

Response to Comments
Superfund Public Meeting
December 8, 1982

U.S. v. AVE Environmental
Litigation Document

Appendix B

Massachusetts Department of Public Health
Responses to Written Submittal



The Commonwealth of Massachusetts

Department of Public Health

Alfred L. Frechette, M.D., MPH
Commissioner

600 Washington Street

Boston 02111

February 1, 1983

Mr. Gerald Sotolongo
U.S. EPA Room 1907
Region I
John F. Kennedy Building
Boston, MA 02203

Dear Mr. Sotolongo,

At your request the Division of Environmental Health Assessment provides the following responses to the two health-related questions raised by Mrs. Tonnessen in the statement she made during the public RAMP meeting in New Bedford in early December, 1982.

Question 1.

Is there any truth to a statement made that 55% of the patients from Sidney Farber are from this area? If it is true then I would ask how many other patients are in either Boston or Providence hospitals from this area?

Answer

It is not true that 55% of the patients at the Sidney Farber are from New Bedford area. The 1980 discharge summary indicates that New Bedford residents represented 0.5% of total discharges. If Dartmouth and Fairhaven are added, the total comes to 1.4%.

Question 2.

Have you taken hair samples from the employees and families from different companies in the area? Have hair studies been used to determine what you should be looking for as a possible health threat? Wouldn't it be a lot simpler to find out what chemicals are in these people's systems before you start drilling or dredging outside?

Answer

According to the Massachusetts Division of Occupational Hygiene, the Health and Safety Laboratory of the Massachusetts Institute of Technology and our own occupational and industrial hygiene consultants, hair samples are not a good

index of exposure to any material. There are significant limitations to the utility of hair samples.

For example, arsenic can be readily detected in hair, but can only indicate past exposure. It is difficult to quantitate the level or time exposure. The same holds true for lead, mercury and thallium. Also, hair samples are of no value in assessing acute exposure.

There is one brief note in the scientific literature concerning an effort to correlate PCB residues in blood plasma and hair of refuse workers. All hair specimens were negative for PCB's, whereas detectable blood plasma levels were found in 81% of refuse workers and only 11% of controls. The authors concluded that scalp hair is of no utility in estimating PCB body burdens.

For these reasons we have not considered using hair samples as part of the greater New Bedford health study.

With regard to the last part of Question 2, we do not feel that dredging will present a problem in our blood studies. It is our expectation that the clinical study will be mostly completed before dredging operations begin.

I hope the above answers will serve to answer Mrs. Tonnessen. Please let me know if I can be of any further help.

Sincerely,



Norman C. Telles, M.D., Director
Environmental Health Assessment

cc: Dr. Cutler
E. Comproni

NCT/ch