conducted by ATSDR if conducted by a third party.

The law should encourage the public health and medical community to increase environmental health literacy among professionals and exposed communities. Congress should establish a environmental health training program to be funded by ATSDR and advocacy groups.

The purpose of the trainings should be to raise awareness on the health consequences, the relationship of various federal and state programs relating to hazardous wastes and the potential

Limitations of health assessments and studies.

Federal legislation should require that all medical and public health students

complete at least one course in environmental health during their professional career and future family physicians as well as other medical students will be encouraged to do so.

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Chemical Products for which any reputable studies have indicated to be caused by the named U. S. Industrial Chemicals.

Digitized by srujanika@gmail.com

10.1007/s00115-007-0833-0

Facility Safety Review underlines the agency's commitment to safety as well as waste management.

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in entirely separate from other functions and Relation to authority, mandate, law and administration

their existing power to recommend action by EPA or OSHA health and safety standards to

R makes a recommendation to EPA, there should be a mandated 1-year review period before the final decision is made.

be built-in place to ensure that recommendations made within ATSDR's health assessments are followed up on. ATSDR must also procedures should

spending... i.e. \$100 million instead of the current

include an initial allotment of \$10 million for the grants and \$5 million for a community training program. The registry segment of ATSDR should also be expanded budgetarily.

ATSDR should immediately create a citizens' advisory board to provide accountability to the grassroots. Some elements of

Citizens Advisory Panel

Revisiting Past

ATSDR should thoroughly revisit all health assessments and health studies

dicted our page one, 700.

Assessments and Health Studies:

to discuss the
will take to address

*ATSDR Should
Conduct
Meetings With
Communities
Studied In This
Report*

representatives of the communities studied in this report
commensurate and responsive actions that the agency

- o Examination of the reasons why ATSDR and CDC have not conducted health studies to date, and current performance.
- o Congress should conduct hearings regarding the following topics:
 - o Examination of the reason why ATSDR and CDC continue to engage in health studies which are inconclusive by design.

*EPA-ATSDR relationship in general, and specifically in relation to
Uniontown, Ohio Superfund site.*

o ... and the

The need for ATSDR to revisit health assessments and health studies conducted during 1980.

- o Biases displayed by CDC and Vernon Houk, including the admitted manipulation of data regarding Agent Orange by Dr. Houk in previous testimony before Congress and his current attempts to deregulate dioxin exposure, as well as an overall inquiry into the issue of dioxin.
- o Other issues as raised by local citizens groups, who should be invited to address the recommendations contained in this report.

recommendations contained in this report and to address other issues raised in the hearings.

Information should be drafted to embody the recommendations contained in this report.

SYSTEMIC ENVIRONMENTAL HEALTH PROBLEMS DEMAND SYSTEMIC SOLUTIONS

at the environmental health

often begin with the manufacture and
release of toxic chemicals.

Health care can do little to correct the fundamental
causes we have observed.

Pollution - A national shift toward pollution prevention is needed to reduce the use of toxic chemicals and the generation of the toxic wastes. Some chemicals which

and exposure of local populations.

or health care than anything else.

order than health care expenses. More money is spent by businesses in pollution prevention than in any other employee related expense. Establishing a national pollution prevention

financial return into our national economy by

ability laws as well as liability laws applicable to

exposure. Many workers who become ill or die from diseases due to their work environment are unable to seek redress through exposure to chemicals in the workplace and thus have no recourse, due to the long latency periods from the time of

onset of diseases. Neighbors of pollution sources often find it difficult to bring suits due to the lack of scientific evidence available to the courts on epidemiological studies. As a result, such studies, by their statistical nature, are less likely to produce conclusive results at waste sites.

In addition to the specific problems identified

above, we have identified patterns that are common to many

environmentally impaired communities. These patterns most

poverty and unemployment accompanied by indiscriminate

pollution.

Health care can do little to correct the fundamental

causes we have observed.

Conservation and Recovery - National legislation

thereby end the cycle of waste production.

