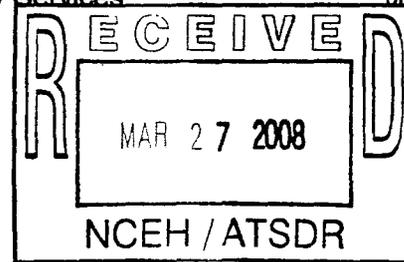


Jim Doyle  
GovernorKevin R. Hayden  
Secretary**FILE COPY****State of Wisconsin**

Department of Health and Family Services

March 19, 2008

Dr. Howard Frumkin, MD, DrPH, Director  
Agency for Toxic Substances and Disease Registry  
1600 Clifton Road, NE  
Atlanta GA 30333

Dear Dr. Frumkin:

After the unanticipated public release of the Draft Report, *Public Health Implications of Hazardous Substances in the Twenty-Six U.S. Areas of Concern.* the Wisconsin Department of Health and Family Services (DHFS) appreciates the March 7, 2008 release by ATSDR of the "Statement of Scientific Concerns." This statement is consistent with DHFS concerns and will assist us in addressing the public concerns we are receiving. It is the opinion of DHFS that until at least these problems are corrected, it is not appropriate for ATSDR to publicly release the report as a final document.

Our major concern with the layout and presentation of the draft report was its overly broad scope and failure to appropriately address the specific request from IJC to ATSDR, which was: *"evaluating the public health implications of environmental contamination in Great Lakes AOCs by providing information on ATSDR's public health assessments of hazardous waste sites within these AOCs."*

We feel readers of the draft report can easily misinterpret data, make inaccurate assumptions, and incorrectly conclude that any of the poor health status indicators of communities within the AOC are directly attributable to environmental contamination as a consequence of the myriad sources identified. The draft report did state in several places that the document should not be construed as a comprehensive epidemiological study. However, this message was understated and contradicted by the report title. Potential misinterpretations were further biased by the presentation of only negative health indicators. A more balanced health status would have included community "same as" or "better than" indicators.

It is not surprising to us that the release of the draft report set the stage for public and media to draw conclusions of causality, not supported by the science. That is in fact what has happened in several of Wisconsin's AOC communities. One example is the 3/15/2008 *Green Bay Press Gazette* article that states *"According to the CDC study, instances of infant mortality and neonatal infant mortality in Brown County "compared unfavorably with those of the U.S. and also with the median of the peer counties" because of the amount of polychlorinated biphenyls and mercury."* Science does not support any relationship between PCB or mercury exposure and infant and neonatal mortality. We are now faced with allocating scarce environmental health resources to respond to community concerns based upon health outcomes inappropriate for the identified exposures. This does the community a disservice.

Let me share a few of our other concerns. We found the draft report was fundamentally flawed because:

- it did not attempt to identify or explain the role of any confounding factors that could explain the occurrence of featured broad health outcome indicators;
- it did not focus on health conditions associated with exposure to the 13 specific critical pollutants of concern that were used to classify the AOCs;

- it relied upon confusing, aggregate secondary source health outcome data of large populations who were spatially removed from potentially impacted areas and unlikely to be exposed by contaminants of concern at the AOC.

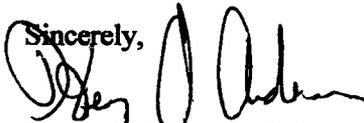
Additionally, from a public health perspective the draft report failed to provide any recommendations about specific actions that could be taken by communities to prevent potential exposures, subsequent health effects, and address concerns associated with being identified as an AOC. Having been singled out, the impacted communities and the state and local public health agencies were left alone to respond.

Perhaps what is the most troubling is that after 20+ years of ATSDR-State collaborative work on hazardous waste sites and their surrounding communities, ATSDR abandoned their signature, collaborative approach and failed to substantively involve their state and local partners in this regionally important project. The public health assessment documents and data cited in the draft report were prepared by cooperative agreement states, but this experience and expertise were excluded from the report development.

DHFS strongly supports the draft report's review actions currently being taken by ATSDR and hope that the evaluation will not just address the scientific aspects but also the community societal and public health response implications as well. The U.S. citizens of the Great Lakes need to receive a final document that will accurately inform them about the human health implications of contamination at each US AOC and how they can contribute to the solution.

Please let me know how the State of Wisconsin can further assist ATSDR with the completion and distribution of what has the potential to become a valuable reference document for Great Lakes communities. It is not too late to begin a more collaborative approach.

Sincerely,



Henry A. Anderson, MD  
Chief Medical Officer  
Bureau of Environmental and Occupational Health  
Division of Public Health

PS: Please note that the "Expert Panel Review" document listed on the ATSDR Website was not a review of the Draft Report but a broad review of the congressionally directed ATSDR Great Lakes Research Program. As a member of that panel, I had not received nor reviewed the Draft Report.

cc Sheri Johnson, State Health Officer  
Thomas Sieger, Deputy Administrator, Division of Public Health  
Charles Warzecha, Director, Bureau of Environmental and Occupational Health