

Appendix F

***Baseline/Human Health Monitoring Subcommittee
Minority Report***

***Medical Monitoring Advisory Group(MMAG) Minority Report
Baseline Health Subcommittee
Minority Report - September 19, 1998***

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For more than two years we have been active members of the *Baseline Health Subcommittee* of the Rocky Mountain Arsenal Medical Monitoring Advisory Group (MMAG), attending weekly meetings. We would like to stress that the title of this subcommittee is a misnomer since we did nothing to establish a health baseline in the community. In fact, we did nothing to evaluate or review the health of any community surrounding the Rocky Mountain Arsenal (RMA). Instead, the parties insisted that the environmental air monitoring system will be stringent enough to protect the health of the public, making a medical monitoring program unnecessary.

If a medical monitoring program is unnecessary, why did we spend two years designing documents? The answer is simple: the On-Post Record of Decision (ROD) specifies that a Medical Monitoring Program be established to include community members. So, based on the *parties' assertion* that the air monitoring program is an adequate safeguard for the community, the MMAG program was designed by the parties to review the RMA air monitoring program while calling it a medical monitoring program. This approach defeats the purpose of an independent baseline health subcommittee. We believe the name of the report should be changed to reflect the absence of medical monitoring.

The baseline health subcommittee wasn't the only subcommittee that didn't address medical monitoring or the health of the community. What was the purpose of other subcommittees of MMAG? The Emergency Preparedness Subcommittee reviewed the RMA emergency plan, but did not review emergency medical monitoring procedures. The Environmental Monitoring Subcommittee reviewed the RMA environmental monitoring plan, but did not review any medical aspects of environmental monitoring or whether the "fenceline" criteria are fully protective of the health of the community. The Public Involvement and Education Subcommittee was comprised almost entirely of the public affairs offices of the RMA parties, but it did design a process to educate the public on the results of the air

monitoring plan. So, no subcommittee actually evaluated and addressed the health of the community.

What did we expect? As citizens, we had two primary goals. The first goal was to identify health problems and contamination levels in the community in order to have a "baseline", in order to know what the community is like before the "clean-up" begins at RMA. That way we would be able to see if anything changes over the course of the clean-up and hopefully be able to determine what is changing.

Early on in the MMAG process, it was decided that there would not be an examination of any possible health problems created in the past by the RMA. We agreed to "sacrifice" the issue of past exposures only because we believed that a thorough evaluation of the current baseline health would occur. Then we were told that there are already so many contamination problems in Commerce City that no one can know for sure whose contamination, if any, causes medical problems. Therefore, we would only alarm people if problems were found and upset them if no one was responsible to help them. We disagree.

The second goal was to make sure that the communities connected to the RMA are fully protected from any further exposure to any contamination from RMA. RMA has developed a system to test contamination in the air to control the amount of contaminants that are released across the "fenceline" of RMA. Controlling the amount of contamination released at the "fenceline" does not mean *eliminating* contamination crossing the "fenceline". Therefore, the decision about how much contamination is "safe" is a very important discussion.

Since the Army and Shell Oil Company told us that there is too much contamination in surrounding communities from additional superfund sites and industrial sources to determine chemical origins, we insisted that the stated goal of the air monitoring plan be that *no contamination* leave the Rocky Mountain Arsenal. Instead, the Army, Shell Oil Company, the EPA, US Fish and Wildlife Service, and the Colorado Department of Public Health and Environment insisted that they would set "safe" fenceline release criteria. Unfortunately, the formula used to set the fenceline criteria is based on the contamination levels in an *average* community in the US. We argued that the *actual* contamination levels in the community should be used in the formula.

It is important to use the actual contamination levels because several of the RMA *contaminants of concern* (COCs) already exist in the surrounding communities at unacceptably high levels. The parties refused to substantively discuss this issue with the subcommittee, saying that it was a decision for the parties, not the community. We still believe that the "fenceline" release criteria set by the parties are not fully safe and protective of the public health.

Also related to this important issue of "safe" release levels of contamination is the question of whether the air monitoring equipment works well enough and often enough to ensure safety. Because real-time information for semi-volatile organic compounds (SVOCs) is not possible, there is the real concern about the delay of up to 2 weeks between the release of contaminants and the report of the release. Therefore, *no contamination* should be released to the community. The community is already overly burdened by contamination. By *no release of contamination* we mean that the goal should be no release. That way, when the goals are exceeded, the releases of contamination will be kept at a minimum.