More money is spent by families each year

in pollution prevention than in any other employee related

financial return into our national economy by

ability laws as well as liability laws applicable to

exposure. Many workers who become ill or die from diseases due to their work environment are unable to seek redress through exposure to chemicals in the workplace and thus have no recourse, due to the long latency periods from the time of

onset of diseases. Neighbors of pollution sources often find it difficult to bring suits due to the lack of scientific evidence available to the courts on epidemiological studies. As a result, such studies, by their statistical nature, are less likely to produce conclusive results at waste sites.

they are without

economically and technically impossible

evidence and the over-reliance by man-

this report has documented, such studies are unlikely to produce conclusive results

releases; or (b) Establishing a right to medical care for people whose diseases are likely to be due to the chemicals to which they were exposed. The presence of exposures to certain chemicals combined with contracting of diseases which are closely linked to exposure would trigger the right to care. Examples might include ensuring treatment for bladder cancer for people exposed to vinyl chloride, and for birth defects or leukemia where there was exposure to trichlorethylene. Such proposals should be developed.

exposed to betanaphthylamine, and for birth defects or leukemia where there was exposure to trichlorethylene. Such proposals should be developed further by Congress.

Millions of Americans have no health insurance or access to regular health care. Toxic exposures tend to be the worst in lower income communities, where the need for such resources is most acute. In many of the communities

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Footnotes

2. Barnaby J. Feder, "In the Clutches of the Superfund Mess," *New York Times*, June 6, 1991; see, 3, pp. 1,6.
3. Keith Schneider, "Toxic Pollution Shows Drop in '89," *New York Times*, May 17, 1990, p. A32.
4. Hirschhorn, Joel, and Kirtin Oldenbourg, *Prosperity Without Pollution* (Van Nostrand Reinhold, 1991).
5. Peter Montague, "Earthly Necessities: A New Environmentalism for the 1990's," *The Workbook*, Vol. 16, No. 2, Summer 1991, p. 1.
6. *The Workbook*, ibid, P. 59.
7. See generally, National Research Council, *Environmental Epidemiology* (Academy Press, 1991).
8. G. V. Smith, D. R. Joseph, & J. Traumenn, "Geographic Patterns of Lung Cancer: Industrial Correlations," *American Journal of Epidemiology*, Vol. 103 (1976) pp. 539-550, cited in Hazardous Waste News, #274, Feb. 26, 1992.
9. It is essential, in order to prevent our population from being treated as "guinea pigs," to include consideration of the results of tests on animals in appraising the potential effect on human health. While a few scientists, most of whom consult for polluting industries, have attempted to challenge the relevance of animal studies to human exposure situations, the majority of public health professionals continue to assert that animal studies are one of the most viable means of determining which substances are harmful to humans. For instance, see National Research Council, 10, 21-46, 198-202, that "all 52 compounds known to cause cancer in humans also produce effects in animals"; and Stevens, S., and Lazarus, M., *Environmental and Toxic Contaminants in Human Health* (Springer-Verlag, Berlin, 1991), p. 23.
10. Pearce, P. A., "Medical and Environmental Hazards of Polychlorinated Dioxins and Dibenzofurans," *Journal of Environmental Health*, Vol. 46 (Jul/Aug 1991) pp. 237-243, cited in Hazardous Waste News No. 273, Feb. 19, 1992.
11. U.S. National Cancer Institute, *Cancer Statistics Review*, NIH Pub. #90-289.
12. *The Workbook*, ibid, P. 60.
13. Office of Technology Assessment report BA-266 December 1985, nn. 24-25.
14. Office of Technology Assessment, Report BA-436, pp. 55 and 272.
15. *New York Times*, July 16, 1991, 27A, from SAMUEL SEEBACH, M.D., And MICHAEL W. MORRIS.

