

## **Dragon, Karen E. (CDC/NIOSH/EID)**

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**From:** Amanda Evans  
**Sent:** Monday, August 27, 2007 3:34 PM  
**To:** NIOSH Docket Office (CDC)  
**Cc:**  
**Subject:** VOTE :Comments for NIOSH - 103, IBM Health Study

Dr. Lynne Pinkerton  
NIOSH Docket Office  
4676 Columbia Parkway, MS C-34  
Cincinnati, OH. 45226

August 25, 2007

RE: IBM Health Study Docket Number: NIOSH - 103

On behalf of the residents of Endicott who are affected by this contamination and the workers who have been exposed while working at IBM, Victims of TCE Exposure...A Lasting Legacy (VOTE), would like to offer these comments to be entered into the record in support of a NIOSH health study of the IBM workers.

When TCE contamination is discovered, the exposed citizens and workers are naturally concerned and upset, particularly if they are experiencing health problems. When groups of concerned citizens are formed to seek information, they are often frustrated by a lack of clear answers. The natural inclination is to push for a health study. However, when such epidemiology studies are done, they are often hampered by the low or unknowable exposures, the compounding effects of other pollutants, and the difficulties in defining and tracking the exposed population. Although there have been consistent indications of elevated rates of kidney cancer and other problems from such studies, the results are usually labeled inconclusive because of small cohort numbers and other study limitations.

The limitations and uncertainties associated with the findings have left the door open to controversy regarding the actual health effects of low and moderate levels of exposure to TCE. The parties responsible for cleanup or remediation, which are usually industries or the Department of Defense, are motivated to downplay the health effects in order to limit their financial liability. Given the limitations of most studies, it is easy to poke holes in their conclusions and to cast doubt on their validity. However, despite pressure from the industries that use TCE, the National Academy of Science review has endorsed the stiffer limits for TCE exposure that had been recommended by the Environmental Protection Agency (EPA).

TCE exposures at the View-Master plant in Beaverton, Oregon, are the basis for our involvement with TCE issues. The View-Master case represents a unique opportunity to resolve some of the uncertainties regarding the health effects of TCE. There were high levels (1670ppb) of TCE in the drinking water that served the View-Master workers for over 30 years.

Although drinking the water was the primary exposure pathway, some workers were exposed routinely to TCE vapors and others worked directly with TCE in degreasing operations. The population of workers is well defined through employment records, and the TCE exposure far exceeded exposure to other pollutants so we are dealing essentially with a single pollutant.

The View-Master situation begs to be studied. It is understood among activists and concerned citizens representing other TCE contamination sites that a well- designed study has a strong potential for resolving some of the questions regarding specific health effects and the dose-effect relationships associated with TCE exposure. In 2005 the View-Master workers were promised such a study after the Oregon Department of Human Services (in association with the ATSDR) released a feasibility study finding elevated incidence of kidney,

pancreatic, and liver cancers within the View-Master worker population. Somehow the 4.1 million dollars needed for the View-Master Health Study could not be found. The next step was to complete a nested-case study proposed by the scientists from the Oregon State Public Health (OSPH) and the Oregon Health Sciences University (OHSU); but for the past two years funding has been denied. The nested-case control study has gone unfunded let alone a highly desirable and broader epidemiologic study involving the entire exposed population. The result is that the View-Master workers who thought they would be studied and would receive some answers are left in a disappointing fog feeling like they've been led on a wild goose chase.

Nationally, there are other sites that present conditions conducive to strong studies. The criteria for good studies include:

1. A well-defined and large exposed population whose names and contact information can be readily obtained.
2. Relatively high levels of exposure to TCE that can be estimated with reasonable confidence.
3. Absence of high levels of other pollutants for the exposed population.
4. Willingness of the exposed population to participate in a study.

There are probably a few industrial sites (besides the View-Master plant) and some military sites that meet these criteria. Military sites often have well defined but rather transient populations that may preclude long exposure times.

Much as we would like to push for our own pet studies, it would behoove us to come together nationally, identify the best TCE sites for study, and push to get adequate funding from federal agencies to see that a few good TCE studies happen. Politically, this can be a hard sell, because we tend to act locally. This is why VOTE is very hopeful that the IBM study may have a chance at being completed with the news that Congressman Hinchey may have located funding for the lion's share of the IBM Health Study.

We have read the suggestions of Dr. Richard Clapp and Dr. Ralph Garruto for designing and implementing the study. If the suggestion of an IBM nested case control study does go forward we at VOTE would like to see the development of the dose-response data and are hoping that NIOSH is somehow able to identify and inform those IBM workers that have been most exposed to TCE so those most exposed might seek preventative medical care for possible health risks.

We would like to see NIOSH and the New York Department of Health inform and include the IBM workers in three useful things that Oregon lacks:

1. The IBM workers should be given a list of local and or physicians within New York State who have completed the ATSDR's TCE Physician's Education Program.
  2. Local Physician's should be notified via NIOSH or IBM workers of the opportunity to participate in the TCE Physician's Education Program.
  3. It would be very beneficial to have the IBM workers included in the New York State VOC Exposure Registry.
- To have them included along with other VOC exposure victims will add to the body of knowledge of what we have learned about TCE exposure that will benefit other exposed communities across the nation.

We hope that at some point the New York State Department of Health will be able to share information and data collected from the state VOC Exposure Registry with other state health agencies so that a more cohesive picture of the adverse health effects of TCE and other contaminants in our groundwater, soil and air can be realized sooner than later. If that could happen it would have the potential to protect future generations' health.

VOTE fully supports the funding and implementation of any well-designed scientific study of the health impacts (including both mortality and other health effects) related to TCE exposure. We do, however, believe that participation of effected citizens and/ or workers in the study design, protocol, and dissemination of study findings is crucial to the success of a scientifically valid TCE study. VOTE encourages the creation of a Citizen Advisory Group for this purpose. We also encourage a study design that is free from industry bias as this may jeopardize the validity of the study.

Respectfully,

Amanda Evans

Tom Griffith, PhD

Founder and President

Director

Victims of TCE Exposure...A Lasting Legacy [www.victimsoftceexposure.org](http://www.victimsoftceexposure.org)

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