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Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30333  
July 20, 2006

Dear \_\_\_\_\_

The Department of Health and Human Services (HHS) has received your appeal letter, dated December 22, 2005, regarding the Illinois Beach State Park (IBSP) public health assessment. We appreciate and welcome your comments and provide the following response:

The Agency for Toxic Substances and Disease Registry (ATSDR) is the lead public health agency with responsibility for implementing the health related provisions of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). Under this legislation, ATSDR is responsible for assessing health hazards at hazardous waste sites, helping to prevent or reduce exposure and the illnesses that result, and increasing knowledge and understanding of health effects that may result from exposure to hazardous substances. To assist in this effort, ATSDR has cooperative agreements with 31 partners, including the Illinois Department of Public Health (IDPH).

Under this cooperative agreement, in June 2000, the IDPH released a public health assessment for IBSP. Prior to its release, ATSDR reviewed and concurred with this document. This public health assessment was conducted using approved methods and procedures existing at the time that the public health assessment was conducted. ATSDR included the following statement to clarify this fact on the certification page of the IBSP public health assessment: "This Illinois Beach State Park public health assessment was prepared by the Illinois Department of Public Health under a cooperative agreement with the Agency for Toxic Substances and Disease Registry. It is in accordance with approved methodology and procedures existing at the time the public health assessment was begun."

ATSDR recognizes that conditions at a site can change and that additional data and information for a site may become available. Therefore, ATSDR is willing to re-evaluate a site when new information becomes available that would significantly affect the conclusions or recommendations in a public health assessment. This information could include new environmental sampling data for the site or changes in exposure pathways whereby people could be exposed to site-related contamination.

ATSDR acknowledges that there are currently several different methods for assessing asbestos exposure, each with strengths and limitations. However, the existence of these alternate methods does not imply that the information in the 2000 IBSP public health assessment is invalid. In fact, new data from the 2006 University of Illinois at Chicago (UIC) study of IBSP provide additional support for the conclusions in the 2000 IBSP public health assessment. Although ATSDR does

not rely on this report, it does support the findings in the 2000 IBSP public health assessment. Thus, we do not support use of your proposed disclaimer that states that the results of the 2000 IBSP public health assessment are invalid. However, we have placed the following disclaimer on the public health assessment:

This Illinois Beach State Park public health assessment was prepared by the Illinois Department of Public Health under a cooperative agreement with ATSDR. It is in accordance with approved methodology and procedures existing at the time the public health assessment was begun. Since then, new technology is available for collecting, analyzing and interpreting the health impact of asbestos fibers in ambient air. ATSDR recognizes that as technologies evolve, scientists improve their capability to detect ambient air levels of asbestos. ATSDR is currently collaborating on a new exposure investigation that will use the best available methodology to analyze samples. The results of this investigation will allow ATSDR to determine whether it is necessary to update the health assessment findings.

Your appeal raised concern about the review of the UIC report. ATSDR staff did provide comments on the interim UIC report. The ATSDR reviewers generally agreed with the conclusions of the UIC report that asbestos exposure at IBSP does not appear to pose a public health hazard if visible asbestos containing material is immediately removed. ATSDR staff did raise a number of issues about the study. We have been informed by UIC that the report has been revised by UIC in response to ATSDR's comments.

You also raised concern about the funding of the UIC study. As described in the acknowledgement section of the UIC Report, the funding of the Great Lakes Center of Excellence in Environmental Health (GLCEEH) at the UIC School of Public Health comes from several sources, including a Cooperative Agreement grant from ASPH/CDC/ATSDR, and other CDC Grants. This funding to GLCEEH was to support the overall program, rather than funding for specific projects that the GLCEEH have chosen to investigate. There is also a disclaimer in the report that the "contents of the report are the sole responsibility of the authors and do not necessarily represent the official positions of CDC or other funding agencies."

You raised concern that the UIC report did not address tremolite asbestos. The UIC report characterized the fiber types that were found in the sampling. The risk assessment methods for distinguishing the relative potency of various asbestos types are still under review. The risk assessment method used in the UIC report was the existing EPA guidance within the Integrated Risk Information System (IRIS) toxicity criteria. An alternate method, known as the Berman-Crump method, has been developed to consider the enhanced potency of long amphibole fibers, but has not yet been endorsed by regulatory and public health agencies. However, ATSDR did recommend that the report also apply the Berman-Crump method for those fibers greater than 10

microns in length as a comparison to the risk calculated using the IRIS criterion. This recommendation was not made with the expectation that the results would alter the conclusions of the risk assessment, but rather to make the assessment more complete and utilizing the most current available methods.

Because ATSDR realizes that methods for collecting, analyzing and interpreting the health impact of asbestos fibers in ambient air have evolved over time, ATSDR is collaborating with Illinois Department of Natural Resources (IDNR) to conduct additional sampling at IBSP. The exposure investigation will consist of collecting air samples during recreational and work activities at the beach and analyzing them for asbestos fibers using state-of-the-science methodology. The protocol for this exposure investigation has been shared with the Illinois Dunesland Preservation Society. Initial sampling for this exposure investigation was conducted during the week of May 22, 2006. Additional sampling will be conducted later this summer, and ATSDR will release a final report of the findings early in 2007.

The most important pathway for exposure to asbestos is the inhalation of fibers. The assessment of fiber inhalation requires an approach that differs from the assessment of volatile chemicals and particulates, due to the fact that exposure to asbestos in a sand or soil matrix is influenced by the types of physical disruptions that disperse the fibers into air. As a result of the pattern of localized release surrounding these disruptions, air sampling without the consideration of the types of activities that would lead to exposure may not reflect actual levels of exposure.

The exposure investigation that ATSDR is conducting in collaboration with the IDNR is designed as an activity-based sampling effort to directly measure the concentrations of asbestos fibers that occur during events that reflect the types of activities that recreational users and beach maintenance staff are likely to experience at IBSP. The air samples will be analyzed using the best available methodology with a detection level that is below health effect levels. The results of this investigation will allow us to update the findings of the 2000 IBSP public health assessment and to accurately assess health risks to visitors and workers at the beach.

Because of the reasons cited above, HHS does not support your request that the 2000 IBSP public health assessment be declared invalid and that it no longer be cited. If additional new data or information becomes available as a result of the exposure investigation, ATSDR will re-evaluate the site for its potential public health impact. The final Exposure Investigation report will be posted on the ATSDR web site.

Sincerely,



Tanja Popovic, MD, PhD, F(AAM), AM(AAFS)  
Acting Chief Science Officer