We believe much of the final product of the MMAG is a re-hash of policy dictated by CDPHE. Community ideas were frequently not incorporated into the product. We object to the process that was followed by this subcommittee, we protest the development of paperwork that only restates what is routinely being done, and most profoundly we regret that the subcommittee has made it impossible for us to achieve our goal of ensuring the full protection of the community.

In the course of discussions, contentious issues were set aside for later discussion and were titled "bin issues". As described above, discussion of these items was often limited to the posturing of polarized views from the parties and the community members. Finally, we outlined our concerns in writing, and the parties responded in writing (both documents are included in the report from this subcommittee). We do not believe they effectively answered our concerns, as outlined below, and the rhetoric they prescribed is merely a reflection of the insensitivity they continue to demonstrate on these crucial topics.

1. **Baseline Health Assessments.** We still advocate evaluation of community baseline levels for cadmium, chlordane, DDE/DDT, and lead.

Although we understand that environmental monitoring will be the primary means of maintaining public health, no information is currently available to assess the existing community burden of these chemicals. We would like to see an evaluation of these chemicals prior to the remediation.

2. **Baseline Health Survey.** Early in the MMAG process, the concept of conducting a survey in the community to determine the public's health concerns and health questions was proposed. This survey was initially met with enthusiasm. Since that time, no further dialogue has occurred on this issue and it remains a "bin item".

3. **Non-COC Chemicals.** The response to this item was insulting. We are truly concerned about non-COC chemicals on the RMA. Dioxin, for example, is a problematic RMA contaminant. The issue of chemical has also not been thoroughly addressed. The finding of additional chemicals during the flux testing suggests that a more comprehensive list of chemicals should be included in the Air Pathways Analysis.

4. **Visitors to the RMA.** We cannot in good conscience support the decision made by the Army, Shell Oil Company, and the US Fish and Wildlife Service to allow visitors access to the RMA during the remediation process. We have consistently asserted that visitors should be prohibited from the RMA until all remediation activities have ceased.

5. **Other Routes of Contamination Exposure.** Contamination exposure may occur through air, water, or soil. In addition, issues like the bioaccumulation of DIMP in plants has not been adequately studied for potential health impacts.

The MMAG incorrectly only addressed air exposure. In addition, multiple chemical exposures have not been examined or assessed, while 666 chemicals have been identified at RMA.

6. **Fenceline Criteria.** Not only did the parties refuse to discuss this issue with our subcommittee, the fenceline criteria were never available for review or recommendation. The final fenceline criteria need to be *independently* assessed to determine whether the community would be better protected if actual community contamination levels were factored into the

determination of the fence-line criteria. Also see the discussion set forth above.

7. **Day-Long Scenario.** As earlier discussed at MMAG, the MMAG work product needs to be tested against an exposure "scenario" to make sure that no major issues fall between the cracks of the different subcommittee reports. This is particularly important because so many of our questions and issues were answered with the parties' assertion that RMA and RVO procedures would apply and, thus, were out of the realm of MMAG. We need to see if what we believe we established through the MMAG is accurate or relevant to community needs and concerns.

It is envisioned that such a "scenario" would include all the parties at RMA and any and all community members who would like to participate and/or attend. Such "scenarios" were conducted in the Baseline Health Subcommittee and were developed and directed by Dr. James Rutenber from the University of Colorado Health and Sciences Center. given the complexity of the RMA and the issues associated with the protection of the health of the community, it is likely that such a scenario will take a full day. It is imperative that the "scenario" be conducted by this MMAG Committee so that the people who created the MMAG Report can assess its viability and relevance. It is also essential that the "scenario" be completed and analyzed *before the MMAG Report is finalized*. The reason for doing the "scenario" is to identify problems or weaknesses in the draft report and to make appropriate changes before the report is finalized.

In conclusion, after the many long and difficult nights of discussions, we are unsatisfied with the final Baseline Health Subcommittee product. The documents we produced are themselves adequate to their purposes. Unfortunately, key issues were side-stepped and the overall process missed its mark.