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To: EPA Asbestos Coordination Team

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I have reviewed the recent changes in the Ft Worth Protocol, external reviewer comments, and the current summary matrix put together by NEIC and feel that a few other extremely important issues have been raised, which have not been adequately addressed. As a senior public health physician and toxicologist that has worked on asbestos-related issues for the past several years, I strongly believe that these issues need to be fully considered and adequately addressed prior to proceeding with the proposed Ft. Worth project.

It is well documented and understood by officials in several federal agencies including OSHA, Centers for Disease Control and Prevention (NIOSH and ATSDR), and EPA (OSWER, OPPTS, Regions 2,5, 8,9, and 10), that disturbance of asbestos containing materials (ACM) will result in the airborne release of asbestos fibers. We also have substantial evidence that even with the wetting of ACM that there will still be release of airborne asbestos fibers, albeit in reduced concentrations. Given these facts, the Ft. Worth study design (i.e., to demolish buildings with increased amounts of ACM as compared to demolition of structures under NESHPAP's rules) must be able to: a) accurately measure the airborne release of asbestos fibers both at the site and off the site, 2) accurately assess any resulting contamination of area soils and indoor dusts as a result of the release, and 3) ensure that area residents fully understand (not just informed of) that area exposures and coincident risks for asbestos-related illnesses may be increased as a result of this activity.

The current Ft Worth Protocol has not adequately addressed the complex issues of providing scientifically valid sampling and analysis methods to evaluate the generation and release of airborne fiber exposures either on or off of the site. While on-site demolition workers can be adequately protected from asbestos exposures through the use of personal protective equipment, the general public around the site cannot. No information from either the Phase 1 study or the scientific literature provides a basis for assuming that off-site releases will be harmless, inconsequential, or not potentially result in contamination of area soils, dusts, and structures. Furthermore, the current study design does not include relevant sampling and analysis to determine if offsite asbestos contamination has occurred. Thus, it cannot compare the Ft. Worth Method to the NESHAP's method in this regard. According to the current protocol, potentially clean area soils (having concentrations of asbestos that are orders of magnitude below PLM detection limits) can be contaminated with asbestos up to a 1% concentration by mass without any regard. Such increased asbestos contamination in this area will neither be rigorously evaluated nor will any resultant increase in risks to the community be addressed. Only if area soil asbestos contamination equals or exceeds 1%, will site soil remediation be triggered. Also, there is no mention of how increased indoor dust contamination of area homes and businesses

will be measured or addressed. How can EPA allow a government sponsored study to potentially increase environmental asbestos contamination up to 1%, given our current understanding that bulk materials containing asbestos concentrations well below 1% can produce elevated risks to human health (i.e, EPA Region 9 reports that unacceptable risks may be associated with disturbance of soils containing 0.08% asbestos by mass). The current Ft. Worth protocol regarding the meaningful identification of environmental contamination and acceptable levels, if such contamination occurs, clearly contradicts ongoing work and efforts in other EPA Regions and Programs, and can only be viewed by the public as inconsistent and duplicitous with respect to this site.

Lastly, given that this government research is being conducted in a populated area and may result in increased exposure and resultant health risks to a known human carcinogen for the surrounding community, this proposed study should be submitted for an independent review by an appropriate institutional review board (IRB). I do not believe that the issue of IRB approval for the Ft. Worth Method, raised by Dr. Weis, has been fairly and fully considered by the appropriate parties. From my experience and understanding of the IRB regulations, this study should definitely be given to an IRB for consideration prior to proceeding. During my many years working for the Department of Health and Human Services, Centers for Disease Control and Prevention, any time there was a question of issues potentially needing an IRB review, we always elected to error on the conservative side and seek an IRB assessment. Such a review can determine if a full IRB review and approval is necessary, and if not, the IRB can still provide valuable guidance and recommendations with respect to community risk communication, right-to-know issues, and useful strategies for building public confidence and acceptance of the proposed research.

Respectfully submitted to the EPA ACT for discussion and dissemination to those considering the currently proposed Ft. Worth Method.

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