20. Citizen's Clearinghouse for Hazardous Waste Center report, *Cancer/Carcinogen Cover-Up, Deceit, and Confusion*, 1985, p. 9.
21. R.E. Hofstman, et al. 1986, "Health effects of long-term exposure to 2,3,7,8-tetrachloro-p-dioxin," *JAMA*, 255, 2031-2038.
22. Ag thor interview with Dr. Marcy Brewster, director of Arkansas Children's Hospital metabolic laboratory, 1988.
23. Interview with the author, *Arkansas Times*, March 1988.
24. *Time Magazine*, July 23, 1990.
25. *Ibid.*
26. Kogan, M.D. and R.W. Clapp, "Soft tissue sarcoma mortality among Vietnam Veterans," *J. Epidemiol.* 17:19-23 (1988).
27. Associated Press article, May 25, 1991.
28. Keith Schneider, "U.S. Officials Say Dangers of Dioxin Were Exaggerated," *New York Times*, August 15, 1991, pp. D23.
29. Richard Clapp, *Summary of concerns*, *Environmental Health Perspectives*, October 10, 1991.
30. Philip J. Hirs, "White House Shuns Key Role on Lead Exposure," *New York Times*, August 24, 1991, pp. A10-A11.
31. Health assessments are defined as "preliminary assessments of the potential risk to human health posed by individual sites or groups of sites. They include an assessment of contamination, the existence of potential pathways of human exposure (e.g., water consumption, air emissions, and food chain contamination), the size and nature of the population exposed, the surface area of the site, and the potential for increased human exposure." See *Guidelines for Health Assessments*, ATSDR, 1990, p. 10. The term "health effects" associated with health assessments refers to the health effects of exposure to hazardous substances and the comparison of existing exposure to recommended exposure or tolerance limits for such substances. *42 U.S.C. sec. 9604 (1)(6)(F)*.
32. *Ibid.*
33. Office of Superfund Public Health Assessments Incomplete and of Questionable Value, August 1991.
34. EHN interview with Barry Johnson, May 1991.
35. EHN interview with ATSDR's Barry Johnson, May 1991.
36. ATSDR Health Assessment Report, *ATSDR-90-027*.
37. George Sikorski, "Employee Health and Safety at Federal Hazardous Waste Sites," Statement, House Civil Service Committee, September 18, 1990.
38. Author's interview with Dr. Paigen, April 22, 1991.
39. Authors' interview with Dr. Richard Bird, Jr., internal medicine resident, Boston City Hospital, former director of Massachusetts Source Reduction Program, March 1991.
40. Citizen's Clearinghouse report on CDC, pp. 4-5.
41. Author's interview with Dr. Clapp, March 1991.

42. Authors' interview with Stephen Lester, Citizen's Clearinghouse for Hazardous Wastes, March 1991.

43. Author's interview with Dr. Ozonoff, March 1991.

44. ATSDR response to Environmental Health Network

45. Authors' interview with Henry Cole, Clean Water Action Project, March 1991.

59. Author's interview with Dr. Richard Clapp, March 1991.

60. NRC, *Ibid.*, p. 20.

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62. Interview with Linda King, Environmental Health Network, and

Company, Inc., National Priorities List (NPL) Site, Texarkana, Arkansas.

63. ATSDR Health Assessment for Koppers

64. Buzzworm Magazine, Sept./Oct, 1991.

65. Authors' interview with Wayne Foye, Jr.

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69. ATSDR Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans, 1979, p. 417.

70. Consider the case of Calvert City, Kentucky. After reviewing available data, the March 7, 1991, health assessment, ATSDR concluded that the Calvert City Industrial Complex does not pose an imminent health threat requiring emergency

74. EPA Superfund Project Update, Koppers Texarkana Site, April 1990



75. EPA Superfund Project Update, Koppers Texarkana Site, April 1990

76. Author's interview with Mr. Fields, May 23, 1991

77. EPA Superfund Project Update, Koppers Texarkana Site, April 1990.

78. "Environmentalists Blast EPA," Texarkana Gazette, March 24, 1990, pp.1A, 10A.

79. Ibid. Emphasis added.

80. Ibid.